



THE CONSEQUENCES AREN'T MINOR



WHAT IS THE LAW IN CONNECTICUT?

In Connecticut, young people can enter the adult criminal justice system through a number of different legal mechanisms. The following include the key features of Connecticut's adultification laws.

The upper age of juvenile court jurisdiction is 15.

Since 1971, when § 46b-120 of the Connecticut Juvenile Matters Code was amended to make 16 the age of majority, every 16- or 17-year-old in Connecticut arrested for any infraction, violent or nonviolent, is treated as an adult and is automatically under the jurisdiction of the adult criminal court.¹ Only three states in the country have such a young age of adult court jurisdiction: Connecticut, New York, and North Carolina.²

Youth 14 and older face mandatory judicial waiver to adult court for serious felonies.

In 1996, Connecticut also determined that 14- and 15-year-olds would automatically be transferred to adult court for Class A or B felony offenses, which include crimes such as murder, carjacking, certain sexual offenses, and first-degree burglary. Young people charged with Class B felonies and one particular type of sexual assault, however, are eligible for a reverse waiver in which the case can be returned to juvenile court. The state's attorney is the only one who can initiate this type of *reverse waiver*, and it must be decided by the judge in the adult court to which the case was transferred. The statute does not specify any grounds for such a reverse waiver or any factors to be considered.³

Courts have discretion to transfer

14- and 15-year-olds charged with lower-level felonies to adult court.

For any Class C or D felony, such as eavesdropping or loitering on school grounds, a state's attorney may request, by motion, that the juvenile court judge transfer the young person's case to adult court. The court is required to transfer the case if it finds probable cause that the young person committed the alleged offense (without notice, a hearing, or any participation on the part of the youth or their counsel). Once transferred to adult court, the judge, on his or her own initiative, may return any case to the juvenile court within 10 days after transfer.

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Connecticut is a blended sentencing state.

In the case of young people 14 and older who are charged with a felony in juvenile court and who have two previous felony adjudications,⁴ the prosecutor may request that the court designate the proceeding a “serious juvenile repeat offender prosecution.” If this happens and the youth is convicted of the felony, the court must impose both a juvenile and an adult criminal sentence, with the adult sentence stayed or suspended as long as the youth refrains from violating the conditions of the juvenile sentence or committing any subsequent crime. This means that, even when youth are granted a juvenile sentence in lieu of an adult sentence, they can still enter the adult criminal justice system and the suspended sanction can then be imposed if they fail their probation or get re-arrested on a new offense. A similar type of sentence is required for youth whose proceedings, at the prosecutor’s request, have been designated as “serious sexual offender prosecutions.” Youth convicted in such cases must be given a juvenile sentence—a special probationary period of at least five years to follow this sentence—and an adult sentence that is suspended as detailed above in serious juvenile repeat offender cases.

Youth in the adult criminal justice system can be categorized as “youthful offenders.”

The youthful offender statute was designed to provide certain 16- and 17-year-olds, who otherwise would be prosecuted as adults, with some of the protections of the juvenile court, such as maintaining the confidentiality of records, a maximum sentencing limit of four years, and the chance to expunge their records.⁵ Unfortunately, many of these teenagers are unable to benefit from the statute. A young person is not eligible for the youthful offender statute if he or she has previously been convicted of any felony in adult criminal court, previously been convicted of a “serious juvenile offense,” or is currently being charged with a Class A felony such as murder or kidnapping. Also exempted from youthful offender status are those who have been charged or convicted of crimes such as sexual assaults and risk of injury—an offense that include selling or trading a child for goods, child endangerment, and any other activity that would physically harm or impair the morals of a child. Pursuant to a new law passed in 2006, all 16- and 17-year-olds are presumed eligible for youthful offender status, however many do not benefit from the program because prosecutors can deny this status to any youth charged with a felony. Prosecutors maintain discretion over youth with youthful offender status and can ask the court to transfer any youth charged with a felony from youthful offender status to regular adult status. Furthermore, if the youth violates probation, either with a new arrest or a technical violation such as non-compliance with court-ordered requirements, the youthful offender status, and thus its protections, can be revoked.

Although the youthful offender statute is a step forward toward a less punitive and more rehabilitative way of dealing with older youth, these youth are actually in a Catch 22. Due to federal legislation, they are unable to access the services available in criminal court, as programs are designated for adults over the age of 18, and conversely, as they have been deemed an adult due to age of majority, they are also unable to participate in juvenile services. The limited services they ultimately receive are provided by the adult Department of Correction, which has neither the resources nor the properly trained staff to provide appropriate services to youth.

Young people detained while awaiting trial in the adult court end up in the adult corrections system.

Connecticut is one of a few states in the country in which the jail system (pre-trial) and prison system (post-conviction) are combined into one Department of Correction (DOC). Male youth who enter the adult court, and who are not granted pre-trial release, are held at the Manson Youth Institution (MYI). MYI is a high-security correctional institution under the jurisdiction of the adult DOC that houses prisoners ranging in age from 14- to 21-years-old. Female youth are held at Connecticut’s only women’s prison, York Correctional

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Institution (YCI). Young people who have been designated as youthful offenders are required to be segregated “to the extent of their facilities” from individuals over the age of 18 who are charged with a crime.⁶

Young people can be sentenced to the Department of Correction.

If convicted of a crime, youth can be ordered to complete a period of probation with conditions of behavior and rehabilitative programming requirements, or they could be sentenced to the DOC to complete a court-ordered period of incarceration.

For those individuals under the age of 18 who are sentenced—also described as being committed to the custody of the Connecticut DOC—males are housed at MYI and females are placed at YCI. All girls and women are also held at YCI pre-trial. In the words of the DOC, MYI “houses chronic disciplinary inmates, close custody program, mental health, high security, and general population inmates who are involved in a wide variety of programs including educational, vocational, and addiction services.”⁷ According to *The Hartford Courant*, the state’s largest newspaper, MYI, “despite its name ...is an adult prison ringed with razor wire. Youths are incarcerated alongside adult criminals. They do not get treatment equal to the type dispensed by the juvenile courts.”⁸ Youth 14 and older also can be transferred from delinquency facilities to MYI and YCI at the request of the Commissioner of Children and Families, for dangerousness, if permitted by the juvenile court judge after a hearing on the matter.⁹

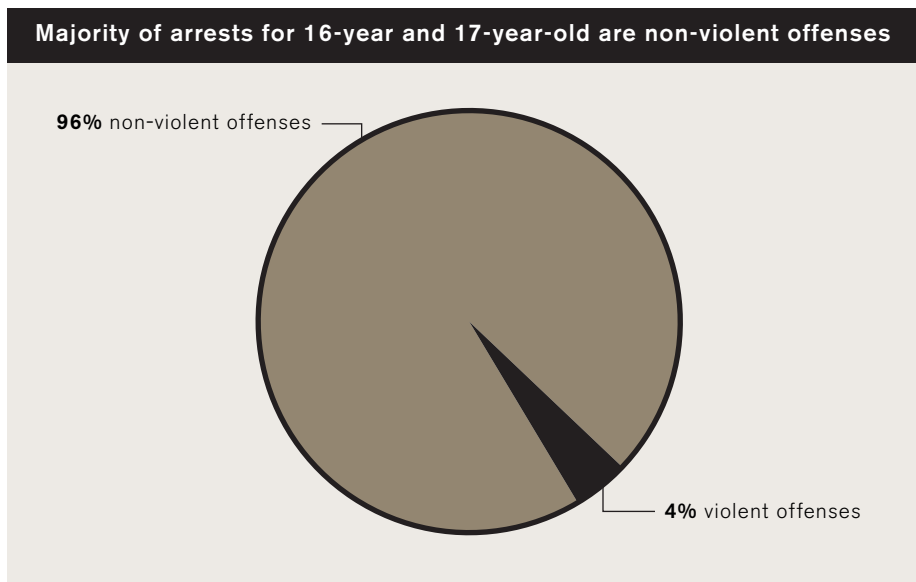
As of July 25, 2006, there were 3,478 youth under the age of 18 on adult supervision.¹⁰ There are no age-appropriate services available for youth under adult supervision. Further, there is no adolescent development training provided to prosecutors, court staff, judicial marshals, and adult court judges, let alone adult probation officers. As a result, those under age 18 are provided only adult probation services.

WHO IS AFFECTED BY THE LAWS IN CONNECTICUT?

Nearly 8,000 youth in Connecticut enter the adult court system each year.

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Source: State of Connecticut Department of Public Safety, Division of State Police, Crimes Analysis Unit. (2003). *Crime in Connecticut: Annual report of the Uniform Crime Reporting Program.*

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17-year-olds who were arrested, only about 4% (535) were arrested for FBI-designated violent index offenses (murder, rape, robbery, or aggravated assault).¹²

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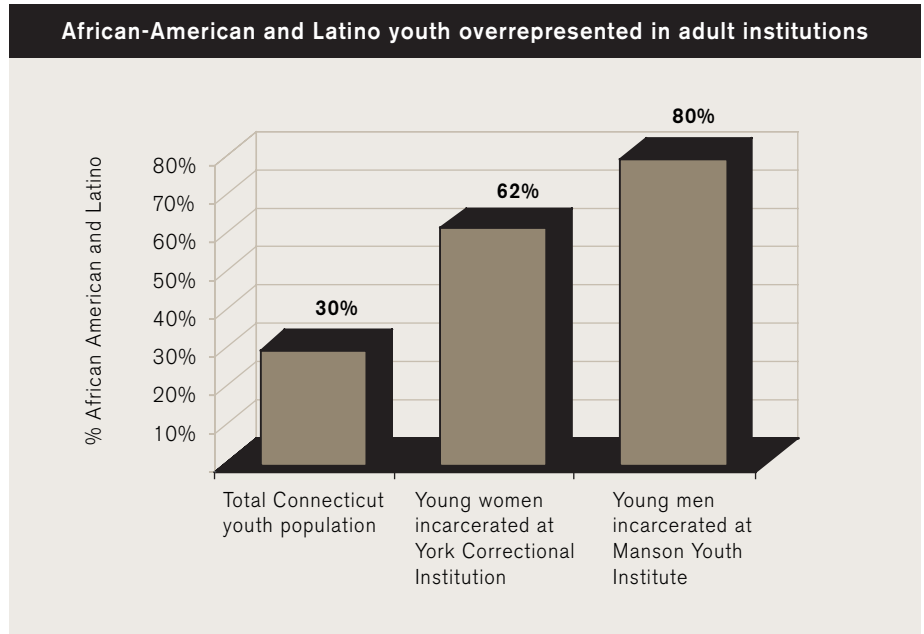
Approximately 14% of Connecticut youth age 14 to 17 are African-American and 14% are Latino.¹⁴ As of July 20, 2006, MYI housed 407 boys between the ages of 14 and 17.¹⁵ An additional 23 female inmates under age 17 were housed at YCI. There were two 15-year-old girls housed at YCI in 2006, one white and one African-American. Of the girls at the YCI, for every one white female, there were two African-American or Latino females incarcerated.¹⁶ There were 124 16-year-olds and 282 17-year-olds at MYI in 2006; 18% were white and almost 82% were African-American or Latino. Whereas there were 18 African-American and eight Latino 15-year-old boys, there were no 15-year-old white prisoners at MYI. Of the three 14-year-olds at MYI, all three were African-American.

In terms of their convictions, only six offenders were serving time for murder and an additional 67 were convicted of robbery. The other 364 inmates were incarcerated under the youthful offender statute for lower-level, largely non-violent offenses.

Youth of color are overrepresented in juvenile transfer cases and half are non-violent offenders.

In an assessment of juvenile transfers in Connecticut between 1997 and 2002, researchers found that, on average, 90 cases each year were transferred automatically and an additional 35 were transferred to adult court by prosecutorial discretion.¹⁷ Forty percent of all transfer cases during that time period were of African-American youth.¹⁸ Yet in 2002, African-Americans made up only 13% of the 14- to 17-year-olds in Connecticut.¹⁹ Twenty-seven percent of juveniles transferred had no prior referral to juvenile court and 84% of those who had juvenile records had not fully exhausted the resources of the juvenile justice system prior to their transfer to adult court.²⁰ Even though only about half of the youth transferred to adult court were transferred for a violent offense, 72% were sentenced to more than one year of incarceration.²¹ Even youth convicted of non-violent crimes received sentences that exceeded the length of time they would have received in the juvenile system, where they would have had more rehabilitative services.

Connecticut Department of Correction, July 2006.



Young people with mental health needs end up in the courts.

The vast majority of individuals who come into contact with the juvenile and criminal justice systems have diagnosable mental health disorders. Sixty-two percent of the youth detainees in Connecticut suffer from mental health issues and require appropriate treatment.²² The National Alliance for the Mentally Ill says that for many youth with mental health issues in the juvenile justice system, the behavioral manifestation of their mental health disorder has led to the infraction for which they are arrested.²³ Although the proportion of youth under the adult corrections system who have mental health issues is unknown, the case histories of young people who have spent time in adult institutions reflect how the lack of age-appropriate mental health services contributes to delinquency, and possibly contributes to their being tried as adults.

YOUNG PEOPLE AND FAMILIES AFFECTED BY CONNECTICUT'S LAWS²⁴

Chris: Mental illness and lack of services leads to prison.

A young, white mother of three, Johnna P. has tried everything to get services for her oldest son, Chris W., who was diagnosed early with Attention Deficit Disorder. Chris's father was uninvolved in his life and Ms. P.'s family moved to Alaska just after Chris was born, leaving Ms. P. with no family support in Stamford, CT. During his childhood, Chris was hyperactive and a tutor was engaged to help him build his remedial skills, particularly in reading. Chris's disruptive behavior became a serious problem by the fifth grade, landing him in an instructional behavioral modification class even though Chris did not have a diagnosed learning disorder (Attention Deficit Disorder can, but does not necessarily, constitute a learning disorder).

Throughout middle school, Chris felt extremely embarrassed to be assigned to a special education class. The class was held in the basement of the school building and included severely emotionally disturbed students. Further, his teacher "wrestled" with the students on a regular basis, which made Chris uncomfortable.

Chris attended a different high school for ninth grade but was still not able to be mainstreamed into a regular academic schedule. Although just 13 years old, Chris often had trouble sleeping and would regularly sneak out of the house in the middle of the night to ride his bike around his Stamford neighborhood. Ms. P. asked the police officers escorting Chris home for assistance accessing services, but their advice was simply to have him arrested the next time this happened. Trusting the police, Ms. P. called them during the next family altercation and had Chris arrested for assault. This initiated his lengthy contact with the juvenile and criminal justice system for minor infractions. Initially, Chris was deemed a "child from a family with service needs" and received special services, but only for a short time period. With the limited services available to him, Chris's mental health conditions worsened. When he was hospitalized at Riverview Hospital for six months, Chris was misdiagnosed and overmedicated, leading to seizures. Once stabilized, Chris was reevaluated and diagnosed with bipolar disorder.

Subsequent to the initial domestic incident, Chris has been held in eight different facilities, some multiple times. Since turning 16 years old, he has been detained or incarcerated in various adult facilities, including MYI, in which he has contemplated suicide multiple times and received little or no counseling or interventions from staff. While held at Bridgeport Correctional Center, an adult detention facility, a fellow inmate committed suicide and Chris witnessed staff dragging the deceased's body through the common area of his unit. Chris has continually been haunted by this image and regularly reflects that "minutes go by like hours" while in custody. Chris's bipolar disorder is in large part responsible for

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his violating the law; however, his punishments have done nothing to ensure his mental stability. Instead, they have made his psychological state worse.

Even when released on pretrial bond or probation, Chris has received little mental health assistance. According to his mother, he was evaluated regularly but improperly medicated. These medications interacted negatively with Chris's bipolar disorder and initiated manic cycles. It was during these manic cycles that Chris's behaviors led to repeated arrests for low-level offenses, such as trespassing, assault, and technical probation violations. Yet once Chris turned 16, he found himself without access to the treatment and services typical of juvenile court. During one period of detention in an adult facility, it took Ms. P. three weeks to get the medication Chris had been prescribed approved by the correctional facility staff. His mother has stated that Chris “...was simply too young for an environment like [Manson Youth Institute]” and he “needs treatment, he needs services, he needs programs that can help him catch up educationally, get his disorder under control and develop the skills he needs to get a job.”²⁵ Most recently, Chris was arrested for assault stemming from allegations he participated in a neighborhood fistfight and was subsequently incarcerated at MYI. When he was released in June 2004, Ms. P. picked up a then-17-year-old Chris from MYI and was shocked at his appearance; she thought her son “looked like someone from a POW camp.”²⁶

While incarcerated at MYI, Chris was locked in his cell for up to 22 hours for the first two weeks. Since academic programs apparently have lengthy waitlists, it was weeks before he received any education. According to interviews with both incarcerated youth at MYI and their family members, the food is said to be the worst of any Connecticut facility. To supplement their diets, the youth use exposed cable wires to heat water to cook noodles purchased through the commissary—an unsafe practice and an institutional infraction, but a necessary survival tactic.

Although Chris has had the benefit of being deemed a youthful offender, the continued deficiency in appropriate mental health services has led to his repeated involvement in the criminal justice system. This has invalidated any protective factors the statute provides. The Connecticut Department of Children and Families (DCF), which oversees both the family court and part of the juvenile justice system, is obligated by statute to make available mental health services for any youth under the age of 18 in need, but the agency has restricted space in facilities throughout the state for these adolescent patients. Even the youth who are committed to the DOC are entitled to mental health services provided by DCF, yet services are largely unavailable to them.

This mandate to provide mental health services still holds for those under 18 who have been committed to the DOC, as well as those who are committed to the juvenile justice system, yet its reach has not spread effectively into correctional facilities where the youth with mental health issues are forced to reside. According to Gary Kleeblatt of DCF, in July 2005 there were 18 youth incarcerated at MYI who were already committed to DCF as wards of the state due to abuse and neglect.²⁷ Moreover, he said, the families of 112 young males incarcerated at MYI had open abuse and neglect cases. However, as Connecticut lawyer and advocate Martha Stone has said, “Adult prisons are not an appropriate place for abused and neglected children to wait while DCF develops a treatment plan for them.”²⁸

Girls in Connecticut's criminal justice system.

York Correctional Institute (YCI) is a high-security adult women's prison run by the Connecticut DOC. YCI houses all women committed to the DOC regardless of their security level or age.²⁹ Although they are a small portion of the youth under the jurisdiction of the adult criminal justice system, girls face a series of specific challenges to their health, safety, and opportunity for rehabilitation. Young women who have been placed in DOC custody are not kept separate from older female inmates.

Katharine.

Katharine is one of the girls who has been incarcerated at YCI. As a child, she was described as charming and bright, but her personality changed drastically as she grew up. She isolated herself and was extremely withdrawn. Around age 12, she became secretive. Her parents believed this was normal early adolescent behavior. Katharine began to experiment with drugs, skipped school with her boyfriend, and was frequently suspended. On different occasions, the police or her mother returned her to school.

Katharine did manage to complete the 10th grade, but her life was troubled. Not only did this boyfriend introduce her to drugs, but he also physically, mentally, and sexually abused her. Unfortunately, this relationship lasted for almost five years. During her 11th grade year, Katharine requested to attend night school and her mother eventually agreed. She barely passed 11th grade. During the following summer, she was taken to Saint Mary's Hospital in Waterbury for a heroin overdose. Two months later, she stole her sister's car in order to have transportation to a drug deal in New York where her stepbrother, a fellow heroin user, lived. She was detained by the police in Bronx, NY, and was charged with disturbing the peace.

After this incident, her family helped get Katharine into a substance abuse treatment program, but she did not stay and returned to the family home. Two days later, a neighbor called the police, suspecting Katharine of burglarizing their home. The police searched her parent's home and found the neighbor's possessions. Katharine was charged with larceny for \$13,000 worth of jewelry and electronic equipment.

Katharine met with a prosecutor and explained how depressed she had felt over the recent years and how her drug use alleviated some of those feelings, but the prosecutor did not feel that her explanation was sufficient. She was ordered to complete outpatient drug rehabilitation, but she continued to test positive after two and a half weeks of attending the program. She was placed in several inpatient treatment programs over the next few months, but did not successfully complete any of them. It was believed that Katharine was bipolar, but she had never been sober enough long enough to give an accurate diagnosis.

Before she entered the fourth program, Katharine stole her mother's car again—for the 10th time. Since Katharine had been involved in several accidents in her mother's car, her mother decided to finally call the police and report the car stolen. She agreed to press charges, but she did not understand that Katharine would be dealt with in the adult criminal justice system.

Almost two weeks later, Katharine was taken into custody and held at YCI. Her cellmate was incarcerated for stabbing someone. Katharine soon became hysterical and spent 10 days in the same clothing. She was not evaluated for mental health services or medication for two weeks. Everyone, guards and inmates included, treated her inhumanely. Katharine was horrified when she was strip searched and touched inappropriately by a male officer because she was accused of having contraband. The contraband was soap provided to her by another inmate because she did not have any. Older women also constantly threatened to beat, rape, and kill her.

Vanessa.

When single, white, nursing college professor, Pam Dudac, adopted nine-year-old Grace Dudac in 1980, she did not know what she would be getting herself into years later. Ms. Dudac adopted a physically and psychologically abused Grace from the Philippines. It was unknown whether Grace had been sexually abused, but a social worker at the adoption agency informed Ms. Dudac that the standard protocol was to assume that all the girls had been sexually abused. Grace had cigarette burns on her skin when Ms. Dudac received her.

Katharine was taken into custody and held at YCI. Her cellmate was incarcerated for stabbing someone.

When Grace was only 15 years old, she began dating an 18-year-old Cambodian named Sean. Grace had felt ostracized from the white, middle-class community she grew up in. Grace's therapist actually recommended the relationship, because she felt that Grace would better understand her ethnicity. Ms. Dudac opposed the relationship due to the age difference. On October 17, 1988, when Grace was 16, she gave birth to Sean's daughter, Vanessa.

Although Sean had a good job as a quality control inspector, he also had a gambling problem. Unable to handle raising a child with him and upon facing eviction, Grace relinquished custody of Vanessa to Ms. Dudac. Grace remained with Sean and they moved in with a drug dealer friend of theirs. Shortly thereafter, the three were arrested. Grace served nine months at YCI after Ms. Dudac spent \$15,000 on attorney's fees. Sean was sentenced to two years and the drug dealer was sentenced to 30 years. He was charged with a drug-school zone offense and Grace and Ms. Dudac testified against him.

Upon her release, Grace decided she would have nothing more to do with Sean. However, the two reconciled when he was released from prison. He abandoned Grace and Vanessa shortly after that and moved to Texas. Vanessa was molested by their neighbor's six-year-old son. When Ms. Dudac found out, she reported the incidents to the police and social services, but nothing was done about the case. Subsequently, a number of their neighbors turned against the Dudacs and Vanessa lost her childhood best friend. Although these traumatic events had occurred in her early childhood, Vanessa was never an angry child and always reached out to help others.

But things changed once Vanessa entered Madison Middle School. She began to sneak sips of cough syrup and experimented with cutting herself. One day, she called her mother, and Grace told her that she did not know who was calling and not to call again. Distraught from the extreme abandonment, Vanessa began cutting herself regularly. She attended a young women's self-esteem group but the therapy provided was minimal.

Vanessa had a best friend, Jessica, and boyfriend, Joseph, she depended on for support. During ninth grade, Vanessa and Jessica regularly went to the library after school to complete homework, but one day Vanessa did not call Ms. Dudac to pick her up at the normal time. Worried, Ms. Dudac contacted Jessica and found out that they had not been together at the library that afternoon. While searching for her, Vanessa called but did not say where she had been. Upon returning home she was grounded.

Ms. Dudac, worried about Vanessa, contacted her piano teacher to find out any information about how Vanessa was doing and the piano teacher suggested that Ms. Dudac take Vanessa to obtain a method of birth control. Shocked, Ms. Dudac confronted Vanessa and Vanessa revealed that she had been date-raped by a 19-year-old student at her high school. Ms. Dudac reported this to the police and the young man was arrested and was sentenced to nine months in protective custody. Outraged by this slap on the wrist, Ms. Dudac was even more troubled by the school's support of the young man and its lack of support for Vanessa. Vanessa continued to cut herself and began experimenting with drugs.

At the end of the school year, Vanessa began to spend a lot of time with her paternal cousins. Most of this time was unsupervised and she met an older boy named Angelo. Vanessa and Joseph broke up the summer after ninth grade when she found out that Jessica and Joseph had been sneaking around behind her back. Once she found out, Vanessa ran away for three days. She spent those three days with Angelo on a cocaine binge. When she returned home, she was admitted for psychological testing to Hall Brooke Psychiatric Hospital in Westport, CT. Vanessa received a referral for outpatient counseling but no services were put into place. She continued to use drugs, skip school, cut herself, and run away. She also developed bulimia and created an altar in her bedroom made up of drawings of women engaged in sexual acts together.

A few weeks after Vanessa turned 16, Ms. Dudac came home to find her naked with a fully clothed Angelo in her bedroom and two other friends in the house. Ms. Dudac threw Angelo out of the home along with the other friends and she and Vanessa got into an argument. Vanessa slapped her grandmother and Ms. Dudac called the police. At the time of the incident, Ms. Dudac was over the age of 60 and Vanessa was charged with a violent felony against an elderly person. Vanessa was taken into custody and held at YCI for a week where older female inmates constantly groped her inappropriately. She was released pending trial and was court-ordered to complete an anger management program.

Vanessa met with a private psychologist around the same time who recommended an age-appropriate secure setting, but the recommendation was not adhered to. A few weeks later, another family fight erupted when Grace was visiting and Ms. Dudac called the emergency intervention services provided by the anger management program. Vanessa became paranoid that they would remove her from the home and ran away before they arrived.

Vanessa eventually returned home and in order to deal with the court case expediently, Vanessa pled guilty and obtained youthful offender status with a one-year suspended sentence and three years of adult probation. Vanessa met with a probation officer weekly. Although the probation officer refused to meet with Ms. Dudac, the officer incorporated Angelo into Vanessa's treatment planning. Although several assessments were scheduled for Vanessa, none of the service providers followed through with treatment and Vanessa did not do well on probation. She was sent to a crisis home for a brief period of time before she was returned home with an electronic ankle monitor. She was permitted free time on weekends and one weekend she ran away with Angelo.

A few months later, Vanessa found out that she was pregnant. In the meantime, Ms. Dudac had obtained services from a private mental health care provider. The provider agreed that Vanessa needed to be placed on medication for multiple diagnoses, including bipolar disorder, oppositional defiant disorder, and depression and anxiety related to abandonment issues. However, since Vanessa was pregnant, she was unable to take the necessary medications. Vanessa was sent to a home for pregnant teens, called Mi Casa, where she managed to participate in the programming and attend school.

Unfortunately, she eventually ran away to Angelo but learned he had been cheating on her. She returned to Mi Casa and was accepted back into the program. Vanessa began cutting herself more frequently and using marijuana. The drug counselor inspected Vanessa's sheets one day and found them caked with dried blood. Mi Casa attempted to send Vanessa to the emergency room for a psychological admission, but by the time Ms. Dudac arrived at the hospital, Angelo was talking with the nursing staff on Vanessa's behalf. Ms. Dudac could not believe that the hospital staff listened to Angelo, whom she feels contributed to the delinquency of a minor, and not to her. Vanessa's grandmother is a licensed nursing professor.

Vanessa was not admitted to the hospital and was returned to her grandmother's home. She was five months pregnant and decided to have an abortion. After the abortion, Vanessa began to attend counseling through probation, but it was only every other week and did not sufficiently treat her or help her to stop harming herself. After acting out during a group therapy appointment, Vanessa was placed in Transitions, an adolescent group home. She managed to stay at the placement for two months until she ran away and violated probation. While on the run, Vanessa snorted so much cocaine that she was admitted to the hospital due to erosion of her nasal septum. Her grandmother returned her to Transitions before a warrant was issued, but Vanessa ran away again and is currently in ascendance and a warrant has been issued for her arrest. She faces a one-year sentence at YCI for a heated family argument with her grandmother that took place almost one year ago. Had developmentally appropriate services been put in place

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for Vanessa a year ago, ones that addressed the many psychological traumas she had experienced in her young life, she may have been able to avoid having the suspended prison sentence imposed.

David: The ultimate sacrifice.

As noted in the introduction, youth incarcerated in adult correctional facilities are eight times more likely to commit suicide than their peers in juvenile facilities.³⁰ On July 24, 2005, 17-year-old David Burgos, a Latino, committed suicide at MYI while being held on a probation violation. David's mother, Diana Gonzalez, had been worried about her son because his letters sounded desperate; the letters detailed the lack of mental services, and how David was seeking counseling support from his fellow inmates.

On July 24, 2005, 17-year-old David Burgos, a Latino, committed suicide at MYI while being held on a probation violation.

David grew up with both parents and three other siblings in Bristol, CT. David's father was an alcoholic who regularly abused Mrs. Gonzalez, both verbally and physically, in front of their children. When David was nine, his parents divorced and the family court became involved in a custody dispute. David went from his mother's home to his father's. While in his father's care, David began to act out. He was evaluated and diagnosed with Attention Deficit Hyperactivity Disorder, prescribed medication for the condition, and returned to his mother's care. Although happy to be back in his mother's care, David always desired the ideal father/son relationship and was continuously disappointed by his father's lack of interest and motivation to be a part of his children's lives. As a result of emerging mental health conditions and his familial stressors, David was hospitalized repeatedly and, as a result of a neglect case, was placed under DCF guardianship at age 10.

David's resentment towards his father compounded his limited cognitive ability and he grew easily frustrated with tasks. He was in need of extra assistance regularly, particularly in school. He underwent several inpatient evaluation and treatment interventions and, at age 14, was placed in a residential treatment facility by DCF because of his active neglect case. Accurately diagnosed with bipolar disorder and severe depression, he received the therapeutic structure and schooling he needed while in residential care. David became a leader among his peers, experiencing both physical and psychological benefits. His mother visited as often as possible and participated actively in his treatment regimen. To his detriment, however, DCF discontinued payment for this placement, deeming it too expensive. David hoped he would be placed in a therapeutic foster home, but his age made him difficult to place.

Instead, David was sent to a group home in New Haven, CT. According to Mrs. Gonzalez, the group home had very little structure and David was taunted by staff and encouraged to run away. Eventually, he did just that. David was subsequently placed in another group home but was threatened by a resident with a gun and ran away again. He went to his mother's home and she took him to the hospital to receive an updated evaluation. DCF rejected his request to return to a prior placement, opting to take him back to the same group home where his life had been threatened. While being transported, David jumped out of the moving vehicle.

While in ascendance, David left the group home, and was arrested for stealing and was released and placed on probation to comply with his family court order. Complying with DCF was one of the restrictions placed on him under probation. However, David exercised his civil right as a 16-year-old to remove himself from DCF services, prompting probation violation proceedings in his criminal case. While awaiting his revocation hearing, David was held at MYI. After four months of confinement compounded by the onset of severe depression and with no mental health intervention, he took his life by hanging himself with a bed sheet in his cell.

WHAT ARE THE POLICY OPTIONS IN CONNECTICUT?

Spurred by reports of poor conditions at MYI, including suicides and assaults on youth, a growing number of voices in the state are calling on legislators to raise the age of juvenile court jurisdiction in Connecticut to 18. In light of the emerging scientific understanding of brain development as it relates to chronological age, criminal justice practitioners, including probation officers, judges, defense attorneys, and a small number of prosecutors in Connecticut have called for greater discretion in juvenile transfer and for more in-depth assessments of juvenile competency.³¹ The recent research findings on the frontal lobe, the part of the brain that influences emotional decision-making, suggests it does not reach its peak development stage until a person's early 20s, is starting to have a positive effect on juvenile justice policy and practice.³²

Representative Toni Walker (D–New Haven) believes that a judge needs to have discretion to transfer a youth for a serious offense, as opposed to having all youth of a certain age possibly subject to the same outcome. She has said that youth who commit “silly mistakes” should not suffer the same punitive consequences as a teenager who commits a violent offense.³³ Although legislation introduced by Walker to raise the age of juvenile court jurisdiction did not pass in the 2006 legislative session, Section 16 of House Bill 5846 established a commission to evaluate the efficacy and implications of these transfer provisions and to assess the cost of returning 16- and 17-year-olds to juvenile court jurisdiction. The commission published its recommendations in February 2007.

At Walker's request, Dr. Donna Bishop, a criminal justice professor at Northeastern University, testified before the Judiciary Committee in February 2006 on the negative implications of automatic waiver and transfer of youth to the adult court. During her testimony, she said that “young offenders are generally not rational, calculating offenders... a lot of their crime is impulsive.”³⁴ Bishop further elaborated: “when we put them into the adult system, we make it far more likely that the public will be harmed in the long run.”³⁵

Representative Michael P. Lawlor (D–East Haven), co-chair of the legislature's Judiciary Committee, “would like to increase the age of so-called status offenses to 18, to allow parents more control over delinquent behavior.”³⁶ Although he supports raising the age of juvenile court jurisdiction to 18, Lawlor says that the youthful offender bill from 2005 is a compromise because, although it did not exempt 16- and 17-year-olds from adult jurisdiction, it opened up the door for a review of the implications for both the juvenile and criminal justice systems in Connecticut and their corresponding government agencies. Additionally, an analysis of the resources that will need to shift from the Department of Correction to the Department of Child and Family Services will be undertaken. According to Dr. Steven Berkowitz and former MYI warden Leonard Barbieri, youth ages 16 to 18 are “neither children nor adults,” and raising the age of jurisdiction in Connecticut to reflect the practices of most other states “would release the Department of Correction from its difficult role of ensuring the safety of incarcerated 16- to 18-year-olds.”³⁷

Among the most controversial parts of the debate over whether to bring 16- and 17-year-olds back under the jurisdiction of the juvenile court concerns the costs of the change. According to John Roman, a researcher with the Washington, DC-based Justice Policy Center at the Urban Institute who testified before the legislature on raising the age, these reforms could prove more cost-effective. Although there will be costs associated with returning 16- and 17-year-olds to the juvenile court jurisdiction, there also will be the long-term benefit of saving future dollars through lower youth recidivism rates; the future likelihood of recidivating is lower for youth who are maintained in juvenile court compared with those transferred to adult court. “If juveniles commit fewer crimes because they have received more and better services,” Roman says, “fewer community members will be victimized...”³⁸ He explains that “less crime will mean fewer victims, fewer missed days

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of work, lower medical bills and, maybe most important, less fear and less suffering.” In general, Roman estimates that returning 16- and 17-year-olds to juvenile court jurisdiction will result in approximately a \$3 savings benefit for the correctional and judicial systems for every one dollar spent.³⁹

Opponents to raising the age of juvenile court jurisdiction, such as Chief State’s Attorney Christopher Morano, believe that the 2005 amendments to the Youthful Offender Statute provide enough safeguards for adolescent offenders.⁴⁰ Police Chief James Strillacci, addressing the Judiciary Committee on behalf of the Connecticut Police Chiefs Association, believes that increasing the age of juvenile court jurisdiction will actually impede the ability of a police officer to interview a juvenile if a parent must be present, yet there is little evidence to support this theory.⁴¹

“For too long,” Governor M. Jodi Rell has said, “juvenile justice services in Connecticut have been failing...our children, particularly troubled children, deserve better.”⁴² Concerned by the suicide of David Burgos in July 2005, Governor Rell identified \$550,000 for juvenile services in the proposed budget for Fiscal Year 2007 to create a more functional juvenile justice system. If 16- and 17-year-olds are returned to the juvenile court’s jurisdiction, they will benefit greatly from the added services this money creates.

In recent years, Connecticut has taken important strides to improve its juvenile justice system. . . . These reforms make a compelling case for keeping 16- and 17-year-olds eligible for this system.

CONNECTICUT RECOMMENDATIONS

- **Raise the age of juvenile court jurisdiction.**

As noted in this report’s introduction, studies have shown that public safety is best preserved when youth remain in juvenile court and are provided with age-appropriate services. In recent years, Connecticut has taken important strides to improve its juvenile justice system. New services, pilot programs, and a conscious and concerted effort to focus on rehabilitation and not simply punishment are working to make the juvenile justice system more effective, equitable, and safe. These reforms make a compelling case for keeping 16- and 17-year-olds eligible for this system.

- **Invest in prevention and diversion.**

Returning 16- and 17-year-olds to juvenile court is only one part of an effective juvenile crime prevention strategy. Moreover, community alternatives such as afterschool programs, substance abuse counseling, and mental health treatment save policing, court, and correctional costs along with the costs, both financial and emotional, incurred by victims. Programs to keep young people from becoming involved in the courts also will help reduce disproportionate minority confinement.

- **Decriminalize young people with mental health disorders.**

As evidenced by the overrepresentation of individuals with mental health issues in the criminal justice system, there is not enough suitable treatment available. Thus, when youth act out due to their psychological complications, they find themselves in a system that has little to no means of extracting them from the slippery slope of the criminal justice system.

- **Commit to providing rehabilitative services to 16- and 17-year-olds within the juvenile justice system and inter-agency collaboration.**

According to longtime child legal advocate Ann-Marie DeGraffenreidt, “the perspective of the two courts is different, in that adult court is focused on punishment for crime as opposed to rehabilitation. The philosophy behind juvenile court is that kids aren’t set in stone.”⁴³ The juvenile court, working in concert with similarly interested youth agencies, can provide a specialized level of service that will ensure successful futures for Connecticut’s youth.

- **Eliminate disproportionate minority representation.**

Although all of these recommendations should help reduce the level of disproportionate minority representation by reducing the overall number of young people in the justice system, specific attention must be paid and funding allocated to determine the causes of this disparity and make the changes necessary to eliminate it.

NOTES

- ¹ State of Connecticut General Assembly. www.cga.ct.gov
- ² National Center for Juvenile Justice. (2005). *State juvenile justice profiles: Connecticut transfer provisions as amended through the 2004 legislative session*. <http://www.ncjj.org/stateprofiles/>
- ³ This statute is known as Conn. Gen. Stat. § 46b-127 (formerly § 51-308). *Transfer of child charged with a felony to the regular criminal docket*.
- ⁴ Adjudication is the term used in juvenile court that is equivalent to an adult conviction.
- ⁵ Conn. Gen. Stat. Ann. § 54-76b (2006 Supp.).
- ⁶ Conn. Gen. Stat. § 54-76h (2006 Supp.).
- ⁷ Connecticut Department of Correction: Manson Youth Institution. <http://www.ct.gov/doc/cwp/view.asp?a=1499&q=265428>
- ⁸ Don't give up on youth [Opinion]. (2006, February 26). *The Hartford Courant*.
- ⁹ Conn. Gen. Stat. § 17a-12 (a) (2004).
- ¹⁰ Data request filled by External Affairs Division of the Connecticut Judicial Branch, July 25, 2006.
- ¹¹ Connecticut Uniform Crime Reports. Available from www.dir.ct.gov/dps/ucr/ucr.aspx
- ¹² State of Connecticut Department of Public Safety, Division of State Police, Crimes Analysis Unit. (December, 2003). *Crime in Connecticut 2003: Annual report of the Uniform Crime Reporting Program*. Middletown, CT: Author.
- ¹³ Data request filled by the Connecticut Department of Correction, July 2006.
- ¹⁴ Puzzanchera, C., Finnegan, T., & Kang, W. (2006). *Easy access to juvenile populations*. Available from <http://www.ojdp.ncjrs.org/ojstatbb/ezapop/>
- ¹⁵ Data request filled by the Connecticut Department of Correction, July 2006.
- ¹⁶ Ibid.
- ¹⁷ Spectrum Associates. (2006, April). *A study of juvenile transfers in Connecticut 1997 to 2002 final report*. Milford, CT: Author.
- ¹⁸ Ibid.
- ¹⁹ See Puzzanchera, C., Finnegan, T., & Kang, W., 14.
- ²⁰ See Spectrum Associates, 17.
- ²¹ Ibid.
- ²² CT Mental Health Policy Council: Children's Issues Subcommittee. (2002, February). *Annual report*. New Haven, CT: Author.
- ²³ CT Voices for Children. (2006, March). *Why CT should return its juvenile court jurisdiction to age 18*. <http://www.ctkidslink.org/publications/juv06juvcourtjur1617.pdf>
- ²⁴ Permission was obtained to use real names.
- ²⁵ Coleman, T. A. (2006, February 22). Changes urged on treatment of criminal youth. *Southern Connecticut Newspapers*. <http://www.greenwhichtime.com/news/local/scn-sa-norjuveniles2feb22,07327718.story>
- ²⁶ Poitras, C. (2006, February 21). CT: Teen crimes, adult prisons. *The Hartford Courant*. http://www.hartfordinfo.org/issues/documents/FamiliesAndChildren/hftd_courant_022106_a.asp
- ²⁷ Ibid.
- ²⁸ Poitras, C. (2006, February 22). DCF fails to pay bail. *The Hartford Courant*. <http://www.courant.com/hc-dcfbail0222.artfeb22,0,6894836.story>
- ²⁹ Connecticut Department of Correction: York Correctional Institution. <http://www.ct.gov/doc/cwp/view.asp?a=1499&Q=265454&docNav=>
- ³⁰ Flaherty, M. G. (1980). *An assessment of the incidences of juvenile suicides in adult jails, lockups and juvenile detention centers*. Urbana, IL: The University of Illinois, Urbana-Champaign.
- ³¹ See Spectrum Associates, 17.
- ³² Henderson, W., & Brien, N. (2006). *Rethinking the juvenile in juvenile justice*. Madison, Wisconsin: Wisconsin Council on Children and Families.
- ³³ Levine, D. (2006, February 21). A statement in orange. *Connecticut News*. <http://www.campaign4youthjustice.org/MAR06/news/CT/CTNewsjunkie.pdf>
- ³⁴ Mann, T. (2006, February 22). Groups seeking change in teen-crime penalties. *The Day*. <http://www.campaign4youthjustice.org/MAR06/news/CT/NewLondonDay.pdf>
- ³⁵ Ibid.
- ³⁶ Dixon, K. (2006, February 21). Drive on to expand youthful offender status. *Connecticut Post*, <http://www.campaign4youthjustice.org/MAR06/news/CT/CTPost.pdf>
- ³⁷ Berkowitz, S., & Barbieri, L. (2005, August 30). Treat young offenders differently. *The Hartford Courant*. http://www.nccv.org/us/press_releases/30aug2005.htm
- ³⁸ Roman, J. (2006, February 21). *The economic impact of raising the age of juvenile jurisdiction in Connecticut*. Remarks before the Judiciary and Appropriations Committee, Connecticut General Assembly.
- ³⁹ Assuming services are consistently maintained for youth and no new facilities are constructed.
- ⁴⁰ Joint Committee on Judiciary. (2006). Testimony of Chief State's Attorney Christopher L. Morano in opposition to (H.B. No. 5782). Rock Hill, CT: U.S. Chief State Attorney's Office.
- ⁴¹ Salzman, A. (2006, April 2). Redefining juvenile criminals. *The New York Times*. <http://www.campaign4youthjustice.org/files/news/NYTRedefiningJuvenileCriminals.pdf>
- ⁴² Haller, S. (2005, March). *Report on the reform initiative at the Connecticut juvenile training school*. South Bend, IN: The Justice Education Center.
- ⁴³ See Salzman, A., 41.