

Connecticut State Capitol
210 Capitol Avenue
Hartford, CT 06106



Dear Madam or Sir:

The State of Connecticut has embarked on an ambitious reform effort to provide better care and services to young people in the justice system. A critical component of this endeavor is to raise the age of juvenile court jurisdiction given that Connecticut is *one of only three states* that require *all* arrested 16- and 17-year-olds to appear in adult criminal court. As health associations representing over 15,950 health professionals throughout the state of Connecticut, we recognize the biological, cognitive and emotional developmental needs unique to 16- and 17- year olds and urge the use of developmentally appropriate and rehabilitative responses to their delinquency available through the juvenile justice system.

While the adult criminal court is intended to be reserved for the most serious, chronic and violent juvenile offenders, the majority of the young people tried as adults are arrested for minor, nonviolent crimes. This practice is extremely worrisome because the adult system does not provide the appropriate rehabilitative interventions that youth need. As a result, national research suggests that juveniles in the adult system, compared to peers with similar offenses in the juvenile system, are more likely to be rearrested, commit more serious new offenses and re-offend sooner.ⁱ

Conventional wisdom has always told us that children are different than adults, but recent research on neurological development further reveals that young people's brains are not fully developed to allow for adult level reasoning and weighing of consequences. During adolescence, behavior is controlled by the region of the brain associated with impulse and aggression (the amygdala). Executive functions, including decision-making, consideration of alternatives, planning, setting long-range goals, and organization of sequential behavior, are associated with the prefrontal cortex, which *does not fully mature until well beyond age eighteen*.ⁱⁱ

Because adolescence is a period of constant developmental growth, rehabilitative services and community-based alternatives can work particularly well. A growing body of evidence documents a number of positive outcomes for youth in such programs, including greater access to health and mental health services, reduced rates of recidivism, and improved community re-integration.ⁱⁱⁱ *In Connecticut, only the juvenile justice system is intended specifically to offer this diverse array of services to youth involved in the justice system.*

Unfortunately, Connecticut's 16- and 17-year-olds fall into a dangerous gap in the service system. They are ineligible for rehabilitative services in the juvenile system yet services in the adult criminal system are not *and cannot* be equipped to address their developmental needs.

Given the well-documented links between child maltreatment and juvenile delinquency, it is imperative that this population in particular receive services that build their coping and resilience skills and teach them accountability early on. In fact, if young people with histories of trauma, abuse, neglect and violence do not receive appropriate intervention, they are nearly 60% more likely to be arrested as juveniles, more likely to be arrested as adults, and more frequently commit violent offenses relative to others in the general population.^{iv}

We, the undersigned health professionals, know that youth should be provided rehabilitative care in the least restrictive setting, even if they have entered their 16th or 17th year. According to international human rights law, these young people should be provided the protections and services to which they are entitled as children without the threat of exile from their home communities.

We know policies heavily reliant on incarceration do little to address the critical health and developmental needs of young people. Community-based alternatives to detention should be grown and strengthened on the basis of evidence-based research to meet the standards, guidelines, and best practices of professional health care. As positive health outcomes go hand in hand with positive justice outcomes, the benefits of a good therapeutic relationship for young people in contact with the justice system cannot be underestimated.

As health professionals and citizens of the State of Connecticut, we call upon our leaders to commit to the duty of protecting and nurturing all of Connecticut's children, including 16- and 17- year olds who could greatly benefit from access to rehabilitative and developmentally appropriate services in the juvenile justice system.

Signed,

The Connecticut State Medical Society

The Connecticut Chapter of the American Academy of Pediatrics

The Connecticut Psychiatric Society

The Connecticut Council of Child and Adolescent Psychiatry

The Connecticut Psychological Association

The National Alliance on Mental Illness-Connecticut Chapter

The National Association of Social Workers-Connecticut Chapter

ⁱ Fagan, J. 1995. "Separating the men from the boys: The comparative advantage of juvenile versus criminal court sanctions on recidivism among adolescent felony offenders." In *Guide for Implementing the Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders*. Edited by In J. Howell, B. Kristberg, J.D. Hawkins, and J. Wilson. Thousand Oaks, CA. Sage Publications, Inc.

ⁱⁱ Amicus Curiae Brief of the American Medical Association, American Psychiatric Association, American Society for Adolescent Psychiatry, et al. in support of Respondent in *Roper v. Simmons*, U.S. Supreme Court, 03-633 (2005).

ⁱⁱⁱ Austin, J., Johnson, K.J., Weitzer, R. 2005. *Alternatives to Secure Detention and Confinement of Juvenile Offenders*. Report. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

^{iv} Cathy S. Widom & Michael G. Maxfield, *An Update on the "Cycle of Violence,"* Research in Brief, Nat'l Inst. of Just., February 2001, at 3, citing C.S. Widom, *The Cycle of Violence*, Research in Brief, Nat'l Inst. of Just., October 1992.

^v B. T. Kelley, T. P. Thornberry & C. A. Smith, *In the Wake of Childhood Maltreatment*, OJJDP JUV. JUST. BULL. (1997).