



INDIANA UNIVERSITY

PUBLIC POLICY INSTITUTE

Center for Health and Justice Research

EFFECTS OF MATERNAL INCARCERATION ON CHILD HEALTH (2023)

Rising rates of incarceration among women—along with indications maternal incarceration is more harmful than paternal incarceration¹—warrant a closer look at the health impact maternal incarceration has on the children of justice-involved women.

The United States has the highest incarceration rate in the world, with 664 out of every 100,000 people incarcerated in local, state, or federal facilities nationwide.² As of August 2021, Indiana's incarceration rate exceeded the national rate, with 761 per 100,000 Hoosiers behind bars.³

In December 2022, the Bureau of Justice Statistics and the Federal Bureau of Prisons estimated 93% of state and federal prisoners nationwide were male, and the remaining 7% were female.⁴ Although men make up the majority of those incarcerated, the incarceration rate for women has been growing steadily. Between 1978 and 2015, women's state prison populations grew by 834%—double the growth seen for men during the same time.⁵ Likewise, the female jail population has also risen, growing 15% from 2008 to 2018, compared to a 9% decline for men.⁶

Previous research estimated 80% of women in jails and 58% women in prisons are mothers, and most are single parents.⁷ A 2016 study estimated 4% of women admitted to state and federal prisons and 3% of women admitted to local jails each year were pregnant when they were admitted.⁸

Racial and ethnic disparities are visible in women's incarceration trends nationwide as well. Recent research estimates 1 in 18 Black women will face incarceration in their lifetime compared to 1 in 111 white women.⁹ In addition, a 2007 report from the U.S. Department of Justice found that among children who had a mother in prison, 30% had a Black mother and 19% had a Hispanic mother.¹⁰

KEY FINDINGS

- The number of incarcerated women in the United States has grown from 26,000 in 1980 to 168,000 in 2020. More than half (58%) of women in prisons are mothers.
- The number of children with an imprisoned mother has increased 131% since 1991, surpassing the growth rate of imprisoned fathers.
- Children of incarcerated mothers are highly susceptible to long-lasting health and behavioral challenges.
- Policy interventions are required to ensure uninterrupted health support and services for incarcerated mothers and their children during pregnancy, after delivery, and into childhood.

Research indicates the health systems in U.S. prisons and jails cannot provide an optimal level of care for women.¹¹ The consequences are especially grave for those who are pregnant. Prenatal and natal care can have lifelong health impacts on mothers and children alike. Inadequate nutrition during pregnancy can result in low birth weight, preterm weight, infant mortality, and developmental delays in children.¹² Additionally, untreated opioid use dependence—a common occurrence among incarcerated women¹³—can lead to neonatal abstinence syndrome (NAS). NAS is essentially babies experiencing withdrawal symptoms including breathing problems, fever, convulsions, and poor feeding.¹⁴

This policy brief highlights research on the physical, mental, behavioral, and cognitive effects maternal incarceration

has on children throughout a child's life. Children's health requirements vary depending on their life stage as well as their mother's stage in the criminal justice process. This brief also provides recommendations for policy makers as they examine these issues and develop solutions that consider the mother's movement through the criminal justice system, their child's age, and the impact on the mother-child relationship.

FINDINGS

The bulk of research on how incarceration affects children's health either does not distinguish between paternal and maternal incarceration or focuses only on paternal incarceration. While many researchers are now focused on maternal incarceration, a lack of gender-specific data presents challenges and leads to ambiguous results.

There are studies suggesting incarceration during pregnancy may be protective for some incarcerated women and their children because they have better access to health care, better nutrition, and improved housing stability.^{15,16} Yet these benefits could vary based on where the women are housed. Most justice-involved women are in jails rather than prisons. Jails are administered locally and house those serving less than a year behind bars. Prisons, on the other hand, are managed federally or by states and are long-term facilities. As such, prisons are more likely to have structured systems in place that provide better health services than jails.^{17,18,19}

This brief does not distinguish between the health effects of jails and prisons among children of incarcerated women. Further research is required to understand these differences.

PHYSICAL HEALTH EFFECTS

The overall health effects of maternal incarceration on children can be divided into two categories: physical and mental health. Physical health effects vary based on the child's age.

Effects on infants

There is mixed evidence linking maternal incarceration to physical health outcomes for infants. Some studies found women jailed for any part of their pregnancy were more likely

to deliver early or have a low-birth weight baby compared to other women who had Medicaid-funded births.²⁰ A 2005 study found similar results when comparing birth outcomes among imprisoned women in developed countries to those in the general population. However, it found incarcerated women were less likely to have a stillbirth or low birthweight baby compared to women with similar social disadvantages who were not behind bars.²¹ Other studies support the finding that prenatal care in prisons is better than what may be otherwise available to justice-involved women because they often experience domestic violence, stress, poverty, drugs, chaos, inadequate nutrition, and a lack of safe housing before incarceration.²² On the other hand, some research concluded that incarceration put pregnant women at increased risk of food insecurity, an important component of prenatal care.²³

Research also says incarcerated women were less likely to begin prenatal care in the first trimester, had fewer than nine prenatal visits on average, and were less likely to breastfeed.²⁴ These findings are critical, given that regular prenatal visits result in fewer birth complications²⁵ and given the protective qualities breastfeeding provides for children,²⁶ including a reduced risk for asthma, obesity, infections, and Type 1 diabetes.²⁷

A 2021 study compared birth outcomes of incarcerated women across various states and found that, on average, 6% of births to incarcerated women were preterm and 32% were cesarean births.²⁸ Among all live births nationwide in 2020—the most recent data available—the Centers for Disease Control and Prevention estimated 10% were preterm and 32% were c-sections.²⁹

Additional research found when women or their partners were incarcerated in the year prior to birth, their children were at a higher risk of being admitted to a neonatal intensive unit.³⁰

Effects on children and young adults

There is a gap in the research on how maternal incarceration impacts a child's physical health. When their mothers are incarcerated, children are more likely to be in foster homes or with a relative.³¹ This disruption in care and reduction in resources can result in fewer annual health checkups, vaccinations, and dental visits, all of which significantly affect child health outcomes.³²

The CDC also notes that growing up with incarcerated parents or those with history of incarceration qualifies as an adverse childhood experience (ACE). ACEs are traumatic events that occur in childhood (0-17 years) and impact the health and well-being of children.³³ The chronic stress from ACEs causes anatomical and physiological dysregulation, including reduced immunity and an increased risk of asthma.³⁴ However, one 2013 study found that while paternal incarceration was related to higher incidence of asthma, migraines, high cholesterol, and HIV/AIDS, there was no evidence these conditions were associated with maternal incarceration.³⁵

MENTAL HEALTH EFFECTS

The mental health effects of maternal incarceration on children typically fall into two categories: cognitive delays and juvenile delinquency.

Research indicates maternal incarceration increases the risk of behavioral issues and mental health conditions among children.³⁶ A 2012 study linked maternal incarceration with children feeling they had to grow up faster than their peers, a sentiment that was more prevalent among daughters than sons.³⁷ Another study associated maternal incarceration with poor mental health in children, as those with mothers behind bars were 1.6 times more likely to experience depression compared to children whose mothers spent no time in jail or prison.³⁸

Research also found that young children—those ages 2.5 to 7.5—whose mothers were incarcerated experienced insecure relationships with caregivers,³⁹ an issue linked to depression and anxiety disorders in adults.⁴⁰ Some studies assume the cumulative effect of stressors like poverty, violence, and housing instability—all of which are found among children of incarcerated mothers—accumulates over time and result in depression, anxiety, and anger issues.⁴¹

Cognitive delay and school failure

There is evidence that a mother's incarceration creates greater economic challenges than a father's,⁴² which has implications for a child's education. Research suggests children who grow up in poor households are more likely to attend poor quality schools.⁴³ Furthermore, children

with mothers behind bars are also at an increased risk for cognitive delays and school failure.⁴⁴

In addition, studies have shown that children of incarcerated mothers are more likely to be in foster care, a situation that makes them more likely to miss more school and perform poorly compared to other children.⁴⁵ A 2014 study used data from the Fragile Families and Child Wellbeing Study to consider the effects of maternal incarceration on 21 teacher-reported behavioral problems among 9-year-olds. The data showed these children exhibited high levels of teacher-reported behavioral problems.⁴⁶

That behavior can get progressively worse, eventually leading some children to drop out of school or worse. A 2010 report examined the relationship between maternal incarceration and adolescent school dropout rates and risk of incarceration. That study found boys ages 11–14 were 25% more likely to drop out of school than other children.⁴⁷

Juvenile delinquency and incarceration risk

Similarly, other studies found adolescent sons whose mothers were incarcerated were more likely to drop out of school because they ended up behind bars themselves.⁴⁸

That finding is consistent with other research that concluded children of incarcerated parents were more likely to engage in behaviors that expose them to the criminal justice system. For example, children whose mothers were incarcerated reported more drug use than children whose parents were not behind bars. Yet which parent is behind bars matters. One study of Black children with incarcerated parents found the risk of incarceration is higher among those who have incarcerated mothers compared to incarcerated fathers.⁴⁹

RECOMMENDATIONS

Maternal incarceration is a social determinant of children's health, development, and life outcomes. The mother-child relationship is intricate and linked to better child outcomes. As such, the unprecedented scale of women's incarceration in the United States presents a public health opportunity that requires a gender-specific approach that fills the unmet needs of incarcerated women and their children.

The research team at the IU Public Policy Institute's Center for Health and Justice Research developed recommendations for policy makers and leaders in the criminal justice system to consider as they work to better understand the crucial lifelong connection between maternal incarceration and children's health.

Improve data collection

The first step toward ensuring better care for justice-involved mothers is to gather nationally representative baseline data on maternal health, pregnancy, and childbirth data from prisons and jails. This data can then be analyzed to identify areas for improvement. However, in 2022, the nonprofit Girls Embracing Mothers found that only 11 states compiled data on incarcerated mothers.⁵⁰ In addition, national and government health agencies and databases, do not currently collect such data from correctional facilities.

In a bid to address the data gap, researchers from Johns Hopkins University collected data on pregnancy outcomes among incarcerated women from 2016–17 from 22 state prison systems, the Federal Bureau of Prisons, six jails, and three juvenile justice systems. Referred to as the PIPS project, this data represents 57% of females in prison and 5% of females in jail.⁵¹ More systematic efforts of this nature should be conducted in tandem with federal health agencies.

Institutionalize health care standards for incarcerated pregnant women

The National Commission on Correctional Health Care and The American College of Obstetricians and Gynecologists have published standards for treatment of pregnant women in prison, including those with substance use disorders.⁵² However, research indicates these standards are not mandatory and vary from state to state and between facilities. A 2004 national survey found only about half of pregnant women in state prisons received pregnancy care, and only 26 state prisons had codified arrangements for labor and delivery.⁵³ Adopting standard treatment and care guidelines for pregnant women and new mothers is imperative to ensure better health outcomes for mothers and their children.

Promote collaboration between criminal justice and child welfare agencies

The mother-child bond is instrumental in determining physical and mental health outcomes as is the quality of social supports a child receives. Therefore, correctional practitioners must ensure children receive regular visits with their mothers. They also should establish prison nurseries to promote the mother-infant relationship, in addition to actively paving the way for a mother's successful reentry and reunification with her children.

Enhanced and streamlined communication between criminal justice and child welfare agencies will benefit children of incarcerated mothers through sharing information, creating unique case plans, and developing ways to nurture the mother-child relationship. Doing so lowers the risk of sustained separation from their mothers, in addition to reducing their risk of lower educational attainment and criminal activity.

A National Institute of Justice-funded research project on crossover youth—those young people who are in contact with both the child welfare and juvenile justice system—recommends the "one family, one judge" model, which combines cases in child welfare and juvenile justice to provide a streamlined and consistent approach to services for the child and family.⁵⁴ A similar approach for maternal incarceration would provide a consistent presence of representatives from all involved parties, such as health and human services, school districts, legal aids, and corrections agencies. This type of consistency could help facilitate children's access to stable and meaningful adult connections during and after their mothers' incarceration.

REFERENCES

1. Widra, E., & Herring, T. (2021, September). *States of Incarceration: The Global Context 2021*. Prison Policy Initiative. Retrieved November 3, 2022. <https://www.prisonpolicy.org/global/2021.html>
2. Ibid
3. BOP Statistics: Inmate Gender. (2022, December). Retrieved January 1, 2023. https://www.bop.gov/about/statistics/statistics_inmate_gender.jsp
4. Wendy, S. (2018, January). *The Gender Divide: Tracking women's state prison growth*. Retrieved November 6, 2022. https://www.prisonpolicy.org/reports/women_overtime.html
5. Dholakia, N. (2021, May). *Women's Incarceration Rates Are Skyrocketing. These Advocates Are Trying to Change That*. Vera Institute of Justice. Retrieved November 12, 2022. <https://www.vera.org/news/womens-voices/womens-incarceration-rates-are-skyrocketing>
6. Betram, W., & Sawyer, W. (2021, May). *Prisons and jails will separate millions of mothers from their children in 2021*. Prison Policy Initiative. Retrieved November 11, 2022. <https://www.prisonpolicy.org/blog/2021/05/05/mothers-day-2021/>
7. Sufrin, C., Jones, R. K., Mosher, W. D., & Beal, L. (2020). *Pregnancy Prevalence and Outcomes in U.S. Jails*. *Obstetrics & Gynecology*, 135(5), 1177–1183. <https://doi.org/10.1097/aog.0000000000003834>
8. Goodwin, M. (2021, March). *The New Jane Crow: Women's Mass Incarceration*. Just Security. Retrieved November 11, 2022. <https://www.justsecurity.org/71509/the-new-jane-crow-womens-mass-incarceration>
9. Glaze, L.E., & Maruschak, L.M. (2021, March). *Parents in prison and their minor children*. Bureau of Justice Statistics Special Report, August 2008, NCJ 222984. Retrieved November 15, 2022. <https://bjs.ojp.gov/content/pub/pdf/pptmc.pdf>
10. Golembeski, C. A., Sufrin, C. B., Williams, B., Bedell, P. S., Glied, S. A., Binswanger, I. A., Hylton, D., Winkelman, T. N., & Meyer, J. P. (2020). *Improving Health Equity for Women Involved in the Criminal Legal System*. *Women's Health Issues*, 30(5), 313–319. <https://doi.org/10.1016/j.whi.2020.06.007>
11. Abu-Saad, K., & Fraser, D. (2010). *Maternal Nutrition and Birth Outcomes*. *Epidemiologic Reviews*, 32(1), 525. <https://doi.org/10.1093/epirev/mxq001>
12. *Reproductive Health Care for Incarcerated Pregnant, Postpartum, and Nonpregnant Individuals*. (2021). <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/07/reproductive-health-care-for-incarcerated-pregnant-postpartum-and-nonpregnant-individuals>
13. *Opioid Use and Opioid Use Disorder in Pregnancy*. (2017). <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>
14. Sandifer, J. L. (2017). *Impact of Maternal Incarceration on Children*. *The Encyclopedia of Corrections*, 1-6. <https://doi.org/10.1002/9781118845387.wbeoc115>
15. Knight, M., & Plugge, E. (2005). *The outcomes of pregnancy among imprisoned women: a systematic review*. *BJOG: An International Journal of Obstetrics and Gynaecology*, 112(11), 1467–1474. <https://doi.org/10.1111/j.1471-0528.2005.00749.x>
16. Clarke, J. G. & Adashi, E.Y. (2011). *Perinatal Care for Incarcerated Patients*. *JAMA*, 305(9), 923. <https://doi.org/10.1001/jama.2011.125>
17. Staff. (n.d.). *What is the difference between jail and prison*. HG.org legal resources. <https://www.hg.org/legal-articles/what-is-the-difference-between-jail-and-prison-31513>
18. Barger, C. (2020, June 30). *The difference between jail and prison and the problem it creates*. Doran Justice Law Firm. <https://www.doranjustice.com/criminal-law/the-difference-between-jail-and-prison#:~:text=The%20key%20difference%3A%20jails%20are,sentencing%20longer%20than%20a%20year>
19. Blakinger, K. (2022, November 4). *Why So Many Jails Are in a 'State of Complete Meltdown.'* The Marshall Project. <https://www.themarshallproject.org>
20. Bell, J. F. (2004). *Jail Incarceration and Birth Outcomes*. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 81(4), 630–644. <https://doi.org/10.1093/jurban/jth146>
21. Dumont, D. M., Wildeman, C., Lee, H., Gjelsvik, A., Valera, P., & Clarke, J. G. (2014). *Incarceration, Maternal Hardship, and Perinatal Health Behaviors*. *Maternal and Child Health Journal*, 18(9), 2179–2187. <https://doi.org/10.1007/s10995-014-1466-3>
22. Clarke, J. G. & Adashi, E.Y. (2011). *Perinatal Care for Incarcerated Patients*. *JAMA*, 305(9), 923. <https://doi.org/10.1001/jama.2011.125>
23. Testa, A., & Jackson, D. B. (2019). *Food Insecurity Among Formerly Incarcerated Adults*. *Criminal Justice and Behavior*, 46(10), 1493–1511. <https://doi.org/10.1177/0093854819856920>
24. *Benefits of Breastfeeding for You & Baby*. (n.d.). <https://my.clevelandclinic.org/health/articles/15274-benefits-of-breastfeeding>
25. *What is prenatal care and why is it important?* (2017, January 31). <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>
26. *Breastfeeding: Why It Matter*. (2023, April 4). <https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html>
27. Sufrin, C., Beal, L., Clarke, J., Jones, R., & Mosher, W. D. (2019). *Pregnancy Outcomes in US Prisons, 2016–2017*. *American Journal of Public Health*, 109(5), 799–805. <https://doi.org/10.2105/ajph.2019.305006>
28. National Center for Health Statistics (2023, January 31). *Births-Method of Delivery*. <https://www.cdc.gov/nchs/fastats/delivery.htm>
29. Lee, R. D., D'Angelo, D. V., Dieke, A., & Burley, K. (2022). *Recent Incarceration Exposure Among Parents of Live-Born Infants and Maternal and Child Health*. *Public Health Reports*, 003335492210818. <https://doi.org/10.1177/00333549221081808>
30. Knight, M., & Plugge, E. (2005). *The outcomes of pregnancy among imprisoned women: a systematic review*. *BJOG: An International Journal of Obstetrics and Gynaecology*, 112(11), 1467–1474. <https://doi.org/10.1111/j.1471-0528.2005.00749.x>
31. American Bar Association. Council of State Governments Justice Center (2011, June 1). *Foster Care and Permanence*. Retrieved December 17, 2022. https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol30/june_2011/foster_care_and_permanence/
32. Morsy, L., & Rothstein, R. (2016). *Mass incarceration and children's outcomes: Criminal justice policy is education policy*. Economic Policy Institute. Retrieved November 28, 2022.

https://www.epi.org/publication/mass-incarceration-and-childrens-outcomes/#_refdExley

33. Violence Prevention Injury Center, Centers for Disease Control and Prevention. (2022, April 6). Fast Facts: Preventing Adverse Childhood Experiences <https://www.cdc.gov/violenceprevention/aces/fastfact.htm>

34. D., Norman, A., & Hyland, M. (2015). Adverse childhood experience and asthma onset: A systematic review. *European Respiratory Review*, 24(136), 299–305. <https://doi.org/10.1183/16000617.00004114>

35. Lee, R. D., Fang, X., & Luo, F. (2013). The impact of parental incarceration on the physical and mental health of young adults. *Pediatrics*, 131(4), e1188–e1195. <https://doi.org/10.1542/peds.2012-0627>

36. Zeman, J.L., Dallaire, D.H., Folk, J.B. et al. Maternal Incarceration, Children's Psychological Adjustment, and the Mediating Role of Emotion Regulation. *J Abnorm Child Psychol* 46, 223–236 (2018). <https://doi.org/10.1007/s10802-017-0275-8>

37. Foster, H. (2012). The strains of maternal imprisonment: Importation and deprivation stressors for women and children. *Journal of Criminal Justice*, 40(3), 221–229. <https://doi.org/10.1016/j.jcrimjus.2012.01.005>

38. Lee, R. D., Fang, X., & Luo, F. (2013). The impact of parental incarceration on the physical and mental health of young adults. *Pediatrics*, 131(4), e1188–e1195. <https://doi.org/10.1542/peds.2012-0627>

39. Poehlmann, J. (2005). Representations of Attachment Relationships in Children of Incarcerated Mothers. *Child Development*, 76(3), 679–696. <https://doi.org/10.1111/j.1467-8624.2005.00871.x>

40. Kuzminkaite, E., Penninx, B. W., Van Harmelen, A., Elzinga, B. M., Hovens, J. G. F. M., & Vinkers, C. H. (2021). Childhood Trauma in Adult Depressive and Anxiety Disorders: An Integrated Review on Psychological and Biological Mechanisms in the NESDA Cohort. *Journal of Affective Disorders*, 283, 179–191. <https://doi.org/10.1016/j.jad.2021.01.054>

41. Hagen, K. A., Myers, B. J., & Mackintosh, V. H. (2005). Hope, Social Support, and Behavioral

Problems in At-Risk Children. *American Journal of Orthopsychiatry*, 75(2), 211–219. <https://doi.org/10.1037/0002-9432.75.2.211>

42. Morsy, L., & Rothstein, R. (2016). Mass incarceration and children's outcomes: Criminal justice policy is education policy. Economic Policy Institute. Retrieved November 28, 2022. https://www.epi.org/publication/mass-incarceration-and-childrens-outcomes/#_refd

43. Wildeman, C., & Turney, K. (2014). Positive, Negative, or Null? The Effects of Maternal Incarceration on Children's Behavioral Problems. *Demography*, 51(3), 1041–1068. <https://doi.org/10.1007/s13524-014-0291-z>

44. Cho, R. (2010). Maternal Incarceration and Children's Adolescent Outcomes: Timing and Dosage. *Social Service Review*, 84(2), 257–282. <https://doi.org/10.1086/653456>

45. Martin, E. (2017, May). Hidden Consequences: The Impact of Incarceration on Dependent Children. National Institute of Justice. Retrieved December 14, 2022. <https://nij.ojp.gov/topics/articles/hidden-consequences-impact-incarceration-dependent-children>

46. The other achievement gap: Poverty and academic success. *Child Trends*. [https://www.childtrends.org/blog/the-other-achievement-](https://www.childtrends.org/blog/the-other-achievement-gap-poverty-and-academic-success)

[gap-poverty-and-academic-success](https://www.childtrends.org/blog/the-other-achievement-gap-poverty-and-academic-success)

47. Shlafer, R. J., Poehlmann, J., & Donelan-McCall, N. (2012). Maternal jail time, conviction, and arrest as predictors of children's 15-year antisocial outcomes in the context of a nurse home visiting program. *Journal of Clinical Child and Adolescent Psychology*, 53, 41(1), 38–52. <https://doi.org/10.1080/15374416.2012.632345>

48. Cho, R. (2010). Maternal Incarceration and Children's Adolescent Outcomes: Timing and Dosage. *Social Service Review*, 84(2), 257–282. <https://doi.org/10.1086/653456>

49. Kopak, A. M., & Smith-Ruiz, D. (2015). Criminal Justice Involvement, Drug Use, and Depression Among African American Children of Incarcerated Parents. *Race and Justice*, 6(2), 89–116. <https://doi.org/10.1177/2153368715586633>

50. Girls Embracing Mothers. (2022). Love beyond bars: Children of Incarcerated Parents Need More Support. <https://girlsembracingmothers.org/amplifyher/>

51. Pearce, K., (2019, April 11). Landmark study compiles data on pregnant women in prisons. Johns Hopkins University. Landmark. <https://hub.jhu.edu/2019/04/11/Carolyn-sufrin-pips-study/>

52. Reproductive Health Care for Incarcerated Pregnant, Postpartum, and Nonpregnant Individuals. *The American College of Obstetricians and Gynecologists*. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/07/reproductive-health-care-for-incarcerated-pregnant-postpartum-and-nonpregnant-individuals>

53. American Civil Liberties Union. State Standards for Pregnancy-Related Health Care and Abortion for Women in Prison. <https://www.aclu.org/state-standards-pregnancy-related-health-care-and-abortion-women-prison-0#hd4>

54. Young, D. B., Bowley, A., Bilanin, J., & Ho, A. (2015). Document Title: Traversing Two Systems: An Assessment of Crossover Youth in Maryland. National Institute of Justice. <https://www.ojp.gov/pdffiles1/nij/grants/248679.pdf>



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