Despite the fact that juvenile crime decreased substantially from the mid-1990s to the present, it is estimated that 25% to 35% of youth will have committed a criminal offense by the time they reach 19 years old. Most will not commit another offense. Although this latter statement is based on an older study, the implications remain relevant to adolescent development. While the crime rate for boys dropped in the past decade, the rate for girls increased and their crimes became more serious. Youths of color are much more likely to be arrested and sentenced to incarceration. On the other hand, white youths who offend are more likely to be diagnosed with a mental illness and in some cases admitted to a psychiatric facility.

At the time of arrest, youths will be detained in a secure facility (eg, juvenile hall) or released to their parents with a promise to appear at juvenile court. When a juvenile judge determines a youth is “guilty” of an offense, the youth may be placed on probation, sentenced to confinement in a local facility (juvenile hall or “camp”), or sent to a longer term state juvenile facility. After release, many youths will continue on probation/parole between ages 18 and 21 years. There will be multiple conditions of probation/parole, and failure to conform to the restrictions may lead to further incarceration. When a youth states that she was jailed for missing school, this usually means she was on probation/parole for a crime and failed to follow the mandates of the conditions of probation/parole such as skipping school.

**Specific Tips During History Taking**
Typically, the psychosocial history taken by primary care clinicians includes a question about “trouble with the law.” Youths who offend usually have several risk factors that will be evident, including school failure, extensive drug use, multiple sexual partners, and significant discord with parents. Youths who are involved in violence (eg, fighting, weapons carrying, bullying) are prone to having juvenile justice issues. When the primary care clinician discovers a history of violence, questions addressing other delinquent behaviors may reveal more extensive criminal activity. Primary care clinicians are generally not compelled to report crimes their patients report with the exception of child and sexual abuse. Some states, such as California, mandate reporting age discrepancies in sexual partners. However, there is no mandate to inquire into this volatile information. Questions about safety issues related to dating can uncover dangerous relationships. During the physical examination, discovery of gang tattoos or injuries caused by violence also may result in further questions.

**General Questions to Ask**
- Have you been in trouble with the law?
- Have you ever been arrested? What happened?
- How often do you fight?
- Have you taken a weapon to school? Why?
- Is your neighborhood/school safe?
- Do you belong to a gang? Tell me about your gang.
- Are you being pressured to join a gang? How do you deal with this?

**Follow-up Questions for Consideration**
If some of the screening questions are positive, additional history taking will determine the severity and duration of the criminal behavior. Some areas to explore are
- Are you on probation/parole? What happened?
- Were you on drugs when this happened?
- Have you been injured as a result of law breaking?
- What are your parents’ responses to these problems?
- Was there more than a single event?
- What was your intent? (Many youth initially arrested for drug possession with intent to sell will have charges reduced to simple drug possession for first-time offenders regardless of whether it appeared that they intended to sell. If a youth confides that he was intending to sell the drugs, the primary care clinician may elect not to record this information except in general terms to protect the confidentiality of the information.)
**Response to a Youth With a History of Delinquency**

- Gather information from youth and parents to help initial planning.
- Be receptive to requests that you advocate for the youth.
- A youth sentenced to long-term incarceration may have a review by the state system of any serious medical or mental health issues before the youth is accepted. If health records are requested, provide the records that relate to the health concerns after the parent/youth provides permission. Remove information that may compromise the youth's legal situation unless a court orders release of a complete record. Laws addressing release of adolescents' medical information vary by state.
- Use motivational interviewing to explore with the youth strategies to avoid future legal problems.

- For a youth with minimal delinquency behaviors, a short office intervention may be helpful in guiding the youth away from crime, using motivational interviewing with frequent follow-up.
- In many states, a youth with private health insurance retains the insurance while incarcerated but loses federally funded Medicaid coverage.
- With the youth and parents’ permission, you may talk with the youth’s lawyer.
- A youth with early (aged 6–10 years) symptoms of oppositional defiant disorder or animal cruelty should be referred for mental health evaluation.
- Remain neutral in working with a youth who is delinquent. Do not allow your ego to become involved. Neither success nor failure of a youth is the responsibility of the primary care clinician.
- Family therapy is often needed and best provided by a therapist familiar with addressing needs of delinquent youths.
- For a youth with minor infractions such as curfew violations, consider a contract with the youth to conform to specific behaviors. Arrange for frequent follow-up (every 1–2 months) to provide monitoring and support for changed behavior. Be sure to praise a youth who complies with the contract in the presence of his parents. The primary care clinician models positive reinforcement to help parents move from disapproval to approval.
- The youth should be present for all discussions with parents so that the youth is aware of all concerns and plans.
- If parents are concerned about out-of-control behaviors at home that may damage property or result in physical harm, discuss with the youth and family that this will result in calling the police. This option should be used sparingly but may be necessary for dangerous or illegal behavior.
References

