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Justice System Involvement Among Adolescents in the Emergency Department

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Research Abstract Title

Submitting/Presenting Author (must be a trainee):

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Describe role of Submitting/Presenting Trainee in this project (limit 150 words):

Primary Investigator of the project

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Background:

Justice system involvement (JSI) is associated with poor health outcomes. We lack understanding about JSI among adolescents in the emergency department (ED), a setting where adolescents with health outcome disparities often seek care. High-risk behaviors and exposures, including adolescent JSI, are common among adolescents and can contribute to poor health outcomes. Adolescents often lack adequate healthcare access resulting in reliance on safety net settings such as ED.

Objectives/Goal:

To describe justice system involvement among adolescents presenting to the ED and identify associations with health behaviors and risk/protective factors.

Methods/Design:

In this cross-sectional study, adolescents aged 14-19 years old at an urban, Midwestern ED completed an anonymous computerized survey. We assessed JSI for the adolescent (e.g., "Have you ever been arrested?"), household members, and important people outside of the household (e.g., cousin) and participants could report multiple types of JSI. We assessed sexual behaviors, violent behaviors, school suspension/expulsion, substance

abuse, parental supportiveness (assessed with validated 7-item tool, a higher score indicated increased support), depressed mood (assessed with the Mental health inventory (MHI)-5 [range 0-100, with lower score indicated worse mood]). We compared differences between groups (e.g., JSI vs. no JSI) using the Chi-square Test, Fisher's Exact Test, and t-tests.

Results:

200 adolescents enrolled (84.4% of approached; mean age 16.1 years [SD 1.5], Table 1.) Most (67.5%) reported any JSI, 12.5% had JSI themselves, 42% had a household member with JSI, and 40% had an important non-household person in their life with JSI. [MMM1] 47% of participants were sexually active; there was no difference between groups regarding sexual behaviors (Table 2). Among those reporting any JSI, violent behaviors (44% vs 16% $p=0.0002$), suspension/expulsion from school (67% vs 16% $p<0.0001$), and any substance abuse (52% vs 31%, $p= 0.0072$) were more common. Those with JSI had lower mean scores for parental support (3.7 vs. 4.0, $p = 0.035$) and for mood (68 vs. 74, $p = 0.0276$).

Conclusions:

Two-thirds of adolescents in the ED report JSI, which is associated with multiple risk behaviors/factors. The ED has potential to serve as a unique point-of-care to reach at-risk adolescents and offer intervention to improve health outcomes. Future work should assess what types of ED-based interventions to promote health are desired among adolescents and families with JSI.