Juveniles Incarcerated in Adult Detention Facilities: An Analytic Review

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1. Introduction

According to Zhang et al. (2023), in 2021 there were 2,250 youth incarcerated in adult facilities, including local jails and federal prisons, which declined from 10,420 in 2008. While the current number is significantly lower, 2,250 is still a substantial number of children under the age of 17 being confined in the adult correctional system. In this analysis, articles from 2007 to 2024 were utilized in order to understand the mental, physical, and prospective effects adult imprisonment has on juveniles. The sample sizes in my selected studies range from 47 to 10,126 juveniles, or individuals who served as juveniles in adult facilities. This wide range of data allows for a close examination of the effects of juveniles in adult facilities at the local and state levels to the more general and national levels. Despite each article and sample yielding its weaknesses, the studies still provide substantial knowledge to the existing literature.

Juveniles should not be confined in adult facilities for numerous reasons such as the risk of physical or sexual violence, the lack of resources designed for juvenile developmental levels, heightened rates of suicide, heightened rates of recidivism, and the impact of serving time in these facilities on their mental health. However, some research discusses that placing juveniles in adult facilities does not place them at unnecessary risk of harm due to policy changes such as the "sight and sound" requirement where juveniles cannot be detained within eyesight or earshot of adult inmates inside any institution (Greene, 2022). Hastings et al., (2015) also describe the Prison Rape Elimination Act, this policy has been curated to protect at-risk populations from physical harm in detention facilities. Hastings et al. (2015), additionally stated that this practice can be utilized to protect youth and avoid complete segregation from the prison population to avoid solitary confinement, a cruel and unusual punishment for a child.

One policy that directly contributed to the influx of juveniles in adult facilities was the "get tough policy." Many of the participants in the studies I utilized were sentenced and waived into adult court as a result of the "get tough" movement. This policy emerged in the 1980s as a claimed method of crime reduction through the use of retribution as deterrence, and the approach began to decline in the early 2000s. According to 7.4 the Get-Tough Approach: Boon or Bust? (2016), this method of crime reduction has a racial undertone and was designed by the Republican Party to blame increasing crime rates on African

Americans leading policymakers to favor punitive measures. However, juveniles cannot be merely thrown into the adult criminal system without reason. Therefore, to get a juvenile transferred from juvenile to adult court, a judicial waiver must be enacted. Three categories of waivers exist: discretionary, presumptive, and mandatory (*Judicially Waived Cases* | *Youth.gov*, n.d.). Each waiver serves a different purpose and depends on the circumstances of the juvenile such as age, the nature of the crime, or the individual's criminal history.

The current study seeks to highlight the problems of incarcerating juveniles in adult facilities. This will be discussed in three sections entailing the safety issues juveniles may face, services juveniles receive at these facilities, and prospective issues adults who served time as juveniles in adult facilities endure. Before thoroughly conducting this research, I hypothesized that the research on juveniles in adult facilities would portray significant statistics displaying the physical and sexual danger these children face. I also hypothesized that juveniles in these facilities would not have sufficient resources tailored to their development level, specifically in the areas of education or treatment. Other issues discussed in this analysis that were not originally surmised were how these facilities affect the juveniles throughout their life course, therefore, inmate mental health post-incarceration and rates of recidivism are discussed.

It is important to note that several authors and researchers discuss that this area of study is still in its infancy as it is increasingly difficult to sample this population at the present time. Most research takes place using archival data from wide-range prison population surveys or reporting systems.

2. Methodology

For this literature-based analysis, full-text, peer-reviewed, empirical sources were utilized and found through the search engines PsychInfo, Google Scholar, and Lloyd Sealy Library One Search. Sources from published articles' reference sections were also considered. The search for articles was performed from October to December of 2024. Keywords were used to locate relevant articles. These phrases included: juveniles, children, adolescents, physical abuse, sexual abuse, suicide, mental health, therapy, counseling, education, adult prisons, adult corrections, and adult facilities.

Articles were selected for this study if they met specific criteria. These criteria included:

- 1. Involving juveniles who had served time or were housed in an adult holding facility.
- 2. Included a sample with at least 20 participants and quantitative data analysis.
- 3. The article had been published within the past 20 years, no earlier than 2004.
- 4. The data was gathered within the United States, from either U.S. facilities or U.S. data systems. The abstracts and discussion sections of numerous articles were read to identify whether or not the article was relevant to the current study and met the inclusion criteria. Through this selection, a final 8 articles were utilized for this analysis. To organize and describe the data of each study incorporated into this analysis, a review table was created. This table included the source, the sample, the methods of data collection, and the main findings of the study.

3.	Resource	Summary	Table
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Study	Study Population	Method of Data Collection	Main Findings
Ahlin & Hummer (2019)	- 1,618 juveniles ages 16 to 17 housed in adult facilities.	- Data was collected from the National Inmate Survey between 2011 and 2012.	 Certain characteristics may put inmates at a higher risk of victimization: being younger, new to the institution, mental/developmental differences, history of victimization, substance abuse history. Youth in adult facilities (<2%) were less likely to be victimized than youth in juvenile facilities (6%)

Heide (2019)	- 59 boys convicted of murder and sentenced to adult prisons in the 1980s in an unnamed southeastern state.	- Clinical interviews - Data collected from records (charges, police reports, etc.)	 - 36% of participants participated in a drug treatment program. - 86% had taken part in Alcoholics/Narcotics Anonymous. - 75% had actively used drugs within the facility. - 90% described facilities as a dangerous place and violence as necessary for survival. - 45% also disclosed having been sexually assaulted/ threatened. - 85% disclosed having been physically assaulted. - 52% admitted to frequent trouble, although the rate of causing trouble declined with age. - ²/₃ men used drugs upon release - 70% found it difficult to find a job post-incarceration. - 19 men were released, 76% were rearrested upon release, and 58% were re-incarcerated.
Kolivoski & Shook (2016)	- 763 juveniles who were transferred into the Michigan Department of Corrections adult prison system.	 Retrieved a data set of juveniles committed to adult prisons by the Michigan Department of Corrections. Included data sets of juvenile prison behavior, offenses, 	 Younger juveniles tended to have more disruptive /aggressive behavior compared to older inmates. Race, age, mental health, time in the facility, and criminal/probationary history were correlated with the total number of misconducts.

		time in prison, criminal history, etc.	
Kupchik (2007)	 95 juvenile respondents who were prosecuted in criminal courts residing in 5 different correctional facilities. 2 facilities were juvenile centers, and 3 were adult placement centers 	- Structured interviews with inmates under the age of 21. - Respondents were recruited based on eligibility by correctional staff.	 The sample was overwhelmingly African American and Latino/a juveniles. Juvenile centers have significantly lower inmate-to-staff ratios. Individual and group counseling was mandatory in the juvenile setting and not in the adult setting. Education is mandatory for all juvenile facility inmates. The adult facilities specialized in the juvenile population. More adult facility juveniles had an assigned case worker compared to juvenile facility inmates Only ²/₃ of Juvenile facility respondents report access to counseling, despite the facilities' mandatory counseling practices. Drug treatment is more accessible in adult facility respondents than adult facility respondents.

Kurlychek et al. (2021)	- An arrest cohort of 16/17-year-olds who were detained in adult facilities in 1987 in New York State.	 Data pulled from the Bureau of Justice Statistics. The researchers followed the youth from the "Adult Criminal Trajectories of Juveniles Offenders Project" for 24 years. 	 Youth placed within adult facilities were about 5% more likely to recidivate, recidivate sooner (1.8 years), be re-arrested, and have longer criminal careers than youth who did not share this experience. Both adult and juvenile facility inmates have significantly high recidivism rates, although the youth with adult facilities had a higher rate of 90% compared to relatively 85%. Youth given youthful offender status who had their records sealed were found to have long-term benefits regardless of prison experience.
Ng et al. (2012)	- 47 youth incarcerated in juvenile facilities. - 49 youth incarcerated in adult prisons in Michigan.	 Clinical interviews Responses collected from a larger study questionnaire on services offered within the facilities. 	 Youth incarcerated with adults reported lower satisfaction with youth services. Youth in adult facilities also had negative responses to all criteria except hours at work. Youth in the juvenile system had committed more serious offenses, were younger at first arrests, and were more likely to come from disadvantaged backgrounds. There were significant differences in counseling, medical attention, and staff quality between the two groups.

			- There were no significant differences in the quantity of education, although the education materials were different, DHS juveniles were finishing high school or accomplishing college, while adult facility juveniles were working towards their GED or a part of vocational programs.
Ruch et al. (2019)	- 10,126 10- to 24-year-olds within the U.S. including both incarcerated and general population youth.	 Data collected from the National Violent Death Reporting System between 2003 and 2012. Data retrieved from coroner/medical examiner and law enforcement reports. 	 Incarcerated youth die by suicide more often than any other cause of death. 53% of youth who die in adult facilities die by suicide. Youth who attempted suicide were older, typically 20-24 years old, and white, while younger suicide completion by younger inmates tended to be young men of color. There are numerous mental and environmental risk factors associated with suicide rates in incarcerated youth, especially those incarcerated in adult facilities. History and current mental health treatment did not significantly differ between normative or incarcerated groups. The majority of youth suicides occurred within pre-trial facilities and the

			suicide took place within the first 30 days of detainment. - Factors such as mental health substance use, and history of suicide attempts did not differ between populations
Semenza et al. (2024)	- 8,961 respondents who were incarcerated in adult and juvenile facilities between the ages of 12-18.	The Mental Health Inventory-5 was used to measure and assess the symptoms of respondents. - Used data from a nationally representative sample of youth from the National Longitudinal Survey of Youth from 1997 to 2019.	 The mean length of incarceration in an adult facility was 6.37 months MHI-5 scores after age 18 were higher among those who were incarcerated in adult facilities MHI-5 scores for individuals ages 18 to 37 were higher among those who were incarcerated in adult facilities as juveniles compared to those who were not incarcerated in adult facilities as children. A 0.052 SD increase in the average MHI-5 scores was associated with individuals who were incarcerated with adults as children. A 0.027 SD increase in the average MHI-5 score was associated with each month of incarceration in an adult facility as a child.

4. Findings

4.1 Safety Concerns

The empirical literature has suggested numerous concerns for juvenile safety while being incarcerated in adult correctional facilities. While researchers

expected to find results emphasizing that juveniles face sexual assault at statistically significant rates, there was little evidence to support that claim. According to Ahlin & Hummer (2019), only less than 2% of juveniles housed in adult facilities in the sample disclosed that they had been sexually victimized compared to 6% of individuals in juvenile facilities being victimized. This same study did report that there were risk factors attributed to victimization. These risk factors include being young, being new to the environment, having mental/developmental differences, and having a previous history of victimization as well as substance misuse. While the study by Ahlin & Hummer (2019) yields significantly low results of sexual assault rates among juveniles, another study by Heide (2019) found that 45% of juveniles had been sexually threatened or assaulted.

Physical assault inflicted upon juveniles is another area of concern. Interviews performed by Heide (2019), found that 90% of the juveniles viewed prison as a dangerous place where violence was necessary for survival, and 90% had also admitted to being victimized in broad terms, whereas 85% of the juveniles had been specifically physically assaulted. Kolivoski & Shook (2016) studied the prison behavior of juveniles within adult facilities. The authors found that juveniles were more aggressive than older inmates within adult facilities, resulting in higher rates of misconduct, which reportedly would increase by 17% each year within the facility.

The risk of suicide among juveniles in these facilities was shown to be significant in a study by Ruch et al. (2019). Suicidality in juveniles was strongly associated with being new to the correctional environment, as most juveniles who committed suicide did so within 30 days of detainment (Ruch et al., 2019). Mental disorders, specifically major depressive disorder, anxiety, and substance use were also correlated with suicidality, although the proportion of mental illness and mental health history did not differ from the general population, according to Ruch et al. (2019). These authors also state that suicidality is the leading cause of death among incarcerated juveniles, where 53% of children who die in prisons do so by suicide. Overall, according to the evidence, the risk of suicidality among juveniles in adult facilities is significantly more present than the threat of sexual harm, although this is still a reason for concern.

4.2 Services Provided

Juveniles are at a significantly different stage of development than adults, and therefore, it is important to assess whether or not their needs are being met through the provided services within adult correctional facilities. Kupchik (2007), a study that surveyed juveniles within adult facilities that specialized in youth populations, found that juveniles in the sampled adult facilities had access to substance use treatment, counseling, educational programs, and medical care.

While the surveyed juveniles stated that they had significant treatment availability, their institutions reportedly had higher inmate-to-staff ratios and lower emphasis on treatment. Ng et al. (2012), also compared the services provided to youth in different facilities and found that youth in adult facilities had lower satisfaction with services than those in juvenile facilities. There were five service areas examined in this study: education, work, counseling, health, and staff quality. The only area of study that juveniles from the Department of Human Services (DHS) did not report having more support than Department of Corrections (DOC) juveniles was in education. In the remaining four areas, DOC juveniles had significantly low ratings of service availability and service satisfaction where work was rated 63 points lower than DHS juvenile placement, counseling was rated 58 points lower, health was rated 57 points lower, and staff quality was rated 12 points lower.

4.3 Prospective Issues

The focus on the current incarceration of juveniles within adult facilities can be emphasized when the impact this incarceration may have on young individuals as they develop is more understood. A study by Semenza et al. (2024) utilized the Mental Health Inventory-5 with adults who had been incarcerated as juveniles within adult facilities. The authors found that the mental health of respondents tended to decline depending on whether they were detained in an adult facility and how long they were held within the facility. The standard deviations of the MHI-5 mean score were found to increase by 0.052 at baseline for children held in adult facilities and also increase by 0.027 for each month a child was detained within the facility (Semenza et al., 2024). Heide (2019), also performed a follow-up study on inmates incarcerated in adult facilities as youth and found that there are several variables related to the success of an inmate's life

after prison. The authors found the variables that had the highest predictor of success after incarceration were education and length of incarceration. Specifically, juveniles who had completed their GED were twelve times more likely to be successful after incarceration compared to their counterparts who did not complete an education. They suspected that the length of incarceration allowed for more time to be put toward the juveniles' education and therefore raised the likelihood of them completing their education.

Recidivism rates are another aspect of potential prospective issues a juvenile incarcerated in an adult facility may face. According to Kurlychek et al. (2021), recidivism rates were most prominent among juveniles incarcerated in adult facilities, as they were found to be five percent more likely to reoffend compared to those in juvenile placements. These juveniles were also found to recidivate sooner, only 655 days after release, and more often with 11 arrests prior to initial incarceration. However, it is important to acknowledge that both samples of juveniles had significantly high recidivism rates in this study with 85% and 90% rates of reoffending (Kurlychek et al., 2021). The authors stated that these similar results of recidivism may stem from their sample being made up of serious offenders. This study also noted that some juveniles had their records sealed and found that these individuals had long-term benefits compared to their counterparts whose records were not sealed. This was found as the youthful offender label only had a .88 hazard rate, significantly lower than those who served time in prison, resulting in a 1.2 hazard rate (Kurlychek et al., 2021). Additionally, Heide (2019) found that out of nineteen of the 59 individuals in the sample were released from prison and only 8 of the 19 did not recidivate in any capacity (Heide, 2019).

5. Discussion

The results of this analysis display variability in the consequences of juvenile incarceration within the adult correctional system. However, most of the data points to negative incarceration qualities as reported by youth and individuals who have been through the adult correctional system as a child. Most of the results of the selected studies aligned with my hypotheses, however, not all did. I hypothesized that there would be significant results suggesting sexual victimization among youth in adult facilities, however, one of the most recent studies by Ahlin & Hummer (2019) found significantly low results of victimization among juveniles in these facilities. Nonetheless, this unexpected

outcome of sexual victimization should not overshadow the overwhelming results of the detrimental circumstances of juveniles within adult facilities.

Some correlations among the studies include risk factors for harm within facilities, according to Ahlin & Hummer (2019) and Ruch et al. (2019), being new to an institution and mental health may influence physical and sexual victimization as well as suicidality. These results suggest that better integration into the system may assist juveniles in fostering a more accomplished mental transition and decreasing the probability of being unintentionally put in harm's way. By this, I mean successfully decreasing the high cognitive and emotional burden of transitioning from the general public to the prison environment.

Although the execution of proper entry into the justice system may positively serve youths, it is also important to discuss reentry back into society once their time has been served, especially if they served time in a facility that was not conducive to their developmental level. Steinberg et al. (2004), discuss this particular aspect of the juvenile justice system and where its faults lie. Not only do law-involved juveniles already struggle to integrate with society, but spending time secluded in a strictly punitive environment continues to weaken their ability to adjust (Steinberg et al., 2004). Detention facilities often have an emphasis on punishment and training/education, however, the adjustment necessary for a functional life in society is not nurtured by these two aspects despite their goal of creating a sense of responsibility (Steinberg et al., 2004). Rather, a therapeutic, community, case management, or a combination reentry approach is likely to foster more sufficient outcomes for a young offender (Development Services Group, Inc., 2017). Reintegration requires multiple steps and is not simply enacted once a juvenile has already served their time; the process begins while the individual is still incarcerated with intervention strategies and then later community restraint once the juvenile is moved back into the community.

Other commonalities within the literature can be identified in Ng et al. (2012), and Kupchik (2007). Juveniles detained in adult facilities in the Kupchik (2007), study sample displayed overall higher ratings of services provided compared to Ng et al. (2012), study sample, although neither group had mandatory counseling or education, and both groups reported lower staff quality than the juveniles in respective placements. Juveniles in respective placements reported more positive staff interactions, which could be significantly consequential to their development by fostering their psychosocial abilities and creating healthy bonds with an authority figure.

Another notable correlation can be seen within the demographics of the participants in two of the studies. In Kupchik (2007), and Kolivoski & Shook (2016), their samples were disproportionately African American and Latino/a compared to White individuals. The researchers acknowledged this in their study. This difference in reported ethnicities/races within these studies could be a reflection of larger issues at hand than sampling issues, though that possibility should not be neglected. This significant difference in the demographics of the prison population in comparison to the general population could be attributed to the "get tough policy" and its implications for attributing crime to non-white individuals. Since the policy was still active in the early 2000s when these researchers' samples were collected, the authors were likely interviewing juveniles who were placed in adult facilities as a result of punitive-focused practice rather than rehabilitative-focused practice. This disproportionality could also potentially reflect causal factors of delinquency in the school, community, and family domains (Shader, 2003). These domains may specifically affect the demographics within punitive facilities due to systematic racism and, therefore, lack of funding towards protective factors within these communities. This lack of funding, with the addition of unnecessarily punitive practices within schools, may lead to more delinquent behaviors, hence the school-to-prison pipeline. According to American University (2021), the school-to-prison pipeline and zero tolerance policies are a direct result of the "get tough era". Lack of funding for proper counseling or threat assessment in school systems may be a cause in the rise in law enforcement involvement with students, leading to lengthy suspensions, expulsion, and law enforcement referrals that can potentially end in arrest.

The studies used in this analysis largely neglected gender differences as many of the studies lacked female participants from samples and even archival data. Kupchik (2007) did not have any female participants in their study, and Kolivoski & Shook (2016) mentioned having such a small number of female offenders in their study that they omitted that population as a whole and only studied male participants. Hiede (2019) was another study that did not include a female population or even a single female participant despite the study's small sample size. These gender differences could reflect bias in both empirical research towards women and bias in the criminal justice system. According to Rodriguez et al. (2006), bias in the justice system systematically allows women who commit nonviolent crimes to get away with lesser charges, however, there were no differences in sentencing between women and men who committed violent crimes. Therefore negating the commonsense opinion that girls would be less likely to end up in criminal court. This suggests that bias may be more present in research, such as Kolivoski & Shook (2016) omitting their female population due to a low number in the sample. Just because the population of girls within the criminal system is small does not mean they are insignificant, and more should be done to understand their experiences.

The research and literature included in this analysis did, however, yield important findings, although their limitations should also be acknowledged to help assess future research implications. The most unanimous limitation among the studies I analyzed was the lack of generalizability of the results. This was due to the sample sizes and demographics available to and collected by the researchers for their investigations. Therefore, this limitation points to the need for nationally representative samples in order for results to hold significantly more merit. Another common limitation was the limited control for confounding variables. In a small portion of the studies, confounding variables were discussed but not thoroughly analyzed. Further research should control for these variables as they could be significant in interpreting and reporting results. Another potential limitation I would like to shed light on is the probability of reporting bias. In a few of the studies, researchers relied on self-report measures for vouth to detail their experiences within their respective facilities. Nevertheless, juveniles could potentially inflate or undermine their experiences within the correctional system due to stigma, fear of retaliation, or disinterest in the study. However, this is pure conjecture and should not be taken as fact. However, the point still stands that self-report methods of data collection can be tricky and yield weak results if not carefully examined or controlled.

Based on the evidence displayed within the literature, policy and funding transformations should take place. A system that is beneficial to juveniles should emphasize treatment in a facility designed for rehabilitation, not punishment. While an individual should be held responsible for their actions if applicable, their correction should also reflect an understanding of their developmental level. During adolescence, impulsivity is at an all-time high and can take many forms (Romer, 2010). As aforementioned, a lack of necessary resources on personal and public levels are causal factors of delinquency, and this deficiency has been found to play a role in adolescent impulsivity and, consequently, violence. Specifically, Vogel & Van Ham (2017), found that disadvantaged neighborhoods strengthened the influence of impulsivity on violence. This finding accentuates the fact that properly funded communities and community organizations may play a role in educating against violence and mitigating impulsivity. In addition, policy reform should include the termination of policies implemented throughout the "get tough era" within the justice system as well as the headspace that extreme punishment will correct the behavior of a juvenile without acknowledging the probability of any potential long-term adverse effects. This specific policy change should take place since it would be much easier to merely relocate the juveniles into a pre-existing facility that already caters to their specific needs rather than modify adult facilities to adjust their policies to accommodate younger inmates' educational, treatment, or staffing needs.

The funding toward institutions could potentially be redirected toward rehabilitative programs for youth. Incarceration has been found to be quite costly, as discussed by Wilson College (2024), which stated that the average cost of the incarceration of a juvenile is \$88,000 per year. Comparatively, rehabilitation of a drug offender, according to McVay et al. (2004), costs anywhere from \$1,800 to \$6,800 per year. I was unable to find specific analyses on the cost of rehabilitation for juvenile offenders. Although it can be inferred that if a juvenile is reformed and is not placed back within the system, that is money saved, therefore reducing overall costs.

Despite being unable to find statistics on the cost effectiveness of rehabilitation compared to incarceration, Piquero & Steinberg (2010), found that the general public (from four states in different regions of the U.S.) were more willing to put more tax dollars toward rehabilitative practices over incarceration in response to juvenile offenders. This further drives my point that funding rehabilitation in comparison to incarceration may better serve the community as well as our youth. With the research conducted by Piquero & Steinberg (2010), more rehabilitative policies should be endorsed by policymakers versus punitive policies that the general population do not unanimously approve of (Nagin et al., 2006). This policy should be readily applied to juveniles in the justice system, especially those who have been waived into the criminal system despite their youthful age.

6. Conclusion

Based on the data analyzed in this study, there is seemingly significant variability throughout the correctional systems within the United States, varying from state to state and even county to county. This variability is not ideal when trying to understand the effects of adult incarceration on young individuals on a national scale. This is exemplified as some studies show low to increasingly high effects on one's mental and physical health as well as their lack or abundance of accessibility to services. However, the prominent finding among the research utilized in this analysis implies that children should not be housed in adult facilities. The quantitative and qualitative findings underscore that non-juvenile facilities are not conducive to a child or adolescent's developmental level. Explicitly stated by Kurlychek et al. (2021), their statistically significant findings display that "spending time in adult jails and prisons does not reduce crime." Therefore, by utilizing an evidence-based understanding of youth and the effects perpetuated by adult incarceration, I believe that policies can be established that maintain juveniles in secure facilities while they are exposed to rehabilitative practices that cater to their developmental needs.

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