<u>Literature Review</u>

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Introduction

America has more of its population incarcerated than any other country in the world, and its prison demographics are inconsistent with that of America's general population. African Americans only comprise 12% of the United States population and yet are almost five times as likely to be sentenced to state prison than their white American counterpart (Sentencing Project, 2021). The national incarceration statistic shows 81 of every 100,000 blacks are confined to state prison (Sentencing project, 2021). Data from the Office of Juvenile Justice and Delinquency Department Program reports that African American youth are four times as likely to be incarcerated (Gonzalez, 2017). Furthermore, the United States incarcerates its youth more than anywhere else in the world, and those arrested and incarcerated are primarily marginalized black youth given extended sentencing (Sentencing Project, 2021).

Because there is a tendency to characterize black youth as deviant and a threat to society, surveillance and racial profiling are very common occurrences and play a central role in the arrest of young black men. In addition, the mandatory minimum policy ensures lengthy sentencing by restraining judges from employing discretion and leaving little to no consideration for antecedent factors, such as Adverse Childhood Experience (ACE) or childhood trauma that has been theorized to lead many black juveniles to criminal behavior.

When the effects of ACE and childhood trauma intersect a justice system that is systematically racially biased, black juveniles and young adult black men are often left confined in America's juvenile detentions and state prisons without adequate services to address their

childhood trauma and are more likely to be retraumatized while incarcerated or in juvenile detention.

This literature review uses several articles to discuss the intersectionality of ACE, delinquency, and incarceration among young black men. Wolfe, et al. (20202**)** and Thalia Gonzales (2017) explore Adverse Childhood Experience (ACE) and childhood trauma as the precursor to criminology among young black men and the effects of ACE on social, psychological, and neurobiological development. Donna Jackson Nakazawa (2015) examines techniques and counseling interventions to cure ACE's psychological and social effects. Research findings from & Brown (2020) and Fripp & Carlson (2016) affirm that many in the black community are reluctant to receive counseling, even if needed that cultural mistrust and mental illness stigma are some barriers to African Americans seeking mental health services. However, when the effects of ACE are left untreated, the consequence can result in delinquency and criminal acts. Where there is often additional exposure to trauma which continues the cycle and increases the occurrence of recidivism (Gonzalez, 2017)

Adverse Childhood Experience (ACE) and ACE Score

Adverse Childhood Experience (ACE) commonly refers to ten specific exposure that falls into three categories abuse, neglect, and household dysfunction. These experiences generally occur before age eighteen and are defined as *physical neglect, emotional neglect, physical abuse, emotional abuse, sexual abuse, violent treatment toward the mother, household substance abuse, household mental illness, having incarcerated family member,* and *parents separating or divorce,* (Wolf et al., 2020). ACE and childhood trauma are not uncommon among children, nor

are they restricted to any race or ethnic group, but prevalence is shown among the African

American population. Youth from marginalized communities are described as having

disproportionately high-stress levels, adverse childhood experiences, and complex traumas

(Gonzales, 2017). They have high ACE scores, and these experiences put them at risk of

delinquency and entering the juvenile justice system, where they are again likely to experience

trauma.

ACE scores range on a scale of 0 to 10. It starts with a simple test listing the ten most

common adverse childhood experiences. A single point is scored for each negative experience a

person has suffered. A score of 2 or 3 can increase a person's risk of encountering lifetime

challenges or delinquent behavior. The higher score indicates more exposure to negative

childhood experiences (Wolff et al., 2020).

The Effects of ACE
Precursors to Juvenile Delinquency and Detention

Neurobiological/Self-regulation impairment

The American Psychological Association Dictionary of Psychology defines delinquency as

violating social rules or conventions. The terminology is generally ascribed to the misbehavior of

children and adolescents. Research has shown that when a child experiences multiple or

recurring ACE or childhood traumas for long periods of time, the risk of delinquency, juvenile

detention, and incarceration is even greater. This is especially true of those who have

experienced child abuse—physical and sexual—and emotional and physical neglect (Wolff et al.,

2020). This is in part because the neurobiological effects of ACE impact executive functioning.

This creates a deficit in an individual's control or ability over self-regulation processes. "When an individual is exposed to persistent threats, the system responsible for maintaining high levels of stress responses is programmed to respond to those threats. When the environment is hostile and threatening, maintaining high levels of vigilance and a quick fight, flight or freeze response is adaptive" (Gonzalez, 2017, p.92). Eventually, this form of stress response overloads the systems resulting in hyper or hypo responsiveness, preventing the development of normal stress regulations (Gonzalez, 2017, p.92). Poor regulation also affects the ability to identify one's values and standards and how one executes behavior (Gonzalez, 2017). ACE and Childhood trauma also impairs cognitive, emotional, and social skills, one's concept of self and trust, and the ability to cope with stress and foster relationships with others.

The authors, Wolff, Baglivio, Klein, Piquero, DeLisi, and Howell, of *Adverse Childhood Experiences (ACEs) and Gang Involvement Among Juvenile Offenders: Assessing the Mediation Effects of Substance Use and Temperament Deficits* review several research to investigate the linkage between ACE and gang delinquency. These research included a study by Howell et al. (2017) that examined juvenile offenders and their family backgrounds; a study of juvenile offenders in Florida (Craig et al., 2018); a meta-analysis of 84 studies (Slagt, Dubas, Dekovii, and van Aken, 2016); and the 2007 van Goozen, Fairchild, Snoek and Harold's neurobiological model. Overall, they found that early childhood adverse environments where there is abuse and neglect can produce deficits in the stress-regulating system, which includes the hypothalamic-pituitary-adrenal axis and the autonomic nervous system (Wolff et al., 2019). This causes vulnerability to severe and persistent antisocial behavior and impairs the ability to identify and appropriately respond to stressful situations. Failure to physiologically illicit a stress response

produces a cycle of engaging in dangerous environmental settings and behaviors like gang activity (Wolff et al., 2019).

In addition, self-regulation and emotional deficits help foster conduct disorders that may cause some form of peer rejection during the school-age years. Like any other child, children with ACE want to feel a sense of social acceptance and belonging. When rejected by others, they will gravitate toward those with similar antisocial behavior, making the likelihood of delinquency and gang membership more possible (Wolff et al., 2019).

Furthermore, black youth who live in poverty are more likely to face community violence. Exposure to community violence is defined as either witnessing or being directly a victim of any area of violent community events, such as street crimes, including gang activities (Gonzalez, 2017). These experiences contribute to early life adversities and can impact one's physical and mental health later in life, resulting in adverse outcomes for youth of color and an increased risk of incarceration (Gonzalez, 2017).

Adolescence is a pivotal time in a young person's life. Many who have been exposed to adverse experiences and trauma engage in risk-taking behavior without having the executive functioning to understand how their choices can have life-long consequences. Impaired cognitive functioning and poor decision-making processes make them more susceptible to acts of delinquency.

Barriers to Counseling to Counseling in the Black Community

According to Nakawaza (2015), cognitive approaches can help correct the negative thought processes resulting from ACE or childhood trauma and teach the individual to learn and develop more adequate coping strategies. Trauma-Informed Cognitive Therapy is an excellent way to

initiate the process of recovering from ACE. It can help to address depression, anxiety, and other

psychological distress, resulting from childhood trauma. Recovery from childhood trauma

through other approaches and techniques, such as Floatation-REST, which decreases anxiety and

increases relaxation by floating in a pool with Epsom salt for 60 to 90 minutes, Theatre &

Drama, and Mindfulness-Based Programs (Nakawza, 2015). Music therapy and music-based

programs have also been proven to improve PTSD symptoms among those for whom cognitive

therapy was not beneficial (Nakawza, 2015). Therapeutic approaches that address abuse, neglect,

family dysfunction, and mistrust can benefit recovery from ACE.

Mental Health Illness Stigma

   While their white counterparts who suffer from the effects of ACE and childhood trauma are

more inclined to seek therapeutic interventions, the black community is often reluctant,

endorsing many impediments to counseling. One of the leading barriers is mental health illness

stigma which creates fears and prevents many African Americans from obtaining information to

broaden their awareness about mental health problems. Abdullah & Brown (2020) and Fripp &

Carlson (2016), authors of "Diagnostic Labeling and Mental Illness Stigma Among Black

Americans" and "Exploring the Influence of Attitude and Stigma on Participation of African

American and Latino Populations in Mental Health Services" respectively, examine the various

factors hindering many people of color from seeking mental health services.

   Abdullah and Brown focus on mental health stigma as the most significant barrier to

receiving needed mental health care in the black community. They stated that this is detrimental

to the black population seeking mental health services because stigma influences the emotional

and behavioral responses of others and can create anger, discrimination, social distance, and fear. Fear can also prevent people from obtaining information about mental health problems (Abdullah & Brown, 2020).

To adequately study stigma in the black community and the role it plays in preventing individuals and families of color from receiving counseling that could be very beneficial in addressing and remedying various mental health problems, Abdulla and Brown (2020) conducted a study using experimental design vignettes to examine the influence of labeling on black American's stigmatization on depression, social anxiety, alcohol use disorder, and schizophrenia. Specific mental disorder labels were given to some symptoms, while others received an alternative explanation. The participants were comprised of 106 Black American adults randomly divided into two groups—59 participants were placed in the label condition group, and the other 49 were placed in the alternative-explanation group. The disorder that received the most stigma was schizophrenia, followed by alcohol use disorder, while social anxiety was one of the least stigmatized. Their findings also show that black people are more likely to stigmatize mental illness than whites and that the more severe the mental illness is, the more social distance from others it receives.

Individual Attitude

Fripp & Carlson (2016) focused primarily on how the individual's attitude affects participation in counseling due to the influence of stigma. They surveyed 129 African American and Latino participants whose average age was 25 and whose average annual income ranged from $10,000 to $29,000. Of the 129 participants, 30% were Hispanic/Latino, 70% were African

American/Black, and 69% classified themselves as men. Twenty-six of the individuals stated

they had previously received counseling, and eighty-six of the men never received counseling.

For the men who had received counseling, it was for marriage and family issues (Fripp &

Carlson, 2016).

All participants received three surveys to evaluate their attitudes, behavior, and self-stigma

toward seeking help. The surveys were done online or in paper-and-pencil format. The

participants had to answer questions about their attitudes and behavior about seeking counseling

and mental health services from a four-point Likert scale with choices ranging from 0 (disagree)

to 3 (agree) and from 1 (unlikely) to 4 (very unlikely) and respond to questions about stigma

from a five-point Likert-scale with choices ranging from 1 (strongly disagree) to 5 (strongly

agree). The findings yielded that one's likelihood to participate in counseling was not only

contingent on their attitude about counseling but also was influenced by self-stigma—their

negative perception of themselves for receiving counseling and their understanding of the

purpose and benefits of counseling also played a significant role (Fripp & Carlson, 2016). Those,

including parents, with highly stigmatizing views about counseling, were less likely to seek and

participate in mental health services for themselves or their children. In addition, assigning labels

or classifications to mental illnesses contributed to stereotyping and harmful perceptions of

mental illness or any perceived mental problem, which further deterred many black people from

counseling and other therapeutic interventions (Fripp & Carlson, 2016). For those who engage in

therapy, it is often involuntary or met with reluctance, with them disclosing little or ending therapy

prematurely.

Religious Barrier

Many in the black community view prayer and one's relationship with God as the most acceptable intervention for addressing mental health concerns. Mental illness is often regarded as a demonic attack or possession that only the power of God can cure. Because mental health disorders are seen as an adverse spiritual condition, being healed or restored is an issue of faith. Belief in religion takes dominance over belief in medicine and psychology. Therefore, receiving mental health services is seen as inherently contradictory to one's faith and belief in the power of God. Regardless of the outcome, they are more likely to seek pastoral counsel before going to a licensed mental health counselor. The more resilient they are in their prayer, the more reluctant they are to pursue counseling (Fripp & Carlson, 2016).

Also, some reject licensed professional and pastoral counseling out of concern that their personal matters will be disclosed to the larger community and their family will be ostracized or demonized. Subsequently, they resolve to suffer privately, leaving the child and the family without professional mental health services and spiritual support to address traumatic events in the child's life.

Ignoring the child's trauma does not make the trauma disappear or eradicate the effects of ACE. The absence of intervention and support leaves the child more prone to alcohol and marijuana use to self-medicate. The effects of ACE are associated with longer-term consequences, including risk for further victimization, delinquency, and adult criminality.

Conclusion

Many young black men incarcerated have faced childhood adversities and traumas that are precursors to juvenile delinquency and progressive criminal behavior at greater rates than their

white counterparts. Research findings have confirmed that there is a relationship between the effects of ACE and criminology. However, there are major gaps in the literature as more research needs to be conducted to understand the trauma cycle and assist with creating policies to advocate for ACE to be employed as a mitigating factor to help reduce sentencing for young black men. Because ACE prevalence is higher in disadvantaged African American communities, these socioeconomically deprived communities should be considered prime candidates for prevention efforts (Wolff et al., 2020). From the billions of dollars spent on mass incarceration and overcrowded juvenile detentions, money should be reallocated into developing programs in marginalized communities geared toward intervention and prevention of ACE.

Overall, Juvenile detentions do not reform offenders with preexisting trauma. It only puts them at risk of being retraumatized, making it more difficult for them to be reintegrated into the community and placing them at higher risk of reoffending. In the long run, Juvenile incarceration and lengthy stay can hurt youth and society.

Mental health services are essential and must be more accessible to help young black men deal with the trauma they have experienced in childhood. Counselor educators and clinical supervisors can team with community figures, mental health agencies, and religious groups to endorse the value of counseling by engaging in psychoeducational training in the community (Fripp & Carlson, 2016).

Extensive research needs to be conducted to obtain more comprehensive findings on the impact of ACE and trauma on the psychological well-being of black juveniles and how the behavioral risk factors correlate with confinement to juvenile detention or incarceration. In addition, qualitative research needs to be done to assess the role of therapeutic intervention in mediating or moderating the relationship between ACE's effects and young black men entering juvenile detention and

incarceration. More psychosocial research will show how these key predictors shape behavior and set many African American youths on a path of becoming offenders. It will help us better understand how ACE events affect psychological and social development.

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