

**Applications of Criminological
Theory to Understand Social
Justice Issues within Public Health**

Eve
Waltermare, Ph.D.

Violence/Injury
Epidemiology

SUNY New Paltz
Criminology Program
Coordinator

walterm@newpaltz.edu

Learning Objectives:

1. Understand basic tenants of criminological theory.
2. Identify the relationships of criminological theories to issues of social justice in health exposures and outcomes.
3. Evaluate health conditions through a social justice lens.

**Sampling of Prominent Criminological
Theories**

- Social Disorganization (Chicago School c. 1940)
Social Class & Race
- Subcultural Theory (Chicago School c. 1955)
– Social Class, Age & Race/Ethnicity
- Critical Criminology/Conflict Theory (Marx)
Social Class
- Feminist Criminology (2nd Wave Feminist Movement)
Gender, Race, & Social Class

KEY TERMS DEFINED

Deviance: Behaviors that go against the social norms.

Social norms: Behaviors we would expect everyone to do to keep themselves and others living in a socially constructive environment.

Normative expectations for health:
exercise, don't smoke, eat your veggies, avoid harmful behaviors, etc. etc.

Question: Why doesn't everyone engage in these normative expectations? Why do we have health deviants?

Criminological Theory: Explanations of deviance.

Social Disorganization

Communities experiencing higher levels of disorganization marked by: poverty, residential change, social heterogeneity, single mothers, ... are less able to form a protective shield against deviant behaviors. (Shaw & McKay, 1942)

Evolved to concept of *Collective Efficacy* or the "social cohesion among neighbors combined with their willingness to intervene on behalf of the common good" (Sampson, 1997)

Communities experiencing higher levels of disorganization are less able to form a protective shield against behaviors that are perceived as deviant. Organized communities are marked by neighbors willingness to intervene to protect their community.

- Important Tenants:
- Behavior must go against social norms (deviant).
 - Community must agree that the behavior is deviant.
 - Community must perceive that together they can protect their environment.

Case Study 1: Environmental Health and the Disposal of Waste in Poor Communities

"Solid-waste management has become one of the greatest public health challenges of modern times. Proper disposal of the massive amounts of garbage and other solid waste, such as hazardous and bio-hazardous materials, continues to be a challenge. Control of garbage odors, flies, and insect problems, from the garbage at home to the garbage sitting at the street curb and on to the sanitary landfill, help prevent the spread of communicable vector-borne disease." (Evans & Bachman, 1991 in *Introduction to Epidemiology* by Merrill, 2009)

"Solid Waste Facilities are disproportionately located in communities of color and low wealth" – Norton et al. 2007

"The patterns of association between waste-related environmental pressures and SES suggest that some of the observed inequalities in exposure and health represent a case of environmental injustice...." (Martuzzi et al. 2009)

Case Study 1: Environmental Health and the Disposal of Waste in Poor Communities

Want to find some disenfranchised people?

You likely can find them living in the neighborhood of a solid waste disposal facility.

Do they keep getting sick?

This is likely related to their living in the neighborhood of a solid waste disposal facility.

SOCIAL DISORGANIZATION

Individuals in communities are unable to band together as a cohesive group to protect themselves from socially unacceptable behaviors.

Application of SD Theory to Produce Potential Research Questions about Environmental Exposures

Does the disproportionate placement of solid-waste facilities in poorer, minority communities go against social norms (is it widely considered deviant?)

Do communities experiencing this inequality collectively perceive it that way?

What features are in place in middle and upper class, prominently white communities that protect them from the locating of solid waste facilities in their neighborhoods?

General Sub-cultural Theory

White middle class population makes decisions about what are normal conditions for achieving success.

Sub-cultures are formed by individuals whose norms and values are distinct from the cultural referent group.

Behaviors identified as deviant, when examined under a sub-cultural lens, may not in fact be deviant but rather different from white middle class expectations.

Social separation increases cultural differences.

Typically subcultures are identified in terms of age, race and ethnicity.

Case Study 2: Chronic Disease and the High Prevalence of Diabetes among Black & Hispanic Populations

After adjusting for population age differences, 2004-2006 national survey data for people diagnosed with diabetes, aged 20 years or older include the following prevalence by race/ethnicity: 6.6% of non-Hispanic Whites, 7.5% of Asian Americans, 11.8% of non-Hispanic Blacks, 10.4% of Hispanics (CDC, National Diabetes Fact Sheet, 2007).

After adjusting for age, sex and SES, Blacks and Hispanics have a 60% increased risk (compared with Whites) of having diabetes (Link & McKinlay, 2009)

The DASH diet was found to prevent Type 2 diabetes in a 5-year follow-up for Whites but not Blacks or Hispanics (Liese et. al. 2009)

Case Study 2: Chronic Disease and the High Prevalence of Diabetes among Black & Hispanic Populations

Hispanics & Blacks consistently have higher rates of Diabetes (despite age, SES, gender).

National Diabetes Association's recommended diet does not work on these populations.

SUB CULTURES
Formed by individuals whose norms and values are distinct from the cultural referent group.

Application of Sub-cultural Theory to Produce Potential Research Questions about Diabetes

What are the cultural factors in Black and in Hispanic populations (separately) that are associated with reduced risk of Diabetes?

What types of weight reduction activities would best assimilate with Black culture and Hispanic culture?

What type of tertiary prevention would be most effective for each sub-group: Black Males, Black Females, Hispanic Males, Hispanic Females?

Critical Criminology/Conflict Theory

What is defined as a crime is impacted by social and historical factors.

Crime is defined by the bourgeoisie (owners/the haves) to maintain control over the proletariat (workers/the have not's). Social force (laws, police) serve the bourgeoisie to maintain social position.

Economic inequities can be responded to through safety nets for the indigent; however a traditional capitalistic society prioritizes the wealthy over the poor.

Dialectic: conflicting or opposing forces.

Case Study 3: heroin use as a Public Health and Criminological dialectic Problem

A Public Health Problem:

Heroin primary treatment admissions, as a percentage of total drug admissions (excluding primary alcohol admissions), were particularly high in Boston (more than 77 percent), followed by Baltimore (approximately 64 percent). (NIH, 2008).

During 2004–2007, 19,687 of the 152,917 people diagnosed with HIV infection in 34 US states were IDUs. Blacks accounted for 57.5% of HIV-infected IDUs, whites for 21.4%, Hispanics for 19.1%. (CDC, 2009).

A Criminological Problem:

Heroin possession is a felony in most states (PA & RI least punitive). Study of arrestees for any crime identified those in Chicago reported the highest past month heroine use at 13% followed by Portland at 11% and NYC at 7%. For most sites, the average number of purchases for heroin was much higher than for other drugs (between 9 and 21 in the past month), indicating very heavy market participation for these arrestees. (Arrestee Drug Abuse Monitoring Program, 2009)

Case Study 3: heroin use as a Public Health and Criminological dialectic Problem

Heroin accounts for a high proportion of drug-related hospital admissions. IDU associated with HIV

Drug possession (and use) is a crime. Few "criminals" use heroine but those who do, use it a lot.

CONFLICT THEORY
How do we define what behaviors should be punished and does making a behavior punishable some way support the controlling class?

Application of Conflict Theory to Produce Potential Research Questions about Heroin Use

How does social class (not SES) associate with heroin use?

How does the criminalization of heroin use impact heroin use rates overall, across social class and across race?

What public health and criminal justice implications would result from the medicalization of heroin use?

Feminist Criminology

Began in the 1960's with the acknowledgement that most criminological theories to date were created by males to explain primarily male-related criminal activity.

Numerous feminist criminological arguments but the more modern evolution focuses on female as victims and seeks to understand crime and deviance from a less positivistic (more qualitative) approach.

More recently, the race/ethnicity bias of feminist thought has been identified arguing for a discourse that considers multiple marginality (gender, race & ethnicity).

Case Study 4: despite the teaming of public health and criminology, Intimate Partner Violence remains a Problem.

Females made up 70% of victims killed by an intimate partner in 2007, a proportion that has changed very little since 1993 (BJS).

Historically IPV research produces a natural blend of public health and criminology as public health researchers utilize criminological data to identify risk and to set public health objectives.

Neither public health or criminology researchers have successfully figured out how to prevent IPV and we know little about how to stop it once it starts.

Within each discipline IPV is marginalized. Mostly conducted by women and therefore viewed as a softer science (or a less significant problem). Extensive time is spent over the argument of whether women are victimized more or equally to men.

Case Study 4: despite the teaming of public health and criminology, Intimate Partner Violence remains a Problem.

Serious IPV is disproportionately experienced by women.

Despite years of research much remains unknown.

Neither public health or criminology researchers have successfully figured out how to prevent IPV and we know little about how to stop it once it starts.

FEMINIST CRIMINOLOGY

Qualitative (anti-positivistic) approach.

Significance of understanding multiple marginality (gender, race & ethnicity).

Application of feminist Theory to Produce Potential Research Questions about intimate partner violence

How do the life course experiences of IPV victims, and the woman's perception of these experiences relate to her subsequent victimization?

How do these individual perceptions vary across race and ethnicity?

What are the social perceptions toward IPV overall and toward IPV victims specifically?

How do these social perceptions tie into the public health, medical, and criminal justice response to IPV.

Social Deviants?

Diabetics, People living near waste sites, heroine users, victims of partner violence

Social norms: Eat well and exercise, live in a clean community, don't do drugs and don't stay with someone who will hurt you.

Why don't these people simply conform?

Social Justice

Race, class and gender bias among our
“non-conformists”

Criminological Epidemiological Approach:
Understanding the cultural and structural
conditions supporting this “deviance” while
understanding how it is that we define our social
norms.
