April 16, 2026

To: House Committee on Judiciary

From: Marlie Kahan, Michaela O'Donnell, and Sophie Holtzman, MD Candidates Class of 2029
Warren Alpert Medical School of Brown University

Testimony in **Support of H7818** – An Act Relating To Delinquent and Dependent Children—Proceedings in Family Court

Dear Chairwoman McEntee and Distinguished Members of the House Judiciary Committee,

We are three first year medical students at the Warren Alpert Medical School of Brown University who aspire to be future pediatricians working with underserved children. Over the course of our training, we have come to understand that a child's health extends far beyond the walls of a clinic or hospital, but is instead shaped by the environments in which children grow, learn, and develop. Each of us has had the privilege of working directly with youth at the Rhode Island Training School over the past year, witnessing firsthand the complex medical, psychological, and social needs of children who come into contact with the juvenile legal system. These experiences, combined with the growing body of scientific evidence in child development and public health, compel us to **strongly advocate in support of H7818– An Act Relating to Delinquent and Dependent Children– Proceedings in Family Court**, which would ensure that no child 12 or younger may be incarcerated in juvenile detention in Rhode Island.

From a medical and developmental perspective, incarceration is fundamentally misaligned with the needs of young children. Research consistently demonstrates that youth involved in the juvenile legal system have disproportionately higher rates of mental health conditions including developmental disabilities, anxiety, depression, and trauma-related disorders. The many injustices faced by youth who are incarcerated is among one of the many reasons the medical field, as well as many others, are moving away from language like the "juvenile *justice* system". Detention environments can intensify these mental health conditions, rather than treat them. A publication by Barnert and colleagues found that incarceration during childhood is associated with poorer physical and mental health outcomes in adulthood, suggesting that early detention can have lifelong consequences for health and well-being.[1]

Additionally, the harms of early incarceration are not distributed equally. The juvenile legal system disproportionately affects Black and other marginalized children, contributing to

[1] Barnert ES, Dudovitz R, Nelson BB, et al. How Does Incarcerating Young People Affect Their Adult Health Outcomes?. *Pediatrics*. 2017;139(2):e20162624. doi:10.1542/peds.2016-2624

longstanding health and social inequities. Black youth make up 27% of youth in detention while only representing 9% of the youth population in Rhode Island.[2] Addressing the minimum age of incarceration is therefore not only a matter of child health, but also a matter of helping to disband systemic racial inequity.

We are not alone in our strong support on this issue; there is broad professional consensus on instituting a minimum age of incarceration. Leading child health and mental health organizations, including the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, the American Psychological Association, and the National Association of Social Workers have jointly called for establishing a minimum age for juvenile jurisdiction. Similarly, the American Bar Association has endorsed raising the minimum age for juvenile legal system involvement. International guidance supports this position as well. The United Nations Convention on the Rights of the Child recommends that countries consider developmental science when setting minimum ages of criminal responsibility and suggests a threshold of at least 12 years.

Importantly, state data indicates fewer than 10 children per year would require an alternative to detention under this bill. In other words, H7818 addresses a small population, but one for whom the consequences of incarceration are particularly profound and long-lasting.[3] In practice, many of the youngest children who enter detention in Rhode Island spend only brief periods in custody, often 1 to 3 days before their initial court appearance. After this point, they are typically transitioned into community-based services or placements that are more developmentally appropriate. This raises an important question: if children are quickly redirected to therapeutic or community settings, what developmental or rehabilitative benefit is being served by even short-term incarceration at this stage?

Children involved in the juvenile legal system are frequently coping with significant trauma histories, mental health conditions, learning challenges, and/or family instability. Children 12 and younger are still in critical periods of development for brain regions responsible for impulse control, judgement, and emotional regulation. These skills mature gradually throughout adolescence, meaning young children are particularly sensitive to stress and punishment-based environments. When we place children in correctional settings, we add to their statistically lengthy list of adverse childhood experiences (ACEs), which are shown to drastically produce

[2] Rhode Island KIDS COUNT. (2025). *Youth in the Justice System*. In *2025 Rhode Island KIDS COUNT Factbook* (pp. 94-97). https://rikidscount.org/wp-content/uploads/2025/04/YouthintheJusticeSystem.pdf

[3] Rhode Island Department of Children, Youth and Families, RICHIST, 2025.

worse health outcomes, specifically increasing their risk for adult mental health conditions by 14%.[4]

As volunteers with BeReal About Health, a program run by medical students that teaches health education to incarcerated youth at the Rhode Island Training School, we have worked with these young people firsthand. While most of our sessions are directed toward adolescents aged 15–18, we have had the unsettling experience of teaching students younger than 13. Throughout our time working with them, it has become blatantly obvious that for children this young, it is traumatizing to be away from their families and removed from developmentally appropriate environments, such as large school settings, sports, and other activities with their peers.

For example, the kids reference their parents multiple times during each session, often turning simple ice-breaker activities such as "What is your favorite food?" into moments of reminiscing about their families. These conversations frequently bring a sense of melancholy to the classroom. Additionally, we often end class with an origami activity, and the students work tirelessly to perfect their origami figurines so they can give them to their parents during visits. While these may seem like small moments, they are powerful reminders of how young these children are. Young children indisputably need their parents and supportive environments to develop, learn, and grow.

While there are many emotional moments that come from working with incarcerated youth 12 and under, there are also serious concerns from an educational and medical perspective. Young children inside the Training School have no choice but to interact with much older peers due to limitations in school structure within the facility. Even with attempts at separation, it has become clear that the younger children are exposed to developmentally inappropriate language and social behaviors as a result of being in such close proximity to the older youth. This includes gang signs, sexual language, and a vocabulary well beyond their years.

Allowing children aged 12 or younger to be incarcerated holds them to a standard of maturity they simply do not yet possess, exposing them to an environment that increases the risk of long-term trauma and psychiatric harm. At a time when youth mental health is already in crisis, our response should not be detention, but investment in community-based care, prevention, and evidence-based support.

For all of the reasons outlined above, **we strongly support the passage of HB 7818** – An Act Relating To Delinquent and Dependent Children—Proceedings in Family Court, in order to

[4] Baldwin JR, Caspi A, Meehan AJ, et al. Population vs Individual Prediction of Poor Health From Results of Adverse Childhood Experiences Screening. JAMA Pediatr. 2021;175(4):385–393. doi:10.1001/jamapediatrics.2020.5602

protect the health and wellbeing of children in Rhode Island from the traumatic impact of juvenile detention.

Sincerely,

Marlie Kahan, Michaela O'Donnell, and Sophie Holtzman

MD Candidates, Class of 2029

Warren Alpert Medical School of Brown University