

Detention of Children
10-12 Years Old In Illinois:
A Call to Action

Illinois Juvenile Justice Commission
February 2021

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Executive Summary:

The Illinois Juvenile Court Act currently allows children as young as 10 years old to be detained, in a secure juvenile detention facility, following an arrest for a “delinquency” offense.¹ Research conducted in Illinois and beyond indicates that being detained as a child or adolescent is associated with increased risk of poor life outcomes such as school dropout, unemployment, behavioral health problems and self-harm, even when controlling for underlying risk factors.

While the practice of detaining children² is decreasing in some parts of the state, there were over 100 admissions of children 10 – 12 years old in Illinois in 2019. In the first half of 2020 – in the midst of a pandemic – there were 39 detention admissions of 10-12 year old children in Illinois.

The data also tells a story of profound racial inequity. In 2019, over 70% of detention admissions for children 10-12 years old were of Black or African American children. The racial disparities in detention of children are even more pronounced than those in the state’s overall youth detention population.

In recent years, the Illinois legislature has begun to examine detention of young children and consider alternatives. In each of the last two General Assembly sessions and the current session, legislation has been introduced which would prohibit detention of children 10-12 years old. The most recent version of the legislation introduced would also require the Illinois Juvenile Justice Commission (the Commission) to examine the issues arising when young children are presented for detention and to recommend alternative services and strategies that could reduce or eliminate the use of detention for children 10-12 years old.³

In anticipation of renewed legislative consideration of prohibitions on the use of detention for young children, and in recognition of the importance of this issue to Illinois’ children, families and communities, the Commission convened a “task force” in October 2019 to analyze the issues arising when children are presented for detention and to develop policy and / or programming which could meet the needs of these children, while protecting public safety.

The Commission’s analysis revealed:

- Detention of children is declining in Illinois, with some communities avoiding detention of children altogether. Still, in 2019, there were 112 secure detention admissions for children 10 – 12 years old. All but two of these detention admissions took place outside Cook County.
- The racial inequity in this practice is shocking. Black children comprise approximately 15% of our youth population, but 71% of detention admissions of children 10-12 years old in 2019 were Black / African American. Disparities in the detention of children in this age range are even more pronounced than the disparities in the overall detention population, where Black or African American youth comprise 59% of admissions.

¹ 705 ILCS 405/5-410(2)(a)

² In this document, the term “children” is used to refer to 10-12 year olds

³ See SB0065

- Research on the impact of detention on children raises concerns for the immediate and life-long well-being of detained children and their communities.
- Task force members with experience in operating or supervising detention facilities acknowledged challenges in ensuring the physical and emotional well-being of children in this age range in detention.
- Task force discussions recognized that, if detention of children is limited or prohibited, alternative approaches must promote community safety in the short term and long term.
- There are alternatives to detaining children currently available. Illinois has implemented a range of community-based responses for children and families in crisis, including Screening, Assessment and Support Services (SASS) programs, child welfare responses, Comprehensive Community Based Youth Services (CCBYS) and local alternatives to detention programs.
- There may be gaps in some services for children in this age range, including emergency residential placement options, particularly outside Cook County. There is also uneven utilization of existing alternatives to detention from community to community.

Taken together, these findings indicate an urgent need to rethink detention of children and to ensure that alternatives are available to Illinois communities and practitioners. Prior versions of legislation introduced to “raise the age” of detention in Illinois have included a planning period prior to implementation. Stakeholders should utilize this planning period to strengthen the current continuum of detention alternatives, address any gaps in resources and develop protocols for referrals to community based resources which can serve as alternatives to detention for children.

Acknowledgements:

The Commission extends its gratitude to each member of the task force. These juvenile justice and community leaders shared their time, their expertise and their perspectives with the Commission in an effort to improve the outcomes of young children in contact with the Illinois juvenile justice system and protect the well-being of communities across the state. The Commission also extends gratitude to Lisa Jacobs and the Center for Criminal Justice Research, Policy and Practice at Loyola University Chicago. The Center served as a research partner, facilitator and project lead for this effort. Lastly, the Commission wishes to thank Shawn Freeman, formerly with the Center for Prevention Research and Development at the University of Illinois Urbana-Champaign, and Wendy Nussbaum, of the Illinois Department of Human Services, for their skilled support of this project.

A roster of current members of the Illinois Juvenile Justice Commissioners is attached as Appendix A. For more information about the work of the Illinois Juvenile Justice Commission, please contact Andrea Hall, Executive Director, at Andrea.E.Hall@Illinois.gov or Rick Velasquez, Commission Chairperson, at rickvelasquez@iljjc.com.

Introduction:

The Illinois Juvenile Justice Commission is charged by Illinois statute⁴ and the federal Juvenile Justice and Delinquency Prevention Act⁵ with advising the Governor, General Assembly, Department of Human Services and Illinois policy makers and practitioners regarding youth justice issues. In this role, the Commission has provided research, data and analysis to policy makers seeking to improve the efficacy and fairness of the state's juvenile justice systems. In the last decade, for example, the Illinois General Assembly and Executive Branch stakeholders have utilized Commission research to revamp the state's juvenile parole processes and the aftercare resources for youth leaving the custody of the Illinois Department of Juvenile Justice⁶. In alignment with IJC recommendations, Illinois raised the age of juvenile court jurisdiction to include 17 year olds.⁷ In 2018, at the urging of the Commission, the legislature established provisions for the "automatic" expungement of specified juvenile arrest and court records to reduce the barriers to employment, education and resources faced by youth exiting the juvenile justice system.⁸ And in passing legislation to scale back the "transfer" of youth for trial and sentencing in the (adult) criminal justice system, the General Assembly tasked the Commission with collecting data and monitoring implementation of the new statutory provisions.⁹

In 2018 and 2019, legislation was introduced to raise the minimum age of juvenile detention in Illinois to 13 years old, but not passed during those sessions of the General Assembly. In anticipation of renewed legislative consideration of prohibitions on the use of detention for young children, and in recognition of the importance of the issue to Illinois' children and families, juvenile justice practitioners and communities, the Commission convened a "task force" to analyze the issues arising when children are presented for detention and to develop policy and / or programming which could meet the needs of these children, while protecting public safety.

Task Force Methodology:

The Commission's task force included a range of juvenile justice, human services and law enforcement practitioners from across the state -- including probation and detention personnel, crisis response service providers, youth services providers, child welfare practitioners and law enforcement representatives. The task force met multiple times, in person (prior to the COVID-19 pandemic) and by teleconference thereafter, to examine data on the use of detention for this age group, the factors that bring children into contact with Illinois' juvenile justice systems and the current responses and resources available for these children.

Task force members explored the impact of detention on children, families and justice systems and mapped community based resources and detention alternatives for children in this age group. Group members also shared their experiences working with young children in crisis and / or in conflict with the

⁴ 20 ILCS 505/17a-9

⁵ 42 U.S.C. § 5601 et seq.

⁶ See <https://tinyurl.com/v6ctwpv9>

⁷ See <http://ijc.illinois.gov/sites/ijc.illinois.gov/files/assets/IJC%20-%20Raising%20the%20Age%20Report.pdf>

⁸ See <http://ijc.illinois.gov/sites/ijc.illinois.gov/files/assets/Burdened%20for%20Life.pdf>

⁹ See PublicAct99-0258 and <https://tinyurl.com/ywlgvvp9>

law and analyzed the types of alternate responses which could meet their needs and mitigate risks to public safety.

The findings and observations of the task force were shared with the Illinois Juvenile Justice Commission in its role as defined by Illinois and federal law. The Commission's findings and observations are summarized below.

Detention Processes and Data in Illinois:

The Illinois Juvenile Court Act (the Act) permits children and youth over the age of 10 years old to be securely detained. While the Act allows detention to be used as a "sanction" when a youth has been adjudicated delinquent by a court,¹⁰ most admissions to detention centers occur "pre-adjudication". This occurs when a child¹¹ or youth is arrested and law enforcement officials believe that detention is appropriate prior to a court hearing.¹² If a child is not released by a court at an initial detention hearing, she may be detained indefinitely awaiting disposition of her delinquency case.¹³

The Illinois Juvenile Court Act and the Illinois Probation Officers Act provide that juvenile detention is a judicial branch function.¹⁴ Accordingly, the Juvenile Court Act provides that the written authorization of a probation or detention officer constitutes authority for the superintendent of any juvenile detention home to detain and keep a minor prior to a court hearing.¹⁵ All detention facilities in Illinois utilize a "scorable" detention instrument to screen children and youth presented for detention, but these screening tools currently vary from county to county.

The state's 16 juvenile detention facilities are administered by local probation / court services departments and overseen by the Chief Judge of the judicial circuit in which the center sits.¹⁶ While the courts oversee policy, practice and programming in detention centers, operations are typically funded by a blend of local and state resources. Some counties utilize their detention facilities to house youth from other counties or judicial circuits for a fee. In this report and in the data appendix which follows, the term "authorizing" county is used to describe the county seeking a child's detention, which may be different from the "detaining" county, where the detention center housing that child is located.

The data in this report is pulled from the *Juvenile Monitoring Information System*, or JMIS. Pursuant to a directive of the Administrative Office of the Illinois Courts, all detention centers report case level data on detention admissions and releases using the Illinois Juvenile Monitoring Information System (JMIS).¹⁷

¹⁰ 705 ILCS 405/5-710 ("(A) minor who is found guilty... may be... placed in detention for a period not to exceed 30 days, either as the exclusive order of disposition or, where appropriate, in conjunction with any other order of disposition, provided that ... the minor so detained shall be 10 years of age or older.")

¹¹ Illinois law currently provides no "minimum age" of criminal responsibility. This means that a child of any age may be arrested and subject to prosecution, adjudication and sentencing by a juvenile court under the provisions of the Illinois Juvenile Court Act (705 ILCS 405/5-1 et seq.).

¹² See 705 ILCS 405/5-410 (2)(a)

¹³ See 705 ILCS 405/5-501

¹⁴ See 730 ILCS 110/0.01 et seq. and 705 ILCS 405/5-1 et seq.

¹⁵ See 705 ILCS 405/5-410 (2)(b)

¹⁶ There are secure juvenile detention facilities located in Adams, Champaign, Cook, Franklin, Kane, Knox, Lake, LaSalle, Madison, McLean, Peoria, Sangamon, St. Clair, Vermilion, Will, and Winnebago Counties.

¹⁷ JMIS is a collaborative data system: the Commission funds JMIS operations, through the Center for Prevention Research and Development at the University of Illinois Urbana-Champaign (CPRD). The Administrative Office of the

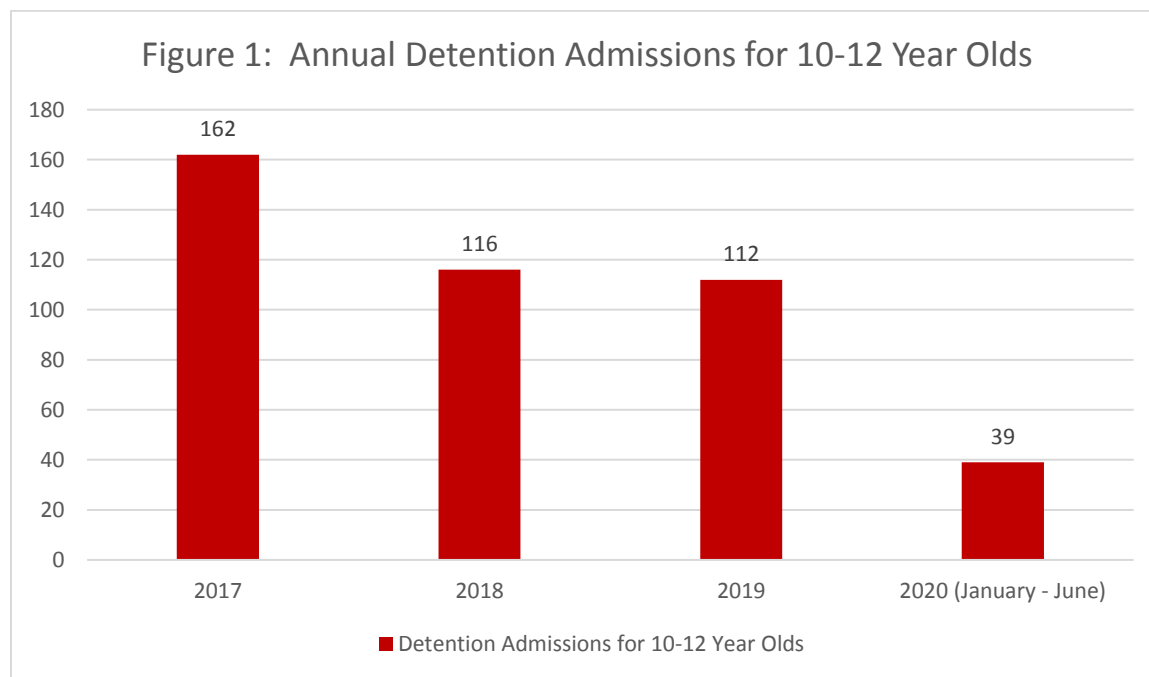
Key data findings are discussed in the body of this report. The full JMIS data report on detained children under the age of 13 is attached as Appendix B.

Findings:

Children comprise a small and declining number of detention admissions statewide. Despite these trends, a significant number of children are affected by detention each year.

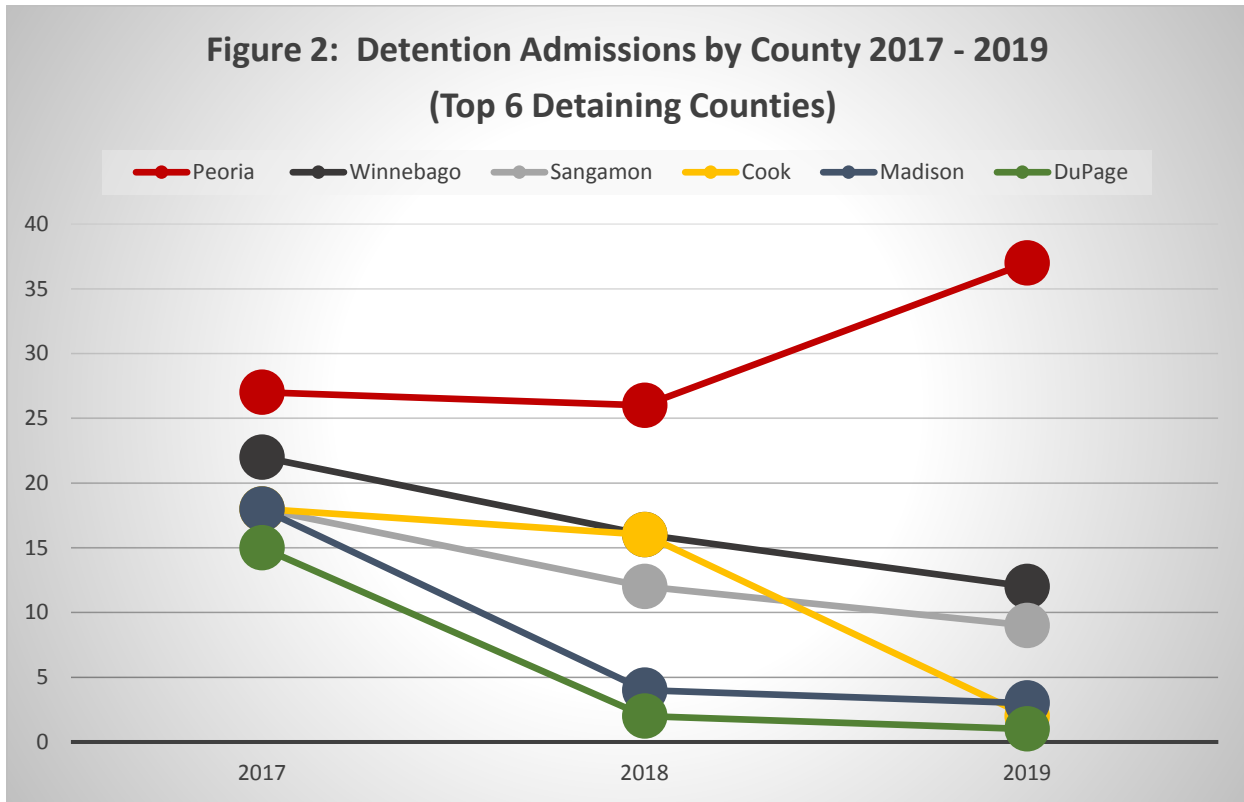
In 2019, there were 112 juvenile detention admissions of 10,11 and 12 year olds. Some children were detained more than once during the calendar year; the 112 admissions involved 84 individual children. 10-12 year olds comprised a very small proportion – about 1.4% - of all 2019 admissions (7,831) to a secure juvenile detention center in Illinois.

In assessing admission trends, it is important to note that, because 10 – 12 year olds represent a small number of admissions, small changes in numbers can result large percentage changes. That said, detention of children is declining in Illinois, as is overall detention usage. From 2017 through 2019, detention admissions for children decreased by approximately 32%. (See Figure 1.)

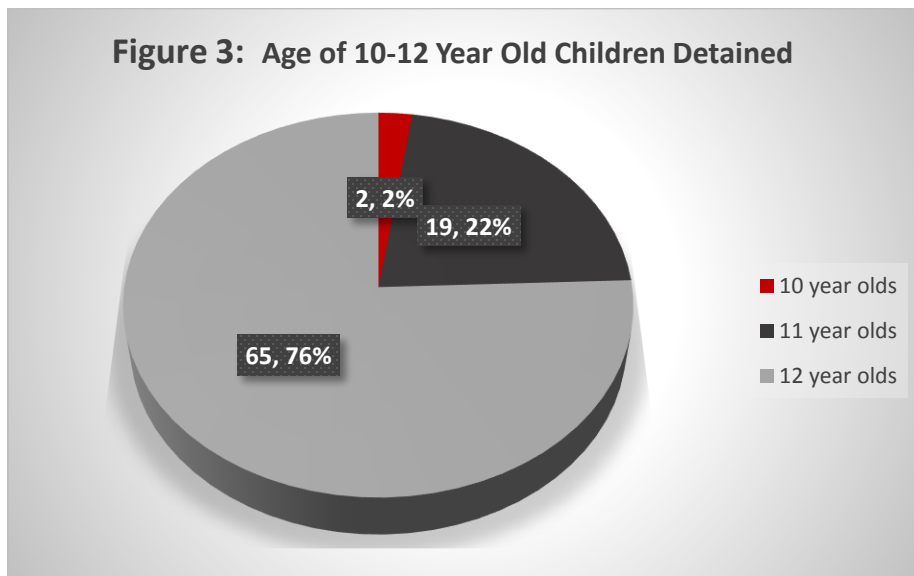


Illinois Courts requires counties to report detention data and utilizes JMIS data for state and local analysis and planning. The Commission utilizes JMIS to monitor the detention of youth and publish annual detention data reports in its role as a “State Advisory Group” pursuant to the core requirements of the federal Juvenile Justice and Delinquency Prevention Act.

These decreases are seen in most, but not all, of the counties with the largest numbers of detention admissions for children over the prior four years. (See Figure 2.)



In 2019, most of the admissions of 10-12 year olds statewide were for 12 year olds (77%). 23% of these admissions were for 11 year olds. Approximately 2% of admissions were for 10 year olds. (See Figure 3.)



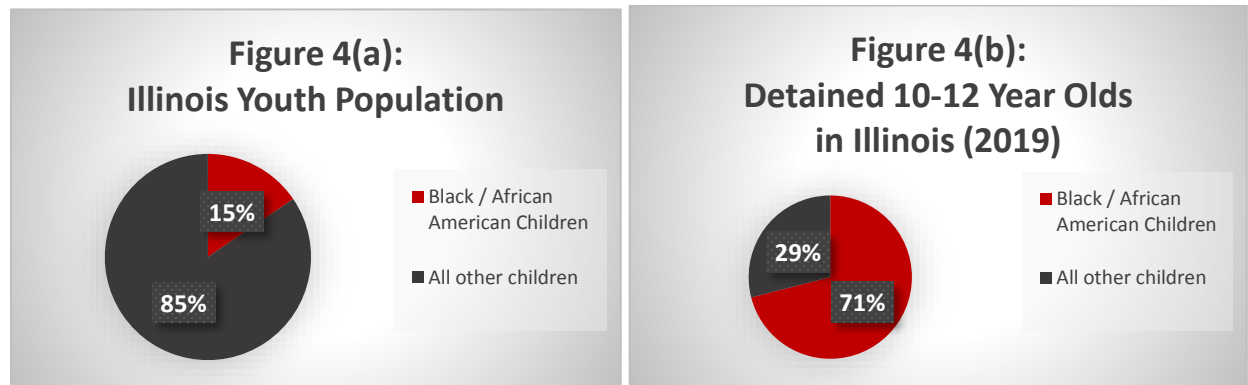
Racial disparities in the detention of children are profound. Black children are detained at nearly five times their representation in the overall population.

The racial inequities in detention of 10-12 year old children are profound. While Black or African American youth comprise approximately 15% of the Illinois youth population, they comprise 59% of *all* of the state’s secure detention admissions. For children 10 -12 years old, Black / African American youth comprised approximately 71% (79) of admissions in 2019. Black / African American girls comprised an even larger proportion -- 76% -- of admissions for girls. (See Figure 4(a) and 4(b).)

Underlying all conversations about detention of children is the premise that children and adolescents are different from adults. Developmental research, neuroscience and common sense all point to the reality that children are not “miniature adults” and, as such, should not be held accountable for their mistakes or behaviors in the same way and should instead be protected and nurtured. However, research demonstrates that, all too often, Black children are not afforded the same presumption of innocence as other children and are not seen as deserving of protection and care.

Research on disparities in the treatment of children and youth in multiple contexts – including education, child welfare, health care and others – reveals that Black boys are often perceived as less “innocent”, more blameworthy for their behaviors and less in need of protection and nurturing. One study found that, by the age of 10, Black boys were more likely to be perceived as older than their white peers, more likely to be seen as guilty of a crime and more likely to be deemed deserving of punishment. Not surprisingly, this widespread “adultification” of Black boys is, in turn, associated with lower rates of supportive care and services and higher rates of arrest and referral to justice systems.¹⁸

Black girls also experience the harm of “adultification”. In *Girlhood Interrupted: The Erasure of Black Girls’ Childhood*, report authors documented perceptions of Black girls. Compared to their white peers, Black girls were perceived to be “more independent” and to need less protection, support and comfort. They were also perceived to be more familiar with “adult” topics, including sex. The report authors posit direct ties between these misperceptions about Black girls and the stark racial disparities in punitive education system responses and juvenile justice system referrals.¹⁹

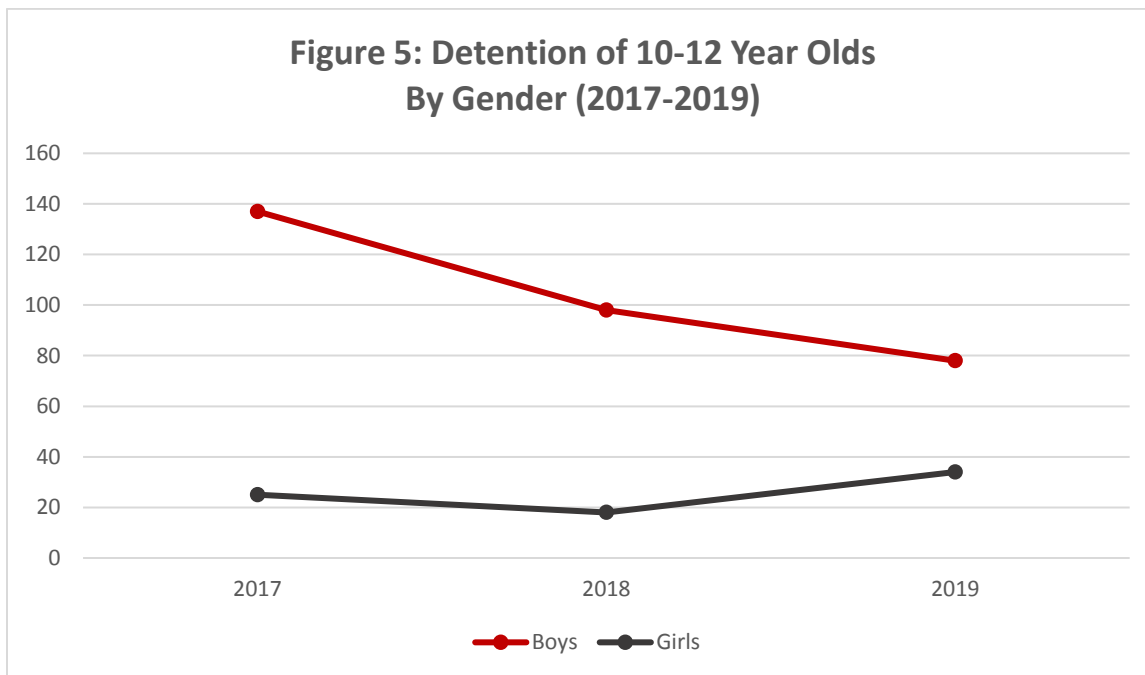


¹⁸ See Phillip Atiba Goff et al., *The Essence of Innocence: Consequences of Dehumanizing Black Children*, 106 j. of personality & soc. psychol. 526 (2014)

¹⁹ Rebecca Epstein, Jamilia J. Blake and Thalia Gonzalez, *Girlhood Interrupted: The Erasure of Black Girls’ Childhood*, Georgetown Law Center on Poverty and Inequality (2017).

Boys are disproportionately detained; but detention of 10-12 year old girls is increasing.

Boys make up the majority of detention admissions for children, as in the overall detention population. And, as with the overall detention population, detention admissions for boys under the age of 13 have declined in recent years. Between 2017 and 2019, detention admissions for male children decreased by 43% (59 admissions). Data on detention admissions for girls, however, shows a different trend. In fact, between 2017 and 2019, annual detention admissions for girls under the age of 13 *increased* by 9 admissions. (See Figure 5.)



Lengths of stay for detained children varies widely.

The Illinois Juvenile Court Act provides that, when a child or youth has been securely detained upon arrest, a court must hold a hearing within 40 hours (exclusive of weekends or court holidays) to determine whether continued detention is warranted under the provisions of the statute.²⁰ JMIS data indicates that the average length of stay varies widely from child to child, with no clear patterns or trends. And, because the numbers of detained children are relatively small, variations in length of stay for individual children can skew averages significantly. There were, however, a handful of authorizing counties with an average length of stay of over 19 days in 2019. These include Adams (70 days), Crawford (41 days), Grundy (47 days), Peoria (20 days) and Winnebago (29 days) counties.

²⁰ 705 ILCS 405/5-415

Detention is not used consistently across Illinois communities. A handful of counties comprise the majority of detention admissions for children.

In 2019, only five counties had more than five admissions of 10-12 year olds. Together, these five counties accounted for approximately 63% of all admissions for 10-12 year olds. Only 10 additional counties had more than one admission in 2019. 10 of these 15 counties operate their own detention facilities. (See Figure 6.)

Figure 6: 2019 Detention Admissions For Children 10 – 12 Years Old (Counties with more than 1 admission)		
Detaining County	Number of Children Detained	Does County Operate a Detention Center?
Peoria	37	Yes
Winnebago	12	Yes
Sangamon	9	Yes
St. Clair	7	Yes
Kankakee	6	No*
Champaign	4	Yes
Jefferson	4	No
Madison	3	Yes
Vermilion	3	Yes
Rock Island	2	No
Fayette	2	No
Lake	2	Yes
Henderson	2	No
Franklin	2	Yes
Cook	2	Yes

**Kankakee County does not operate a detention center, but the River Valley Detention Center in Joliet is a “joint venture” between Will and Kankakee Counties.*

The data indicate clear patterns in factors giving rise to detention.

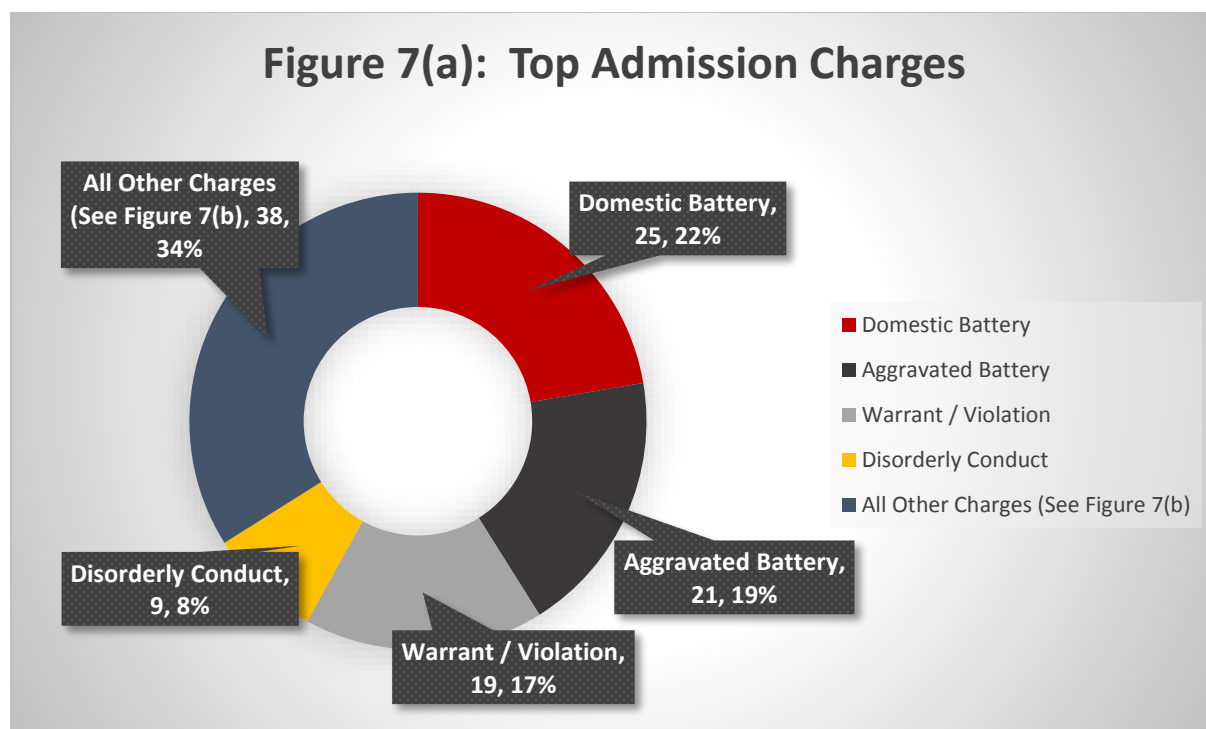
In 2019, the top four charges leading to detention of children comprised 66% of all admissions for 10-12 year olds. (See Figure 7(a).) Those charges included domestic battery, aggravated battery, admission on a warrant or violation of a home detention order or probation conditions, and disorderly conduct.

It is noteworthy that “domestic battery” is consistently among the top charges leading to detention of children in this age range. In the past decade, Illinois has led the nation in examining adolescent domestic battery (ADB) charges, which typically arise when a child or adolescent is in conflict with an adult caregiver. Illinois practitioners have engaged in groundbreaking work to identify the underlying

causes of ADB and develop innovative, community-based alternatives to youth detention, prosecution and incarceration when a family is in conflict.²¹

This work has revealed that, in nearly all cases, family needs – not individual youth behaviors – are at the root of ADB charges. These underlying factors often include substance use or mental health treatment needs of caregivers, prior maltreatment of the child or youth, deficits in parenting skills and / or unaddressed trauma of caregivers, the child, or both. This work has also demonstrated that, because ADB charges have their roots in family needs, a family-focused response – rather than a punitive approach focused on the youth’s behavior – is necessary to reduce future conflict, protect victims of ADB, improve outcomes and strengthen the family.²²

Based on these findings, Illinois practitioners developed the first screening tool for ADB cases to guide system responses, including possible diversion from arrest and/or detention, case processing and treatment decisions. The tool has now been validated in a multiyear, cross-site and cross-state effort and is available to all Illinois practitioners interacting with children, youth and families experiencing ADB.²³

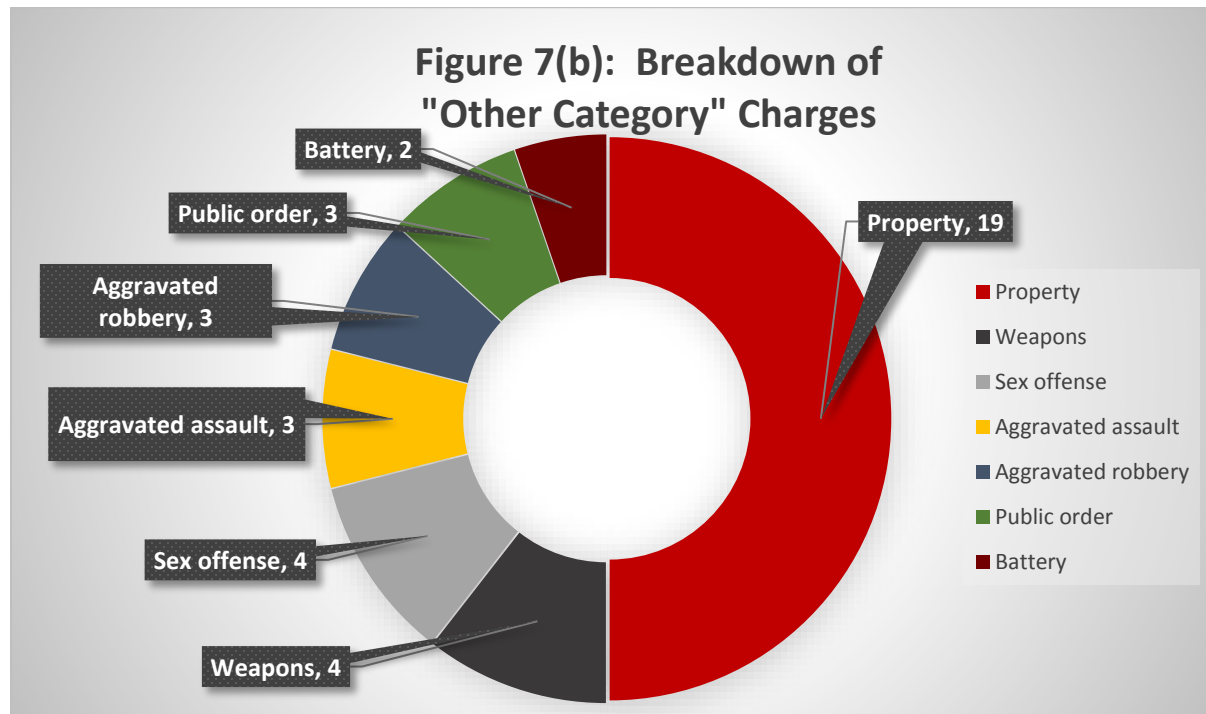


²¹ See <http://www.nysap.us/pdf/NYSAP-ADB-brief-FINAL.pdf>

²² For an example of innovative, family-focused responses to ADB, see “Step Up” program information at <https://www.nedfys.org/step-up>. This program utilizes a 21 week group therapy curriculum targeted toward adolescents and parents / caregivers involved in the juvenile justice system for ADB cases. Step Up is conducted by a local youth services provider in collaboration with the local probation department.

²³ <http://www.modelsforchange.net/publications/845>

While two-thirds of admission charges for 10-12 year olds were accounted for by the four charges discussed above, the other charges were distributed as indicated in Figure 7(b). Notably, half of the remaining charges were property offenses.



The negative impact of detention on life outcomes of children and youth is well-documented by research.

Being detained as a child is a potentially life-altering experience. When detained, a child is removed from her home and community, transported by law enforcement, searched and placed in a secure cell or room. Due to their special needs, children 10-12 years old may be isolated from other youth in detention. If not isolated, they may be intermingled with older and /or larger youth, including some who may be engaged in higher risk behaviors. Regardless of the skill and compassion of detention staff, detention is an inherently frightening experience, likely to traumatize and stigmatize a child. The research bears this out.

At the request of the Commission, the Center for Prevention Research and Development at the University of Illinois Urbana-Champaign accessed and compiled research on the detention of children in this age group. First, it is important to note that the research indicates significant vulnerabilities of detained youth. Nearly half of youth admitted to detention present unmet medical needs; more than two-thirds of them have at least one psychiatric disorder.²⁴ Youth involved in the juvenile justice system

²⁴ See Braverman PK, Adelman WP, Breuner CC, et al. ; Committee on Adolescence . Health care for youth in the juvenile justice system. *Pediatrics*. 2011;128(6):1219–1235; Hein K, Cohen MI, Litt IF, et al. . Juvenile detention: another boundary issue for physicians. *Pediatrics*. 1980;66(2):239–245; Braverman P, Morris R. The health of

have experienced significantly higher rates of “adverse childhood experiences” including emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, violent treatment towards mother, household substance abuse, household mental illness, parental separation or divorce, and having an incarcerated household member. One third of detained youth have experienced *five or more* of these significant life events.²⁵

The vulnerabilities of detained youth are well-documented. Research also demonstrates the negative impact of detention on youth. A series of longitudinal analyses have revealed that youth detained prior to age 18 experience significant patterns of incarceration in adulthood,²⁶ have elevated rates of diagnosable substance use disorders compared to their peers,²⁷ and experience higher rates of psychiatric disorders following detention.²⁸ Other studies have indicated that – even when controlling for other factors such as race, sex, age, juvenile delinquency history, family structure, residential location and parent characteristics – detention as a child or adolescent is associated with significantly higher levels of high school drop-out and lower rates of employment in adulthood.²⁹ Taken as a whole, the literature illustrates significant negative outcomes associated with detention of youth overall.

A recently released study focused more closely on the potentially unique impact of detention on younger children. Using longitudinal data, this study compared health outcomes of subgroups within the population of youth detained prior to age 25. Specifically, the study looked at the health outcomes of those incarcerated or detained at or before age 14, between 15 and 17 years old and those between 18 and 20 years old as compared to emerging adults detained between the ages of 21 and 25. The study authors analyzed adult health outcomes such as mobility limitations, depression and suicidal ideation and other indicators of physical and mental health and found that “(c)hild incarceration displays even wider sociodemographic disparities than incarceration generally and is associated with even worse adult physical and mental health outcomes.”³⁰

This study indicates that detention as a child under the age of 14 “independently predicts worse adult health, controlling for relevant sociodemographic and ecological factors. Compared to incarceration at later adolescent and young adult ages, child incarceration has wider sociodemographic disparities and is more strongly associated with poor physical and mental health outcomes during adulthood.” With this

youth in the juvenile justice system. In: Sherman F, Jacobs F, eds. *Juvenile Justice - Advancing Research, Policy, and Practice*. Hoboken, NJ: Wiley; 2011:44–67 and Teplin LA, Abram KM, McClelland GM, Dulcan MK, Mericle AA. Psychiatric disorders in youth in juvenile detention. *Arch Gen Psychiatry*. 2002;59(12):1133–1143.

²⁵ Baglivio, Michael T; Epps, Nathan; Swartz, Kimberly; Huq, Mona Sayedul; Sheer, Amy; et al. The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders. *Journal of Juvenile Justice; Arlington* Vol. 3, Iss. 2, (Spring 2014): 1-23.

²⁶ Patterns of incarceration among youth after detention: A 16-year longitudinal study, <https://doi.org/10.1016/j.chilyouth.2019.104516>

²⁷ Trajectories of substance use disorder in youth after detention: A 12-year longitudinal study. *Journal of the American Academy of Child & Adolescent Psychiatry*, (2017)

²⁸ Teplin L.A., Welty L.J., Abram K.M., Dulcan M.K. & Washburn J.J., Prevalence and persistence of psychiatric disorders in youth after detention: a prospective longitudinal study, *Arch Gen Psychiatry*. 2012; 69: 1031-1043

²⁹ See Schaefer, S., & Erickson, G. (2016). The impact of juvenile correctional confinement on the transition to adulthood. Available at <https://www.ojp.gov/pdffiles1/nij/grants/249925.pdf>

³⁰ Elizabeth S Barnert, MD, MPH, MS, Laura S. Abrams, PhD, MSW, Rebecca Dudovitz, MD, MSHS, Tumaini R. Coker, MD, MBA, Eraka Bath, MD, Lello Tesema, MD, MSHS, Bergen B. Nelson, MD, MS, Christopher Biely, MS, and Paul J Chung, MD, MS. What is the Relationship Between Incarceration of Children and Adult Health Outcomes?. *Academic Pediatrics* (2019).

data in hand, the study authors urge practitioners and policy makers to address the factors that render children vulnerable to detention at a young age and to rethink “whether the justice system, as opposed to health and child welfare systems, are most appropriate for serving these vulnerable children.”³¹

In addition to noting the research findings, task force members acknowledged unique challenges in caring for children in this age range in detention. These challenges include ensuring the physical and emotional safety of children in detention, given that they may be physically smaller and exhibit different developmental capacities than their older detained peers. Detention professionals discussed the use of isolation to keep younger, more vulnerable children safe in detention while acknowledging the harm isolation itself can cause. And detention practitioners noted that detention can be particularly traumatic for children and the staff who care for them.

Illinois has established a range of alternatives to detention for children in crisis.

Illinois has been a trailblazer in the creation and utilization of alternatives to detention for youth.³² In the past two decades, counties across the state have engaged in local strategic planning to reduce the use of detention and increase the resources available to youth and their families. The state has also invested in a range of services and supports to deflect young people from unnecessary delinquency system referrals and detention. The task force identified and analyzed the resources which can currently serve as alternatives to detention for children in conflict with the law and / or in crisis, as follows.

SASS for Children and Adolescents: The Screening, Assessment and Support Services (SASS) program is a crisis mental health service program for children and adolescents who are experiencing a psychiatric emergency. SASS agencies provide intensive mental health services for eligible children and youth who may need hospitalization or community based mental health care. SASS services are available by calling a statewide hotline. Any child or youth in a mental health crisis who may need public funding through the Illinois All Kids Program or Medicaid may receive SASS services. If the child is eligible for SASS services, providers work with the guardian and child for at least 90 days. If the child is hospitalized, SASS will join the hospital team to care for the child, help the hospital team plan for the child's return home and will provide services when the child is home. If the child is not hospitalized, SASS will provide mental health services and supports to help the child stay at home.³³

Comprehensive Community Based Youth Services: The Comprehensive Community-Based Youth Services Program (CCBYS) is Illinois’ primary crisis response system to prevent young people from entering either the child welfare or juvenile justice (delinquency) systems unnecessarily. CCBYS is a statewide program created by Illinois statute and funded by the Illinois Department of Human Services to designate a community-based service provider in every Illinois county or community to provide immediate crisis intervention programs for runaways, youth locked out of their homes or in conflict with parents or caregivers, and young people in immediate physical danger.

³¹ Id

³² While the Illinois Juvenile Court Act provides for “secure confinement for minors who present a danger to the community” it also encourages policies designed to “allow minors to reside within their homes whenever possible... and provide support necessary to make this possible”. 750 ILCS 405/5-101 (2) b and e

³³ For more information on the SASS program, see <https://www.dhs.state.il.us/page.aspx?item=92597>

Law enforcement, schools, families, hospitals and others refer youth in crisis to the program rather than arresting, detaining or referring the youth to the justice system for services. A CCBYS worker works to immediately de-escalate a crisis, stabilize the family and plan for longer-term resolution of the challenges facing the young person and family. Locally designed and led, with state funding and support, CCBYS is an essential part of the safety net for Illinois’ children and youth and a resource to law enforcement and the courts.

In addition to immediate crisis intervention and de-escalation services, CCBYS workers help young people secure emergency housing if needed and follow up with counseling, case management, and links to resources in the community. Sometimes CCBYS workers help families work through conflicts that result in a youth running away or being kicked out of her home. Other times, CCBYS programs work with families experiencing acute mental health or substance abuse problems, trauma and cycles of abuse or violence. The CCBYS program goal is to keep young people and families safe and to find practical, community-based and individualized solutions and services to address a family’s needs, produce positive outcomes and avoid unnecessary arrest, detention, incarceration or referral to the Department of Children and Family Services (DCFS).³⁴ CCBYS programs can also serve as an effective initial response to families in crisis whose children face arrest for “domestic battery”, as discussed above.

Existing alternatives to detention when a law enforcement interaction with a child results in arrest	
Needs of children and / or families:	Resource or response available:
Child can be “counseled and released”	Release to parents or caregivers with or without referral to community based resource. Release to parents or guardians is to be utilized “whenever possible”. ³⁵
Child is in conflict with parent(s) or caregivers	Comprehensive Community Based Youth Services Referral: Law Enforcement may refer a child / family to a CCBYS provider for assistance with crisis de-escalation and family reunification as provided by law and program criteria.
Child is experiencing mental health crisis	SASS Referral: Law Enforcement may contact the Screening, Assessment and Support Services (SASS) program for children and adolescents experiencing a mental health crisis.
Child is in need of in need of immediate mental health or medical treatment	Hospitalization: Law Enforcement may seek hospital admission in cases of physical injury or mental health treatment need.
Child has experienced neglect or abuse	DCFS referral: Law enforcement officers are mandated reporters of suspected harm to children, as defined by Illinois law.

³⁴ For more information on the CCBYS program, see <https://www.dhs.state.il.us/page.aspx?item=30768>

³⁵ 750 ILCS 405/5-101

Non-programmatic responses: In addition to formal programmatic responses such as SASS or CCBYS, task force members also noted the need for robust child welfare / DCFS responses when a child has experienced maltreatment and for law enforcement officers to consider the relevance of child abuse or neglect when weighing their responses to children in crisis. The group also discussed the factors indicating a need for referral to a hospital (vs. a detention center) when children are experiencing a mental health crisis and / or a physical health need.

And lastly, the group acknowledged that the vast majority of contacts between law enforcement officers and children appropriately result in a “counsel and release” approach, in which the officer stabilizes the situation and releases a child to caregivers without an arrest or referral for detention admission.

State and local practitioners should utilize the proposed “planning period” provided in the pending legislation to address gaps in resources and to plan for effective implementation.

In mapping the array of detention alternatives for children in this age range, task force members noted that there may be gaps in some services for children, particularly outside Cook County. In their discussions, the most frequently cited need was short-term / emergency residential placement options. Providers of community-based services, such as CCBYS, noted that their crisis responders are highly skilled in diffusing crises within a family and returning a child to their home or to a short term stay with a relative or other adult caregiver, with the authorization of a parent or custodian. Law enforcement officers also noted the work that police do to find alternatives to removal of a child from his or her home. In a relatively small number of cases, however, children may not be able to be returned home following arrest, but do not require hospitalization or placement through DCFS. Task force members noted emergency shelters cannot be utilized for children under 14 years old, except by DCFS.³⁶

The task force discussed “host homes” or specialized foster homes as one option for children requiring emergency placement for whom a family-generated solution was not available. As of February 2021, the Illinois Collaboration on Youth has drafted legislation which would establish new licensing criteria for host homes serving young people ages 11 to 17 who are experiencing a crisis and in need of a temporary alternative care model.

Prior versions of the bill to “raise the age” of detention in Illinois have included a planning period prior to implementation of the statutory provisions. Task force members urged that this planning period should be used to address gaps in resources and for stakeholders to work collaboratively to develop policy and protocols on referrals and access to alternatives to detention for children. Task force members urged that these strategies must attend to public safety and the well-being of children in both the short and long term.

³⁶ To fill this gap in emergency placement resources, Cook County has established the Manuel Saura Center, which provides pre-trial residential care and comprehensive case management services for justice-involved youth between the ages of 10 to 17, as part of their Juvenile Detention Alternative Initiative (JDAI). While other counties across the state have undertaken robust JDAI efforts over the past decade, the Saura Center remains unique in providing residential care to delinquency-system involved children and youth.

Conclusion:

The number of children detained between the ages of 10 and 12 years old has declined in Illinois over recent years, with some communities avoiding detention of children altogether. But being detained as a child is likely to be a life-altering experience and it is one which is vastly disproportionately borne by Black or African American children in Illinois. Research on the impact of detention on children raises concerns for the immediate and life-long well-being of detained children and their communities. And ensuring the physical safety and emotional well-being of children in this age group in a detention facility is challenging.

There are alternatives to detaining children currently available. Illinois has implemented a range of community-based responses for children and families in crisis, including Screening, Assessment and Support Services (SASS) programs, child welfare responses, Comprehensive Community Based Youth Services (CCBYS) and local alternatives to detention programs. There may, however, be gaps in some services for children in this age range, including emergency residential placement options, particularly outside Cook County. The data also indicate uneven utilization of the existing alternatives to detention from community to community.

Taken together, the research, data and practitioner perspectives indicate an urgent need for Illinois leaders to rethink detention of children, to ensure that alternatives are available to Illinois communities and practitioners and to ensure that these alternatives are utilized in ways which eliminate racial disparities in our responses to children in conflict with the law, protect public safety and enhance the well-being of children and their families

If legislation to “raise the age” of detention in Illinois is passed, stakeholders should utilize the planning period prior to implementation to address any gaps in resources and to develop practical protocols for referrals to community based resources which serve as alternatives to detention for children, enhance community safety and strengthen families across our state.

Once effective, implementation of this legislation must be monitored to ensure the elimination of racial disparities in responses to children in conflict with the law and to ensure the availability and efficacy of community-based resources for vulnerable children and families. The Commission stands ready to assist and support Illinois’ justice system and community leaders in making these goals a reality.

**Illinois Juvenile Justice Commission Members
February 2021**

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Lisa Jacobs, Vice Chair
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Young Children (10-12) in Illinois Detention Data Profile

Update: January 1, 2017 through June 30,
2020



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Illinois Juvenile
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Young Children (10-12) in Detention

A Review of Illinois Detention Center Admissions

Description of Analysis

The reporting period for this analysis is January 1, 2017 through June 30, 2020. This data was pulled from the Juvenile Monitoring Information System (JMIS) on August 26, 2020. JMIS is a dynamic database, which is constantly updated by Illinois's 16 Juvenile Detention Centers. The data is filtered for ages 10, 11 and 12. Additionally, "Out of State" youth were excluded from this analysis. For this analysis detention admissions were sorted by Authorizing County, which represents the Illinois county that authorized the detention. As it is possible for youth to be admitted into Detention Centers multiple times, analysis is provided on unique youth wherever possible. For instance, below are tables with the number of admissions and there corresponding tables with the number of unique youth beside for comparison.

Detention Admissions by County (Top 25 Authorizing Counties)

Authorizing County	2017	2018	2019	2020
Peoria County	27	26	37	5
Winnebago County	22	16	12	3
Sangamon County	18	12	9	5
Cook County	18	16	2	3
Madison County	18	4	3	1
DuPage County	15	2	1	
St. Clair County	3	6	7	1
Champaign County	4	2	4	3
Vermilion County	4	3	3	3
Rock Island County	9	1	2	
Kankakee County	3	2	6	
Fayette County	4	1	2	
Lake County	3		2	1
Macon County	3	3		
Jefferson County		1	4	
Will County	1	3	1	
Adams County		3	1	
Henderson County		2	2	
LaSalle County		3		1
McDonough County	2		1	1
Randolph County			1	3
DeKalb County		1	1	1
Kendall County			1	2
Tazewell County		1		2
Franklin County			2	
Hardin County	2			
Jackson County	1	1		
Kane County		2		
Knox County			1	1
Saline County		1		1
Bond County				1
Bureau County		1		
Cass County			1	
Crawford County			1	
Fulton County	1			
Grundy County			1	
Jasper County				1
Livingston County		1		
Marion County			1	
Massac County		1		
McHenry County		1		
Ogle County	1			
Stark County	1			
Stephenson County	1			
Union County			1	
Wayne County	1			
Whiteside County			1	
Woodford County			1	
Grand Total	162	116	112	39

Ages 10 through 12 Admissions by Year by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	8	8	16	8	16	15	15	12	15	19	12	18
2018	4	10	11	9	12	8	8	14	13	8	12	7
2019	7	11	13	8	10	11	7	4	12	6	16	7
2020	11	4	9	8	1	6						

Admissions by Age

Admit Age	2017	2018	2019	2020
10	3	6	2	
11	28	11	26	6
12	131	99	84	33
Total	162	116	112	39

Unique Youth by Age

Admit Age	2017	2018	2019	2020
10	3	5	2	
11	21	11	19	6
12	85	66	65	25
Total	106	82	84	31

Admissions by Gender

Gender	2017	2018	2019	2020
Male	137	98	78	33
Female	25	18	34	6
Total	162	116	112	39

Unique Youth by Gender

Gender	2017	2018	2019	2020
Male	87	65	64	27
Female	19	17	20	4
Total	106	82	84	31

Admissions by Race

Race	2017	2018	2019	2020
Black/A.A.	115	80	79	20
White	45	22	25	16
Multi-Racial	1	10	7	3
Other	1	4	1	
Grand Total	162	116	112	39

Unique Youth by Race

Race	2017	2018	2019	2020
Black/A.A.	72	52	56	16
White	32	20	21	12
Multi-Racial	1	8	6	3
Other	1	2	1	
Grand Total	106	82	84	31

Young Children (10-12) in Detention

A Closer Look at Detention Centers and ALOS

Description of Analysis

The top two tables provide a summary of admissions by detention center and unique youth by detention center for the reporting period (January 1, 2017 through June 30, 2020). The bottom two tables are a summary of average length of stay (ALOS) by authorizing county for 2018 and 2019.

Admissions by Detention Center

Detention Facility	2017	2018	2019	2020
Peoria County Detention Center	30	30	37	6
Winnebago County Detention Center	22	16	12	3
Sangamon County Detention Center	18	12	9	5
Knox County Mary Davis Detention	13	3	7	3
Madison County Detention Center	22	5	5	2
Cook County Juvenile Detention Center	18	16	2	3
Franklin County Juvenile Detention	4	4	9	2
Kane County Detention Center	17	6	3	3
Will County Juvenile Detention Center	4	5	8	
St. Clair County Detention Center	3	6	8	4
Vermilion Juvenile Detention Center	4	3	3	3
Champaign County Youth Home	4	2	4	3
Lake County Detention Center	3		2	1
LaSalle County Detention Center		3		1
Adams County Youth Home		3	2	
McLean County Juvenile Detention Center		2	1	
Grand Total	162	116	112	39

Unique Youth by Detention Center

Detention Facility	2017	2018	2019	2020
Peoria County Detention Center	22	23	20	6
Winnebago County Detention Center	12	9	11	3
Sangamon County Detention Center	11	7	8	4
Knox County Mary Davis Detention	11	3	6	3
Madison County Detention Center	13	4	5	2
Cook County Juvenile Detention Center	11	8	2	1
Franklin County Juvenile Detention	3	4	8	2
Kane County Detention Center	7	6	3	2
Will County Juvenile Detention Center	3	5	6	
St. Clair County Detention Center	3	2	6	2
Vermilion Juvenile Detention Center	4	3	2	2
Champaign County Youth Home	4	1	2	2
Lake County Detention Center	3		2	1
LaSalle County Detention Center		3		1
Adams County Youth Home		2	2	
McLean County Juvenile Detention Center		2	1	
Grand Total	106	82	84	31

ALOS Description

Length of Stay is calculated on the basis of admission and release dates and times for each detention admission, rounded up to the nearest day (using 24 hours as one day.) It is possible that the Admission date occurred in the year prior to the reporting year and the Release date occurred in the reporting year. The **Average Length of Stay (ALOS)** calculation sums the LOS for all youth admitted within the reporting period and calculates an average in days per admission for that period.

2018 ALOS by Authorizing County > 5 Admissions

	10 Year Olds	11 Year Olds	12 Year Olds
Champaign County			6.0
Cook County			53.1
DuPage County			6.0
Fayette County	1.0	70.0	
Kankakee County			2.0
Lake County			
Macon County			2.0
Madison County			21.2
Peoria County	2.5	2.0	33.0
Rock Island County			19.0
Sangamon County		2.0	7.3
St. Clair County			3.3
Vermilion County	103.0	1.0	23.0
Winnebago County	1.0	54.0	28.2

2019 ALOS by Authorizing County > 5 Admissions

County Name	10 Year Olds	11 Year Olds	12 Year Olds
Champaign County			14.50
Cook County			16.50
DuPage County		1.00	
Fayette County		1.00	
Kankakee County			5.50
Lake County			1.00
Macon County			
Madison County		4.00	16.50
Peoria County		14.50	20.50
Rock Island County		34.00	
Sangamon County	1.00	1.00	9.67
St. Clair County	2.00	1.50	18.75
Vermilion County			2.50
Winnebago County		9.00	29.44

Young Children (10-12) in Detention

A Review of Presenting Offenses

Description of Analysis

This analysis provides a breakdown of Uniform Crime Reporting Program (UCR) Offense Category, which is analyzed in the Annual Detention Report. The table includes a summary of admissions for each UCR category and the underlying presenting offense at admission. This data summarizes admissions for the reporting period (January 1, 2017 through June 30, 2020).

UCR Offense Categ..	Presenting Offense	2017	2018	2019	2020
Violent	Aggravated Battery	32	29	21	9
	Domestic Battery	18	13	25	2
	Armed Robbery	3	4		2
	Aggravated Assault	1	1	3	
	Aggravated Robbery		1	3	
	Battery	1	1	2	
	Robbery	2	1		1
	Aggravated Domestic Battery				1
	Aggravated Vehicular Hijacking	1			
	Murder -- First Degree	1			
	Property	Burglary	11	6	1
Motor Vehicle Theft		2	4	2	4
Residential Burglary -- Forcible Entry		8	3	2	
Criminal Damage to Property		6	2	1	1
Arson		3	2	1	
Retail Theft		2		4	
Aggravated Arson		2		1	
Criminal Trespass to Real Property				2	1
Stolen Property -- Receiving, Possession		1	1	1	
Burglary from Motor Vehicle		2			
Criminal Trespass to Residence				1	1
Criminal Trespass to Vehicle			2		
Theft from Motor Vehicle			2		
\$300 and Under		1			
Criminal Damage to Airport				2	
Criminal Defacement of Property		1			
Over \$300		1			
Vehicular Hijacking				1	
Vehicular Invasion					1
Warrant		Warrant -- Delinquent	27	21	13
	Violation of HDET	5		4	
	Warrant -- Other (Name It)	3	1		
Other	Disorderly Conduct	2	3	9	1
	Unlawful Use of a Weapon	10	2	3	
	Resist, Obstruct, or Disarm a Peace Officer		4	2	
	Unlawful Use or Possession of a Weapon by a Felon	1	2		1
	Reckless Conduct	2			
	Aggravated Discharge of a Firearm	2			
	All Other Criminal Offenses	1			
	Bomb Threat				1
	Mob Action			1	
	No FOID Card				1
	Obstructing Justice	1			
Sex	Reckless Discharge of Firearm		1		
	Reckless Driving	1			
	Unlawful Possession of Firearms and Firearm Ammunition			1	
	Aggravated Criminal Sexual Assault	2	3	1	
	Aggravated Criminal Sexual Abuse	1	1	1	
Violations	Criminal Sexual Assault		2	1	
	Criminal Sexual Abuse			1	
Probation Violation	5	4	2	1	
Drug	Delivery or Possession w/Intent to Deliver				1
Grand Total		162	116	112	39