

**The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:**

**Document Title:           The Impact of Juvenile Correctional  
Confinement on the Transition to Adulthood**

**Author(s):                   Shelly Schaefer, Ph.D., Gina Erickson, Ph.D.**

**Document No.:           249925**

**Date Received:           June 2016**

**Award Number:           2014-JF-FX-0014**

**This report has not been published by the U.S. Department of Justice. To provide better customer service, NCJRS has made this federally funded grant report available electronically.**

**Opinions or points of view expressed are those  
of the author(s) and do not necessarily reflect  
the official position or policies of the U.S.  
Department of Justice.**

















higher rates of victimization.<sup>2</sup> Even with restrictions on movement within a juvenile facility, youth state that they fear for their safety and that victimizations are prevalent within the facility. According to Table 1, 45% of confined report some form of victimization while confined; 43.8% state they were a victim of stolen property; 31.1% of youth were physically or verbally assaulted in the facility, and of those incidents 9.6% resulted in injury. In addition to physical, verbal, and property victimizations, 40.1% of youth state they believe staff uses force when it is not necessary. Thus, it is not surprising that youth report fear, particularly 15.1% state fear makes it difficult to sleep. Coupled with the lack of sense of care from staff (31.9% of youth report that staff generally care) and limited contact with family (22.9% report having contact with family less than once a week, the conditions of confinement are less likely to provide the opportunity structures and reciprocal relationships to develop PSM among confined adolescence. We hypothesize that this in turn, will limit justice-involved youths' successful transitions to adulthood.

## **DATA FOR ANALYSIS**

### **The National Longitudinal Study of Adolescent Health (Add Health).**

The National Longitudinal Study of Adolescent Health (Add Health) provides a longitudinal, nationally representative sample of adolescents in grades 7-12 during the 1994-1995 school year. From school rosters, 20,745 students completed in-home Wave 1 interviews, which were augmented with audio computer assisted self-interviews. Follow up interviews were conducted in 1996 (Wave 2, N=14,738) and 2001-2002 (Wave 3, N=15,197). The most recent wave of data (Wave 4, collected in 2008) includes 15,701 respondents ranging in age from 25-32.

Add Health data provide many advantages for the goals of the current research. First, Add Health offers data points throughout adolescence and the transition to adulthood, across 15 years from the mid-teens to the early 30s. Specifically, Wave 1 captures adolescents before the onset of serious delinquency and by Wave 4 most have desisted from crime (Sickmund and Puzzanchera 2014). Second, Add Health is drawn from a nationally representative sample from school rosters and thus includes adolescents missed by many in-school samples (that might

---

<sup>2</sup> The National Crime Victimization Survey (NCVS) reports that approximately 1.1% of individuals age 12 or older experienced a violent victimization and 8% experience a property crime. See Langton and Truman (2015) <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5366>.























































