



Testimony of Eugene Griffin, J.D., Ph.D.,  
In Support Of  
H.B. 7050 An Act Concerning The Juvenile Justice System

Submitted to the Connecticut General Assembly  
Joint Committee on Judiciary

March 30, 2015

State Capitol, Hartford, Connecticut

My name is Eugene Griffin. I am writing in support of Section Four of H.B. 7050.

I am an attorney, a clinical psychologist, and the lead developer for the MacArthur Foundation's Models for Change Curriculum on Mental Health and Juvenile Justice, which informs juvenile justice administration and line staff about working with mentally ill and traumatized adolescents. Our curriculum has been used in over 20 states.

When I served as the unit chief of the Triagency Program, a long-term inpatient psychiatric unit for severely disturbed adolescents, the program received intakes from three agencies- the Illinois Department of Corrections; Mental Health; and Child and Family Services. All these adolescents were admitted because they were mentally ill and either extremely self-destructive or violent towards others. Lesser treatments, including short-term hospitalizations, had failed. Clinically, there was little difference between the youth referred by the different agencies. All had a history of high-risk behaviors, and all were in need of intensive care. Only the Department of Corrections brought youth to our facility in shackles.

In our hospital, we never used shackles. Youth could stay in the program for over a year. When youth were clinically stable and ready for discharge, they would be picked up by the referring agency. Again, only the Department of Corrections would shackle all youth upon

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discharge. Many times I observed youth who had made tremendous clinical progress and behaved well for months step forward to be shackled. After saying appropriate goodbyes to peers and hospital staff, the youth would silently step forward, put out their hands and legs on command and tense up as they were shackled. Only the most basic communication with them was now a possibility. This limited functioning is not adequate for courtroom settings.

Indiscriminate shackling is excessively punitive and, in some cases, can trigger a trauma reaction. Adults attempting to shackle a calm youth can trigger classic traumatic responses, such as fighting, fleeing, or freezing. The violent behavior and running behavior are more easily identifiable. The freezing behavior (dissociation) is more passive (meaning that it is harder to distinguish, and may lead most people to believe that the young person is doing fine) but results in a youth being unable to talk, listen or communicate.

When adults treat youth punitively as a matter of course, the relationship and interaction between the adults and the youth is adversely affected. Shackling a youth who has shown no signs of violence or intent to escape can be perceived by the youth as excessive and unfair. This perception is likely to embarrass and distress the youth. A youth who is upset will be less likely to think rationally, more likely to act out, and less able to communicate with his attorney or pay attention to courtroom proceedings.

Safety and communication are better supported through a rehabilitative approach that does not include indiscriminate shackling. This starts by treating youth with basic respect. It then focuses on not only stopping inappropriate behavior but also replacing it with more appropriate responses. It requires safety and structure. While a rehabilitative approach might include the use

of shackles with those youth who have a history of violence or running, the goal would be to eliminate the need for shackles. Thus, shackles should be a last resort, not a starting point.

For these reasons, I urge you to pass H.B. 7050, which establishes a presumption against automatic juvenile shackling. Thank you for your consideration.

Respectfully submitted,

A handwritten signature in black ink that reads "Eugene Griffin". The signature is written in a cursive, flowing style.

Eugene Griffin, J.D., Ph.D.

ChildTrauma Academy  
Assistant Professor, Northwestern University Medical School, Retired