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Position paper

International Youth Justice Systems: Promoting Youth Development and Alternative Approaches: A Position Paper of the Society for Adolescent Health and Medicine

Society for Adolescent Health and Medicine

EXECUTIVE SUMMARY

Youth incarceration is an international public health concern among developed and developing countries. Worldwide, youth are held in incarceration, detention, and other secure settings that are inappropriate for their age and developmental stages, jeopardizing their prosocial development, and reintegration into society. Youth incarceration lacks evidence and cost-effectiveness. The well-being of youth is a key indicator of the welfare of families, communities, and society at large; therefore, the Society for Adolescent Health and Medicine (SAHM) supports a paradigm shift in the role of the justice system as it relates to treatment of youth. SAHM recommends justice systems focus greater attention and resources on identifying and reducing the antecedents of high-risk and criminal behaviors, recognizing the rights and freedom of young persons, and prioritizing the well-being of youth over punitive measures that may harm and disrupt healthy adolescent development. SAHM supports the following positions: (1) incarceration is a last option for selected offenders who have committed the most serious violent crimes and are unable to remain safely in the community; (2) youth justice policies, programs, and practices affecting youth be evidence based and trauma informed; (3) youth justice policies, programs, and practices must incorporate research and ongoing program evaluation; (4) youth justice policies shall protect the privacy and dignity of children younger than 18 years; and (5) health care professionals and media will promote positive portrayals of youth in healthy relationships within their communities and reduce representations and images of youth that are negative, violent, deviant, and threatening.

Adolescents and young adults are disproportionately involved in crime and violence, both as victims and perpetrators [1], and are consequently affected by justice systems policies during their formative years. Worldwide, youth are held in detention settings that are inappropriate for their age and developmental stages, jeopardizing their prosocial development, and reintegration into society [2]. Many youth justice policies are not scientifically based [3] and often focus on overly punitive and expensive measures of removal, detention, and incarceration that seclude youth from positive avenues of development [4]. Frequently, youth are incarcerated for minor crimes, and too often they are detained with adults, subjecting them to further violence and recruitment into criminal activities [2]. Access to education, health care, family life, positive prosocial peer relationships, employment skills, and experience are frequently compromised or unavailable during incarceration [5–9]. Rehabilitation services and medical, mental health, and substance abuse treatments are difficult to access in incarceration settings, in spite of high rates of chronic medical conditions, mental health, and substance use problems among this population [6].

Incarceration is generally ineffective and counterproductive to reducing youth crime [2,5,6]. Most first-time offenders do not reoffend, and young offenders can be rehabilitated even though conventional management assumes that they will become lifetime offenders [5]. Longitudinal research shows that longer incarceration periods do not decrease reoffending rates and, conversely, incarceration may increase future criminal engagement [5]. Stringent incarceration policies have not resulted in crime reduction, nor is there evidence to support the prospect of severe punishment to deter youth misbehavior [6]. Furthermore, inappropriate incarceration is expensive, and community-based programs for youth are more cost-effective [4] and more effective in changing behavior [6].

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The Society for Adolescent Health and Medicine (SAHM) supports a paradigm shift in the role of the justice system as it relates to treatment of youth. SAHM recommends justice systems focus greater attention and resources on identifying and reducing the antecedents of high-risk and criminal behaviors, recognizing the rights and freedom of youth, and prioritizing the well-being of youth over punitive measures that may harm and disrupt healthy adolescent development. Youth engaged in disruptive, delinquent, or criminal behavior should receive supports for themselves and/or their family while remaining in their home, schools, and communities whenever possible [2]. This paradigm shift also involves the decriminalization of status crimes (truancy, sex trafficking, homelessness, running away) and addressing the root causes of adolescent misbehavior. SAHM supports youth justice systems that focus on healthy adolescent development and reintegration of young people involved in the youth justice system into supportive and healthy social environments by strengthening those environments and providing additional community-based supports.

This article builds upon positions previously put forth by SAHM [7–9], the American Academy of Pediatrics [10], and the Canadian Paediatric Society [11]. SAHM supports youth justice strategies that are consistent with the principles and provisions of the 1989 United Nations (UN) Convention on the Rights of the Child, convened to protect the rights of children worldwide [12]. SAHM also references internationally recognized policies and guidelines for youth justice as detailed in the Compendium of UN Standards and Norms in Crime Prevention and Criminal Justice [13] and the UN Standard Minimum Rules for the Administration of Juvenile Justice [14]. SAHM presents this position paper to serve as a global and enduring document of youth rights, relevant to many nations and cultures adaptive to evolving evidence, viewpoints, and governments, and as such does not promote specific youth justice programs.

The term *youth* in this article will indicate those aged less than 18 years, in line with the UN definition of children [12], and *youth justice* will be used to include all systems, policies, and laws at the local, state, national, or international level that deal with criminal, delinquent, at-risk, misbehaving, or lawbreaking activities for youth ages 12–18 years. It is difficult to delineate an exact age for consideration in youth justice systems, as age ranges are influenced by the surrounding legal, social, political, and cultural environments [13]. Furthermore, studies have shown brain maturation extends well past adolescent years into young adulthood [15], suggesting an expansion of these recommendations to young adults depending on considerations of cultural and societal norms and emerging neurodevelopmental evidence [16]. The term *incarceration* will apply generally to all aspects of confinement including imprisonment, detention, and custody.

Background

Improving youth justice requires an understanding of developmental science, recognizing that the adolescent brain undergoes rapid development that continues into young adulthood and risk-taking behaviors are manifestations of normative adolescent development [15]. The vast majority of young people age out of criminal behavior, even among those engaged in violent behaviors [5]. Youth justice strategies that focus on rehabilitation, re-engagement in prosocial activities, and treatment of comorbidities offer long-term positive outcomes that allow youth to grow into productive members of society, as research shows that young people decrease or end criminal behaviors as they gain psychological maturity, prosocial connections, and work and school success [17,18]. Incarceration removes youth from potentially positive aspects of their lives such as family, education, mentors, peers, employment, and community and interferes with improvement in these realms [6].

SAHM advocates for youth policies, practices, and programs that focus on young people's potential and well-being [18,19], emphasizing compassion toward youth, and their enrichment while holding them accountable for their behaviors. Since healthy psychosocial development requires supportive and nurturing environments, youth justice programs shall emphasize strength-based, positive youth development [20].

All youth deserve the opportunity for positive and fulfilling development in culturally supportive and developmentally appropriate settings [12]. Priorities should be directed away from expensive, punitive youth justice strategies [4] and toward strengthening families, communities, and society as a whole to address the social determinants of health by reducing child poverty, health disparities, and educational inequalities [18,21]. Adequate access to preventive and early intervention measures such as comprehensive health care, evidence-based substance abuse treatment, mental health services, positive social engagement, mentoring programs, career and vocational training programs, effective family intervention programs, and community programs to improve neighborhood safety is vital [2,18]. Early interventions for struggling youth and families are essential. Interventions and support programs are especially important for youth populations that have disproportionate contact with the justice system, such as youth of color; youth with physical, mental, and cognitive disabilities; youth in the foster care system; abused, neglected, and psychologically traumatized youth; and youth that identify as gay, lesbian, bisexual, transgender, and/or questioning [9,18,22,23].

The judicial system ought to be free from discrimination against race, ethnicity, gender, gender identity, age, sexuality, religion, nationality, health status, socioeconomic status, disease status (especially HIV/AIDS), or disability. Many current youth justice and incarceration policies reflect historical and societal inequities and cultural biases [18]. The youth justice system should be modeled on educational, socially supportive, and public health paradigms that are multileveled, preventive, multidisciplinary, and evidence-based [3,18].

Finally, SAHM advocates for an increased focus on positive portrayals of youth in healthy relationships within their communities and reduced representations and images of youth that are negative, violent, deviant, and threatening. Media outlets often present negative and exaggerated pictures of young people as delinquent and violent, which infringe on their rights and perpetuate intolerance and injustice toward them [24].

Methods

In developing this position paper, adolescent health experts incorporated positions from the United States, Canadian and international organizations, global research findings, and policy

publications. Authors identified key evidence in support of a youth development approach in the context of youth misconduct through employing a perspective of adolescent health, public health, policy, and advocacy.

Position and recommendations

We recommend that health professionals with youth expertise advocate on behalf of young people to support their well-being and their rights. Advocacy is needed at all levels including the individual, family, local community, regional jurisdiction, national, and international bodies to improve short- and long-term outcomes for youth involved in youth justice systems, calling for evidence-informed programs, policies, and strategies. Youth experts from a variety of professional fields may be advocates on behalf of youth by engaging with decision makers, policy makers, youth justice agencies, and others whose decisions affect at risk or delinquent youth. Each jurisdiction shall assess its own resources, priorities, and applicability of the individual recommendations. The following recommendations should be considered minimum standards to guide youth justice reform.

1. SAHM recommends that incarceration be a last option for selected offenders who have committed serious violent crimes [13] and are unable to remain safely in the community. In the event of incarceration, a multidisciplinary team of educators, health professionals, social welfare, and other youth supportive disciplines will participate to assure young people are safe, housed appropriately with minimal interference in their healthy development, and receive consistent and appropriate medical and mental health services.

In regard to charging, sentencing, and detaining youth:

- Limit incarceration except for dangerous youth for whom there is no safe alternative. Avoid incarcerating youth for low-level and nonviolent misbehavior, and avoid criminalization of status crimes, substance use, child trafficking, and sexual exploitation.
- Incorporate diversion processes at all stages of interaction including prevention, law enforcement engagement, legal system involvement, and final disposition.
- Abide by developmentally appropriate sentencing policies.
- Uphold the minimum age of criminal responsibility as age 12 years, under which youth may not be charged with a crime or penalized [25].
- Construct and critically examine evidence to extend youth justice policies and procedures to young adults aged 18 years and older, in light of emerging neurodevelopmental evidence that supports the brain plasticity and rehabilitation potential of young adults [5,15,17,18].
- When incarceration is unavoidable, minimize its duration to afford societal reintegration.
- Prohibit mandatory sentencing for youth.
- Abolish capital punishment (death penalty or execution) of individuals who commit offenses while under the age of 18 years.

Youth justice rehabilitative services shall

- engage multidisciplinary teams;
- perform an environmental evaluation to assess the medical, academic/vocational and psychosocial needs of youth, caregivers, and family and develop individualized care plans to maximize rehabilitation;
- achieve regular, consistent access to local educational, medical, substance abuse, and mental health services when youth are detained as well as when in the community;
- facilitate family visitation and ensure the rights of youth and family as active participants in their individual care and long-term discharge plans;
- separate youth from adults until a minimum age of 18 years and house them with youth of similar age;
- place youth in gender-segregated areas, respecting their self-identified gender; and
- provide comprehensive discharge plans for youth and their caregivers linking them with health and service providers in their community for continuity of care in cooperation with health care providers and youth justice staff.

National youth justice oversight agencies shall

- facilitate multidisciplinary, interagency collaboration with input from educational, public health, mental health, and social service agencies to develop national standards of care and oversight with determined goals and projected youth outcomes and
- never contract out services or facilities to for-profit entities and ensure transparency and accountability of all operations and programs.

2. SAHM asserts that policies, programs, and practices affecting youth and involving youth justice, at-risk youth, and crime prevention be based on science, available evidence, and ongoing evaluation. Input from multidisciplinary teams (including governmental, nonprofit, and clients) may help guide which approaches may be applicable in individual settings.
   - Advocate for policies that include the appropriate standards to protect the rights of youth and support standardized services, conducive environments, and appropriate complement of staff to address the needs of youth and families at risk and identify alternatives to incarceration.
   - Train youth justice staff in cultural competency, social determinants of health, trauma-informed care [23], and youth development.
   - Promote collaboration among international organizations such as the UN, Interagency Panel on Juvenile Justice, International Juvenile Justice Observatory, and Penal Reform International to develop international standards of care for at risk and justice involved youth.
   - Work with local and national governments, advocacy, and nongovernmental organizations to amend, augment, or rescind laws that do not support youth development or respect the rights of youth to rehabilitation or reintegration into society.
3. SAHM promotes research and ongoing program evaluation of policies, programs, and practices affecting youth and involving youth justice, at-risk youth, and crime prevention.
   - Engage expert research teams to develop appropriate process and outcome measures for programs in risk prevention and alternatives to incarceration.
   - Promote evaluation and research of youth justice and alternative to incarceration programs to determine areas of strengths, weaknesses, effectiveness, and cost-effectiveness.
   - Ensure research and evaluation are carried out ethically, ideally with advisory from youth and justice-involved individuals included in the research process, as this is a vulnerable group with historically little voice in research.

4. SAHM, youth organizations, government, and legal agencies will protect the privacy and dignity of vulnerable minors.
   - Young peoples' legal records are private and should not be shared with schools, employers, media, or other entities. Legal systems should seal and archive records at adult age or the statute of limitations and not transfer them to the adult criminal system.
   - Discourage publication of names of youth charged with delinquent acts.
   - Facilitate records expungement for all youth.
5. SAHM encourages an increased focus on positive public and media portrayals of youth in healthy relationships within their communities and reduced representations of youth that are negative, violent, deviant, and threatening.
   - Health professionals shall model positive language and images of youth in their own practice, educational settings, and communication with media. They shall avoid language and images that portray youth as negative, violent, deviant, and threatening.
   - Encourage research and other publications to highlight positive acts of youth, pathways to success, rehabilitation, strengths, and healthy relationships rather than focus on risk behaviors and negative circumstances.
   - Work with international and national organizations to develop positive communication messages for youth and families (i.e., UN Youth, World Programme of Action for Youth, Advocates for Youth, Office of Adolescent Health).
   - Encourage and facilitate youth participation in media including content development, production, professional skills training, and media education to portray youth accurately and positively.

In summary, SAHM asserts that the well-being of youth is a key indicator of the welfare of families, communities, and society at large. It is in the best interest of all members of society to promote the long-term wellness of children, families, and communities and to provide adequate resources within communities to discipline youth while promoting healthy adolescent development in an environment that is safe for everyone. Incarceration should be used minimally for select offenders who cannot be diverted safely back into the community. When youth are incarcerated, they should be treated equitably under conditions that preserve their dignity and promote healthy development.

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References

[1] Fact sheet on juvenile justice. United Nations fact sheets on youth. Available at: http://www.un.org/esa/socdev/unyin/documents/wyr11/FactSheetonYouthandJuvenileJustice.pdf. Accessed November 7, 2015.
[2] Annie E. Casey Foundation staff. No place for kids: The case for reducing juvenile incarceration. Annie E. Casey Foundation. Available at: http://www.aecf.org/resources/no-place-for-kids-full-report/. Published 2011. Accessed February 8, 2015.
[3] Butts JA, Roman JK. Better research for better policies. In: Sherman FT, Jacobs FH, eds. Juvenile justice: Advancing research, policy, and practice. Hoboken, NY: John Wiley & Sons Inc; 2011:505–26.
[4] Petteruti A, Walsh N, Velázquez T. The costs of confinement: Why good juvenile justice policies make good fiscal sense. Justice Policy Institute. Available at: http://www.justicepolicy.org/research/category/38. Published May 2009. Accessed April 23, 2016.
[5] Mulvey EP. Highlights from pathways to desistance: A longitudinal study of serious adolescent offenders. Washington, DC: U. S. Department of Justice: Office of Juvenile Justice and Delinquency Prevention; 2011.
[6] Lambie I, Randell I. Impact of incarceration on juvenile offenders. Clin Psychol Rev 2013;33:448–59.
[7] Society of Adolescent Medicine. Health care for incarcerated youth. J Adolesc Health 2000;27:73–5.
[8] Society for Adolescent Health and Medicine. Executing juvenile offenders: A fundamental failure of society, a position paper of the society for adolescent medicine. J Adolesc Health 2004;35:331–2.
[9] Society for Adolescent Health and Medicine. Recommendations for promoting the health and well-being of lesbian, gay, bisexual, and transgender adolescents: A position paper of the society for adolescent health and medicine. J Adolesc Health 2013;52:506–10.
[10] American Academic of Pediatrics. Committee on adolescents. Health care for youth in the juvenile justice system. Pediatrics 2011;128:1219–35.
[11] Canadian Paediatric Society. Youth justice and health: An argument against proposed changes to the youth criminal justice act: position statement. Posted June 1 2011, reaffirmed February 1 2014. Available at: http://www.cps.ca/documents/position/youth-justice. Accessed February 8, 2015.
[12] UN General Assembly, Convention on the rights of the child, 20 November 1989, United Nations, Treaty Ser, vol. 1577, p. 3, Available at: http://www.refworld.org/docid/3ae6b38f0.html. Accessed February 1, 2015.
[13] Compendium of UN standards and norms in crime prevention and criminal justice, Vienna Austria. New York, NY: United Nations Office on Drugs and Crime; 2006. Available at: http://www.unodc.org/unodc/en/justice-and-prison-reform/compendium.html. Accessed February 1, 2015.
[14] United Nations. United Nations standard minimum rules for the administration of juvenile justice ("The Beijing Rules"); 1985. A/RES/40/33. Available at: http://www2.ohchr.org/english/law/pdf/beijingrules.pdf. Accessed Aug 7, 2015.
[15] Spear LP. Adolescent neurodevelopment. J Adol Health 2013;52:S7–13.

[16] Steinberg L. A social neuroscience perspective on adolescent risk-taking. Develop Rev 2008;28:78–106.
[17] Monahan KC, Steinberg L, Cauffman E, Mulvey E. Trajectories of antisocial behavior and psychosocial maturity from adolescence to young adulthood. Develop Psychol 2009;45:1654–68.
[18] Myers DM, Farrell AF. Reclaiming lost opportunities: Applying public health models in juvenile justice. Child Youth Serv Rev 2008;30:1159–77.
[19] Sawyer SM, Afifi RA, Bearinger LH, et al. Adolescence: A foundation for future health. Lancet 2012;379:1630–40.
[20] Lerner RM, Lerner JV, von Eye A, et al. Individual and contextual bases of thriving in adolescence: A view of the issues. J Adolesc 2011;34:1107–14.
[21] American Academy of Pediatrics Council on Community Pediatrics. Poverty and child health in the United States. Pediatrics 2016;137: e20160339.
[22] Puzzanchera C, Juvenile arrests 2011. Juvenile offenders and victims: National Report Series. Washington, DC: US Department of Justice, Office of Justice Programs; 2013. Available at: http://www.ojjdp.gov/pubs/244476.pdf. Accessed August 7, 2015.
[23] Baker LL, Cunningham AJ, Harris KE. Violence within families and intimate relationships. In: Sherman FT, Jacobs FH, eds. Juvenile Justice: Advancing research, policy, and practice. Hoboken, NY: John Wiley & Sons Inc; 2011:223–44.
[24] UNICEF. Children, youth and media around the world: An overview of trends & issues. 4th World Summit on Media for Children and Adolescents 2004. Rio de Janeiro, Brazil. Washington, DC: Intermedia; 2004.
[25] UN Committee on the Rights of the Child (CRC). General comment No. 10(2007): Children's rights in juvenile justice; 2007. CRC/C/GC/10. Available at: http://www.refworld.org/docid/4670fca12.html. Accessed November 23, 2015.