



www.justicehealth.cochrane.org



<http://cls.gmu.edu/cjlm>



www.jhl.thelloydsociety.org

***Health and psychosocial ills of American prison inmates:
What childhood and adolescence can tell us about community reentry under the
Second Chance Act***

Professors Catherine A. Gallagher, PhD (cgallag4@gmu.edu)

Adam Dobrin, PhD (adamdobrin@thelloydsociety.org)

Background

The 2008 Second Chance Act facilitates the productive return of inmates to their families and communities through improved programming and increased access to services for released inmates and the children of the incarcerated. Disadvantage, and high risk health, social and substance using behaviors are often pointed to as the most relevant, primary causes of negative outcomes, and as such, are the focus of intervention programming and service linkage.

Question

Should programming and interventions supported by the Second Chance Act account for life-course risk factors to better attune justice facility practitioners and community providers about the long-term, intergenerational collateral consequences of incarceration?

Implications

Exploring how intergenerational exposure to incarceration shapes the health and psycho-social status of inmates will guide programming and intervention for inmates and their children under the principles of this Act.

Information source

Self-reported inmate information comes from 13,966 inmates in 1,583 state correctional facilities as part of the Survey of Inmates in State Correctional Facilities (SISCF)

Results

As the literature suggests, traditional risk factors, such as: high risk health, social and drug using behaviors significantly impact the likelihood of a number of health and psycho-social conditions, independent of additional demographic controls.

However, and most important to this study, having a past history of familial incarceration exerted an equal if not greater impact on a number of health and psycho-social conditions among inmates.

Programming and perspectives supported by the Act will be more effective for released inmates, their offspring, and the communities to which they return when the interplay between complex risk factors and intergenerational influences are considered more carefully.

Recommendations

In planning and in practice, this means those with histories of familial incarceration may be most in need of services, regardless of their current and past risky and poor health behaviors. This also suggests that the youth of the incarcerated may be differentiated from other at risk youth in terms of potential health and psycho-social outcomes.

HEALTH AND PSYCHOSOCIAL ILLS OF REENTERING AMERICAN INMATES

What childhood and adolescence can
tells us about community reentry
under the Second Chance Act

Catherine A Gallagher, PhD
George Mason University
Cochrane Collaboration Justice Health Field
Campbell Collaboration Crime and Justice Committee

Major shifts in our understanding and questions

Kids are not small adults

What characteristics do bad kids have

What causes kids to do bad things

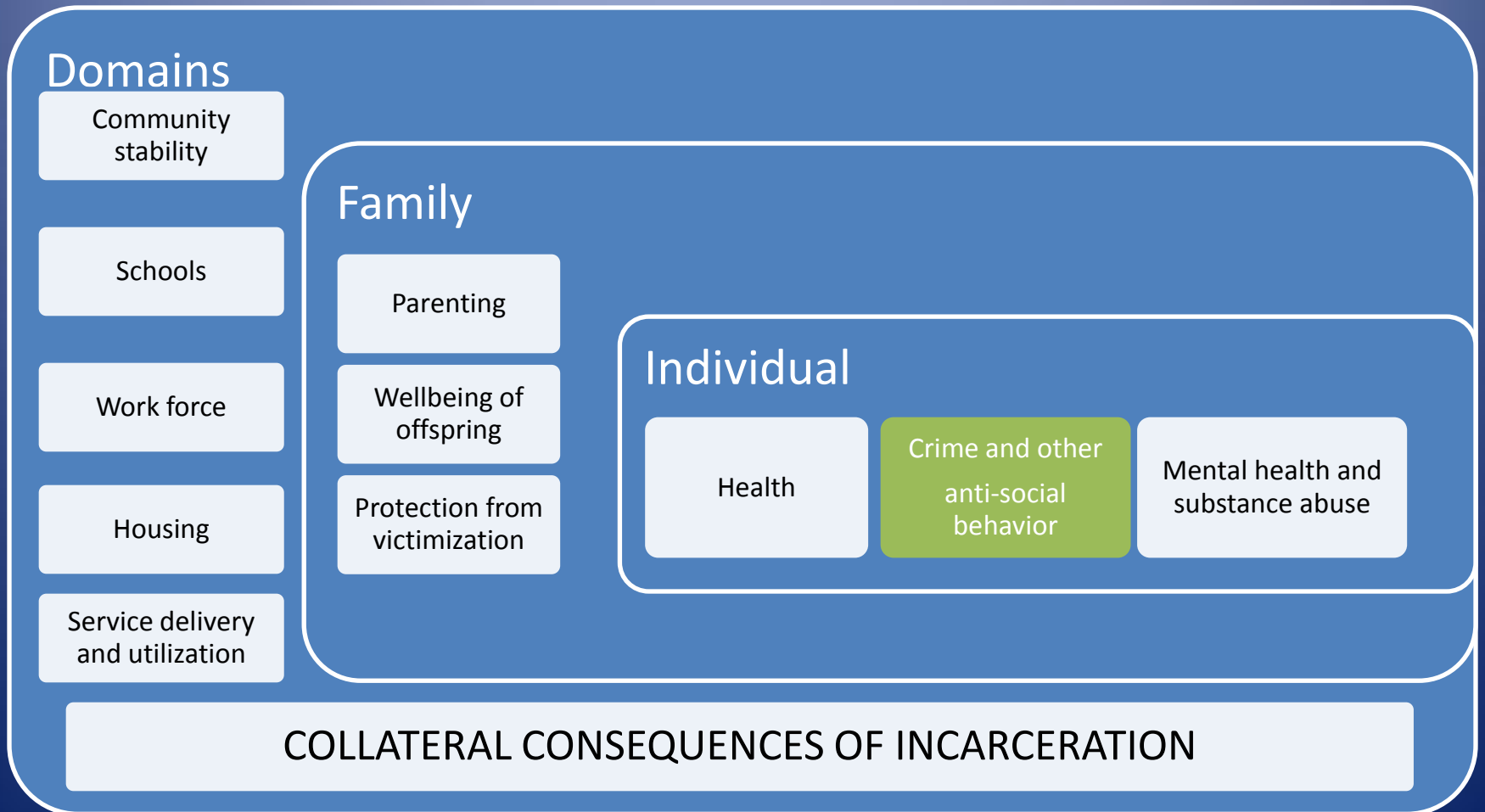
Distinct developmental periods

Broad spectrum of related outcomes

Historical research focus



Crime reduction or a spectrum of policy outcomes?



This study's focus

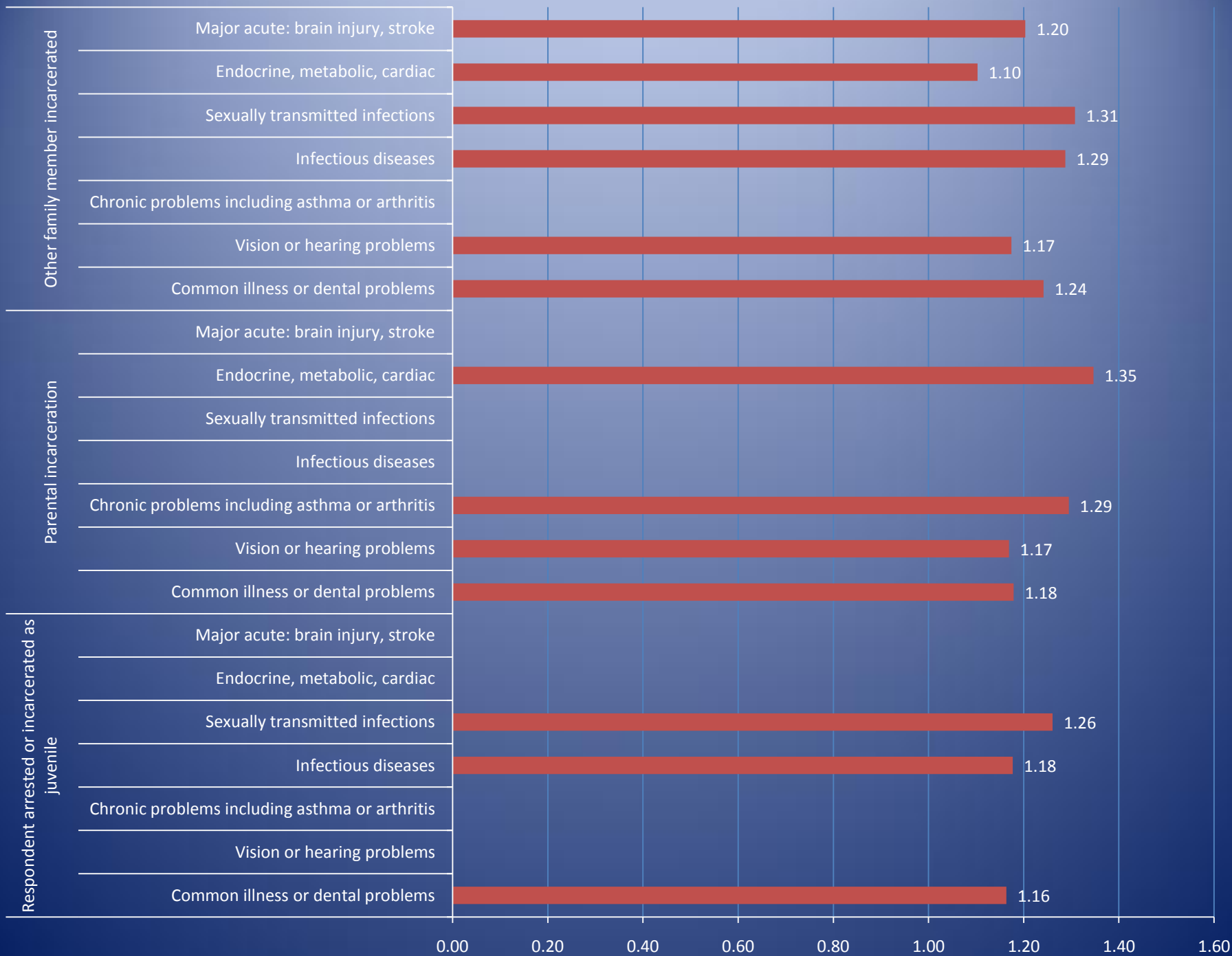


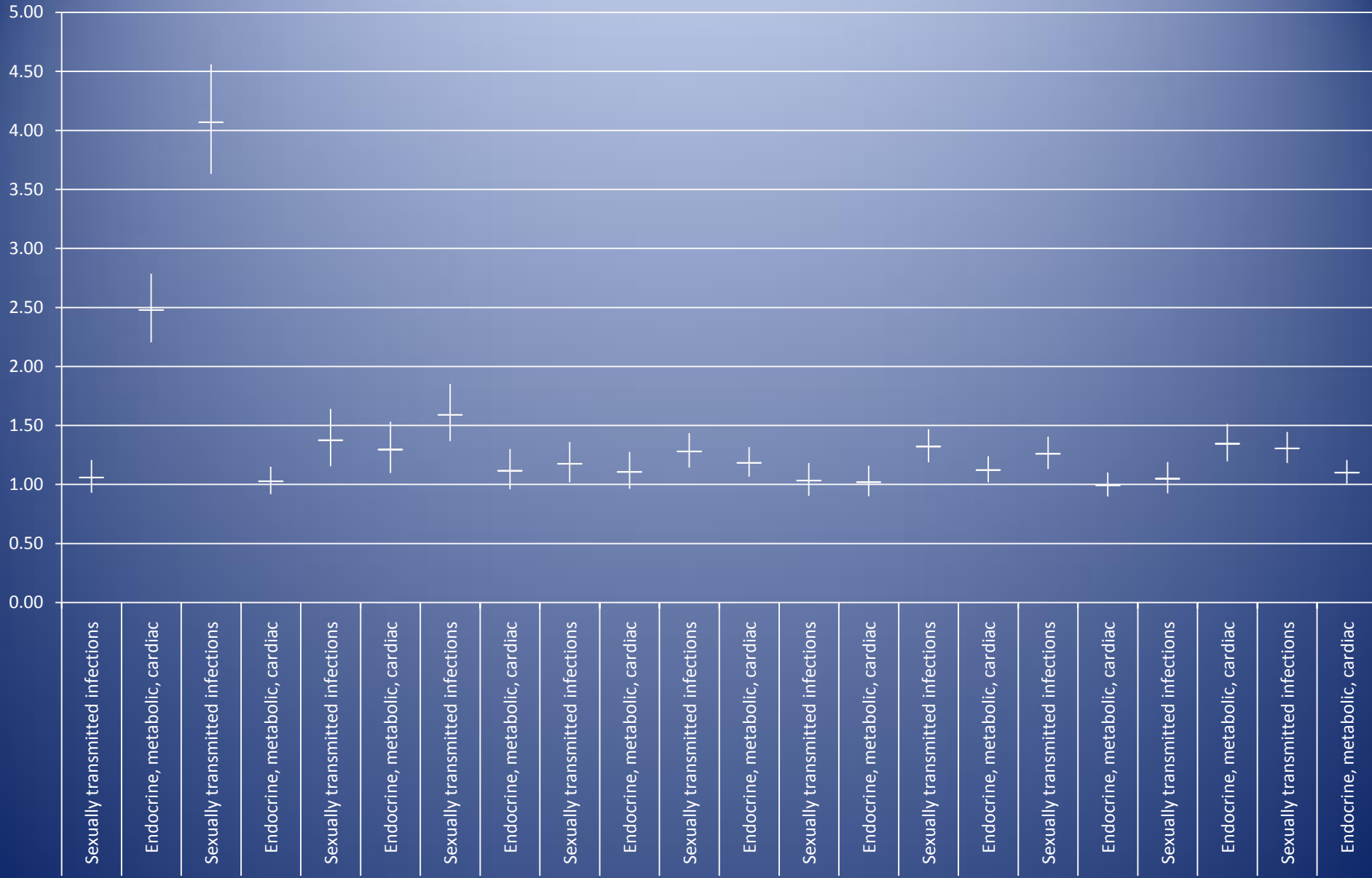
Survey of Inmates in State Correctional Facilities (SISCF)

n=13,966 inmates

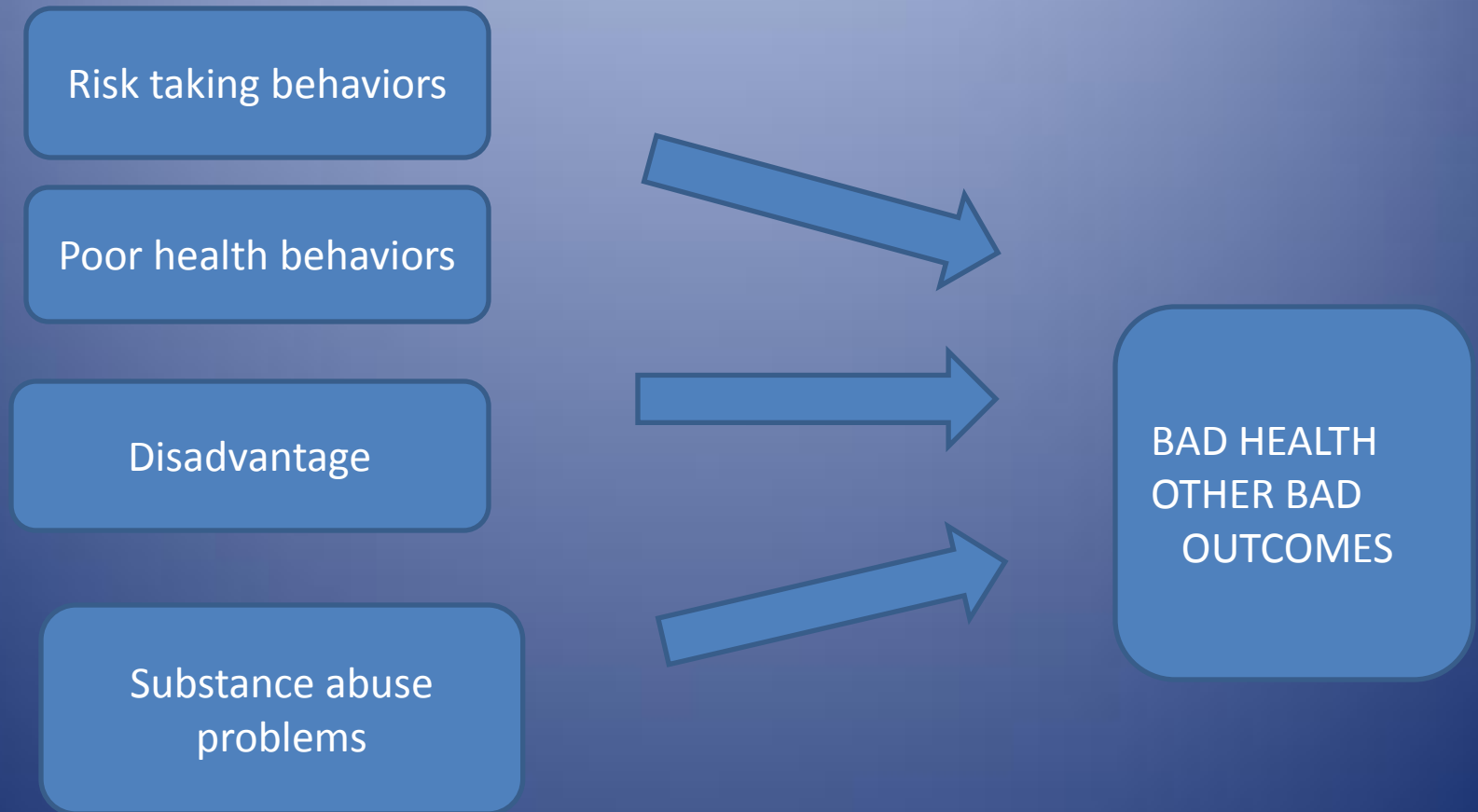
n=1,583 state correctional facilities

DATA SOURCE

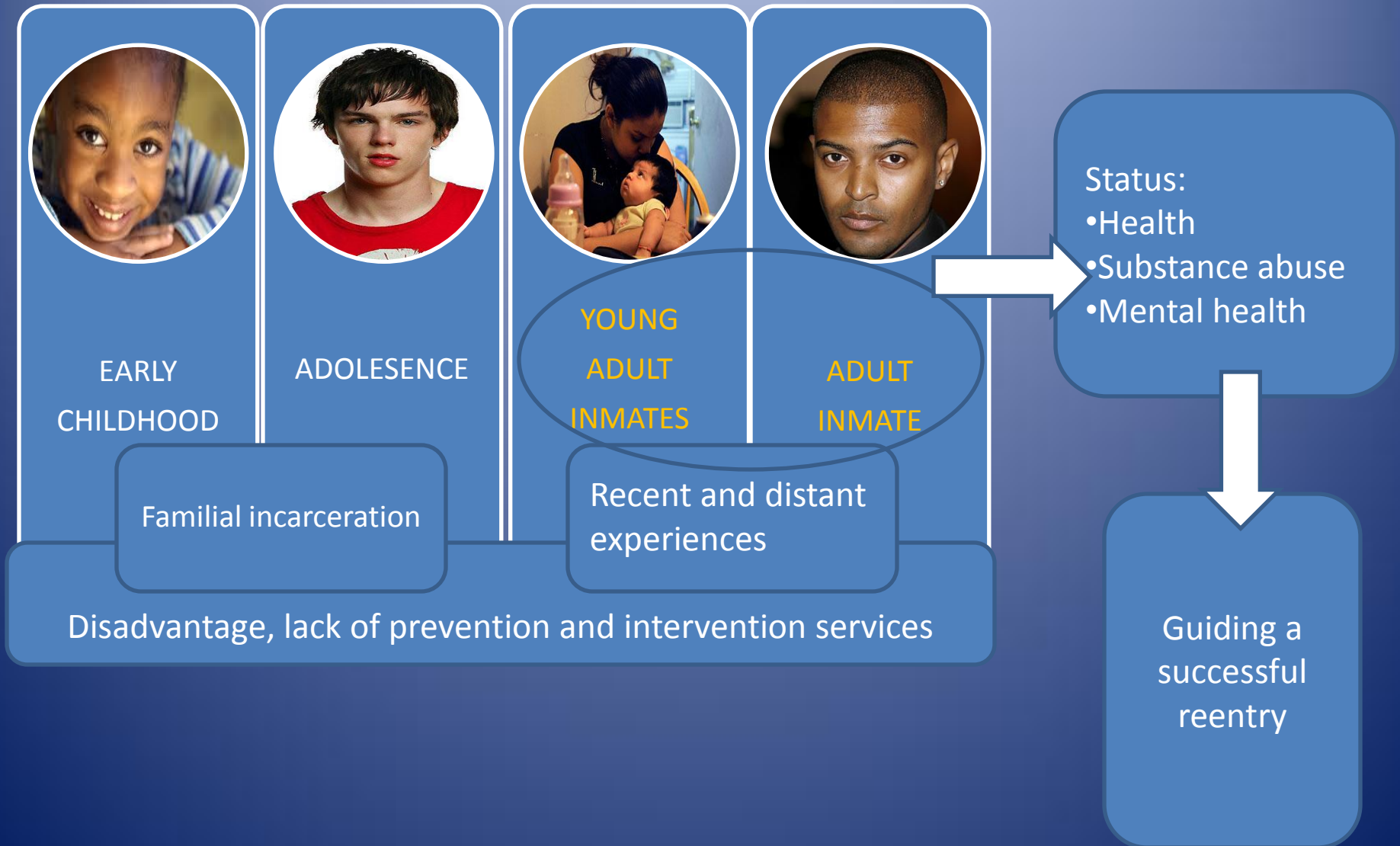




A simpler view of the causes of poor inmate health dispelled



This study's focus



FINAL RESULTS

**WHAT THIS MEANS FOR REENTRY,
AND THE SECOND CHANCE ACT**

FINAL RESULTS

**WHAT THIS MEANS FOR PRACTICE
FAMILIES, COMMUNITIES, AND
INDIVIDUALS**