Briefing Paper on the Health Impacts of Criminalization on Asian Pacific American Children, Youth and Families

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Briefing Paper on the Health Impacts of Criminalization on Asian Pacific American Children, Youth and Families

I. Purpose of the Project

The focus of this research paper was to gather baseline data on the health impacts of criminalization and incarceration on Asian Pacific American (APA) children, youth and families in California. The scope of the project was to:

- Conduct a literature search, review existing data and information and develop an annotated bibliography;
- Review existing health data;
- Identify and map APA service providers by the types of services and programs they offer to in order to discern potential resources and gaps in meeting the needs of this vulnerable population;
- Identify future research questions and research methodologies on this topic.

The explicit purpose of AAPIP undertaking this research project was to identify and share the particular demographic, social and health characteristics of these populations, document impacts on children, youth, and families, me in it or and identify promising programmatic and strategic remediation that can assist health clinics and providers, community-based organizations, government agencies, foundations, and policy makers in designing strategies for meeting the particular challenges facing APA communities.

II. Criminalization and APA Communities

The number of Asian Pacific Americans in the correctional system is small but growing. As of 2000, there were only 9,670 Asian Americans incarcerated in federal, state and private correctional facilities with the majority (6,527) in state facilities. In California, APAs comprise only 3.4% of the prison population (Umemoto and Oh 2005, 5). Yet it is a growing population especially amongst APA youth offenders. The proportion of Asian Pacific American juvenile offenders detained by the California Youth Authority has increased from 4% to 12.7% over the past 10 years. Likewise, Laotians, Vietnamese, and Samoans comprised three of the top four arrested groups by arrest rate in the San Francisco Bay Area in 1990. The National Council on Crime and Delinquency also finds that the increased numbers of APA detainment "reflects a broader pattern of increased incarceration over the past decade even where on the evening will be on the new law over the long overall crime rates in the Unites States decreased" (NCCD, Asian Pacific Islander Communities: An Agenda for Positive Action 2001). Furthermore, post-9/11 immigration policies have led to the detainment and deportation of thousands of men and boys (exact numbers are still unavailable) of South Asian and Middle Eastern descent (ACLU: America's Disappeared 2004, 1). These policies have also led to the increased enforcement of the Illegal Immigration Reform and Immigration Responsibility Act (IIRIRA) thereby ensnaring many Southeast Asians caught in the criminal justice system who are now being detained and deported, even after serving time in prison.

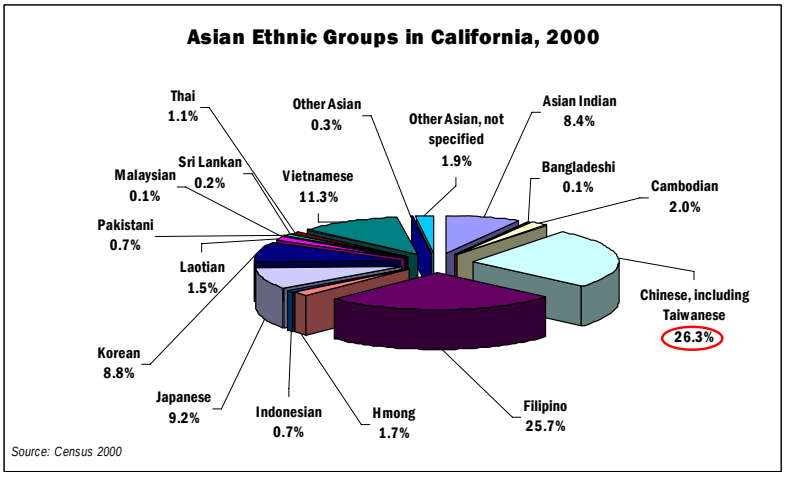
The Asian Pacific American prison population, in particular, often a byproduct of the convergence between immigration policy and the criminal justice system, remains invisible as a public policy issue even as this population slowly grows. Many states do not disaggregate this population in their reports, yet most Asian Pacific Americans face significant barriers in correctional settings

including language and cultural barriers (Umemoto and Oh 2005, 32-35). Part of this "invisibility" includes a lack of quantitative and qualitative information about the impact of incarceration and criminalization on the health and well-being of children, youth and families of these APA prisoners/detainees.

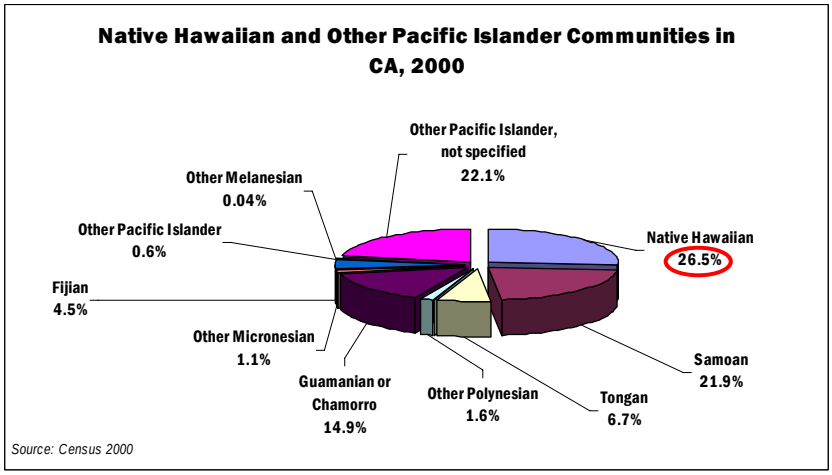
III. *Introduction*

Demographics

The Asian Pacific American population grew to 4.4 million[1] in 2000 and APAs now represent 13% of California's overall population. According to the Asian Pacific American Legal Center, Asian and Pacific Islanders are the fastest growing major racial and ethnic group in California (APALC 2004, 5). Although APAs are often treated as one homogenous entity, these communities actually represent 49 distinct ethnic groups and over 100 dialects (Swartz 2003, 1).



The Asian American community in California is still primarily an immigrant population. While only 26.3% of the state's population is foreign-born, over 62% of Asian Americans are foreign-born. Since the majority of Asian Americans are immigrants, the community has high rates of linguistic isolation. Approximately 26% of Asian Americans are linguistically isolated, with some communities, such as the Vietnamese, facing as much as 44% linguistic isolation. This can impact a community's ability to access needed health and social services. For example, Ko Bruce Fang in his 1998 dissertation on the Hmong community and their utilization of mental health services, cites research that found, "…those Hmong refugee participants who had a high level of English proficiency had a higher probability of utilizing Western

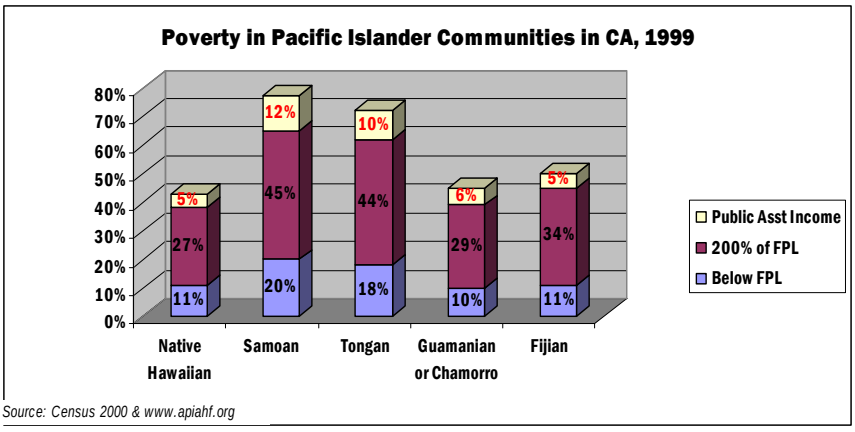


[1] The population data includes both alone and multicultural responses. Additionally, within this report, the terms "Asian American" and "Asian Pacific American (APA)" are not interchangeable. The term "Asian American" only includes the Asian ethnic groups listed above, while "APA" includes both Asian Americans and people of Native Hawaiian and Other Pacific Islander (NHOPI) descent.

medicine (Fang 1998, 82).

Though APAs are often categorized as a model minority who excel in academics, nearly half of Asian Americans (49%) and over 80% of Pacific Islanders have a high school diploma or less as their highest level of educational attainment (APALC 2004, 10). Some APA ethnic groups face even starker educational attainment realities, such as 66% of Hmong and 38% of Tongans have less than a high school education.

Low educational attainment compounded with high levels of poverty can further isolate communities of color. Thirteen percent of Asian Americans and 14% of Pacific Islanders lived below the Federal Poverty Level of $16,700 for a family of four in 1999. Furthermore, eleven API ethnic groups had poverty rates higher than the state average and three had rates higher than any other major racial or ethnic group (APALC 2004, 9). Southeast Asians[2] suffer from some of the highest rates of poverty. This has a devastating impact on the children from these refugee communities where 60% of Hmong, 50% of Cambodian and 40% of Laotian children live in poverty, constituting some of the highest child poverty rates in the state (APALC 2004, 9). The Pacific Islander communities of Samoans, Tongans and Fijians have some of the highest rates of poverty in the state when poverty is measured at 200% of the federal poverty level ($34,058 for family of 4 in 1999). Therefore a few APA communities are quite dependent on public assistance income, though many lost these benefits with the passage of the Personal Work and Responsibility Reconciliation Act of 1996. Fang's research demonstrates that people from low socio-economic backgrounds are less likely to seek mental health services (Fang 1998, 83).



Source: Census 2000 & www.apiahf.org

Immigrant Communities

There were 28.4 million immigrants in 2000, comprising 10% of the US population and 26.3% of the state's population. Though immigrant communities have been targeted for abuse of public benefits, in actuality immigrant communities combined contribute $10 billion to the economy a year and pay an average of $80,000 per capita more in taxes than the amount of government aid and services they receive in their lifetime (Mohanty 2005, 1431). Therefore it is no surprise that a study by Mohanty et al., found that the health expenditures of immigrants were 55% lower than for US-born people. Asians had one of the lowest per capita health care expenditures. Furthermore, the health care expenditures for immigrant children were 74% lower than for US-born children. They also were more likely to be uninsured or receive less public insurance than their US-born counterparts. However, expenditures for emergency room visits were higher for immigrant children most likely because a lack of access to preventative care causes these groups to visit the

[2] In this paper we are defining "Southeast Asian" as people of Cambodian, Hmong, Laotian, Vietnamese and Thai descent.

ER only when they are very ill (Mohanty 2005, 1431, 1435). Mohanty et al., cite fear of deportation in addition to lack of access to primary health services as a barrier for many immigrants, especially the undocumented.

The Southeast Asian Community

Taken individually, many of the Southeast Asian populations appear to be quite small relative to the general population of the state, however, as a group, they comprise approximately 18% of the Asian American population, making them the third largest ethnic community after the Chinese and the Filipinos. As demographic information above reveals, though culturally rich, Southeast Asians are one of the most economically and socially challenged communities in the United States. Most entered the US as refugees from the Vietnam War and have faced numerous difficulties including illiteracy, poverty, poor health, reliance on government programs, limited educational attainment, problems with acculturation and significant linguistic isolation.

The history of the Southeast Asian refugees in the United States is bound by war and the after affects of war. Over 700,000 Southeast Asian refugees entered the US between July 1974 and September 1988, primarily due to the Indochina Migration and Refugee Assistance Act of 1975 (Fang 1998, 15-19). Both Poch and Mai found that these refugees entered in four waves with the first wave bringing more educated, middle class immigrants who were able to successfully acculturate into the US (Mai 2003) and the last wave bringing in mainly “peasants” with little education, serious trauma due to the wars and refugees camps, who have had much difficulty adjusting to the United States (Poch 2002).

On the whole, many of the Southeast Asians that came to the United States were unprepared educationally, socially, economically, and psychologically for the assimilation process. Furthermore, US refugee resettlement policies have failed to support and help these communities to acculturate (Hing 2005). The U.S. government implemented a dispersion policy that scattered refugees around the country. As the policy only allowed the nuclear family to stay together, families were broken up, thus conflicting with most Southeast Asian cultural norms where the immediate and extended family live close together and support each other. Additionally, most Southeast Asian refugees were settled in public housing or in low-income neighborhoods with high rates of crime and violence (Ho 2003).

The resettlement of Southeast Asian refugees in the US has greatly impacted the structure and cultural norms of these communities. Traditionally patriarchal with high deference to community elders, these communities are challenged by shifting gender roles and the growing dependence on their children to assist in navigating public systems and US culture. For example, according to Fang, many young Hmong boys take primary responsibility in caring for their parents in the US (Fang 1998, 54). Additionally, these communities are challenged by the fast assimilation of their children into mainstream US society (Poch 2002). Since these communities have been deeply impacted by the challenges of resettling in a completely different culture in addition to dealing with loss and the traumas of war, many Cambodians, Hmong, Laotians and Vietnamese suffer from serious mental illnesses such as depression, schizophrenia, adjustment disorder and post traumatic stress disorder (Fang 1998, 8). For example, in a study on the effects of violence on the Cambodian community in Long Beach, California, revealed that a majority of the teenagers and

parents who participated in the study experienced "…high rates of psychological distress, especially depression" as a result of their exposure to the trauma of war and community violence (Berthold 1998). Though there are limited sources on the subject, Ko Bruce Fang's Ph.D dissertation provides some comprehensive information about Southeast Asian mental health, including the following:

- The Vietnamese are most likely to use Western medicine and Cambodians more likely to use mainstream health services while the Hmong were least likely to use either (Fang 1998, 83).
- Barriers impacting the use of mental health services or the seeking of treatment by Southeast Asians, such as the Hmong, include (Fang 1998, 92):
  - ⇒ Stigma of mental illness, especially in clan-oriented cultures like the Hmong. Therefore many mentally ill people may be ignored by the community
  - ⇒ Use of traditional systems like shamans or herbs
  - ⇒ Unfamiliarity with Western medicine or mental health concepts
  - ⇒ Language barriers – a lack of ethnic bilingual therapists
  - ⇒ Poor accessibility to facilities
  - ⇒ Cultural explanations for mental illness
  - ⇒ Many Southeast Asian women, such as the Hmong suffer from greater rates of depression than men. Many of these women were widowed and raised their children as single mothers in a new country. Though these women tend to utilize mental health services at a greater rate than men, most Southeast Asian women prefer and utilize traditional medicine more than their male counterparts. Therefore they are less likely to seek out Western medical services (Fang 1998, 74, 80).

Fang also found in his analysis of Hmong refugees and their utilization of mental health services, that "…those who had a lack of contact with their community were most likely to have mental health problems" (Fang 1998, 72). Therefore strong social networks are incredibly important to the health and well-being of these communities.

IV. *General Health Information About Asian Pacific American (APA) Communities*

Srinivasan and Guillermo state that "Asian Americans and Native Hawaiians have to a large degree been 'invisible' in public health debates…there are severe gaps in our knowledge of the health needs of Asian Americans and Native Hawaiian/Pacific Islanders, and of the illnesses from which they suffer, because of the lack of group-or-ethnicity-specific data" (Srinivasan and Guillermo 2000, 1731). In many health research projects the sample size for APAs is often small. Therefore the information for very different ethnic groups is often lumped together, masking serious health risks faced by particular APA ethnic groups. For this reason, it was extremely challenging to find accurate or even general health information about specific Asian Pacific American communities, especially Pacific Islander communities.

APA Health Statistics –Cancer

- The leading cause of death for APAs in California is cancer with the prevalence of liver cancer being 5 times greater for APAs as a group than other racial groups (AAPCHO, "California…" 2005). Cambodian, Hmong and Laotian men are at most risk for this type of cancer (APIAHF, "AA/PIs in California…" 2003).
- Prostate cancer is most common among Asian Indians, Chinese, Filipino, Hawaiian and Japanese American men in California (APIAHF, "AA/PIs in California…" 2003).
- Lung cancer is the most common form of cancer among Cambodian and Laotian men (APIAHF, "AA/PIs in California…" 2003).
- Korean men are at most risk for stomach cancer (APIAHF, "AA/PIs in California…" 2003).
- Breast cancer is the most prevalent cancer among women of all racial and ethnic groups except Laotian women, who suffer from high rates of cervical cancer (APIAHF, "AA/PIs in California…" 2003).

APA Health Statistics—Infectious Diseases

- APAs in California are affected by tuberculosis (TB) at a rate of 34 per 100,000 compared to 2 per 100,000 for whites (AAPCHO, "California…" 2005).
- TB rates among APAs are the highest in the country, 16 times higher than the rate amongst whites (APIAHF, "AA/PIs in California…" 2003).
- The Philippines is the Asian country with the greatest number of TB cases among the foreign-born (APIAHF, "Health Briefs…" 2003).
- Filipinos in the US have the highest incidence of AIDS cases among all APAs, and comprised 34% of cumulative AIDS cases in San Francisco and 31% in Los Angeles (APIAHF, "Health Briefs…" 2003).
- The number of reported cases of AIDS is low in APA community –only 1% of total cases. But this could be due to underreporting, lack of tracking and issues of stigma in immigrant communities
- Many immigrants are coming from countries with growing rates of HIV infection/AIDS including China, Thailand, Vietnam, Philippines and India (Swartz 2003, 1).

- Syphilis rates for APA men are rising –there were 29 cases in 2000 and 51 cases in 2001 (Swartz 2003, 1).
- APAs also have one of the highest rates of Hepatitis B. Its rate is less than 1 in 200 for the general public but is 1 in 10 for Asian Americans. This is a critical problem since Hepatitis B is correlated with liver cancer (APIAHF, "AA/PIs in California…" 2003).

APA Health Statistics—Other Diseases

- APAs are at a greater risk for cerebrovascular disease than other ethnic groups (APIAHF, "AA/PIs in California…" 2003).
- Heart Disease is the leading cause of death among Filipino Americans; and, Filipino American women over the age of 50 have higher rates of hypertension (65%) compared to other women in California (APIAHF, "Health Briefs…" 2003).
- Asian Indian men have a heart attack rate that is nearly 3 times higher than the general US population (APIAHF, "Health Briefs…" 2003).
- Samoans suffer from very high rates of obesity, primarily due to dietary issues, especially if they are low-income (APIAHF, "Health Briefs…" 2003).
- Native Hawaiians and other Pacific Islanders (NHOPI) have high rates of asthma. Approximately 22% of NHOPI children and 20.8% of NHOPI adults in California have been diagnosed with asthma at some point in their lives (American Lung Association 2006).

APA Health Statistics—Maternal and Child Health

- Cambodian women have high rates of gestational diabetes and are less likely to receive prenatal care (only 64% received care in their first trimester; they also give birth to more low birth weight babies (7%) compared to white women (5%); they also have higher teen birth rates with over 4% born to mothers under the age of 18 compared to 2% for the overall Asian and white populations (APIAHF, "AA/PIs in California…" 2003).
- Nearly 52% of Samoan women do not receive prenatal care in their first trimester, this is a higher rate than any other ethnic group (APIAHF, "Health Briefs…" 2003).

APA Health Statistics—Mental Health

- Over 70% of Southeast Asian refugees receiving mental health care met diagnostic criteria for PTSD (US Department of Health and Human Services, SAMHSA)
- An estimated 85% of Cambodians suffer from depression and up to 60% suffer from Post Traumatic Stress Disorder (APIAHF, "Health Briefs…" 2003).
- Study of Cambodian adolescents that survived the Pol Pot's concentration camps found that half experienced PTSD and 41% suffered from depression 10 years after leaving Cambodia (Roja 2003).
- The suicide rate in South Asian communities is higher than among other populations; Young South Asian women have a higher rate of suicide than South Asian males or the general population (APIAHF, "Health Briefs…" 2003).

- API females consistently have the highest suicide rates of females between the ages of 15-24 (National Asian American Pacific Islander Mental Health Association 2001).
- The suicide rate among Chinese American elderly women has been found to be 10 times higher than for White elderly women
- Asian American elders show a greater prevalence of dementia than the general public (National Asian American Pacific Islander Mental Health Association 2001).

Barriers to Health Care for APAs

- Living in medically underserved communities --The Association of Asian Pacific Community Health Organizations (AAPCHO) found two of the top five Medically Underserved AAPI Communities (MUAC) with the greatest APA populations to be in California –San Francisco and Alameda County (Chang 2005, 1).
- Lack of access to regular care –19.4% of Asian adults compared to 12.9% of whites report being without a usual source of health care; Cambodians and Vietnamese are 3 times more likely to forgo visiting a doctor due to cost considerations (AAPCHO, "Health Centers…" 2005).
- Lack of satisfaction with care –Asians tend to be least satisfied with their health care providers due to poor communication with providers and office staff and the speed of care (AAPCHO, "Health Centers…" 2005).
- Fewer preventative services –Asians are less likely to get critical screenings for cancer and other health problems; In California, only 60.5% of Vietnamese women reported getting pap tests in past 3 years compared to 86.2% of all women (AAPCHO, "Health Centers…" 2005).
- Poorer quality care –Many Pacific Islander communities receive poor care such as less prenatal care in the first trimester compared to other groups (AAPCHO, "Health Centers…" 2005).
- Belief in traditional medicine and healing practices.
- Lack of cultural sensitivity by health care providers.
- Lack of language access.
- Lack of health insurance – APAs lack health insurance at a higher rate then the general U.S. population. Approximately 2 million APAs are uninsured (Swartz 2003, 2) and the uninsured rate in California for APAs is 6% higher than for the white population (AAPCHO, "California…" 2005).
    - ⇒ The rate of Medicaid coverage for APA families is much lower than for whites (US Department of Health and Human Services, SAMHSA).

We know from research in the general population that families of prisoners/detainees frequently face serious mental and physical health problems. This includes stress due to fears and concerns about an incarcerated family member and depression due to financial worries and social isolation. Therefore the basic health information presented above provides a critical basis of analysis and context for understanding the types of ailments that affect these families. Though not much health information currently exists about this APA population, many of these conditions and problems are most likely amplified by introducing the element of criminalization into APA communities.

V. *Incarceration/Detention as a Public Health Issue*

The physical and mental health of prisoners are critical public health concerns. Prisons are constitutionally mandated to provide medical and behavioral health treatment to prisoners and the standards of this care are outlined by the National Commission on Correctional Health Care and the American Psychiatric Association. However, according to the courts, substance abuse treatment in prisons does not fall under these constitutional guidelines. Since many inmates' health are impacted by substance abuse, limited treatment programs in prison perpetuate these health problems post-release. While incarcerated individuals have some access to health and mental services while in the corrections system, these services are not guaranteed post-release. Additionally, prisons are not required to develop reentry plans for prisoners. Therefore only three quarters of state prisons have some form of reentry planning in place (Pogorzelski 2005, 1719).

Incarceration/Detention in the U.S.

There are now more than one million people incarcerated in U.S. prisons and detention centers. The United States, with 714 inmates per 100,000 population in 2003, has the highest rate of incarceration in the world. Of the approximately 1.4 million inmates (as of 2005) ninety-five percent are likely to be released and return to their community (Golembeski and Fullilove 1702).

Another public health consideration about ex-offenders is that they face many limitations in their ability to fully reintegrate in their families and communities. Some of these restrictions include limited civic participation including the right to vote, termination of parental rights, denial of access to federal benefits such as student aid, welfare, food stamps and public housing. Pogorzelski et al., refers to this as "invisible punishment" since it is not part of the formal sentencing process but perpetuates the punishment even after an offender has served time (Pogorzelski 2005, 1718). These limitations can have negative consequences on the health and well-being of a family, especially if they are forced to move out of public housing or lose needed public benefits. Furthermore, since California does not allow prisoners or those on parole to vote, this important population is unable to participate in the civic life of his or her community and this may eventually lead to the erosion of social capital in the community and destabilization.

The following sections provide some baseline information about critical health concerns/issues facing particular populations impacted by criminalization and incarceration. The information in this portion of the paper is divided into 5 sections that can be used as stand alone factsheets.

A. Impacted Communities: APA Current Inmates and Detainees

Introduction

At first glance, the Asian Pacific American (APA) prison population seems quite small relative to the general APA population. A 1997 U.S. Department of Justice survey found that APA male prisoners comprised only 1.3% of the total U.S. prison population and 3.4% of the California prison population (Umemoto and Oh 2005, 5). However, these statistics only reveal part of the story. APA prisoners are one of the fastest growing populations. According to a study by Angela Oh and Karen Umemoto, between 1990 and 2000, the APA prison population grew by 250% while the overall prison population only increased by 77%. This growth in the number of APA prisoners also exceeded the 75% total APA population growth for this time period (Umemoto and Oh 2005, 5). Immigrants, at 64.6%, represent the growing majority of APA prisoners in California. Since a higher percentage of APA prisoners are incarcerated for violent offenses, most APA offenders serve longer sentences for violent crimes, thus 20.3% of APA prisoners serve sentences of 25 years or more, longer than any other racial group.

A paucity of reliable data further masks the actual number of APA prisoners and their rising numbers in jails, prisons and detention facilities. The different departments that constitute California's corrections system have differing data collection and reporting mechanisms. Some of these departments do not categorize by Asians or Pacific Islander in their data collection and analysis, instead lumping them in the "Other" category. Other departments that do include an APA classification rarely disaggregate this data further into specific Asian Pacific American ethnic groups. Therefore it is difficult to reliably analyze which APA ethnic prison population is growing and researchers must often depend on anecdotal or outdated survey information.

Demographic Information

Southeast Asians and Filipinos comprise the majority of APA prisoners in California prisons. The largest APA ethnic group in California prisons are the Vietnamese (22%) followed by Filipinos (19.8%), Pacific Islanders (9.9%) and Laotians (8.5%). Additionally, the APA prison population is a young population with the majority (50.6%) age 27 and younger (Umemoto and Oh 2005, 17-19).

Incarcerated APA women:
California, with approximately 12,000 incarcerated women in 1999, has the largest number of female prisoners in the US. However the APA women offender population is quite low. It is important to note that approximately 80% of all women offenders are mothers with an average of 2 dependent children, the majority under the age of 10 (Petersilia 2000, 4). This has huge implications for the health and well-being of the children left behind when these mothers are incarcerated/detained.

Current Health Information

Though there is a body of academic literature on health issues impacting the incarcerated, none of it provides disaggregated or specific information about Asian Pacific Americans. Therefore we can only surmise that APAs experience many of the health challenges currently facing the general prison population. Some of the health conditions suffered by various APA communities are most

likely compounded or worsened by incarceration. We can also deduce that the lack of research and analysis on APA prisoners makes it difficult to diagnose and treat communicable diseases and fatal illnesses specific to these communities in a timely manner.

The following information deals with the health of the general prison population. Prison is often the only time some prisoners have access to primary health care due to the lack of access to care in the communities from which they came. Therefore many preexisting illnesses are revealed for the first time in prison. In this way, the health of prisoners and ex-offenders has serious public health implications. By virtue of ignoring the health needs of prisoners and ex-offenders, infectious diseases like tuberculosis (TB) can spread to the wider community upon an individual's release.

Physical Health

Research from the National Commission on Correctional Health Care (NCCHC) found that the prison population is often more prone to illness than the average population.

This population is at a 4-9 times greater risk for infectious diseases (RAND 2003, 1). The three most prevalent communicable diseases in U.S. prisons are: (1) HIV/AIDS; (2) Hepatitis C (HCV); (3) Tuberculosis (TB) (Restum 2005, 1689-1690). Many of these diseases spread in prison because of the prevalence of risky behavior, confinement in small, crowded spaces, and poor ventilation.

HIV/AIDS

- The rate of confirmed AIDS cases in prisons (.48%) was nearly 3.5 times the rate of the general population (.14%) in 2002 (Golembeski 2005, 1701).
- Because of the great deal of stigma attached to HIV, many prisoners are unwilling to acknowledge that they are infected or even request testing for the infection. Therefore they do not receive consistent and early treatment (Restum 2005).

High Rates of Infectious Disease in Prison

An estimated 20-26% of *all* people in the United States who are HIV positive have passed through the prison system. 29-43% of those with HCV throughout the country have passed through the prison system.

(RAND 2003, 1)

Hepatitis C (HCV)

- 1.4 million Hepatitis C-infected people passed through the US corrections system in 2000 (Restum 2005).
- 20% to 40% of inmates are infected with Hepatitis C –correlating perhaps with high rates of intravenous drug use in prisons (Restum 2005).

Tuberculosis (TB)

- The TB case rate for federal prisoners in 2003 was 6.9 times the rate for the general population (5.1 cases per 100,000 population) For example, in San Francisco jails, the case rate was 72.1 per 100,000 versus 26.2 cases per 100,000 in the general public (MacNeil 2005, 1802).
- TB has high rates of co-infection with HIV.

Other Physical Health Impacts

- Prisoners suffer from a higher risk of asthma (RAND 2003, 1).
- There is an increased rate of cancer amongst inmates. Drug and tobacco use/abuse, viral infections and HIV all have a strong association with a risk for cancer, all of which have high rates of presence in prison (RAND 2003, 1).
- Lung cancer, followed by non-Hodgkin lymphoma and mouth and throat cancer are the most prevalent form of cancer in prisons (Mathew 2005, 2200).
- Cervical cancer most common form amongst women prisoners (Mathew 2005, 2200). This points to deeper issues with health care access, since this is one of the most preventable types of cancer when detected early (Chappell 2005, 4).

Substance Abuse and Infectious Disease

Some research also points to a high correlation between substance abuse and involvement in the criminal justice system, indicating the need for services that cater to this population in order to improve the health of the entire incarcerated population as they return to their communities.

- In a study by Barreras et al., interviews with families of a small group of clients enrolled in one substance abuse treatment program revealed that 72% had one other family member with a history of criminal justice involvement, 45% had two or more, and 24% had three or more (Barreras 2005).
- A link has been established between substance abuse and infectious diseases, including injection drug use and the prevalence of HIV and Hepatitis B and C (Hammett 2001, 237).
- Our interviews with health service providers revealed that this phenomenon is often exacerbated in Asian Pacific American communities, where the stigma of seeking services is often heightened, leading individuals to seek treatment only in the most aggravated stages.

Mental Health

The prison population suffers from increased rates of serious mental illnesses, including:

- Higher rates (2-4 times greater than the general population) of schizophrenia, major depression, post traumatic stress disorder and bipolar disorder (Golembeski 2005, 1701).
- In fact, 1 in 6 prisoners is suffering from a mental illness (Golembeski 2005, 1701).
- Incarcerated mothers have higher rates of mental illness compared to fathers (23% vs. 13%) (Travis and Waul 2003).

High Rates of Mental Illness in Prison

According to Pogorzelski et al., 16% of prisoners have mental disorders or have stayed overnight in a psychiatric facility. This adds up to close to 300,000 offenders and ex-offenders that are in need of mental health treatment both in prison and after re-entry into the community. However, research and survey information reveals that only a small portion of this population actually receives these services.

(Pogorzelski 2005, 1719)

These levels of mental illness are exacerbated within Supermaximum prisons, where prisoners are subjected to extreme levels of solitary confinement (Rhodes 2005, 1692). Mental health impacts that these prisoners face include:

- Increased anxiety, rage, disassociation and psychosis –especially due to solitary confinement;
- Between 20-25% of the inmates in these facilities appear to suffer from mental illness;
- Distortion of social relations and an inability to relate post-incarceration.

Services Available for APA Current Inmates:

The corrections system provides for most healthcare needs of inmates. There are a few community-based organizations that work with corrections facilities to ensure continuity of care, however, we did not find any that work primarily with APA offenders in California.

Some examples of model programs that work with the general prison population include:

- Pre-arrest and post-arrest diversion programs for the mentally ill-- This exists in Florida, where police officers are trained to identify and help these people get treatment rather than immediately turn to incarceration (Heines 2005, 1688).
- HIV Counseling and testing within the corrections system-- When doing a cost-benefit analysis, programs like these that work to do early intervention have been found to help save future public expenditures (Hammett 2005, 238).
- Linkage services to help inmates gain access to health services upon re-entry— This was documented frequently in our health service provider interviews as a need in order for inmates to continue receiving appropriate care after their release.

(For more information on services available to APA inmates and detainees, see the section: Current Health Services Available to APA Communities: Interviews with Health Service Providers.)

Gaps in Services or Research on APA Current Inmates/Detainees

As mentioned earlier, there are significant gaps in both research and services for APA prisoners. Some of these gaps are similar in scope to those faced by the general prison population, and include but are not limited to the following:

<u>Services</u>

- There is a need for better health screening programs in prisons and detention centers to ensure that prisoners are correctly diagnosed and treated for physical and mental illnesses.
- There is a need for more effective transitional planning for sick ex-offenders to ensure their access to care and medication is not interrupted when they move from the prison system to the larger community.
- There is a need for policy that is more sensitive to these populations. One significant obstacle to receiving care is being seen by medical personnel, especially doctors. Prisoners must complete extensive paperwork and forms and wait for approval. Additionally, some states require prisoners to pay a co-payment, something many low-income prisoners cannot afford (Restum 2005, 1691).
- Finally, there is a need for cultural and language competency within the prison health system. One potential strategy is to partner with community-based organizations that work within specific APA communities to provide these services.

Research

- More research is needed to better understand whether people are entering the criminal justice system with pre-existing mental and health conditions or whether these conditions are a consequence of their incarceration.
- Additionally there is a great need to document not only APA inmate and offender demographic information, but also their particular health needs, which might be overlooked within existing correctional institutions and post-release services.

B. Impacted Communities: APA Detainees

Introduction

There has been disturbing trend of incarcerations/detentions and increased deportations following the passage of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 and the USA PATRIOT Act of 2001. These punitive government policies have further criminalized Asian Pacific Americans, though none were involved in the terrorist attacks. Two APA populations most affected by these policies are: South Asians and Southeast Asians. Research by Umemoto and Oh found that, "…there were 18,174 prisoners with INS 'holds' and 3,959 with 'potential holds' in California as of December 31, 2003. Among those prisoners, with INS 'holds,' nearly 1,600 (or 9 percent) were immigrants from Asia or the Pacific Islands. The vast majority of these were from six countries, including Vietnam, Cambodia, Laos, Thailand, the Philippines, Korea and the 'Pacific Islands'" (Oh and Umemoto 2005, 24).

The Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) has negatively impacted many Southeast Asians. The Act strengthened the role of law enforcement while simultaneously eroding immigrants' civil rights. It made it harder for undocumented immigrants to adjust their status or apply for asylum and made it easier to deport documented immigrants for legal violations both great and small. It also limited many due process guarantees for immigrants. Thus, many Southeast Asian immigrants were entangled in the criminal justice system due to these changes. Cambodians are one of these communities most impacted by the 1996 law. Over 1,500 Cambodian Americans now face deportation and more than 500 have already been deported back to Cambodia since the US signed a Memorandum of Understanding with Cambodia (Hing 2005). Many Cambodians as well as other Southeast Asians are in limbo as they wait for deportation. Many of these immigrant offenders have already served prison time and are now facing further punishment for their crimes.

Excessive government policies have led to the detention and deportation of thousands[3] of Arab, Muslim, and Asian American immigrants, especially South Asians (ACLU, "Worlds Apart…" 2004). Most have been deported for immigration violations, not terrorism. Those that have been detained are held in jails and prisons, often sharing cells with convicted criminals and violent offenders. These far-reaching government actions have had a devastating impact on South Asian families and communities. According to the Immigration Policy Center and newspaper articles, numerous South Asian communities have been destabilized by both detentions/deportations as well as the communities voluntarily leaving the US rather than facing potential detention, deportation or the breakup of the family. Examples of communities impacted include (Immigration Policy Center 2004, 7):

- Since March 2003, it is estimated that between 4,000 and 5,000 Pakistanis have fled to Canada;
- An estimated 15,000 Pakistanis have left the US since 9/11;
- According to Bangladeshi newspapers, approximately 5000 Bangladeshis have left the US since the beginning of Special Registration.

[3] Exact numbers are not known since the Department of Homeland security will not disclose this information.

Demographic Information

The effects of these detentions and deportations are best understood within a demographic context. The Cambodian population, which is primarily a young population (over 53.7% are below the age of 24), is now 171,937 and growing. They are spread out throughout the country but are strongly concentrated in three states, including California (70,232). Since most Southeast Asians entered the U.S. as refugees from the Vietnam War, they face many hardships including illiteracy, poverty, poor health, a reliance on government programs, limited educational attainment, and significant linguistic isolation.

There are 2.2 million South Asian Americans in the United States as of the 2000 U.S. Census, with a significant portion of the population residing in California (399,524).[4] The Asian Indian and Pakistani population have doubled over the past 10 years. Though categorized together, these communities have very different socio-economic statistics and therefore very different experiences in the U.S. Pakistanis and Bangladeshis, two communities most impacted by post-9/11immigration policies, are also two communities living on the outer edges of poverty. For example, in 1999, 25% of Bangladeshis and 22% of Pakistanis lived below the federal poverty level in Los Angeles County (APALC 2004).

Current Health Information

There is little documented information about the health and well-being of detainees. Most detainees probably face similar health ailments and problems similar to the general prison population. Again, some of these conditions may worsen with detention, especially if the detainee/prisoner is uncertain about their future in the U.S. The ACLU and the Immigration Policy Center have written a few reports on the detention and deportation of Arabs, Muslims and South Asians post 9/11. Unfortunately, most research on this issue is based on anecdotal information or a few interviews and therefore is not comprehensive. A study by Physicians for Human Rights and the Bellevue/NYU Program for Survivors of Torture on the health impacts of detention on asylum seekers can probably lend some insight into the plight of most detainees. The study found the following (Physicians for Human Rights and the Bellevue/NYU Program for Survivors of Torture, 2003):

[There were approximately 5000 asylum seekers held in detention in the US during the time of this study. Sample for this study was 70 asylum seekers.

- Anxiety in 77% of the detained asylum seekers.
- Post-traumatic stress disorder (PTSD) in 50% of asylum seekers.
- Depression was present in 86% of the detained asylum seekers.
- Physical health worsened: musculoskeletal pain, headaches, gastrointestinal.
- Access to mental health services limited.
- 69% received limited or no counseling services.
- 40% did not receive the medication they requested.
- Sadness and frustration in being treated as a criminal.
- Confinement, especially solitary confinement debilitating –escalated many people's PTSD about experiences in war or home country.

[4] For the purpose of this research, South Asian is being defined as Asian Indian, Bangladeshi, Pakistani and Sri Lankan.

Services Available for APA Detainees

There are a few service organizations, such as the South Asian Network (SAN) and Khmer Girls in Action (both in Los Angeles) in California working with APA detainees. Most of these organizations are community-based with limited staff and resources. They often provide some case management assistance, especially in connecting detainees to legal representation and helping them and their families access needed social services. However, our research found that these groups were overwhelmed with requests for assistance, meaning that there is a growing need by this population and not enough services in the community.

Gaps in Services or Research on APA Detainees

There is a tremendous need to research the health impacts of detention on APA communities, especially since the most vulnerable populations, such as Southeast Asians, are disproportionately affected. Additionally, health clinics and other social service providers should develop specific programs to assist APA detainees and their families. Part of this program work will have to be effective outreach strategies targeting these underserved APA populations.

C. Impacted Communities: APA Ex-offenders

Introduction

As the APA prison population continues to grow, there is a critical need to help APA ex-offenders reintegrate in their communities. There is very little information about this population or their needs. Oh and Umemoto have produced the most comprehensive analysis of APA prisoner reentry to date (Oh and Umemoto, 2005). Their research found that APAs do have particular challenges endemic to particular APA ethnicities, including the need for culturally and linguistically competent reentry programs. General research about ex-offenders has found that this population is extremely vulnerable to returning to risky behavior and criminal activity if there are no adequate community supports. Additionally, there are huge public health considerations with this community since they are often carriers of communicable diseases acquired in prison, such as tuberculosis and AIDS/HIV, which they can then spread amongst their families and communities.

Demographic Information

--Similar to the prison population

Current Health Information

There is no specific health information about APA ex-offenders. However, research by T.M. Hammett of health issues affecting ex-offenders in1997 (Hammett, 2001) is probably still relevant:

- AIDS = 16% of ex-offenders are infected (39,000 ex-offenders compared to 247,000 of the total US population with the disease);
- HIV Infection = 22-31% of ex-offenders suffer this (112,000-158,000 ex-offenders compared to 503,000 of the total US population with the infection);
- Hepatitis B Infection = 12-16% of ex-offenders suffer from this (155,000 ex-offenders compared to 1-1.25 million of the total US population with this infection);
- Hepatitis C Infection = 29-32% of ex-offenders suffer from this (1.3-1.4 million ex-offenders compared to 4.5 million of the total US population with this infection);
- Tuberculosis Disease = 38% of ex-offenders suffer from this (12,000 ex-offenders compared to 32,000 of the total US population with this disease).

Additionally a paper by Pogorzelski et al., states: “Persons with criminal records, particularly those including violent convictions, who need behavioral health treatments are likely to face greater difficulties locating behavioral health programs” due to a lack of trained staff and liability concerns. This poses a serious concern for many APA ex-offenders since Umemoto and Oh found that a higher percentage of APA prisoners are incarcerated for violent offenses, including murder and assault. In California, 64% of APA prisoners are serving time for violent offenses compared to 39% of non-APA offenders (Oh and Umemoto, 2005).

Services Available for APA Ex-offenders

The APA prisoner reentry study by Umemoto and Oh found that there are five known programs that provide services to APA ex-offenders in California. Most of the programs are focused on substance abuse treatment and prevention but also include overall case management for this

community. None are specifically health programs. All these programs are small with limited budgets and staff.

Gaps in Services or Research on APA Ex-Offenders

There is definitely a need for more services, especially as the APA offender community continues to grow. Additionally, more disaggregated data and research is necessary so that post-release programs can better meet the health needs of APA ex-offenders.

D. Impacted Communities: APA Children, Youth and Families

Introduction

There is very little information about the health impacts of incarceration and criminalization on APA families and communities. Most national studies continue to ignore Asian Pacific Americans or treat them as one homogenous entity. Therefore, policymakers and community practitioners often fail these communities when they utilize a "one-size-fits-all" approach to public policy. In the meantime, Asian Pacific American families continue to be affected by incarceration, detention, and deportation. There are basically three areas of impact:

1) Physical and mental health
2) Disruption of the family safety net
3) Deterrence from government services

Demographic Information

It is well documented that more than 1.5 million children have a parent in prison. This number has increased by over a half million children in the last decade. Furthermore, this number doubles to 3.2 million children if you include both ex-offenders and parolees in the count (Travis and Waul 2003). What is less well known is how many of these children are Asian Americans. Our research did not uncover existing or recent studies in this area. Most of the information and studies available focus on the general population and some focus on African American children.

There is no real research on the impacts of incarceration on spouses and partners of the incarcerated/detained. Most of the information is quite wide-ranging and based on the "family," and none of it quantifies health impacts.

Current Health Information

Impacts on physical and mental health: There is currently no research on the impacts of incarceration on the health of family members other than the children of the incarcerated. Even this information is quite limited and does not include any analysis of APA children. Jeremy Travis and Michelle Waul provide some key research on how children experience trauma, including (Travis and Waul 2003):

- Children always experience the loss of a parent as a traumatic event, regardless of the circumstances surrounding the parent's departure (death, divorce, moving away, or incarceration). Reactions include inability to form attachments with others, emotional numbing, anger, depression, regression and various antisocial behaviors.
- Trauma diverts children's energy from developmental tasks. If children's life circumstances overwhelm their capacity to cope, emotional survival begins to take precedence over developmental tasks, resulting in delayed development, regression or other maladaptive coping strategies.
- Children find it even more difficult to cope in situations characterized by uncertainty. Therefore, children's reactions to a situation will vary over time.
- Children experience the stigma of having a parent in prison. This is felt in the neighborhood, among their peers, and from their teachers and family members—often resulting in feelings of shame and low self-esteem.

⇒ Many of the children with incarcerated parents already come from a high-risk background, due to the demographics of poverty and violence in their communities. Having a parent detained may further compound existing health risks. Though a parent's incarceration may not be a direct cause of health conditions, it can aggravate these conditions as well as produce its own negative consequences (Travis and Waul 2003).

There is some limited anecdotal information about the impacts of detention on South Asian American children. According to a study by the Immigration Policy Center, the children of Muslim and South Asian detainees are dealing with multiple challenges (Immigration Policy Center, 2004):

- Fear and anxiety about personal safety and the safety of their families due to increased hate violence and hate crimes in parks and schools.
- Stress around the break-up of their families.
- Fear, anger and stress about potentially being deported to another country with differing social and cultural roles, especially for women and girls.

Disruption of the family safety net: Again, there is very little information or research on this topic. However, the following information can provide some insight into impact of criminalization on the health of the family.

- Loss of financial and emotional can lead to increased stress and anxiety (Travis and Waul 2003).
- There is also an increased cost burden in supporting someone who is incarcerated, including high phone bills since prison calls have many fees attached to them and are collect, the cost of traveling to see their loved ones in prison, legal costs and high bail and bond amounts (Urban Institute, "Prisoner Reentry Seen through a Community Lens," 2001).
- Loss of health insurance can impact a families ability to access preventative health care;
- Anecdotal information about South Asian detainees and their families reveal that numerous families go without health care due to a lack of access to health benefits, language and cultural barriers, and fear of authorities (ACLU, "America's Disappeared," 2004; Immigration Policy Center 2004).
- According to a paper by the Immigration Policy Center, "In Muslim…and South Asian families, the male is often the primary breadwinner. As a result, many families not only suffered the shock of separation from husbands and fathers when men were detained under NSEERS, but also lost their main source of income" (Immigration Policy Center 2004);
- Many communities, including the Cambodian community consider incarceration a stigma. Some community-based organizations, such as Khmer Girls in Action, have found that family members of the detained often cannot turn to their community due to concerns with stigma and shame.
- Though there are no actual studies, anecdotal information from service providers has found that the trauma of incarceration/detention and deportation can exacerbate existing trauma and depression in the Southeast Asian community.

Deterrence from government services: No formal studies or analysis exists regarding this issue, but some anecdotal information has been captured by community advocates. For

example, the Immigration Policy Center identified three of the following concerns (Immigration Policy Center 2004):

- Many community-based organizations focused on serving these communities are having difficulty accessing people in the community. People are reluctant to give their contact information or to seek out services –basically keeping a low profile (Immigration Policy Center 2004, 16);
- There has been an increase in domestic violence (DV) in many South Asian and Muslim communities following 9/11. Some community-based organizations, such as the South Asian Network in Los Angeles, have seen their DV caseload increase by 9 to 10 cases per month immediately after 9/11 and remaining at high rates. This is contributing, according to a SAN staff person, "…to a trend where people are staying longer in abusive relationships, where they avoid calling the police" (Immigration Policy Center 2004, 17). The fear of reporting spousal and child violence is due to fear that contacting law enforcement or social services will automatically lead to further detention and deportation proceedings.

The Negative Health Consequences of Fear: A Community Story

"In Artesia, California, firefighter paramedic Frank Forman describes responding to a post 9/11 medical call for a South Asian man. The man had been suffering from symptoms of a heart attack. Rather than call 911, his family sought out a neighbor for help. The neighbor eventually called 911, but by the time the paramedics arrived the man was near death." (Immigration Policy Center 2004, 18).

Services Available for APA Children, Youth and Families

There are few services targeted to this vulnerable population. In APA communities a few advocacy organization and social service organizations provide limited service, mostly in the form of referrals.

Gaps in Services or Research on APA Children, Youth and Families

More research is definitely needed on the impacts of incarceration/detention/deportation on children since it may impact the health and well-being of numerous generations in a community. There is also more research necessary to establish whether APA children have similar or different reactions to the incarceration of parents than the other children of the incarcerated. This information can be useful to teachers, health care providers and social service providers. Data is also need to determine whether the incarceration/detention of a parent impacts or predicts future delinquency in children and youth.

Disruption of the family safety net and a deterrence to government services has huge public health ramifications if people are underreporting violence in their households, going without needed health care or treatment or slipping further into poverty. Therefore more research should be focused on these issues.

E. Impacted Communities: APA Youth Offenders

Introduction

A body of research exists on the topic of Asian Pacific American (APA) youth violence, particularly on the topic of gang violence. With the growth of the APA youth rate of incarceration both nationally and in California, this is a logical growth. Less available, however, is information on the health impacts of these rising numbers and the implications this has for the health of these individuals as adults.

Demographic Information

According to FBI data, arrests of API youth in the US increased 726% between 1977 and 1997 while African American arrests decreased by 30% in the same time period. Additionally, the overall API population increased by 276% in the same period (National Council on Crime and Delinquency, "An Agenda for Positive Action," 2001, 8, 9).

Breaking these numbers into ethnic subgroups, Southeast Asian youth comprise a large portion of the youth offenders who are a part of the California Youth Authority. Some research has elaborated on specific conditions in these communities that have forced these youth to find ways to cope with trauma and community violence (Le 2002; Berthold 1998; Tsunokai 2003; and others). Less research and information is available about Pacific Islander youth offenders.

The following information provides a demographic snapshot of APA youth offenders:

- APA Youth compose the largest APA prisoner population in California. Half (50.6 percent) of all APA prisoners were age 27 or younger, while that proportion was 37.8 percent for African Americans and 28.3 percent for Caucasians (Oh and Umemoto 2005, 19). In fact, upon commitment, the largest age group of APA prisoners admitted were between the age of 18 to 22 (30.9 percent of all APA prisoners) (Oh and Umemoto 2005, 19).

> **Youth are the Largest APA Prison Population**
>
> Upon commitment to the prison system, the largest age group of APA prisoners admitted were between the age of 18 to 22 (30.9 percent of all APA prisoners).
>
> *(Oh and Umemoto 2005, 19).*

- APA Youth have high rates of juvenile arrest compared to other groups. In 1997, Asian youth were involved in a larger proportion of juvenile arrest (as a percent of total arrests) for murder, aggravated assault, robbery, burglary, larceny-theft, forgery/counterfeiting, and vandalism, than were their white, black and Native American counterparts (Tsunokai 2003, 86).

- Rates of APA juvenile delinquency fly in the face of the 'model' minority myth. Some researchers argue that stressors such as racism, difficulties with the English language, the inability to meet the 'model' minority standards, war trauma, and cultural conflict, served to facilitate a youth gang subculture. When youth cannot attain their versions of the American dream via the traditional pathways of education and hard work, they turn to acting out as a means of acquisition without assimilation (Tsunokai 2003).

- The number of Asians in the California Youth Authority has increased. In 1989, 2.1% of the total arrests were Asian, and in 2002, 5.7% of arrests were Asian juveniles (This does not include Pacific Islanders). Placement in the CYA facilities are normally reserved for youth who commit serious or violent crimes (NCCD 2003, 52-53)

- APA Youth have high rates of felony convictions. Juvenile felony arrests in the "other" category show that in 1998 juveniles in this category were 12% of the youth population of California, and made up 8.9% of the total arrests for juveniles felony charges. In the "other" category, Asian Indians made up 1.1% of total juvenile felony arrests in 1998, while Vietnamese made up 11.5% and Cambodian youth made up 2.2% of total arrests (NCCD 2003, 54).

- Conviction rates for APA youth are significant. In Oakland, though APA youth are arrested in Oakland at a rate of 2.4%, they have the highest conviction rate of all communities in Oakland (34.2% of arrested offenders). They also have the second highest chance of institutional placement upon conviction (25% of adjudicated youth placed in institutions) (NCCD 2003, 58).

Current Health Information

In addition to the health impacts that prisoners and ex-offenders experience regardless of age, APA incarcerated youth also face particular health challenges. APA youth from some ethnic communities are prone to high rates of depression. These rates are not only compounded by entrance into the criminal justice system, but there also seems to be an association between delinquency and depression amongst APA youth offenders (NCCD, "What Issues Do API Youth Face?" 2005).

- One study estimates that at least 20% of youth in the juvenile justice system have a serious mental health problem (SAAY 2004, 12).
- Japanese, Southeast Asian, Filipino and Hawaiian/Pacific Islander youth who reported feeling depressed in the past year averaged more anti-social behaviors than depressed non-API youth (NCCD 2005);
- Depression and delinquency appear to sharply impact Chinese youth. While non-depressed Chinese youth average .83 anti-social behaviors (the lowest among all API groups), the average for depressed Chinese youth (2.06) is 2.5 times as high (NCCD 2005).

High Levels of Depression Among APA Youth

In 2000, suicide was the leading cause of death among all APA youth, second only to unintentional injuries.

(SAAY 2004, 12)

Services Available for APA Youth Offenders

As part of our data collection on APA-serving organizations we came across numerous organizations that seem to target both at-risk and delinquent youth. In particular, during the past year, the National Council on Crime and Delinquency (NCCD) conducted a statewide dialogue on Asian Pacific American youth violence in order to identify the needs of youth and their families, learn about law enforcement responses, voice the concerns of community members, and begin to examine approaches that can prevent and stop the violence. Additionally, in our interviews with

health service providers, nearly all of the six organizations that we identified as serving ex-offenders and their families had some kind of a youth component, though some were primarily prevention-focused. Unfortunately, we did not have the resources or time to explore these groups further. (For more information on services, see the section: *Current Health Services Available to APA Communities: Interviews with Health Service Providers*.)

Gaps in Services or Research on APA Youth Offenders

While there are some good studies about delinquency and gang violence amongst APA youth, there is a need for more information on the intersections of health and criminal justice, and the particular health needs of youth offenders. This is an important area of research considering that youth are a prime population for early intervention because of their age. In terms of services, we found, through our interviews, that though youth violence is beginning to gain some attention, this is only beginning to be seen as a community health issue to be met with corresponding mental and physical health services.

VI. Current Health Services Available to APA Communities: Interviews with Asian Pacific American (APA) Health Service Providers

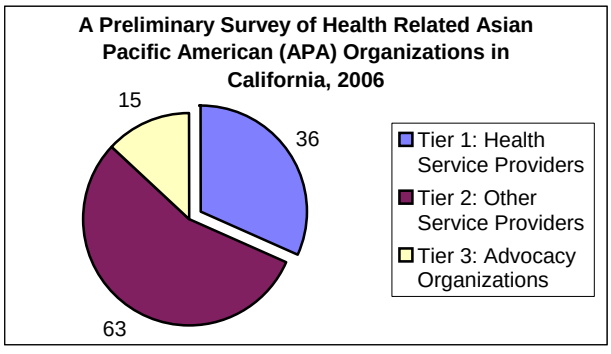
Introduction

Angela Oh's and Karen Umemoto's groundbreaking study of APA prisoner reentry (Oh and Umemoto 2005) revealed that there are few (literally a handful) of programs and services available for APA ex-offenders. Very few of these providers viewed prisoner reentry as a health issue or were providing health services to ex-offenders and their families.

Therefore, in order to get a snapshot of where impacted children, youth and families are going for health and other social services, we decided to conduct telephone interviews with APA health service providers throughout the state of California. One purpose of conducting these interviews was to reveal health risks posed by the growing criminalization of APAs in California. These risks include impacts on physical and mental health, disruption of the family safety net, and deterrence from government services. In doing these interviews, we hoped to accomplish two things: (1) to identify and map service providers for this population in the state of California, and, (2) document working models as well as identify gaps in programs and services.

Methodology

The Asian Pacific Environmental Network (APEN) has collected a database of Asian Pacific American organizations across the state of California and we were given access to this database as a starting point for our research. Out of the 773 organizations (some duplicates) in this database, we filtered this list down to 114 relevant health-related organizations. This process was conducted primarily by examining organizational websites and making quick calls to organizations without websites.



We decided to define health broadly in order to encompass various aspects of accessing healthcare, and subsequently divided the database into three "tiers" of organizations: (1) Health Care Providers, (2) Other Service Providers and (3) Advocacy Organizations. The category *Health Care Providers* is comprised of clinics or any organizations that provide direct services in physical or mental health, including domestic violence service providers. The category *Other Service Providers* encompasses both "access to healthcare" and provision of other direct services such as case management, job training, substance abuse treatment and elder services. For the purposes of this research, *Advocacy Organizations* are organizations that focus on advocacy specifically around health & prison issues. This includes some organizations that do advocacy work around specific immigrant communities highly impacted by criminal justice issues. This database is by no means

comprehensive, but rather, a starting point for providing a snapshot of APA Health Service providers throughout the state of California. (See map in Appendix A for more details.)

From this database of health service providers and other service providers, we selected 44 organizations from across the state. We tried to account for areas with large concentrations of APAs. In the end we only interviewed 18 groups and had actually abandoned our original call list in favor of organizations recommended to us by other interviewees or community organizations. This strategy no longer took geographic concentration into account. From this list we were able to identify only 6 organizations that explicitly work with APA ex-offenders and families of the incarcerated/detained. None of these organizations provided direct health services. They were either substance abuse and prevention services or advocacy/organizing groups.

Limitations of the Research

The sample size for our interviews was small to begin with due to the short timeframe for this project. The sample became even smaller as we conducted our interview calls because we found that our original questionnaire was not capturing the data elements we thought to be most relevant for this project. After changing the questionnaire, we still found that most of the interviewees needed further prodding and questions to answer some of the interview questions. One reason for this difficulty was that most of the health service organization (Tier 1) had numerous staff people. The person interviewed often did not work directly with this clientele or did not track this information. In some cases, we were able to speak to multiple people in the organization. However, since the interview format became so inconsistent we realized that this interview tool may not be the best mechanism for gathering the data we sought about APA children, youth and families. In the end, we decided to use the material from the interviews in this paper since much of it revealed some critical information about our target population. However, a future interview design would have to take into account the challenges of organizational size and scope. Lastly, since we decided to interview a smaller number of organizations, we lost our geographic diversity. Therefore, the final list of interviewees had no representation from the Central Valley, a region that is experiencing significant APA growth.

Findings

Our small sample of interviews disclosed that few organizations were providing needed health services to this population. Many of these organization declared that they may indeed serve this clientele, but this information is not documented. Some organizations revealed that they may serve this population only after further questioning. None of the organizations we interviewed explicitly documented the number of ex-offender clientele, many saying that such clientele come into the clinics as part of the general client population. Generally providers estimated less than 10%, or even 5% of their clientele are ex-offenders or their families.

When asked about the health impacts of detention or incarceration on an individual, many of the health service providers pointed out several important connections. These included depression, problems with medication in prison, poor dietary health, mental health issues, high exposure to communicable diseases (including HIV/AIDS, STDs, Hepatitis A, B & C) and lack of access to health insurance.

Some of the health impacts on families that providers discussed included:

- An aggravation of the economic situation and thus lack of healthcare access for the family;
- The worsening of children's' nutrition;
- Post Traumatic Stress Disorder symptoms (for the individual as well as the family);
- Impact on the mental health of youth, manifesting in strained relationships between family members as well as with future partners.

Providers also said that if there was a history of domestic violence in the household before incarceration, this could be exacerbated upon the family member's return, as well as other violent behavior. As one provider mentioned, "[Incarceration] doesn't just impact the individual because the individual is part of systems, a family, a community, and if a community is small, like many of our Asian communities, there is a network that exists and of course these systems get impacted."[5]

Service providers also identified specific challenges serving APA communities impacted by criminalization. Two of the most frequently mentioned challenges were language barriers and stigma to seeking services. One provider working in substance abuse therapy cited a case where a client withdrew after just six months in a treatment program due to family pressures. Providers also listed lack of education in the community around services, lack of familiarity or distrust with the system (public services & legal services), poor access to healthcare in the community, lack of service providers to serve particular needs and organizational lack of financial resources to reach out to a specific community.

To better serve this population, most of the health care providers mentioned the need for culturally competent programs, especially in the areas of:

- Youth programs (especially preventative);
- Intensive/transitional case management;
- Strong programs within correctional facilities themselves;
- Linkage/transitional programs in and out of prison.

Conclusion

Though our survey instrument was somewhat flawed, we were still able to capture some good anecdotal information. The interviews revealed that very few APA organizations have explicit programs to serve this community. No APA health organizations (based on our interviews) have specific programs or outreach strategies to identify and assist this population. All the providers acknowledged clear health concerns and issues related to criminalization in the APA community even if they did not primarily work with this constituency.

<u>Service Providers</u>

Out of the APA health service providers that we contacted, six provided services to ex-offenders and the families of prisoners/detainees. These were:

1) Asian American Recovery Services (San Francisco)
2) AADAP Asian American Drug Abuse Program (Los Angeles)

[5] For the purposes of this study we have kept the identities of providers anonymous.

3) Asian Rehabilitation Services
4) WrapAround Program of the Asian Psychological Services (Oakland)
5) South Asian Network (Los Angeles)
6) Khmer Girls in Action (Long Beach)

VII. Findings and Recommendations

1. Issues and Concerns

The focus of this research paper was to gather baseline data on the health impacts of criminalization and incarceration on Asian Pacific American (APA) children, youth and families in California. When we began this project we had hoped to identify more current research and data on these communities. After conducting an extensive literature search and review, we found only a few studies that dealt with aspects of this issue. Some of our findings from the literature review and analysis are:

a) There were no studies that directly focused on the health impacts of criminalization on APA children, youth and families. The largest body of existing research is focused on the health impacts of prisoners. Yet, even this research does not include explicit information about Asian American or Pacific Islander prisoners or ex-offenders. There is also a lack of documentation and research about the plight of APA detainees and their families.

b) Most of the health research in the field identifies incarceration and release as critical public health issues. Additionally, since APAs in general have high rates of communicable diseases, mental illnesses and chronic conditions, the need to research the health of current APA offenders/detainees and ex-offenders is imperative, especially as this population continues to grow in the general population as well as within the correctional system.

c) There is absolutely no research, focused on the Pacific Islander community in California or in any state other than Hawaii. This includes both health and incarceration/detention/release research. Some information about Pacific Islander youth offenders is being disaggregated by the California Youth Authority, but much more national and health-related data is needed.

d) Two particular APA communities, Southeast Asians and South Asians, have been most impacted by recent changes in immigration/criminal justice policy. Therefore more research is needed on the health impacts of incarceration/detention and deportation on these families. Anecdotal evidence reveals that many in these communities are avoiding public health services or underreporting family violence out of fear. Yet, these same families appear to be facing serious stress and anxiety about the continued incarceration/detention of their loved ones.

e) Most of the research on APAs and criminalization focus on juvenile offenders. This is a critical and growing segment of the APA population, hence, the research is quite timely. However most of the studies are focused on issues of acculturation and gang violence. There is little quantitative health information beyond mental health considerations. It is also unclear how these studies are being used to inform health and public policy or program development.

f) A number of researchers have identified families of prisoners and ex-offenders as critical populations to keep in mind during health and public policy considerations. The small, but growing area of research demonstrates that there are definite health and social needs in these communities. If these communities are forgotten, long-term public health problems may arise impacting the general public. Yet, very little quantitative health research has been conducted in conjunction with these impacted communities and none have been developed for specific populations such as APAs. As our service provider interviews reveal, this lack of critical data impacts effective program development, outreach and implementation especially for the most disadvantaged communities.

2. Methodology: Steps and Limitations

The scope of the project was to:

- Conduct a literature search, review existing data and information and develop an annotated bibliography:

Result: A tremendous amount of research and data were gathered for this project. However, only a few sources actually dealt with the key topics of this paper, hence a few sections of the paper reference only one or two studies. This underscores the need for more research on these critical public health issues. The bibliography is also not fully annotated due to the amount of materials found and cited.

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- Review existing health data;

Result: A number of APA health research and advocacy organizations have identified important health statistics. However, none of these studies analyze the short and long-term health impacts of incarceration on APA communities. Additionally, there are numerous public health studies that effectively map health risks and ailments of the general prison population. However none of these studies disaggregate APA health data and most of them fail to recognize "APA" as a distinct population, instead lumping them in the "other" category.

- Identify and map APA service providers by the types of services and programs they offer to in order to discern potential resources and gaps in meeting the needs of this vulnerable population;

Result: We were able to identify 114 health-related organizations from a database of 773 APA organizations compiled by the Asian Pacific Environmental Network (APEN). We used these 114 organizations to identify 44 organizations for brief telephone interviews. However, in the end we only interviewed 18 organizations due to the quality and type of information we were capturing in our questionnaire. Our initial goals were to contact organizations that provide direct health services and based on geographic diversity. Our final results were not geographically diverse and a majority of our calls were to "other service providers" and "advocacy organizations." We recognized that a more complex interview/survey tool and process was necessary in order to effectively gather this data. This process would have to involve focus groups and a long interview format. However, the minimal information we were able to collect supported the data we had gathered from our literature review.

- Identify future research questions and research methodologies on this topic.

Result: Since there is such a paucity of data and analysis on this topic, many simple and complex questions arise. Most of the questions and methodologies continue to be based on identifying baseline data about APA communities, especially by ethnic breakdown.

3. Recommendations on methodology and study design for future research

Since there is little research on this topic, many potential research projects can be developed. Some of these include:

1. Analyzing the mental health impacts of criminalization in the Southeast Asian community. Primarily a study to identify whether existing mental health problems are compounded by the incarceration/detention of the men and boys in a community which suffered so many losses due to war and resettlement. This may help develop specific health outreach and treatment programs for this underserved community.

2. The impact of incarceration on gender roles in APA communities, especially, South Asian and Southeast Asian communities that have had a traditionally patriarchal structure. This kind of study can help to identify some of the challenges women, mothers and spouses are dealing with when men and boys are removed from their families. It can also be used to gather more information about the incidence of domestic violence in the community.

3. Research the impact of detention and deportation on Southeast Asian and South Asian children. Are they falling into greater poverty? Are they suffering from higher rates of stress, depression and other mental disorders? Are they getting needed preventative care? Since these two populations are the fastest growing APA communities in California, understanding their specific health issues and problems is critical if better services and programs are to be developed for them. A participatory research project can be designed in conjunction with a community-based organization from an impacted APA community to map the community, document key issues and concerns, develop a community needs survey, implement the survey with both a data gathering lens and a base-building lens and lastly, develop an action plan based on the results to better meet the needs of this community through policy interventions or program development.

4. A baseline analysis of Pacific Islander communities in California. First, organizations that serve these communities need to be identified, interviewed and mapped. Additionally, some basic health and community needs data must be identified to better tailor programs, initiatives and future research studies to better meet their health needs.

Conclusion

The Asian Pacific American community is once again caught in the maelstrom of repressive immigration policies and the punitive criminal justice system. Yet each Asian American ethnic group experiences these policies differently. However the paucity of data allows for the continued invisibility of this growing population, especially in the eyes of policymakers, funders, researchers and public health services and advocates. The children, youth and families of these Asian Pacific

American communities are the most vulnerable since few services, policies and programs are directed to them. Some APA communities in California have small populations relative to the size of the general population. However, incarceration/detention and deportation are taking a toll on the health and well-being of these affected communities precisely because they are so small. If social capital erodes in many urban communities due to a constant cycle of incarceration and release, questions arise about the sustainability of social capital if a generation of a community slowly disappears into the correctional system or out of the country due deportation orders.
The removal of family members, especially young male family members, raises serious questions about the long-term viability of these APA communities in the U.S.

Appendix A: APA Health Service Providers in California

Tier	Organization	PhoneNumber	StreetAddress	Suite	City	Zip	Website
1	Arcadia Mental Health Center	(626) 821-5858	330 East Live Oak		**Arcadia**	91006-	http://dmh.co.la.ca.us
1	Asian Americans for Community Involvement	(408) 975-2730	2400 Moorpark	300	**San Jose**	95128-	http://www.aaci.org/index.html
1	Asian Community Mental Health Services	(510) 451-6729	3108th Street	201	**Oakland**	94607-	
1	Asian Health Services	(510) 986-6830	818 Webster Street		**Oakland**	94607-	http://www/ahschc.org
1	Asian Human Care Concerns Workgroup	(213) 483-3840	1501 Wilshire Blvd		**Los Angeles**	90017-	http://www.synod.org
1	Asian Pacific AIDS Intervention Team	(213) 553-1830	605 W. Olympic Blvd.		**Los Angeles**	90015	
1	Asian Pacific American Health Care Venture	(323) 644-3880	1530 Hillhurst Avenue	200	**Los Angeles**	90027-	
1	Asian Pacific Clinics	(626) 254-5000	800 S. Santa Anita Avenue		**Arcadia**	91006-	
1	Asian Pacific Counseling & Treatment Center (APCTC)	(213) 252-2100	520 South LaFayette Park Place		**Los Angeles**	90057-	
1	Asian Pacific Family Center	(626) 287-2988	9353 East Valley Boulevard		**Rosemead**	91770-	http://www.pacificclinic.org
1	Asian Pacific Health Care Venture	(323) 644-3880	1530 Hillhurst Ave	200	**Los Angeles**	90027-	
1	Asian Pacific Psychological Services	(510) 835-2777	431 30th street	6A	**Oakland**	94609-	
1	Asian Pacific Residential Treatment Program	(323) 731-3534	1665 West Adams Blvd		**Los Angeles**	90007-	
1	Asian Perinatal Advocates	415-616-9797	1001 Potrero Ave #6E9		**San Francisco**	94110-	http://www.apasfgh.org/
1	Asian Women's Shelter	(415) 751-7110	3543 18th St #19		**San Francisco**	94110-	
1	Center for the Pacific Asian Family	(213) 653-4042	543 North Fairfax Avenue	108	**Los Angeles**	90036-	http://www.apanet.org/members/cpaf.html
1	Children's Hospital Oakland Southeast Asian Clinic	(510) 428-3721	5220 Claremont Ave		**Oakland**	94618-	
1	Chinatown Service Center - Branch Office	(626) 293-8733	112 North Chandler Avenue	105	**Monterey Park**	91754-	http://csc.apanet.org/
1	Chinese Community Health Care Association	(415) 834-2118	170 Columbus Ave #210		**San Francisco**	94133-	http://www.cchca.com
1	Helpline Youth Counseling, Inc.	(562) 864-3722	12440 E. Firestone Blvd.	1000	**Norwalk**	90650-	
1	Hmong Women's Heritage Association	(916) 394-1405	2251 Florin Road	104	**Sacramento**	95822-	
1	Korean American Family Service Center	(213) 389-6755	3727 West 6th Street	509	**Los Angeles**	90020-	
1	Korean Health Education Information and Research Center	(213) 427-4000	545 South Gramercy Place		**Los Angeles**	90020-	http://www.koreanhealth.org
1	Korean Resource Center of Los Angeles	(323) 937-3718	900 S. Crenshaw Blvd		**Los Angeles**	90019-	
1	Little Tokyo Service Center	(213) 473-1602	231 E. 3rd Street	G104	**Los Angeles**	90013-	http://www.ltsc.org/
1	Long Beach Asian Pacific Mental Health Program	(562) 599-9401	1975 Long Beach Blvd.		**Long Beach**	90806-	
1	Metropolitan State Hospital Asian Pacific Unit	(562) 863-7011	11400 South Norwalk Blvd.		**Norwalk**	90650-	
1	Narika	(510) 540-0754	PO Box 14014		**Berkeley**	94712-	
1	Public Health Nurse, Chinatown Team	(510) 628-7836	1000 Broadway	500	**Oakland**	94607-	
1	Richmond Mental Health Clinic	925-603-4107	303 - 41st Street		**Richmond**	94804-	
1	South Asian Helpline & Referral Agency (SAHARA)	(562) 402-4132	18520 1/2 South Pioneer Blvd.	204	**Artesia**	90701-	http://www.charityfocus.org/host/sahara/
1	Southeast Asian Health Project (Immunization Project)	(310) 491-9100	411 E. 10th Street	207	**Long Beach**	90813-	
1	To Help Everyone Clinic, Inc.	(323) 295-6571	3860 West Martin Luther King Blvd.		**Los Angeles**	90008-	
1	Vietnamese Community of Pomona Valley/Pomona Medical Clinic	(909) 623-8502	1182 E. Holt Avenue		**Pomona**	91767-	
1	Vietnamese Youth Development Center	(415) 771-2600	150 Eddy Street		**San Francisco**	94102-	
1	Western Region Asian Pacific Family Services Agency	(310) 337-1550	8616 La Tijera Blvd.	200	**Los Angeles**	90045-	http://www.wrapfs.org
2	American Viet League	(510) 834-7971	255 International Blvd.		**Oakland**	94606-	
2	Asian American Drug Abuse Program (AADAP, Inc.)	323 293 6284	5318 S. Crenshaw Blvd.		**Los Angeles**	90043-	http://www.aadapinc.org/
2	Asian American Recovery Services Inc.	(415) 541-9285	965 Mission Street	Suite 3	**San Francisco**	94103	
2	Asian American Resource Center	(909) 383-0164	1115 South E St.		**San Bernadino**	92408-	
2	Asian Community Service Center	(310) 217-7302	14112 South Kingsley Drive		**Gardena**	90249-	
2	Asian Domestic Violence Prevention Collaborative (API Legal Outreach)	(415) 567-6255	1188 Franklin Street	202	**San Francisco**	94109-	
2	Asian Family Resource Center	510-970-9750	12240 San Pablo Avenue		**Richmond**	94805-	
2	Asian Pacific Community Services	(888) 700-0819	8134 Van Nuys Blvd.	304	**Panorama City**	91402-	http://www.click2apac.org
2	Asian Pacific Women's Center	(213) 250-2977	1145 Wilshire Blvd.	102	**Los Angeles**	90017-	http://www.apwcla.org
2	Asian Youth Center	(626) 309-0622	100 West Clary Avenue		**San Gabriel**	91776-	
2	Cambodian Association of America	(562) 988-1863	2390 Pacific Avenue		**Long Beach**	90806-	
2	Cambodian Community Development, Inc.	(510) 535-7172	1900 Fruitvale Avenue	3B	**Oakland**	94601-	

Note: 1 = Health Service Providers, 2 = Other Service Providers, 3 = Advocacy Organizations

Appendix A: APA Health Service Providers in California

2	Cambodian Family, Inc., The	(714) 571-1966	1111 East Wakeham Avenue	E	**Santa Ana**	92705-	
2	Center for Elders Independence	(510) 433-1160	405 14th Street		**Oakland**	94612-	
2	Central Adult Day Health Care Center	(213) 250-7778	1825 Beverly Blvd.		**Los Angeles**	90057-	
2	Chinatown Community Development Corporation	(415) 984-1450	1525 Grant Avenue		**San Francisco**	94133-	http://www.chinatowncdc.org/
2	Chinatown Resource Center	(415) 984-1453	1525 Grant Avenue		**San Francisco**	94133-	
2	Chinese Newcomers Service Center	(415) 421-2111	777 Stockton St #103		**San Francisco**	94108-	
2	East Bay Asian Youth Center	(510) 533-1092	2025 E 12th Street		**Oakland**	94606-	
2	East Bay Vietnamese Association	(510) 533-4224	1218 Miller Ave		**Oakland**	94601-	
2	Family & Friends Of Keiro- Nursing Home	(323) 225-1393	2221 Lincoln Park Avenue		**Los Angeles**	90031-	
2	Family Bridges, Inc. (oakland chinese community council)	(510) 839-2270	168 11th Street		**Oakland**	94607-	
2	Federation of Filipino American Mutual Association, Inc.	(562) 570-4489	2125 Santa Fe Avenue		**Long Beach**	90810-	
2	Filipinos for Affirmative Action		310 8th Street #306		**Oakland**	94607-	
2	Indochinese Youth Center	(310) 768-8064	14112 South Kingsley Drive		**Gardena**	90249-	http://www.aadapinc.org
2	International Institute of the East Bay	(510) 451-2846	638 B El Portal Shopping Center		**San Pablo**	94806-	
2	Khmer Society of Fresno	(559) 252-0474	4729 E. Kings Canyon Road	114	**Fresno**	93702-	
2	Khmu International Federation, Inc.	(209) 463-3410	1044 N. Eldorado Street		**Stockton**	95202-	
2	Korean American Community Services	(408) 920-9733	1800 Fruitdale Avenue		**San Jose**	95128	
2	Korean Community Center of the East Bay	(510) 547-2662	4390 Telegraph Avenue Suite E		**Oakland**	94609-	
2	Korean Youth and Community Center (KYCC)	(213) 365-7400	680 South Wilton Place		**Los Angeles**	90005-	http://www.kyccla.org
2	Lao Family Community Development Inc.	(510) 533-8850	1551-23rd Avenue		**Oakland**	94606-	http://www.laofamilynet.org/
2	Lao Family Community of Fresno	(559) 453-9775	4903 E. Kings Canyon Road	281	**Fresno**	93727-	http://www.laofamilyfresno.org/
2	Lao Family Community of Stockton, Inc.	(209) 466-0721	807 N. San Joaquin Street	211	**Stockton**	95202-	
2	Lao Khmu Association, Inc.	(209) 463-3410	1044 N. Dorado Street		**Stockton**	95202-	
2	Little Tokyo Service Center Community Development Corporation	(213) 473-1680	231 E. 3rd Street	G106	**Los Angeles**	90013-	http://www.ltsc.org/cdc
2	Merced Lao Family Community, Inc.	(209) 384-7384	855 West 15th Street		**Merced**	95340-	
2	Mount Carmel Cambodian Center	(562) 591-8477	1851 Cerritos Avenue		**Long Beach**	90806-	http://ethnicministry.la.archdiocese.org/
2	National Asian Pacific American Families Against Substance Abuse, Inc.	(213) 625-5795	340 East 2nd Street	409	**Los Angeles**	90012-	http://www.napafasa.org
2	Nhom Tinh Thuong-Phat Tu Chua An Lac (NTT)	(408) 971-7878	420 Park Avenue		**San Jose**	95110-	
2	Office of Samoan Affairs	(310) 538-0555	20715 S. Avalon Blvd		**Carson**	90746	
2	Orange County Asian and Pacific Islander Community Alliance	(714) 636-9095	12900 Garden Grove Blvd.	214A	**Garden Grove**	92843-	www.ocapica.org
2	Pacific Asian Alcohol And Drug Program	(213) 738-3361	532 South Vermont Avenue	102	**Los Angeles**	90020-	http://www.paadp.org
2	Pacific Asian Consortium in Employment	(213) 353-3982	1055 Wilshire Blvd.	1475	**Los Angeles**	90017-	http://www.pacela.org
2	Pacific Asian Language Services For Health	(213) 553-1818	605 West Olympic Blvd.	600	**Los Angeles**	90015-	
2	Pacific Asian Language Services For Health- Orange County Office		10612 Garden Grove Blvd.		**Garden Grove**	92843-	
2	Project Exodus - Second Samoan Congregational Church	(562) 628-9282	655 Cedar Avenue		**Long Beach**	90802	
2	Sacramento Lao Family Community, Inc.	(916) 424-0864	5840 Franklin Blvd.		**Sacramento**	95824-	
2	Samoan Community Development Center		2055 Sunnydale Ave		**San Francisco**	94134-	
2	Samoan Federation of America	(310) 834-6404	404 E. Carson Street		**Carson**	90745	
2	Search to Involve Pilipino Americans (SIPA)	(213) 382-1819	3200 West Temple Street		**Los Angeles**	90026-	http://www.esipa.org
2	South Asian Network	(562) 403-0488	18173 S. Pioneer Blvd	I	**Artesia**	90701-	
2	South Bay Keiro Nursing Home	(310) 532-0700	15115 South Vermont Avenue		**Gardena**	90247-	http://www.keiro.org/KSP/sbk/sbkindex.htm
2	Southeast Asian Assistance Center	(916) 421-1036	5625 24th Street		**Sacramento**	95822-	
2	Southeast Asian Assistance Center	(916) 421-1036	5625 24th Street		**Sacramento**	95822-	
2	Southeast Asian Assistance Center (SAAC)	(916) 421-1036	5625 24th St		**Sacramento**	95822-	
2	Thai Health and Information Services, Inc. (THAIS)	(323) 466-5966	1717 North Gramercy Place		**Hollywood**	90028-	http://www.thaihealth.org
2	Tongan Community Service Center	(310) 327-9650	14112 S. Kingsley Drive		**Gardena**	90249-	none
2	Union of Pan Asian Communities Alcohol & Drug Treatment Program	(619) 521-5720	3288 El Cajon Blvd	#13	**San Diego**	92104	
2	United Laotian Community Development	(209) 603-1482	3169 11th Street		**San Pablo**	94806-	
2	Vietnamese Community Center of San Francisco	(415) 351-1038	766 Geary Street		**San Francisco**	94109-	
2	Vietnamese Community of Orange County, Inc.	(714) 558-6009	1618 West First Street		**Santa Ana**	92703-	http://www.vncoc.org
2	Wu Yee Children's Services	415-391-4721	831 Broadway Street 2nd floor		**San Francisco**	94133-	
3	Alliance of South Asians Taking Action	(415) 274-6760	17 Walter U.Lum Place		**San Francisco**	94108-	
3	API Youth Violence Prevention Center	(510) 208-0500	1970 Broadway	500	**Oakland**	94612-	
3	Asian and Pacific Islander American Health Forum	(415) 954-9988	450 Sutter Street	600	**San Francisco**	94108-	www.apiahf.org

Note: 1 = Health Service Providers, 2 = Other Service Providers, 3 = Advocacy Organizations

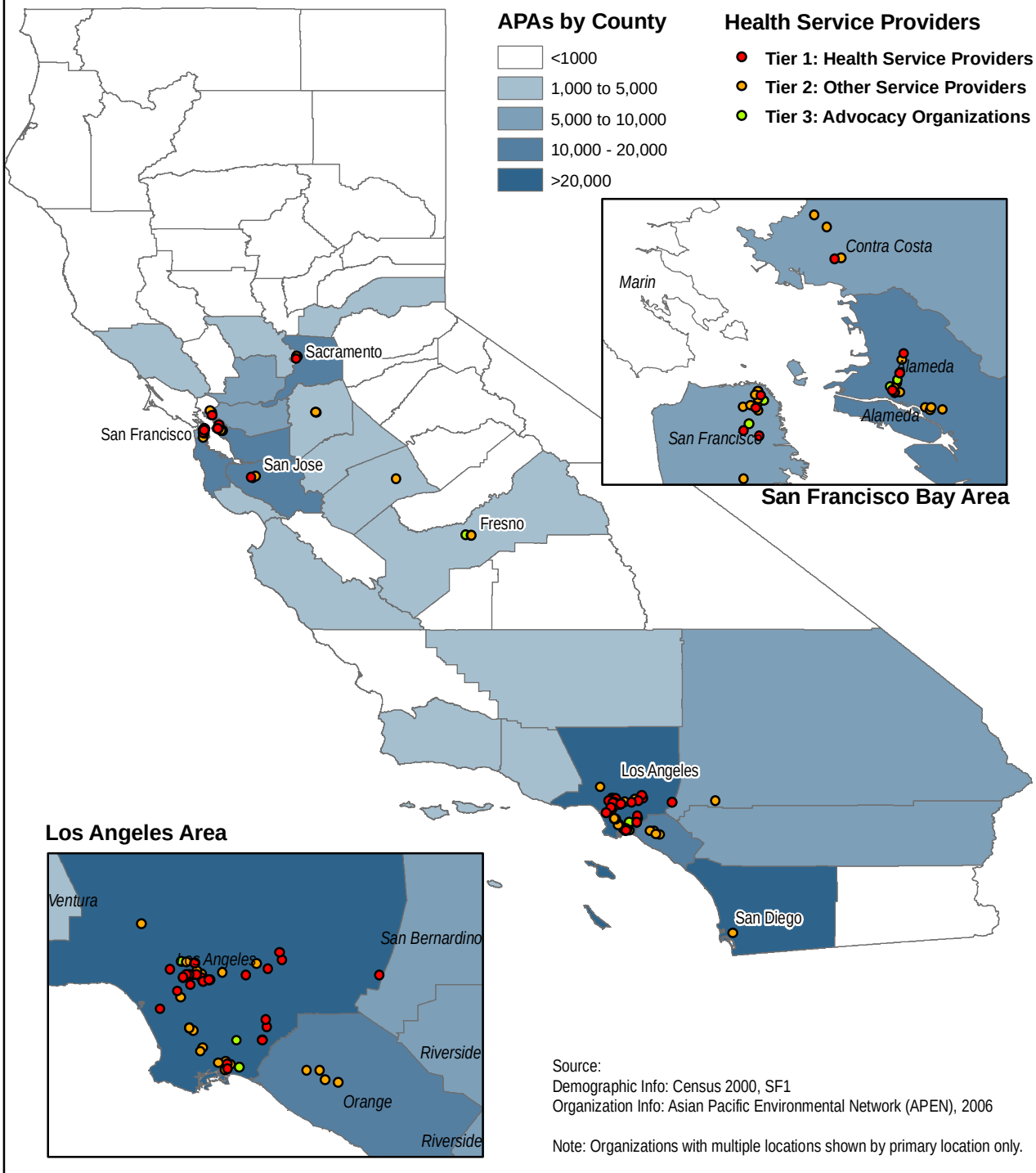
Appendix A: APA Health Service Providers in California

3	Asian and Pacific Islander Mental Health Alliance	(562) 634-9534	6060 Paramount Blvd.		**Long Beach**	90805	
3	Asian Communities for Reproductive Justice (ACRJ)	(510) 268-8988	310 Eighth Street	100	**Oakland**	94607-	http://www.apirh.org/resources/
3	Association of Asian Pacific Community Health Organizations	(510) 272-9536	439 23rd Street		**Oakland**	94612-	http://aapcho.org/
3	California Pan-Ethnic Health Network (CPEHN)	510-832-1160	654 13th Street		**Oakland**	94612-	http://www.cpehn.org/about.php
3	Chinese for Affirmative Action, CAA	415-274-6750	17 Walter U. Lum Place		**San Francisco**	94108-	
3	Hmong American Community, Inc.	(559) 237-4914	1044 Fulton Mall	207	**Fresno**	93721-	
3	Khmer Girls in Action	(562) 856-2612	1355 Redondo Ave.	9	**Long Beach**	90804-	
3	Korean Resource Center	(323) 937-3718	900 S. Crenshaw Blvd		**Los Angeles**	90019-	
3	National Asian Women's Health Organization	(415) 989-9747	250 Montgomery Street	900	**San Francisco**	94104-	http://www.nawho.org/
3	Partnership for Immigrant Leadership and Action (PILA, NCCP)	(415) 621-4808	160 14th St		**San Francisco**	94103-	
3	Southeast Asian Community Alliance	(213)241-0241	1145 Wilshire Blvd.		**Los Angeles**	90017	
3	Thai Community Development Center (CDC)	(323) 468-2555	6376 Yucca Street		**Los Angeles**	90028-	http://www.thaicdc.org

*note: Multiple locations for the same organization are not included

Note: 1 = Health Service Providers, 2 = Other Service Providers, 3 = Advocacy Organizations

Asian Pacific Americans (APAs) in California by County (2000) and Health Service Providers (2006)



Source:
Demographic Info: Census 2000, SF1
Organization Info: Asian Pacific Environmental Network (APEN), 2006

Note: Organizations with multiple locations shown by primary location only.

Appendix A: APA Health Service Providers in California

Appendix B

The Health Impacts of Criminalization on Asian Pacific American Children, Youth and Families: BIBLIOGRAPHY

Prisoners, Ex-Offenders and Detainees – General Population

This section contains a collection of source that deal with issues facing the general population of prisoners, ex-offenders and detainees (without a focus on Asian Pacific American communities), especially sources with an emphasis on the health impacts of criminalization.

Altice, F. L., et al. "Correlates of H.I.V. Infection among Incarcerated Women: Implications for Improving Detection of H.I.V. Infection." J Urban Health 82.2 (2005): 312-26.
The prevalence of HIV infection in correctional settings is several-fold higher than found in community settings. This quantitative study conducted in Connecticut's sole correctional facility for female prisoners to determine the HIV seroprevalence and to identify the correlates of HIV infection among female prisoners. Of the 3,315 subjects surveyed, 250 (7.5%) were HIV positive, yet only 63% were self-reported being HIV positive. This information points to the high prevalence of HIV and HIV-risk behaviors among incarcerated women, and the gap in existing services to these groups. The authors recommend alternative methods of facilitating more widespread HIV testing, and more routine testing in high HIV-prevalence areas.

Bell, J. F., et al. "Jail Incarceration and Birth Outcomes." J Urban Health 81.4 (2004): 630-44.
This study examines the relationships between jail incarceration during pregnancy and infant birth weight, preterm birth, and fetal growth restriction. It compares the outcomes for 496 births to women who were in jail for part of pregnancy with 4,960 Medicaid-funded births as matched community controls. Its findings revealed that women incarcerated during pregnancy has higher odds of low birth weight and preterm birth through age 39 years. Authors suggest that local jails are important sites for intervention in this population and that prenatal services upon release can improve these perinatal outcomes.

Binswanger, I., et al. "Cancer Screening among Jail Inmates: Frequency, Knowledge and Willingness." American Journal of Public Health 95.10 (2005): 1781-87.

Braithwaite, R. L., H. M. Treadwell, and K. R. Arriola. "Health Disparities and Incarcerated Women: A Population Ignored." Am J Public Health 95.10 (2005): 1679-81.
This editorial illustrates how overlooking incarcerated women in the criminal justice system has serious implications for health. It asserts that these "invisible women" have a greater susceptibility to high risk pregnancies and life-threatening illnesses such as HIV/AIDS, hepatitis C, and human papillomavirus infection, which can increase risk for cervical cancer. As two thirds of incarcerated children have children under 18 years old, this has major consequences for community health.

Covington, S. "A Woman's Journey Home." Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families and Communities. Eds. J. Travis and M. Waul. Washington, DC: The Urban Institute Press, 2003. 67-103.

Appendix B

Freudenberg, N. "Adverse Effects of U.S. Jail and Prison Policies on the Health and Well-Being of Women of Color." Am J Public Health 92.12 (2002): 1895-9.

---. "Jails, Prisons, and the Health of Urban Populations: A Review of the Impact of the Correctional System on Community Health." J Urban Health 78.2 (2001): 214-35.
Considering that urban populations are overrepresented in the nation's jails and prisons, Freudenberg evaluates the impact that the correctional system has on urban communities. Health conditions that are overrepresented in incarcerated populations include substance abuse, HIV and other infectious diseases, perpetration and victimization by violence, mental illness, chronic disease and reproductive health problems. Correctional systems have direct and indirect effects on health. Indirectly, they influence family structure, economic opportunities, political participation and normative community values on sex, drugs and violence. Freudenberg asserts that correctional systems can also have direct effects on the community health of urban populations by offering health care and health promotion in jails and prisons and by linking inmates to community services after release and assisting in the process of community reintegration.

Gaes, G., and K. Newton. "The Skill Sets and Health Care Needs of Released Offenders." Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families and Communities. Eds. J. Travis and M. Waul. Washington, DC: The Urban Institute Press, 2003. 105-53.

Gilliard, D.K., and A.J. Beck. "Prisoners in 1997." Ed. Bureau of Justice Statistics: US Department of Justice, Office of Justice Programs, 1998.

Hammett, T. M. "Making the Case for Health Interventions in Correctional Facilities." J Urban Health 78.2 (2001): 236-40.
This short introduction to a special issue of the Journal of Urban Health dedicated to health issues and incarceration ties together summaries of the journal articles to make the case for more health interventions in prisons and jails. By bridging together statistics from the various articles, it makes the case the correctional facilities are important places for interventions because of the disproportional burden of disease and high risk behaviors experienced by inmates. It argues that such interventions can be successful, and stand to benefit not only inmates and ex-offender, but also families, communities, urban public health and public treasuries.

Haney, C. "The Psychological Impact of Incarceration." Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families and Communities. Eds. J. Travis and M. Waul. Washington, DC: The Urban Institute Press, 2003. 33-66.

Heines, V. "Speaking out to Improve the Health of Inmates." American Journal of Public Health 95.10 (2005): 1685-88.
This short article synthesizes the work of two community leaders, Dr. Melanie Spector in the area of public health and Judge Steven Leifman in the judicial system, who have addressed the vital issues of women's health and mental illness respectively. It details two programs that have made interventions in local correction facilities.

Appendix B

Khan, A. J., et al. "Ongoing Transmission of Hepatitis B Virus Infection among Inmates at a State Correctional Facility." Am J Public Health 95.10 (2005): 1793-9.
This study tested 1124 (83%) of the 1351 inmates in one correctional facility and found 208 (18.5%) with resolved infections, 11 (1%) with acute infections and 11(1%) with chronic infections. The results of the study point to both a high prevalence of HBV infection and a high rate of ongoing HBV transmission within the facility. These ongoing transmission venues included high-risk sexual behavior, injection drug use, tattooing and others; these are the same mechanisms that transmit other infectious diseases such as HIV and Hepatitis C. The authors recommend that correctional facilities provide education on behaviors that can transmit HBV and other infections as part of their health education programs.

Macalino, G. E., D. Dhawan, and J. D. Rich. "A Missed Opportunity: Hepatitis C Screening of Prisoners." Am J Public Health 95.10 (2005): 1739-40.

Macalino, G. E., et al. "Prevalence and Incidence of H.I.V., Hepatitis B Virus, and Hepatitis C Virus Infections among Males in Rhode Island Prisons." Am J Public Health 94.7 (2004): 1218-23.

MacNeil, J. R., M. N. Lobato, and M. Moore. "An Unanswered Health Disparity: Tuberculosis among Correctional Inmates, 1993 through 2003." Am J Public Health 95.10 (2005): 1800-5.

Mathew, P., et al. "Cancer in an Incarcerated Population." Cancer 104.10 (2005): 2197-204.
This is an examination of the patterns of presentation and associated mortality of cancer among the incarcerated population in the United States by studying a random sample of inmates diagnosed with cancer in Texas correctional facilities. Results showed a marked rise in cancer diagnoses among inmates paralleled the rise in the inmate population. Among these, the leading cancers included lung carcinoma, non-Hodgkin lymphoma (NHL), and carcinomas of the oral cavity and pharynx. Among women, cervical carcinoma was the most common. Among their conclusions, the authors state that cancers with high associated mortality have emerged among inmates, posing significant implications for prison health.

Miller, T.A. "The Impact of Mass Incarceration on Immigration Policy." Invisible Punishment. Eds. M. Mauer and M. Chensey-Lind. New York, NY: The New Press, 2002. 237.

Myers, J., et al. "Get Connected: An H.I.V. Prevention Case Management Program for Men and Women Leaving California Prisons." Am J Public Health 95.10 (2005): 1682-4.

Petersilia, J. "Challenges of Prisoner Reentry and Parole in California." California Policy Research Center, 2000.

Pogorzelski, W., et al. "Behavioral Health Problems, Ex-Offender Reentry Policies, and The "Second Chance Act"." Am J Public Health 95.10 (2005): 1718-24.

Powell, M. "An Exodus Grows in Brooklyn." Washington Post May 28 2003.

Appendix B

RAND. "Prisoner Reentry: What Are the Public Health Challenges?" RAND Public Safety and Justice, 2003.

Restum, Z. G. "Public Health Implications of Substandard Correctional Health Care." Am J Public Health 95.10 (2005): 1689-91.

Rhodes, L. A. "Pathological Effects of the Supermaximum Prison." Am J Public Health 95.10 (2005): 1692-5.

Rich, J. D., et al. "Successful Linkage of Medical Care and Community Services for H.I.V.-Positive Offenders Being Released from Prison." J Urban Health 78.2 (2001): 279-89.
This article evaluates the success of Project Bridge, a federally funded demonstration project that provides intensive case management for HIV-positive ex-offenders. The primary goal of the program is to increase continuity of medical care through social stabilization; it follows a harm reduction philosophy in addressing substance use. In the first 3 years of the program, 97 offenders were enrolled. Of these, among those expressing a need, 75% were linked with specialty medical care in the community and 100% received HIV-related medical services. Of those expressing a need for substance abuse treatment, 67% were successful in keeping appointments for substance abuse treatment within the community.

Richie, B. E., N. Freudenberg, and J. Page. "Reintegrating Women Leaving Jail into Urban Communities: A Description of a Model Program." J Urban Health 78.2 (2001): 290-303.

Rose, D., and T. Clear. "Incarceration, Reentry and Social Capital: Social Networks in the Balance." From Prison to Home Conference: US Department of Health and Human Services and the Urban Institute, 2002.

Sterling, R. K., et al. "The Spectrum of Chronic Hepatitis C Virus Infection in the Virginia Correctional System: Development of a Strategy for the Evaluation and Treatment of Inmates with Hcv." Am J Gastroenterol 100.2 (2005): 313-21.
Chronic hepatitis C virus (HCV), which in long standing cases leads to cirrhosis, is common among the inmate population in the United States. The purpose of this study was to develop an economic strategy for evaluation and treatment of inmates with chronic HCV. The authors analyzed 302 inmates within the Virginia Department of Corrections who underwent liver biopsy for chronic HCV. They propose a strategy in which inmates with chronic HCV are evaluated and a decision regarding treatment is based upon either biochemical or histological criteria, which appears to balance both the health-care rights of the inmate and the impact of treating this disease on the financial and other resources of the correctional system.

Thomas, J. C., and L. A. Sampson. "High Rates of Incarceration as a Social Force Associated with Community Rates of Sexually Transmitted Infection." J Infect Dis 191 Suppl 1 (2005): S55-60.
This study was conducted to measure the strength of the correlation between high rates of incarceration and high rates of sexually transmitted infections (STIs). The authors found

moderately strong correlations for chlamydia and gonorrhea and weak correlations for acquired immunodeficiency syndrome and syphilis. They speculate that some causes for these stronger associations stem from the increasing number of infected prisoners, the infectiousness of released prisoners and the negative influences of high rates of incarceration on social disorganization and collective efficacy. This points to new directions for STI research, particularly in unreported cases, and its correlations to drug use.

Travis, J. "Plenary Address: Public Health, Public Safety and Prisoner Reentry: Challenges for the Future." Second Annual Conference on Criminal Justice and Substance Abuse in New York State. New York, NY: The Urban Institute, 2000.

---. "Prisoner Reentry Seen through a Community Lens: Luncheon Address." Neighborhood Reinvestment Corporation Training Institute: Urban Institute, Justice Policy Center, 2001.

Treadwell, H. M., and A. J. Formicola. "Improving the Oral Health of Prisoners to Improve Overall Health and Well-Being." Am J Public Health 95.10 (2005): 1677-8.

Prisoners, Ex-Offenders and Detainees – Asian Pacific American Population

These sources deal with issues facing Asian Pacific American prisoners, ex-offenders or detainees, with a focus on health impacts.

American Civil Liberities Union (ACLU). America's Disappeared: Seeking International Justice for Immigrants Detained after September 11: American Civil Liberties Union (ACLU), 2004.

---. Worlds Apart: How Deporting Immigrants after 9/11 Tore Families Apart and Shattered Communities: American Civil Liberities Union (ACLU), 2004.

Bell, J. F., et al. "Jail Incarceration and Birth Outcomes." J Urban Health 81.4 (2004): 630-44. This study examines the relationships between jail incarceration during pregnancy and infant birth weight, preterm birth, and fetal growth restriction. It compares the outcomes for 496 births to women who were in jail for part of pregnancy with 4,960 Medicaid-funded births as matched community controls. Its findings revealed that women incarcerated during pregnancy has higher odds of low birth weight and preterm birth through age 39 years. Authors suggest that local jails are important sites for intervention in this population and that prenatal services upon release can improve these perinatal outcomes.

Chase, N. "The Due Process Clause Does Not Prohibit the Mandatory Detention of a Criminal Resident Pending Deportation and Removal Proceedings: Demore V. Hyung Joon Kim." Duquesne University Law Review (2004).

Chishti, M.A. et al. America's Challenge: Domestic Security, Civil Liberties and National Unity after September 11. Washington, DC: Migration Policy Institute, 2003.

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Coleman, S. Violent Crime among Minnesota's Asian Americans: A Report to the Minnesota Legislature. Saint Paul, MN: Center for Applied Research and Policy Analysis, School of Law Enforcement, Criminal Justice and Public Safety, Metropolitan State University, 2000.

Immigration Policy Center. Targets of Suspicion: The Impact of Post-9/11 Policies on Muslims, Arabs and South Asians in the United States. Washington, DC: American Immigration Law Foundation, 2004.

Joseph, G. "Court Overturns Detention of Deportees." India Abroad Dec 28 2001: 1.

Kleeman, C. "Foreign-Born Inmates in State Prisons Triple in Decade." India Abroad May 29 1996: 38.

Leferts, Jason. "U.S. Deportation Laws Remain Murky Maze for Cambodians." Lowell Sun July 10 2002.

Lin, S. "Tearing Us Apart: Anti-Immigration Legislation Hits the A.P.A. Community Hard." Asian Week May 21 2003: 21.

Mobley, A. "Working Paper: U.S. Prisoner Reentry, Asian American and Pacific Islanders: A Review of the Literature." Asian Americans/Pacific Islanders in Philanthropy (AAPIP), 2004. 28.

Nakagawa, S. "Collateral Consequences and Re-Entry." Justice Matters Winter 2003: 8.

Oh, Angela E., and Karen Umemoto. Asian and Pacific Islander Prisoner Reentry: A Profile of Characteristics, Issues and Programs. San Francisco, CA: Asian Americans/Pacific Islanders In Philanthropy (AAPIP), 2005.

Ong Hing, B. "Detention to Deportation: Rethinking the Removal of Cambodian Refugees." University of California, Davis Law Review 38.3 (2005): 891-971.

Roja, Genevieve. "Strangers in a Strange Land." Hyphen.1 (Summer 2003).

Roy-Chowdhury, S. "Being Brown in America: Immigrants Grapple with the Fallout from 9/11." India Currents Oct 2002: 26.

Swarns, R.L. "More Than 13,000 May Face Deportation." The New York Times Jun 7 2003.

Taiara, C.T. "An American Inquisition." San Francisco Bay Guardian July 23 2003.

Welch, M. "The Immigration Crisis: Detention as an Emerging Mechanism of Social Control." Social Justice 23.3 (1996): 169-85.

Wirpsa, L. "Immigrants, Legal and Illegal, Biggest Losers in Reform." National Catholic Reporter 32.43 (1996): 4-6.

Appendix B

Children, Youth and Families – General Population

These sources deal with the impact of criminalization on children, youth and families of ex-offenders, prisoners or detainees in the general population. These are sources that do not have an explicit Asian Pacific American focus.

Balter Rossman, S. "Building Partnerships to Strengthen Offenders, Families and Communities." Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families and Communities. Eds. J. Travis and M. Waul. Washington DC: The Urban Institute, 2003. 343-79.

Barreras, R. E., E. M. Drucker, and D. Rosenthal. "The Concentration of Substance Use, Criminal Justice Involvement, and H.I.V./A.I.D.S. In the Families of Drug Offenders." J Urban Health 82.1 (2005): 162-70.
This study examined the intergenerational prevalence and impact of Substance use (SU), criminal justice involvement (CJI), and HIV/AIDS in urban families, and the impact of their conjunction on these families. Interviewing families with a member (the index case) on parole or probation for a drug offense and enrolled in the direct service arm of Family Justice, La Bodega de La Familia–a community support program in New York City's Lower East Side, the authors found a high correlation for these three phenomena. In terms of criminal justice involvement (CJI), the authors found that 72% had one other family member with a history of CJI, 45% had two or more, and 24% had three or more. These data demonstrate the extent to which many families in communities such as this are struggling with the burdens associated with having multiple relatives involved in the criminal justice system, largely related to drug use and frequently with HIV and AIDS. These data point to an important role for family-focused interventions to ameliorate the consequences of high rates of familial drug use, incarceration and other forms of CJI, and HIV/AIDS.

Braman, D, and J Wood. "From One Generation to the Next: How Criminal Sanctions Are Reshaping Family Life in Urban America." Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families and Communities. Eds. J. Travis and M. Waul. Washington, DC: The Urban Institute Press, 2003. 157-88.

Center for Children of Incarcerated Parents (CCIP). "Data Sheet 3a: How Many Children of Incarcerated Parents Are There?" Center for Children of Incarcerated Parents (CCIP), 2004.

Eddy, J.M., and J.B. Reid. "The Adolescent Children of Incarcerated Parents: A Developmental Perspective." Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families and Communities. Eds. J. Travis and M. Waul. Washington DC: The Urban Institute Press, 2003. 233 - 58.

Finney Hairson, C. "Prisoners and Their Families: Parenting Issues During Incarceration." Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families and Communities. Eds. J. Travis and M. Waul. Washington, DC: The Urban Institute Press, 2003. 259 - 82.

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Freudenberg, N. "Jails, Prisons, and the Health of Urban Populations: A Review of the Impact of the Correctional System on Community Health." J Urban Health 78.2 (2001): 214-35.
Considering that urban populations are overrepresented in the nation's jails and prisons, Freudenberg evaluates the impact that the correctional system has on urban communities. Health conditions that are overrepresented in incarcerated populations include substance abuse, HIV and other infectious diseases, perpetration and victimization by violence, mental illness, chronic disease and reproductive health problems. Correctional systems have direct and indirect effects on health. Indirectly, they influence family structure, economic opportunities, political participation and normative community values on sex, drugs and violence. Freudenberg asserts that correctional systems can also have direct effects on the community health of urban populations by offering health care and health promotion in jails and prisons and by linking inmates to community services after release and assisting in the process of community reintegration.

Golembeski, C., and R. Fullilove. "Criminal (in)Justice in the City and Its Associated Health Consequences." Am J Public Health 95.10 (2005): 1701-6.
Using a public health lens to view the issue of criminal justice, the authors report that the increasing prison population over the last half of the 20th century has distinct consequences for public heath, particularly in communities that report significant racial disparities in health. Prisoners show a higher incidence not only of mental illness but also infectious and chronic disease, such as Hepatitis B & C, Tuberculosis, and HIV/AIS. The authors show significant challenges in prisoner entry, racial bias and the neighborhood and social consequences as a result of incarceration, and conclude with recommendations for major reform in the prison system that takes a more humanistic and community-centered approach to incarceration and rehabilitation.

Grantmakers in Health. In Harm's Way: Aiding Children Exposed to Trauma. Denver, CO: Grantmakers in Health, 2005.

National Center for Children in Poverty. Lack of Appropriate Research Leads to Gaps in Knowledge About Children in Immigrant Families: Columbia University, Mailman School of Public Health, 2002.

Parke, R. D., and K. A. Clarke-Stewart. "The Effects of Parental Incarceration on Children: Perspectives, Promises and Policies." Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families and Communities. Eds. J. Travis and M. Waul. Washington, DC: The Urban Institute Press, 2003. 189 - 232.

Sanders, J. "Life, Interrupted: If Your Mother's an Addict or in Jail, Chances Are You'll Repeat the Pattern." San Francisco Chronicle Sept 7 2003.

Schaeffer, C. M., and C. M. Borduin. "Long-Term Follow-up to a Randomized Clinical Trial of Multisystemic Therapy with Serious and Violent Juvenile Offenders." J Consult Clin Psychol 73.3 (2005): 445-53.
This study examines the long term recidivism rates of youth offenders who have undergone Multisystemic Therapy (MST). MST is a home and community based model of

service delivery, which addresses intrapersonal (cognitive) and systemic (family, peer, school) factors that are known to be associated with adolescent antisocial behavior. As a program that is individualized and highly flexible, services are usually held in the home or in community locations, and are provided to parents as well as youth. Previous studies have shown that MST reduced incarceration by 64% at a 59 week follow up. This study found that the overall recidivism rate for those having undergone MST was 50%, compared to 81% for those who underwent generic intensive therapy (IT).

Seijeoung, Kim, and Kathleen S. Crittenden. "Risk Factors for Tuberculosis among Inmates: A Retrospective Analysis." Public Health Nursing 22.2 (2005).
This paper examined risk factors associated with TB among inmates, over a 7-year period, and the association of ethnicity and gender with these risk factors. A total of 441 TB cases and 478 non-TB cases were included. Results found that inmates were more likely to have TB if they were whites, unmarried, homeless, alcohol abusers, and HIV positive. Inmates with TB had even lower socioeconomic status and more behavioral risk factors than other inmates. They had fewer incarcerations and less serious crimes, but longer jail stays. TB risk factors differed by ethnicity and gender. The authors conclude by recommending that there be interventions in the communities where inmates live.

Travis, J. "Prisoner Reentry Seen through a Community Lens: Luncheon Address." Neighborhood Reinvestment Corporation Training Institute: Urban Institute, Justice Policy Center, 2001.

Travis, J., E.M. Cincotta, and A.L. Solomon. "Families Left Behind: The Hidden Costs of Incarceration and Reentry." Urban Institute, Justice Policy Center, 2003.

Travis, J., A.L. Solomon, and M. Waul. From Prison to Home: The Dimensions and Consequences of Prisoner Reentry: Urban Institute, Justice Policy Center, 2001.

Travis, J., and M. Waul. "Prisoners Once Removed: The Children and Families of Prisoners." Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families and Communities. Eds. J. Travis and M. Waul. Washington, DC: The Urban Institute Press, 2003. 1-29.

Children, Youth and Families – Asian Pacific American Population

This group of sources describes issues facing Asian Pacific American children, youth and families, with a focus on the intersections of criminalization and health. For the purposes of this research, this section encompasses sources that deal with health issues facing Asian Pacific American women, youth and elders, though they may not be explicitly related to criminal justice.

Asian Pacific Islander Institute on Domestic Violence. "Domestic Violence in Asian and Pacific Islander Communities National Summit 2002: Proceedings." API National Summit 2002. Washington, DC: Asian Pacific Islander American Health Forum and United States Department of Health and Human Services, 2002.

Appendix B

Bankston, C.L., and M. Zhou. "The Social Adjustment of Vietnamese American Adolescents: Evidence for a Segmented-Assimilation Approach." Social Science Quarterly 78.2 (1997): 508-23.

Bhuyan, R., et al. ""Women Must Endure According to Their Karma": Cambodian Immigrant Women Talk About Domestic Violence." J Interpers Violence 20.8 (2005): 902-21.
This article uses findings from community-based participatory action research to explore how Cambodian immigrant women talk about domestic violence. Through anecdotal accounts with 39 Cambodian women, the study reveals what forms of abuse contribute to domestic violence and what strategies they use to cope with and respond to abuse in their lives.

Burr, J. "Cultural Stereotypes of Women from South Asian Communities: Mental Health Care Professionals' Explanations for Patterns of Suicide and Depression." Soc Sci Med 55.5 (2002): 835-45.

Chappell, Courtney. Reclaiming Choice, Broadening the Movement: Sexual and Reproductive Justice and Asian Pacific American Women. Washington, DC: National Asian Pacific American Women's Forum (NAPAWF), 2005.

Cowart, M.T., and R.E. Cowart. "Breaking the Cycle of Violence of Southeast Asian Refugees." Education Digest 59.7 (1994): 34-38.

---. "Southeast Asian Refugee Youth and the Cycle of Violence." National Association of Secondary School Principals 557.77 (1993): 41-46.

Dutt, E. "Financial Support for Families of Detainees." News India-Times Nov 8 2002: 45.

Foo, Lora Jo. Asian American Women: Issues, Concerns and Responsive and Human and Civil Rights Advocacy. The Ford Foundation, 2002.

Grantmakers in Health (GIH). In the Right Words: Addressing Language and Culture in Providing Health Care. San Francisco, CA: Grantmakers in Health (GIH), 2003.

Igasaki, Paul, and Max Niedzwiecki. Aging among Southeast Asian Americans in California: Assessing Strengths and Challenges, Strategizing for the Future. Washington, DC: Southeast Asia Resource Action Center (SEARAC), 2004.

Ima, Kenji, and Charles F. Hohm. "Child Maltreatment among Asian and Pacific Islander Refugees and Immigrants: The San Diego Case." Journal of Interpersonal Violence 6.3 (1991): 267-85.
This article addresses an area of interfamilial violence where research has been extremely sparse, that of child maltreatment in Asian and Pacific Islander (API) communities. Using both quantitative and qualitative methods, the study identifies five possible factors that could contribute to these patterns of violence: (a) home country traumas, especially notable among refugees; (b) differences in child-rearing practices; (c) the relative visibility to welfare professionals and other publicly employed professionals; (d) the relative

continuity of social support systems brought from country of origin; and (e) the ability to cope with cultural conflicts brought on by being newcomers.

Kiss, S. "Community Violence and Trauma-Related Distress among Asian American Youth." Dissertation. Pepperdine University, 1999.
Through interviews with 145 Asian Pacific American youth, this exploratory study measures the relationship between the levels of self-reported exposure to community violence and the severity of posttraumatic stress disorder (PTSD). Kiss finds that there is a significant positive correlation between the level of exposure to community violence and PTSD symptomology. As hypothesized, she also finds that Asian Pacific American children and adolescents, like their adult counterparts, manifest psychological symptoms as somatic ailments. These results indicate the need for increased awareness of symptom manifestation among adolescent minority populations, as well as the need for culturally competent services to overcome the reluctance and stigma of seeking mental health services.

Ngoc Nguyen, T. et al. "Vietnamese American Women's Health: A Community's Perspective and Report." Ameriasia Journal 29 (2003): 183.

Ro, M. "Moving Forward: Addressing the Health of Asian American and Pacific Islander Women." Am J Public Health 92.4 (2002): 516-9.

Rousseau, C., A. Drapeau, and R. Platt. "Family Trauma and Its Association with Emotional and Behavioral Problems and Social Adjustment in Adolescent Cambodian Refugees." Child Abuse Negl 23.12 (1999): 1263-73.
This goal of this study was to investigate the effect of war-related trauma on the subsequent social adjustment and functioning of young Cambodian refugees. Based on interviews with 67 Cambodian refugees, once in their first year of high school in Canada and another time two years later, to examine a family's exposure to war related trauma and its association with an adolescent's emotional and behavior problems. The findings revealed that the trauma a family suffered prior to leaving their homeland and prior to the teenager's birth seems to play a protective role at various times with regard to externalized symptoms, risk behavior, and school failure in boys, and foster positive social adjustment in girls. These reactions could be understood as overcompensation by the children of the survivors of a massacre, to whom the implicit duty to succeed has been passed on. They suggest that further research should examine a broader range of post-traumatic responses to war.

Rousseau, C., A. Drapeau, and S. Rahimi. "The Complexity of Trauma Response: A 4-Year Follow-up of Adolescent Cambodian Refugees." Child Abuse Negl 27.11 (2003): 1277-90.

Sack, W. H., G. N. Clarke, and J. Seeley. "Multiple Forms of Stress in Cambodian Adolescent Refugees." Child Dev 67.1 (1996): 107-16.

Special Service for Groups (SSG). Report on the Breast and Cervical Cancer Screening Needs and Recommendations for Cambodians, Chamorros, Laotians, Samoans, Thais, Tongans, and Vietnamese. Los Angeles, CA: Special Services for Groups, Inc., Racial and Ethnic

Approaches to Community Health by the Year 2010 (REACH 2010), Promoting Access to Health (PATH), 2002.

Truong, Trinh Thi. "Hmong and Vietnamese Women's Perception of Domestic Violence: An Exploratory Study." Dissertation. California State University, Fresno, 2001.
Based on semi-structured interviews with six Hmong and six Vietnamese women, this is an exploratory, California, on domestic violence, particularly intimate partner abuse. It examines domestic violence based on the interviewees' life experiences and cultural belief systems. research study examining the perceptions of Hmong and Vietnamese women in Fresno County Findings reveal that there are different perceptions of the reasons for domestic violence based on the participants' age. Older women discussed the traditional gender role for women, whereas younger women talked about seeing abuse while growing up. Hmong women were more likely to seek help from their family and clan members while Vietnamese women were more likely to seek help from the police. The study concludes with recommendations for social work practice to provide culturally competent services for these and other Asian Pacific American groups, especially in the area of domestic violence and other mental health issues.

Youth Offenders – General Population

This section deals with sources that describe issues facing youth offenders, juvenile delinquency or youth violence in the general population, with a focus on health. These sources do not have an explicit Asian Pacific American Focus.

Evans Cuellar, A., et al. "Medicaid Insurance Policy for Youths Involved in the Criminal Justice System." Am J Public Health 95.10 (2005): 1707-11.

Hunt, G., and K. Joe-Laidler. "Situations of Violence in the Lives of Girl Gang Members." Health Care Women Int 22.4 (2001): 363-84.
The analysis draws from the qualitative and quantitative data of an ongoing comparative study on ethnic youth gangs in the San Francisco Bay Area. The article is organized around the situations of violence these young women face from early childhood within the family setting to their current status within the gang and on the streets.

Robertson, A. A., et al. "Predictors of Infection with Chlamydia or Gonorrhea in Incarcerated Adolescents." Sex Transm Dis 32.2 (2005): 115-22.

Teplin, L. A., et al. "Detecting Mental Disorder in Juvenile Detainees: Who Receives Services." Am J Public Health 95.10 (2005): 1773-80.

Thomas, C. R., and J. V. Penn. "Juvenile Justice Mental Health Services." Child Adolesc Psychiatr Clin N Am 11.4 (2002): 731-48.

Youth Offenders – Asian Pacific American Population

These sources are depict issues facing youth offenders, juvenile delinquency and youth violence in Asian Pacific American communities, with a focus on health.

Appendix B

Arifuku, Isami. "Cultural Competency: A Concept Paper." National Council on Crime and Delinquency (NCCD), 2001.

Arifuku, Isami, et al. Culture Counts: How Five Community-Based Organizations Serve Asian and Pacific Islander Youth. Oakland, CA: Asian Pacific Islander Youth Violence Prevention Center, a project of the National Council on Crime and Delinquency (NCCD), 2003.

Berthold, S. M. "The Effects of Exposure to Violence and Social Support on Psychological and Behavioral Outcomes among Khmer Refugee Adolescents." University of California, Los Angeles, 1998.
Though various studies have shown that exposure to violence has found to predict mental health problems in Khmer refugee adolescents, this study attempts to identify moderating variables. By analyzing 144 pairs of foreign-born Khmer high school students and their parents and/or guardians, this study examines whether social support and family factors (parental traumatization and family conflict) moderate the relationship between exposure to war trauma and community violence and PTSD, depression and personal risk behaviors among Khmer refugee adolescents. The research revealed high levels of exposure to war traumas overseas and community violence in the United States among these adolescents, as on average they were exposed to 44 different types of violence throughout their lifetimes. The findings of the study suggest that it was the community violence that they were exposed to in the United States rather than their overseas exposure to war traumas that accounted for their rates of PTSD and personal risk behavior problems, illustrating that the community violence they are exposed to in the US has a higher impact on their well-being. Additionally, social support from family and peers did have a significant effect on the adolescents' level of PTSD, depression and personal risk behaviors. Berthold concludes with several key policy recommendations, including mechanisms to identify the exposure to violence among Khmer youth, culturally sensitive violence prevention programs, school-based and school-linked services and services for parents.

Chircop, D. "Solution to Youth Violence Elusive: Gathering Starts Dialogue on Solving Slayings among Southeast Asian Youths." Merced Sun-Star Aug 18 2005.

Cowart, M.T., and R.E. Cowart. "Breaking the Cycle of Violence of Southeast Asian Refugees." Education Digest 59.7 (1994): 34-38.

---. "Southeast Asian Refugee Youth and the Cycle of Violence." National Association of Secondary School Principals 557.77 (1993): 41-46.

Fitzenberger, J.M. "Youth Violence Addressed at Event: Asian Communities Worry About Ethnic Tension." Bee Capitol Bureau Aug 18 2005.

Johnson, J.B. "From Southeast Asia to a Violent East Bay: Gang Rivalries Turn Immigrants' Hopes in to Urban Miseries." San Francisco Chronicle June 13 2004.

Khanh, T.P. "Asian, Pacific Islander Students to Discuss Violence." San Jose Mercury News Aug 15 2005.

Appendix B

Kim, J. "Youth in Crisis: As Lawmakers Crack Down on Juvenile Crime, Children Become the Biggest Losers: Second in a Three-Part Series on Asians in the Us Criminal Justice System." A. Magazine Sept 30 1999.

Le, T. "Delinquency among Asian Pacific Islanders: Review of Literature and Research." The Justice Professional 15.1 (2002): 57-70.
This article reviews 34 studies of juvenile delinquency among Asian Pacific Americans published in referred journals, book chapters, masters' theses and doctoral dissertations since 1970. The author discusses which API ethnic groups have been studied, the ways in which researchers have studied delinquent behavior among APIs and the theoretical models proposed to explain this relationship, as well as empirical findings. Researchers vary widely in their conceptual and methodological perspectives, which have resulted in limited and conflicting findings. Researchers are also only beginning to explore and understand important inter- and intra-API differences related to delinquency. The author summarizes the research to date, examining commonly identified risk and protective factors related to delinquency among APIs, and recommends a theoretical orientation for more precise and in-depth research. In terms of health, sections on Psychological Factors, Victimization, Psychocultural Elements and Resiliency identify some important works within the areas of mental and general health.

---. "Non-Familial Victimization among Asian Pacific Islander Youth: The Oakland Experience." Journal of Ethnicity in Criminal Justice 3.3 (2005): 49-64.

Le, T., et al. Not Invisible: Asian Pacific Islander Juvenile Arrests in San Francisco County. Oakland, CA: Asian Pacific Islander Youth Violence Prevention Center, National Council on Crime and Delinquency (NCCD), 2001.

---. Not Invisible: Asian Pacific Islander Juvenile Arrests in Alameda County. Oakland, CA: Asian Pacific Islander Youth Violence Prevention Center, National Council on Crime and Delinquency (NCCD), 2001.

National Council on Crime and Delinquency (NCCD). Asian Pacific Islander Communities: An Agenda for Positive Action. Oakland, CA: National Council on Crime and Delinquency (NCCD), 2001.
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Fang, K.B. "Acculturation as a Predictor of Attitudes toward Seeking Professional Psychological Help in the Hmong Community." Dissertation. California School of Professional Psychology, 1998.
Fang interviewed 126 Hmong refugees from five communities in California to measure the relationship between demographic variables and levels of acculturation in predicting Hmong refugees' attitudes toward seeking professional psychological help for mental health issues. The findings of the study show that over 90 percent of the respondents reported that they were bicultural, or culturally integrated. Thus, religion, gender, citizenship status, socioeconomic status, years of residence in the United States and education in Laos were not significant predictors of attitudes toward seeking psychological services. However, Fang point out several important limitations of the study, including the suspicion that many Hmong have towards interrogators, and flaws in the instrument for determining acculturation, which was designed for samples other than the Hmong. Otherwise, the study found that those who had higher levels of education in the US and proficiency in English were more positive about seeking professional psychological help. Also, older Hmong adults who spoke only Hmong language were also positive about seeking psychotherapy.

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Ho, J. "Stress and Bicultural Adjustment of Vietnamese and Cambodian Adolescents." Dissertation. University of Denver, 2003.
This dissertation studies the role of negative life stress, community violence and spousal violence in the lives of Vietnamese and Cambodian adolescents. In addition, it explores the patterns of bicultural orientation and whether bicultural adjustment moderated the negative impact of stressful experiences and violence exposure. Ho's study found that Vietnamese and Cambodian adolescents had a high prevalence of either witnessing or being victimized in community violence and that these stressors led to traumatic stress symptoms as well as the internalizing or externalizing of problems.

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Other Contextual/Demographic Sources

These final sources provide general contextual and demographic information for the research topic at large.

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