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Keep Kids Out of Prison: Community-based Alternatives for Nonviolent Juvenile Offenders

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Abstract

While juvenile crime has decreased over the past 20 years, tens of thousands of juvenile offenders are still incarcerated around the country, many of whom are nonviolent offenders. Researchers have found that detention centers, sometimes indistinguishable from adult prisons, do little to reduce recidivism and to rehabilitate offenders. Rather, detention brings about more adverse effects than it does benefits. If incarceration isn't working, how are the United States and other countries to deal with and deter juvenile crime? Community-based programs are a promising alternative to incarceration. Instead of jumpsuits and cramped cells, community-based programs use therapeutic or educational approaches and rely on community resources and social networks to rehabilitate juvenile offenders. These programs have shown positive results in reducing recidivism and improving behavior. While most studies done on juvenile crime have relied on small samples, these studies have the potential to inspire researchers and policymakers to change the way they think about juvenile crime—not as a youth problem, but as a societal problem.

Keywords: juvenile delinquency, incarceration, community-based programs, multisystemic therapy



On any given day, about 50,000 youth are held in facilities away from home (Prison Policy Initiative [PPI], 2018). In 2015, 38% of juvenile offenders detained in correctional facilities were incarcerated for person crimes (i.e., crimes that involve physical harm). However, not all juvenile offenders are violent, and some youth are locked up for status or technical violations—violations only considered crimes because of the offenders' status as minors or probationers (PPI, 2018). The Prison Policy Initiative (2018), a non-profit, non-partisan organization that publishes research and advocates for prison reform, estimated that at least one out of three incarcerated juvenile offenders could be released today “without great risk to public safety” (para. 20). It seems that “tough on crime” policies espoused by the United States over thirty years ago are not only tough on crime but also on children.

Not only are there many youth being incarcerated for non-violent crimes, but some are even detained before their trials, spending anywhere from a few days to a few months separated from their families (Holman & Ziedenberg, 2006). Youth are often detained if they are deemed likely to either reoffend or not appear at trial. Such incarceration might keep youth from committing crimes for a short time, but it might actually increase their chances of becoming victims of crimes themselves (Ryon, Early, & Kosloski, 2017). Almost ten percent of incarcerated youth are detained in adult prisons or jails, where they are five times more likely to be sexually victimized than in juvenile facilities, and often within the first two days of being incarcerated (PPI, 2006; Prison Rape Elimination Act of 2003). Still, even in juvenile facilities, 1 in 10 youth are sexually victimized by either another inmate or facility staff member (Office of Juvenile Justice and Delinquency Prevention [OJJDP], 2016). Although juvenile facilities vary greatly in type, size, and the services they offer, many of these juvenile facilities are “indistinguishable” from prison (Holman & Ziedenberg, 2006; PPI, 2018).

Incarcerating juvenile offenders presents problems beyond safety. First, incarceration is largely ineffective in reducing recidivism, or reoffending (Asscher, Dekovic, Manders, van der Laan, & Prins, 2013; Hodges, Martin, Smith, & Cooper, 2011).

According to one study, the experience of being incarcerated increased one's chance of re-offending, becoming a risk factor for the very risk it was designed to eliminate (Holman & Ziedenberg, 2006). Youth incarceration is also expensive. For example, Wayne County, Michigan spends about \$36,000 to house a single youth offender in a residential facility for six months (Hodges et al., 2011; Ryon et al., 2017). Incarceration also negatively impacts young offenders' well-being and day-to-day functioning (Holman & Ziedenberg, 2006; Hodges et al., 2011). Finally, the burden of incarceration falls disproportionately on the shoulders of minority offenders, specifically black and Hispanic offenders (Darnell & Schuler, 2015; Vidal, Steeger, Caron, Lasher, & Connell, 2017). Given the high social and financial costs of juvenile incarceration, policymakers have turned to community-based programs to address juvenile delinquency.

Community-based programs seek to address delinquent behavior by relying on community resources and support networks, aided by therapy or education. These programs are implemented as a preventative measure for at-risk youth or juvenile offenders released from incarceration (Darnell & Schuler, 2015; Trinidad, 2009). However, a growing body of research has found benefits of using community-based programs as an alternative to incarceration altogether (Fain, Greathouse, Turner, & Weinberg, 2014; Vidal et al., 2017). Rather than being exposed to the adverse effects of juvenile facilities, youth can lead normal lives while participating in programs that empower them, improve their behavior, and reduce their chances of committing another offense. Although the United States has traditionally used "tough on crime" policies to deal with juvenile crime, the diverse array of community-based programs for nonviolent juvenile offenders is a better alternative to incarceration because it can reduce recidivism and improve behavior while also shielding youth from the negative impacts of incarceration.

Negative Impact of Incarceration

Knowing the negative impacts of incarceration is vital to understanding why community-based programs are necessary. For the purpose of this literature review, incarceration will be defined

as any time a juvenile offender is taken out of his or her home due to delinquent behavior. Although offenders are held in a number of different types of juvenile facilities and thus their experiences within the juvenile justice system vary, 67% of youth are detained in either prisons or prison-like environments (PP1, 2018). This literature review cannot explore all the experiences of detained juveniles; rather, it will explore the experience held by the majority.

Recidivism Rates

Juvenile incarceration fails at one of its primary goals: to deter youth from reoffending. Many studies have found that juvenile facilities have high recidivism rates (Hodges et al., 2011). While national recidivism rates for adults are available, there are no national recidivism rates for juvenile offenders (National Center for Juvenile Justice, 2014). However, most states publish recidivism data, and those studies show that about 55% of youth offenders are rearrested within a year of release (Development Services Group, Inc., 2017).

High recidivism rates are bad for all parties: first for governments, since they have to spend even more money to house youth in juvenile facilities. The UK has a juvenile recidivism rate of 83%, and reoffending costs alone fall between £9 billion and £11 billion a year (Nicklin, 2017). For youth who reoffend in the US, almost half will end up back in a juvenile facility. But incarceration may be part of the problem in the first place according to one Arkansas study, which found that prior incarceration increased the odds of recidivism more than a poor parental relationship, gang membership, or carrying a weapon (Holman and Ziedenberg, 2006). Hodges et al. (2011) wrote that “there is widespread recognition of the need to divert troubled youth from deeper penetration into the juvenile justice system” (p. 448). In response to this need, policymakers and researchers have explored community-based alternatives, many of which point to lower recidivism rates (Asscher et al., 2013; Fain et al., 2014; Hodges et al., 2011; Nicklin, 2017).

Mental Health

Community-based programs do not stop at reducing recidivism; they can also shield young offenders from the deleterious mental health effects of incarceration. Steiner, Garcia, and Matthews (1997) reported that most offenders have “well-documented exposure to traumatogenic events,” such as poverty, neglect, and abuse (p. 357). Both childhood trauma and mental illness, which are closely linked, are risk factors for juvenile delinquency (Steiner et al., 1997; Stewart & Rapp, 2017). Some researchers warn against framing delinquents as victims because it could block “approaches that promote critical awareness” and “limits opportunities for youth to participate in change-oriented activities to improve their community” (Trinidad, 2009, p. 489). However, to ignore the roles that trauma and mental illness play in delinquent behavior provides a limited view of juvenile crime.

The offenders who populate juvenile facilities are vulnerable, sometimes because of what happens in their homes or communities. But incarceration also aggravates the individual struggles of juvenile offenders (Holman and Ziedenberg, 2006). Two-thirds of incarcerated boys meet the criteria for at least one psychiatric disorder—for girls, that number is even higher (Barnert, Perry, & Morris, 2016). Another study found that many incarcerated youth experience symptoms of depression after being incarcerated (Holman and Ziedenberg, 2006). Moreover, the longer youth stay locked up, the worse things get. Juvenile offenders who spent three years locked up have severely impaired day-to-day functioning in one or more areas of their lives, which is tied to reoffending (Hodges et al., 2011).

The progress made by juvenile facilities in addressing mental health issues can be difficult to determine. Although 99% of U.S. facilities evaluated youth for mental health needs in 2016, 39% of facilities measured only some of the youth (OJJDP, 2016). In detention centers, where the largest number of youth is held (PPI, 2018), almost two-thirds of them reported evaluating only some of the youth (OJJDP, 2016). Furthermore, even though many facilities

employ mental health staff, staff may be marginalized, and their impact limited as “institutional priorities may conflict with, and often trump, the clinical needs of individual patients” (Clark, 2017, p. 353). One of the situations in which this is most poignantly felt is the use of solitary confinement in juvenile facilities.

Solitary confinement is the placement of inmates in a private cell for any number of hours, days, weeks, or even months, often with limited or no human interaction. While research on the practice with juvenile inmates is limited, the effects of solitary confinement on adult inmates is sobering: paranoia, confusion, hallucination, self-mutilation, suicidal thoughts, and both attempted and completed suicides (Clark, 2017). The United Nations has likened the solitary confinement of youth and the mentally disabled to torture. Recognizing the danger of the practice, President Obama banned the practice in federal juvenile facilities in 2016 (Clark, 2017). Twenty-nine states have also banned the practice, but the remaining states have either few or no restrictions on its use (Clark, 2017). Facilities that boast their evaluation of mental health needs may be the same institutions that use a practice that has been condemned repeatedly for its damaging effects on mental health. Keeping youth out of juvenile facilities could save them from a myriad of negative experiences that can impact their mental health, just one of which being solitary confinement.

Racial Disparities

A reoccurring topic in the literature is the racial disparity of those involved in the juvenile justice system (Karam, Sterrett, & Kiaer, 2017). Studies measuring disproportionate minority contact (DMC) indicate that black youth had disproportionately higher rates of arrest, detention, and out-of-home placement (Darnell & Schuler, 2015), and Hispanic youth were more likely than white youth to be adjudicated, detained, and placed out of the home (Fain et al., 2014). In 2015, black youth were placed in a residential facility at rates more than three times higher than Hispanics and more than five times higher than whites (OJJDP, 2018). It is not simply that minority youth commit more crime; Fain et al. (2014) found that

race did not play a significant role in reoffending. The findings of DMC studies are problematic because minorities who are already disadvantaged in their access to healthcare, housing, and higher incomes also bear the brunt of the negative impacts of incarceration, both short-term and long-term. Continuing to expose a disproportionate number of minority youth to the harsh conditions of incarceration adds fuel to the fire of systemic inequality.

There are many more problems with juvenile incarceration, but these three points alone paint a bleak picture. One stint in a juvenile facility may become the starting point for a cycle of reoffending. If reoffending results in incarceration, youth are separated from the people that care about them the most and placed in facilities where access to mental health services may be limited, where health-eroding practices are enforced, and where sexual victimization is too often a reality. While some juvenile offenders receive a GED in prison, many more never finish high school, putting them at risk for high unemployment, poor health, and high arrest rates (Holman and Ziedenberg, 2006). Finally, minority youth are often hit the hardest, widening racial inequality. It is unlikely that juvenile crime will ever completely dissipate, but community-based programs may be the first step in healing a broken system.

Community-Based Programs

One of the greatest challenges juvenile facilities face is preparing youth to reenter their communities. To prevent recidivism, researchers have emphasized the need for community collaboration, resources, and supervision (Development Services Group, Inc., 2017). If reentry is such a challenge, why not create programs that youth never have to exit in the first place? Community-based programs seek to rehabilitate non-violent juvenile offenders right where the crimes happened: in the community. They cut out the middleman (i.e., incarceration), allowing youth to “live normal lives, attend schools and sleep in their usual environment,” all while learning important skills and having access to the support needed for rehabilitation (Nicklin, 2017, p. 8). Some community-based programs have been used for decades and have received

national approval; other programs are still in their infancy but show some promise in addressing the diverse needs of juvenile offenders. Communities also implement preventative and aftercare programs for juveniles, which will also be discussed in this paper as they speak to the ability of communities to address delinquency.

Multisystemic Therapy

Multisystemic therapy (MST) is perhaps the most commonly studied rehabilitative approach for high-risk juvenile offenders (Fain et al., 2014). MST recognizes both “the multidetermined nature of antisocial behavior” (Asscher et al., 2012, p. 17) and that individuals are “embedded within a complex network of interconnected systems, including individual, family, and extra-familial (peer, school, neighborhood) factors” (Fain et al., 2014, p. 25). In other words, offenders may have difficult relationships with their parents, peers, and friends who encourage delinquent behavior, and trouble concentrating in school. In order to rehabilitate an offender, MST practitioners must address the problems that arise within each of these “systems.”

Multisystemic Therapy has shown positive results in reducing recidivism (Fain et al., 2014; Vidal et al., 2017). Fain et al. (2014) studied a sample of 757 youth who participated in MST in Los Angeles County to a comparison group who received treatment-as-usual (TAU) through the juvenile justice system. Most members of the MST group and TAU group had committed at least one prior offense; the sample was largely made up minority offenders: 77.1% Hispanic and 17% black. Fain et al. (2014) found that MST youth have significantly lower incarceration rates and higher completion of community service. The differences were not significant for number of arrests, completion of probation, or completion of restitution, but “MST youth showed more favorable outcomes than comparison group youth on all of these measures” (Fain et al., 2014, p. 29). In a statewide study of MST in Rhode Island, Vidal et al. (2017) studied a sample of 740 high-risk juvenile offenders compared to two control groups: a TAU group and a group that received individual therapy. MST participants were less likely

to receive subsequent adjudication, out-of-home placement, and placement in juvenile training school (Fain et al., 2014). Many MST studies have shown success with small samples, but these studies suggest MST can be similarly impactful at a larger scale.

MST has also been found to improve behavior, functioning, and parent-child relationships (Asscher et al., 2012; Fain et al., 2014). In a study with a random sample of 256 juvenile offenders in the Netherlands, Asscher et al. (2012) found that MST significantly reduced oppositional defiant disorder, conduct disorder, property offenses, and externalizing behavior problems such as aggression. Parents from the MST group reported greater competence in parenting than in the control group. Although youth reported no difference in their parent-child relationships, parents and observers reported having a higher quality relationship with their child after MST (Asscher et al., 2012). At the exit of the MST program in Los Angeles, MST practitioners recorded significant increases in all five outcomes for functioning (parenting skills, family relations, network of social supports, educational/vocational success, and involvement with social peers) (Fain et al., 2014). The power of MST lies in the individual care given to each offender, the recognition of the interplay of multiple systems, and the empowerment of both youth and their parents.

Parenting with Love and Limits®

Although MST certainly addresses family functioning, some community-based programs focus on family almost exclusively. One example is Parenting with Love and Limits® (PLL), implemented in 16 states and also in Holland (Karam et al., 2017). PLL is a manualized program that combines group therapy, parent education, and intensive family therapy (Ryon et al., 2017). For six weeks, juvenile offenders and their parents attend two-hour meetings. In addition to group meetings, families must participate in at least six family therapy sessions to graduate from the program. PLL was designed for adolescents with severe emotional or behavioral problems. In fact, Karam et al. (2017) found that youth with more serious offenses were more likely to complete the

program, suggesting that PLL can be effective among high-risk youth. The study also reported decreases across eleven difficult behaviors for PLL participants, including rule breaking, aggression, and conduct disorder behaviors.

Like multisystemic therapy, Parenting with Love and Limits® also has a positive impact on recidivism. Ryon et. al (2017) analyzed data from 92 PLL participants in Florida between 2007-2010. They expected 43% of PLL participants to recidivate, compared to 46% of the control group in residential facilities; the actual rates were 41% and 46%, respectively (Ryon et al., 2017). PLL also had lower conviction rates and significantly lower rates of subsequent commitment, adult probation, and adult incarceration. Karam et. al (2017) studied a sample of 155 offenders in PLL in Illinois, where only 111 completed the program. Those who completed the program had significantly lower police contacts, adjudications, and felony adjudications than those in the control group. Even those who did not complete PLL had significantly fewer police contacts and risk reduction across all other recidivism outcomes, though those outcomes were not significant. Although not all outcomes in these studies were significant, Ryon et al. (2017) pointed out that residential placement costs over \$30,000 per youth, whereas PLL costs \$4,426 per youth. “At a cost savings of roughly \$30,000 dollars, exploring the use of PLL for appropriate juvenile offenders would appear financially prudent even if the recidivism rates were equal for the PLL and residential completers” (Ryon et al., 2017, p. 65). Furthermore, even when there is only a small decrease in recidivism, these percentages represent real people—real people who were shielded from going back to juvenile prisons (Ryon et al., 2017).

Education-Based Programs

Education-based alternatives to incarceration are less common than therapeutic approaches, but they can still offer insight into the struggles of juvenile offenders and how community members can use their skillsets and interests to address such struggles. One U.S. city uses a Shakespeare program for some juvenile offenders

(Nicklin, 2017). Over the course of ten weeks, court-ordered youth meet with a theatre company seasoned in educational outreach. The youth participate in group discussions and Shakespeare-themed games and activities, culminating in a youth-directed play at the end of the program. The use of Shakespeare is deliberate: Shakespearean plays cover a wide array of conflicts, which act as catalysts for real life application. But many also consider it difficult to understand, and for juvenile offenders have a long history of academic struggles, being able to understand something as lofty as Shakespeare is a huge boost to their self-confidence (Nicklin, 2017). Putting on a final performance is also deliberate. Juvenile offenders may be viewed more favorably when they are contributing to the community in more positive and productive ways. Nicklin (2017) did not collect recidivism data, but youth who participated in the program reported higher confidence, self-respect, greater ability to see the impact of their actions, and real-life application.

Seroczynski, Johnson, Lamb, and Gustman (2011) used the *Harry Potter* series as the basis for their intervention, as the series presents models for virtuous behavior, which could encourage moral development among the 29 juvenile offenders in their sample. Seroczynski et al. (2011) found that students who were engaged in the group reported significantly higher levels of fidelity and charity. Although not statistically significant, engaged students scored higher for the other five virtues measured. Furthermore, at least a quarter of the youth expressed a desire to act out of the scenes, suggesting that theatrical approaches may “enhance delinquent students’ virtuous development” (Seroczynski et al., 2011, p. 18). Although this intervention took place in a juvenile center, such a program could also be easily transferred into a community context. These education-based programs are not as comprehensive as other approaches, but they address juvenile needs in unique ways. First, these programs are enjoyable. Nicklin (2017) pointed out that some critics will take issue with that, especially those who call for more punitive policies, but “by making the experience productive and enjoyable...the participant group becomes willing, open to engagement and involved” (Nicklin,

2017, p. 11). Secondly, if theatre troupes can play a part in juvenile rehabilitation, who else can? Community members don't need to be therapists or social workers to make a difference. Finally, education-based programs give young offenders opportunities to have positive learning experiences, which are often lacking for them in traditional education. While it is unlikely that acting out Shakespeare or reading *Harry Potter* will fix juvenile crime, education-based programs can ground for virtuous behavior and the confidence to make better decisions.

Culturally Competent Approaches

Cognizant of the disproportionate representation of minorities in the juvenile justice system, several studies have used predominantly minority samples (Darnell & Schuler, 2015; Fain et al., 2014; Karam et al., 2017). However, some juvenile delinquency prevention programs are ineffective because they "fail to recognize existing mechanisms of power and oppressive structures in the social context" (Trinidad, 2009, p. 489). Trinidad (2009) followed one program designed to prevent youth crime by promoting community development and self-reliance and encouraging native Hawaiian youth to think critically about those contexts. Youth participated in the maintenance of a five-acre farm and high school garden, leadership trainings, and agricultural workshops. The program made youth more aware of structural inequality, but it also showed them productive (and legal) ways they could remedy the circumstances in their communities: "When youth are viewed as community change agents, they are allowed to become part of solving, not creating, problems in their communities...[it]brings a sense of ownership" (Trinidad, 2009, p. 494). As community-based programs research progresses, researchers must ensure that the groups who need these programs the most — often minorities — are not left behind. Culturally competent programs creating spaces for youth to think critically about the intersection of power, inequality, and crime.

Conclusion

While most can agree that incarceration negatively impacts youth, designing alternative programs that will both curb recidivism and improve behavior—and accurately measure their outcomes—is an arduous task. The body of literature for community-based programs is a hopeful one, but there are limitations to the research. The first limitation is small sample size. Because community-based programs are often locally run or county-based, many struggled to acquire more than 100 participants (one program had less than ten). However, to understand how programs can be implemented at state levels, studies with larger samples are necessary (Fain et al., 2014; Vidal et al., 2017). Some of the studies lacked a control group or a more closely comparable control group, which can impact which outcomes were significant (Nicklin, 2017; Ryon et al., 2017). In two studies, youth and adult reporting produced conflicting results (Asscher et al., 2013; Seroczynski et al., 201), suggesting that more youth self-reporting would provide insight into how youth think these programs are working for them. Although Karam et al. (2017) published outcomes for both youth who did and did not complete PLL, other studies excluded those who did not complete the program at hand. Future researchers should analyze data for both groups if possible, and also identify what prevents some families or youth from completing treatment.

In the Netherlands study, Asscher et al. (2013) found that female MST participants experienced lower self-esteem and increased personal failure compared to the TAU group. Although males make up the majority of juvenile offenders, future researchers should investigate what role gender plays in the effectiveness of MST and if the needs of female offenders are being met. Future research should also continue to investigate the effectiveness of current treatment protocols across overrepresented racial/ethnic groups and create programs that are catered specifically to the needs of minorities and not just adjusted to them. Finally, although this literature review focused on community-based programs for non-violent

offenders, there are also programs geared toward sexual and violent juvenile offenders. Perhaps more important than the distinction between violent and non-violent offender is the distinction between high- and low-risk offenders, a distinction that the juvenile justice systems often fails to recognize (Hodges et al., 2011).

When crime takes place in a community, it is natural to want the perpetrator to be punished. But punishment does not always equate justice; and for some juvenile offenders, punishment only perpetuates the injustice they have been exposed to even before they committed their first crimes. Youth crime often occurs in a moment of poor judgment, but if we continue to put youth in prisons—places we know are mentally, emotionally, and socially detrimental—our instincts are no better than theirs. Incarceration should not be the first step—it should be the last resort. Community-based programs may cost us our hunger for punishment, but it is a small price to pay for true rehabilitation and safer communities.

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