

Contextualizing Juvenile Re-Entry for Young African American Males: From Prison Yard to Schoolyard

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Every year in the United States over 100,000 youth are released from state juvenile justice facilities and other temporary forms of detention. The overwhelming majority of youth returning to urban communities, schools, and families are adolescent African American males. How this population of young African American males reintegrates into schools, communities and families is a question that researchers and scholars have largely ignored. Although there has been a plethora of quantitative research studies on the criminal antecedents that lead young African American males towards incarceration, there is minimal qualitative data that descriptively documents the social context of juvenile re-entry. Based on the high rates of recidivism, school dropouts, early violent deaths, and undiagnosed and untreated mental/behavioral health problems among African American male juvenile offenders, it is clear that this vulnerable population faces serious challenges following release, particularly regarding reintegration into schools, communities, and families. Nonetheless, we know relatively little qualitatively and descriptively about the social context of re-entry and the micro-level relationships and interactions juvenile re-entrants have within familial networks, schools, community organizations, and mental health systems.

This paper provides a contextual analysis of re-entry for previously incarcerated young African American males in the city of Chicago and an overview of juvenile re-entry for this population nationwide. In the United States, approximately 100,000 youth per year return to schools and communities after detention (Synder and Sickmund 2006). The overwhelming majority of juvenile offenders returning from detention are disproportionately African American males. Although African American youth represent only 16% of the total youth population, in 2002 they represented

- 43% of all arrestees for serious violent crimes (Synder 2004)
- 50% of youth arrestees for murder

- 36% of youth arrestees for rape
- 59% of youth arrestees for robbery
- 37% of youth arrestees for aggravated assault

Although there is no national rate of recidivism for juvenile offenders, approximately six in ten (60%) return to juvenile court before they reach the age of 18 (Snyder and Sickmund 2006). Data on educational outcomes for Chicago's court-involved youth indicate that only 12% of serious juvenile offenders will receive a high school general equivalency diploma (GED) and approximately 50% will be in school or working following release (Mayer 2005). Nationally, these factors have culminated in dire social and educational opportunities and life-course implications for young African American men. Presently, there are more African American males in U.S. prisons and jails than in four-year colleges and universities. In 2000, there 603,000 African American men enrolled in U.S. colleges and universities and 791,000 in U.S. prisons and jails (Justice Policy Institute 2002). What fate then awaits those thousands of young African American men returning from juvenile detention every year?

Juvenile Re-Entry and Violence in Chicago

African American male youth processed in the juvenile justice system face considerable risk of early violent death upon release from detention. In their study of early violent deaths among recently released juvenile offenders in Chicago, Teplin, McClelland, and Milusenic (2005) found that the mortality rate for previously incarcerated African American male youth was four times higher than the city's general youth population. More than 90% of youth deaths in the study were homicides and more than 90% of homicides resulted from gunshot wounds. All of these deaths occurred within a seven-year period following the study's initiation, implying that the majority of violent deaths among this population occurred between the ages of 16 and 24. The median age of the sample at the time of enrollment in the study was 14.9 years.

Glueck and Glueck (1950) found that nearly 5% of the 500 white males in their classic study of juvenile delinquents had died by age 32, compared to 2.2% of the non-delinquent control group. However, older studies such as the Gluecks' do not reflect the racial and ethnic composition of contemporary youth (Teplin et al. 2005). In 2006, the leading cause of death among African American males ages 15-29 was homicide (Hoyert et al. 2006). The homicide rate for African American youth was 2.7 times greater than for Latino youth and thirteen times greater than for non-Hispanic white youth (Snyder and Sickmund 2006). The data from these life-course studies (Teplin et al. 2005; Glueck and Glueck 1950; Sampson and Laub 2005) suggest that examining black male offenders' adolescent life-course, defined as the period between age 12, which marks the onset of delinquency, and 18, which marks the "aging out" of the juvenile system or desistance from delinquent behavior (Sampson and Laub 2005), is critical to our current understanding of the social context of re-entry for this population.

There are few studies, however, which longitudinally document the lives of African American male juvenile offenders returning from detention. In their longitudinal study, Teplin et al. (2005) examined early violent death among released juvenile offenders to compare this population's mortality rates to the general population. In 1995, they recruited a sample of 1,829 juveniles (1,172 male and 657 female) to assess the

health needs and outcomes of delinquent youth released from Chicago's Cook County Juvenile Temporary Detention Center (CCJTDC), the country's largest juvenile detention center. They recruited participants aged 10-18 from a random sample of detainees. The mean age of enrollment was 14.9 years. The researchers monitored the participants for a mean of 7.1 years. Participants' racial/ethnic composition broke down as:

- 54.9% (or 1,005) African Americans
- 16.2% (or 296) non-Hispanic white
- 28.7% (or 524) Hispanic

Their gender characteristics were:

- 64.1% (or 1,172) male
- 35.9% (or 657) female

The educational data about the sample showed that the largest populations were in the eighth (16.7%), ninth (31.1%), and tenth (24.9%) grades. These statistics are significant because approximately 50% of African American males aged 16 or older released from juvenile detention do not return to school (Mayer 2005). Based on this data, it is highly probable that a disproportionate number of African American male juvenile offenders released from Cook County Juvenile Temporary Detention Center drop out of school by the eleventh grade.

Teplin et al. (2005) reported that 65 of the study participants died during the follow-up period. Of these, 95.5% died as a result of homicide and 1.1% from suicide. Approximately, 93.0% of all homicide deaths were from gunshot wounds. Of the 65 youth who died,

- 30 were African American (23 males, 7 females)
- 26 were Hispanic (21 males, 5 females)
- 9 were non-Hispanic whites (7 males, 2 females)

Delinquent African American male youth had the highest mortality rate (887 deaths per 100,000). The overall mortality rate of delinquent youth was four times higher than the standardized youth population of Cook County. More startling was the mortality rate among delinquent female youth, which was eight times higher than the general youth rate. In the Teplin study (2005), the sample's mortality rates were as much as three times greater than in Glueck and Glueck's (1950) study conducted in the 1940s.

Nearly 97% of the Teplin study (2005) youth who died as a result of homicide had sold drugs, yet few of the study's participants used illegal drugs other than alcohol or marijuana. Almost 98% of African American and Hispanic youth died because of firearms. This statistic is approximately 38 percentage points greater than the general U.S. population of African American and Hispanic youth killed by firearms in 2000 (60.6%).

The Teplin study (2005) findings suggest that African American and Hispanic youth are at greater risk of early violent deaths following release from detention than non-Hispanic white youth, as well as the overall general youth population, in Chicago. Young African American and Hispanic males were disproportionately over-represented as both juvenile offenders and as victims of violent deaths. These findings suggest several key public health issues that young African American males face upon release from

detention. The first public health issue is the increased risk of firearm-related homicides. Teplin et al. noted that among overall youth aged 15-24 in the U.S. at the time of the study, 20% of deaths were by firearms; however, in the study itself, more than 90% of the deaths were by firearms. Consequently, the implications of firearm-induced homicide for African American youth are drastic and alarming. In this study, African American male youth had significantly higher rates of mortality than any other minority group. The overwhelming majority of homicides African American male youth committed involved the use of a firearm. Furthermore, 17.1% of the youth in this study acknowledged regularly carrying a firearm. Easy accessibility to firearms among this population therefore poses serious policy implications regarding gun control.

The second public health issue is firearm-related suicide among young African American males (Joe and Kaplan 2002). Joe and Kaplan (2002) found in their analysis of suicide rates among African American males that suicides among African American males aged 15-24 increased by 14% between 1979 and 1997 (fourteen per 100,000 to sixteen per 100,000). During this nineteen-year period, there were 7,678 suicides by firearms among African American males compared to 67,619 among white males (Joe and Kaplan 2002). A stratified analysis of suicide during this period revealed that the rate of firearm-related suicides among African American males aged 15-19 increased by 133% (Joe and Kaplan 2002). Overall, between 1979 and 1997, firearms were involved in approximately 63% of all suicides among African American males. Joe and Kaplan (2002) note that the results of their study must be interpreted with caution because data based on death certificates are likely to underreport suicide rates among African Americans. Their statistics indicate that firearm-related suicide is an emerging serious public health problem for young African American males.

Teplin et al. (2005) reported that there were no officially documented suicides among African American male youth. However, research on youth suicide has indicated that suicide is the third leading cause of death among 15-24 year-olds (Greenberg and Schneider 1992). In 1997, suicide ranked among the ten leading causes of death for African American men under the age of 44. The literature also indicates that rates of suicide among African American men increases sharply in early childhood and peaks through young adulthood and middle age (Burr, Hartman and Matteson 1999).

From 1979 to 1997, firearms accounted for 58% of all suicide deaths among African Americans, and on average, men committed nearly 87% of those suicides (Joe and Kaplan 2001). What the data in these suicide studies fail to untangle is how many homicides are actually manifestations of suicidal intent? Few community studies provide estimates of the level of suicide ideation and attempts among African Americans. Data suggest that patterns of suicidal behavior among African American men may differ from white counterparts across the lifespan (Joe and Kaplan 2001). Several scholars (Teplin et al. 2005; Joe and Kaplan 2002) have postulated that the actual number of suicides among African American male youth may be considerably higher if the deaths that have been technically misclassified as homicides or accidents are included. Life-course studies on homicide and victimization, such as Wolfgang's study (1959) in Philadelphia found that the number of documented homicides and accidents were "victim-precipitated," implying that the victims had acted in such a way as to bring about their own deaths.

The Teplin study's (2005) high number of homicides suggests a need to examine whether a significant proportion was actually misclassified and the end manifestation of

suicidal ideations. A 2000 study by the Center for Disease Control (CDC) reported that African American youths (7.3%) were more likely than white youths (6.7%) to attempt suicide. Although the rate of firearm-induced homicides increased 157% among African American youth between the ages of 10 and 24 during the late 1980s to early 1990s, only a few scholars have begun to make connections between these killings and suicide (Joe and Kaplan 2002). For populations of African American male youth at greater risk for early violent deaths, specifically, juvenile offenders re-entering society, understanding the connection between suicide and youth homicide is extremely important. To date, there are no studies on black male suicide that have examined how suicidal behavior and ideations have resulted in early violent, firearm-related deaths among this population, or what Wolfgang (1959) has termed “victim precipitated homicide.”

From a public health and research perspective, the dearth of literature on this issue has resulted in a narrow definition of suicide among African American male youth. Is it possible that interpersonal violence between young African American males has a significant tie to suicidal behavior? Drawing from the research on early violent deaths and increasing suicide rates among young African American males, more research is needed on the various ways suicide manifests itself in violent deaths among recently released juvenile offenders. Presently, little is known about suicidal behavior in this population (Teplin et al. 2005).

Juvenile Re-Entry and Mental Health

This consideration of the possible links between suicidal and homicidal behavior among African American male juvenile offenders naturally leads to a discussion about the mental health and mental services provided to this population upon release from detention. Juvenile detention officials have reported that over a six-month period, approximately 15,000 previously incarcerated youth nationwide waited for community behavioral services to become available (Thomas, Gourley, and Mele 2005). However, few communities are equipped to deliver comprehensive mental health aftercare services to youth who have been previously identified with behavioral disorders. Although the lack of accessibility to these services appears to be on the verge of a national crisis, there is minimal research examining aftercare availability for youth after they leave juvenile detention.

On the six-month prevalence rates of behavioral health disorders among discharged youth in Chicago (1,172 males, 657 females), Teplin et al. (2005) found that nearly 66% of males and nearly 75% of females in juvenile detention met the criteria for a diagnosis of one or more psychiatric disorders or behavioral health disorders. Furthermore, 51% of the males and 47% of the females had a substance abuse disorder. Steiner, Garcia, and Matthews (1997) found that 32% of male youth in the juvenile justice system suffered from some form of post-traumatic stress disorder (PTSD). In a cross-sectional study conducted by Shelton (2001) on estimated rates of emotional disorders of youth in Maryland’s juvenile justice system, approximately 53% met the diagnostic criteria for a mental disorder, with 26% needing immediate behavioral health services.

Juvenile offenders’ inability to access behavioral health services following detention has been associated with continued aggressive behavior, delinquency, and high rates of recidivism. Several of the problems associated with failed juvenile re-entry that juvenile justice officials have frequently reported are: (1) lack of coordination and

fragmentation in the behavioral health service delivery system; (2) impaired access to comprehensive and appropriate services for youth with behavioral health disorders; (3) lack of dual-diagnosis (mental illness and substance abuse) treatment options for juvenile offenders; (4) current behavioral health services that mostly address only acute or short-term treatment needs of juvenile offenders (Thomas, Gourley, and Mele 2005).

In Yin's qualitative study (2003), federal, state and local juvenile justice officials discussed emerging problems associated with the lack of continued behavioral services for juvenile offenders. One state official noted, "It is a concern if children don't get the services and treatment they need, then their behaviors have the potential to escalate and to consequently become more problematic...either more violent or suicidal" (159). A second official stated, "Being denied access to behavioral health services is a precipitating factor that can lead to increased delinquent behavior and recidivism" (160). Regarding the juvenile justice system's capability to address only acute or short-term mental health issues, another state official asserted, "I think this is what poses a problem for young people because mental health issues and substance abuse issues are not short-term issues and we [the juvenile justice system] are not addressing that" (160).

Issues of fragmentation and lack of coordinated services also arose in the Yin study (2003) interviews. Juvenile justice officials discussed the lack of integrated comprehensive services and how this can lead to adult criminality:

The children's mental health system people do not want to have to deal with violent acting out kids... Therefore, they [the child mental health system] bounce them back to the juvenile justice system. And there really is resistance in the juvenile justice system to dealing with the mental health people. A child who comes into contact with the juvenile justice system is not getting [coordinated services] and the system is failing. The whole point of the Department of Children Services and the juvenile justice system is to address what kids need, so that when they become adults they are not doing these types of criminal behaviors. Yet, the systems are not addressing all of these behaviors. (160)

The final issue that federal, state and local juvenile justice officials discussed in the Yin study (2003) was the effect that the lack of dual diagnosis treatment has on the future behavior of juvenile offenders. A federal official noted, "A lot of children in the juvenile justice system, which is approaching 60% in some jurisdictions, have untreated substance abuse problems and co-occurring mental disorders. Because a lot of kids in the justice system have co-occurring substance abuse and mental health disorders, that increases the risk of violent and aggressive behavior" (161).

In 2005 in Illinois, there were 3,197 youth offenders incarcerated in the state's Department of Corrections Juvenile Division. Approximately 71% of all juveniles incarcerated were African American. The majority of this population was projected to return to Cook County and Chicago Public Schools. According to statistics from the Chicago Public Schools Information Office:

- 550 juveniles (approximately) are released from Cook County Juvenile Temporary Detention Center (CCJTDC) each month.
- 6,000 juvenile offenders (approximately) are released from CCJTDC each year.

If we use the Teplin (2005) and Yin (2003) data as approximate measures of the psychiatric and behavioral disorders among juvenile offenders in Cook County, measures which indicate that at least 60% of the 6,000 juvenile released from CCJTDC have some form of a behavioral disorder, almost 3,600 juvenile offenders will return to urban schools, communities and households in Chicago with mental and behavioral health issues. The research literature on mental health aftercare for released juvenile offenders suggests that few of these young people will receive long-term mental healthcare treatment. The successful treatment of juvenile offenders is a daunting challenge because of the lack of available behavioral health services. In addition, juvenile courts cannot mandate these services when they are not available in the communities to which youth are returning (Abrams et al. 2003). In states such as Tennessee, community-based mental health and substance abuse services for youth have decreased since 1996. Many other states, such as Illinois, are facing similar challenges. The lack of community-based mental health services that can provide effective long-term aftercare increases the likelihood that many juvenile offenders will continue to engage in violent and aggressive behavior. Consequently, lack of mental health aftercare may be a significant contributing factor to high rates of recidivism among this population (Thomas, Gourley, and Mele 2005).

However, the juvenile justice system is not equipped to become the leading provider of behavioral healthcare for this nation's youth (Yin 2003; Teplin et al. 2005). Presently, the system is not designed to provide or coordinate comprehensive community-based care for youth with mental health and/or substance abuse disorders. However, if the juvenile justice system cannot provide these long-term aftercare services to youth, then who is best positioned to provide such services? Unfortunately, in many urban areas such as Chicago, schools are often overburdened with the task of providing mental health care services to returning juvenile offenders.

Juvenile Re-Entry and Schools: A Look At the Chicago Public School System

Annually, nearly 6,000 juvenile offenders are released from the Cook County Juvenile Temporary Detention Center back into Chicago public schools (CPS). According to CPS statistics, in the five years from 1995 to 2000, over 28,000 youth between the ages of 12 and 17 were released from state and county detention centers back into Chicago public schools. Approximately 50% of these youth were 16 years of age or older and the vast majority had zero to five high school credits. This is a population at the greatest risk for dropping out of school—and 50% do, according to CPS data. Even so, several CPS officials have suggested that this may be an underestimate. CPS estimated that over 50% (or 14,000) of the juvenile offenders released from 1995 to 2000 failed to re-enroll in an educational program. Approximately 12,000 of these students were 16 years of age or older. Although CPS policy “recommends” that these juvenile offenders either return to their home school or to the school they attended prior to detention, almost half never do. Illinois educational policy, in many respects, facilitates the decision to drop out of school. Illinois state law mandates that students must attend school up to age 16 (compulsory school age). However, Illinois schools are not obligated to accept students 16 years of age or older who have fewer than five high school credits. As a result, a considerable number of youth return to lives of crime, serious violent behavior, and substance abuse.

Without community-based mental health services and transitional schools in disadvantaged, predominately African American communities in Chicago's South and

West sides that are capable of facilitating juveniles' transition from detention back into the educational system, recidivism among this population is highly probable. Transitional re-entry schools that serve this population in Chicago are under-resourced and underrepresented. From 2002 to 2003, CPS projected that CCJTDC detainees from Region 5, which represents several disadvantaged communities on Chicago's South Side, exceeded 1,000 youth. However, the only alternative to detention that CPS operates in the region, Baker High School (pseudonym), a school designed for re-entering juvenile offenders, can handle 100 students maximum.

Presently, CPS has no systematic method of documenting or tracking what happens to these young people once they are released from detention. As a result, some CPS officials have referred to this population as "invisible and forgotten." One CPS official noted in the pilot study conducted 2005-2006 for this article that "juvenile offenders are typically 'written off' by the school system and society." Approximately 75% of the student population at Baker is African American males. Even in an idealistic world, if schools such as Baker could provide behavioral health aftercare services, they do not have the capacity or the resources to serve 1,000 re-entering students, many who have complex mental health problems. The data suggest that the school system has failed to create more alternative education settings for re-entering juvenile offenders. The failure to provide sufficient transitional schools for these offenders, the vast majority of whom are young African American males, significantly impacts rates of high school dropout, poverty, unemployment, crime, and violence in urban areas.

In 2003, Chicago led the nation in homicides; the majority of the perpetrators and victims were young black males. As of 2006 in Chicago, over 50% of all African American males between the ages of 20 and 24 and one in four (25%) between the ages of 16 and 24 were neither working nor in school. For those coming out of juvenile detention, juvenile justice officials stated that rates of educational dropout and unemployment were much higher. Currently, there are no official statistics available which document juvenile re-entry across social contexts either in Chicago or, to a greater extent, nationally.

Gaps in Research on Juvenile Re-Entry

To date, there is scant research on juvenile re-entry across various social contexts (i.e., schools, communities, and households) and multiple systems (i.e., public school, juvenile justice, and mental healthcare). An exhaustive review of the literature revealed that there have been no longitudinal ethnographic adolescent life-course studies of re-entry among a sample of young African American males. Recent and ongoing studies, such the Vera Institute of Justice—Adolescent Re-Entry Initiative in New York City and the MacArthur Foundation's Adolescent Development and Juvenile Justice Research Network's research on juvenile re-entry and the pathways to desistance among serious violent youth offenders, may provide needed data. Scholars and researchers have often cited that the lack of existing data on re-entering black juvenile offenders results from the inability to track and follow hard-to-reach at-risk youth populations (Teplin et al. 2005). Furthermore, there is little data on intra- or inter-group differences among young at-risk African American males that may contribute to our understanding of the developmental and contextual issues which impact them. There are also few longitudinal intervention studies of African American male juvenile offenders as they make the transition from

adolescence to young adulthood, a period in the life-course that several scholars suggest exposes these youth to the greatest risks (Mulvey et al. 2004; Chung and Steinberg 2006). Additional research studies are needed to examine how suicide manifests as violent deaths and homicide among African American male youth, particularly those who have experienced incarceration under the juvenile justice system (Joe and Kaplan 2002). Future research also needs to consider the barriers to successful re-entry in areas such as:

- Education
- Employment
- Housing
- Familial support
- Community-based mental and behavioral healthcare services
- Violent behavior and early violent deaths
- Suicide/Homicide

Discussion and Conclusions

The data on this population indicates that future research, policies, and programming on the social context of juvenile re-entry is needed to improve our understanding of the social, economic, educational, and public health implications of juvenile re-entry for young African American males. A great deal of work needs to be done on many levels. First, we must address the issue of early violent deaths and the easy accessibility to firearms among these youth. In urban areas such as Chicago, the mortality rate of African American males released from juvenile detention is four times greater than the general youth population. More than 90% of the early violent deaths in the Teplin study (2005) were homicides and more than 90% of homicides resulted from gunshot wounds.

Second, we must address the educational neglect and labor market marginalization released African American male youth offenders encounter, a situation in which 50% of these young men are not in school or working, and the majority aged 16 or older have zero to five high school credits. School dropout is one of the greatest risk factors for delinquency, increased aggressive behavior, violence, and future incarceration. The juvenile justice system must begin to work closely with educational experts and the public educational system to develop interventions for youth offenders who are at the greatest risk of dropping out of school. More non-traditional and alternative educational settings need to be created to accommodate large numbers of youth returning from detention to specific urban areas. Educational policy that encourages this population to drop out by age 16 must also be re-evaluated.

Third, more community-based behavioral healthcare interventions must be developed to address long-term mental health/behavioral problems. Nearly two-thirds of the male youth in the Teplin study (2005) suffered from a psychiatric disorder; despite reports from the Surgeon General of the insufficient mental health services available for juvenile offenders returning to urban communities, these problems persist. A potential starting point for providing mental health aftercare could be alternative school settings that initiate treatment then refer young African American males to community-based mental healthcare systems. However, addressing issues of dual diagnosis and treatment should begin as soon as a young offender enters the juvenile justice system, and maintaining/coordinating a long-term mental healthcare plan should continue into young adulthood. Family members such as parents/guardians should also be integrated into each

youth's long-term mental healthcare plan. To accomplish these goals, the juvenile justice system, mental healthcare systems, and schools must eliminate the fragmentation of services and utilize a more comprehensive delivery approach for returning juvenile offenders.

Finally, we must consider how to address early violent deaths and their public health impact on young African American males returning from juvenile detention. Data from the Teplin study (2005) and others have documented the overrepresentation of African American male youth as victims of early violent deaths. Without proper diagnosis and treatment of mental health conditions, such as depression and PTSD, we will continue to know relatively little about how suicidal behavior or ideations manifest themselves in violent behavior and homicide. Several scholars have suggested that at-risk youths may express suicidal intent by placing themselves in high risks situations, which may lead to a higher likelihood of homicide (Joe and Kaplan 2002; Wolfgang and Ferracuti 1957). The data on African American male juvenile offenders reveal that many engage in forms of socially suicidal behavior, such as dropping out of school, carrying a firearm, abusing substances, or joining a gang. Although these behaviors may not lead directly to early violent deaths, they often result in slower, deliberated forms of death that ultimately destroy social progress for young African American males.

We must begin to examine how African American male youth themselves define these behaviors and whether they have a critical understanding of such behaviors' potential social and even fatal implications. Although gun control policy and intervention programs are integral pieces in this public health puzzle, we must begin to take non-traditional approaches to address the social problems that impact this population. One non-traditional approach is public boarding schools for at-risk and disadvantaged youth, such as the Maya Angelou Public Charter School and the SEED School, both in Washington, DC. These institutions provide year-round educational and mental health services in safe learning environments and are also connected to the wider mainstream community.

If we fail to develop other programs, policies, and resources to effectively address issues surrounding at-risk black male youth, as one New York City adult criminal justice system official observed during this study, "it is only a matter of time before they graduate to the adult prison system."

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