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Raised Bill NO. 75

An Act Concerning Detained Youth

Pro Bill

Post-Traumatic Stress Disorder in incarcerated children is why I'm in support of this bill. Part 4 (f) states that "the Department of Children and Families, in collaboration with the Judicial Branch and Department of Correction, shall submit a plan to prevent or reduce long-term negative impact of mental, emotional and behavior health issues on children and youth twenty years of age or younger who are held in secure detention or correctional confinement."

The very act of being incarcerated is traumatizing for a child. Trauma causes a child to become "dysregulated has difficulty controlling his or emotional states, and this difficulty is expressed in potentially dangerous behaviors" (Saxe, Ellis & Kaplow 2007).

The conditions of the institution and the children safety within the facility contributes to PTSD. These children cannot regulate emotions and behaviors after release causing them to be incarcerated at alarming rates with in the first year. In the year 2014, 201 boys were confined to Connecticut Juvenile Training School in Middletown full time. The average stay about eight months. With that said, these children were exposed peer and staff violence. Some were tortured with solitary confident. The effects of trauma can bee see through the high rates recidivism of before the end of the year (Dec 31<sup>st</sup>) at 30%. The CJTS does not track youths after this date. Out of 259 children 22 went to went to adult prison. This is why I'm passionate about this particular bill.

I'm a researcher at a County Jail in my state of MA. I would estimate that 90% or higher has experienced childhood trauma. Most in fact, have juvenile records and have been in the system sense childhood. These are adults that have PTSD and cannot self-regulate and turn to drugs and indulge in risky behaviors. We treat both metal heath and drug abuse disorders in a collaborative effort that includes community stake holders. These which are mentioned in this bill.

A collaborative effort will hold the community stakeholders accountable for our children. Working together to create a plan to initiate a collaborative to keep incarcerated children from harm, may reduce future incarcerations lowering the rate for recidivism. This creating a health community for all.

### **Recommendations**

The plan should include that all agencies staff become trained in childhood trauma. This will educate and inform staff as to why the child has trouble interacting in his or her environment. The second is for the probation department to cut down technical Violations (VOP 's) keeping children out in the community and with their families, lower risk of incarceration trauma. The third and most importantly is to use Human Rights Based practices to keep incarcerated children safe. The practice of solitary confinement is a gross Human Rights Violation that causes harm to the child's mental health. "Article 27 (1) of the Convention on the Rights of the Child reads, "States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development" (ohchr.org). The collaborators are collectively and equally responsible in making sure that incarcerated children do not leave the facility harmed, so that they can go on to live productive lives within the communities in which they live in. Thank You for allowing me to testify on behalf of this bill.

Facts from this testimony can be found online and in text at:

[ohchr.org](http://ohchr.org)

<http://ctmirror.org/2015/09/30/juvenile-justice-in-ct-in-17-charts/>

Collaborative Treatment of Traumatized Children and Teens by Sax, Ellis & Kaplow