



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™  
Rhode Island Chapter



## Testimony in Support of H-5650

### An Act Relating To Delinquent and Dependent Children—Proceedings in Family Court

March 31, 2024

Dear Chairman Craven and Distinguished Members of the House Judiciary Committee,

We are writing to you on behalf of the **Rhode Island Council of Child and Adolescent Psychiatry (RICCAP)** and the **Rhode Island Chapter of the American Academy of Pediatrics (RIAAP)**, which are the state's regional branches of the national professional organizations the American Academy of Child and Adolescent Psychiatry and the American Academy of Pediatrics. RICCAP represents over 100 child and adolescent psychiatrists working and training in the state of Rhode Island. RI AAP represents most of the pediatricians in the state "committed to the attainment of optimal physical, mental and social health and well-being for all infants, children, adolescents, and young adults of Rhode Island".

As a group of physicians with decades of collective experience working with children and families, we **strongly support H-5640** An Act Relating To Delinquent and Dependent Children—Proceedings in Family Court.

Incarcerated youth have high rates of mental illness, including developmental disabilities, anxiety, depression, and disorders associated with trauma such as post-traumatic stress disorder. Detention in a correctional facility may exacerbate underlying psychiatric illness and symptoms associated with trauma. Research has also shown that individuals incarcerated at younger ages have worse physical and mental health outcomes as adults<sup>1</sup>, suggesting that early incarceration has a life-long impact. This impact contributes to significant racial inequity as the juvenile justice system disproportionately impacts black children and adolescents<sup>2</sup>.

Earlier contact with the juvenile justice system has been shown to increase likelihood of future criminal justice involvement, which occurs in part through labeling and developing a criminal identity, exposure to negative peer influence, and the removal of typical, positive experiences from a child's life. Additionally, it takes the place of other evidence-based, trauma-informed interventions that would otherwise be provided through developmentally appropriate health and social services.

Setting a minimum age of incarceration would prevent children ages 12 and younger (typically still in elementary or middle school) from exposure to the correctional setting, to the influence of older adolescents, to prolonged periods of quarantine they have experienced during the pandemic, and to the punitive approaches

1. Barnert ES, et al. What Is the Relationship Between Incarceration of Children and Adult Health Outcomes? *Acad Pediatr*. 2019 Apr;19(3):342-350. PMC6309510.
2. Tolliver, D. G., Bath, E. B., Abrams, L. S., Barnert, E. (2021). Addressing Child Mental Health by Creating a National Minimum Age for Juvenile Justice Jurisdiction. *Journal of the American Academy of Child & Adolescent Psychiatry*.
3. United Nations Convention on the Rights of the Child – General comment number 24 (2019) on children's rights in the child justice system (
4. American Bar Association Resolution 505 (2021) - <https://www.americanbar.org/content/dam/aba/directories/policy/annual-2021/505-annual-2021.pdf>
5. American Medical Association adopts new policies during second day at interim meeting. (2022). <https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policies-during-second-day-interim-meeting>

inherent to such a facility. Rather, it would ensure that Rhode Island's youngest children are connected to the appropriate mental health and social services.

We strongly support an ongoing focus on therapeutic interventions and recognize the urgency during our current Children's Behavioral Health Crisis of developing, supporting, and expanding access to treatment services in the community. Our RICCAP and RIAAP members stand ready to work in collaboration with our colleagues at the responsible state agencies within the Executive Office of Health and Human Services to strengthen the system of behavioral health care here in Rhode Island.

We also want to highlight the current national initiative underway to establish and raise the minimum age of incarceration that has been supported by a large group of professional organizations that work with children and families. The full statement, made jointly by **American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry**, American Council for School Social Work, American Psychological Association, Clinical Social Work Association, National Association of Social Workers and Society for Adolescent Health and Medicine, can be found at this site - <https://www.aap.org/en/advocacy/juvenile-justice/health-groups-call-for-minimum-age-of-jurisdiction>.

*"On behalf of child and adolescent health professional organizations, we collectively endorse action to institute a minimum age of at least 12 years for juvenile justice system jurisdiction. Children and young adolescents who come in contact with the juvenile justice system need access to developmentally appropriate, trauma-informed, supportive health and social services, not inappropriate punishment."*

The United Nations Convention on the Rights of the Child in 2019 recommended that states consider the recent scientific findings in the fields of child development and neuroscience to consider maturity and capacity for abstract reasoning that support establishing a minimum age for criminal responsibility of 14 years<sup>3</sup>. The American Bar Association and the American Medical Association support this same minimum age of 14 for juvenile justice involvement<sup>4,5</sup>. While this bill sets an age limit of 12 and not 14 years, we believe it is in the best interest of Rhode Island's children to establish an age limit for incarceration that does take into account neurocognitive development.

We sincerely hope that Rhode Island will engage in this opportunity to promote the physical and mental well-being of our state's youth. Thank you very much for your consideration and your commitment to protecting and nurturing the children and adolescents of Rhode Island.

Sincerely,

Peter Pogacar, MD (President) on behalf of the RI Chapter of the American Academy of Pediatrics  
Daisy Bassen, MD (President) on behalf of the RI Council for Child and Adolescent Psychiatry

1. Barnert ES, et al. What Is the Relationship Between Incarceration of Children and Adult Health Outcomes? Acad Pediatr. 2019 Apr;19(3):342-350. PMC6309510.
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