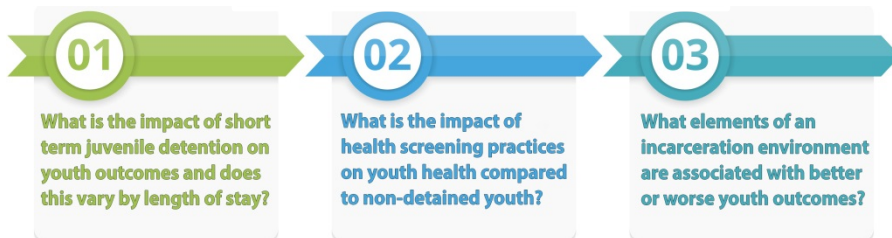




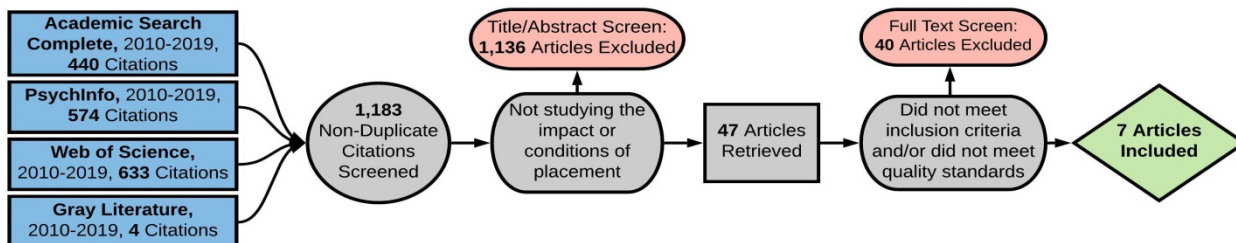
A Rapid Evidence Review (RER) is a systematic review of the research literature that restricts searches by year or topic in order to produce a review within a short period of time. Following the World Health Organization (WHO) guidelines, SAJE researchers conducted an RER to answer the following questions posed by Thurston County Juvenile Court:

### Questions



### Method

SAJE used Academic Search Complete, PsychInfo, Web of Science, Google Scholar, and general internet searches for gray literature and found 1,183 unduplicated sources. After applying inclusion and exclusion criteria (i.e. quality and type of research design, detention context, etc.), the number of sources dropped to seven. Only sources that focused on detention centers defined as local, short-term facilities primarily designed for confinement were included.



### RER Findings

- A small (4) number of studies suggest juvenile detention is weakly associated with increased recidivism and robustly associated with poorer court outcomes.** All studies that met inclusion criteria found this trend, though they only allow us to draw tentative conclusions given the limited statistical controls. Specific findings: (1) Youth who experienced detention were 16% more likely to be incarcerated as an adult; (2) A state's detention rate was positively associated with later juvenile arrests for violent offenses; (3) Youth with pretrial detention were nearly 5x more likely to have a petition filed & had higher odds of eventual out of home placement.
- Prolonged detention stays are more strongly associated with negative health and school outcomes (in adolescent and adulthood) than short term stays.** However, studies that met eligibility criteria only allow us to draw cautious conclusions about causality. Specific findings: (1) 1+ years in detention was strongly associated with poor health, depression and suicidal thinking in adulthood; (2) <1 month was weakly associated with depressive symptoms; (3) 1-12 months weakly predicted poorer general adult health; (4) Youth with detention exposure were 9% less likely to graduate than justice involved youth with no exposure.
- Health screening practices in detention have potential to improve some areas of physical health status.** Only one study met eligibility criteria for estimating health effects and it had substantial methodological issues. However, they found that rates of chlamydia were lower for male youth who had previously stayed at the detention center. This was not found for females or other outcomes (immunizations, mental health, substance use, etc.)
- There is no proven effective model of therapeutic detention documented in the literature.** We were unable to identify a model of juvenile detention that has been rigorously evaluated and shown to have positive effects for youth. Some researchers argue that due to the complex needs of youth in the justice system (e.g., mental health, substance use, and trauma), residential treatment facilities should be used in lieu of traditional detention, and when confinement is necessary, facilities should be reshaped toward a "residential rehabilitative model".
- There is a small but growing body of literature showing that features of institutional climate are associated with better outcomes.** Specific findings: (1) Youth experience better outcomes in environments characterized by openness, fairness, support, & flexibility, and more positive aspects is associated with better outcomes; (2) specific aspects of the environment can be targeted for change, including limiting the influence of antisocial peers, increasing physical safety, providing opportunities for family involvement, providing reentry planning, and increasing staff support and fair treatment.