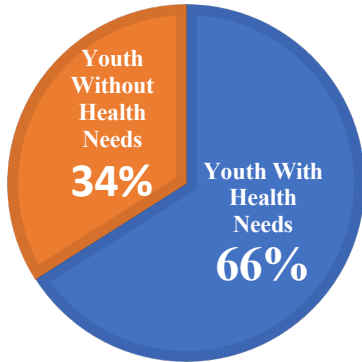


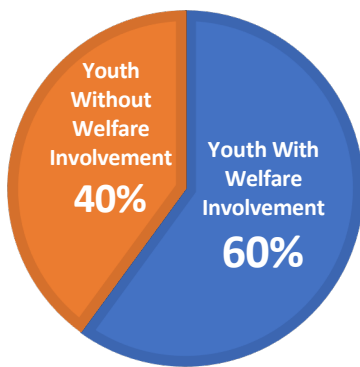


HEALTH NEEDS OF COURT-INVOLVED YOUTH



Over **two-thirds** of youth in the justice system report health needs, including injuries, illness, and other medical problems.

JUVENILE OFFENDER INVOLVEMENT WITH CHILD WELFARE



60% of first-time juvenile offenders had a history of **child welfare involvement**.⁶



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Youth in the juvenile justice system are a **medically underserved** population.

Health risks of youth in the juvenile justice system include:

- chronic health problems
- substance use
- risky sexual behavior

Many youth who are justice-involved report co-occurring health risks, between mental health disorders, sexually transmitted infections (STIs) and other sex-related health complications, and higher rates of lifetime substance abuse.¹ Often, these health needs are not addressed until youth become involved with the justice system.

Child Maltreatment

Child maltreatment includes physical abuse, sexual abuse, psychological abuse, and neglect. Youth involved with courts 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

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.³ Chronic neglect has been linked to other risk factors such as poverty, persistent substance abuse, mental health issues, and developmental disabilities.⁴

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.⁵ One study found that youth who experienced maltreatment in childhood are **11%** more likely to engage in delinquent behavior.⁶

Dual-Status Youth

Youth involved in both the child welfare and juvenile justice systems are referred to as **dual-status youth**. Youth with a history of child welfare involvement were referred for offenses **3 times as often** as youth with no child welfare involvement.⁷ Because childhood adversity disproportionately affects youth involved in the juvenile justice system, trauma-informed intervention programs should be developed to prevent juvenile delinquency and recidivism.⁸

Chronic Health Problems

Court-involved youth present with high rates of traumatic injury, tuberculosis, dental problems, and sexually transmitted infections. Children who engage in delinquent and disruptive behaviors are at higher risk for poor physical health, especially resulting from injuries and accidents.⁹

Experiencing neglect alongside other adverse experiences in childhood is linked to health risks such as diabetes, heart disease, chronic obstructive pulmonary disease (COPD), cancer, and liver disease.¹⁰ See Adverse Childhood Experiences (ACEs) for more detail.

Health



Substance Use & Substance Use Disorders

Youth who are court involved 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.¹¹ 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.¹² 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.¹² Substance use also increases the risk that adolescents will gravitate to peer contexts in which accidents and violence are more likely.¹³

72% of youth who are court-involved develop a substance-use disorder.



In comparison, only **8%** of youth in the general population develop a substance-use disorder.



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 engaging in 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.¹⁴ 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.¹⁵



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.¹⁶

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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