

Adolescents and incarceration

Adolescents who break the law and get locked up have needs different from those of adult criminals. How juveniles are treated in courts and in lock-up differs from state to state. The experience of incarceration may profoundly affect a teen's future. Being informed and preparing for how to cope with this experience may ease the transition from the free world to confinement and motivate the adolescent to be hopeful and positively future-oriented when he or she is released.

INTRODUCTION

The purpose of incarceration and the purported goals for detainees have evolved over time. Generally there are four main purposes of incarceration: punitive, with the goal of depriving criminals of freedom as a way of making them pay a debt to society; incapacitation, the removal of criminals from society so they can no longer commit crimes; deterrence, the idea of incarceration serving as an alert to people who are thinking about committing a crime, warning them that they will be locked up if they act on their thoughts; and finally, rehabilitation, a process designed to change criminal behavior by providing education and job training, as well as mental health counseling and help with addictions. This article describes juvenile incarceration and offers thoughts on how best to survive such an experience.

INCARCERATION OF JUVENILES

In early American culture, juveniles who committed crimes were treated much the same as adults, with the Puritan emphasis on obedience and discipline. While children under the age of 7 were considered not to have the maturity to be held criminally responsible, those from ages 7 to 14 could be presumed responsible. By age 14 it was assumed that the child was intellectually capable of intent to commit a crime and therefore subject to trial and punishment as an adult. With the growing influence of the Enlightenment, there was a recognition of the special needs of children who commit crimes and a belief that nonpunitive means should be used to help them. Massachusetts enacted legislation in 1870 that required separate hearings for juveniles, and a similar law followed in New York in 1877. Other states followed with more progressive laws, and in 1938 the federal government passed the Juvenile Court Act, a set of principles that included the idea that children should be given op-

portunity to reform and that it is indeed the state's responsibility to rehabilitate children according to a system of justice that recognizes the individualized needs of the child. In order to avoid the stigma of criminality, young adjudicated offenders were termed "delinquent" rather than "criminal." Today most states define a child subject to juvenile court jurisdiction as someone who is under 18 years of age. New York and North Carolina are the only two states in the US that automatically prosecute 16-year-olds as adults. However, in other states, such as Florida, while 16- and 17-year-olds are not automatically tried as adults, prosecutors have the authority to charge youth as young as 14 as adults, depending on the crime. In 1995, when George W. Bush was Governor of Texas, he signed into law a new juvenile justice bill that lowered the age at which juveniles can be tried as adults (from 15 to 14), eased restrictions on the fingerprinting and photographing of children taken into custody, opened most juvenile hearings to the public, and made it possible for children who committed violent crimes to be sentenced to up to 40 years in prison, with transfer to an adult prison when they reach age 16. The Bureau of Justice Statistics indicate that there is wide variability across states in the presence of juveniles in adult criminal facilities, but on the national level there has been a strong movement to prevent young people from being locked up all their lives for crimes committed in youth. The US Supreme Court barred mandatory life sentences for juveniles in 2012.

Adjudication and rehabilitation of juveniles must be guided by the special needs of this age group, with an understanding of adolescent development and how teens differ from adults. Psychologist Erik Erikson describes the teen years as a time when a person's main concern is identity development, separation from parents, and getting accepted by peers. While peers are particularly important at this time, that influence can often be negative, especially if there are no positive role models available to counteract undesirable sway.

Risk-taking is a hallmark of adolescence and has been described by recent theorists as having an evolutionary advantage. Taking risks enables teens to move beyond the confines of the home, to get out and explore, and to eventually start their own families. This natural tendency to take risks, to enter the unfamiliar, can be heightened by peer pressure. As is true with adults, teens are more likely to take risks when in a group than when alone. This is what social psychologists refer to as the risky shift phenomenon. That is, people in groups are more likely

to agree to a course of action that is more extreme than they would have made if they had been acting alone. This mix of risk-taking, peer pressure, and need to define and prove oneself can create some dangerous situations for teens.

Recent neurological research provides another reason that teens get in trouble. The teen brain is relatively immature compared with that of an adult. The brain's limbic system, which supports numerous functions, including emotions and flow of epinephrine, develops at a faster rate than the pre-frontal cortex, the part of the brain responsible for modulating emotions and using reason. As the frontal lobes mature, teens are more able to exercise good judgment, to discriminate between negative and positive peers, and to understand more clearly the consequences of behaviors. But until this happens, young people with fearless bravado may get into legal trouble. Furthermore, binge drinking and abuse of other substances may serve the purpose of self-medication for the mood instability that occurs when teens have not yet developed sufficient coping skills. In the worst of cases, suicide appears to be the only way out, a permanent solution to what the young person cannot see is a temporary problem.

WHAT YOU NEED TO KNOW IF YOU ARE LOCKED UP

A recent *NY Times* article notes that the US prison population is near a record high, even though violent crime and property crime have fallen nationally. What happens if you find yourself locked up? Where do you fit in in this diverse culture? What do you need to do in order to survive?

If you are sentenced to do time, whether you are in a jail, a juvenile detention center, or a youth prison, you will initially be separated from the influence of your family, your parents, friends, school, and other social institutions you grew up with. Contact with your support system via visits and letters and phone calls does not happen immediately. You may feel abandoned by family and friends. Incarceration may also be a time for you to repair relationships with those on the outside. Even if your support system is weak, you may soon come to see that incarceration affects not only you, but also the people who spent time with you before you got locked up. When they are finally able to visit, your family and friends will be subject to search, will need proper ID, and will have to abide by a dress code. Indeed, if you have a special boyfriend or girlfriend who

is going to be there for you (“do your time with you”), your relationship will be tested.

After adjudication and your sentencing to a facility, you will be assigned to a particular custody status. Custody status can change, depending on various factors such as your crime, your behavior as an inmate, time served, and even events that have nothing to do with you, such as a riot that necessitates an entire facility to lock down. Maximum Custody is the strictest level and has the highest level of supervision. Less restrictive levels of custody will enable you to participate in various jobs and programs. If you are found guilty of an offense while incarcerated, you may lose reduced custody status and end up in a Detention area where you will be locked down most of the day. If you are threatened and feel you are at risk to be harmed, you may request placement in



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a secure unit (Protective Custody) away from other inmates. There are also special custody status placements for inmates with medical and psychological needs.

The Eighth Amendment to the US Constitution prohibits “cruel and unusual punishment.” Some of your rights and privileges as a prisoner will differ depending on where you are locked up, but if you or your parents want to be informed, a good starting point is the Columbia Human Rights Law Review (2011) *A Jailhouse Lawyer’s Manual*: Chapter 38: Rights of Juveniles in Prison, which you can get online for free. In general, correctional facilities are required to provide medical, dental, and mental health care to you while you are in confinement. You may also be provided with appropriate educational and vocational programs as well as religious and legal counsel to help with reintegration into the community. Try to be extra alert and open to what you need to do to get access to such programming. If your facility is crowded, you may need to be a squeaky wheel in order to get heard. At the same time, you need to be tactful in order to get your needs met.

The most common stressors of confinement include: lack of privacy, crowding, anger, isolation from support systems, pressure to join or threats from gangs, lack of resources, and stigma. You will need to do your best to cope with these stressors in ways different from what you did outside. You won’t be able to escape by driving away and hanging out with friends. You may have used drugs or alcohol on the outside in order to deal with stress. Behind bars that option is prohibited, but it is common knowledge that substances are available. Most facilities have zero tolerance for drugs and alcohol, and you could get in serious trouble for using, such as loss of visits. Most facilities provide substance abuse treatment, and some inmates consider their time inside as a piece of good fortune for this reason. It gives them a chance to get clean and sober.

WHAT TO DO IF YOU FEEL THAT YOU HAVE A MENTAL DISORDER OR IF YOU FEEL SUICIDAL

It is normal for teens to go through ups and downs. Your hormones are changing, you’re dealing with a lot of new experiences, and it’s a time in your life when you want to move away from adult control. At the same time, it’s not easy to give up the support you may have had as a child. When you’re incarcerated, adults everywhere will be controlling you. If you find yourself experiencing mood swings or behavioral changes that seem worse than or different from those of your peers, it’s important

that you ask for help. It can be easy to fall through the cracks in a correctional facility, especially if depression makes you want to keep to yourself and not talk to anyone. Be sure to tell the officer, your teacher, the medical or mental health staff, or whomever you have the best relationship with about how you are feeling. Correction officers are trained to recognize symptoms of mental illness, but they may not catch it if you don’t speak up. Unfortunately people who are depressed often isolate themselves. Don’t let this happen to you. The mental health or medical staff is there to provide help. Here’s what to look out for:

Depression – Depression is characterized by a markedly diminished interest or pleasure in daily activities. You may not want to play basketball or watch TV anymore. You may decide to skip showers and not comb your hair or brush your teeth. You may lose interest in eating, or in some instances you may overeat in order to feel better. You may have trouble sleeping, become agitated, experience a loss of energy, cry a lot, or have feelings that you are no good. You may have trouble making even simple decisions, such as which desk to sit at during class. You may feel guilty, have difficulty concentrating, or have thoughts that you would like to be dead. Adolescent death by suicide is more common in incarceration than in the outside community. Be sure to ask for help.

Anxiety – Anxiety is a feeling of discomfort, worry, fear, nervousness, or panic. You may worry so much that you can’t sleep at night. You may have bad muscle tension, grind your teeth, bite your nails, pick at your skin, or have problems with diarrhea or constipation. Panic attacks can come on suddenly and you may feel nauseous and feel your heart race and palms sweat. If you have flashbacks during the day or bad dreams at night of some traumatic event, something bad that happened to you, you may have Post-Traumatic Stress Disorder. While some fears are real and necessary to have in prison, if you are unable to calm yourself down, be sure to ask for help.

Suicidal thoughts – Incarcerated youth have a high prevalence of many of the risk factors for suicide. You and your fellow inmates are more likely than others to have experienced physical, sexual, or emotional abuse; substance abuse; and mental disorders prior to incarceration. If you are a juvenile incarcerated in an adult facility, you are even more at risk for suicide. The first question asked after a suicide is always WHY? Those who have survived suicide attempts have reported that they not so much wanted to die, but rather, they wanted to end the

pain. The pain of depression is a reason you may want to end your life. There is a treatment for pain of depression. Be sure to ask for help. Certain psychotic illnesses can cause a person to kill himself or herself. If you hear voices that tell you that you are bad or that you should be dead, be sure to ask for help. Substance abuse can lead to depression if it interferes with the part of your brain that normally makes you a reasonable person. If you abuse substances and are ready to quit, be sure to ask for help. Sometimes you may feel that if you attempt suicide you will get attention, that people will realize how much pain you are in. Swallowing a bottle of pills or some cleaning fluid will definitely get attention, but you are very likely to die or be permanently disabled in the process. If you need someone to hear your pain, be sure to ask for help.

COPING: YOUR FUTURE

Your future has to depend on you. Political action about crime fluctuates, and resources available to you as someone with a criminal record will vary as well. One recent presidential candidate noted that the United States has approximately 5 percent of the world's total population but that we house approximately 25% of the world's prison population. One reason for the high incarceration rate is imprisonment for nonviolent offenses such as drug use. The candidate also mentioned the high proportion of inmates of color in this country. Even with numbers and statistics, politicians will continue to argue and address these issues. You may want to find out about your voting rights. Felony disenfranchisement excludes ex-cons from voting, but jurisdictions vary in whether this is permanent. But your main focus needs first to be on keeping yourself healthy, clean, sober, law-abiding, and happy.

As some inmates say, "I'm going to do me." Being in prison may afford you the opportunity to really focus on yourself. You can finish your high school education if you haven't already done so. Some facilities offer college courses. You can learn a trade. Social Service and Mental Health Departments usually have self-help programs. All of these activities will help you when you get back outside. The Life Review Group is an example of a group for young men in a youth correctional facility in New Jersey in which inmates mapped out their life stories, noting their strengths and dreams (Tahir, 2005). Robin Casarjian (1995) has written a self-help book for prisoners called *Houses of Healing* in which she outlines a program for making the best use of your time in prison.

She started The National Emotional Literacy Project for Prisoners in which inmates can learn to reflect on their behavior, concentrate on their personal growth, understand anger and resentment, and work toward forgiveness. The late Bo Lozoff wrote a classic prison self-help book, *We're All Doing Time*, that is available free to inmates from the Human Kindness Foundation (P.O. Box 61619, Durham, NC 27715). With the large number of Americans with criminal records, you will not be alone.

FURTHER READING

- Casarjian, R. (1995). *Houses of Healing*. Boston, MA: Lionheart Foundation. Robin Casarjian provides a great book that can be used in groups as well as by individual inmates who want to read about personal growth and healing. She draws on the work of John Bradshaw who wrote about getting to know one's inner child, to work on inner struggles in one's past that cause drama and more pain in the present.
- Erikson, E. H. (1968). *Identity: Youth and Crisis*. New York: Norton. Erikson proposed that individuals across the life span must confront and resolve a series of specific social challenges. Adolescents create a set of personal values and goals that reflect their identity, and from there, in early adulthood, the main challenge is to merge that identity with that of another person in intimate love.
- Jensen, F.E., and Nutt, A.E. (2015). *The Teenage Brain*. New York: Harper. Frances E. Jensen is a neurologist and mother of two boys. The book explains the science of brain wiring and function and shows the advantages of continuing brain plasticity. The book will be helpful to parents, teachers, and lawmakers.
- Lozoff, B. (1985). *We're All Doing Time*. Durham, NC: Prison-Ashram Project. This book by activist Bo about prison life, not only for inmates serving short sentences, but also lifers. Some of the topics covered Lozoff has become a classic self-help book for inmates of all ages, providing thoughts on numerous topics are anger management, forgiveness, self-acceptance, and meditation practice. The Human Kindness Foundation provides free books to prisons throughout the US, and Sita Lozoff and staff correspond with inmates via mail. Address is Human Kindness Foundation, P.O. Box 61619, Durham, NC 27715.
- Tahir, L. (2005). The evolving systems approach and narrative therapy for incarcerated male youth. In D.B. Wallace (Ed.). *Education, Arts, and Morality* (pp.85-101). New York: Kluwer Academic. This study applies

Howard Gruber's evolving systems approach and narrative techniques to the study of a small group of incarcerated young men who were taught to re-story their lives.

<http://www3.law.columbia.edu/hrlr/chapter-38.pdf> A Jailhouse Lawyer's Manual was written by members of the Columbia Human Rights Law Review. Chapter 38 was rewritten by Kristin Lieske, based on previous versions written by Kat Stoller and Valentina M Morales. The chapter provides an excellent summary of the legal aspects of juvenile incarceration. Columbia Human Rights Project.

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SEE ALSO: Depression; Stress Reduction; Teenage Suicide; Teens and Alcohol Abuse; Teens and Drug Abuse

Anger

Anger, a feeling of great displeasure and hostility toward others, has received modern research attention since the 1930s. The emotion is due to mental and physical processes related to perceived attacks on beliefs, values, and expectations, as well as to psychiatric conditions such as paranoia. Anger responds to psychological counseling and medication.

INTRODUCTION

The modern definition of anger is a feeling of great hostility, displeasure, or exasperation toward other persons. The experience of anger is perceived as being beyond any conscious reason, because emotions are reflexive, involuntary experiences rather than purposeful acts. To be angry is not a conscious choice. It happens when an experience causes a change in biological and mental states. Anger is caused by both mental and physical stimuli. Its mental components are thoughts, beliefs, expectations, and values. Anger's physical components are changed biostatus, such as increased heart rate and blood pressure. These stimuli will differ in extent from person to person.

Anger occurs in all people. Psychologically, two things must occur to cause anger: people must form a belief that others have committed misdeeds that have wronged them, and they must assign blame to others, who are targeted for retribution. Anger is therefore a reaction to the actions of others and a judgment of the cause of those

actions. To become angry, one must see an action of another person as intentional mistreatment. Whether this is true is irrelevant; the perception of mistreatment causes the anger response. The causes and expressions of anger vary with age and gender. Most frequently, anger is based on feeling unable to right wrongs committed against one, perceived violation of one's principles or values (such as honesty), physical or verbal attacks on one's self-esteem, and actions preventing the attainment of goals that are perceived to be correct.

A great many situations can cause anger. Some are created by psychological disorders, while others are more normal but may become excessively severe. Anger in the case of psychological disorders includes the anger of paranoids and of some people experiencing depression. The more usual instances of anger include anger at a spouse, anger at an employer, anger at a friend, and anger due to a situation caused by a stranger (such as road rage and aggression). Manifestations of anger will range from rage responses to anger suppression. Rage leads to screaming at others, striking them, and destroying property. Suppressed anger can lead to depression. Rage and depression should be treated professionally.

THE BIOLOGY OF ANGER

Biologically, human anger is a response of the nervous system to stresses, demands, threats, and pressures. When people are faced with a threat to survival, their nervous systems quickly, automatically meet it by raising body defenses in a fight-or-flight mechanism. The fight-or-flight response, identified by Harvard physiologist Walter Bradford Cannon in the 1930s, occurs whether life events require greatly changed lifestyle or are minor irritants. The nervous system does not await a conscious interpretation of an event, but simply reacts via the sympathetic nervous system, which is designed for immediate defense responses. The system trigger is the release of the hormone epinephrine (adrenaline), made by the adrenal glands located atop each kidney. Epinephrine causes dilation of the pupils, elevated heartbeat rate, increased blood pressure, rapid breathing, release of sugar into the blood by the liver, and movement of blood into the skeletal muscles.

These responses lead to arousal and readiness to fight or flee. Pupil dilation increases the ability to see danger and differentiate it from normal events. Increased heartbeat drives blood through the cardiovascular system more rapidly than usual. This hastens hormone and nutrient passage through the body, engendering swift signaling by