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## From the Administrator

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**T**he challenges facing our youth have never been greater. The reasons for strengthening our families, the best hope for our children's future, have never been more persuasive.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is proud to work with you for America's youth and their families by preventing delinquency and improving our juvenile justice system. Your day-in and day-out efforts are valued and appreciated. With the inauguration of *Juvenile Justice*, we hope to provide you with information and encouragement as you continue to make an important difference in your community and our Nation.



Certainly, I was encouraged to read Judge David Mitchell's words. They testify to the dedication to public service that marks this distinguished jurist. We have been blessed with some outstanding juvenile court judges. As the torch of leadership passes at the National Council of Juvenile and Family Court Judges, I offer their new president, Judge Roy B. Willett, whose insightful comments are found in these pages, my congratulations and support.

OJJDP is committed to providing you the tools to do the best job possible under the constraints we all must live with. One significant way of doing this is by conducting sound and practical research. I think this issue exemplifies that.

Mr. Dale Parent of Abt Associates brings us important information about the conditions of confinement of juveniles in secure facilities. As we witness the disturbing increase in incidents of violence perpetrated by youth, this topic takes on added significance.

I can think of few things more tragic for a parent than the loss of a son or daughter. OJJDP's pioneering NISMART study (National Incidence Studies on Missing, Abducted, Runaway, and Thrownaway Children) revealed the serious problem of parental abduction. Dr. Linda Girdner, whom OJJDP is privileged to have directing our project, Identifying Risk Factors for Parental Abduction, offers valuable insight from her research on obstacles to the recovery and return of parentally abducted children.

I won't comment on everything this issue brings you—I've only been given a page—but I do wish to pay tribute to two distinguished juvenile justice professionals, James Gould and Deborah Wysinger, whose tragic deaths last year were a loss to us all. The honor of the Gould-Wysinger Awards consists in no small measure in the noble names they bear. My congratulations to those so honored.

*Juvenile Justice* is your magazine. Your comments and suggestions are always welcome. Thank you for all you have done, are doing, and shall do. Together we can do the job.

John J. Wilson  
Acting Administrator  
Office of Juvenile Justice  
and Delinquency Prevention

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# Conditions of Confinement

By Dale G. Parent

In 1988 Congress asked the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to study the conditions of confinement for juvenile offenders, assess whether the conditions conformed to national standards, and recommend improvements.

The study, conducted in 1991 by Abt Associates, Inc., under a contract with OJJDP, included a survey of 984 public and private detention centers, reception centers, training schools, and juvenile ranches in the United States. On a daily basis, these facilities hold 65,000 juveniles—69 percent of confined juveniles in the United States. The remainder are in shelters, halfway houses, and group homes—facilities excluded from the study. The study did not address conditions of confinement for juveniles who were tried and sentenced as adults and detained in adult facilities or who were confined in secure hospital settings.

To assess the conditions of confinement, criteria were developed based both on national standards and on the needs of juveniles.<sup>1</sup> Twelve subject areas were identified for investigation:

- ◆ Living space.
- ◆ Medical services.
- ◆ Food, clothing, and hygiene.
- ◆ Living accommodations.
- ◆ Security.

- ◆ Suicide prevention.
- ◆ Inspections and emergency preparedness.
- ◆ Education.
- ◆ Recreation.
- ◆ Mental health services.
- ◆ Access to the community.
- ◆ Limits on staff discretion.

For each assessment area, one or more assessment criteria were defined, with a total of 43 assessment criteria being developed.<sup>2</sup> Data for the study were derived from the 1991 Children in Custody (CIC) Census (conducted biennially for OJJDP by the Bureau of the Census), a mail survey of all 984 facilities in August 1991, and 2-day site visits to 95 facilities conducted during the fall and winter of 1991.

Conformance rates were determined for each assessment criterion. Investigators then looked beyond conformance to national standards to actual conditions in the facilities. Problems were identified based both on conformance and on con-

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ditions, and regression analysis was used to identify the characteristics of both juveniles and facilities.

## Recent Trends

Admissions to juvenile facilities have risen since 1984, reaching a record high of nearly 690,000 in 1990. The largest increase occurred in detention facilities, where admissions increased from just over 400,000 in 1984 to 570,000 in 1990. The number of confined juveniles (based on 1-day CIC counts) rose from 50,800 in 1979 to 63,300 in 1991. The population housed by all facilities except ranches increased. So, too, the number of facilities increased, from 930 in 1979 to 984 in 1991. (Ranches were the only type of facility that did not grow in number.)

Between 1987 and 1991, the characteristics of juveniles confined also changed. The percentage of males rose from 85 percent to 88 percent. Confined minority juveniles rose from 53 percent to 63 percent, with the largest increases occurring among blacks (from 37 percent to 44 percent) and Hispanics (from 13 percent to 17 percent). Juveniles confined for crimes against persons rose from 21 percent to 28 percent, while those confined for drug-related offenses rose from 6 percent to 10 percent. Those confined for property offenses declined from 40 percent to 34 percent.

## Conformance to Assessment Criteria

Although few facilities were completely free of deficiencies, only a small group failed to meet a large number of assessment criteria. As a result, investigators concluded that conditions of confinement will not be improved materially by reforming or eliminating a small number

of severely deficient facilities. Rather, the study suggested that improving conditions significantly will require broad-scale reforms affecting routine practices in most facilities.

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*Admissions to juvenile facilities have risen since 1984, reaching a record high of nearly 690,000 in 1990. The largest increase occurred in detention, where admissions rose to 570,000.*

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Conditions of confinement appeared to be generally adequate in three important areas:

- ◆ Food, clothing, and hygiene.
- ◆ Recreation.
- ◆ Living accommodations.

Although most juveniles were confined in facilities that had passed State and local fire, safety, and sanitation inspections, site visits revealed numerous facilities in which fire exits were not marked or fire escape routes were not posted. In a few facilities, fire exits were blocked by furniture or other objects. This suggests that State and local fire codes for juvenile facilities require strengthening, more vigorous enforcement, or both.

According to most assessment criteria, confined juveniles had adequate access to the community. An exception was access to a telephone. Forty-two percent of confined juveniles resided in facilities that did not permit them to receive incoming telephone calls.

The survey found high conformance to most criteria restricting staff discretion in treatment of juveniles. An exception was authorization of searches. Most confined

juveniles were housed in facilities in which line staff could authorize room searches and frisks, and a substantial minority were held in facilities in which line staff could authorize strip searches.

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***Facilities had substantial and widespread deficiencies in the following areas: crowding, security, suicide prevention, and health screenings and appraisals.***

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Conformance to assessment criteria was also generally high in the areas of education, health care, and mental health services. However, adequacy of these services could not be assessed objectively because of the lack of data on confined youths' educational, health, and mental health needs. Major initiatives are required to collect such data to determine whether facilities provide appropriate programs.

Facilities had substantial and widespread deficiencies in the following four areas: crowding, security, suicide prevention, and health screenings and appraisals. Major findings from the study are discussed below.

### **Crowding**

Crowding was a pervasive problem in juvenile confinement, affecting sleeping rooms, living areas, and entire facilities. In 1987, 36 percent of confined juveniles were in a facility in which the population exceeded design capacity. By 1991 the proportion living in overtaxed facilities had increased to 47 percent. In 1991 one-third of confined juveniles were in living units with 26 or more juveniles, and one-third slept in rooms that were smaller than required by national standards.

Facilities have responded to crowding by restricting intake (particularly in detention centers), granting early release (particularly in training schools), and refusing to take new admissions (particularly in ranches). As a result, although crowding has become more widespread since 1987, population levels in crowded facilities have remained at about 120 percent of design capacity.

Rates of injury were higher in crowded facilities, making them more dangerous for juveniles and staff.<sup>3</sup> Moreover, as the percentage of juveniles housed in dormitories with 11 or more residents increased, rates of juvenile-on-juvenile injury also increased. This may account for the higher search rates in crowded facilities.

Investigators concluded that new facilities should not be built with large dormitories and that large dormitories in existing facilities should be eliminated as soon as practical. Facilities can cushion the effects of crowding, but they cannot alter the decisions of police, prosecutors, juvenile judges, and probation and parole officers that lead to crowding.

To control crowding, jurisdictions must implement plans that identify decisions affecting confinement. The plans should:

- ◆ Identify characteristics of juveniles who enter the system.
- ◆ Document the maximum number of juveniles allowed in a facility.
- ◆ Establish confinement and nonconfinement placement options.

States should use this information to develop policies that regulate the use and duration of confinement and guide future placement options for confinement and nonconfinement.

## Security

Security practices are intended to provide a safe environment for juveniles and staff and prevent escapes. Investigators found high levels of nonconformance with security assessment criteria and substantial problems with injuries and escapes in juvenile facilities.

Eighty-one percent of confined juveniles were housed in facilities with three or more facilitywide population counts per day. However, conformance dropped for the remaining security criteria. Only 62 percent of juveniles were in facilities that made housing assignments based on the risk factors of individual juveniles. Just 36 percent were in facilities in which the supervision staffing ratio met the assessment criterion.

**Risk of injuries.** In the 30 days prior to the mail survey, nearly 2,000 juveniles (3 percent) and 651 staff (1.7 percent) were injured in the facilities surveyed. Rates of injury were highly variable. About 10 percent of confined juveniles were in facilities in which 8 percent or more of the juveniles were injured, and 1 percent were in facilities in which 25 percent or more of the juveniles were injured.

About 10 percent of confined juveniles were in facilities in which 5 percent or more of staff were injured, and 1 percent were in facilities in which 17 percent or more of staff were injured.

As noted above, juvenile and staff injury rates were higher in crowded facilities. Juvenile-on-juvenile injury rates also increased as the number of juveniles housed in large dormitories increased. Injury rates for juveniles and staff were higher in facilities in which living units were locked 24 hours a day. Interestingly, the percentage of juvenile residents convicted of violent crimes was not related to injury rates.

The classification of juveniles according to their propensity for violence and the separation of potential predators from victims are two methods used to protect juveniles. However, investigators found no relationship between conformance to the classification assessment criteria and rates of injury. The reasons for this were unclear. It is possible that existing juvenile classification procedures do not reliably identify violence-prone youth or that crowding diminishes facilities' ability to adequately separate predators from victims. More study of classification is needed to determine what improvements are needed.

In site visits, administrators and staff frequently said their facilities would be safer if staffing ratios were improved. However, investigators found no relationship between supervision staffing ratios and rates of injury. They did find that higher turnover rates of supervision staff were associated with increased juvenile-on-staff and staff-on-juvenile injury rates. Thus, less experienced staff members were more likely to be injured by juveniles and were more likely to injure juveniles.

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***It is possible that juvenile classification procedures do not identify violence-prone youth or that crowding diminishes facilities' ability to separate predators from victims.***

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**Risk of escape.** In the 30 days before the mail survey, more than 1,600 confined juveniles (2.5 percent of all confined juveniles) attempted to escape. More than 800 (1.2 percent of all confined juveniles) succeeded. Investigators found no apparent relationship between facilities'

conformance to the classification assessment criteria and escape rates.

The number of facilities that relied on perimeter fences as an obstacle to escape has grown. Since 1987, the number of facilities with perimeter fences increased from 38 percent to 47 percent. However, this study found no conclusive relationship between perimeter fences and escape rates.<sup>4</sup>

the time of admission and that trained staff members in suicide prevention.

Facilities that conducted suicide screenings at admission had lower rates of suicidal behavior. Other suicide prevention measures—training staff, frequent monitoring, and written suicide prevention plans—were not associated with suicidal behavior rates.<sup>5</sup> However, as with rates of injury, suicidal behavior rates increased as turnover rates of supervision staff increased.

Certain housing arrangements were associated with suicidal behavior. Increased incidence of this problem was associated with placement of juveniles in single rooms or in short-term isolation of 1 to 24 hours. Yet facilities frequently failed to address housing arrangements in suicide prevention plans. The current findings confirm the importance of not placing suicidal juveniles in rooms by themselves.

### Health Screenings and Appraisals

Health screenings and appraisals frequently were not completed in a timely manner. More than 90 percent of confined juveniles received health screenings, but only 43 percent were screened within an hour of admission in conformance with national standards. Ninety-five percent received health appraisals, but only 80 percent were appraised within a week of admission.

Staff members who were not trained by medical personnel provided health screening for one-third of the juveniles in detention centers. Because the purpose of health screening is to identify injuries or conditions requiring immediate medical care, using untrained or inadequately trained staff is cause for concern.

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***Suicidal behavior is a serious problem in juvenile facilities. In 1990, 10 juveniles in confinement killed themselves, a rate double that of youth in the general population.***

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### Suicide Prevention

Suicidal behavior was a serious problem in juvenile facilities. In 1990, 10 juveniles in confinement killed themselves, a rate roughly double that of youth in the general population. In the 30 days before the mail survey, 970 confined juveniles (1.6 percent of the confined population) committed 1,487 acts of suicidal behavior (attempted suicide, self-mutilation, or other suicide gesture). During the same 30 days, facilities reported 2.4 suicidal behavior incidents for every 100 confined juveniles. If that period were typical, more than 11,600 confined juveniles would have engaged in more than 17,800 acts of suicidal behavior in a year.

Most juveniles were placed in facilities that had written suicide prevention plans and that monitored persons considered to be suicide risks at least four times an hour. Three of every four confined youths were in facilities that screened juveniles for indicators of suicide risk at

## Procedural Versus Performance Standards

Most national standards on conditions of confinement focus on developing written policies and procedures or attaining specific staff ratios rather than on defining outcomes that facilities should achieve. Performance-based standards are difficult to formulate because they require agreement on the outcomes that should be achieved.

This study found that procedural standards often have no discernible effect on conditions within facilities. Investigators concluded that standard-setting organizations such as the American Correctional Association and the National Commission on Correctional Health Care should revise their standards to incorporate goals that facilities can strive to attain and against which their performance can be measured.

### Notes

1. The requirements for national standards were developed by five organizations, including the American Bar Association/Institute for Judicial Administration, the American Correctional Association, the National Advisory Commission on Juvenile Justice and Delinquency Prevention, the Juvenile Justice Task Force of the National Advisory Commission on Criminal Justice Standards and Goals, and the National Commission on Correctional Health Care.
2. As an example, security had three assessment criteria: (1) whether the facility had three or more facilitywide counts per day, (2) whether the facility used a risk-based classification system to make housing assignments, and (3) whether the facility had at least one supervision staff member for every 10.67 juveniles.
3. Injury rates were based on those that occurred for any reason in the 30 days prior to the mail survey. Investigators did not distinguish between those caused by accidents, sports, application of restraints, or assault (juvenile-on-juvenile, juvenile-on-staff, or staff-on-juvenile).
4. Facility administrators frequently expressed the view that escapes and walkaways could be substantially reduced only by adopting high security practices and equipment that would radically alter the facility's purpose from treatment to control.
5. It is possible that training, monitoring, and prevention planning prevent many suicidal behavior incidents from becoming a completed suicide. However, investigators found too few completed suicides to test these relationships for statistical significance.

### Supplemental Reading

American Correctional Association. *Research Findings and Recommendations: Conditions of Confinement Standards Revision*. Laurel, Maryland: American Correctional Association, 1988. This book analyzes the influence of physical standards established by the American Correctional Association on juvenile and adult facilities.

American Correctional Association. *Standards for Small Juvenile Detention Facilities*. Laurel, Maryland: American Correctional Association, 1991. This book details standards developed by the American Correctional Association for juvenile detention centers with less than 20 beds.

National Coalition of State Juvenile Justice Advisory Groups. *Promises To Keep*. Washington, D.C.: National Coalition of State Juvenile Justice Advisory Groups (now the Coalition for Juvenile Justice), 1989. The fifth report to the President, Congress, and the Administrator of the Office of Juvenile Justice and Delinquency Prevention summarizes the discussion of conditions of confinement that took place at the coalition's 1989 conference.

Parent, D. *Conditions of Confinement*. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, 1993. This OJJDP study compares the conditions of confinement for juvenile offenders with national standards and recommends policy improvements.

Rauch, W.H., J.D. Henderson, et al. *Guidelines for the Development of a Security Program*. Washington, D.C.: National Institute of Corrections, 1987. This manual provides guidelines for the operation of secure juvenile and adult facilities.