

Addressing Systemic, Structural, and Institutional Racism in the Juvenile Legal System

Position Statement

The National Commission on Correctional Health Care is charged with promoting the health and wellness of youth housed in detention and confinement facilities. NCCHC calls for these facilities to address systemic, structural, and institutional racism by gaining awareness of the problem, promoting policies and practices to eradicate inequities, addressing overt and covert racist attitudes of staff, promoting an inclusive culture, and treating the racial trauma that youth of color have experienced.

NCCHC acknowledges the fundamental role that systemic, structural, and institutional racism (see definitions below) play in every aspect of the juvenile legal system – both internal and external to juvenile facilities – and recommends that correctional health professionals, administrators, and decision-makers take the following steps to address racism in all its forms and to mitigate its impact on the health of court-involved youth and of society:

1. Encourage open communication and awareness of the role of systemic, structural, and institutional racism within the juvenile legal system.
2. Foster an inclusive culture that directly addresses both overt and covert racist attitudes.
3. Provide training and education on race, implicit bias, microaggressions, and other key concepts to corrections staff, health care professionals, administrators, and external partners such as law enforcement, attorneys, and courts.
4. Include race and ethnicity data, when possible, in quality assurance and other evaluation and monitoring processes to identify disparities in health care outcomes where they exist, considering also the importance of consistency in how race and ethnicity are assessed and documented.
5. Develop, implement, and promote policies and strategies that identify, prioritize, and represent best practice; acknowledge and address the impact of systemic, structural, and institutional racism on health and wellness; and work to mitigate these impacts on youth and effect change within existing systems aimed at ultimately eradicating racial and ethnic inequities.
6. Offer treatment interventions, education, and tools that specifically target the racial trauma that youth of color have experienced.
7. Work to develop foundational strategies that enable individuals, facilities, and systems to take specific actions to move the field forward in addressing racism.

Definitions

Racism – “the relegation of people of color to inferior status and treatment based on unfounded beliefs about innate inferiority, as well as unjust treatment and oppression of people of color, whether intended or not”¹

Systemic racism – emphasizes the involvement of entire and often multiple systems, including the structures that uphold the systems (e.g., political, legal, economic, health care, school, criminal justice systems)¹

Structural racism – emphasizes the role of structures that lay the foundation for the systems (e.g., laws, policies, institutional practices, entrenched norms) (may be included in the broader category of “systemic racism”)¹

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Institutional racism – refers to the involvement of both institutional systems and structures in racism or specifically to racism within a particular institution¹

Person of color – used to describe any person who does not identify as "white," including but not limited to individuals of Black/African American, Native American, Asian American, Latino/a, Pacific Islander, or multiracial descent

Health disparity – “a particular type of health difference that is closely linked with economic, social, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”²

Health equity – “the principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.”²

Discussion

Systemic, structural, and institutional racism refer to wide political, economic, and social disadvantages within society that shape and affect the lives, well-being, and opportunities of people of color. They normalize historical, cultural, and institutional practices that benefit white people and disadvantage people of color.³ Today’s youth of color, like generations before, are born into a system of systemic, structural, and institutional racism that limits their ability to obtain equity within the established institutions that dictate income, educational opportunity, housing, employment, health care, politics, and interactions with the criminal legal system.*⁴⁻⁵

Youth of color are overrepresented in the U.S. juvenile legal system.⁶⁻⁹ For example, compared with white youth, the likelihood of incarceration is 5 times more likely for Black youth, 3.2 times more likely for Native American youth, and 2 times more likely for Latino youth.¹

There are multifactorial reasons that youth of color, especially Black youth, are more likely to be involved in the juvenile legal system, including socioeconomic factors and racial bias in policing practices that disproportionately lead to arrest, referral to court, and sentencing to detention facilities.^{6-7, 10-12} Additionally, the presence of law enforcement officers (commonly known as school resource officers) in the school setting leads to the disproportionate criminalization of misbehavior of Black youth, thereby making schools the gateway to involvement in the juvenile legal system.⁴ Research has shown that the school-to-prison pipeline negatively impacts youth. In one report, the authors demonstrated that students who were incarcerated in the juvenile legal system were less likely to finish high school by 39 percentage points when compared to all others from the same neighborhood and by 13 percentage points when compared with peers charged with crimes but not incarcerated.¹³

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It is against this backdrop that we must recognize, understand, and address systemic, structural, and institutional racism and the influence it has on the juvenile detention population. Administrators, direct care staff, and medical and mental health staff must be adequately trained to identify and understand that racism is not always conscious, explicit, or readily visible. Systemic, structural, and institutional racism are pervasively and deeply embedded in systems, laws, written or unwritten policies, and entrenched practices and beliefs that produce, condone, and perpetuate widespread unfair treatment and oppression of people of color, with adverse health consequences.¹ Systemic, structural, and institutional racism deeply impact the social determinants of health and health outcomes among youth of color.^{6, 14-17}

* NCCHC acknowledges that these issues are also true in the broader (i.e., adult) justice system as well. This position statement was developed by NCCHC's Juvenile Health Committee and is therefore focused on youth in the juvenile legal system.

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