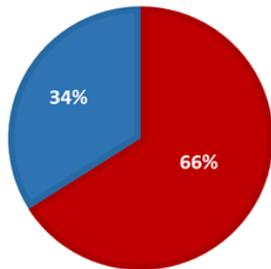


HEALTH



HEALTH NEEDS OF COURT-INVOLVED YOUTH



■ Youth With Health Needs
■ Youth Without Health Needs

Neglect is the most common form of maltreatment

60% of first-time juvenile offenders had a history of child welfare involvement



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Youth in the juvenile justice system have significant health risks and needs, including chronic health problems, substance use, and risky sexual behavior. Justice-involved youth report higher rates of lifetime alcohol and drug use, higher rates of sexual activity, more sexual partners, and lower use of contraception.¹ Court-involved youth also suffer from high rates of neglect and abuse, both of which have been found to be strong predictors of violence and system involvement in adolescents.² Chronic neglect has been linked to other risk factors such as poverty, persistent substance abuse, mental health issues, and developmental disabilities. Maltreatment can also negatively impact socio-emotional well-being in children, leading to aggressive and delinquent behavior, particularly in boys.³

Chronic Health Problems

Youth in the juvenile justice system are a medically underserved population, with over two-thirds reporting health needs, including injuries, illness, and other medical problems. Court-involved youth present with high rates of traumatic injury, tuberculosis, dental problems, and sexually transmitted infections. One study found that compared to boys, court-involved girls are even more vulnerable, displaying higher rates of mental health and substance abuse disorders, and lower rates of identification and treatment of their medical needs within the juvenile justice system.⁴ Health risks have also been linked to antisocial behavior, suggesting that children who engage in delinquent and disruptive behaviors are at higher risk for poor physical health, especially resulting from injuries and accidents. A large number of court-involved youth are also exposed to factors such as violence, poverty, and maltreatment early in life. These sorts of experiences make youth in the juvenile justice system more susceptible to poor social and emotional adjustment.⁵ This in turn increases the likelihood of long-term physical and mental health problems such as heart disease, chronic obstructive pulmonary disease (COPD), liver disease and early death. See Adverse Childhood Experiences (ACEs) for further detail.

Neglect and Abuse

Child maltreatment, including physical abuse, sexual abuse, psychological abuse, and neglect puts youth at increased risk for involvement with the juvenile justice system. Neglect is the most common form of maltreatment; research shows that the quality of monitoring of a child by a parent or guardian is the strongest predictor of juvenile delinquency.⁶ Dual-status youth, so called because of their involvement in both the child welfare and juvenile justice systems, are particularly vulnerable to deepened justice system involvement. Youth with a history of child welfare involvement were referred for offenses 3 times as often as youth with no child welfare involvement. 60% of first-time juvenile offenders had a history of child welfare involvement.⁷ Experiencing maltreatment early in life puts youth at risk for post-traumatic stress symptoms, as well as for internalizing problematic behaviors, which in turn increases the likelihood of court involvement.⁸ One study found that neglected and abused children were 11 times more likely to be arrested for delinquent behavior. The Federal Advisory Committee on Juvenile Justice recommends that trauma-informed intervention programs be developed to prevent children who have experienced neglect or abuse from entering the juvenile justice system.⁹

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(Please see reverse side for more references)

HEALTH



Substance use interrupts **brain development** and is proportional to **aggression and violent behavior**

PREVALENCE OF SUBSTANCE USE DISORDER PER 100 PEOPLE

72 
Court-Involved Youth

8 
General Youth Population

Girls with **post-traumatic stress** symptoms are more than **7 times** more likely to engage in **unprotected** sexual intercourse



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Substance Use & Substance Use Disorders

Court-involved youth are at high risk of developing substance use disorders, which signify a level of dependence that causes clinically significant impairment. Substance use disorders are in turn strongly associated with involvement in the juvenile justice system.¹⁰ Some studies show prevalence rates at 62-81% of court-involved youth presenting with substance use disorders, compared to 6-10% of the general population. Substance use puts youth at increased risk for mental health issues, and is directly proportional to aggression and violent behavior. Research also shows that drug exposure interrupts brain development, which may contribute to impulsivity and risk-taking in adolescents.¹¹ Acute substance use puts youth at higher risk of being identified by law enforcement and detained for drug and alcohol offenses, while chronic substance use increases the risk of violent offenses and recidivism.¹¹ Substance use also increases the risk that adolescents will gravitate to peer contexts in which accidents and violence are more likely.¹²

Risky Sexual Behavior

Peer rejection, affiliation with deviant peers, and juvenile delinquency all increase the likelihood of risky sexual behavior both in adolescence and early adulthood. Peer rejection during childhood is especially a risk factor for girls' risky sexual behavior. Risky sexual behavior, including having multiple sexual partners, initiating sexual activity at a young age, and not using contraception, increases the likelihood of health risks such as sexually transmitted infections and unintended pregnancy.¹³ Risky sexual behavior in adolescents is also associated with sexual abuse, particularly among youth in the child welfare system. One study found that girls with post-traumatic stress symptoms are more than 7 times more likely to engage in unprotected sexual intercourse than girls without these symptoms.¹⁴ Another study found that depressive symptoms and drug use, both of which are found at heightened levels in court-involved youth, are related to a greater number of sexual partners in boys, and inconsistent use of protection in girls.¹⁵ All of these health risks are interrelated. This highlights the importance of developing standards of care, as well as coordination between the justice system, health providers, and community providers to address the mental and behavioral health and medical needs of the high-risk youth in the juvenile justice system.

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