

Introduction to The National Girls Health Screen Project; The Findings from the Medical Case File Review of Girls Being Held in Detention and the Preliminary Analysis of Health/ Mental Health Studies of Girls in the Juvenile Justice System

Submitted by Leslie Acoca, September, 2005

Juvenile Law Center (JLC) in collaboration with Leslie Acoca, Principal Investigator for The Girls' Health Screen Project and Director of In Our Daughters' Hands, Inc. (IODH) is currently conducting a validation study of its newly developed Health Screening Instrument for girls. The proposed study represents Phase II of a multi-phase project to design, validate, and widely disseminate the first developmentally appropriate gender specific health screening instrument for use by juvenile justice facilities holding adolescent girls.

The goal of the National Girls' Health Screening Project is to identify and prioritize the health problems of girls in the juvenile justice system. We hope that use of the Screen, once validated, will lead to improved medical assessment and treatment of girls in the juvenile justice and, ultimately, child welfare systems.

Girls are the fastest growing segment of the juvenile justice system across the United States and in California, even as overall rates of juvenile offending are declining. In 2000, girls accounted for 28 percent of all delinquency arrests nationally; they constituted one third of all arrests for youth in the 13-15 year old age group. The juvenile justice system is now struggling to address the needs of a burgeoning and historically unprecedented number of girls, the vast majority of whom are minority youth from low income families with limited access to health care. There is little data on the specific health care needs of girls in the juvenile justice system. Existing data suggest that a majority of girls in the juvenile justice system are experiencing serious physical and mental health problems.

Identifying and addressing the health needs of girls in the justice system is important for several reasons. First, humanitarian concerns require that society respond to the most basic needs of its most vulnerable members. Second, many states require that juvenile justice facilities attend to the medical needs of children in custody. In addition, the public has an interest in treating medical conditions that may play a role in the entry and re-entry of children, particularly girls, into the juvenile justice system. Finally, as we describe below, the medical conditions found in samples of detained girls bear a direct relationship to major public health concerns regarding infectious and communicable diseases. The lack of research on the medical needs of this vulnerable population means that professionals and policy-makers lack guidance in how best to meet the acute and long-term health needs, and improve the well-being, of girls in the justice system.

Two major studies of the characteristics and needs of girls in the California and Florida juvenile justice systems revealed that 88 percent of girls interviewed reported between one and three serious health issues that were not adequately addressed in the community or within the juvenile justice facilities. In their 1998 study entitled *No Place to Hide: Girls in The California Juvenile Justice System*, Acoca and Dedel found that frequent reports of physical health disorders among girls in the California juvenile justice system included asthma (39%), yeast infections (29%), STDs (27%), and traumatic head injuries (15%). Twenty-nine percent of the girls had been pregnant one or more times and 16% had been pregnant while incarcerated. When they had their first child, the average age at delivery (inside or outside of correctional settings) was 14

years old. Of those girls who had been pregnant while in custody, 23% miscarried, and 29% had been placed in physical restraints (shackled at the wrists and ankles). The high rates of STDs, histories of early and unprotected sex with multiple partners, entrenched substance abuse (including intravenous use), poverty, violent victimization and ethnic minority status suggest this population of girls may have an elevated risk of contracting HIV/AIDS, hepatitis, and other infectious diseases such as tuberculosis. Acoca's 2001 study: *Educate or Incarcerate: Girls in the Florida Juvenile Justice System*, revealed similarly high rates of physical and mental health disorders in girls in all levels of the Florida juvenile justice system. Findings from these studies and the handful of other national studies or projects that are attempting to identify and address the health needs of girls in the juvenile justice system nationally are included here in the Acoca Schwarz Preliminary Review Chart. The Chart simply records health and mental health findings gathered using varying methodologies across multiple sites.

An extensive review of the current literature using MedLine and PsychInfo databases produced no instruments currently available for screening detained girls for medical needs. Therefore, Phase I of this study included a chart review study of the physical and mental health problems reported at intake or identified by physical evaluation for about 300 girls who previously resided in three detention centers, two in California and one in Pennsylvania. Selected results from this study are included in a Power Point presentation included here.

The chart review study found that the age range for girls at all sites was 11-18 years old, with a mean age of 15. The girls' ethnicity reflected a disproportionate representation of minority youth. African-American, Hispanic/ Latina and Caucasian girls each represented slightly less than one-third of the total sample, with very small proportions of girls from Asian or other ethnic backgrounds. Seventy-five percent of the girls in the Philadelphia facility had health insurance while only 5% to 29% of girls in the California sites were insured.

Girls reported high rates of sexual activity and substance abuse. About 28% of the girls who were tested for any sexually transmitted infection (STI) were positive; a higher-than-expected number of girls tested positive for Syphilis and HIV infection. For example, while 14 girls were tested for syphilis during intake, evaluation and treatment 8 tested positive. Of the 182 girls who received pregnancy tests at facility intake, 10 were positive. Almost two thirds of the girls reported that they had abused alcohol or other drugs during their lifetimes. A small number of girls reported engaging in intravenous drug use. Fewer than 5% of girls reporting substance abuse were referred for further evaluation or treatment. The case review also revealed high rates of psychiatric disorders among detained girls. One hundred and twenty-two girls reported suicidal attempts or ideation upon intake and 21 were placed on suicide watch or observation.

Some differences in services were also noted across sites. For example, girls at one site were regularly asked about use of drugs and alcohol and reported higher rates of substance abuse. At one site, pelvic exams were routinely administered on admission but were regularly deferred at another site and offered only to those girls who were detained for more than a few days. Our results show that systematic studies of the rates of debilitating conditions and communicable diseases among detained girls are needed to target public health interventions appropriate for this population.

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