

AAP outlines needs of youths in justice system including during pandemic

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Editor's note: For the latest news on coronavirus disease 2019, visit <https://www.aapublications.org/news/2020/01/28/coronavirus>.

Youth arrest rates have steadily declined, but adverse experiences, racial bias and unmet health and mental health care continue to plague youths involved with the juvenile justice system, according to a revised AAP policy. This puts them at particular risk during the pandemic.

The policy *Advocacy and Collaborative Health Care for Justice-involved Youth* from the Committee on Adolescence is published in *Pediatrics*.

As concern about the impact of COVID-19 on historically disenfranchised communities grows, the AAP also issued guidance titled “[Responding to the Needs of Youth Involved With the Justice System During the COVID-19 Pandemic](#).”

Many youths already experience poor conditions in confinement, and juvenile detention facilities may not be equipped to respond adequately to the COVID-19 pandemic, according to the guidance. Facilities may struggle to maintain social distancing or provide adequate supplies of soap, hand sanitizer, personal protective equipment and cleaning supplies.

The AAP recommends releasing youths who can be cared for in community-based programs, using incarceration as a “last resort” for serious crimes.

For an already vulnerable population, COVID-19 and the isolation of social distancing can increase the risks to their health, according to Mikah C. Owen, M.D., M.P.H., FAAP, lead author of the policy.

“Being confined can be terrifying for young people. Some have limited access to the outside world and family members. Some kids are being held in cells for 23 hours a day. It can be a traumatic experience under any circumstance,” he said.

The COVID-19 pandemic has further separated youths from supports such as family and health care providers. It also has halted access to educational and other programming.

Youths involved with the justice system often have encountered racial and ethnic bias, exposure to adverse experiences and unmet physical and mental health needs, according to the policy statement. Despite a steady decline in arrests of youths ages 18 years and under, youths of color remain overrepresented in the system.

“In an ideal situation, when a young person becomes involved with the juvenile justice system, it would be an opportunity to identify risk factors for involvement with the justice system and respond by providing resources and services to help meet the needs of the child and family. Unfortunately, for many youth, the system has responded by giving out harsh sanctions,” Dr. Owen said. “If young people must be incarcerated, the physical and programmatic setting should be one that is safe, trauma-responsive and rehabilitative; it should not resemble adult jails (or) prisons in form or function.”

The revised policy recommends that juvenile correctional facilities adopt and comply with the National Commission on Correctional Health Care’s “[Standards for Health Services in Juvenile Detention and Confinement Facilities](#).” During the pandemic, routine care should continue, and facilities should follow Centers for Disease Control and Prevention guidance for correctional and detention facilities. This can help reduce youth risk of exposure to infection by staff entering and leaving the facility. At least three juvenile detention facilities (in Virginia, Florida and Louisiana) have reported COVID-19 outbreaks at press time.

Within the constraints of public safety, the COVID-19 guidance emphasizes the AAP recommendation that new admissions be reduced, “diverting kids away from the justice system instead of incarcerating them,” Dr. Owen said. “Many of these young people, they’d be better off in their home community than confined whether during the COVID-19 pandemic or not.”

Youths who are confined always should receive the same level and standards of care as nonconfined youths in their community and detained in developmentally appropriate confinement facilities, according to the policy statement.

During the COVID-19 pandemic, the AAP recommends:

- Timely notification to youths and families of suspected and confirmed COVID-19 cases.
- Written and verbal communication to confined youths about COVID-19, including everyday preventive behaviors within the confines of detention.
- Access to learning materials and developmentally appropriate programming.
- Frequent contact with family and individual supports with regular access to free phone calls and video chats.
- Limits on isolation; access to belongings, educational and reading materials; and contact with family or designated support for youths who must be held in isolation for medical purposes.
- Timely access to legal counsel and court hearings.

The AAP policy urges pediatricians to advocate for juvenile justice reform during and after the pandemic. This includes support for legislation that establishes a minimum age of 12 years for criminal responsibility, abolishes sentencing of adolescents to life without parole, reduces and/or eliminates fees and fines, and ensures adequate and timely legal representation for all youths involved with the justice system.

The policy statement also calls for research and efforts to eliminate disparities within the justice system and identify risk factors for involvement, outcomes for incarcerated youths and effectiveness of community-based alternatives to make evidence-based juvenile justice policy reforms.