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**Position Statements**

**Health Services to Adolescents in Adult Correctional Facilities**

**Background**

Judicial and correctional authorities have always been challenged with the problem of adolescents committing crimes. Bolstered by changing public attitudes toward adolescents accused of acts of violent crime (i.e., murder, rape, drug offenses, robbery, and aggravated assault), states are lowering the adult age limit that allows adolescents to be tried and sentenced in adult criminal court. The rise in the number of violent crimes committed by adolescents, political pressures, and community reaction have resulted in increased placement of adolescents in adult correctional facilities.

Incarcerating adolescents in adult correctional facilities jeopardizes the long-standing paradigm of protecting the innocence of youth by incarcerating them separately from adults, maintaining their confidentiality, providing them with specialized community-based services, and ensuring that they participate in an individualized justice system. Furthermore, incarcerating adolescents in adult correctional facilities ignores the fact that the growth and developmental changes that occur in adolescence are substantially different from those that occur in adults.

Adolescence is a period of rapid physical, nutritional, cognitive, and social growth and development. These changes are influenced by a variety of factors including genetic, nutritional, environmental, family, and social experiences. Adolescents are at an increased risk for developing depressive symptoms and anxiety symptoms. Associated with this can be an increased risk for self-mutilating behavior, suicide attempts (National Coalition of State Juvenile Justice Advisory Groups, 1993), psychotic symptoms, and aggressive behaviors toward others. Confinement in any correctional facility can have a major impact on the ultimate outcome on this developmental process. Adult facilities are not able to deal with these and other needs of adolescents, and rarely are staff in adult facilities trained or prepared to work with the problems unique to adolescents.

Juveniles in adult facilities are five times more likely to be sexually assaulted, twice as likely to be beaten by staff, and 50 percent more likely to be attacked with a weapon than adolescents in a juvenile facility (Forst, Fagan, & Scott, 1989). The same studies also indicate a much lower rating of counseling programs' efforts to improve family relations and medical care in adult facilities. Given these facts, it is imperative that correctional programs caring for adolescents be designed specifically to meet their needs.

**Position Statement**

The National Commission on Correctional Health Care believes the incarceration of adolescents in adult correctional facilities is detrimental to the health and developmental well-being of youth. The Commission realizes, nevertheless, that jurisdictions will adjudicate youths as adults and incarcerate them in institutions for adults. Therefore, due to the unique health service needs presented by adolescents in adult correctional facilities, the Commission recommends the following:

## Recommendations

1. Adolescent health specialists, including medical and mental health professionals, familiar with correctional health care should be consulted in the development of correctional policies and procedures dealing with adolescent inmates.
2. Correctional and health staff who are responsible for the supervision and treatment of adolescents should receive orientation and on-going training regarding the unique health, developmental and educational needs of youth.
3. Facilities housing adolescents should recognize their vulnerability in an adult setting. **Adolescents should be separated and provided opportunities for appropriate peer interaction.**
4. There should be a mechanism for referral to adolescent medical and mental health specialists.
5. The Commission advises that the specific developmental and growth needs of an adolescent population be addressed in a special needs treatment planning process for inmates as described in the NCCHC jail and prison standards on Special Needs Treatment Plans.
6. Adolescent prisoners should receive health care and health education in accordance with the American Medical Association's Guidelines for Adolescent Preventive Services (GAPS). The NCCHC document, Standards for Health Services in Juvenile Detention and Confinement Facilities, provides guidelines that also will be of assistance in this regard.

***Adopted by the National Commission on Correctional Health Care Board of Directors  
May 17, 1998***

## References

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