



# PROMOTE THE HEALTH AND WELL-BEING OF YOUNG WOMEN AND GIRLS

Poor and minority children have more health problems and less access to health care than their peers. Girls of color experience higher rates of obesity, teen pregnancy and asthma than their White counterparts. Health problems can lead to issues like absenteeism in school, which can affect achievement and lead to involvement with intervening public systems.<sup>30</sup> Health care is a critical service for girls of color in the child welfare and juvenile justice systems. To promote the health and well-being of young women and girls of color, systems must take a holistic approach that addresses the unique needs and challenges that they encounter. Barriers to health care include the lack of access to comprehensive and timely services and gaps in coverage. When coupled with systems that fail to appropriately address trauma, young women and girls' needs often go unmet. This negatively impacts their overall well-being. Furthermore, LGBTQ and expectant and parenting youth face additional obstacles to achieving positive outcomes and would benefit from services and supports tailored to their specific needs. Policies that aim to better support young women and girls of color, including those who are LGBTQ or expectant and parenting, can improve well-being and promote positive outcomes for these populations.

## Ensure Access to Health Care for System-Involved Girls

Children, particularly girls, involved in juvenile justice systems often face barriers to full and fair access to health care. The Office of Juvenile Justice and Delinquency Prevention's (OJJDP) 2010 Survey of Youth in Residential Placement found that two-thirds of youth reported a need for health care to attend to dental, vision or hearing needs, illness or injury. More than one-third, however, said that one or more of their health care needs were not addressed.<sup>31</sup> Data from child welfare systems show that nearly 90 percent of children entering foster care have physical health problems, 55 percent have two or more chronic conditions and almost 25 percent have three or more chronic conditions.<sup>32</sup>

Lack of access to services is especially concerning when it comes to mental health care, where girls are disproportionately underserved. Some estimate that 81 percent of girls (compared with 69 percent of boys) in the juvenile justice system have at least one mental health disorder.<sup>33</sup> Girls in juvenile facilities report higher numbers of emotional or mental problems and traumatic experiences: 42 percent of girls report past physical abuse, 44 percent of girls report past suicide attempts and 35 percent of girls report past sexual abuse. Boys reported these abuses at 22 percent, 19 percent and eight percent, respectively.<sup>34</sup> Despite the prevalence of these issues and need for mental health services, only 47 percent of youth facilities provide mental health assessments for all residents, and 88 percent of youth who receive mental health counseling do not meet with a certified mental health professional.<sup>35</sup>

Although a large number of youth entering residential juvenile justice facilities—including nearly all crossover youth (youth who had formerly been in foster care)—may be eligible for Medicaid or CHIP, federal law prohibits most states from using these programs to pay for services due to the federal “inmate exclusion.”<sup>36</sup> This rule leads most states to terminate Medicaid coverage when youth enter juvenile justice facilities. Other states, however, are working to ensure children in both juvenile justice and child welfare systems have access to the health care services for which they are eligible.

**Pennsylvania's** Integrated Children's Service Initiative ensures that all system-involved children receive the services for which they are eligible regardless of their entry point into the system. The initiative calls for all child-serving systems within a county to plan together for one system in which appropriate services can be accessed, ensuring coordination of services and clarity in funding roles. The Integrated Children's Initiative differentiates between the role of Medicaid and juvenile justice or mental health funding, ensuring that Medicaid eligible services provided to youth in the justice system are funded through Medicaid despite youth being referred to them through the justice system. This allows for Medicaid reimbursement for services having a “qualified treatment component,” such as Multi-Systemic Therapy. It also clarifies that

Medicaid funding should be used to pay for medically necessary services, while juvenile justice funding should be used to pay for those that are not deemed medically necessary. The Department of Public Welfare also works to identify behavioral health providers who have served juvenile justice clients and add them to the roster of Medicaid certified providers.<sup>37</sup>

**42%** OF GIRLS IN JUVENILE FACILITIES REPORT PAST ABUSE

**44%** OF GIRLS REPORT PAST SUICIDE ATTEMPTS

**35%** OF GIRLS REPORT PAST SEXUAL ABUSE

SOURCE: THE NATIONAL CRITTENTON FOUNDATION

## Address the Trauma Experienced by Women and Girls

The risk of experiencing various types of trauma differs by race and ethnicity. Children of color are more likely to experience child maltreatment, particularly witnessing family violence, and are significantly less likely to receive treatment to address trauma, leading to disparate rates of post-traumatic stress.<sup>38</sup> The experience and effects of trauma are extremely common and debilitating for children involved with child welfare.<sup>39</sup> Entry into the child welfare system is usually preceded by some traumatic family event and can cause additional trauma due to separation from family, school, neighborhood and community, as well as fear and uncertainty about the future.<sup>40</sup> The 2012 U.S. Attorney General's Task Force on Children Exposed to Violence concluded that childhood trauma is also associated with involvement in the juvenile justice system,<sup>41</sup> with the vast majority having survived exposure to violence and lived with the trauma of those experiences.<sup>42</sup>

Trauma and abuse often drive girls into the juvenile justice system, as evidenced by their disproportionately higher rates of past trauma.<sup>43</sup> The rate of girls in the juvenile justice system

who have experienced complex trauma (five or more Adverse Childhood Experiences, or ACEs) is nearly twice as high as their male counterparts.<sup>44</sup> Once in detention, girls are offered inadequate mental and medical services, putting them at risk of re-traumatization. Many detention facilities focus on punishment, rather than fostering healthy development and providing young girls with the supports they need to address trauma. As The National Crittenton Foundation reports, “this lack of attention to healthy development in secure facilities leads to high rates of recidivism, with girls leaving institutions in worse shape than when they went in.”<sup>45</sup>

In **Illinois**, the Department of Child and Family Services (DCFS) has embraced trauma-informed care in its child welfare system. DCFS received a federal Title IV-E waiver to implement the Illinois Birth through Three (IB3) project—which assesses young children for trauma symptoms when they enter care and provides evidence-based, trauma-informed services to their caregivers. The system also received a federal Permanency Innovations Initiative (PII) grant to improve permanency outcomes for youth in foster care, with a focus on responding to trauma. Funded through the U.S. Children’s Bureau, the project serves youth ages 11 to 16 who have been in out-of-home placements for two years and may have experienced two or more placements since entering care, and are experiencing mental health symptoms.<sup>46</sup> Along with their foster parents and birth parents (when the goal is reunification), the youth receive TARGET (Trauma Affect Regulation–Guide for Education and Therapy) services, which can be adapted to assist men and women from various age groups, cultures and ethnicities who have had a variety of traumatic experiences.<sup>47</sup>

## Promote the Well-Being of LGBTQ Youth

Meeting the needs of youth who identify as LGBTQ is an additional aspect of improving experiences and outcomes for girls and young women of color involved in intervening public systems. Forty percent of girls in juvenile detention identify as LGBTQ, and 85 percent of these girls are girls of color.<sup>48</sup> These young women are also over-represented in the child welfare system. Youth involved in intervening public systems who identify as LGBTQ often have had to grapple with the combined effects of trauma, stigma and the risk of rejection due to their sexual orientation and gender identity. These adverse experiences can lead to poor health and mental health outcomes, as well as making them more vulnerable to commercial sexual exploitation and more likely to be in the sexual abuse to prison pipeline.

Compared with cisgender, heterosexual youth, LGBTQ youth are more likely to experience negative health outcomes. LGBTQ youth have higher rates of substance abuse, including tobacco, alcohol and other drug use, along with higher rates of depression, anxiety and suicidal ideation. These youth are more likely to be targeted because of their sexual orientation, gender identity or expression

and are more likely to be injured in a fight, threatened or injured with a weapon while at school, experience dating violence, be forced to have sexual intercourse and avoid school due to safety concerns.<sup>49</sup>

In **Massachusetts**, the Department of Youth Services strives to create a safe and affirming environment for all youth. In addition to a comprehensive anti-discriminatory policy, the Department has implemented LGBTQ youth-specific training within juvenile justice settings, including identity disclosure best practices and intake procedures that avoid heteronormativity and respect a youth’s preferred name, pronoun, bathroom and placement. Mental and physical health policies recognize that LGBTQ youth may face additional need, while inclusive communication procedures emphasize the importance of not equating all concerns to a youth’s LGBTQ identity. Clear steps are outlined if any violation or discriminatory act occurs, which may lead to staff termination.<sup>50</sup>

## Support the Health and Well-Being of Expectant and Parenting Youth

Young women and girls who are expectant or parenting face many significant barriers to health and well-being and have more complex needs than their non-parenting peers. Research suggests that these young women are over-represented in intervening public systems and are less likely to have their needs met by these same systems. For example, adolescent girls in foster care are 2.5 times more likely to have a baby by age 19 than their peers not in foster care, and by age 25, about 59 percent of former foster youth are parents.<sup>51</sup> Research shows that approximately 10 percent of female youth in both street and shelter are currently pregnant.<sup>52</sup> Despite the fact that one-third of girls in juvenile justice facilities have been pregnant,<sup>53</sup> a recent national survey by OJJDP found that only 18 percent of juvenile justice facilities provided the basic service of pregnancy testing at entry.<sup>54</sup>

Data on teen parenting also differs significantly by race and ethnicity. Estimates from 2013 data show that 11 percent of adolescent females in the United States will give birth by age 20, with substantial differences by race and ethnicity: 8 percent of White adolescent females, 16 percent of Black adolescent females and 17 percent of Hispanic adolescent females.<sup>55</sup> Although race-specific data on young parents involved with the child welfare and juvenile justice systems is not available, it is highly likely there are disparate rates of young women and girls of color who are expecting and parenting based on their disproportionate involvement in intervening public systems and the increased likelihood that they become teen parents.

Additional research connects a history of sexual abuse to the increased likelihood of early pregnancy. Among girls in the juvenile justice system who are or have been pregnant, several studies have found that the risk for pregnancy is increased by childhood trauma

and sexual abuse.<sup>56</sup> A 2012 survey by The National Crittenton Foundation revealed that 49 percent of young mothers in the juvenile justice system and 40 percent of young mothers in the child welfare system reported a history of sexual abuse.<sup>57</sup>

These young families face significant challenges to becoming healthy, stable and successful for both parents and their children. They also present policymakers and child welfare administrators with an opportunity to design a comprehensive set of policies and programs that expand opportunities for parents and their children; reduce risks to child safety, permanency and wellbeing; and build the resiliency and protective capacities that exist within these young families.

**New York City's** Administration for Children's Services developed a new, comprehensive, citywide policy to address the sexual and reproductive health care needs of youth in foster care 12 years of age and older. The Administration developed key strategies aimed at creating opportunities and reducing risks for expectant and parenting youth and their children. In addition to outlining caseworker responsibilities and youth rights to services, there are explicit policies related to young women and girls who are expectant or parents and young men and boys who are fathers or are about to be fathers. Strategies embedded in the policy:

- Assess the needs of the young fathers.
- Encourage young men and young women to co-parent their children when possible.
- Require the use of an assessment tool to find permanent resources for these youth and their children as they transition.
- Mandate that services be trauma-informed and developmentally appropriate.
- Enhance foster parenting training specific to the needs of expectant and parenting youth and their children with the goal of increasing placement stability.
- Advocate for the involvement of expectant and parenting youth in various aspects of outreach and feedback.<sup>58</sup>

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SOURCE: STATE POLICY ADVOCACY AND REFORM CENTER.

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