

**OFFICE OF THE CHILD ADVOCATE PUBLIC STATEMENT RE JUVENILE JUSTICE AND  
JANE DOE  
July 23, 2014**

The purpose of this statement is to convey three items to the public:

- 1) OCA's persisting concern regarding DCF's treatment of Jane Doe;
- 2) OCA's concern regarding violence at the Connecticut Juvenile Training School (CJTS) boys' and girls' (Pueblo) Units and the need for greater access to clinical support and programming; and
- 3) OCA's recommendations for addressing these challenges transparently.

DCF issued a July 13, 2014, public statement about a July 12 incident at the Pueblo Unit—a locked girls' juvenile justice unit at CJTS—affirmatively singling out Jane Doe's behavior, as yet uninvestigated or charged by police, for public dissemination. It announced that it was transferring her to the boys' unit at CJTS, where she would again be isolated.

The public shaming of Jane Doe—a victim of significant abuse and neglect—is also inexplicable in light of the fact that the July 12 incident involved four girls, all of whom were restrained, *all of whom* were described in DCF records as hitting each other and staff. One of the girls was restrained on five separate occasions *during the same night*—including being placed in hand cuffs and prone restraint—long after the initial incident had ended. No transfers were announced for any of the other girls involved in the incident.

DCF is Jane's guardian and is legally obligated to make decisions that protect her best interests. DCF's rush to publicize a fraction of an incident is difficult to reconcile with its parental role. DCF may also have a conflict of interest between its role as Jane's guardian and its role as a systems manager for juvenile services. If this is the case, a Guardian Ad Litem should be consulted on decisions that impact Jane's wellbeing.

Further evidence of this potential conflict of interest includes DCF's initial decision not to continue Jane's clinical relationship with the community-based psychologist she began working with while in prison (despite the recommendations of the federal court appointed Guardian Ad Litem, the Office of the Child Advocate and the Office of the Public Defender to maintain this important clinical connection). The disruption of yet another clinical relationship for this youth, already lacking in positive connections, certainly could not have helped Jane make progress in treatment.

Jane Doe's life has already been marked by years of institutional or hospital care, moving between facilities, the state psychiatric hospital for children, local emergency departments, juvenile detention, and out-of-state programs, moving at least 12 times in the last four years. In the last 7 months alone, Jane has been moved 4 times and switched therapists at least 5 times.

Jane's abuse history, mental health challenges and disrupted placements are not unique, however. Putting Jane's struggles with aggressive and reactive behavior in context, a records review conducted by OCA of incident reports from the girls' and boys' units at CJTS indicates that in the *last 3 months alone*, there have been over 100 incident reports that describe assaultive and other physically aggressive conduct (including multiple assaults on staff).

Records also reveal over **200 incidents in the last 13 weeks** where staff at the boys' or girls' units reported using physical or mechanical restraint, including handcuffs, to control youth within the facility. Write-ups or videos of incidents or encounters may actually depict *multiple assaults or restraints* within

the same documented encounter, making the actual number of assaults or restraints difficult to quantify. Finally, specifically to the girls' unit, records show that multiple residents have histories or patterns of aggressive, assaultive and self-injurious conduct, including assaulting staff—evidencing their significant treatment needs.

Many of the youth at CJTS live under DCF's care and have similar histories: abuse and neglect, multiple placements, fractured relations, interrupted clinical supports, and significant mental and behavioral health needs. Many have experienced multiple traumas and remain reactive and fearful. Many have been in multiple facilities or have failed to receive the sustained, trauma-informed treatment that they need while maintaining a connection to a nurturing adult.

These children's stories and even their incident reports are heartbreaking depictions of desperate behavior and desperate need. The frequency and intensity of disruptive, assaultive conduct and the frequent use of restraint at CJTS raises significant questions regarding the therapeutic nature of this correctional program and the ability of the facility to assess and address the significant mental health needs of these children.

While strides have clearly been made by Connecticut over the last several years to reduce juvenile incarceration and divert juvenile offenders from the justice system, the conditions of confinement and the outcomes for children moving in and out of CJTS remain intractably opaque. Efforts are surely made to provide positive programming and education for youth. However, the nature and frequency of the incident reports described here demonstrate the need for greater transparency and accountability over this system.

For example, CJTS has a diversely populated advisory committee whose role it is to publish annual reports and advise the Department accordingly. DCF recently rejected the unanimous recommendations of the CJTS advisory committee for an independent ombudsman to review youth grievances and for DCF to incorporate use of Performance Based Standards, a quality assurance program launched by the Department of Justice in 1995 to improve conditions of juvenile confinement. PBS is an evidence-based program already in use by Connecticut's Court Support Services Division to improve conditions of juvenile detention facilities. DCF's rejection of these recommendations cited the agency's preference that quality assurance be handled internally.

## **Policy Recommendations**

The statistics and stories raise questions regarding the availability and efficacy of programming and clinical support to engage and de-escalate youth in crisis, the gaps remaining in the community mental health system, the potential for contagion effect between traumatized and reactive youth in institutional care, the continued and questionable singling out of Jane Doe for disparate treatment and public shaming by her guardian, and the urgent need for greater transparency in our multi-million dollar juvenile services system.

There is little evidence that taking youth with challenging behaviors and placing them in correctional confinement, either alone or with other similar youth, has positive, long-term benefit for the child or the community. A 2011 Annie E. Casey report examining the effects of juvenile incarceration across 38 states found that, where research is available, 70 to 80 percent of youth who were placed in residential corrections programs were rearrested within two or three years of discharge.

The fact that many youth move through residential and correctional facilities without being "better" is not a sign of their incorrigibility. Rather, it is consistent with the evidence that long-term institutional care, particularly without consistent support from a nurturing family or caregiver, does not work.

These youth require expert, trauma-informed treatment; supportive relationships; access to effective individualized support services and education; quality and consistent public safety supervision and yes, potentially, short-term confinement when such a decision is based on validated risk assessment tools. We know that these things can be effective because that is what the evidence tells us.

OCA welcomes the opportunities presented by the legislature's newly launched Juvenile Justice Policy and Oversight Committee. OCA would also strongly urge adoption of the unanimous recommendations issued by the CJTS advisory committee for greater accountability and use of evidence-based quality assurance programs to address the conditions and quality of confinement at CJTS. An independent audit of conditions of confinement may also be necessary. And the state must evaluate how well children are being helped and how public safety is being affected by measuring its data over time.

The repeated and misleading stories about Jane Doe as an anomaly in our juvenile services system must not obscure the opportunity and obligation presented to engage in a rigorous and *public* assessment of what it is we can accomplish for the most vulnerable and challenging of our youth; how do we help them and us; where do we go from here? There are answers, and the state, the advocates, and the community must take this opportunity for change.