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Program to Improve Medical Care and
Health Services in Correctional Institutions

✓ COMMON HEALTH PROBLEMS OF
JUVENILES IN
CORRECTIONAL
FACILITIES

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American Medical Association
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ACQUISITIONS

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Introduction

In 1972, the American Medical Association conducted a national survey of the health services in jails, and serious inadequacies were found.

Meanwhile, there had been tremendous impact from another source: A number of legal actions against the correctional system. Literally hundreds of suits alleging inadequate or substandard health care have been filed in recent years — damage and malpractice suits, suits for injunctive relief, class actions, writs of mandamus and habeas corpus, and so on. A federal court in 1972 ruled that inadequate medical care constituted “cruel and unusual punishment” and as such, was a violation of inmates’ constitutional rights. In 1976 the US Supreme Court, on review of that decision, ruled that adequate medical care is a right of inmates pursuant to the US Constitution.

As a response to the survey results and growing community concern, the AMA formally launched its jail project, financed in part by a grant from the Law Enforcement Assistance Administration, US Department of Justice. One mission of the project was the development of standards outlining adequate medical care for adults and juveniles in correctional facilities.

Objectives

Involved in the process of developing adequate standards for medical care is a determination of medical needs. Standards, to be viable, must address the kinds of health problems common to the people for whom the standards are being written. This report, based solely on

the health of juveniles, highlights the results of several studies in an effort to document such needs.

Methodology

Articles, chosen for their relevance to juveniles in detention facilities, training schools, and other short- and long-term residential facilities, are the basis of this report. A list of references has been included.

Findings

Seizure Disorders

In an effort to determine the prevalence of seizure disorders among persons confined to prisons and jails, King and Young surveyed ten Illinois correctional institutions.¹ Included with their findings for adults were data gathered from five juvenile facilities. This data revealed that 2.9%, or 22 of 749 juvenile males surveyed were receiving maintenance anticonvulsant medications for seizure disorders.² The totals stated for adults in the survey suggest a point prevalence of seizure disorders of 1.9% among the Illinois prison and jail population. “This point prevalence is three times higher than among middle-class nonprisoner populations on which previous epidemiologic studies have been done.”³

1 Lambert N. King, M.D., and Quentin D. Young, M.D., “Increased Prevalence of Seizure Disorders Among Prisoners,” *JAMA* 239 (June 23, 1978): 2674.

2 *Ibid.*

3 *Ibid.*, 2674-2675.

King and Young pose several questions regarding the cause of the relationship between seizure disorders and incarceration, including concern about the extent to which the onset of seizures in childhood or adolescence predisposes one to unemployment and social rejection with subsequent anti-social or criminal behavior, particularly among inner-city youth.⁴

In a related study, Novick and Al-Ibrahim reported the incidence of seizure disorder to be 3.1%, or 12 of 391 males, 16-21 years old, in a study of individuals admitted to New York City correctional facilities.⁵ However, in the same study, males 21 years and older showed an incidence of only 1.0%, or 9 of 909.⁶

Ear, Nose and Throat Problems

Ear, nose and throat (ENT) problems accounted for 12.4%, or 41 of 331 of the health problems reported by Kosidlak. These problems were revealed during a seven month survey of 8 to 17 year old detained youths in Norfolk, Virginia.⁷

Carper found that physical examinations revealed ENT problems in 5.4%, or 21 of 390 cases, when the April 1971 to March 1972 medical records of delinquent

boys, mainly 14 to 17 years old, in the Massachusetts Department of Youth Services were analyzed.⁸

Data, available for 15-21 year old youths only, in the nondetained population showed that there was a 6.6% distribution, or 136 per 1,000 visits to physicians for sore throats and earaches in 1975.⁹

Respiratory Problems

Litt and Cohen reported finding respiratory problems in 12.8%, or 294 of 2,304 cases during their study of a 60 month program instituted in 1968 between Montifiore Hospital and the Juvenile Centers of New York.¹⁰

Novick and Al-Ibrahim cited finding respiratory disorders, including upper respiratory infections, in 1.8%, or 7 of the 391 juvenile males in their study.¹¹

Allergic problems, including asthma, were identified in 1.3%, or 30 of the 2,304 teenagers involved in the Litt and Cohen study.¹²

4 King and Young, "Seizure Disorders," 2675.

5 Lloyd F. Novick, M.D., M.P.H., and Mohamed S. Al-Ibrahim, M.D., *Health Problems in the Prison Setting* (Springfield, Illinois: Charles C. Thomas, 1977), 18.

6 Ibid.

7 Janet G. Kosidlak, "Improving Health Care for Troubled Youths," *American Journal of Nursing* 76 (January 1976): 96.

8 John Carper, M.D., "Medical Care of Delinquent Adolescent Boys," *Pediatric Clinics of North America* 21, 2 (May 1974): 429.

9 US Department of Health, Education and Welfare, Public Health Service, *Vital and Health Statistics: Ambulatory Care Utilization Patterns of Children and Young Adults*. (Hyattsville, Maryland: National Center for Health Statistics, August 1978), 16.

10 Iris F. Litt, M.D., and Michael I. Cohen, M.D., "Prisons, Adolescents, and the Right to Quality Medical Care," *American Journal of Public Health* 64, 9 (September 1974): 896.

11 Novick and Al-Ibrahim, "Health Problems-Prisons," 18.

12 Litt and Cohen, "Quality Medical Care," 896.

Asthma was reported by Carper in 8.0%, or 31 of 390 cases;¹³ and by Novick and Al-Ibrahim in 3.8%, or 15 of the 391 males.¹⁴

None of the studies, however, stated which type of asthma, as defined by Gallagher et al., was involved. "It must be recognized that cases of 'pure' asthma may not be found easily, especially in such a common condition as respiratory allergy, which may involve more than 10 percent of the population."¹⁵

Gastrointestinal Problems

Reports of the incidence of gastrointestinal disorders among juveniles in correctional facilities were as follows:

Of the 391 males, there was a reported incidence of 0.8%, or 3 cases, by Novick and Al-Ibrahim.¹⁶

Litt and Cohen found a 3.9% incidence, or 90 of 2,304 cases.¹⁷

Comparable figures for juveniles in the nondetained population are not readily available.¹⁸

13 Carper, "Delinquent Boys," 429.

14 Novick and Al-Ibrahim, "Health Problems-Prisons," 18.

15 Roswell J. Gallagher, M.D., Felix P. Heald, M.D., and Dale C. Garell, M.D., *Medical Care of the Adolescent* (New York: Appleton-Century-Crofts, 1976), 331.

16 Novick and Al-Ibrahim, "Health Problems-Prisons," 18.

17 Litt and Cohen, "Quality Medical Care," 896.

18 US Public Health Service, ICDA Category "Diseases of the Digestive System" included listings which were more extensive than data given for juveniles in corrections (oral cavity, salivary glands, gastric motility, etc.). See *Eighth Revision ICDA Categories* 520-577.

Obesity

The incidence of obesity as a health problem was reported as follows:

Carper — 1.0%, or 4 of 390 cases.¹⁹

Kosidlak — 5.1%, or 17 of 296 cases.²⁰

Data for obesity in youths in the nondetained population are not available in a form which would allow comparisons to figures available for detained youths.²¹ According to Gallagher et al.:

Some ethnic groups seem to possess a higher frequency of genes for obesity than others. The prevalence of obesity is not equally distributed among different segments of society. A study conducted in New York City has shown that obesity is seven times more common in the lowest socioeconomic group than in the highest. Despite the fact that the incidence of adult obesity has been reported by a number of investigators, an accurate estimate of the prevalence of juvenile obesity in the United States is not available.²²

Sexually Transmissible Diseases

Ris and Dodge found *Trichomonas vaginalis* in 20.3%, or 1,280 of 6,304 specimens examined. Yeast was found

19 Carper, "Delinquent Boys," 429.

20 Kosidlak, "Troubled Youths," 96.

21 US Department of Health, Education and Welfare, Public Health Service, *Vital and Health Statistics: 1978*, 18.

22 Gallagher, Heald, and Garell, "Medical Care-Adolescent," 128.

in 10.4%, or 657 cases; and mixed infections accounted for 4.3%, or 277 cases.²³

These figures are not relatively high when seen in light of the fact that "Five (sexually transmissible diseases) are epidemic in the United States at the present time — gonorrhea, trichomonas vaginitis, monilial vaginitis, herpes progenitalis, and condyloma acuminata."²⁴

The incidence of gonorrhea among detained youths has been studied frequently, and the literature reviewed shows the disease to be more prevalent among females than males. Carper, in fact, was able to document only five cases in 1972 in a detention facility that had an average daily population of 100 boys.²⁵

Ris and Dodge conducted a study of gonorrhea in a state school for delinquent youths. A total of 1,899 girls were admitted during the years 1965 through 1968 and the overall prevalence of the disease was found to be 11.8% for the four years, or 226 cases.²⁶ The admission prevalence of gonorrhea among the girls ranged between 11.4% and 12.7%.²⁷

23 Hania W. Ris, M.D., and Ruth W. Dodge MS, "Trichomonas and Yeast Vaginitis in Institutionalized Adolescent Girls," *American Journal of Diseases of Children* 125 (February 1973): 208.

24 Gallagher, Heald, and Garell, "Medical Care-Adolescent," 556.

25 Carper, "Delinquent Boys," 426.

26 Hania W. Ris, M.D., and Ruth W. Dodge, MS, "Gonorrhea in Adolescent Girls in a Closed Population," *American Journal of Diseases of Children* 123 (March 1972): 185-186.

27 *Ibid.*, 186.

However, when Ris and Blaken were reporting results of a related study done on the same youths studied by Ris and Dodge, they found the prevalence of gonorrhea among the boys in the school to be only 1.6%.²⁸

Litt and Cohen found that 10%, or 229 of 2,304 teenagers either admitted to the prison infirmary or referred to the hospital's in-patient adolescent unit were diagnosed as having venereal disease.²⁹

Musculoskeletal Problems

Musculoskeletal problems were reported in 0.3%, or 1 of 296 cases by Kosidlak;³⁰ and in 2.5%, or 10 of the 391 cases by Novick and Al-Ibrahim.³¹ Of the 390 cases reported by Carper, 4.1%, or 16, had orthopedic problems.³²

Skin Problems

Skin problems were found among detained youth as follows:

Carper — 8.0%, or 31 of 390 cases.³³

Litt and Cohen — 5.3%, or 121 of 2,304 cases.³⁴

28 Hania W. Ris, M.D., and Robert C. Blaken, Ph.D., "Gonorrhea in Adolescents: Complement — Fixing Antibodies in a Selected Population of Young Women," *Sexually Transmitted Diseases* 4, 3 (July-September 1977): 81.

29 Litt and Cohen, "Quality Medical Care," 894-896.

30 Kosidlak, "Troubled Youths," 96.

31 Novick and Al-Ibrahim, "Health Problems-Prisons," 18.

32 Carper, "Delinquent Boys," 429.

33 *Ibid.*

34 Litt and Cohen, "Quality Medical Care," 896.

Kosidlak — 25.3%, or 75 of 296 cases.³⁵

Novick and Al-Ibrahim — 4.6%, or 18 of 391 cases.³⁶

Trauma

Trauma was reported to be a health problem among detained youth by Litt and Cohen in 8.4%, or 193 of 2,304 juveniles.³⁷ Novick and Al-Ibrahim reported 7.4%, or 29 of 391 cases.³⁸ Significant accidents and trauma, as well as fracture of one or more bones, represented 64.0%, or 244 of 390 cases reported by Carper.³⁹

These high figures for detained juveniles can be compared with the high rates for nondetained juveniles and are associated to some degree with the normal risk taking behavior associated with adolescence. "Accidents, homicide, suicide, and cancer are the leading causes of death in the 15 to 24 age group: in that group *accidents claim more lives than all the other causes combined.*"⁴⁰

Alcohol-Drug Abuse

Health problems related to alcohol and drug abuse were reported as follows:

Litt and Cohen identified toxic reactions in 2.6%, or 61 of 2,304 cases; and abstinence syndromes in

12.2%, or 282 of 2,304. An additional 944 patients (41.0%) were detoxified on an ambulatory basis.⁴¹

According to Novick and Al-Ibrahim, alcohol and drug abuse accounted for 12.8%, or 50 of 391 cases.⁴²

Admitted or suspected drug abuse was also reported by Kosidlak in 1.4%, or 4 of 296 cases.⁴³

Dental Problems

Dental problems among detained youth were reported in 26.6%, or 88 of 296 cases by Kosidlak;⁴⁴ and Litt and Cohen reported 0.5%, or 12 of 2,304 cases.⁴⁵

Learning Disabilities

Several studies have been conducted regarding the link between juvenile delinquency and learning disabilities. The General Accounting Office (GAO) in its Report to the Congress found that "One fourth of the juvenile delinquents in institutions tested by GAO consultants had primary learning problems (learning disabilities)."⁴⁶

Podboy and Mallory stated that: "The idea that approximately 13 percent of those who enter the juvenile

35 Kosidlak, "Troubled Youths," 96.

36 Novick and Al-Ibrahim, "Health Problems-Prisons," 19.

37 Litt and Cohen, "Quality Medical Care," 896.

38 Novick and Al-Ibrahim, "Health Problems-Prisons," 18.

39 Carper, "Delinquent Boys," 429.

40 Gallagher, Heald, and Garoll, "Medical Care-Adolescent," 697.

41 Litt and Cohen, "Quality Medical Care," 896.

42 Novick and Al-Ibrahim, "Health Problems-Prisons," 18.

43 Kosidlak, "Troubled Youths," 96.

44 Ibid.

45 Litt and Cohen, "Quality Medical Care," 896.

46 Comptroller General of the United States, Report to the Congress, *Learning Disabilities: The Link to Delinquency Should Be Determined, But Schools Should Do More Now*, GGD, 76-97 (March 4, 1977): 40.

justice system may be substantially substandard from an intellectual perspective is certainly alarming. No less disconcerting is the fact that close to 50 percent of the juvenile delinquent population may very well be learning disabled according to rather rigorous guidelines."⁴⁷

The GAO found that, in one instance, academic deficiencies were so extensive among juveniles with primary learning problems that some with an average age of 16.2 years were functioning at the 3.8 grade level in reading and arithmetic and at the 3.2 grade level for written expression.⁴⁸

None of the studies tried to infer that learning disabilities cause juvenile delinquency. They all, however, expressed the need for further study of the definite correlation between the two problems.

Zinkus and Gottlieb stated that: "The results indicate that those in the delinquent group were significantly deficient in self-confidence and generally saw themselves as undesirable."⁴⁹

"The relatively high incidence of severe academic underachievement, auditory and visual perceptual disturbances and associated damage to self-image appear to carry a significant potential for antisocial behavior.

47 John W. Podboy, Ph.D., and William A. Mallory, Ph.D., "The Diagnosis of Specific Learning Disabilities in a Juvenile Delinquent Population," *Federal Probation* 42, 3 (September 1978): 32.

48 GAO, "Learning Disabilities." 7-8.

49 Peter W. Zinkus, Ph.D., and Marvin I. Gottlieb, M.D., Ph.D., "Learning Disabilities and Juvenile Delinquency," *Clinical Pediatrics* 17, 10 (October 1978): 778.

Understanding these effects of learning disabilities on subsequent social adaptation may be an extremely important key in helping to prevent juvenile delinquency."⁵⁰

Conclusions

There are many factors relating to health problems among juvenile detainees which cannot be controlled or verified. For instance, there are ethical and practical complexities involved in trying to set aside a control group.

Also, health problems related to rapid growth and development normally found during adolescence have to be separated from problems associated with being within a correctional system if a definite cause-effect relationship is to be established. This is oftentimes an impossible distinction to make.

Moreover, as pointed out by Doctor Litt, there are health problems associated with normal adolescent risk-taking and experimentation, such as trauma and venereal disease. Behavior leading to these kinds of problems may also lead to correctional institutionalization.⁵¹

Detained juveniles have health problems that are multidimensional and multifaceted. Although this report is by no means inclusive of all such studies done on detained youth, several health problems have been identified.

50 *Ibid.*, 778-779.

51 Society for Adolescent Medicine, *Institutional Newsletter* 2nd ed., Iris F. Litt, M.D., (Los Angeles: S.A.M.I.N., 1978): 1.

Also, whereas many such problems were reported as separate entities, they are, in fact, much more complex. Manifestations of psychological problems, such as self-mutilation and suicide attempts;⁵² and the high incidence of drug experimentation, 60%, or 234 of 390 as described by Carper,⁵³ are examples of complex problems. In addition, they are problems with both physiological, as well as psychological aspects, making finite separations for analytical or statistical purposes unfeasible.

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52 Hania W. Ris, M.D., "The Integration of a Comprehensive Medical Program in a Juvenile Correctional Institution" *Journal of the American Medical Women's Association* 30, 9 (September 1975): 373.

53 Carper, "Delinquent Boys," 430.

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