Policy Statement on the Jurisdiction of the Juvenile Court System

Background

Contact with the justice system has been shown to disrupt healthy adolescent social development, exacerbate mental and physical health problems, and increase the likelihood of long-term incarceration into adulthood. The harms of incarceration and contact with the justice system are felt disproportionately by children from oppressed racial and ethnic groups and those from disadvantaged socioeconomic backgrounds, placing the most vulnerable groups at highest risk.

One third of incarcerated youth have lived through five or more adverse childhood events (ACEs), which are widely understood to be a source of toxic stress with negative impacts on development, behavior, and health. Such elevated levels of trauma contribute to increased rates of health needs by those who encounter the juvenile justice system. Childhood incarceration correlates with worse health outcomes in adulthood including depressive symptoms, substance use disorders, suicidal ideation, and self-reported poor general health, a measure that has a known association with morbidity and mortality. As Black and Hispanic youth are more likely to be incarcerated than the general population, these adverse health outcomes are experienced disproportionately by these minoritized populations and worsen already existing racial inequities in educational outcomes, healthcare measures, and mortality rates. Simultaneously, it increases risk for future incarceration as an adult and perpetuates the racial disparities apparent in the adult carceral system.

Neurocognitive development continues into the early to mid-twenties. The frontal lobes — responsible for thinking, planning, judgment, and inhibiting impulsive behavior — are the last to develop. As such, young people have neurological limitations in their ability to reason, manage impulsivity, and make complex decisions. This has particular implications for pre-adolescent children, who possess neither the cognitive capacity nor the psychosocial maturity to engage meaningfully with the justice system. Furthermore, this speaks to the opportunity for growth and change among individuals in their early to mid-twenties given the continued development of their frontal lobes.

Given the current understanding of neurodevelopment, the juvenile justice system should be structured to minimize young children's exposure to the justice system. For youth who do have justice involvement, it is imperative that they receive developmentally appropriate support as a means of

optimizing the chance for growth and rehabilitation as they reach neurodevelopmental maturity. The minimum and maximum age bounds of the juvenile court system should reflect this.

To minimize the harms of childhood incarceration, the American Academy of Child and Adolescent Psychiatry recommends state and federal policy that:

- Establishes a minimum age of at least fourteen years of age for juvenile justice jurisdiction.
- Establishes the maximum age of entry into juvenile justice jurisdiction to include youth through eighteen years of age.
- Establishes the maximum age of supervision under juvenile justice jurisdiction to include youth through twenty-one years of age.
- Diverts youth from juvenile justice system involvement to evidence-based, trauma-informed, and developmentally appropriate health and social services whenever possible.

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The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children's mental health.

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