

YOUTH FACILITIES ARE BETTER THAN ADULT FACILITIES

In 2016, on any given night in America, 4,656 children were held in adult jails and prisons.¹ It is estimated that between 32,000 and 60,000 youth were admitted into adult jails in 2014.² For the following reasons, it is crucial to remove these youth from adult facilities, and instead have them placed in youth facilities that are safer and more suited for their needs.

Youth corrections professionals recognize that juveniles are developmentally different than adults and require special treatment.

- The adolescent brain is not fully developed, particularly the area of the prefrontal cortex which is critical to higher order cognitive functioning and impulse control.³
- The sub-cortical region of the brain, responsible for novelty and emotions, will more frequently take precedent over the prefrontal cortex, responsible for self-control, in an adolescent brain.⁴
- Most youth will “age out” of their reckless and criminal behavior by young adulthood.⁵

Youth corrections professionals recognize that young people who commit crimes often come from troubled backgrounds.

- Studies show that 75% to 93% of justice-involved youth have been exposed to some degree of traumatic victimization.⁶
- Youth who witness violence are more likely to have emotional, behavioral, social, and academic problems.⁷
- This emotional and physical trauma can inhibit effective adolescent brain development.⁸
- Youth who are traumatized are likely to cope with it by becoming aggressive or fighting back.⁹

Youth corrections programs have the ability to address these problems by providing positive socialization to juvenile offenders.

- Corrections professionals have begun to use therapies designed to teach better decision making and behavior. Specific examples that have proven results are Cognitive-Behavioral Therapy, Aggression Replacement Therapy, Functional Family Therapy, Multi-systemic Therapy, and Therapeutic Foster Care.¹⁰
- Treatment programs for serious and violent young offenders have been shown to reduce recidivism by as much as 40%.¹¹

Youth corrections facilities across the country have been successful at rehabilitating youth.

There are several model programs with proven results that have been replicated across the country.

- The Missouri Model uses small-scale residential facilities, group homes, and community based non-residential programs. It is focused on finding healthy alternatives to conflict and aggression. The results speak for themselves. The recidivism rates for Missouri are incredibly low. According to 2008 data, only 10% recidivism back into the Missouri Department of Youth Services. In addition, only 7% of youth are committed to adult prison within 5 years. Missouri is also a cost-effective program. The cost is \$94 per all youth in state as opposed to \$104 in neighboring states.
- The Texas Model is focused on individual treatment needs.¹² There is a treatment program specifically for serious violent offenders and a program for sex offenders. For the violent offender program, recidivism within a year is currently 3%, with the sex offender program it is 2%.

END NOTES:

- 1 Minton, T.D. and Zeng, Zhen, Jail Inmates in 2015. Bureau of Justice Statistics. Available at <https://www.bjs.gov/content/pub/pdf/ji15.pdf>; Carson, E. Ann and Mulako-Wangota, Joseph. Bureau of Justice Statistics. (Count of inmates age 17 or younger in custody). Generated using the Corrections Statistical Analysis Tool (CSAT) - Prisoners at <https://www.bjs.gov/index.cfm?ty=nps>. Office of Juvenile Justice and Delinquency Prevention, Statistical Briefing Book. Available at <https://www.ojjdp.gov/ojstatbb/> [youth in prisons].
- 2 American Civil Liberties Union and Human Rights Watch. (October 2012). Growing Up Locked Down: Youth in Solitary Confinement in Jails and Prisons Across the United States. Retrieved from <https://www.aclu.org/files/assets/us1012webwcover.pdf> p.2.
- 3 See Josh Day et al., Structure and Function of the Adolescent Brain: Findings from Neuroimaging Studies, 175 ADOLESCENT PSYCHIATRY, Jan. 1, 2005, at 1-34; B.J. Casey et al., Structural and Functional Brain Development and Its Relation to Cognitive Development, 54 BIOLOGICAL PSYCHOL. 241, 243 (2000); Elizabeth R. Sowell et al., In Vivo Evidence for Post-Adolescent Brain Maturation in Frontal and Striatal Regions, 2 NATURE NEUROSCIENCE 859, 860-61 (1999); Jay N. Giedd et al., Brain MRI Study, 2 NATURE NEUROSCIENCE 861, 861 (1999).
- 4 National Research Council. (2013). *Reforming Juvenile Justice: A Developmental Approach*. Committee on Assessing Juvenile Justice Reform, Richard J. Bonnie, Robert L. Johnson, Betty M. Chemers, and Julie A. Schuck, Eds. Committee on Law and Justice, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press. p. 97.
- 5 See Jeffrey Arnett, Reckless Behavior in Adolescence: A Developmental Perspective, 12 DEVELOPMENTAL REV. 339, 339 (1992); see Patrick H. Tolan & Deborah Gorman-Smith, Development of Serious and Violent Offending Careers, in SERIOUS AND VIOLENT JUVENILE OFFENDERS: RISK FACTORS AND SUCCESSFUL INTERVENTIONS 73 (Rolf Loeber and David Farrington, eds. 1998) (discussing established findings that crime prevalence increases during early adolescence for most crimes, except drug sales, which peaks in early adulthood).
- 6 Adams, Erica. HEALING INVISIBLE WOUNDS: Why Investing in Trauma-Informed Care for Children Makes Sense Justice Policy Institute. July 2010. Kilpatrick DG. 2003; Sprague, C. 2008; Maschi T. Unraveling the link between trauma and male delinquency: the cumulative versus differential risk perspectives. Social Work. 2006; 51(1): 59; Abram KM, Teplin LA, Charles DR, Longworth SL, McClelland GM, Dulcan MK. Posttraumatic stress disorder and trauma in youth in juvenile detention. Archives of General Psychiatry. 2004; 61: 403-410; Arroyo W. PTSD in children and adolescents in the juvenile justice system. S. Eth (Ed.). Review of Psychiatry. 2001; 20(1): 59-86. In Children and Adolescents (1st ed). Washington, DC: American Psychiatric Publishing; Cauffman E, Feldman SS, Waterman J, Steiner H. Posttraumatic stress disorder among incarcerated females. Journal of the American Academy of Child and Adolescent Psychiatry.
- 7 See Stacy Nofziger & Don Kurts, Violent Lives: A Lifestyle Model Linking Exposure to Violence to Juvenile Violent Offending, 42 J. OF RESEARCH IN CRIME AND DELINQUENCY 3. 17-19 (2005) (finding that being a witness to violence increases the risk of offending by 769%).
- 8 National Juvenile Justice Network, Using Adolescent Brain Research to Inform Policy, (September 2012). Retrieved December 7, 2018 from http://www.njjn.org/uploads/digital-library/Brain-Development-Policy-Paper_Updated_FINAL-9-27-12.pdf p. 2.
- 9 Julian Ford et al., National Center for Mental Health and Juvenile Justice, Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions, June 2007, at 3.
- 10 Edward J. Loughran & Kim Godfrey, CJA YEARBOOK 2007: A NATIONAL PERSPECTIVE OF JUVENILE CORRECTIONS, (Council of Juvenile Correctional Administrators) ("CJA YEARBOOK") 55-56 (2008).
- 11 Shelley Zavlek, Planning Community-Based Facilities for Violent Juvenile Offenders as Part of a System of Graduated Sanctions, JUVENILE JUSTICE BULLETIN (Office of Juvenile Justice and Delinquency Prevention, Wash., DC), August 2005, at 6; see Mark W. Lipsey & David B. Wilson, Effective Intervention for Serious Juvenile Offenders: A Synthesis of Research, in SERIOUS AND VIOLENT JUVENILE OFFENDERS: RISK FACTORS FOR SUCCESSFUL INTERVENTIONS 338 (Loeber & Farrington, eds. 1998) (conducting a meta-analysis of 200 studies of interventions with institutionalized and noninstitutionalized youth and finding that treatment programs for serious and violent offenders have been shown reduce recidivism by as much as 40%).
- 12 Texas Youth Commission: Research and Planning Department, Review of Agency Treatment Effectiveness: Fiscal Year 2008 ("TYC Review 2008") (2008).