Pennsylvania’s juvenile justice system lost a friend, as well as an inspirational and influential leader in February. Dennis Michael Maloney was well known in Pennsylvania and had a profound impact on the state’s juvenile justice system. Although he never lived in Pennsylvania, it can be argued that very few people have had a more profound impact on Pennsylvania than Denny.

Denny’s relationship with Pennsylvania dates back to the 1980s when he offered training opportunities that reflected his core principles of community protection, accountability, youth competency development, individualized assessment of each youth and balance. Denny believed justice is best served when the community, crime victim and juvenile offender receive balanced attention.

His belief in these fundamental tenets was ahead of his time. Today, our juvenile justice system is based on his writings and those of Troy Armstrong and Dennis Romig, his colleagues. Their 1988 journal, “Juvenile Probation: The Balanced Approach,” was the foundation for the legislative proposal that redefined our purpose and mission under the Juvenile Act, Act 33 of Special Session 1 of 1995, making Pennsylvania the first state to adopt a statutory mission based on these principles.

In the years since, Denny continued to play a pivotal role in the commonwealth, providing support and guidance. He returned many times to speak to juvenile justice practitioners in training sessions and at conferences, and provided invaluable consultations to organizations committed to building a more balanced and restorative response to juvenile crime.

At the time of his death, Denny was the president of Community Justice Associates, a member of the faculty at Oregon State University, and an associate director of the Cascades Center for Community Governance. For 16 years he served as the director of the Deschutes County, Oregon, Department of Community Justice, where his juvenile and adult community justice programs gained national attention.

Denny’s expertise took him across the country and around the world. In the past decade, he provided technical assistance to all
2007 Safe Schools Conference

The 2007 Safe Schools Conference, sponsored by Pennsylvania’s Department of Education, state police, Commission on Crime and Delinquency, and the Center for Safe Schools, will be held at the Hilton Harrisburg and Towers from April 30 through May 2, 2007.

This year’s conference, “Keeping Our Children Safe: Strategies for Schools and Communities,” builds on Governor Edward G. Rendell’s mission to improve education for all students and it will focus on creating a positive school culture that supports academic success and a safe teaching and learning environment. Those in attendance will have the opportunity to hear from state and national experts about the latest research in school safety and violence prevention, review effective program models and practices, and network with colleagues from across the state.

Participants can choose from nine full-day institutes and more than 20 workshops. In addition, the keynote address will be presented by Dr. Michele Borba, an internationally recognized expert on parenting and violence prevention and author of “Building Moral Intelligence: The Seven Essential Virtues that Teach Kids to Do the Right Thing.”

There is no registration fee to attend. Participants are responsible for their own lodging, meals and travel costs. A limited block of rooms are available at the Hilton Harrisburg and Towers at a special rate of $114 until March 27. Mention that you are attending the Safe Schools Conference to receive this rate. For more information, visit Safe Schools.

Models for Change Launches Monthly Newsletter

The first monthly newsletter dedicated to Pennsylvania’s Models for Change initiative was distributed on Feb. 2. The newsletter is designed to tell more people about Pennsylvania’s Models for Change initiative, which includes after-care, mental health/ juvenile justice coordination, and disproportionate minority contact.

The newsletter provides summaries of each of the targeted areas of improvement: the progress of model counties, opportunities for involvement, links to publications, reports and other resources related to the initiative, notice of training programs and other events, and links to various agencies and organizations involved with the initiative.

If you are interested in receiving this monthly update, please contact Autumn Dickman at MfC-Pa@jlc.org.

National Multi-track Training Supports Graduated Sanctions in Juvenile Justice

On May 8-10, 2007, in Brooklyn, NY, with support from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the National Council of Juvenile and Family Court Judges will hold the national training Graduated Sanctions in Juvenile Justice. Marilyn Roberts, OJJDP Deputy Administrator for Programs, will serve as keynote speaker.

The session is designed for juvenile court judges; juvenile justice system executives, managers, practitioners, detention and state training school personnel; juvenile law enforcement, drug and mental health court professionals; district attorneys, public defenders, social workers, health professionals, and service providers interested in graduated sanctions, as well as those seeking new strategies for rehabilitation and competency development for youth and families.

Register by April 16 to obtain a lower registration rate. For more information about this training opportunity, including a conference brochure, and to register online, visit National Council of Juvenile and Family Court Judges.
April 22-28 is National Crime Victims’ Rights Week – a time for Americans to learn about victimization; reflect on the cost of crime to our society; and promote laws, policies and programs that help victims rebuild their lives. The week’s theme, “Victims’ Rights: Every Victim. Every Time.” envisions a strengthened national commitment to the nearly 24 million Americans that are affected by crime each year.

During the past three decades, the U.S. has made dramatic progress in securing rights, protections and services for victims of crime. Every state has enacted victims’ rights laws, law enforcement agencies now give victims greater protection, and more than 10,000 victim assistance programs have been established throughout the country. Every state has a crime victim compensation fund and powerful federal laws, such as the Violence Against Women Act and the Crime Victims’ Rights Act, to help protect victims and fund needed services.

Yet many crime victims have not experienced the promise of this progress. Only a fraction of victims report the crimes against them and participate in the criminal justice system. Victims’ rights vary from state to state. Not all protections are enforced. Services are sometimes not available, or may not meet the physical, financial, and psychological needs of victims or their families. Particularly vulnerable populations – the elderly, persons with disabilities, ethnic and racial minorities, or residents of rural areas – may not receive the support they need to rebuild their lives.

“We are all diminished when victims go without the protections and help they need,” said John W. Gillis, director of the Office for Victims of Crime under the U.S. Department of Justice. “Anytime a crime is not reported, a witness is intimidated, or an order of restitution is not enforced, we are all less secure. Achieving justice means repairing the harm suffered by all victims of crime.”

The U.S. Department of Justice will launch National Crime Victims’ Rights Week in Washington D.C., with its fifth annual National Candlelight Observance Ceremony on April 19, and an awards ceremony on April 20 to honor extraordinary individuals and programs that provide services to victims of crime.

In Pennsylvania, there will be many special events to commemorate National Crime Victims’ Rights Week. The Coalition of Pennsylvania Crime Victims Organization will host its annual Crime Victims’ Rights Week Rally on Monday, April 23, at the Capitol in Harrisburg. Pennsylvania Attorney General Thomas Corbett will be the keynote speaker for the event. Meanwhile, the Center for Victims of Violence and Crime will sponsor a remembrance service on April 22 for those who have lost loved ones to homicide.

Members of our communities are encouraged to promote and/or join in the week’s activities and get involved in helping victims of crime. For more information about National Crime Victims’ Rights Week, and ideas on how to serve victims in your community, contact your local victims’ services organization.

This site offers a comprehensive resource guide to help you develop activities. Additionally, the publication Institutional and Community Corrections-sponsored Community Service Projects to Benefit Crime Victims In Conjunction With National Crime Victims’ Rights Week by Justice Solutions is available on the web.

Position Announcements

The National Center for Juvenile Justice (a private, non-profit research organization based in Pittsburgh), is seeking candidates for the positions of research associate, senior research assistant, and research assistant, for its applied research division. The National Center for Juvenile Justice is the research arm of the National Council of Juvenile and Family Court Judges in Reno, NV. The applied research division provides technical expertise and practical guidance to courts, probation departments, and other organizations around the country. For details, go to National Council of Juvenile and Family Court Judges.
Suicides among adolescents within the juvenile justice system are preventable and unconscionable, and tend to occur because of poor or inappropriate staffing, inadequate training, and/or the lack of policy and procedure enforcement. Court and probation administrators can have a profound impact in putting an end to these senseless losses by providing oversight at detention facilities.

Unfortunately, we have not always had accurate and up-to-date data on suicides among youths detained in correctional facilities. According to a report prepared a couple of decades ago (Memory, 2005), it was reported that detained youths were “…four to five times more likely to be the victim of suicide than were similarly aged youths in the general U.S. population.” According to Snyder (2005:84) and based on National Center for Health Statistics (NCHS) data, recent rates for suicide vary among different juvenile population groups:

The average annual suicide rate is greater for 17-year-olds than 14-year-olds (9.6 versus 3.8), greater for males than females ages 12 through 17 (17.6 versus 2.2), and greater for American Indian youths and non-Hispanic white youths ages 12 through 17 than for similarly aged Hispanic and non-Hispanic Black youths (10.8, 5.6, 3.6, and 3.4 respectively).

For adults, the leading cause of deaths in U.S. jails is suicide (Goss, J. R., 2002), while in prisons it ranks third as the primary cause (Couturier & F. R. Maue, 2000). In a study conducted in England and Wales (Fazel, et al, 2005), standardized mortality ratios (SMRs) were calculated for different age groups in terms of suicides. It was found that the age-specific suicide rate for all ages for those incarcerated was 5.1. However, for detained boys ages 15 to 17, the rate was an astonishing 18. It was also found that suicide has been about five times more common among male prisoners (all ages) in England and Wales than in the general male population. Fazel, et al, (2005:2) conclude “…that this excess is…particularly striking among incarcerated boys, and it has been steadily increasing over recent decades.”

Mental Health Disorders
It has become common knowledge that many detained youths have mental health problems, which is recognized as a critical risk factor that can lead to suicides. In fact, while youth in the U.S. make up an average of 20 percent of those being supervised among juvenile justice agencies, their level of mental health disorders is higher (Grissio, et al, 2001), and has even been likened to patients in mental hospitals (Pumariega, 1994).

Based on the research by Shelton (as quoted in Hosley, et al, 2005:23), it was found that 53 percent of youths within the juvenile justice system who had been assessed for mental health problems met criteria for diagnosable mental disorders, with 26 percent needing immediate mental health services and 14 percent requiring restrictive settings. Furthermore, as Hosley, et al (2005:23) point out: …investigators have examined the prevalence of specific disorders among juvenile offenders, including conduct disorders (50 to 90 percent), substance abuse (50 to 80 percent), attention-deficit/hyperactivity disorder (19 to 46 percent), and mood disorders (32 to 78 percent).

Although there are other risk factors associated with suicides among detained youths (e.g., abandonment and neglect by parents and significant others, bullying by peers, generalized depression, punishments and/or misplaced disciplinary actions by caretakers, and/or extensive placements in ‘quiet rooms’), it is recognized that the failure to diagnose and treat mental disorders among this population not only facilitate recidivistic behavior upon release, but suicide attempts while in a detention facility. For those youths who have borderline intellectual abilities, their ability to understand staff instructions and behavioral requirements not only can lead to anger and frustration, but self-destructive behavior (i.e., suicide attempts), as well.

National Survey of Detained Youth
As a consequence of the inadequacy of data concerning suicides among juveniles in detention in the U.S., the Office of Juvenile Justice and Delinquency Prevention (OJJDP) commissioned the National Center on Institutions and Alternatives (NCIA) to conduct a comprehensive effort to determine the scope and distribution of suicides by youth confined in U.S. public and private juvenile facilities. In 2004, a report of findings was prepared by Lindsay M. Hayes, the project director.

The study identified 110 juvenile suicides that occurred between 1995 and 1999, but there were data on only 79 of these cases. Hayes (2004.ix) concludes: Of these suicides, 41.8 percent occurred in training school/secure facilities, 36.7 percent in detention centers, 15.2 percent in residential treat-
ment centers, and 6.3 percent in reception/diagnostic centers. Additionally, nearly half (48.1 percent) of the suicides occurred in state-administered agencies facilities, while 39.2 percent took place in county facilities, and 12.7 percent in private programs.

Among some of the most critical findings of the study, Hayes (2004:x-x) reports:

- 68.4 percent were Caucasian
- 9.7 percent were male
- Average (mean) age of victims was 15.7, with more than 70 percent between the ages of 15 and 17
- Approximately two-thirds (67.1 percent) were held on commitment status at the time of death, with 32.9 percent on detained status; and 88.5 percent of the victims held in detention centers were on detained status
- All detention center suicides occurred within the first four months of confinement, with over 40 percent occurring within the first 72 hours
- 74.3 percent had a history of mental illness, including depression
- 71.4 percent had a history of suicidal behavior, with 45.5 percent having had prior suicidal attempts
- Approximately half (50.6 percent) of suicides occurred during the six-hour period of 6:01 p.m. and midnight, and almost a third (29.1 percent) sustained between 6:01 p.m. and 9:00 p.m.; and 70.9 percent of suicides occurred during traditional waking hours
- 74.7 percent of victims were assigned to single-occupancy rooms
- 15.4 percent of the victims were found after more than one hour of last being seen alive
- 50 percent of victims were on room confinement at the time of death
- 16.5 percent of the victims were on suicide precaution at the time of their deaths, most of whom were required to be observed at 15-minute intervals

Hayes (2004:xii-xiii) concludes: Findings from this study create a formidable challenge for both juvenile correctional and health care officials...for example, although room confinement remains a staple in most juvenile facilities, *it is a sanction that can have deadly consequences*....In addition, because data also showed that suicides can occur at any time during a youth’s confinement, with the same number of deaths occurring within the first few days of custody...intake screening for the identification of suicide risk...should be viewed as time-limited. Instead, because youth can be at risk at any point during confinement, the challenge will be to conceptualize the issue as requiring a continuum of comprehensive suicide prevention services. (Emphasis added)

**The Case for Liability**

It has been more than a decade since the U.S. Supreme Court’s ruling of *Farmer v. Brennan* [511 U.S.825 (1994)]. Although concerned with the liability of jail officials, the decision has significant implications for the management of juvenile facilities as well. As Robertson (2004:1) explains: “This decision mandated a subjective form of deliberate indifference, in which liability for a constitutional tort arises when ‘the official [actually] knows of and disregards an excessive risk to inmate health and safety.’” He goes on to state (p.2): The *Farmer* Court operationalized the “actual knowledge” requirement as follows:

- To incur liability, “the official must *both* be aware of the facts from which the inference could be drawn that a substantial risk of serious harm exists, and he must also draw the inference.”

- When awareness can be inferred from circumstantial evidence, especially when the risk is “obvious,” the trier of fact can conclude that the official “must have known” of the danger.

- While ignorance of obvious risks will remain a defense, “[the] official would not escape liability if evidence showed he merely refused to verify underlying facts that he strongly suspected to be true, or declined to confirm inferences of risk that he strongly suspected to be exist.

Robertson (2004:2) also concludes: “The Court handed inmate Farmer a victory of sorts by ruling that his failure to inform prison staff of the dangers facing him did not preclude a finding of actual knowledge.”

**Correctional Staff Responsibilities**

In addition to examining detained youths at the time of intake to identify risks for such problems as mental illness and suicidal ideation, among others, the failure to continue to observe, case manage, diagnose where indicated, train staff appropriately on suicide prevention techniques, and constantly observe youth can lead to disaster, including suicides. This also holds true for various policies and procedures that are commonly found in institutional settings, including leaving youth unattended or unobserved, the over-use of quiet rooms where youths are alone and sometimes without direct supervision, and such a ‘stupid’ approach to youth with suicidal ideation who are placed in suicide prevention rooms with shoelaces and/or belts!

Court and correctional administrators are obliged to train staff appropriately in suicide prevention techniques, but sometimes fail to ensure that medical and correctional staffs regularly communi-
cate with each other. No one should expect a youth care worker to ‘diagnose,’ but it is incumbent upon clinical personnel to train line-level staff to “observe and report” any changes in a youth’s demeanor or behavior that may be symptomatic of underlying suicidal ideation, mental illness, and/or the side effects of various drugs not only at the time of intake, but throughout the youths’ detention. Care workers are – or should be – in constant observation of youths and always within sight or sound of them. Except for the child who first comes into the facility, these workers truly get to know the children under their supervision, and should therefore be acutely aware of changes that may signal problems.

Additionally, proper training should alert these line workers and their supervisors to the research findings about suicide, such as when they are likely to occur, the reasons why some children respond negatively to events outside of their control, peer bullying, existing depression, self-mutilation and prior suicide attempts, histories of physical and sexual abuse, the use of illicit substances, the failure of parents to visit or the death of a significant other, adverse responses to certain drugs, existing mental illness, and/or a sense of hopelessness regarding future institutionalization or the potential (unwanted) disposition of their cases, among others. (See, for e.g., Rowan & Hayes, 1995; Prison Health Services, 2001, & Pima County Sheriff’s Department, n.d.)

As the Farmer v. Brennan ruling indicates, the failure of administrators and supervising staff to be sensitive to the potential of suicides among residents and/or the specific knowledge staff may have about a youth’s realistic likelihood of suicide attempts and such staff not taking appropriate action unquestionably will lead to litigation when a suicide does occur.

The Role of the Juvenile Court Judge
The history of juvenile justice clearly reveals that the role of the judge is one not only that is concerned about hearings and trials, it is one that also requires advocacy for the well being of those juveniles coming before the court. Additionally, while the judge may or may not have administrative responsibility for managing probation and/or detention services, it should be his or her responsibility to hold staff accountable for ensuring that all youths are treated fairly, humanely, and according to constitutional, civil and human rights. Where there is a court administrator, this becomes his or her derivative responsibility, as well as it should for the chief probation officer.

It is also incumbent upon these administrators to ensure that a detention facility in his or her community is staffed with appropriately trained personnel, that the detention center has explicit policies and procedures that are enforced by top-level staff, and that there is routine and constant monitoring of programmatic activities. This also means that administrators, as advocates, should ensure that the detention facility has the necessary and appropriate resources, including mental health staff, to accomplish its assigned duties and responsibilities. There should also be procedures in place to make sure that these juvenile facilities guarantee the safety of the youths in confinement, particularly those at risk for self-harm.

What Hayes (2004:48) concludes about training for correctional staff unquestionably has significance for the role an administrator should have with regard to ensuring that such training occurs: Staffs are at a distinct disadvantage in both the identification and management of suicidal youth if they have received little or no training in suicide prevention. Bluntly stated, young lives will continue to be lost and jurisdictions will incur unnecessary liability from these tragic deaths unless administrators create and maintain effective training programs.

Suicide Prevention Programming
Hayes (2004:45-46) suggests that all juvenile correctional facilities achieve total compliance with the following eight suicide prevention components:

**Training:** Eight hours of initial training in suicide prevention followed by a minimum of three hours of annual, in-service training.

**Identification/screening:** Intake screening immediately upon confinement and prior to housing assignment with an appropriate form indicating risk factors, with referral for mental health assessment where indicated.

**Communications:** Enhanced communications between transporting officers and family, between and among facility staff, and between facility staff and the suicidal youth.

**Housing:** Isolation is to be avoided and youths always should be within proximity to supervising staff.

**Levels of Supervision:** Two levels are recommended: (1) close observation reserved for youth not actively suicidal at staggered intervals not to exceed 15 minutes; and (2) constant observation, reserved for the youth who is actively suicidal and at intervals not to exceed every five minutes.

**Intervention:** Intervention should be threefold: (1) all staff trained in CPR and first aid, (2) an immediate response when a youth is found to be attempting suicide with an immediate call to medical, and (3) staff should never presume the youth is dead, so lifesaving measures should be instituted immediately.

**Reporting:** When there is an attempt or an actual suicide, appropriate officials should be notified immediately and all involved staff should be required to submit written incident reports.
Follow-up/mortality Review: All involved staff (as well as youths) must be offered critical incident debriefing and a "psychological autopsy" should be conducted to identify factors that contributed to the suicide. This should be done to determine what factors contributed to the suicide, including personnel behavior, organizational policies and procedures, and what changes in protocols are indicated.

Summary
In the final analysis, while it may never be possible to eliminate suicide attempts and gestures among detained youth, there is hardly an excuse for a suicide if appropriate policies, procedures, and training are in place and are enforced with proper supervision. It is inevitable that some youth unfortunately believe that life is not worth living, while others may attempt suicide in a manipulative manner as an effort to gain attention. Moreover, if staff are properly trained and constantly alert to possible precipitating (risk) factors, suicides can and should be averted. Therefore, supervisory personnel must hold all staff accountable for ensuring all youths are constantly monitored and all appropriate policies and procedures regarding suicide prevention are implemented.

While court administrators and chief probation officers may not have ultimate responsibility for the administration of detention services, they should accept the task of providing oversight to ensure that detention facilities are appropriately programmed and administered in a manner that ensures youth safety, human and civil rights are protected, and that with appropriate advocacy that ensures the facility has sufficient resources to accomplish its assigned duties. This also holds true for statewide facilities that may be located within the community and to which the court commits youth.

By working in concert, top-level court staff together with detention facility staff should collectively be able to guarantee a level of youth safety that leads not only to well-managed operations, but also to an organization that is committed to the elimination of suicides by detained youth and the litigation that is likely to ensue as a consequence.

References


Pima County Sheriff’s Department, Jail Suicide Prevention Plan, n.d.


50 states—nearly 30 of which have initiated juvenile justice system reforms based on his proposals. His writings have been circulated to more than 250 countries around the world by the U.S. Department of State, and, in 2004, Denny addressed possible juvenile justice reform strategies in the House of Lords in London.

Yet, for all his accomplishments and accolades, it was abundantly clear that nothing was more important to him than his wife, Nancy, a physician in their hometown of Bend, Oregon, and his five daughters: Tracy, Shannon, Caitlin, Kelly and Molly.

At Denny’s memorial service, Tracy, Denny’s eldest daughter, shared the following words:

“The other day, a dear friend and I were talking about the reality that we can’t choose our parents. ... As I was reflecting on this idea, however, I thought, without hesitation, that I would rather have spent 23 years fishing, camping, and watching football with my dad than a lifetime with any other father. You only need to look around the room at the attendance today to know what kind of man he was. He touched a countless number of people and changed so many lives for the better...

“But I know he’s listening to me right now and he would be disappointed if I spoke to you about his loss instead of using this opportunity to consider the future. My dad approached the world with optimism. He found a way to help the undeserved, underprivileged, and downtrodden no matter the setting. Since I was a young child, I have witnessed the profound effects in strangers that resulted from even his tiniest gestures. So, I would ask you today to follow my family and I in continuing his legacy by attempting to make this world a better place.”

Thank you, Denny Maloney, for making Pennsylvania’s juvenile justice system a better place.

A fund has been established to support the college education of Denny’s five daughters. You can honor and continue his legacy by sending checks to:

Denny Maloney Fund
Bank of the Cascades South Branch
Attn: Ashley
P.O. Box 9099
Bend, OR 97708

The Pennsylvania District Attorney’s Association is sponsoring a two-day conference at the Comfort Suites in Carlisle on May 17-18 entitled “Juvenile Justice: Community Protection, Victim Restoration, Youth Redemption.” The conference is supported by a grant from the Pennsylvania Commission on Crime and Delinquency. The registration fee for non-members of the association to attend both days of the conference is $250. The conference is designed for juvenile judges, prosecutors, juvenile probation officers and allied professionals. A full description of the conference content and registration brochure can be obtained from PDAA.

Scroll down to the Juvenile Justice event.