Study finds high mortality rates of youths previously incarcerated in the juvenile legal system

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New research from the Abigail Wexner Research Institute at Nationwide Children's Hospital finds that youth aged 11 to 21 years, who have been previously incarcerated in the juvenile legal system, are 5.9 times more likely than the general population to experience early mortality. The report, which describes a cohort study of 3645 previously incarcerated youths in Ohio's juvenile legal system, appears this week in JAMA Network Open.

On any given day, 50,000 youths are confined in juvenile correctional facilities across the United States. While evidence-based delinquency and violence prevention programs exist, this study suggests strategies that incorporate a culturally informed approach and take both sex and developmental level into consideration are key to reducing early mortality rates in this high-risk population.

Donna Ruch, Ph.D., a researcher in the Center for Suicide Prevention and Research at Nationwide Children's Hospital, examined mortality rates and causes of death between youths aged 11 to 21 years incarcerated from 2010 to 2017 in Ohio's juvenile legal system with same-aged nonincarcerated Medicaid-enrolled youths.

During the study period, researchers found that out of the 3645 incarcerated youths in the study, 93.2% of which were male, and 113 youths died during the study period. Homicide was the leading cause of death, accounting for 55.8% of total deaths among previously incarcerated youths, and more deaths than suicide, overdose, and other causes combined. This was true regardless of sex, age, offense type or length of incarceration.

"Youths who have been previously incarcerated are dying at a rate significantly higher than youths who are not involved with the juvenile legal system," said Dr. Ruch.

When researchers looked at data by demographic subgroups, they found previously incarcerated Black youths were more likely to die than white youths overall, and were younger than 21 years of age. Formerly incarcerated females were also at heightened risk for all-cause mortality, homicide, and overdose compared to same-sex Medicaid enrolled youths.

"We need more information on the reentry process itself; not one solution fits all," said Dr. Ruch. "We'd like to prevent delinquency in the first place, but we also need to do a better job supporting youths in this reentry process by assessing their needs, connecting them to appropriate resources, and establishing a target for intervention."

The researchers agree there have been effective approaches that have helped to decrease the
number of youths who come in contact with the law: counseling, mentoring programs, family-centered interventions, and school-based initiatives.

Furthermore, the report states community-based diversion and treatment-orientated programs based on restorative justice models convey positive results.

"We must take the time to understand and spread awareness that youths exiting incarceration in the juvenile legal system are at risk, and continue to engage families and community members, in the reentry process."


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Provided by Nationwide Children's Hospital

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