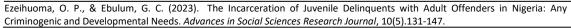
Advances in Social Sciences Research Journal - Vol. 10, No. 5

Publication Date: May 25, 2023 **DOI**:10.14738/assrj.105.14697.





The Incarceration of Juvenile Delinquents with Adult Offenders in Nigeria: Any Criminogenic and Developmental Needs

Obinna Paschal Ezeihuoma

University of Pittsburgh @ Bradford, USA

Genevieve Chimaoge Ebulum

Center for General and Entrepreneurial Studies, David Nwaeze Umahi University of Medical Sciences, Uburu, Ebonyi State Nigeria

ABSTRACT

Over a century ago, significant reforms in the juvenile justice system transformed the way juvenile offenders were treated. Back then, these young individuals often faced harsh conditions in adult prisons, leading to grave outcomes such as execution, injury, and abuse. While the juvenile justice system has seen improvements globally, Nigeria's system remains largely underdeveloped. This research aims to examine the effects of incarcerating juvenile delinquents alongside adult offenders in Nigeria and to identify effective treatment options tailored to their specific needs. Currently, the Nigerian juvenile justice system does not adequately address the developmental and criminogenic needs of young offenders. Although some perceive the practice of housing juvenile offenders with adults as a means of public protection, research indicates that it is neither an effective method for reducing costs nor for achieving better overall outcomes.

INTRODUCTION

Over a century ago, the establishment and subsequent development of juvenile justice system presented a paradigm shift in handling of juvenile offenders. Some of the reforms brought out required changes to the level it is today, like enthronement of the rights of the juvenile through various landmark supreme court decisions in America (Marion & Oliver, 2012; Mallett & Tedor, 2019). Some other "major reform efforts in juvenile justice have focused on reducing the use of detention and secure confinement; improving conditions of confinement; closing large institutions and reinvesting in community-based programs; providing high-quality, evidence-based services for youth in the juvenile justice system; reducing racial/ethnic disparities; retaining most offending juveniles in the juvenile justice system rather than transferring them to the criminal justice system; improving delivery of defense services; and developing system-wide juvenile justice planning and collaboration" (National Academies of Sciences, 2013, p.241).

Prior to the above reforms, children/ juveniles were treated as adults and subjected to unspeakable atrocities in adult jails and prisons. Some of them were maimed, abused, executed and to a seeming lesser evil, returned to the society as hardened criminals (Justice Policy Institute, 1997; Clear, Reisig & Cole, 2019). As the system evolved, it became evident that housing together juvenile offenders with adult prisoners was not only counterproductive but

self-defeating, and self-destructive. As such, it limits the intended effect of appropriate therapeutic and rehabilitation efforts directed at juvenile offenders (Lambie & Randell, 2013). However, the juvenile justice system in America and some countries around the world have evolved over the years or rather have come of age. But in Africa especially in Nigeria, the juvenile justice system is still at the teething stage, a level prior to the progress already made in America and other parts of the globe over the last six decades.

As problematic behaviors of juvenile offenders are complex; one cannot lose sight of the interaction between individual and social environment which present avenues to elicit and maintain delinquent behaviors. This is one of the areas that is missing in the aspect of incarcerations of juvenile delinquents with adult offenders in Nigeria; though it is worth considering. In addition, it is generally accepted that juveniles do not have the same developmental level of maturity of adult (Lambie & Randell, 2013; Steinberg, Cauffman, Woolard, Graham, & Banich, 2009) and can act on impulse, misread or misinterpret social cues and emotion (Spear, 2000). This is because of anatomical and functional changes especially brain development which continues into early adulthood (Giedd, 2008). These changes involve self-regulation, reward processing, processing of social cues, and emotional maturity, engaging in risky or dangerous behaviors, lowered levels of sensation seeking and impulsivity, less resistance to peer influence, and expectation of future consequences (Steinberg, et al., 2009; American Academy of Child and adolescent Psychiatry, 2022).

There are implications of the psychosocial or emotional immaturity of juvenile delinquents. Primarily, they are vulnerable to peer influence, coercion, provocation, and their uninformed decision-making, may entail that liability is mitigated, making incarceration in adult prisons or detentions unsuitable and untenable (Lambie & Randell, 2013). That was why since 1970s, efforts were made by the juvenile justice system especially in America, essentially to place juveniles in separate facilities to shield them from criminogenic influences (behavior tending to produce crime or criminal) of older, adult offenders. Also, having different facilities from those of adult offenders shields the juveniles from the effects of some developmental risk factors that increase the likelihood for continuation of delinquency to adulthood. As such, one of the overlooked findings by Bureau of Justice Statistics reported about *Jail Inmates 2016*, that number of juveniles locked up or detained with adult offenders in jails or detention centers grew over the years prior (Troilo, 2018), and generally on decline. Since 2000, the number of young people in confinement has fallen by 60%, a trend that shows no sign of slowing down (Sawyer, 2019). More new data can show how further we can go.

Some of the decline in youth incarceration is as result of youths aging out of the statistics (for countries that have data) (Troilo, 2018); but, the number of youths locked up or detain with adult offenders are not officially known in a place like Nigeria. During the last decades, there has been public outcry over the increasing incidences of violent crimes by the juvenile population in United States and around the world, Nigeria inclusive, which has given way for more punitive policies and sentences for juvenile offenders both status (minor) and delinquents categories (Pomeroy, Green & Kiam, 2001; Troilo, 2018; Cox, Allen, Hanser, & Conrad, 2022).

Therefore, the purpose of this research is to examine the impact of the incarceration or detention of juvenile delinquents with adult offenders in Nigeria using paper reviews literature

published since 2000 (or prior years) on outcome of detention or incarceration of juveniles with adult offenders. Also, this paper will expose the rehabilitative limitations of their incarceration or detention with adult offenders through discussion of its impacts and alternatives. At same time, this research will be focusing on evidence-based alternatives on the effective treatment to address criminogenic needs and other developmental issues associated with juveniles.

For the purpose of this review, a juvenile will be defined as a person younger than 18, with adolescence ranging from ages of 13 and 18 (Lambie & Randell, 2013). Though the word 'juvenile' is not all that defined in any piece of legislation in Nigeria except for Children and Young Persons Law (CYPL) by Lagos State in 1946. This was a follow up of the previous legislation named Children and Young Persons Act II (CYPA) by the British colonial government in 1943. Therefore, we use the CYPL definition of a 'child' to mean a person under the age of 14. While 'young person' is defined as person who attained the age of 14, and under the age 18 (Okagbue, n.d.).

FOCUS ON THE PECULIARITIES OF NIGERIAN JUVENILE JUSTICE SYSTEM AND INTERNATIONAL STANDARDS

Nigerian public was absolutely incensed in July 2001 about a report in one of the newspapers in the commercial city of Lagos; that the police took a four-year-old child into custody for breaking the car windscreen of a neighbor (The Humanitarian, 2002). The child was kept in unkempt police station for 48 hours with adult offenders and was forced to do manual labor. The above underscores the level of dissonance in the administration of juvenile justice in Nigeria: "it had become a system in which rules and regulations were being breached by those very people responsible for enforcing them" (n.p.). In the incident aforementioned, there was a clash of seeming normal African cultural deterrent approach to discipline a child and crass ignorance of the United Nations Convention on the Right of the Child (UNCRC) on the part of the agency of criminal justice, Nigerian police.

This UNCRC was established in 1989 and ratified by many countries except United States of America. Consequently, Nigeria signed and ratified the UNCRC and domesticated the same and tagged it as Child Rights Act (CRA) in 2003 (Muncie, 2009; Lambie & Randell, 2013; Mildred & Plummer, 2009). UNCRC charter has legal framework that advocates for the protection of persons under 18. It clearly implies that persons under 18 years of age need to be treated as a special population due to their age and associated developmental needs (Independent Police Conduct Authority, 2012). UNCRC further proposes about 40 specific rights for children especially for special protection of children/juveniles in conflict of the law (Muncie, 2009; Lambie & Randell, 2013).

Despite Nigeria's legal framework, professed commitment and support to the international charters and conventions to protect the children/juveniles; there is always an apprehension on the part of the World body like United Nations (UN) that their rights are consistently violated. For example, Nigeria was one of the seven countries (Congo, Iran, Nigeria, Pakistan, Saudi Arabia, Yemen, and United States of America) that were known to have executed minor's contrary to Article 37 of UNCRC (Cox, Allen, & Conrad, 2022). This violation of the rights of the children/juveniles in detention centers or prisons makes it easier for more and more to be hardened, traumatized, and possibly executed because of crime (The Humanitarian, 2002). On

this, the head of Constitutional Rights Project (CRP), a leading human right group, pointed out that young people "... are jailed and incarcerated with adults instead of being given more reformed-oriented, non-custodial forms of sentencing" (n.p.). Surely, incarceration or detention of juvenile delinquents with adult offenders is not a true reflection of what the country's law envisaged that young people should be treated.

Furthermore, the earliest extant law on juvenile justice in Nigeria is the Children and Young People's Act (CYPA). This was passed by British colonial government in 1943. Thus, "the act was later revised and incorporated into Nigeria's federal laws. Under the law, a child under the age of seven years is not criminally responsible. At 12 years of age, a child cannot be held criminally responsible unless it is proven that he or she has the capacity to understand the implications of the action in question" (The Humanitarian, 2002, n.p.). In addition, Shariah law practiced mainly in Northern part of Nigeria put the age of responsibility to 18 or puberty but could be lowered to 15 years of age in a case like adultery or fornication; and may attract flogging or the death penalty. By implication, it means that there is no distinction between them and adults. In all, these legal provisions made by the federal and some state governments fail to align with African Charter on the Rights and Welfare of the Child, the United Nations Convention of the Rights of the Child, and United Nations Standard Minimum Rules for Administration of Juvenile Justice (The Humanitarian, 2002; Okagbue, n.d.).

Dimensions of the Problem

Another peculiarity of juvenile justice system in Nigeria is the difficulty to determine the number of children/juveniles detained, locked up or involved in the system. As such, record keeping is not one of the strengths of the juvenile justice system or Nigeria Correctional Services (NCS) and some parts of the world (Silva, 2010; Okagbue, n.d.). Lack of records means that the number of children/juveniles held with adult offenders in jails or prison environment is not known. Effort has been made to offer administrative solution to this inability to gather a reliable data. But it has been hindered in Nigeria and elsewhere in the world by the scope of the problem, definitions, different methodologies, conceptual understandings and other operational challenges (Simpson, Reekie, Butler, Richters, Yap, Grant, & Donovan, 2016). To rely on information based on anecdotal evidence from individuals have resulted in wide range of estimate of the prevalence in the facilities where young and adult offenders are locked up or detained (see Gaes & Goldberg, 2004). But the United Nations Children's fund (UNICEF) has estimated that more than 1 million juveniles are locked up (Silva, 2010). Many are confined with adults. Others are held in decrepit, abusive, and demeaning conditions, deprived of education, with limited access to meaningful activities and separated from outside world (Silva, 2010; Atilola, Abiri & Ola, 2019).

The most comprehensive data of juvenile offenders locked up or detained in adult facilities normally are found in court and police records (Marion & Oliver, 2012). But in Nigeria, this is not a usual practice. Though, we can piece and sieve pockets of information here and there from newspapers and allied media (like T.V) or some published papers. In fact, one of the palpable indications of the failure of the criminal justice system in Nigeria is that official figures are scanty or at most obsolete. There was a figure from Federal Office of Statistics in 1993 and it covered two third of the country (The Humanitarian, 2002). This figure indicated that 6,496 people in prison aged between 16, and 20, while 709 were under 16 about 11%. In 1994, Annual Police Report detailed that number of juveniles taken into custody was 295 nationwide

showing a decline from 709. According to UNICEF, about 73% of these children/juveniles in custody are first offenders (The Humanitarian, 2002; UNICEF, 2021).

Furthermore, the jails and prisons are congested given the sharp increase in prison population from 2010-2020 in Nigeria (see fig.1) due to myriad of problems in Nigeria (Okagbue, n.d.; The Humanitarian, 2002; Institute for Crime and Justice Policy Research, 2022). Because of this congestion, juveniles are usually not separated from adult and hardened criminals contrary to the provisions of law and international charter. Institute for Crime and Justice Policy Research (2022), put some figures about the prison population in Nigeria from 2000-2020 as below (fig.1). The number of people incarcerated spiked from 2000-2018 and declined in the year 2020. There was not much information about the number of juveniles locked up with adult offenders except for 2022 edition which put the percentage at 1.7%. In the website of Nigeria Correctional Services (NCS), there is scanty information about children/juvenile incarcerated or detained.

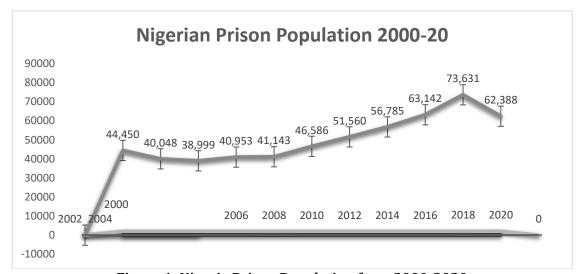


Figure 1: Nigeria Prison Population from 2000-2020

In 2009 report of the United Nations (UN) Committee on the rights of the child, indicated that Nigerian juvenile justice system is in state of crisis (UN Committee on the Rights of the Child, 2009). The crisis is exemplified in another study on juvenile justice administration conducted by Constitutional Right Project (CRP) with the assistance of Penal Reform International (PRI), found that police officers often falsified ages of juveniles to pass them off in court as adults, just to avoid abiding to the legal requirements for their treatment. The study highlighted that this was often the case especially in the parts of Nigeria where there are no borstals or remand home (The humanitarian, 2002). Currently, the crisis is still on and it has been driven by some operational, resources, and capacity challenges in the system (Atilola, 2013).

IMPACT OF INCARCERATION OR DETENTION OF JUVENILE DELINQUENTS WITH ADULT OFFENDERS

The outcome of dangers inherent in housing of juvenile offenders with adult offenders in prisons or jails, portends untold consequences. Some literature reviews indicated that on daily basis the average of 7,500 juveniles are confined in adult facilities (The Campaign for Youth Justice, 2007). Annually, the number could go up to ten times over. In spite of dire consequences

of locking up of the youth and longtime effects it may have, many young people are still being locked up (The Campaign for Youth Justice, 2007; Silva, 2010) with adults in Nigeria and other parts of the world. The impact of incarceration of juvenile delinquents with adult offenders give rise to enormous risk of suicide, mental health disorders, vulnerability to sexual exploitation, danger of isolation and other worst outcomes.

Suicide

It is well established in various scholarly works that there is link between suicide/suicide ideation and mental health (Muanya, Akpunonu & Onyenucheya, 2021; Lambie & Randell, 2013). Also, research has shown that the juveniles locked up with adult offenders are 36 times more likely to commit suicide than youth in juvenile-only facilities (Troilo, 2018). Although mortality rate for those incarcerated is lower compared to population rate, but attempted suicides may be higher (Kiriakidis, 2008).

Due to psychosocial immaturity, young people can be impulsive in moment of crisis. This can elicit breakdown in their ability to deal with life stresses, like financial problems, relationship break up, or chronic pain (Muanya et al., 2021). In addition, experiencing conflict, disaster, violence, abuse, or loss and stressing condition of confinement are strongly linked with suicidal behavior. The strongest risk factor for suicide in the young people locked up is a previous suicide attempt (Bonner, 2006; Muanya et al., 2021).

Some adolescents examined in 2010 at a rate of 10.5 per 100,000, showed that suicide is the third-leading cause of death in young people between 15 and 24 years old (Centers for Disease Control and Prevention, 2013). Also, it shows that the rate of suicide has doubled in the younger people since 1950s, increasing at a faster rate than among adults age 25 and older (National Center for Health Statistics, 2004). Data obtained from American juvenile correctional setting indicated that incarcerated youths are at particularly greater risk for suicide; the prevalence rates of completed suicide for this group are between two to four times higher than those of the youths in the general population (Gallagher and Dobrin, 2006; Memory, 1989).

In Nigeria, there is dearth of data for suicide among young people incarcerated or detained with adult offenders. But World Health Organization (WHO) estimated that in Nigeria about 17,710 cases of suicide were recorded in 2016 at all ages. Among in this number were 8,410 females while 9,300 were males (Akinremi, 2021). The percentage ratio of men to women was 53:47. And among teenage girls aged 15 to 19, it was the second biggest killer after maternal conditions. In teenage boys, suicide ranked third behind road injury and interpersonal violence (Akinremi, 2021). Globally, Nigeria was ranked sixth highest. The figure puts Nigeria as the leading country in suicide in the African region. It was followed by Ethiopia and South Africa with 7,323 and 6,476 cases respectively (Akinremi, 2021). This shows the menace of suicide not only on the general population in Nigeria but more so with the young people.

Impact of Mental Health Problems

Greater number of young people incarcerated suffer from emotional, behavioral (Lambie & Randell, 2013), and mental health issues, such as drug and alcohol abuse, depression, aggression, suicide attempts and ideation etc., (Kiriakidis, 2008; Hays, 2004). These problems are exacerbated by unfriendly conditions experienced during incarceration with adult offenders. Pitiably, most jails or prisons housing juveniles in Nigeria are ill equipped to handle

these problems (Atilola et al., 2018). At the time of incarceration or detention, young people experience isolation, boredom, bullying, and victimization which are pervasive stressors (Greve, 2001). Studies have shown that about two thirds of youths involved with juvenile justice system meet criteria for one or more psychiatric disorders, even after excluding conduct disorders (Teplin, 2002; Abram, 2004); estimates reveal that approximately 50 to 75 percent of the 2 million youths (Underwood & Washington, 2016). It has to be noted that high occurrence of mental health issues within the juvenile justice system does not necessarily call for treatment, but emphasizes the need for different levels of mental health care to diversify treatment options. Because juveniles who meet criteria for a disorder experience their disorder temporarily; therefore, they only need emergency services (Underwood & Washington, 2016). More studies have compiled a high prevalence of mental and behavioral disorders among juvenile population in Nigeria (Atilola et al., 2018). For example, compared with nonincarcerated juveniles it was found that there was a high prevalence of (23 v.63%; P<0.001) ongoing mental health issues such as depression, anxiety and disruptive behaviors among juveniles locked up in Ibadan, Nigeria (Atilola, 2012). Some other risk factors which dispose incarcerated or detained juveniles vulnerable to mental health problems in facilities could be traced to pre-incarceration psychosocial problems. These may include dysfunctional families, poverty, homelessness, exposure to traumatic events and other childhood maltreatment and abuse common to residents of juvenile facilities across Nigeria (Atilola et al., 2019). The conclusion made from the study by Atilola and others (2019), aptly captured the situation suggesting that, "...the Nigerian juvenile justice system at present is more of a warehouse where troubled and troubling youth are kept without addressing their psychosocial and mental health needs" (n.p.). This situation has aggravated the crisis in the Nigerian juvenile justice system owing to adult offenders and juvenile delinquents having to share the same facilities and administrative procedures, in amidst of prevailing ethical and human right concerns (Atilola et al, 2019).

Susceptibility to Rape and Sexual Assault

Juveniles detained or incarcerated with adult offenders are highly susceptible to be sexually exploited or harassed (Troilo, 2018). According to the National Inmate Survey conducted by United States Department of Justice (DOJ) found that "1.8 percent of 16- and 17-year-old jailed in adult facilities have reported being sexually abused while in custody, either by other adult inmates or by prison staff (Kraut, 2020, n.p.; Lahey, 2016). Of these cases, 75 percent reported being abused repeatedly by the staff (Lahey, 2016). It was because of the sexually related offenses in some facilities housing the young people and adult offenders that US Congress passed the Prison Rape Elimination Act (PREA) of 2003 adding it to the federal statute of Juvenile Justice and Delinquency Prevention Act (JJDP) of 1974 (The campaign for Youth justice, 2007; Lahey, 2016). The guidelines for these two federal statues requested for a pragmatic approach to stamp out rape in prisons and advocated that the young people must be housed separately from adults (Lahey, 2016). In Nigeria, official statistics of sexually related incidences in juvenile facilities (or detention centers housing juveniles with adults) are not known. Due to power imbalance between an adult and the youth, the issue of sexual assaults in these facilities in Nigeria are not reported. Also, there is no enabling environment empowering the youth to report such cases (Atilola et al., 2019). So, the culture of silence in those facilities has increased the menace and reduces avenues for accountability on any individual involved.

But, in America, PREA statue made the congress to demand the statistics of incidences of rape and other sexually related offences across the nation's correctional facilities to determine how best to combat and evaluate the problem. Adequate funds were made available to handle the problems of these crimes in prisons and jails (The Campaign for Youth Justice, 2007). The Bureau of justice statistics are in charge of collecting data but we sometimes do not have near estimated number of incidences. In fact, the sexual assault of the minors is widely underreported and less than 10 percent of minors in National Survey (of DOJ) reported that they were sexually abused (Kraut, 2020). Unlike Nigeria, US government has gone a long way to deal with the issues of rape and sexually related offenses in correctional facilities.

However, there are some ethical concerns in collecting the actual number of juvenile victims especially same-sex population in the prisons for fear of attacks especially in America. This compounds the problem at hand. Some researchers have noted the frustration in collection of data of victims of sexual violence in the prisons and jails because of uncooperating attitudes of some inmates and officers. In some instances, police/correctional officers inflate or reduce the incidences depending on the one that favors them or they maintain outright refusal to acknowledge there is such problems (Okagbue, n.d.; Aikulola, 2019). Nigeria has a peculiar problem, the issue of same-sex is outlawed by the government (British Broadcasting Corporation BBC, 2021) compounding the problem of those in this category who experience sexual violence in jails or prison housing young people and adult offenders.

The extent of the problem of the sexually related offenses in adult jails and prison housing young people in Nigeria can be latent given what we may call a *smothering culture of silence* (Abour, 2020). An apparent mute secrecy maintained in prisons/jails by perpetrators, the staff of jails/prisons and especially the victims, who are ashamed and afraid of retaliation. Be that as it may, some young people who came in healthy in facilities, got infected with some diseases like sexually transmitted diseases and in some cases exposed to HIV/AIDS before they are released. Some of them were infected before coming in contact with correctional settings (Centers for Disease Control and Prevention, 2021). This precarious situation urgently calls for serious reforms in criminal justice systems especially correctional facilities housing young and adults together in Nigeria.

Danger of Isolation

Accepted we advocate for separation of juveniles from adult facilities, we do not subscribe to isolation as the answer either. Youth held with adult prisons and jails are greater risk of being held in solitary confinement (Troilo, 2016). It is established by the campaign for Youth justice (2007), that separating the youth from the adult population decreases the emotional and bodily harm that may result from sexual assault and violence from adult offenders. But this should not be a pretext to put the youth in solitary confinement. It is heart rending to note that in solving the problem of vulnerability of these youths to physical and sexual assault by adult offenders, we create worst problems by locking this youth in dangerous and solitary environment (The Campaign for Youth Justice, 2007). These youths can be isolated for 23 hours a day in unnatural state with limited light. Experts have reiterated the dire consequences of locking up youth in isolation. They argue that limited movement in cell causes mental disorder and other developmental issues (Lambie & Randell, 2013; Kiriakidis, 2008; The Campaign for Youth Justice, 2007). It is unimaginable and devasting the long-time effect and outcome of behaviors of these youths isolated and locked down in the facilities (Kraut, 2020). Sure, risks are obvious,

one of them is trauma. Because their brains are still years away from full development; locking the juvenile offenders with adult offenders can derail their anatomical development and other developmental needs. These can consequently dispose them for recidivism (Troilo, 2018; Lambie & Randell, 2013).

Some criminal justice researchers have raised alarm in response of untold stories of youth locked up in adult facilities (Lahey, 2016; Kraut, 2020). Recently, civil groups like Human Right Watch and American Civil Liberty Union have shown how horrible the impact of protracted isolation may mean. The juveniles detained or lock up in isolations can cause them mental health disorder and other psychologically problems affecting the young people in the jails and prison (The New York Times, 2012; Underwood & Washington, 2016). Other dangers of detention or solitary confinement of the juveniles summarized by academic research are: it slows the natural process of aging out of delinquency, exacerbates any existing mental disorders, reduces the chances of returning to school, and diminishes success in the labor market (Troilo, 2018).

ALTERNATIVES ON THE EFFECTIVE TREATMENT TO ADDRESS CRIMINOGENIC NEEDS AND OTHER DEVELOPMENTAL ISSUES ASSOCIATED WITH JUVENILES

Understanding the Outcome and Risk Factors of Juvenile Incarceration

The outcome of locking up the juvenile offenders is poor; and worst, if they are housed or detained with adult offenders. Studies have shown that incarceration does not deter future adolescent crime whereas the experience itself is part of the problem. Importantly, the placement in these correctional facilities has either no correlation with offender rearrests or recidivism (Mallett & Tedor, 2019; Winokur, Smith, Bontrager, Blankership, 2011). To place juveniles in any facility be it adult or juveniles only, coupled with longer length of time, increase the risk for reoffending after release for some juvenile delinquents even for three to nine months stay. Yet, a stay in pretrial detention or prison increases a young person's chances of felony recidivism by 33% and misdemeanor recidivism by 11% within one year, and a small effect for length of stay (1% increased risk per day) (Walker & Herting, 2020). The risk increases alarmingly in low level offenders (Mallett & Tedor, 2019), typically the profile of most youths locked up or detained with adult offenders in Nigerian detention centers or prisons. Granted that these youths are locked up or detained, there is little or no services in some facilities in Nigeria that may assist in mitigating the prior delinquent behaviors (Atilola et al., 2019). Consequently, they are not provided with rehabilitative programming (for mental health, education, or trauma, among others) that the juveniles need (Mallett & Tedor, 2019). Most incarceration facilities are ill-equipped to handle the rehabilitative needs of the juveniles placed in their institutions (Atilola et al., 2019), let alone the needs of delinquent offenders with serious comorbid problems and educational deficit (The Council of State Government Justice Center, 2015).

The risk that disposes juveniles for offending and reoffending are broad and interwoven in nature. These may include the complex interactions of factors on the individual's family dynamics, school, work, community and even peer group (Lambie & Randell, 2013). For intervention or evidence-based solution to be effective, it must address all the risk factors, criminogenic, and developmental needs and responsivity. Research has posited this theory of risk/need/responsivity (RNR) as the basis of effective rehabilitation (Alarid, 2019). This is a theory of rehabilitation by Andrews, Bonta and Hoge (1990) that "suggests focusing on treating

high-risk offenders, matching correctional interventions with criminogenic needs, and implementing treatment according to offenders' learning styles and personal character" (p.16). These intervention and evidence-based practices must be individual-specific issues; that is, they must be tailored to the specific aspects of an individual's "social ecology" that are key to their offending behaviors (Henggeler & Schoenwald, 2011).

Risk factors are characteristics of a juvenile or the environment surrounding the juveniles that disposes or increases their chances of offending. Risk factors are variables linked to behavioral problems which may include: early onset of aggressive behavior, patterns of high family conflict, school related like truancy, gang involvement, drug availability (Office of Juvenile Justice and Delinquency Prevention OJJDP, 2015). There are two types of risk factors: static and dynamic. Static risk factors are those historical characteristics of an adolescent that can never be changed through treatment or programming, like the age at which the first offence was committed, history of violent behavior and parent criminality. While dynamic risk factors are characteristics that can change over time, on account of treatment or the normal developmental process (Vincent, Guy & Grisso, 2012; OJJDP, 2015). Examples are poor parenting practices, substance abuse, association with delinquent peers, and poor academic achievement (OJJDP, 2015). Protective/prosocial factors are factors that lower the likelihood of a youth to offend (Pollard, Hawkins & Arthur, 1999). For example, illiteracy is a risk factor that can dispose a juvenile to offend but protective factor for this could be education. Therefore, education serves as a buffer for the risk factor (illiteracy) which can give room for offending.

Thus, criminogenic needs are related to dynamic risk factors and refer to characteristics of the juvenile, when changed, are linked with the risk of recidivism (Vincent, Guy & Grisso, 2012). Criminogenic needs are "problems, habits, or deficits that are directly related to an individual's involvement in criminal behavior" (Alarid, 2019, p.16). For example, substance abuse is risk factor, if targeted and treated properly, the youth risk of reoffending should be reduced. Developmental needs of adolescents are related to multiple factors (may be risk or protective) such as child factors, family factors, peer factors, school factors, and neighborhood factors (Shrader, 2003). They are those needs of an adolescent, like mental, emotional, and behavioral factors, many of which can change as children progress from infancy into adulthood. It could be individual's encounter with specific expectations for behavior in a given social context. The changes can be across phases of development and may also differ by culture, gender, and historical period. Success or failure in meeting these developmental tasks is judged by natural raters (e.g., parent, teachers), (National Institute of Health, 2009). Example of developmental needs are competence, self-esteem, bonding, positive role model, creative expression, positive social interaction, poor parenting skills etc. Preventive interventions for young people who are locked up are intended to avert mental, emotional, and behavioral problems throughout their life span. These interventions must be shaped by developmental and contextual considerations. To develop effective interventions, it is pertinent to understand both how developmental and contextual factors at younger ages affect the outcomes at older ages and how to influence those factors. The concept of risk and protective factors is central to framing and interpreting the research needed to develop and evaluate intervention (National Institute of Health, 2009).

Alternative and Effective Treatment

Research has shown that effective treatments are centered on the principles of risk, need and responsivity (RNR) and eventual evaluation of their effectiveness (Lambie & Randell, 2013;

Dowden & Andrews, 1999; Alarid, 2019). As evidence-based practice, this approach (RNR) suggests that treatment should be commensurate to the level of risk posed by individual, that criminogenic and developmental needs must be directly addressed. Also, the style of treatment must meet the client's learning style and be able to address treatment targets (Lambie & Randell, 2013). Again, interventions should be rehabilitative in nature, take a cue from behavioral techniques, maintain high-quality implementation, and be multi-systemic focusing especially on the environment where the young person resides (Henggeler & Schoenwald, 2011; Lambie & Randell, 2013). Sadly, in Nigeria correctional setting, locking up of juveniles with adult offenders does not put into consideration the criminogenic and developmental needs which can stem the tide of constant reoffending of the young offenders.

Currently, scholars are encouraging the use of evidence-based practices in the treatment of juvenile offenders (Henggeler & Schoenwald, 2011). Community-based programs which incorporates cognitive behavioral and social learning are typically understood to include these principles for effective outcome (Lambie & Randell, 2013). In Nigeria, this community-based programs are needed urgently to take care of status or minor juvenile offenders while prioritizing the delinquent ones. This could be done through formalized diversion from juvenile justice system through "alternative procedures and programs, probation, mediation, counselling, community service, and where appropriate, "semi-open" facilities that give children supervision and structure but allow them to attend schools in the community and return home for overnight visits" (Silva, 2010, n.p.).

However, globally, there is a growing understanding that detention centers or prisons housing the youth with adults are not helpful in the area of mental health promotions and services (Alcorn, 2014). This has prompted an adoption of community-based pre-emptive mental health services as a form of diversion, basically for at risk youth and status or minor offenders (Alcorn, 2014; Atilola et al., 2019). Atilola and others (2019), have argued that this paradigm shift is needed in Nigeria, where greater number of youths taken into custody are mostly minors or status offenders and available services for mental health are lacking (Atilola et al., 2019). There was a potential facilitator for the diversion model in Nigeria by social welfare structures (e.g., Family Support Unit, Human Integration Department and School Social Service). This pre-existing diversion model can be built upon. But limitation to this approach is based on foundational absence of diversion philosophy within the Nigerian criminal justice system which historically is hinged on punitive incarceration (Atilola, 2013; Atilola et al., 2019).

Research has indicated that intervention with philosophies of deterrence or disciplines like boot-camp or scared straight, can have no effect on reoffending (Lipsey, 2009) and should be discontinued. Unfortunately, in Nigeria, corporal punishment is used in detention as a way of deterrence (The Humanitarian, 2002), this can be misused since there are no adequate supervisions of the excesses of some staff.

However, it is difficult to implement any intervention successfully in current Nigerian correctional setting especially where juvenile offenders are housed. Because, social workers and probation officers in youth correctional facilities in Nigeria are overworked given low staff ration while greater number lacked proper training on psychosocial assessment or intervention techniques to consolidate upon (Atilola et al., 2019). Other empirically supported treatment that are prominently advocated include Multisystemic Therapy (MST) (Lambie & Randell,

2013), Functional Family Therapy (FFT) (Alexander, Pugh, Parsons, & Sexton, 2000) and Multidimensional Treatment Foster care (MTTC) (Chamberlin, 2003). The effectiveness of the treatments and interventions mentioned above have been found to be tenable (Lambie & Randell, 2013).

Various studies have found that positive effects of evidence-based treatments on problem behaviors are mediated by absence of improvement in issues like family cohesion and functioning, caregiver supervision and discipline, the dynamics of adult-youth and delinquents peers' relationship (Eddy & Chamberlain, 2000; Huey, Henggeler, Brondino, & Pickrel, 2000: Van Ryzin & leve, 2012). Family stability and adult-youth/delinquent peer association are therefore crucial mechanisms in program with favorable outcome and may likely to be disrupted by group residential incarceration settings housing juvenile and adult offenders (Lambie & Randell, 2013).

Nevertheless, there is growing public concern that the use of jails and correctional facilities, which is expensive choice though, should be made available only for dangerous crimes and chronic felon offenders. In this direction, Nigeria community-based options and other non-custodial options should be expanded as parole and probation may not cover every situation (Alarid, 2019). Yet the cost of maintaining people incarcerated is still mind blowing. For example, in 2012, "over N50 billion (about \$312,500,000) (Appropriation Act 2012) was budgeted for prison and yet the prison sub-culture makes inmate come out more hardened" (Yekini & Salisu, 2013, p.101). Annually in U.S alone, about 80 billion dollars are spent to maintain prisons/ jails and other related services (Clear, Resig, & Cole, 2019). This is a pointer that the alternative treatment is necessary given that incarceration of juvenile delinquents with adult offenders which has been viewed before now in Nigeria as adroit means of protection of the public is not sustainable. The above has shown that it is not a veritable option either in cutting cost or ameliorating negative outcomes.

Furthermore, the high cost of incarceration and its negative outcomes have made the need to examine the cost-effectiveness of locking up or detaining the youth with adults more inevitable (Clear et al., 2019). Research has compared the cost effectiveness of incarcerating the juveniles to other intervention programs like diversion and mentoring, FFT, aggression replacement training, and MST (Aos, 2002). The study concluded that MST was the most cost-effective and detention was found to be less cost-effective. Also, this was supported by another study in state of Missouri to determine a cost-benefit analysis of MST. The result showed that in a sample of juvenile delinquents, because of fewer expenses and victims, every dollar spent on MST saved taxpayers about \$9.50-\$23.50 (Klietz, Borduin, & Schaeffer, 2010). Nigeria has a peculiar problem, unlike other juvenile justice systems around the world; Nigeria juvenile justice is underfunded, and sometimes, an amalgam of social welfare and youth correctional systems (Atilola et al., 2019). In another setting, juvenile offenders (both status and delinquents) and adult offenders are locked up in the same place in a makeshift correctional facility (Atilola et al., 2019). Evidently, this practice has enormous poor outcomes.

In Nigeria, the punitive stance of criminal justice has dwarfed much avenues for proper rehabilitation, therapeutic option for the victims, and reintegration of the juvenile offenders to the community. As such, crime has been traditionally viewed as violating the state, but there is awareness now that a criminal act not only violates the victim but the community (Clear et al.,

2019). The restorative justice option in Nigerian juvenile justice can offer alternative to heal the victims and communities. Restorative justice represents a new approach in conflict resolution within and outside the criminal justice process (Ezeihuoma, 2018). This is a unique framework for understanding and responding to crime to the extent that opportunity is created to balance the rights and interests of crime victims, offenders, and the community (Umbreit, 2001). Restorative justice offers an avenue to respect the victim, who has been neglected in the traditional criminal justice system, while the offender is held accountable and community respond by integrating all involved. Restorative justice strikes a balance between law and order, unlike retributive justice, where state is both victim and judge (Hoffman, 2000).

CONCLUSION

Incarceration of adult inmates is notoriously is inadequate. Worst still for juveniles locked up with adults; this has been shown to be, not only counterproductive but self-defeating, and self-destructive. As such, it limits the intended effect of appropriate therapeutic and rehabilitation efforts directed at juvenile offenders. Before now it has been viewed as adroit means of protection of the public, research indicates that it is not a veritable option either in cutting cost or ameliorating negative outcomes. In Nigeria, juveniles locked up or detained with adults in different facilities scattered all over the country are exposed daily to risk of suicide, mental health disorders, sexual abuse and exploitation, more dangers of isolation and; there is lack of adequate intervention programs to deal with comorbid issues of mental health associated with delinquency. The impact of these have been found to be detrimental to the youth and the society. Thus, incarceration or detention of young people with adult offenders in Nigeria impairs their positive psychosocial development and transition into adulthood. In addition, it derails their ability to reintegrate successfully into the community after incarceration and brings untold negative adult outcomes.

Globally, it is accepted that juveniles do not have the same developmental level of maturity like adults; by implication it entails that liability is mitigated, making incarceration in adult prisons or detentions unsuitable and untenable. Nevertheless, youth exposure to prison subculture, lack of rehabilitative programs to attend to their (both criminogenic and developmental needs), and loss of their liberty can exacerbate chances of reoffending when released. Given this, confining young people with adult offenders in Nigeria and elsewhere can limit their rehabilitative potential. Although, numerous literatures as explained above tend to agree on effectiveness of evidence-based treatment options for rehabilitation of juvenile delinquents, government policies and juvenile justice systems are yet to reflect the findings. When this is done in Nigerian juvenile justice system coupled with implementation of legal framework, provisions and different charters concerning the juveniles; then, indiscriminate incarceration of juveniles with adult offenders will be a thing of past.

References

Abour, S. (2020). Culture of silence: Why minority victims of sex abuse don't report. *Focus For Health Foundation*. https://www.focusforhealth.org/culture-of-silence-why-minority-victims-of-sex-abuse-don't-report/

Aikulola, S. (2019, April 2). Stakeholders fault detention of juveniles with adults, call for reform of juvenile administration. *Guardian Newspaper*. https://guardian.ng/ features/stakeholders-fault-detention-of-juveniles-with-adults-call-for-reform-of-juvenile-justice-administration/

Akinremi, R. (2019). *Nigeria has highest suicide rate in Africa, sixth globally*. International Centre for Investigate Reporting. https://www.icirnigeria.org/nigeria-has-highest-suicide-rate-in-africa-sixth-globally/

Alarid, L.F. (2019). Community-Based Corrections. Boston, MA: Cengage

Alcorn, T. (2014). Rethinking mental health care for young offenders. The Lancet, 383, 1283-1284.

Alexander, J.F., Pugh, C., Parsons, B.V., & Sexton, T.I. (2000). Functional family therapy. In D.S Elliot (Ed), *Blueprints for violence prevention, book three* (2nd ed.). Center For the study and Prevention of Violence, Institute of Behavioral Science, Univer-sity of Colorado Boulder, CO.

Andrews, D.A., Bonta, J., & Hoge, R.D. (1990). Classification for effective rehabilitation: Re-Discovering psychology. *Crime and Delinquency*, 52(1), 7-27.

Aos, S. (2002). *The juvenile justice system in Washington State: Recommendation to improveCost-effectiveness*. Olympia, WA: Washington State Institute for Public Policy.

Atilola, O. (2013). Juvenile/youth justice management in Nigeria: Making a case for diversion Programmes. *Youth Justice*, 13, 3-16.

Atilola, O. (2012). Prevalence and correlates of psychiatric disorders among residents of aJuvenile remand home in Nigeria: Implications for mental health service planning. *Nigerian Journal of Medicines: Journal of the National Association of resident Doctors of Nigeria*, 21, 416-426

Atilola, O., Abiri, G., & Ola, B. (2019). The Nigerian juvenile justice system: From warehouse to uncertain quest for appropriate youth mental health service model. *BJPsych International*. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6357525/

Bonner, R.L. (2006). Stressful segregation housing and psychological housing and psycho-Social vulnerability in prison suicide ideators. Suicide & Life-Threatening Behavior, 36 (2), 250-254. http://dx.doi.org/10.1521/sli.2006.36.2.250

British Broadcasting Corporation. (2021, May 12). Homosexuality: The countries where it is Illegal to be a gay. Retrieved from https://www.bbbc.com/news/world-43822234.amp

Centers for Disease Control and Prevention. (2013). Injury prevention and control: Web-basedInjury statistics query and Reporting System. Retrieved from www.cdc.gov/injury/wisqars/index.html.

Centers for Disease Control and Prevention. (2021). Sexually transmitted infectious treatment guidelines 2021. https://www.cdc.gov/std/treatment-guidelines/correctional.htm

Clear, T.R., Resisig, M.D., & Cole, G.F. (2019). American Corrections. Boston, MA: Cengage

Chamberlain, P. (2003). *Treating chronic juvenile offenders: Advances made through the Oregon Multidimensional treatment Foster Care Model.* Washington, DC: American Psychological Association. http://dx.doi.org/10.01177/0093854807307170

Cox, S.M., Allen, J.M., Hanser, R.D., & Conrad, J.J. (2022). *Juvenile Justice: A guide to theory, Policy, and practice.* Thousand Oaks, CA: Sage.

Dowden, C., & Andrews, D.A. (1999). What works in young offender treatment: A meta-analysis. *Forum on Corrections Research*, 11(2), 21-24

Editorial. (2012, October 15). Growing Up in Jails. *New York Times*. https://www.nytimes.com/2012/10/16/opinion/adolescents-in-grown-up-jails.html

Eddy, J.M., & Chamberlain, P. (2000). Family management and deviant peer association as Mediators of the impact of treatment on youth antisocial behavior. *Journal of Consulting And Clinical Psychology.* 68(5), 857-863. http://dx.doi.org/10.1037/0022-006x.68,5,857.

Ezeihuoma, O.P. (2018). The Therapeutic role of forgiveness in restorative justice. *Journal of Law and Criminal Iustice*. Vol. 6, no 1, pp.47-54

Gaes, G.G., & Goldberg, A.L. (2004). *Prison rape: A critical review of the literature*. Washington, D.C. National Institute of Justice.

Gallagher, C.A., and Dobrin, A. (2006). Deaths in juvenile justice residential facilities. *Journal of Adolescent Health.* 38(6):662–668

Giedd, J.N. (2008). The teen brain: Insights from neuroimaging. Journal of Adolescence Health, 42, 335-343. http://dx.doi.org/10.1016/j.jadohealth.2008.01.007

Greve, W. (2001). Imprisonment of juveniles and adolescents: Deficits and demands for developmental research. *Applied Development Science*, 5(1), 21-36. http://dx.doi.org/10.1207/S1532480XADS0501.3.

Hays, L.M. (2004). *Juvenile Suicide in Confinement: A National survey*. Alexandria, V.A: National Center on Institution and Alternatives.

Henggeler, S.W., & Schoenwald, S.K. (2011). Social policy report: Evidence-based interventions for juvenile offenders and juvenile justice policies that support them. *Sharing Child and Youth development Knowledge*, 25 (1), 1-6

Huey, S.J., Henggeler, S.W., Brondino, M.J., & Pickrel, S.G. (2000). Mechanism of change in multisystemic therapy: Reducing delinquent behavior through therapist adherence and improved family and peer functioning. *Journal of Consulting and Clinical Psychology*, 68 (3), 451-467. http://dx.doi.org/10.1037/0022-006X.68.3.451.

Independent Police Conduct Authority (2012). *Joint thematic review of young persons in police detention.* Wellington, NZ: IPCA

Institute for Crime and Justice Policy Research (2022) World Prison Brief: Nigeria. https://www.prisonstudies.org/country/nigeria

Justice Policy Institute. (1997). *The Risk Juvenile face when they are incarcerated with Adults.* Washington D.C: Justice Policy Institute

Kiriakidis, S.P. (2008). Bulling and suicide attempts among adolescents kept in custody. *Crisis*, 29(4), 216-218. http://dx.doi.org/10.1027/0227-5910.29.4.216

Klietz, S.J., Borduin, C.M., & Schaeffer, C.M. (2010). Cost-benefit analysis of multisystemic therapy with serious and violent juvenile offenders. *Journal of Family Psychology.* 24(5), 657-666. http://dx.doi.org/10.1037/a0020838

Lahey, J. (2016, January 8). The steep costs of keeping juveniles in adult prisons. *The Atlantic.* https://www.theatlantic.com/education/archive/2016/01/ the-cost-of-keeping-juveniles-in adult-prisons/423201/

Lambie, I., & Randell, I. (2013). The impact of incarceration on juvenile offenders. *Clinical Psychology Review* 33 (2013) 448-459.

Lipsey, M.W. (2009). The primary factors that characterize effective intervention with juvenile offenders: A meta-analytic overview. *Victims and Offenders*, 4(1), 24-147. https://dx.doi.org/10.1080/15564880802612573.

Mallett, C.A., & Tedor, M.K. (2019). Juvenile delinquency: Pathways and prevention. Thousand Oaks, CA: Sage

Marion, N.E., & Oliver, W.M. (2012). *The public policy of crime and criminal justice*. Upper Saddle River, NJ: Pearson

Memory, J.M. (1989). Juvenile suicides in secure detention facilities: Correction of published rates. *Death Studies* 13(5):455–463

Mildred, J., & Plummer, C.A. (2009). Responding to child sexual abuse in the United States and Kenya: Child protection and children's rights. *Children and Youth Services Review* 31(6), 601-608.

Muanya, C., Akpunonu, S., & Onyenucheya, A. (2021, May 21). Addressing rising case of Suicide among teenagers in Nigeria. *The Guardian*. https://guardian.ng/features/addressing-rising-cases-of-suicide-among-teenagers-in-nigeria/

Muncie, J. (2009). The United Nations, Children's right and juvenile justice. In W. Taylor R, Earle, & R. Hester (Eds). *Youth justice handbook: Theory, policy and practice* (pp.20-1) Cullompton: Willian.

National Academies of Sciences, Engineering, and Medicine. 2013. Reforming Juvenile Justice: A Developmental Approach. Washington, DC: The National Academies Presshttps://doi.org/10.17226/14685...

National Center for Health Statistics. 2(004). *Health, United States, 2004: With Chartbook on Trends in the Health of Americans.* Hyattsville, MD: U.S. Department of Healthand Human Services Office of Juvenile Justice and

Delinquency Prevention. (2015). *Risk/needs assessments for youth.* Model Programs Guide. https://www.ojjdp.gov/mpg/litreviews/RiskandNeeds.pdf

Okagbue, I. (n.d.). Children in conflict with the law: The Nigerian experience. Juvenile Justice Information Portfolio-UNICEF Case Studies: Nigeria.https://www.unicef-irc.org/portfolios/documents/487_nigeria.htm

Pollard, J.A., Hawkins, D & Arthur, M.W. (1999). Risk and protective factors: Are both necessary to understand diverse behavioral outcomes in adolescence. *Social Work Research*, 23(3): 145-15

Pomeroy, E.C., Green, D.L., & Kiam, R. (2001). Female juvenile offenders incarcerated as adults. *Journal of Social Work*. 1(1): 101-115

Sawyer, W. (2019). Youth confinement: The whole pie 2019. *Prison Policy Initiative* https://www.prisonpolicy.org/reports/youth2019.html#:~:text=On%20any%20given%20day%2C%20over,even%20having%20had%20a%20trial.

Shrader, M. (2003). *Risk factors for delinquency: An overview*. Office of Juvenile Justice Delinquency and Prevention. https://www.ojp.gov/pdffiles1/ojjdp/frd030127.pdf

Silva, J. (2010). Children behind bars: The global overuse of detention of children. *The Human Right Watch World Report 2016.* https://www.hrw.org/world-report/2016/country-chapters/africa-asia-europe/central-asia-middle-east/north.

Simpson, P.L., Reekie, J., Butler, T.G., Richters, J., Yap, L., Grant, L., Richards, A., &Donovan, B. (2016). Factors associated with sexual coercion in a representative sampleof men in Australian prisons. *Archives of Sexual Behaviors*. https://pubmed.ncbi.nlm.nih.gov/26597645/

Spear, P. (2000). The adolescent brain and age-related behavioral manifestations. *Neuroscience and Biobehavioral Reviews*, 24(4), 417-463. http://dx.doi.org/10.1016/S0149 7634(00)00014-2.

Steinberg, L., Cauffman, E., Woolard, J., Graham, S., & Banich, M. (2009). Are adolescents less mature than adults? Minors' access to abortion, the juvenile death penalty, and the alleged APA "flip-flop". American Psychologist, 16 (7), 583-594. http://dx.doi/10.1037/a0014763

The Campaign for Youth Justice (2007). Jailing Juveniles: The Danger of Incarcerating Youth in Adult Jails in America. The Campaign for Youth Justice. Retieved from http://www.campaignforyouthjustice.org/cfyjreports/item/jailing-juveniles

The Council of State Government Justice Centers. (2015). *Reducing recidivism and improving Other outcomes for young adults in the juvenile and adult criminal justice systems.* Austin, TX: Author.

The Humanitarian. (2002, August 26). Focus on the administration of juvenile justice. https://www.thenewshumanitarian.org/fr/content/qui-sommes-nous

Troilo, M. (2018). Locking up youth with adults: An update. *Prison Policy Initiative*. https://www.prisonpolicy.org/blog/2018/02/27/youth/

Underwood, L.A., & Washington, A. (2016). Mental illness and juvenile offenders. *International Journal of Environmental Research and Public Health.* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4772248/

United Nations Children's Fund. (2021). Estimating the number of children deprived of liberty in the administration of justice. http://Children-in-detention_Estimating- the-number-of-children-deprived-of-liberty_2021.pdf

Van Ryzin, M.J., & Leve, I.D. (2012). Affiliation with delinquent peers as a mediator of effects of multidimensional treatment foster care for delinquent girls. *Journal of Consulting and Clinical Psychology*. http://dx.doi.org/10.1037/a0027336 (Advance online publication.

Vincent, G.M., Guy, L.S., & Grisso, T. (2012). Risk assessment instruments in juvenile justice: A guidebook for implementation.

Walker, S.C., & Herting, J.R. (2020). The impact of pretrial juvenile detention on 12^{th} month recidivism: A matched comparison study. *Crime & Delinquency* https://doi.org/10.1177/0011128720926115.

Winokur, K.P., Smith, A., Bontrager, S.R., & Blankenship, J.L. (2008). Juvenile recidivism and Length of stay. *Journal of Criminal Justice*, 26,126-137

Yekini, A.O., & Salisu, M. (2013). Probation as non-custodial measures in Nigeria: making a Case for adult probation service. *African Journal of criminology and justice Studies: AJCJS, Vol.7,1&2*