

## Mini-Reviews

# Healthcare for Adolescents in Juvenile Facilities: Increasing Needs for Adolescent Females

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**Abstract.** In 1999, 2.4 million youth between the ages of 10 and 17 were arrested. On any given day that year, 133,000 juveniles were detained in long-term detention facilities. Since 1990, there has been a wide disparity in the number of minority youth in the juvenile justice system. In 1999, 41% of youth in this system were African American. Additionally, there has been growth in the percent of arrests of females (29% in 1999) and adolescent younger than 15 years of age (32%).

### Introduction

Many studies have demonstrated significant health needs among detained youth in 1990, the AMA described these youth as medically underserved. The health needs have been especially compelling in the area of mental health. This is particularly the case for adolescent females in detention. With the increase in adolescent females in detention, there is an increase in reproductive health needs as well. The challenges before the health care community are great.

America's Children 2002 described the changing population in our nation. In the year 2000, this report found that 70.4 million citizens were under the age of 18 in the United States. Of this population 64% were White non-Hispanic, 16% were Hispanic, 15% were Black non-Hispanic, 4% were Asian/Pacific Islander, and 1% were American Indian/Alaskan Native. The ethnic diversity of this population has increased during the past decade with the proportion of Hispanic youth showing the most increase. The poverty rate of children living with family members was 16% according to this report.<sup>1</sup>

From this population of children, 2.4 million between the ages of 10 and 17 were arrested and detained

in the juvenile justice system. In 1999, on any given day, there were 133,000 juveniles in long term juvenile residential placement.<sup>2</sup> The group of youth in the juvenile justice provides a unique challenge to the healthcare community. A 1990 position statement from JAMA described youth in detention as: "Medically underserved and at a high risk for a variety of medical and emotional disorders."<sup>3</sup> Dr. Feinstein, in the Journal of Adolescent Healthcare, reported that 10% of these youths had significant medical problems while in detention (excluding drugs, alcohol, or substance abuse).<sup>4</sup> Youth in detention have many unmet health needs creating a health status significantly worse than their non incarcerated peers.

### Demographics

Of almost 2.5 million juvenile arrests in 1999, 27% were female and 32% were under the age of 15. Both percentages reflect marked increases since 1980. There is a disproportionately large number of minorities represented in the juvenile system. In 1999, the juvenile population in the United States was 79% White and 15% Black, in contrast to the population in Juvenile Justice System, which was 57% White and 41% Black among juveniles arrested for violent crimes during that year (in both groups Hispanics were classified as White).<sup>2</sup> Regardless of the causes of this discrepancy, it is clear that minority youth are overrepresented in the juvenile court system and healthcare programming should reflect their special needs. It is demonstrated that the number of females and younger teens in this system has also increased compared to males and older teens in the juvenile justice system.

Healthcare provided for detainees varies based on whether the facility is a short-term county facility or a long-term adjudicated state facility. However, the youth need unabated access to health screening and

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healthcare by properly trained personnel regardless of the type of facility.

Forrest, in a multidimensional study assessing health of incarcerated youth compared to a controlled group of high school students, found significantly higher health needs among the incarcerated youth. A higher percentage of the incarcerated youth reported poor self-esteem, poor family involvement, high levels of physical symptomology, and high burdens of morbidity. His study demonstrates the disparity of health in its broadest terms between incarcerated youths and their non incarcerated counterparts.<sup>5</sup> According to the National Adolescent Information Center, in 1996 at any given time, 30% of incarcerated youths had a chronic medical disease, 25% had an STI, 19% had dental problems and 11% had asthma or respiratory problems.<sup>6</sup> According to the same center, 63% of the youth in detention were involved in regular drug abuse. In contrast, the 1996 Youth Risk Behavior Survey found that 14% of high school youth used marijuana in the last 30 days.

Given these health needs, upon presentation to a short-term detention facility the youth should be screened for any acute injury or illness and for evidence of drug or alcohol intoxication. This screening should also include the detection of any unmet mental or medical health needs. Signs of depression, suicide, and suicidal ideation should also be identified. In the long term detention facility, one is presented with an excellent opportunity to provide preventive healthcare for these youths, such as immunization, dental care, and the education and management of chronic health problems such as asthma and diabetes.

Maintaining consistent medical records for each individual teen in detention, guaranteeing confidentiality, and involving the teen in consent for care are essential both for providing initial care in the detention facility and for the continuity of care as the youth leaves the system.

Mental health disorders in juvenile detention facilities are becoming more frequent. The National Institute of Health reports that among teens in juvenile detention nearly two thirds of boys and three fourths of girls have at least one psychiatric disorder. These rates dwarf the estimated 15% incidence of mental health issues in non detained youth.<sup>7</sup>

In a study published in Behavioral Science Law in 1997, Timmons-Mitchell and colleagues looked at the prevalence of mental health disorders in juvenile justice facilities and compared the rates of these disorders for males and females. This study estimated that the presence of mental health disorders in males was 27% compared to 84% for females.<sup>8</sup> Dr. Teplin, in a study in 2002, surveyed 1172 males and 652 females who were detained in the Cooke County Illinois facility and found that in this group one-half of the males and

three-fourths of the females met diagnostic criteria for one or more psychiatric disorders.<sup>9</sup> Half of the males and half of the females had a substance abuse disorder and more than 30% of the males and females met criteria for disruptive disorders. Templin found that affective disorders were prevalent in females with more than 20% of females meeting criteria for a major depressive event. These rates were particularly higher in non Hispanic White females and older female adolescents. A study by McCabe and colleagues in 2000 compared the rates of psychological symptoms between 513 males and 112 females in the San Diego Juvenile Justice Facility. These results revealed that delinquent females scored higher on their self reported measures of psychological stress than did males.<sup>10</sup> Females in this study also experienced a greater incidence of physical, emotional, and sexual abuse. These females also had a history of more frequent physical neglect and more frequent family history of mental illness than did their male counterparts.

Dr. Cauffman in 1998 reported a link between post traumatic stress disorder and the number of adolescent females who found their way into the juvenile justice system. In this study one half of the females had symptoms of post traumatic stress disorder compared to only one third of the male offenders. Her data were particularly interesting and may provide a partial explanation of the rise in the number of arrests of teenage females during the 1990s in light of the falling number of arrests of juveniles for violent crimes during the same time period.<sup>11</sup>

### Females in the Juvenile Justice System

In the past two decades "the arrest rates for girls in almost all offense categories have surpassed that of boys," according to a report from the American Bar Association. In 1999 law enforcement agencies reported 67,000 arrests of females less than 18 years of age representing 20% of the total arrests for teens less than 18 years of age.<sup>12</sup>

With the rise in the number of adolescent females in the juvenile justice system, reproductive health needs of incarcerated youth have also changed. As reported in the September 1999 issue of the Morbidity and Mortality Weekly Report, among the females entering the Chicago Detention Facility, 27% were positive for chlamydia and 11% for gonorrhea.<sup>13</sup> It should be noted that these infections can also lead to pelvic inflammatory disease, ectopic pregnancy, fertility, and chronic pain if not treated.

Dr. Bruener and colleagues, in a study in the *Western Journal of Medicine* in 1995, reported the prevalence of pregnant teens in detention facilities. Of the 261 of 430 facilities responding to their survey, 68% estimated

that they were holding between one and five pregnant teens on any given day. This survey identified 2,000 pregnant teens and 1,200 teenage mothers during the survey. Half of the facilities continue to incarcerate young women presenting with pregnancy and of those 31% provided no prenatal services on site and 70% provided no parenting classes. Additionally, 60% reported at least one obstetric complication.<sup>14</sup>

Drs. Anderson and Farrow, in a review of the care of incarcerated adolescents in Washington State in 1998, reported that in 12 detention facilities and 5 long term state facilities 14 pregnant teenagers and two HIV infected adolescents were incarcerated at any given time.<sup>15</sup>

A closer look at the services for young women in juvenile detention facilities is needed if we are to meet their developmental, relationship, and reproductive health needs including treatment for sexually transmitted diseases and prenatal healthcare. Adolescent females in the juvenile justice system appear to have both increased and different mental health needs than their male counterparts.

## Discussion

The Society for Adolescent Medicine and the Academy of Pediatrics have published statements on the healthcare of children and adolescents in juvenile correctional care.

Both of these organizations recognize the increasing numbers of youths that present themselves to the juvenile justice system and highlight the need to screen and identify their many medical needs including substance abuse, early sexual activity, mental health needs, and the early exposure to violence.<sup>16,17</sup>

The Academy of Child and Adolescent Psychiatry formed a task force in 2001 to examine recommendations for care in the juvenile justice system. This task force addressed the need for national standards to evaluate the competency of a youth to stand trial. They also addressed the need for national standards for seclusion and restraint for youth in detention. This task force acknowledged the increase in mental health needs in juvenile health facilities particularly those for adolescent females.<sup>18</sup>

Successful partnerships between pediatric and adolescent academic centers and local juvenile correctional facilities need to be explored. Creative models that maximize the use of shrinking healthcare dollars while increasing the access to high quality healthcare for our most vulnerable youth are needed. Healthcare providers have a significant role to play in the development of new and innovative programming for the care and rehabilitation of youth in juvenile detention facilities particularly those needs of adolescent females.

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