

no place to hide

***Understanding and Meeting the Needs of
Girls in the California
Juvenile Justice System***

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Jail is another kind of slavery. The law has to not be so quick to lock people up. It should get to know them first.

15-year old girl in a California Juvenile Hall

Crying is not going to get me home. The outside tears are nothing but water. I'm crying on the inside where no one can see it.

14-year old girl in a California Juvenile Hall

PART I

Introduction

During a recent television segment, journalist Cynthia McFadden turns to the girl gang member she is interviewing and states sharply ". . . you realize that most of the people watching this would want to slap you when you say that" (ABC *Prime Time*, 1998). Prompted by the young woman's apparently flippant description of a theft she had committed, McFadden's statement unwittingly invites the American public to respond to girl offenders in a manner that, unfortunately, is all too familiar to many girl offenders -- misunderstanding coupled with the threat of physical harm. This invitation, and its accompanying lack of awareness of the characteristics and life circumstances of girl offenders, are disturbing. A public, high profile response of this nature is of particular concern because, although girls are now the fastest growing segment of the juvenile justice population nationally and in California, there has been little research that illuminates the pathways that lead them into conflict with the law. Even less attention has been dedicated to preventing girls from taking the first step along that pathway and to supporting their development into competent, successful, and law-abiding women.

National data released by the Office of Juvenile Justice Delinquency Prevention (OJJDP) reveals that the number of juvenile arrests and delinquency cases have increased more rapidly for girls than for their male counterparts in recent years. In 1996, there were 723,000 arrests of girls under the age of 18 nationwide (Snyder, 1998). In 1996, girls comprised just under 25 percent of the 2.9 million arrests of juveniles, a proportion that has been steadily increasing since 1986, when girls comprised 22 percent of all juvenile arrests (Chesney-Lind and Shelden, 1998).

Importantly, between 1992 and 1996, increases in arrests were greater for girls than for boys in almost every offense category (Snyder, 1998). Fueling claims that girls are beginning to "catch up" with boys in terms of their involvement with more serious and violent crimes, between 1992 and 1996, juvenile arrests for Violent Crime Index Offenses increased 25 percent for females, while the number of males arrested for these offenses remained relatively constant over the same time period. The disparate growth in female arrests for violent crimes is a result of the large increase (28 percent) in the number of

arrests for aggravated assault. In addition to serious, violent offenses, arrests of girls for larceny-theft and simple assault also increased significantly.

Increases in the number of delinquency cases involving young women handled by juvenile courts also outstripped those pertaining to young men over the last decade. Between 1986 and 1995, the number of delinquency cases involving girls increased 68 percent, compared to a 40 percent increase in delinquency cases involving boys (Sickmund, 1995). Further, paralleling the changes evident in arrest statistics, "the relatively greater increases in cases involving females was due to changes in person offense cases (up 146 percent for females versus 87 percent for males) and property offense cases (up 50 percent among females compared with 17 percent among males)" (Sickmund, 1997).

On the surface, these broad national data seem to indicate dramatic increases in the proportion and seriousness of delinquent acts committed by girls. However, the reality behind the statistics is now hotly disputed by academics and policy makers. Are girls becoming more violent or are recent trends partially an artifact of the lower base rate of girls' arrests and delinquency cases since the 1970s? (Chesney-Lind & Shelden, 1998). What influences do changing and often less tolerant family and societal attitudes towards girls, shifts in law enforcement practices (particularly towards gangs), and the increasing availability of weaponry exert on girls' offending? And finally, are girls, traditionally drawn into the juvenile justice system for less serious crimes than their male counterparts, being penalized twice, once for breaking the law and a second time for transgressing societal definitions of femininity?

What is beyond dispute is the inability of national, state, and local quantitative data collection systems to profile or model the flow of youth offenders through the juvenile justice system. This inadequacy is particularly egregious with respect to girls. In some California counties, for example, data is not separated by gender, meaning that official profiles reflect the characteristics of the still overwhelmingly male offender population. Additionally, qualitative data that would provide a richer and more accurate perspective on the antecedents and circumstances of girls' offenses is almost entirely lacking. The

consequences of these gaps in data are serious; officially, girls in the juvenile justice system are invisible.

To remedy this situation, the National Council on Crime and Delinquency (NCCD), through its Women's and Girls' Institute, conducted the California Girls' Study over a 12 month period between April, 1997 and May, 1998. NCCD focused its study on four California counties (San Diego, Los Angeles, Alameda, and Marin) that represent diverse regions of the state, large, moderate, and relatively small juvenile justice systems, and varying approaches to the development of girls' services.

The study had three primary goals, the broadest of which was to develop a multifaceted profile of girls in the juvenile justice system. Toward this end, NCCD accessed automated databases maintained by county probation departments and conducted an in-depth review of 956 case files from multiple points within the various probation systems. In order to delve beneath the surface of statistical and official profiles and to develop a more comprehensive perspective on the experiences, characteristics, and needs of girl offenders, NCCD also conducted 193 structured interviews with girls in county juvenile halls. The study results, presented later in this report, reflect both quantitative data drawn from juvenile justice sources and self-report data from the girls, themselves. Arrest data and court data, traditionally, have not revealed the differences in *circumstance* that distinguish girls' offending. Researchers have long relied on self-report data to identify and reflect these circumstances. The integration of official and self-report perspectives was undertaken in order to overcome the limitations inherent in both types of data. To institutionalize a more comprehensive profile of girl offenders, NCCD developed a suggested prototype for gathering both quantitative and qualitative girl-specific data at the county level.

A second goal of the project was to construct a basic blueprint for a comprehensive continuum of prevention, intervention, and graduated sanctions services for girls that could be tailored to meet diverse regional needs. To fulfill this goal, NCCD conducted a national solicitation of information on promising, gender-competent programs and services. Model programs that could fill identified service gaps were identified and their directors were invited to present their unique approaches at the conferences mentioned below. Guiding

principles, along with core elements of promising programs, were integrated into the final blueprint of the model continuum.

The third goal was to provide counties with specific and concrete information on how to design and implement effective girls' services at the local level. To meet this goal, NCCD conducted two regional conferences on girl offenders (one in Northern and the other in Southern California). During these conferences, directors of model prevention, intervention, and ongoing care programs provided practical information and guidance on how to implement their services and adapt them to local needs.

Finally, distilling all the data and information generated by the study, NCCD produced a set of policy and program recommendations that are responsive to girl offenders, their families, and children. Although the findings are not generalizable due to sampling constraints, they offer a striking portrait of girl offenders and their families and offer clear guidelines for future research. These key findings and recommendations appear below.

PART I: CHAPTER ONE

KEY FINDINGS

Key Findings

Finding 1: Family Fragmentation. The families of girls in the juvenile justice system are fragmented by multiple and serious stressors including poverty, death, violence, and an intergenerational pattern of incarceration. Consequently, many of the girls' families do not have the resources to protect and nurture them as they move through childhood into adolescence.

The vast majority of girl offenders interviewed for this study were raised in low-income, single-parent families. Only 25 percent of the girls in all racial categories reported that they were raised by both biological parents, and 6 percent had been cared for by a parent and step-parent. Approximately one-half (51 percent) of girls interviewed reported that their parents "do not get along well at all" and 58 percent reported having witnessed violence, usually fighting and violent disagreements between their parents and caretakers.

Over 11 percent of the girls profiled by the extensive case file review had experienced, and in some cases witnessed, the death of one or both parents. Among the multiple effects of these losses, many girls were cut adrift within the foster care system, abandoned to care for themselves, or saddled with the responsibility of caring for their siblings and other relatives.

Criminal justice involvement, especially incarceration, was identified in the case files and the interviews as a major intergenerational stressor, disrupting the girls' relationships with their parents, siblings, peers, and partners. Over 54 percent of the girls interviewed reported that their mothers had been incarcerated during the girls' childhoods and 5 percent were currently in jail or prison. By contrast, 15 percent of the girls' fathers were reportedly incarcerated at the time of the interview, while 46 percent had been locked up at some time prior. Twenty-two percent of the girls interviewed reported that their current boyfriend or partner was incarcerated, and 67 percent indicated that one or more siblings had a history of arrest or incarceration.

Strikingly, 59 percent of the girls interviewed reported that their relationship with their parents was involved in getting them in trouble with the law. To understand the critical importance of improving the girls' relationships with their families, it is important to

note that 66 percent of the girls interviewed stated that they will live with their parents after their release from detention or placement.

Finding 1: General Recommendations

All prevention and intervention sanctions programs (including in-custody programs) must serve girls within the context of their families. Whenever it is consistent with girls' safety and public safety, relationships between girl offenders and multiple generations of family members should be actively nurtured and maintained.

Family preservation and support services (mandated by Public Law 96-272) should be implemented immediately through the juvenile and family court system to prevent separation (due to incarceration and other factors) of adult parents and caretakers from their children, as well as the separation of girls in the justice system from their own children. One suggested community-based continuum of gender-competent and family-focused programs and services is included as a reference in Part III, Chapter Three of this report.

It is not possible to decrease the growing numbers of girls entering the juvenile justice system without re-evaluating the national and state policies that are contributing to the fragmentation of American families. Specifically, policies that underlie the alarming increases in the rates of child poverty and of incarceration should be de-politicized and examined collaboratively by legislators and the public. These issues must become the focus of major public fora and should be presented as topics vital to the nation's security.

Finding 2: History of Violent Victimization Outside the Juvenile Justice System. One of the most universally shared attributes reported by girls in the juvenile justice system is a history of violent victimization. These abuses are correlated with and form the roots of girls' health and behavioral problems.

Ninety-two percent of the girls interviewed for this study reported having been subjected to one or multiple forms of emotional, physical, or sexual abuse. The most common form of reported abuse was emotional (88 percent), followed by physical abuse (81 percent), and sexual abuse (56 percent).

More than 45 percent of the girls had been beaten or burned at least once and an astonishing 25 percent reported having been shot or stabbed on one or more occasions.

Thirty-eight percent of the girls reported having been molested and 40 percent had been forced to have sex or raped. Neglect was also an important factor in the girls' lives. Approximately 25 percent said that they had been removed from their homes due to parental or caretaker neglect.

Importantly, girls who revealed histories of multiple emotional, physical, and sexual victimizations were significantly more likely to engage in a range of high-risk behaviors: polydrug use, sex with multiple partners, and gang membership. These young women were also more likely to suffer from multiple health disorders and to experience early pregnancy.

Finding 2: General Recommendations

The violent victimization of girls must be addressed as a major public health threat and as a primary precursor to girls' involvement with the juvenile justice system. Anti-violence initiatives implemented through the United States Department of Justice, the Centers for Disease Control (CDC), the President's Office on Violence Against Women, and other state and local efforts must be sustained and expanded to explicitly prevent the victimization of girls in their homes, schools, and communities. These efforts must be actively supported by law enforcement, the courts, and community-based providers. Practical education on how to identify and prevent all forms of violence against girls should be provided in a range of community settings, including schools, religious institutions, and private business fora.

Service components that specifically address girls' experiences of victimization and the relationship between these experiences and high risk and delinquent behaviors must be integrated into programs serving girls in and at risk of entering the juvenile justice system. These services must be developmentally appropriate and must target girls 5 to 11 years old as well as adolescent girls 12 to 18 years old. Further, services designed to prevent and mitigate the effects of victimization on girls must be responsive to the girls' family context and cultural background.

The following recommendation is dedicated to intervening effectively with pregnant and parent girl offenders and to preventing the abuse and neglect of the next generation--their children. It calls for intervention at the earliest possible point through the provision of

universally available mother-child services for pregnant and parenting women and girls and their young children. In order to make these services available, it is urged that the Congress of the United States develop and enact legislation to universally implement the early intervention model for caregivers and children 0-3 years old, which has been piloted and evaluated in Great Britain, Australia, and in parts of the United States, most notably Hawaii. These early intervention services must include and specifically target pregnant and/or parenting girl offenders and their children.

Finding 3: Abuse from Inside the Juvenile Justice System. Once they enter the juvenile justice system, girls are vulnerable to victimization similar to that experienced in their homes and communities. In some cases, these abuses violate the United States Constitution as well as international agreements defining the rights of all children and the rights of juveniles deprived of their liberty. There is currently no government or private entity empowered to enforce humane standards of treatment for juveniles in custody in the United States.

Many girls interviewed for this study reported receiving emotional, sexual, and physical abuse during their incarceration, including being addressed in foul and demeaning language; being isolated inappropriately in their rooms or in isolation rooms; being deprived of clean clothes for long periods of time; being pushed, hit, and touched in a sexualized manner; and being observed by male officers while being strip-searched. Additionally, some detention environments were overcrowded and lacked fresh air, nutritious food, and natural light.

The above conditions appear to violate the United Nations Convention on the Rights of the Child (1989), the United Nations Rules for the Protection of Juveniles Deprived of Their Liberty (1990), other international agreements determining the rights of juveniles, and the United States Constitution. Further, neither the United States Department of Justice nor any other government or private entity is currently empowered to develop and fully enforce standards governing the conditions of confinement of juveniles in custody.

Finding 3: General Recommendations

Most of the policy recommendations presented here have already been eloquently described in three recent Human Rights Watch publications exploring violations of the rights of incarcerated children and adults in Colorado, Georgia, and Louisiana facilities

(Human Rights Watch, 1995, 1996, 1997). Fundamental to these recommendations is the core philosophy of the United Nations Convention on the Rights of the Child, which holds that all actions taken with respect to children must unequivocally be organized to promote the best interests of the child (Human Rights Watch, 1997).

It is unacceptable that while it has signed the convention, the United States is one of only two of 190 countries worldwide (the other is Somalia) that has failed to ratify it. Therefore, it is recommended that the United States immediately ratify the United Nations Convention as the basis for further specific actions to protect the nation's children in and outside of the juvenile and criminal justice systems, and to join the international community of nations who recognize, in principle at least, that no civilized society can countenance the victimization of its children.

In order to comply with the convention and with other international and national agreements (including the U.N. Rules for the Protection of Juveniles Deprived of Their Liberty, the U.N. Standard Minimum Rules for the Administration of Juvenile Justice, the U.N. Guidelines for the Prevention of Juvenile Delinquency and the United States Constitution), the United States Congress should immediately fulfill the second policy recommendation: "Congress should pass legislation expanding the mandate of the Office of Juvenile Justice and Delinquency Prevention to include a requirement to monitor the conditions of confinement for children in the justice system and states' compliance with U.S. constitutional law in confining children" (Human Rights Watch, 1997).

The third recommendation specifically addresses the issue of gender in the development and enforcement of federal standards pertaining to the conditions of confinement for children and youth in public and private facilities. As stated earlier, current standards fail to identify or address the characteristics and needs of girls. Therefore, not only should the Department of Justice be legislatively mandated to develop and enforce appropriate standards governing conditions of confinement, these offices should be required to design standards that recognize and address the unique circumstances of girls and, where appropriate, their children.

The fourth recommendation involves federal legislation to provide funding through OJJDP to support a nationwide study of the conditions of confinement of children and

youth in public and private juvenile and adult facilities nationwide. This research must be designed to specifically evaluate how these conditions differentially impact girls and, where there are violations of girls' rights, which specific remedies will be required to counter them.

Finding 4: Serious health and mental health disorders. The vast majority of girls in the juvenile justice system are experiencing one or more serious physical and/or mental health disorders. These problems are placing the futures of girl offenders and those of their children at highest risk, and may well eclipse other juvenile justice related issues within the next decade.

Eighty-eight percent of the girls interviewed for this study reported that they had experienced one or more serious physical health problems and 57 percent reported that they were currently receiving medical treatment. Over one-half (53 percent) stated that they needed psychological services; 24 percent said that they had seriously considered suicide and 21 percent had been hospitalized in a psychiatric facility on at least one occasion.

The girls' most commonly reported health disorders included asthma (39 percent), yeast infections (29 percent), and sexually transmitted disease (27 percent). Traumatic head injury was also reported by 15 percent of the girls. Due to the high reported prevalence of STDs, substance abuse (including intravenous drug use), poverty, and their minority status, this population of young women is at highest risk of contracting HIV/AIDS, hepatitis (all forms), and other infections and/or communicable diseases.

Twenty-nine percent of the girls interviewed had been pregnant one or more times and 16 percent had been pregnant while in custody. Of those girls who had been pregnant in custody, 23 percent had miscarried and 29 percent had been placed in physical restraints at some point, usually during transport.

Finding 4: General Recommendations

Health care should follow all juveniles into the juvenile justice system. If juveniles entering the juvenile justice system do not have access to community-based health services, this access should be obtained. Policymakers at the national, state, and local levels should make access to quality health care for adolescents outside and inside the

juvenile justice system a major priority in order to halt the current precipitous decline in adolescent health and well-being in the United States.

Additionally, a standardized and comprehensive health and mental health screening and, if appropriate, assessment should be administered to every girl who enters the juvenile justice system. These should include but not be limited to assessment for chronic and degenerative as well as infectious and communicable diseases and an evaluation of the girls' overall wellness. Young women offenders' reproductive health and pregnancy status and the health and developmental status of their children should also be evaluated. Quality treatment delivered by competent community-based medical professionals should be provided based on the initial screening and assessment. Finally, gender-competent wellness promotion (nutrition, exercise, reproductive health) should become a core function of the health care delivery system for all adolescent girls, particularly those in the juvenile justice system.

Finding 5: Separation of incarcerated mothers from their children. A significant minority of girl offenders are mothers who have already been separated from their young children. Separation of incarcerated mothers from their infants and children can potentially harm the children's lifetime developmental potential.

An alarming 83 percent of the girls interviewed who were mothers reported that they had been separated from their infants during the first three months of their infants' lives, a pivotal developmental stage. This very high rate of mother-child separation represents an acceleration of the intergenerational cycle of family fragmentation revealed in a 1995 NCCD study of adult women in state prisons. In that study, 36 percent of the women inmates interviewed reported that they had been separated from one or more of their children during the first three years of their children's lives.

Further, 54 percent of girls who were mothers indicated that they had not received a single visit with their child or children during their incarceration. The girls reported that the most likely caretakers for their children were the children's maternal grandmothers and the children's fathers. This last is problematic because many girls also reported having been physically abused by these same fathers during their pregnancies.

Finding 5: General Recommendations

Every effort should be made to avoid the separation of adolescent mothers from their infants and children and to support the development of healthy mother-child relationships. Pregnant and parenting girls who do not pose a safety risk to their communities should receive community-based sanctions and programs, and should not be unnecessarily separated from their children by incarceration or out-of-home placement.

If incarceration of pregnant and parenting girls is required, intensive efforts to maintain the mother-child bond through the provision of supervised visitation, transportation of caretakers and children to and from youth correctional and treatment facilities, and assisted post-release mother-child reunification should be promoted. If out-of-home placement is required, residential programs that serve mothers and children together should be developed in the girls' home communities. As stated throughout this report, mother-child services should include developmentally-sequenced interventions that support the child's health and developmental potential. Once implemented, these interventions will interrupt the accelerating intergenerational cycle of family fragmentation, abuse, and delinquent activity.

Finding 6: Widespread school failure. Schools are failing girls in their home communities and in the juvenile justice system. The experience of between one and three types of educational failure is almost universal among girl offenders interviewed.

Ninety-one percent of girls interviewed reported experiencing between one and three school failures. For the purposes of this study, these are defined as the following: suspension or expulsion from school, repeating one or more grades, and/or placement in a special classroom. Eighty-five percent of girls reported being suspended or expelled from school on one or multiple occasions and the median age for the first of these experiences was 13 years old.

Nearly one in three girls reported being forced to repeat one or more grades in school and the median age when they were first held back was 8 years old. Of the 40 percent of girls who reported being placed in some type of special classroom (for learning disabilities, serious emotional disorders, or conduct problems, for example), only 24

percent stated that these classes helped them do their work more successfully and only one percent said that special classes helped them stay out of trouble.

Finally, many girls described school as a battleground where sexual harassment, racism, interpersonal rivalries with peers, and inattention from adult professionals made dropping out a necessary means of escape.

Finding 6: General Recommendations

Decreasing school failure and increasing academic competence must be viewed as key strategies for preventing girls' delinquency. Additionally, the particular disadvantages that girls face in traditional school environments must be addressed. Excellent models exist for providing comprehensive education and counseling services to girls 12 to 18 years old in and on the periphery of the juvenile justice system. These models should be replicated and evaluated within local school districts across the United States.

Intensive girl-specific learning environments should also be developed to meet the needs of very young girls 8 to 11 years old who stand on the threshold of academic failure and risky behaviors including substance use. Finally, specific strategies for addressing girls' specific learning and perceptual disorders and their serious substance dependencies should be developed for use within a variety of girl-specific learning environments.

Finding 7: The breaking point--Early adolescence. Girls appear to be most vulnerable between the ages of 12 and 15 to their first experiences of violent abuse, out-of-home placement, academic failure, pregnancy, and juvenile justice system involvement, and yet almost no intensive interventions or services are targeted towards the needs of girls in early adolescence.

Interviews with girls participating in this study revealed that 12 to 15 year old girls who are or who become offenders typically experience a breaking point, particularly with regard to violent victimization, initiation of risky behaviors, and contact with social service and juvenile justice agencies. For example, of the 40 percent of girls who reported being raped, the greatest number were violated between the ages of 12 and 15; the median age at which these sexual assaults occurred was 13 years old. Of the 25 percent of girls who reported being shot or stabbed, 14 year olds were the most vulnerable to these types of injuries.

Girls also reported that 13 and 14 years old were the ages at which they were most likely to initiate alcohol and other drug use (including the use of methamphetamine, heroin, crack cocaine, and PCP); and 14 years old was reportedly the median age at which girls experienced their first arrest. Moreover, the risks during these critical years extended into virtually all areas of the girls' lives. As stated in Finding #6 on school failure, girls also reported that the median age at which they were first suspended or expelled from school was 13. Thirteen was also the median age at which girls reported having their first sexual experience and the median age at which parenting girls reported the birth of their first child was 14. Finally, the median age at which girls reported running away from home for the first time — often to escape abuse — was 13 years old. This was also the median age for their first out-of-home placement in a foster or group home.

Tragically, a majority of the intensive programs for girl offenders begin services at 12 to 18 years old, after these multiple problems have begun rather than earlier when they might have been prevented.

Finding 7: General Recommendations

The programmatic emphasis with high-risk girls should be placed, as is stated throughout this report, on intensive, community-based prevention and early intervention efforts. These programs should specifically target very young girls and their families early, before multiple problems compromise girls' health and survival and lead to their involvement with the juvenile justice system. Programs should be multifaceted, addressing, and whenever possible, *preventing* girls' victimization, substance abuse, school failure, and early pregnancy. Further, these programs must be designed to engage and respect girls and families from very diverse cultural, racial, and socio-economic, religious, and sexual preference backgrounds.

Finding 8: Non-violent offenders. A majority of girls in the juvenile justice system are nonviolent offenders charged with relatively minor status, property, drug, and other offenses. Even the fastest growing segment of person offenders, girls charged with assault, may be inappropriately labeled as violent. This may be attributable to shifts in law enforcement practices and changes in familial attitudes towards girls rather than the seriousness of the threat girls pose to their homes and communities.

The most recent offenses reported by girls interviewed for this study were very revealing. The highest percentage of girls (36 percent) fell into the least serious offense category, probation violation. Many of these probation violators reported that their *first* offense was actually a status offense (such as running away or curfew violation; activities that are violations of law only when they are committed by a juvenile). Once they were placed on probation, any subsequent offense, even if it was another status offense, became a violation of a valid court order. Girls who violated court orders penetrated more deeply into the juvenile justice system. Because the largest proportion of juveniles arrested for status offenses are girls, this practice, informally called "bootstrapping," disproportionately effects girls and entangles them in the juvenile justice system for lower level offenses than their male counterparts.

Although a high percentage (34 percent) of girls interviewed also reported person offenses (including assault, robbery, homicide, and weapons offenses), most of these were assaults. Qualitative analysis of this category of offense, drawing upon both case file and interview data, revealed a startling picture. A majority of assault charges against girls appeared to be the result of non-serious, mutual combat situations with parents. In many cases, aggression was initiated by the parents, rather than the girls. As noted by probation officers in girls' case files, the circumstances under which many assaults took place appeared to represent normal adolescent rebellion on the girls' part and significant over-reaction on the part of parents and law enforcement.

Answer Tree analysis of the interview data also revealed a significant and potentially disturbing relationship between the girls' racial status, drug use history, and offense type. An explanation of this complex analysis is impractical here, but explication is provided in Part I, Chapter Two of the report. However, a very brief summary of the finding indicates the following: although Whites reported using the highest number of drugs compared to other racial groups, they were more likely to report that their most recent

offense was a probation violation. By contrast, Blacks and Hispanics, despite significantly less drug involvement, were equally likely to report that their most recent offense was a drug/property or person offense as they were to report a current probation violation.

Finally, the small number of girls arrested for the most serious offenses — robbery, homicide, and weapons offenses — reportedly committed these crimes almost exclusively within the context of their relationships with their co-defendants. These relationships appeared to fall into two distinct categories: dependent or equal. The dependent group included girls who were following the lead of male offenders (often adults) who were the primary perpetrators of the crime. The second, more equal group, included girls functioning in female-only groups or mixed-gender groups (including gangs) as equal partners in the commission of their offenses. Finally, the availability of weapons and an increased willingness to use them appeared to be factors in girls' involvement with serious and violent crime. Although the exact relationship between gang membership and more serious offenses committed by girls was not determined, nearly half of the girls interviewed (47 percent) reported gang affiliation and 71 percent of girls who reportedly had been involved in gangs stated that they had been "very involved."

Finding 8: General Recommendations

The process of disproportionately penalizing girls for status offenses and subsequent violations of valid court orders should be stopped. Further, girls who enter the juvenile justice system through the process of "bootstrapping" should not be detained. Instead, effective diversion and intervention options that specifically address girls' needs and engage their families and caretakers should be developed at the community level. Further, family focused programs that intervene upon family violence, including domestic combat between rebellious girls and their caretakers, should also be implemented at the community level. Training that provides accurate and current information on the characteristics and needs of girl offenders and their families and on dispositional alternatives for this population should be immediately delivered to law enforcement, probation officers, juvenile and family court judges, and child protective services workers.

The over-representation of young women of color in the juvenile justice system, and the differential and apparently biased treatment they receive from the point of arrest

onward, is a serious issue that must become a focus for further research and policy efforts. Research on the offense patterns of young women must also address the actual circumstances surrounding the offenses, the girls relationships with their co-defendants, and the nature of their affiliations with gangs. Finally, services and programs that address the factors that lead to girls' involvement in gangs and provide viable alternatives must be designed and widely implemented.

Finding 9: Resiliency. Girls in the juvenile justice system have significant resiliencies that they can draw upon to overcome the multiple stressors that challenge them. However, most services targeting this population are oriented towards the girls' deficits rather than their strengths.

Most profiles of girls in the juvenile justice system are "problem oriented," identifying primarily the stressors that negatively affect the girls rather than the innate strengths and resiliencies that they could mobilize to overcome these stressors. Additionally, few policymakers and program providers directly engage girls in identifying their own unique strengths and in designing programs that specifically enhance them. Some of the innate strengths and protective factors identified by the researchers conducting this study, by juvenile justice professionals and program providers, and by the girls themselves include the following: intelligence, brilliance, courage, creativity, tenacity, compassion, humor, insightfulness, leadership potential, and engagement in family, community, and religious activities.

Finding 9: General Recommendations

Research, policy, and program efforts targeting girls in and at-risk of entering the juvenile justice system must explicitly identify and develop strategies to enhance girls' strengths. Since young women function within the context of their families, caretakers, and children, these efforts must also identify and build upon their families' strengths. Finally, girls must be actively and respectfully engaged in developing the services, programs, and policies required to assist them.

PART I: CHAPTER TWO

A MULTI-FACETED APPROACH TO PROFILING GIRL OFFENDERS

One of the objectives of the project was to create a multifaceted profile of young women offenders that was inclusive of standard justice system information, service needs, and the presence and severity of a comprehensive array of risk factors. To accomplish this task, we extracted data from multiple sources: automated databases maintained by county probation departments, probation case files, and interviews from a sample of girls currently under the supervision of the juvenile justice system.

The original methodology included a random sampling strategy for both the case file review and structured interviews. However, gaining access to one of the sites proved to be particularly challenging, resulting in a revision of the work plan for this project. Not only would random sampling have required additional time in terms of locating files, but orchestrating such selection procedures and accounting for the rapid turnover in detention facilities would have proven to be a significant obstacle. Therefore, the methodology was revised to be driven by a sample of convenience that was both deliberate and thoughtful. Unfortunately, this compromise has significant implications to the generalizability of the findings. Because the samples were not developed systematically, the results of the analyses cannot be generalized to the larger population of the county, the state, nor to young women offenders in general. However, these findings provide compelling and powerful illumination of key issues that are ripe for further examination using more stringent sampling techniques. Further, the sample sizes are sufficiently large to produce findings that, simply on the surface, should give pause and consideration to the suffering of young women offenders and the readiness and commitment of the system to deal with them.

Site Selection

In order to assess a diversity of county-based juvenile justice systems, NCCD purposefully selected four counties for inclusion in the study. Important to the selection process were the size of the county, its initiative in creating services for girls, and its geographical location. The accessibility of the county to NCCD researchers was also an

important consideration. A letter of intent that described the purpose of the study, the research methodology, and the anticipated products of the endeavor was submitted to the Chief Probation Officers in Alameda, Los Angeles, Marin, and San Diego counties. In two of the counties, permission and access were granted almost immediately, due in part of NCCD's history of involvement in these counties and NCCD's assistance in developing existing gender-specific services for girls. One county, while certainly willing to accommodate the research request, anticipated difficulty in providing the requested automated data and access to the targeted number of files and young women, simply because of the relatively small size of the county's system. Gaining access to the fourth county proved to be more challenging because the county required a formal research request and proposal, as well as a court order, to access the files and conduct interviews. While such formalities are certainly reasonable and understandable, the significant delays in request processing proved to be a formidable obstacle to the execution of this research initiative.

Once approved by the Chief Probation Officer, responsibility for this project was generally delegated to high-level managers and supervisors within the probation departments who worked closely with NCCD staff to provide physical access to files and to orchestrate the flow of interview candidates.

Automated Data

In order to assess system-wide trends for young women offenders, each probation department's data management division was provided with a list of core data elements to be extracted from system data for calendar year 1996. We requested information for both males and females to permit comparisons across gender. To ensure consistency, the targeted offense was defined as *the most serious true finding*, recognizing that many youth are adjudicated in court for multiple offenses, and that many charges are reduced, in terms of severity, from the point of arrest to the court finding. By specifying data on detention, referrals to probation, outcomes of referrals, court disposition, and prior involvement in the system, the automated data reports, as designed, assessed trends throughout the system. The specific data elements and requested tables appear in Appendix A.

Unfortunately, only one of the counties, Los Angeles, was able to compile a report that included all gender, ethnicity, age, offense classifications, and combinations requested. The absence of key data elements in the structure of county data bases, limited staff availability, and outdated technology prevented the other counties from being able to provide full and detailed reports. While the physical and staff limitations in accommodating special research requests are certainly understandable, the paucity of gender-specific data that is available *as a matter of course* is alarming. The fact that there is no regular internal audit of the place that female offenders occupy in the individual county systems reinforces the assertion that female offenders remain largely invisible to the larger operations of the juvenile justice system. Profiles of individual counties, based on this data, are presented in the Quantitative Results chapter.

Case File Data

Even when counties have the capacity to provide detailed, gender-specific statistical reports, risk factors and service need indicators are rarely included among the data elements that are managed in an automated fashion. To supplement the statistical reports requested from the counties, the research strategy included an in-depth review of a large number of probation case files. While sampling was not random, the strategy did require a concerted effort to review a geographically diverse sample of files within each county, files from different caseloads and field offices, as well as files from multiple points in the probation system, including case banks, formal supervision, special units, and out-of-home placement. Using a checklist to organize the information along specific risk and needs dimensions (see Appendix B), key information was extracted from the files that pertained to the delinquent history, health, substance abuse, mental health, peer relationships, family dynamics, and educational environments that surround young women in the juvenile justice system.

The target sample included 300 case files from Alameda, Los Angeles, and San Diego counties. The sample in Marin county was limited by the small size of the community and, therefore, by the relatively small number of girls under the supervision of the probation department. The final sample sizes were: Alameda (n = 295), Los Angeles

(n = 300), Marin (n = 60), and San Diego (n = 301), for a total sample of 956 case files. The files were coded on site at the probation field offices by researchers who had been trained in the use of the checklist to ensure consistency and inter-rater reliability. The files normally contained court documents, dispositional or social history reports, and often contact logs or behavior reports. Throughout the review, new dynamics and common themes were discovered and noted in the margins of the instrument. For example, a large number of girls had parents with limited proficiency in English, a reality which was not expected and, therefore, was not included in the standard checklist format. However, such specificity was important to preserve, and therefore required that a qualitative section be appended to the key focus areas. Once completed, the checklists were transported, by hand, to the NCCD offices for storage, entry, and analysis that conforms to the required confidentiality requirements of social science research with minors.

Structured Interviews

Current research in the area of young women offenders (e.g., Chesney-Lind and Sheldon, 1998; Maniglia, 1998), as well as the personal experience of the researchers, suggested that standard data collection protocols and official reporting formats would likely be deficient in several key issues and problem areas typical of young women offenders. Most notably, current dispositional report structures are usually lacking specificity in the areas of education, health, and histories of violent victimization, rather serious omissions given that problems in these areas are what most often distinguish female offenders from their male counterparts. Therefore, the research strategy anticipated that the county-generated statistical reports and data from case file reviews would be inadequate in their ability to fully detail the key issues and circumstances underlying many girls' involvement in the system. To remedy these deficits, a sample of young women in each county were identified as possible candidates for structured interviews to add depth and dimension to the profile of the complex blending of influences that resulted in their entry into the system.

In order to gain access to girls with a diversity of experience in the justice system, each county's Juvenile Hall was selected as the principal site for the interviews. Detention

facilities, by nature, offer a practical opportunity to interview both first time offenders and girls with prior involvement in the system, girls brought into the system for a diversity of offenses, girls who are pre- and post-adjudication, and girls awaiting out-of-home placement. In San Diego, targeting the detention facility also provided access to a number of girls participating in a post-adjudication program operated within the Juvenile Hall. In Marin County, the Juvenile Hall has an average of four young women in custody at any one time. In order to increase the size of the sample, young women offenders participating in a variety of community-based justice system programs (including day treatment, residential, and sober school environments) were also interviewed. The final sample sizes in each county were: Alameda (n=50), Marin (n=42), Los Angeles (n=52), and San Diego (n=49), for a total sample of 193 young women.

Using a structured interview protocol (see Appendix C), a team of trained researchers interviewed young women, individually, in each of the counties. Typically, the interviews were conducted in an attorney room or in the girls' own room, and lasted between 45 minutes and two hours. Every effort was made to protect the privacy of the young women and the confidentiality of the information. To ensure complete anonymity, the girls' names were not known to the researchers, and the interview protocols were assigned a random number that could not be traced back to the individual (e.g., Marin 024, or San Diego 301). Of the entire sample, two interviews concluded prematurely in order to accommodate institutional activities.

Instrumentation

After an extensive review of other instruments, the interview protocol was developed and tested by Leslie Acoca as part of her national research on adult women offenders, *The Hidden Crisis: Women in Prison* (Acoca and Austin, 1995). The protocol then underwent minor revisions and further testing to ensure that it was appropriate to a younger population (see Appendix C). The interview protocol assesses the full range of risk factors and service need indicators including family relationships; relatives' and intimates' involvement in the criminal justice system; educational experiences; involvement with drugs and alcohol; history of emotional, physical, and sexual abuse; justice system

involvement; present and historical health concerns; pregnancy and parenting; peer relationships; gang involvement; sexuality and sexual preference; AIDS risk behavior; and resiliency factors. In an effort to fill current gaps in information, the protocol included a strong focus on girls' health, on the educational barriers they face, and on the status and history of each of their children.

Interviewer Qualifications

Each member of the interview team has extensive experience conducting structured, face-to-face interviews with youth offender populations, coupled with the capacity to establish strong rapport with the girls. Ms. Laurie Schaffner is a doctoral candidate in Sociology at the University of California, Berkeley, and has spent many years conducting research with and writing about girls in the juvenile justice system. Additionally, Ms. Schaffner speaks fluent Spanish and thus was able to conduct interviews with several girls whose primary language was Spanish.

Ms. Jan Zimmerman is a graduate of Sonoma State University, California and holds a Bachelor's degree in Psychology. Ms. Zimmerman administered the original protocol to women prisoners in three states for the aforementioned 1995 NCCD study. In addition to serving on the interview team for this study, she is conducting focus groups with adult women in prisons and jails in five states for an NCCD study to be completed in 1999. Both Ms. Zimmerman and Ms. Schaffner contributed invaluable insights on the characteristics and needs of girls as well as on the efficacy of the protocol.

Ms. Thao Le, a Senior Research Associate at NCCD, is a graduate of the University of California, Berkeley, and holds a Master's degree in Public Health. She brings to the team her significant expertise and experience in the public health field, as well as a strong background in complex statistical analyses. In addition to conducting interviews with girls for this study, Ms. Le assisted with all levels of data analyses and provided the Answer Tree analyses that appears in the body of the report.

Analysis

Aggregated data reports were provided by the counties' data management divisions to identify global trends and basic characteristics of young women offenders. Additional analysis of these data was not necessary, except for cursory computation to highlight differences between male and female offenders. Basic profiles, by county, based on these reports are presented in the next section.

The data extracted from case files and developed from the interviews were entered into separate SPSS databases that contained both quantitative and qualitative variables, which were audited for accuracy and consistency. Basic frequency analyses were conducted to identify the prevalence and severity of the array of risk and needs indicators. Cross-tabulation and Answer Tree analyses were also conducted to identify core elements and related influences that shape the experiences and histories of the young women included in the sample. Further, the qualitative data recorded during the interviews were analyzed using grounded theory (see Glaser and Strauss, 1967) to identify core thematic structures and common denominators that united the assorted risk and needs factors. These common structures are presented in the next chapter.

PART I: CHAPTER THREE
THE OFFICIAL PERSPECTIVE ON THE NUMBER
AND CHARACTERISTICS OF GIRLS OFFENDERS

Each of the data sources has unique benefits and drawbacks, but can be combined to create a multifaceted profile that blends a diversity of perspectives. Insight into law enforcement and court practices is gained through an examination of official statistical reports. Probation files offer a preliminary understanding of the departmental and individual officers' approach to working with girls and the priority assigned to various risk factors and service needs. While these sources can be informative, they are also riddled with holes and missing data. The data profile developed from these sources may be a stronger reflection of interview and assessment practices than a definitive array of the challenges and strengths presented by any one girl. Therefore, the richness of the profile developed by this research lies in the stories told by the girls, themselves. Further, the interview process gathers information from a new direction. By placing the girls in charge of their profiles, they become historians of their own lives instead of being subject to the classification, assumptions, and biases inherent in many of the systems currently failing them.

County Profiles Based on Automated Data

Any study into the characteristics of female delinquency and the resulting system response would be incomplete without attention to the way in which the system investigates, organizes, and assigns priority to the information it collects about young women offenders. Therefore, one of the goals of this research was to assess the quality and availability of gender-specific data from within county probation departments to determine its completeness and its utility in identifying and meeting the unique needs of females in the juvenile justice system.

As discussed previously, three of the four counties were unable to provide complete, specific statistical reports detailing the numbers of girls entering the county probation system, the offenses that resulted in their entry, and the way in which girls move through the system to various dispositions. **Marin** County, possibly because of the small size of its probation department, is extremely limited in terms of the comprehensiveness of its automated data sources. In 1996, the probation department

received 3,218 referrals. While the county does not report data separated by gender, the lead data analyst estimated an 5 to 1 ratio between males and females in the system. The average monthly total caseload was 711 youths with 58 percent as wards of the court, 33 percent on informal probation, 9 percent on court informal probation, and 2 percent non-wards. Of the 409 wards of the court, approximately 22 percent were in placement. Marin County committed only 3 youths to the California Youth Authority in 1996, all of whom were male. Unfortunately, Marin County does not produce statistical reports that permit comparisons across gender, nor do they record offense data in an automated fashion. While the limits to available technology are not surprising in such a small county, the scarcity of gender-specific data in this county prevents any meaningful understanding of the quality or pervasiveness of female offending, which is a critical first step to any program planning or development effort. In this county, an initiative to address the unique needs of girls in the justice system demands significant attention to the structure and implementation of quality data management systems in order to develop research-based and outcome-focused programs.

While **Alameda** is a larger county than Marin with more sophisticated technology, it too was challenged by the request for system data that separated males from females in more complex analyses. However, Alameda was able to provide several tables from the county's Annual Report that include gender-specific data. In 1996, of the 11,740 total referrals received by the probation department, 19 percent ($n = 2,260$) were for young women offenders. Of these young women, 34 percent were already active to the probation department, compared to 58 percent of the referrals for boys, meaning that there were more repeat offenders among the population of boys referred to probation. Contrary to existing literature, girls did not enter this county system at a younger age than their male counterparts.

Of the 9,708 court dispositions in Alameda County in 1996, 16 percent ($n = 1,599$) were for cases involving girls. Forty-three percent of all girls' cases were closed or dismissed, compared to 36 percent of cases involving boys. Eighteen percent of all girls' cases disposed resulted in some form of probation supervision (10 percent on formal supervision, 8 percent in placement), compared to 26 percent of all cases disposed

involving boys (13 percent formal supervision, 9 percent placement, 1 percent camp, and 3 percent aftercare). The remaining cases were either committed to the California Youth Authority (1 percent for both girls and boys), or were pending probation or court action. What is striking about these figures is the large proportion of youths, both male (36 percent of all males) and female (43 percent of all females), who are brought to the very edge of the system, but are released without formal court processing, possibly because of the lack of seriousness of their current offenses. Further, it appears that cases involving girls are closed more often than cases involving boys, and that a larger number of girls' cases are pending court or probation action.

In examining the total active caseload ($n=4,516$, 14 percent of which are female) of the Alameda county probation department in 1996, seven percent of girls' cases were supervised informally, compared to 5 percent of boys' cases. Two-thirds of girls were on formal supervision and roughly one-third were in out-of-home placement (either foster care or group home). For boys, one-half were on formal supervision and just over one-quarter were in out-of-home placement (either foster care, group home, or camp). The largest gender difference in terms of caseload is reflected in the number of youths under commitment to the California Youth Authority, 18 percent of male wards and only 4 percent of the female wards. If both county-based placements and CYA commitments are considered, a larger proportion of boys are in residential settings.

Unfortunately, Alameda county was not able to provide a profile of offense categories for either referrals or dispositions, which prevents a comparison of the severity of the offenses for which girls and boys are brought into the system. Offense information was also not available for detained youths, yet there are some interesting differences in length of stay that suggest an analysis of the relative severity of booking offenses for boys versus girls is warranted. Overall, the average length of stay (ALOS) for girls was roughly 5 days shorter than for boys. Notable differences appeared in instances when the youths' cases were ultimately dismissed by the court, where boys had an ALOS of 25 days compared to 14 days for girls. When the court ordered a youth to be released, boys had an ALOS of 16 days compared to only 7 days for the girls. For youths with a straight release from detention, boys' ALOS was 11 days, versus 9 days for girls. Without a detailed

examination of the booking offense and of the court processing time, these differences are hard to interpret meaningfully. Offense focused analyses should be conducted to identify the dynamic that is operating to produce significantly shorter stays in detention for girls in cases that are released or dismissed.

Most notable in the Alameda County detention release summary were the lengthy stays for youths of both genders who were awaiting a bed in an out-of-home placement, 50 days for the boys and 41 days for girls, and for youths committed to the California Youth Authority, 75 days for boys and 63 days for girls. Because detention facilities typically have few programs and services for youths in custody, it is alarming that, during these stays, youths are prevented from accessing essential health, education, mental health, recreational, and vocational programming that they need.

San Diego received a total of 12,917 referrals to probation in 1996, 21 percent (n = 2,702) of which were for cases involving girls. As in Alameda county, there were no significant age differences between the ages of boys and girls referred to probation. Thirty-three percent of the cases involving girls were counseled and closed, compared to only 20 percent of the cases involving boys. Petitions were filed in 11 percent of the cases involving girls and in 10 percent of the boys' cases. Although the proportion of referrals that are processed formally by the juvenile court were similar, there was a much stronger likelihood that cases involving girls would be dismissed. Unfortunately, the outcome of referral categorized by offense type was not available, so conclusions about the relative lack of seriousness of the offense driving the case closure cannot be made at this time.

In 1996, San Diego admitted a total of 3,130 youths to Juvenile Hall, 17 percent of which (n = 546) were girls. The overall length of stay for girls was much shorter than for boys, 19 days compared to 31 days. This trend holds across the full distribution of age categories, with the exception of 18 year-olds, and across a majority of offense categories. The offenses for which girls had a longer ALOS were: assault (27 days for girls versus 23 days for boys); grand theft (13 days for girls versus 9 days for boys); forgery and fraud (31 days for girls and 22 days for boys); and selling narcotics (38 days for girls and 34 days for boys). The girls detained in San Diego County were slightly younger than

the boys, as 51 percent of the girls were age 15 or younger, compared to 39 percent of the boys.

San Diego county has completed several major community and system assessments for their Local Action Plan developed under SB1760, as a result of their involvement in OJJDP's *Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*, and for their Community-based Punishment Options Plan. Unfortunately, few of the analyses and profiles report data that are separated by gender. Because the county collapses these data across gender, comparing the relative seriousness of offenses and resulting placement within the system for boys and girls is not possible at this time.

Of the four counties, **Los Angeles** was the only one with the technological capability and the ability to dedicate time and staff resources to provide extensive information about the number of girls, and their offenses, in the county probation system. Los Angeles county receives over 40,000 referrals to its probation department per year. Over the past five years, while the total number of referrals for girls has fluctuated, the proportion of referrals for cases involving girls has steadily increased from 13.8 percent of all referrals in 1992 to 16.4 percent in 1997. In 1996, girls were referred to probation, on the whole, at a slightly younger age than boys. Forty percent of the girls referred were 14 or 15 years old, compared to 34 percent of the boys. Fifty-six percent of the boys were 16 and older, compared to only 47 percent of the girls. Eighty-seven percent of girls referred had no prior adjudications, compared to 68 percent of boys referred, meaning that a larger proportion of boys were repeat offenders.

A smaller proportion of girls (12 percent of all female referrals versus 16 percent of all male referrals) were referred for serious, violent offenses (including murder, manslaughter, rape, robbery, and aggravated assault). However, a larger proportion of girls were referred for status offenses (10 percent of girls and 2 percent of boys) and for "other misdemeanors" (19 percent of girls and 14 percent of boys). The lesser seriousness of referring offenses for girls relative to boys is congruent with the less restrictive sanctions that were received by girls compared to boys. Seventeen percent of girls' cases were closed at the point of referral, compared to 8 percent of boys' cases. A higher proportion of girls were placed on informal supervision (7 percent versus 3 percent) and a smaller

proportion of cases resulted in a petition being filed (70 percent for girls and 85 percent for boys). It is interesting to compare these statistics to Alameda County, where over 40 percent of all referrals involving girls were either closed or dismissed. Without a comprehensive examination of arrest practices and some comparison of offense types, it is difficult to ascertain whether Alameda is bringing many girls into the system who are extremely low level offenders (and therefore are released in large numbers), or if Los Angeles is overly punitive in its handling of female delinquency cases or simply gets referrals for girls arrested on much more serious charges.

In Los Angeles, a larger proportion of petitions sustained for boys were for felony offenses (80 percent versus 71 percent for girls), and a smaller number of petitions sustained for boys are for misdemeanors (17 percent versus 22 percent for girls); probation violations (2 percent versus 3 percent for girls); or for status offenses (less than one percent versus 4 percent for girls). A total of 346 youths received a disposition for a status offense in 1996, 60 percent of whom were female. Of these young women, 39 percent were ordered to a suitable out-of-home placement, 50 percent were placed on formal probation, and 9 percent were placed on informal probation. The dispositions of cases involving male status offenders (n = 139) were distributed equally across supervision and placement (46 percent each), with a slightly larger proportion of boys cases disposed using informal sanctions (19 percent) compared to girls. The high number of youths, both male and female, who are placed out-of-home for non-criminal offenses is of significant concern.

The total caseload of the Los Angeles County Probation department as of December 31, 1996 was 24,137 youths, 17 percent of which were female. Of these 4,010 females, five percent were on informal probation (compared to 11 percent of boys); 30 percent were on formal supervision (40 percent of boys); 13 percent had a stayed court order (20 percent of boys); 4 percent were in camp (10 percent of boys); 14 percent were in placement (7 percent of boys) and 20 percent were Absent Without Leave (AWOL) and had a bench warrant for their arrest (12 percent of boys). To summarize, just over 70 percent of the male caseload was supervised in the field, compared to 48 percent of the

female caseload. Proportionally, far more of the female caseload was in out-of-home placement, and a larger portion of girls were AWOL.

This distribution is curious considering the offenses for which girls were under the supervision of the probation department. The top four most prevalent offenses for girls were: "other property" offenses (19 percent), burglary (16 percent), aggravated assault (13 percent), and "other misdemeanors" (11 percent). For the boys, the top four most prevalent offenses were: burglary (22 percent), "other property" offenses (15 percent), robbery (12 percent) and aggravated assault (11 percent). The gender profile is very similar except for the juxtaposition of robbery (for boys) in place of "other misdemeanors" (for girls). So, on the surface, it is curious that girls were more likely to be in a restrictive setting, yet their offense profiles were similar, if not somewhat less serious. Unfortunately, this pattern has been found throughout the literature on female delinquency (e.g., Chesney-Lind and Shelden, 1998).

There were 15,705 admissions to Los Angeles county juvenile halls in 1996, 13 percent of which were girls. The girls detained in Los Angeles County were slightly younger than the boys, as 45 percent of the girls were age 15 or younger, compared to 28 percent of the boys. Overall, girls had a shorter ALOS than boys, 17 days versus 26 days, a pattern that was consistent across the distribution of age and major ethnicity categories. For the most part, boys had a longer ALOS for all offenses, although some categories had a difference of only one or two days.

Given the specificity available in Los Angeles County's data, we can begin to understand the picture of female delinquency, from an official perspective (as noted above, these statistics are a better indicator of police and probation policies than they are a reflection of the nature of female delinquency). However, the fact that only one of the counties had such gender-specific data readily available is worrisome. Sound policy and program decisions rely on the ability to assess the portion of the overall population that is to be targeted, their status in the system, prior history, and the offenses for which they are adjudicated delinquent. When this data is missing, research-based initiatives are simply not possible, and departments are forced to make significant budget and policy decisions that are based on anecdotal information rather than on sound data. Therefore, part of this

research agenda was to recommend a data collection and reporting protocol that would permit counties to understand, at a glance, the relative size and justice system profiles of their young women offender populations.

Recommendations for County Automated System Development

In order to better understand the nature and extent of female delinquency in each county, NCCD recommends that *all* justice system data collection procedures, reports, analyses and protocols be reported separated by gender. Because we know that the underlying causes of female delinquency and attached best practices need to be focused on the unique qualities of girls, it is not acceptable to track "wards" in general. Collapsing data across genders obscures important aspects of female delinquency that have been illuminated by other studies that have high quality offense-specific data (see Chesney-Lind and Shelden, 1998). Understanding the severity of offenses, the predominant age ranges, and the pattern of court dispositions are critical to insightful and relevant program planning. Therefore, we recommend that counties wishing to launch gender-specific service continua develop and implement automated systems that provide continual access to girl-specific data. Important elements to include are:

- ▶ ***Detention trends that identify offense severity, risk profiles, and length of stay.***

Such information is critical to any county's ability to identify practices that are not synchronized with the intended purposes of detention, namely, to protect public safety, to ensure court appearances, and to protect from harm. If girls are being detained for reasons not connected to these objectives, a county can develop programs that are more humane and responsive to individual need, at significant cost-savings.

- ▶ ***Numbers of young women referred to the system, and the law enforcement agencies that refer the largest numbers of young women offenders. Referral data should also be available by age, ethnicity, and offense.***

It is important to be aware of the numbers of women referred to the system and the specific geographical concentrations of girl-involved delinquency. These areas can be targeted for prevention and diversion efforts. Further, these programs must be developmentally and culturally appropriate, and planning must be informed by the typical offense profile. It makes little sense to develop prevention programs targeting drug possession and sales if the predominant referring offenses are curfew violations or truancy.

► ***Referral outcomes that identify offense severity.***

A full understanding of court practices with regard to offense severity can help counties to identify the over- and under-use of alternatives to formal processing. For example, counties that place few girls on informal probation may choose to develop alternative programs that deliver competent and comprehensive services to girls who have critical needs, but that do not need to be brought under justice system supervision.

► ***The offense profile, ethnicity, and age distribution of young women adjudicated by the court.***

Examining these gender-specific profiles will inform program planning in terms of the necessary capacity of programs that are commensurate with the young women's risk to public safety. Further, counties can ensure that a full range of dispositional opportunities are available to girls which may lessen a reliance on out-of-home placement for girls who are substance dependent, truant, or with challenging family situations. In-custody programs, when warranted, must be designed to be responsive to the specific offenses for which girls are brought into the system. For example, our results will show that a large proportion of girls adjudicated for a violent, person offense were involved in a physical altercation with their mothers. Appropriate and effective programming for this offense profile will be dramatically different than programs designed for girls involved in serious property crime. Further, program planning must attend to the developmental stage and cultural backgrounds of girls in the system in order to be effective.

Taken together, the four counties included in this study have the ability to profoundly affect the lives of over 70,000 young women that are referred to their probation departments each year. The potential for these counties to improve the quality and specificity of program planning based on automated data *alone* should not be underestimated. Succinctly, while program options, ultimately, need to be informed by an in-depth assessment of individual need, planning initiatives should *begin* with an examination of reliable, complete, and comprehensive data. These data contain a wealth of information that can be used to identify developmentally appropriate interventions as well as options that are responsive to the unique offense profiles of young women. System-level data, to date, is an untapped resource that can and should provide the foundation for specific planning initiatives.

County Profiles Based on Information Contained in Case Files

As discussed earlier, the research strategy did not include random sampling from the full caseload of the probation departments, which prevents declarations of causality. However, the researchers pursued data collection with a thoughtful and deliberate approach that required the review of files at different points in the system (e.g supervision, placement), from different field offices, and from a large number of probation officers. This method produced a large sample ($n = 956$) that, even without generalizing to the larger population, reveals some alarming trends which will be discussed both here and in the next chapter.

As discussed earlier, the relatively small size of Marin County prevented the research team from accessing the targeted 300 case files. Therefore, making up only 6 percent of the total sample, the factors and profiles unique to the girls in Marin County may have been diluted when the data were collapsed (in much the same way that the uniqueness of the smaller population of girls is lost when automated data is collapsed across genders!). In addition, several items had remarkably different profiles across the counties. In order to both preserve these differences and to look at the more global trends, data are presented for individual counties as well as for the total sample. The basic demographics of the girls' whose files were reviewed are presented in the following table:

Table 1**Demographic Profile of Girls in the Justice System in Four Counties, 1998**

	Total n = 956	Alameda n = 295	Los Angeles n = 300	Marin n = 60	San Diego n = 301
Race/Ethnicity	100%	100%	100%	100%	100%
White	24	18	18	45	32
Black	31	53	19	12	24
Hispanic	32	14	55	7	31
Asian/Pac. Islander	5	4	3	7	6
Nat. American/Eskimo	1	1	1	0	1
Other	5	8	3	5	5
Missing	3	3	1	25	1
Current Age	100%	100%	100%	100%	100%
13 or younger	2	1	2	3	2
14 or 15 years old	20	18	21	17	23
16 or older	78	80	77	80	75
Status	100%	100%	100%	100%	100%
Informal Probation	1	1	1	3	0
Formal Supervision	50	58	35	50	56
Placement	33	36	35	37	27
Aftercare	6	1	3	0	17
Camp	8	0	27	0	0
Missing	2	4	0	10	0
Detained current offense	53%	31%	56%	70%	67%

Source: Case file reviews of 956 probation files in four California counties, 1998.

Note: Totals may not add to 100% due to rounding.

First, the differences in the ethnic composition across counties highlights the need for each jurisdiction to develop programs that are individually suited and culturally responsive to the needs of their young women. Second, a young woman's status in the system should be directly related to her risk and need profile. With the exception of Los Angeles, over 50 percent of the files from each county were for girls on formal supervision. In Los Angeles, however, the sample contains a larger percentage of girls in residential settings, either in placement or in camp, which could produce a county profile that suggests higher risk to public safety and greater service need. It is important to recognize that differences in system status are not indicative of disposition practices in individual counties, but instead reflect access and sampling issues.

Because existing literature highlights the reality that girls are often placed in Juvenile Hall for non-violent, often petty offenses, rates of detention on the current offense were examined. In theory, placement in Juvenile Hall should be restricted to those youths who pose a serious threat to public safety, to their own safety, or who are likely to flee the jurisdiction of the court before their hearing date. There were significant differences in the

detention practices of the four counties, ranging from 31 percent in Alameda to 70 percent in Marin. As with the examination of detention trends in the counties' automated data, the absence of reliable offense data from this case file analysis makes meaningful conclusions difficult. However, while affected by many factors, these differing detention rates are fertile ground for a substantive evaluation of each county's approach to detaining girl offenders, over-charging practices by police, and detention risk screening practices.

The checklist used to organize the information in the files produced an interesting portrait of the risk to public safety posed by the girls in the system and of their extensive need for services. NCCD has an established history of helping jurisdictions to develop systematic and objective classifications systems to assess a youth's risk to public safety. Historically included in such systems are risk factors with a statistical ability to classify an offender as similar to a group of individuals with a known likelihood of reoffending. Based on our extensive experience in developing risk classification tools, we included several risk elements in the present study. Validation of these items in terms of their ability to distinguish between girls presenting a high, medium, or low risk to public safety was beyond the scope of this study. The presence and severity of key risk factors, by county, are presented in the table below.

Table 2

Presence and Severity of Risk Factors of Girls in Four California Counties, 1998

	Total n = 956	Alameda n = 295	Los Angeles n = 300	Marin n = 60	San Diego n = 301
Age of First Adjudication	100%	100%	100%	100%	100%
13 or younger	22	18	27	30	18
14 or 15 years old	45	41	52	38	43
16 or older	32	39	21	30	38
Most Serious Prior Offense	100%	100%	100%	100%	100%
No prior arrest	39	33	40	23	48
Prior arrest, no petition	22	19	30	18	18
Misdemeanor	21	23	15	48	21
Felony	16	23	14	7	13
Missing	1	2	0	4	0
Drug Use	100%	100%	100%	100%	100%
No known use	39	37	47	23	35
Regular use	17	22	17	12	14
Chronic use	36	22	32	53	51
Missing	8	18	4	12	1
Alcohol Use	100%	100%	100%	100%	100%
No known use	46	46	54	25	41
Regular use	18	46	19	20	19
Chronic use	26	17	19	42	39
Missing	11	22	9	13	1
Family Characteristics**	**	**	**	**	**
Parent(s) is abusive	19	27	14	17	17
Parent(s) abuses substances	28	36	22	35	24
Parent(s) has criminal history	22	20	12	2	36
Parent(s) is incarcerated	11	10	9	7	15
Sibling(s) has criminal history	14	9	13	2	22
Parent(s) is deceased	11	13	11	10	10
Peer Relationships	100%	100%	100%	100%	100%
Friends not delinquent	6	14	5	7	0
Negative peer group	21	36	15	25	12
Dropouts, runaways	16	10	16	17	22
Friends are gang members	25	8	39	18	28
No friends, loner	2	3	3	3	1
Missing	30	30	24	30	37

Source: Case file reviews of 956 probation files in four California counties, 1998

Notes: Totals may not add to 100% due to rounding. **: Categories are not exclusive, so columns will not add to 100%.

A cross-tabulation of race/ethnicity and age at first adjudication revealed that girls who were brought into the system at a young age (13 or younger) were more likely to be Black or Hispanic than White (39 percent, 32 percent, and 20 percent, respectively). Over half of the young women in the case file sample had no history of justice system involvement (meaning they had not previously been adjudicated delinquent). Contrary to the public perception of the seriousness of the juvenile crime problem in large, metropolitan areas, both Los Angeles' and San Diego's sample contained a majority of girls who had never previously been involved in the justice system in any formal way (70 percent and 66 percent, respectively). While the particular political and philosophical dynamics of each county are a major source of influence, these data illustrate the reality that girls in the justice system are by no means the "super predators" depicted in recent inflammatory media presentations.

Deeper analyses of these data reveal some interesting findings. Over half of the girls in placement had no prior history of adjudication. Further, girls with prior arrests but no petitions sustained were only slightly more likely to be supervised in the community than to be placed out of home (45 percent versus 38 percent). The restrictiveness of the sanction in the absence of serious prior system involvement may be warranted by the seriousness of the instant offense, but may also be evidence of the system's historical tendency to place girls in more restrictive settings than the instant offense would warrant for boys. Without solid offense-based information, conclusions are difficult, but the trend warrants attention and should be examined more closely to determine the relationship between the seriousness of the instant offense and the restrictiveness of the sanction.

Research indicates that a youth's involvement with drugs and alcohol has a significant impact on the likelihood of involvement with the justice system. While often lumped together as "substance abuse," in this study drug and alcohol use are treated as separate factors because the genesis of the abuse is different, and the implications for treatment are different. The challenges in collecting this type of data, as opposed to justice system statistics, are many. Clearly, most youth are hesitant to reveal their substance use patterns for fear of increased sanctions. Further, many, if not most, counties do not have structured nor effective methods for gathering this information. In two of the counties we

visited, the dispositional report had no discrete section for the examination of this issue, which is surprising given the well-documented link between substance use and delinquency found in the literature. Comparing the rates of substance use found through the case file analysis to the rates of substance use discovered through the structured interviews, we can see that official records dramatically underestimate the presence and severity of substance use among this population. This issue will be discussed more thoroughly in the next chapter.

The issue of family fragmentation from the startling rates of parental substance use, incarceration, and death is considered a key and critical finding of this research and will be significantly expanded in the next chapter. One of the most critical forces in the life on any young woman is her relationship with her peers. Unfortunately, even the most basic information on peer groups was unavailable for approximately 30 percent of the sample. Most commonly, case files of girls who denied gang involvement were especially devoid of information about the girls' friends.

In addition to examining basic risk factors, the case file checklist also surveyed indicators of service needs. While an item-by-item discussion of these findings is very interesting, the results are more powerful when woven into the fabric of the interview data. Therefore, the more extensive need-based profile of female offenders suggested by the case file data will be discussed in detail in the next chapter. However, one of the objectives of this study was to identify areas in which county systems were not adequately assessing the unique issues brought to bear by young women offenders, and to recommend strategies and practices to improve the counties' ability to respond more effectively to the girls in their system. This goal can be achieved through an examination of the areas in which the quality and availability of information in the case files was found to be lacking. The counties had high rates of missing information on several important service need indicators. These omissions from standard reporting and assessment formats are critical considering that they are the very areas that often distinguish male and female delinquency.

What follows is a blueprint for a gender-competent assessment and reporting format that not only inquires about critical issues that are often unique to female offenders but

also provides a structure that is designed to make this critical information accessible to justice system and treatment personnel. One of the complaints heard frequently from the girls during the interviews was that they were constantly being asked to repeat their life stories and to provide the same information to multiple investigators, caseworkers, and treatment professionals. While it is important to gain an understanding of the impact of each situation on the particular individual, having a sound history and basic understanding of the girls' general situation communicates important messages to these young women. Beginning a helping relationship with a young woman with a basic understanding of her family structure, educational experience, drug and alcohol history, health status, mental health issues, history of victimization, and major life traumas communicates to the young woman that the professional has invested time in thinking about how to help and is approaching working with her from a thoughtful and interested position. However, the professional should be cautioned not to assume that knowledge of these key issues is equated with an understanding of the young woman's interpretation of their importance to or impact on her life. Any professional working with young women offenders should use a comprehensive interview tool only as a starting point for helping a young woman to integrate the events of her life into a positive approach to her future. The following recommended report structure should be used as an interview guide for justice system professionals to alert the treatment team to areas in need of attention, as well as the unique strengths and coping abilities of these remarkable young women.

Blueprint for Gender-Competent Initial Interviews

Any initial interview and reporting structure for young women offenders should inquire about both the current structure and relevant history in the areas of family; education; health; mental health and neurological functioning; pregnancy and parenting; sexuality and safe sex practices; peer groups and gang affiliation; physical, sexual, and emotional abuse; and substance use and dependency.

While the assortment of reports contained in the probation files usually touched on each of these areas, the information was usually insufficient to identify the key issues and to identify potential areas of growth or potential pathways toward success. For example,

most of the files contained cursory information about the young woman's school of attendance, but did not inquire about the reasons behind truancy or disciplinary problems nor did they present the young woman's perspective on how to increase her attachment to school. Two of the counties had a large proportion of files (40 and 60 percent) that were lacking any discussion of the girls' physical health. For many girls, their entry into the justice system provides the first opportunity for dental care, testing for STD's and AIDS, and treatment for chronic illnesses. The failure to adequately assess the young woman's health history and needs is a serious issue considering that institutional settings are prime breeding grounds for infectious diseases.

None of the counties consistently or directly inquired about the girls' involvement in sexual activity. Considering the very high rates of STD's found in justice system populations, attention to this issue is clearly warranted. Further, while the case files generally addressed the issue of gang affiliations, they were severely deficient in other information about peer group information, especially when the young woman was not involved with a gang. We know that peer relationships are of critical importance to young women and that understanding these relationships can provide a fruitful pathway toward positive change.

Important areas of inquiry for each of these issues are suggested below, and are recommended for inclusion in standard investigative or dispositional reports. When comprehensive and gender-competent, these reports can provide a useful foundation for decisions about dispositions and for mental health professionals who will assess and work more deeply with these issues. A more in-depth and clinical assessment is offered in the final chapter to guide a holistic evaluation of each individual girl.

Family Relationships ("parent" is used to indicate an adult caretaker of either gender)

- ▶ Who was the girl's primary caretaker in her early years of life?
- ▶ Have there been other significant adult/parent relationships?
- ▶ Does she have siblings and what are her relationships like with them?
- ▶ Does she feel that her male and female parents (when applicable) are able to care for her in the ways she needs them to? If so, what do they do that feels positive? If not, what do they need to do differently?

- ▶ What sort of rules and limits are in place in the home? What happens when/if they are not followed?
- ▶ Has she ever run away from home? Why? Where did she go? How did she survive?
- ▶ Can her parents provide for basic needs? Do they need public assistance?
- ▶ Have either of her parents been involved in the adult justice system? If so, to what extent?
- ▶ Do either of her parents suffer from chronic mental or physical health problems?
- ▶ Do either of her parents use drugs or alcohol?
- ▶ Are either of her parents deceased? How did they die? How was this event handled by the surviving members of the family?
- ▶ Are her parents employed? Do they have adequate time to spend with her?
- ▶ Has either parent been affiliated with a gang?
- ▶ What are her family's greatest strengths?

History of Physical, Emotional, and Sexual Abuse

- ▶ Has she ever been emotionally abused or neglected (made to feel worthless, threatened with harm, not given food or clothing, parents not available to supervise or meet her basic needs)?
- ▶ Has she ever been physically hurt by a family member, boyfriend, stranger? What specifically happened? How often did this happen?
- ▶ Does she feel that she is currently safe from physical harm?
- ▶ Has she ever been sexually assaulted by a family member, boyfriend, stranger? How old was she? How often did this happen?
- ▶ Has she ever told anyone about these experiences? What did they do or say? Was there anything they could have done or said that would have been more helpful?
- ▶ Does she know what happened to the person that abused her? What does she think should happen to him or her?
- ▶ What affect does she think these experiences have had on her life?

Educational Experiences

- ▶ What is the girl's experience of school?
- ▶ What are her favorite/best subjects? Favorite teacher?
- ▶ Does she feel safe in her current school environment?
- ▶ Has she been involved in any alternative education programs?
- ▶ Has she ever received special education services? What is the specific category of disability identified on her IEP?
- ▶ Was she attending school regularly in the most recent 3 months? If not, why not? Has there been a time when she did attend regularly? What was different then?
- ▶ When she skips school, how does she spend her time?
- ▶ Has she ever been suspended or expelled? What were the surrounding circumstances?
- ▶ Has she ever repeated a grade? At what age?

Substance Use and Dependence

- ▶ How often does she drink alcohol? How much does she drink? Does she ever drink to the point of passing out or blacking out?
- ▶ What does she enjoy about drinking? Is there anything she does not like about it?
- ▶ Do her friends drink? What do they think about her drinking?
- ▶ How old was she when she first drank alcohol? What is her parents attitude about drinking?
- ▶ Has she ever stopped drinking for period of time? Why? What was hard about stopping? What was easy?
- ▶ Has she ever been in a treatment program for her drinking? What kind? In what setting does she feel most comfortable? What clearly does not work for her?

- ▶ How often does she use drugs? Which drugs does she use? Does she use several drugs at the same time?
- ▶ At what age did she start using drugs?
- ▶ What do her parents, friends, and relatives think about her drug use?
- ▶ What is her favorite drug(s)? What does she like about it?
- ▶ Is there anything about using drugs that she does not like?
- ▶ Has there ever been a time when she was clean? How did she stop? What was easier/harder than she expected?
- ▶ Has she ever been in a drug treatment program? What kind? In what setting does she feel most comfortable? What clearly does not work for her?

Physical Health

- ▶ Does she see a doctor regularly?
- ▶ Is she taking any prescribed medication (including birth control)?
- ▶ Has she ever had a serious head injury? Been knocked unconscious?
- ▶ Does she have any chronic health problems (asthma, anemia, disabilities)?
- ▶ Does she have a history of/current episodic health problems (STD's, infections, etc.)?
- ▶ Does she see a dentist and an eye doctor regularly?
- ▶ Does she have any physical problems related to drug or alcohol use?

Mental Health and Neurological Functioning

- ▶ Does the girl feel that counseling would be useful to her? What kind? In what setting does she feel most comfortable?
- ▶ What are the specific areas that she would like to address?
- ▶ What is her evaluation of the reasons other people say she should have counseling?
- ▶ Does the girl appear mentally impaired or overly emotionally distraught?
- ▶ Has she ever attempted, or thought seriously about suicide? What prevents her from attempting suicide?

- ▶ Does she experience problems understanding her surroundings or following basic directions?
- ▶ What does she feel are her greatest strengths? What does she rely on to get her through the hard times?

Pregnancy and Parenting

- ▶ Has she ever been pregnant? What was the outcome (e.g. miscarriage, abortion, birth)?
- ▶ Were there any complications in her pregnancy?
- ▶ What did she like best about being pregnant? What was hardest?
- ▶ Who was the father? Did she have an ongoing relationship with him? Was he involved in any aspect of the pregnancy, birth, child's life? Does she feel comfortable leaving her child with him?
- ▶ If currently parenting, who helps her most with her baby?
- ▶ Are childcare services available for her to attend school or work?
- ▶ If in custody, where is her baby now? Does she feel comfortable with that arrangement?
- ▶ If in custody, how often does she see her child? Would she like to visit more/less often?
- ▶ Has she ever been taught about interacting with her baby and her baby's developmental stages?
- ▶ What is the best thing about being a parent? What is the hardest?
- ▶ What does she need in order to make parenting easier?

Sexuality and Safe Sex Practices

- ▶ Is she sexually active? Including intercourse?
- ▶ Does she know what constitutes safe-sex practices?
- ▶ What is her preferred method of birth control? Does she find it easy to use?
- ▶ Does she find it comfortable to insist on safe sex practices with her partners?
- ▶ Is she, or has she been, sexually active with anyone who would be considered high-risk (e.g. IV drug user, very active and often unprotected)?
- ▶ Has she ever engaged in prostitution (for money or drugs)? Currently involved? Does she need assistance in leaving that situation?
- ▶ Has she been tested for AIDS? Does she want to be?
- ▶ Has she been tested for STD's? Does she want to be?
- ▶ Is she comfortable with her sexuality? Has she been in situations that felt dangerous or uncomfortable sexually? What did she do to keep herself safe?

Peer Group and Gang Affiliation

- ▶ Who does she spend most of her time with? What does she like best about this group of friends? Is there anything difficult about this group of friends?

- ▶ How does she spend her time with her friends?
- ▶ Are any of her friends in trouble with the justice system? Do they ever talk about it together? Are there ways that they can be helpful and supportive of each other in this area?
- ▶ What does she like best about her female friends?
- ▶ What does she like best about her male friends?
- ▶ Is she affiliated with a gang, either as a member or on the fringe?
- ▶ What are the hard things about being in a gang?
- ▶ Has she ever tried to get out? What happened?
- ▶ Is she interested in leaving her gang? What can other people do to help her do so?
- ▶ What are some of the positive things she gets out of being in a gang?
- ▶ If she decided to leave her gang, where could she find these positive things?

If these interview and reporting procedures were fully implemented, program planners, grant writers and system administrators would have a wealth of information from which to develop truly gender-competent initiatives that are responsive to the unique features of the girls in their community. Current automated data structures and case file reporting formats omit critical information thus limiting their usefulness. Fortunately, the largest part of this research addresses exactly those gaps and can provide these four counties with a clear blueprint for services that are desperately needed by the young women in their communities. The constellation of stressors that indicate the need for new programs is presented in Part II of this report.

PART II

Introduction

This chapter is designed to add substantially to the profile of girls in the juvenile justice system that has been emerging from the growing body of research conducted with female offenders over the last 20 years. Integrating data and information from both the case file reviews and structured interviews with girls who have broken the law, this section will identify key characteristics and needs of the girls, their families, and their children. The data collection strategy was chosen in an attempt to develop a three-dimensional view of the girl offenders' life experiences, including the perspectives of juvenile justice and other professionals (as represented in girls' case files); the perceptions of the girls themselves (as revealed through the interview process); and the perceptions of the team of researchers who conducted the interviews. The undergirding focus of this report holds that the context of the family remains profoundly important to adolescent girls despite the harm they may have suffered there. Ideally, given this developmental focus, the study would also have included structured interviews with the girls' relatives or caretakers. However, such an undertaking was outside the scope of the study as originally conceived.

Theoretical Background of Analysis

According to Belknap and Holsinger, "... the most significantly and potentially useful criminological research in recent years has been the recognition of girls' and women's pathways to offending" (Belknap and Holsinger, 1998). These and other scholars have consistently identified physical, sexual, and emotional victimization as the first step along females' pathways into the juvenile and adult correctional systems and as a primary determinant of the types and patterns of offenses typically committed by girls and women. Indeed, in keeping with similar findings from other studies (Gilfus, 1988), a core finding of the NCCD (1995) study of 151 women incarcerated in California, Florida, and Connecticut state prisons was that over 92 percent had experienced one or multiple forms of abuse and that "one of the most universally shared attributes of women in prison is a history of violent victimization" (Acoca and Austin, 1996).

The "pathways" framework, including a "one thing leads to another" approach (Belknap and Holsinger, 1998), which typically begins with girls' victimization and proceeds to their offending, has had enormous utility in explaining why girls break the law and why their most typical offenses (e.g., running away) could be viewed as functional in their attempt to remove themselves from further harm and abuse. In this chapter, however, an alternative and complementary theoretical framework is proposed. This undergirding focus identifies and ultimately assesses the complex interplay of factors influencing not only girls' entry into the juvenile justice system, but also their overall physical and psychological health and developmental potential. This integrated "stress and nurturance" approach has its conceptual roots in the work of Hans Selye (1956), a medical pioneer who crafted a unified theory for understanding the impact of multiple stressors on physiological and psychological health, and Kenneth Pelletier (1977), who clarified exactly how psychosocial stressors (such as various forms of victimization) are converted into physiological stress reactions and then possibly into stress-related behavioral reactions. In vastly simplified terms, the basic tenets of this theory hold that: mind and body function as an integrated unit, which operates as an inextricable interaction between the person and his (or her) psychosocial environment; and that environmental, physical, and psychosocial stressors working singly or in combination can cause a wide range of physiological, psychological, and behavior problems.

Furthermore, this theory recognizes that stressors often work synergistically, meaning that a single physical stressor (e.g., bad diet), combined with environmental and emotional stressors, such as those related to incarceration (e.g., lack of fresh air, exercise, and constant exposure to noise) and separation from family will likely result in a more severe stress-related response than a single stressor would cause if it operated alone.

In their work during the late 1970s with child and adolescent offenders at the Commonwealth Children's Program (Bollinas, California) Acoca, Brown, and Lerner observed a countervailing force to stress, which they called nurturance (Acoca, 1978). These researchers observed that there are as many types of environmental, physical, and psychological nurturance as there are stressors and that since stress develops in predictable stages, it is possible to stop or slow its progress at any point through the

provision of one or more counterbalancing forms of nurturance. Like stress, the varying types of nurturance also function synergistically. For example, a young woman in juvenile hall who is suffering simultaneously from severe psychological distress due to her history of victimization and physical distress due to the symptoms of chronic asthma (a common medical problem reported by incarcerated girls) could possibly experience measurable relief in both domains when she receives effective psychological counseling.

The stress-nurturance model briefly described above is presented as an organizing strategy for several reasons. First, the model requires the simultaneous evaluation of several factors in the lives of girls and their families:

- the original intensity of multiple stressors;
- individual and family strengths and resiliencies, and
- matched and appropriate opportunities for countering and overcoming these stressors.

The application of the stress-nurturance approach reveals common stress-related themes, as well as shared strengths and resiliencies, in juvenile justice populations. The model is a practical and concrete tool for its ability to directly inform the types of interventions, services and programs girls need. Lastly, this health-based approach can potentially lift both the subtle and overt stigma associated with some of the major stressors experienced by girls and women who enter the justice system. For example, while the vast majority of girl offenders have experienced one or multiple forms of abuse, according to this framework, these violations can be identified as external stressors, which shifts them to the outside of the young woman's core identity. This ability to shed the "victim identity" is recognized as a critical benchmark in the successful resolution of the experience of violence.

PART II: CHAPTER ONE
FAMILY FRAGMENTATION, DEATH, INCARCERATION AND VIOLENCE
IN THE LIVES OF GIRLS IN THE JUVENILE JUSTICE SYSTEM

Developmental Context

"Recent studies of adolescents in families and schools have found that adolescents fare better in situations where adults listen . . . Mothers are the parent with whom adolescents typically have the most contact, the one they talk with the most and perceive as knowing the most about their lives" (Youniss and Smollar, 1985). Most researchers consider it desirable for fathers to be at least as involved with adolescents as the mother, but researchers often find, in general, that fathers do not spend as much time or talk as personally with teenage children as mothers do (Gilligan, Ward, and Taylor, 1988).

Carol Gilligan and other scholars studying the developmental processes of girls have discovered that maintaining enduring attachments to adults capable of understanding ("listening") and responding to their changing identities and needs is a critical determinant of the girls' overall health and success. In her work, Gilligan clearly identifies mothers and teachers as the individuals most likely to offer an enduring guiding presence in the lives of girls while fathers are seen as playing a less formative role. In this study, the role of the girls' fathers, their presence or absence in the girls' lives, and the nature of the father/daughter relationship are explored and revealed as having an important, although not fully defined, impact.

Although Gilligan's research has primarily been conducted with socially and economically privileged girls who have not entered the juvenile justice system, the need to be consistently heard and cared for appears nearly universal among adolescent girls, privileged or poor, inside or outside the justice system, and is probably an under-identified need for teenaged boys as well. (The traditional models of adolescent development constructed by Freud, Erikson, and Kohlberg were based on young males and posited the formation of an independent identity through processes of separation and detachment as the core task of adolescence. This orientation away from emotional attachment may have placed too great a premium on the isolation of adolescents, especially boys, from their parents and other adults.)

Interestingly, during the interview portion of the study, when girls were asked to describe what services or programs they needed in order to further their lives and stay out of trouble with the law, many ignored the pragmatic aspect of the question and answered with the types of human relationships they felt they needed. This 15-year-old girl's responses was typical: "I need support in my life, someone to talk to, someone who loves me and cares what happens to me." In an ideal world, this girl would be listened to and cared for by at least one parent, in addition to other relatives and peers. Sadly, many young women in the justice system are estranged from their mothers and have few adult role models and confidants.

Given the importance of attachment to reliable adults, particularly parents, in the development of adolescent girls, it is essential to explore the impact of the multiple stressors, such as poverty, disease, violence, and death, which are increasingly fragmenting and disrupting the relationships between parents and caretakers and their daughters. This question is particularly salient for girls in the juvenile justice system because very often their extra-familial relationships with peers, communities, schools, and religious institutions are also distorted or disrupted, leaving them without connection and support during the vulnerable state of their adolescence.

Family Fragmentation

The families and caretakers indirectly surveyed for this study were experiencing a broad range of stressors. Many of these, such as poverty, while highly concentrated in this population, are also widespread within America at large. Others, such as the relatively high reported rates of parental deaths, may be more specific to this population. Where possible, comparison data depicting the prevalence of particular stressors in the general population are presented.

According to their case files, over 95 percent of the girls were assessed as lacking a stable home environment and had not had the benefit of consistent parenting. Moreover, data gathered during a risk classification study for the Alameda County Probation Department, Krisberg and Dedel (1996) found that girl offenders were even less likely to have a stable home environment than boys. Strikingly, 59 percent of the girls interviewed

for the present research reported that their relationship with their parents was involved in getting them in trouble with the law. The girls viewed this relationship, when troubled, as more instrumental than substance abuse, school problems, or boyfriends in leading them into delinquency.

Structured interviews with the young women point to some of the stressors underlying the instability of their families. Only 25 percent of the girls in all racial categories reported that they had been raised by both biological parents and 6 percent reported that they had been cared for by a parent and step-parent. Roughly 40 percent said that they had been raised primarily by their mothers, almost 12 percent indicated that they had been raised by their grandparents, and 6 percent reported that their fathers had raised them. The remainder of the girls' primary caretakers were an assortment of other relatives, friends, foster and group homes.

Many of the girls interviewed recalled moving back and forth between various relatives while they were growing up, as well as placement out of home, either through the child welfare or juvenile justice systems. The ages at which girls were first placed out of home ranged between 12 and 16 years old with the largest cluster being between 12 and 14 years old. (It is important to note that 12, 13, 14, and 15 year olds are also most likely to experience a variety of other severe stressors, including rape, wounding, and others. The clustering of multiple stressors within the lives of 12 to 15 year olds will be discussed throughout this report, and is specifically addressed in the Key Findings.) Forty-three percent of the girls reported that they had lived in at least one foster or group home and roughly 40 percent of these girls had experienced at least three out-of-home placements.

In addition to familial abuse and neglect, which will be discussed thoroughly in the next section, the impetus for out of home placement was often a history of chronic runaways. Seventy-seven percent of the young women interviewed reported that they had run away from home at least once, with the median age of the first runaway at 13 years old.

Table 3

History of Running Away and Out-of-Home Placement, by County, 1998

	Total n = 193 100%	Alameda n = 50 100%	Los Angeles n = 52 100%	Marin n = 42 100%	San Diego n = 49 100%
Ever Run Away	77	86	67	76	78
Median Age	13	13	13	13	13
Ever Been In Foster/ Group Home	43	64	35	29	43
Median Age	13	13	13	13	13

Source: Structured interviews with 193 young women in the justice system in four California counties, 1998.
Note: Columns will not add to 100 percent because categories are not exclusive.

When questioned by interviewers about the nature of their parents' relationships with each other, and each parent's relationship with their daughters, further instability and fragmentation was revealed. Over 51 percent reported that their parents "do not get along well at all." More descriptively, in their answers to open-ended questions, the girls described observing and participating in many disturbing instances of parental conflict ranging from chronic verbal disagreements and fighting to violent confrontations including murders of mothers by fathers. Over 58 percent of the girls interviewed reported having witnessed violence, usually in their households.

In general, the girls reported more satisfactory relationships with their mothers than with their fathers. Sixty-seven percent of girls stated that their mothers cared for them in the way they needed them to, while only 46 percent reported receiving this level of care from their fathers. These findings are consistent with those of Gilligan (1988) and Belknap and Holsinger (1995), who report, as stated earlier, that mothers play the greater role in responding to the emotional needs of teenage girls. Nevertheless, given the number of girls whose fathers were reported absent due to parental separation, abandonment, incarceration, and death, the number of girls reporting nurturing relationships with their fathers appears relatively high.

Incarceration and Death

In addition to the fragmentation resulting from estranged or abusive parent-child

relationships, a significant number of young women had families that were separated by much greater physical barriers: incarceration and death. In both the case files and the interviews, the deleterious effects of such separation included grief, loss of role models, feelings of abandonment, and a marked decrease in feelings of security and closeness.

Death of Loved Ones

Death caused by murder, suicide, drug overdose, and disease resulted in significant family fragmentation in many of the girls' lives. Over 11 percent of the young women whose files were reviewed had experienced, and sometimes witnessed, the death of one or both parents. Often the circumstances preceding and attending these deaths were traumatic, compounding the sense of loss, grief, and abandonment experienced by the girls. Although terse, the comments about these deaths lifted from the girls' case files offer a glimpse of the complex interplay of stressors that surrounded the girls' loss of the parents and siblings.

- ▶ Dad died of HIV infection, both parents heavy addicts, [girl] lives with grandmother; when she lived with her mother, they lived in homeless shelters.
- ▶ Both parents dead, [girl] witnessed mom's shooting death [by father], lived in 18 different foster homes.
- ▶ Dad [committed] suicide, girl was in the house
- ▶ Dad dead; stepfather bound, gagged, caged, and beat a man in a gang related incident; girl hates mom because she's always passed out and minor has to care for herself and her brother.
- ▶ Brother was shot and killed, parents both dead.
- ▶ Mother was epileptic, committed suicide, shot herself in girl's bedroom.
- ▶ Dad died from a drug overdose; when caretakers try to discipline girl, she takes pills to try to overdose.
- ▶ Dad died of diabetes, then mom started using drugs; girl lives with a guardian.
- ▶ Father is deceased, siblings in gang; she is primary caretaker of handicapped sister and ill mother.
- ▶ Father incarcerated; he died [while incarcerated] of drug overdose; very traumatic [for girl]; she has eight siblings, some are incarcerated.

In addition to the emotional impact of these losses, girls also appear to be cut adrift within the foster care system, abandoned to care for themselves or saddled with the responsibility of caring for their siblings and other relatives. Serious drug use clearly plays a major role in many of the deaths and absences of the girls' family members. Further, the parents' fatal addictions become tragically mirrored in the girls own drug abuse as they use substances, by their own report, to escape the abuse and pain caused by these losses and also to alleviate the guilt of having survived when their loved ones did not.

A 15-year-old girl interviewed in a Southern California detention center describes the loss of her father and the impact she believes his death has had on her in this way:

"Toni" says that her mom and dad fought for a long time before they separated. After their divorce, Toni went to live with her father while her young sisters chose to live with their mother. Toni loved her father, although she knew he was a drug user and alcoholic. One night after she had been living in an apartment with her father for over a year, she came home late to find police cars with their lights on parked outside the apartment building. They wouldn't let her enter her apartment nor would they tell her what had happened. Toni walked to a phone booth to call her mother who told Toni that her dad had committed suicide that night by taking an overdose of prescription pills. Toni was devastated that he had left her and that she never had a chance to say good-bye, to see him one last time alive, or even to see his body.

This devastation continued to have a profound negative impact on this young woman. Like many girls suffering the loss of a parent, this young woman increasingly turned toward drugs to dull the pain, which only continued her downward spiral to more life threatening choices.

In the months following the suicide, Toni, who was already using cocaine and alcohol regularly, began using heroin and other drugs. She was detained in Juvenile Hall after being found drunk, stoned, and "out of it" by two law enforcement officers. She ran from the two policemen who were trying to arrest her, entered a building, and jumped out of a second story window in an attempt to escape. Toni credits her survival of the fall to the fact that she was very "loose and relaxed" from being so high. After several days in the hospital recovering from her injuries, Toni was brought directly to the Hall.

Incarceration of Relatives and Intimates

Table 4
Relative and Intimates History of Incarceration for Interview Participants, by County, 1998

	Total n = 193	Alameda n = 50	Los Angeles n = 52	Marin n = 42	San Diego n = 49
Any Relatives/Intimates Ever Incarcerated	56%	74%	40%	48%	63%
Mother ever incarcerated	54%	67%	47%	58%	43%
Father ever incarcerated	46%	53%	36%	50%	47%
Sibling(s) ever incarcerated	67%	92%	67%	38%	61%
Boyfriend/Partner currently incarcerated	22%	28%	24%	14%	21%

Source: Structured interviews with 193 young women in the justice system in four California counties, 1998.

Note: Columns will not add to 100% because categories are not exclusive.

As demonstrated in the table above, criminal justice involvement, especially incarceration, was identified by the young women as a major inter-generational stressor disrupting their relationships with their parents, peers, siblings, and partners, and, for those girls who are parents themselves, their children. Over 54 percent of the girls interviewed reported that their mothers had been incarcerated at least once during their childhoods and 5 percent of mothers were currently in jail or prison. By contrast, 46 percent of the girls' fathers had reportedly been locked up at some point while 15 percent were reportedly incarcerated at the time of the interview. Incarceration also appeared to be both a stressor and a negative developmental milestone within the girls' own generation. Twenty-two percent reported that their current boyfriend or partner was incarcerated and 67 percent indicated that one or more siblings had a history of arrest and incarceration. Finally, of the 24 girls who were mothers, 20 had been separated from at least one child for a significant period of time and 8 had lost legal custody of a child due to incarceration and other factors. Moreover, 12 of these mothers had not seen their children at all while in detention. Clearly, incarceration is a significant threat to girls' stability, adherence to prosocial norms, and further fragments the existing family structure.

Brief excerpts from the qualitative portion of the girls' interviews illustrates some of the detrimental effects of parental incarceration and how this separation of parents from children undermines or destroys the parents' ability to protect and guide them. They also reveal that incarceration does not occur within a vacuum, but in the context of other stressors such as poverty and substance abuse.

Alice, a 16 year old girl in a Southern California detention facility, never having known her father, stated that she was 8 years old when her mother was sent to prison. Subsequently, she lived in a kinship placement where she felt unsafe and unprotected and, sadly, where she was raped by a 30 year old male relative. Because she said no one intervened after the rape, this young woman developed a sustained romantic relationship with the man who raped her. She was devastated when the man was later murdered in a gang related incident.

Marsha, a 14 year old Southern California girl, reports that she has lived in more than 10 foster and group homes since she was four years old, when her parents were imprisoned for drug-related offenses. She believes that her learning disabilities and hyperactivity, which have made it very difficult for her to succeed in school or in placement, are a result of her mother's drug use while she pregnant with Marsha. Two years ago, when Marsha was 12, her father was released from prison and came to claim her from the foster home where she was living. After several months of living with her father, he was again sentenced to prison. At this point, Marsha became seriously depressed and tried to stab herself to death. She was hospitalized in a psychiatric facility until her desire to commit suicide subsided. When asked about her current needs, she identifies shelter and good food as top priorities. She is tired of being poor and wonders if she would have more money if her parents were present in her life.

Talia is a 15 year old mother of two children, a two year old and a five month old, whom she has not seen since she was incarcerated. She says of her children, "I love them. They're special. They're beautiful and smart. [My] oldest child was smart before damage." The damage she is referring to occurred when her older child was living in his first foster home. As an infant, he choked on some food and did not receive medical help soon enough to prevent him from sustaining brain damage. Talia is convinced that the choking incident was the result of neglect by the foster mother and, had she been able to care for her older child herself, he would not have sustained the damage. Currently, this child is living in a different and safer foster home while her infant is being cared for by Talia's mother. When asked

what she wants, she answers, "When I wake up I want to be there for those babies. I can't wait to see those first steps."

Clearly, incarceration carries a dense matrix of psychological and social stressors. The intergenerational impact of parent-child separation is clearly documented in health, mental health, and criminal justice literature.

The following statements culled from case files depict the often chaotic circumstances surrounding parents' and other family members' incarceration and also indicate how this incarceration leaves girls vulnerable to abandonment and abuse.

- ▶ Mom incarcerated, girl lives with her grandmother; girl's twin sister is also her co-defendant on all her offenses.
- ▶ Girl lives with aunt; both parents convicted of enticing minors into prostitution; father is in jail.
- ▶ Father is in jail and has chronic health problems; mother is abusive; girl lives with her grandparents who do not speak English.
- ▶ Mother went to prison and then died; girl has been abandoned by her adoptive parents.
- ▶ Stepfather is currently in jail; girl lives with a guardian because she does not like her stepfather and thus refuses to live with her mother and him.
- ▶ Father is addicted and incarcerated; mother also has addictive and criminal history and is linguistically isolated; girl has many siblings; [there is] lots of chaos and tension at home; girl witnessed a very brutal crime while family was living in another city; girl alleges that she has experienced severe abuse, but her mother denies that abuse occurred.

Physical, Sexual, and Emotional Violation and Neglect

Context

The victimization of children and adolescents is increasingly recognized as a pervasive and major threat to public health. The experience of abuse or violence in childhood or adolescence can affect one's health status through adulthood, and can have a lifetime impact on one's mental health, often resulting in self-destructive behavior. A report recently released by the Centers for Disease Control states that, "Persons who had

experienced four or more categories of childhood exposure [to abuse], compared to those who had experienced none, had four to twelve-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempts" (Felitti et al., 1998). Given its additional relationship to delinquent behaviors, abuse should also be recognized as a major threat to public safety. In order to understand the severity of the impact of these stressors on the lives of girls who break the law, it is important to view the prevalence of physical, sexual, and emotional abuse and neglect within the general population of adolescents. The Commonwealth Fund's 1996 survey of 6,748 girls and boys in grades 5 through 12 offers one profile of the prevalence of the physical and sexual abuse of high school girls. One in five girls in grades 9 through 12 report that they have been physically or sexually abused. High school girls were more than twice as likely to report sexual abuse than their male counterparts: 12 percent of girls reported sexual abuse, compared to five percent of high school boys. In addition, 17 percent of the high school girls reported physical abuse, compared to 12 percent of the boys (Harris, 1997). It should be noted that the survey was administered to children and youth who were in school, which excludes the large population of youth with abuse histories who are not attending school.

Another recent survey placed the proportion of girls reporting these abuses at closer to one in four (Weiss, Nicholson, and Cretella, 1996). Most studies on child maltreatment agree with the Commonwealth Fund survey that girls are substantially more likely to experience sexual and emotional victimization than boys: "Females were about three times more likely than males to be victims of sexual abuse" (Walter McDonald and Associates, Inc., 1995). These and other studies indicate that boys may be slightly more likely than girls to be abused physically. Virtually all studies that measure child neglect agree that the neglect of both genders, in terms of basic care, is even more widespread than other forms of abuse (Walter McDonald and Associates, Inc., 1995).

Other, more recently recognized, contexts for the abuse of girls are within dating relationships and in school. The above-mentioned Commonwealth Fund survey (Harris et al., 1997) found that 8 percent of high school girls reported they had been forced to have sex with a date or boyfriend. Further, the American Association of University Women in a 1993 survey entitled "Hostile Hallways" found that 81 percent of girls reported being

sexually harassed in the hallways and classrooms of our high schools (Sadker and Sadker, 1994).

The Commonwealth Survey also found, as indicated in Table 5 below, high school girls who report histories of abuse are more likely to have poor health and mental health profiles and to engage in high risk and self-destructive behaviors than girls who have not been abused (Harris et al., 1997).

Table 5 Health Risks: Abused* Versus Nonabused Girls in Grades 9-12			
Percent with the Following Characteristics	Abused Girls	Nonabused Girls	Ratio of Abused:Nonabused
Physical and Mental Health			
Classified as fair or poor	26 percent	17 percent	1.5
Depressive symptoms	46 percent	17 percent	2.5
Low self-confidence	22 percent	9 percent	2.4
Suicidal ideation	54 percent	27 percent	2.0
Health Risk Behaviors			
Binges and purges	32 percent	13 percent	2.5
Frequent drinking	22 percent	12 percent	1.8
Frequent smoking	26 percent	10 percent	2.6
Drug use in past month	30 percent	13 percent	2.3
Notes: Abuse = sexual, physical, or date-forced sex; Sample = 1,375 high school girls Source: Commonwealth Fund Survey, Harris et al., 1997			

It is critical to note that the symptoms of childhood and adolescent depression, which is highly correlated with girls' experiences of abuse, often mimic behaviors associated with delinquency. Among these symptoms are extreme anger, irritability, and oppositional behavior (Beyer, 1998). Interestingly, the Commonwealth Fund noted the prevalence among high school girls of depression and other mental health and some physical health problems was closely correlated with their mother's educational status. "Girls whose mothers had less than a high school education were nearly twice as likely to exhibit depressive symptoms as those whose mothers were college graduates" (Harris et al., 1997. p. 3). Throughout this chapter, the consistent connection between external

stressors, delinquency, and physical health is fully explicated, highlighting an area that warrants future research.

Victimization Histories of Girl Offenders

As serious as the problem of victimization is for adolescents in the general population, it is exponentially more severe in prevalence, severity, and impact among girl offenders. A history of physical, sexual, or emotional abuse is one of the most universally shared characteristics of girls in the juvenile justice system (Acoca and Austin, 1996). Virtually every recent offender profile (e.g., Chesney-Lind, 1998; Belknap and Holsinger, 1998; Bureau of Justice Statistics [BJS], 1995) reveals women's and girls' profound and formative experiences of victimization. However, one of the goals of this study was to closely define the exact type and extent of abuse experienced by each girl as well as the identity of the perpetrator(s). To this end, each girl was asked a series of 32 concrete and specific questions about emotional, physical, and sexual harm she might have experienced. The table below offers a disturbing portrait of the girls' reported abuse histories.

<i>Table 6</i>	
History of Physical, Sexual, and Emotional Abuse of Interview Participants, 1998	
Type of Abuse	Total 100%
Ever Abused, All Forms*	92
Emotional Abuse, All Forms	88
Shouted at	67
Made to feel worthless	61
Witness to violence	58
Physical Abuse, All Forms	81
Beaten or burned	45
Shot or stabbed	25
Sexual Abuse, All Forms	56
Molested or fondled	38
Forced sex, rape, or sodomy	40
Source: Structured interviews with 193 young women in the justice system in four California counties, 1998.	
Note: *From a total of 12 possible abuse types, column will not add to 100 percent because multiple responses are possible.	

Ninety-two percent of the girls reported having received some form of emotional, physical, and/or sexual abuse. This finding matches almost exactly the findings of a recent national study of adult women in state prisons (Acoca and Austin, 1996) in which 92.1

percent of 151 women interviewed reported similar abuse experiences as children or adults.

The most common category of abuse reported by the girls (88 percent) was emotional abuse, while the most highly reported specific experiences were being shouted at, made to feel worthless, or witnessing violent fights between others. The persons most likely to commit these acts, in descending order, were mothers, fathers, both parents together, and stepfathers. The stepfather was involved in violent fighting witnessed by these young women more often than in the other forms of emotional abuse. Several researchers have documented the deleterious effects of trauma (including witnessing violence) on childhood development and lifetime physical and mental health (Penfold, 1982; Westra and Martin, 1981; Rosenberg and Rossman, 1990).

Reports of physical abuse were also very high (81 percent) in the population of girls involved in this study. Nearly one-third of the girls reported being forced to leave home at least one time and the age cluster within which this was most likely to occur was between 12 and 15 years old with the peak age of expulsion being 14 years old. The persons identified by the girls to be responsible for the girls' leaving were mothers (53 percent) followed by fathers (15 percent). This is a key precipitator of abuse because it can lead to girls' curfew violations, truancy, and being seen as out of the parents' control, which can result in out-of-home placement within the child welfare or juvenile systems.

Further, more than 45 percent of the girls reported having been beaten or burned at least once and 31 percent of these young women reported multiple incidents of this type of violence (i.e., five or more incidents). The ages at which the girls reported that they were most likely to be beaten or burned were between 11 and 13 years old, with 13 being the most vulnerable age. The individuals most often identified by the girls as the perpetrator of this type of violence were boyfriends (20 percent), followed by mothers (19 percent), and "others" (16 percent).

An astonishing one out of four girls (25 percent) reported that they had been shot or stabbed at least once. The ages at which girls reported that they had been shot or stabbed most often were between 13 and 15 years old, with the most vulnerable age being 14 years old (29 percent). In an unpublished study conducted during the early 1990s

by Dr. Charles Baker on the health of adolescents detained in Los Angeles County juvenile halls, 25 percent of the youths reported at least one gunshot wound (in Acoca, 1995). At the time the data were not separated by gender, and it was assumed that a majority of these woundings had been sustained by boys. The present study indicates that girls also are receiving serious, potentially lethal injuries caused by weapons. The most likely perpetrators of these injuries were a variety of acquaintances, "others" (including gang members, 36 percent), followed by strangers (19 percent), and family friends and neighbors, and boyfriends (8 percent each). The exposure of adolescent girls to this level of violence, which appears to be occurring primarily outside the home, indicates both the high degree of violence occurring in their communities and the inability of families to provide adequate protection.

More than half (56 percent) of girls reported having experienced one or more forms of sexual abuse. Of these, more than one-third reported that they had been molested and/or fondled. The age at which this type of abuse was most likely to have started was 5 years old. The perpetrators of this abuse were reportedly most often family friends or neighbors (32 percent), followed by "others" (a variety of acquaintances, 31 percent), stepfathers (8 percent), and strangers (7 percent).

Additionally, 40 percent of girls reported that they had been forced to have sex, raped, or sodomized at least once and 17 percent reported multiple (more than five) incidents. The most vulnerable age category was 12 to 15 year olds with the greatest number of sexual assaults occurring at age 13.

Perpetrators of these sexual assaults were most often "other" (acquaintances, 28 percent), boyfriends (15 percent), strangers (15 percent), dating acquaintances (14 percent), and family friends/neighbors (14 percent). It is notable that a significant percentage (29 percent) of the perpetrators of these very serious sexual crimes were boyfriends, partners, or dates.

Neglect also figured strongly in the lives of a significant minority of the girls. Approximately 25 percent of the girls reported that they had been made wards of court due to parental or caretaker neglect. Twelve to 14 year olds were most likely to be

declared wards for this reason, with 13 year olds, again, being the most likely to experience this court action.

Substance abuse was a co-factor in the experience of abuse less than one-third of the time. Approximately 30 percent of perpetrators were reportedly stoned or high while they were engaged in the abuse. Slightly over 30 percent of the girls reported that they had received medical treatment for injuries caused by violent victimization, with 13 year olds as the most likely to be treated by a doctor for injuries caused by abuse. Twenty-three percent of the girls reported having been hospitalized in a psychiatric facility at least once, most likely at ages 13 or 14 years.

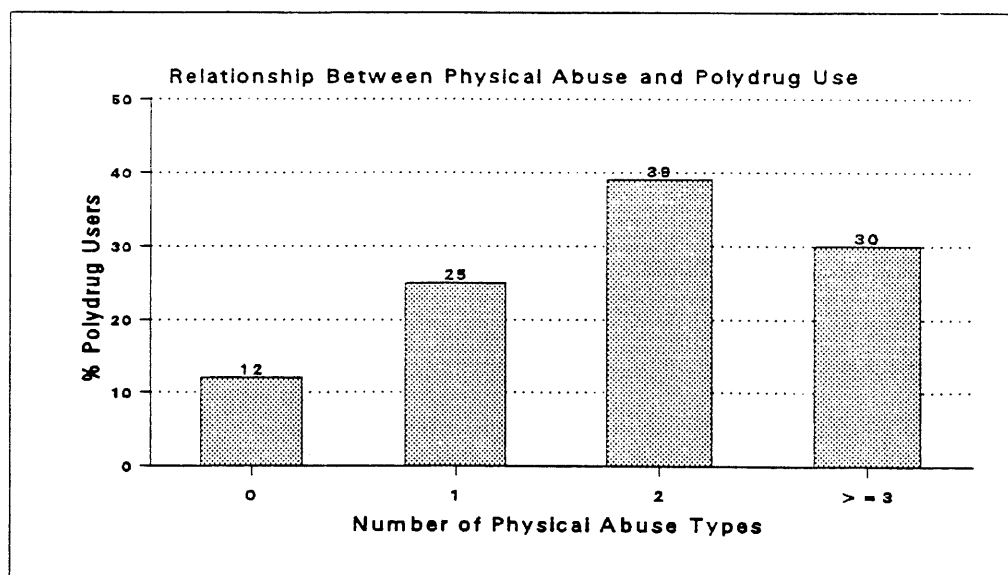
The case file review also highlighted the girls' histories of physical, sexual, and emotional abuse and neglect. Predictably because of the absence of accurate and standardized justice system methods for gathering data related to victimization, the incidence was lower than that emerging from the interviews. Approximately 46 percent of the girls' files indicated some history of abuse or neglect with 21 percent of these involving formally substantiated abuse and 14 percent involving alleged, but not substantiated, charges. Given the lack of standardization and efficiency in obtaining the abuse histories of girl offenders through typical probation processing, these data are surprisingly high. However, the disparity between the results of the case file and self report aspects of the study argues for the increased use of structured interviews within the justice system to address such critical areas.

Physical, Psychological, and Behavioral Effects of the Victimization of Girl Offenders

Scholars examining girl offenders' histories of physical, sexual, and emotional abuse have long recognized the relationship of victimization to a range of serious physical and psycho-behavioral problems, including substance abuse, depression, and delinquent activity. In this study, cross-tabulation and Answer Tree analysis of the interview data established several trends and statistically significant relationships between various types and frequencies of abuse and other problems in the girls' lives. Clear correlations emerged between physical, sexual, and emotional victimization and specific high-risk behaviors (e.g., polydrug use, engaging in sex with multiple partners, and gang membership) in

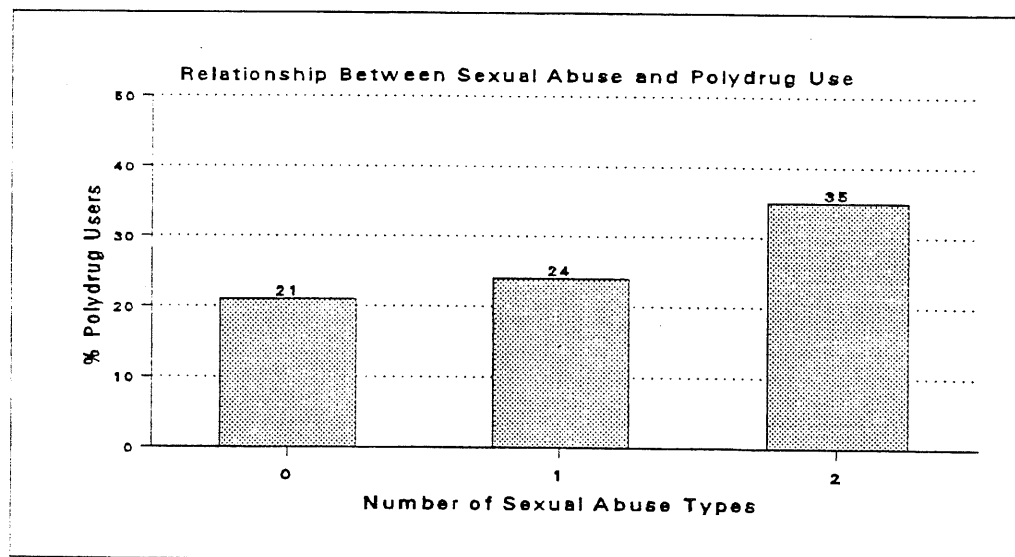
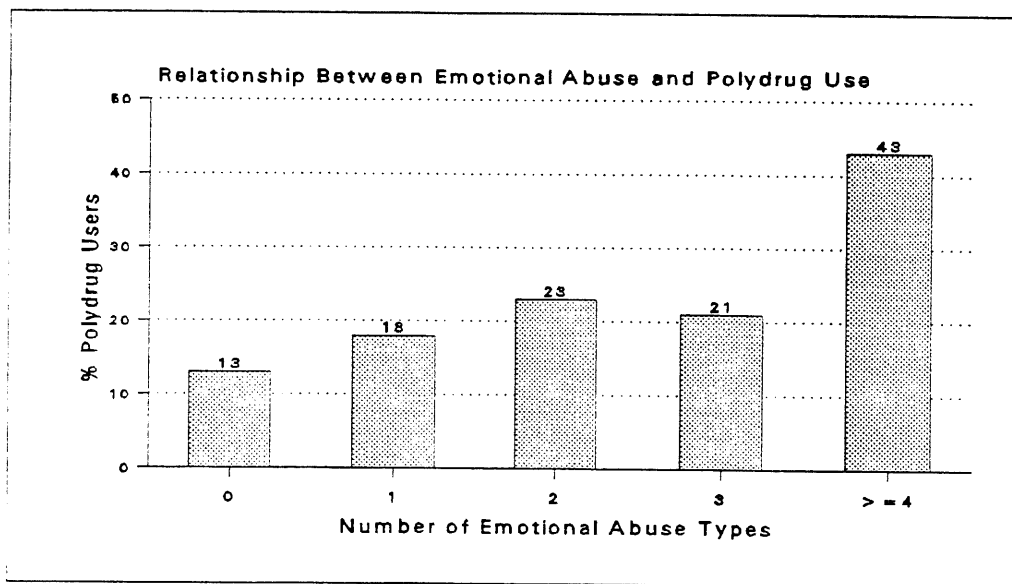
addition to physical health problems and early pregnancy. Some of the significant relationships that emerged through the Answer Tree analysis were both complex and surprising, involving the interplay between abuse and other stressors such as substance abuse and incarceration of a parent. Although, as mentioned before in this report, these startling results are not generalizable, they demand both attention and future study. Of particular interest should be the mechanisms through which various forms of abuse, in combination with other stressors such as family fragmentation, are converted into behavioral effects such as early sexual activity, gang membership, and offending.

A strong correlation exists between the number of different types of physical and emotional abuses reported by the girls and polydrug use (the use of four or more types of drugs, including alcohol). Girls who experienced three or more types of physical abuse (e.g. being expelled from the house, beaten, shot, stabbed, or burned) were demonstrably more likely to report regular use of multiple psychoactive chemicals. For example, of the girls who reported they had never been physically abused, only 12 percent reported regular use of four or more illicit drugs, compared to 39 percent of girls who reported experiencing two forms of physical abuse.



Similarly, although the relationship was slightly less dramatic, girls who had experienced four or more types of emotional abuse were also more likely to be polydrug users and girls

who had experienced two forms of sexual abuse were also more likely to use multiple illicit drugs. Thirteen percent of the girls who had never experienced emotional abuse reported polydrug use, compared to 43 percent of girls who had experiences four or more types of emotional abuse. Twenty-one percent of girls with no history of sexual abuse were polydrug users, compared to 35 percent of girls who had been both raped and molested.



The powerful role of victimization in girls' lives and its relationship to substance abuse and delinquency has been remarked upon by other researchers: "... women and girls with these violent experiences and pasts, often resort to drug use as a type of 'self-medicalization'" (Arnold, 1990, in Belknap and Holsinger, 1998).

In their own words, girls who were interviewed described their reason(s) for drinking and/or using drugs and their perceptions of the effects on them of their experiences of abuse. One 16-year-old girl with an extensive history of abuse describes her reason for using this way: "[on drugs] I like the feeling, I feel normal, like myself. When I'm sober I don't like it. On drugs I'm happy. Sober you think about everything. It sucks."

Another young woman, 15 years old, with a history of sexual victimization describes her experience of the effects of abuse first by denying that it has had any effect and then by telling the interviewer how she uses drugs to desensitize herself from the emotional pain of the experience:

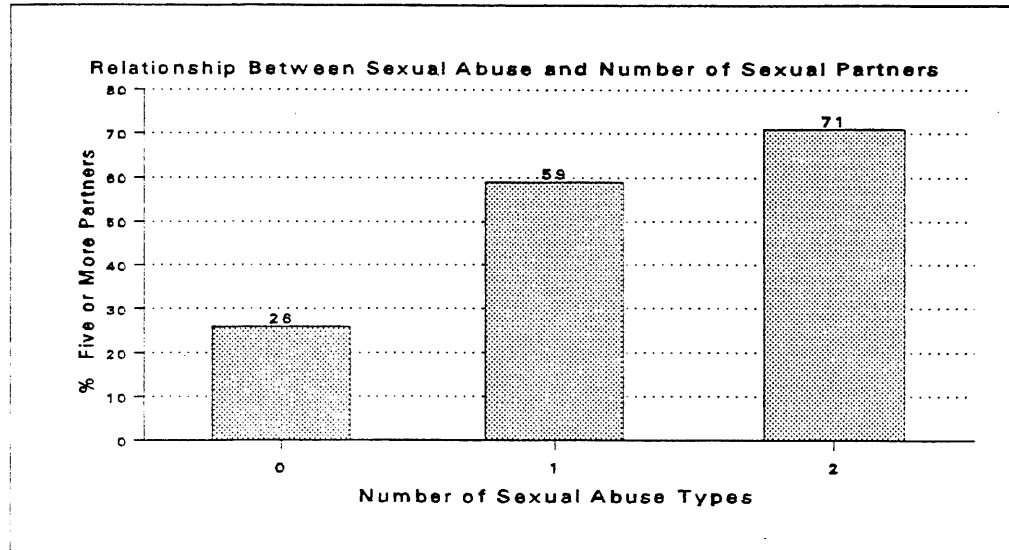
"It [the abuse] hasn't had an effect. I hurt when he did that, not physically but in my head. So I do a lot of 'fat rail' [drugs]. Then I don't feel it. You think about the stupidest shit. Sometimes I just cry all day."

The trends described above highlight the critical need for substance abuse treatment with this population and that such treatment must attend to each girl's experience of physical, sexual, and emotional victimization.

Abuse and Multiple Sex Partners

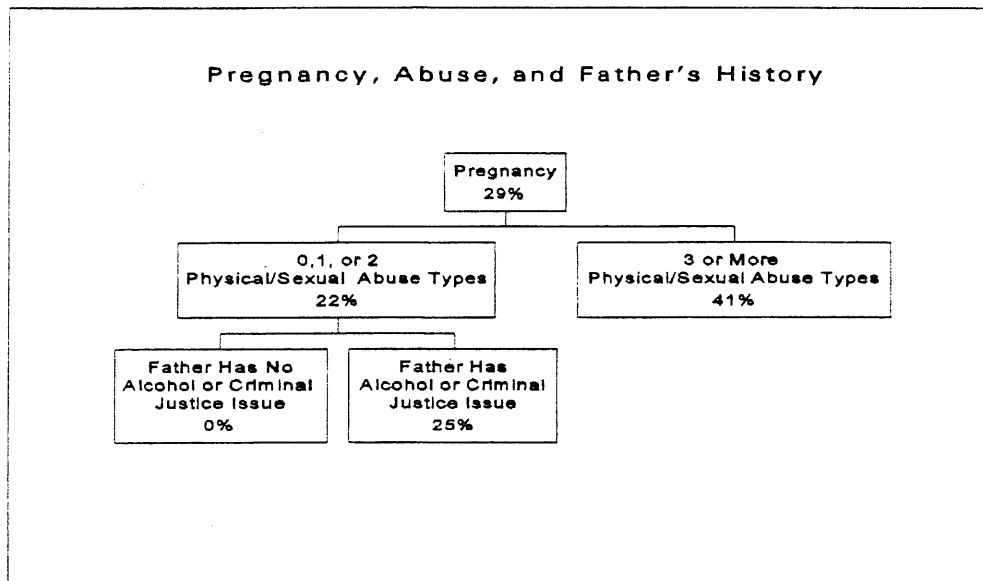
Trend analysis also revealed that physical and sexual abuse are correlated with girls' having multiple sexual partners. Girls who reported experiencing three or more different types of physical/sexual abuse were significantly more likely to have engaged in sex with five or more partners. Of the girls who reported never experiencing physical abuse, 37 percent had had five or more sexual partners, compared to 54 percent of girls who had experienced three or more forms of physical abuse. Similarly, 26 percent of girls who reported no history of sexual abuse had had five or more sexual partners, compared to a staggering 71 percent of girls who had been raped or molested. A 17 year old girl

queried about the effects of abuse on her life makes the connection very directly. She says, "If I wasn't abused, I wouldn't be sexually active. I have so many guys that I've slept with."



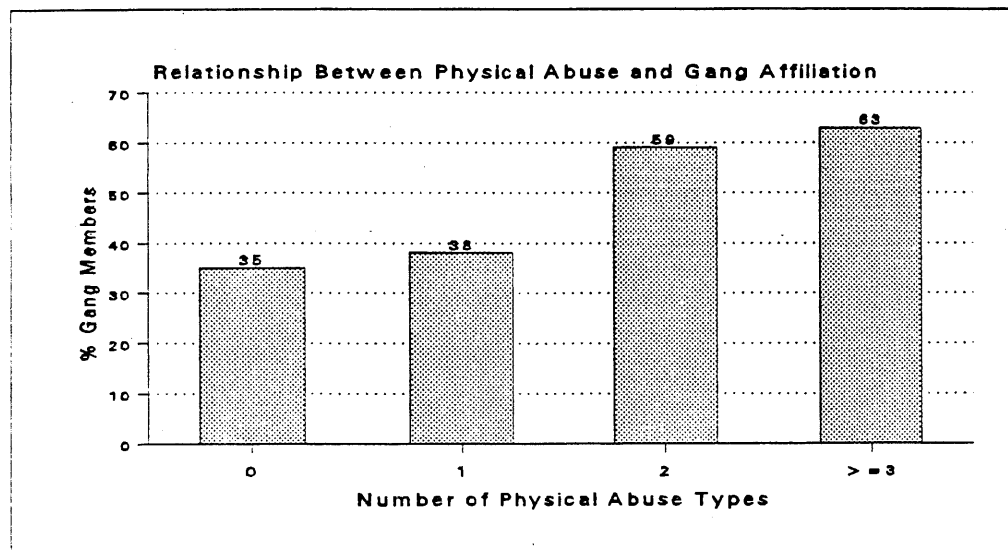
Given the fact that unprotected sex, especially with multiple partners, is linked with sexually transmitted diseases (including HIV) and that approximately 80 percent of girls reported having unprotected sex and 23 percent tested positive for one or more STDs, the serious risks to the girls' health posed by abuse are obvious. Further, preventative treatment of sexually transmitted diseases cannot occur in a medical vacuum, but instead must include attention to the psychological genesis of high-risk sexual behavior.

As discussed in the methodology chapter, complex relationships among the various forms of environmental stressors and resulting high risk behaviors were examined using Answer Tree analyses. While the samples are not randomized, therefore limiting the generalizability of the findings, it is important to recognize that the relationships uncovered through these analyses are statistically significant and therefore uncover serious and demonstrable connections between stressors and negative outcomes. Therefore, it is absolutely critical that treatment professionals working with this population understand the relationship and complex interplay between the experiences of abuse and the behaviors the girls display.

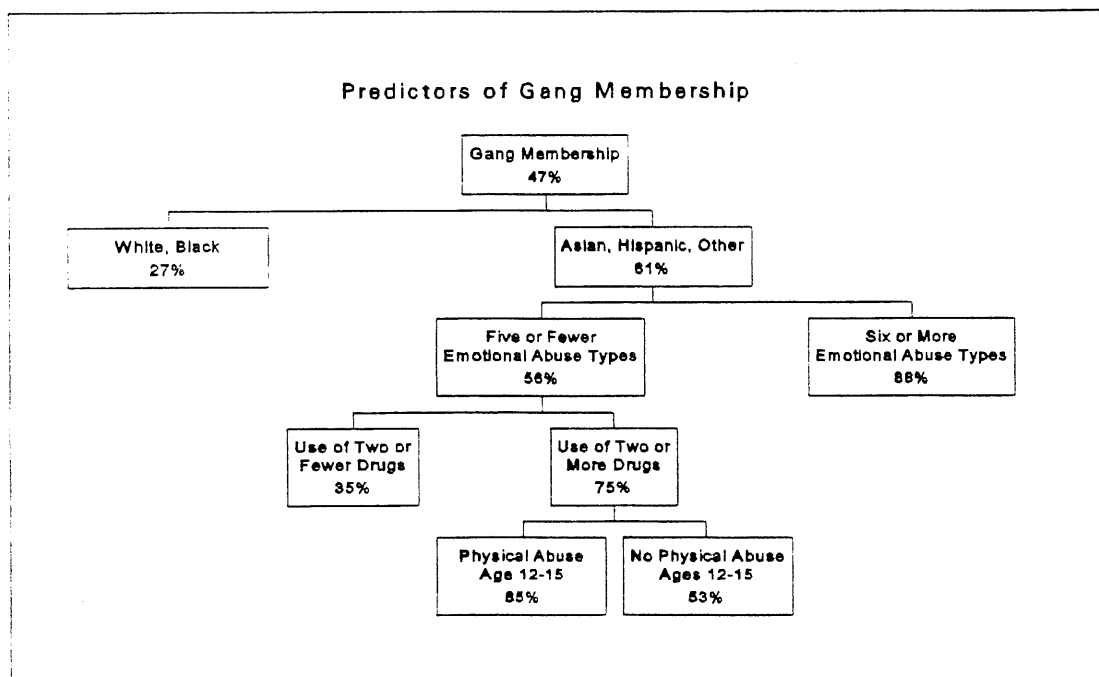


As depicted above, an analysis of the subgroup of young women with a history of teen pregnancy (29 percent of the full sample) revealed a striking connection between early pregnancy and the experience of physical and sexual abuse. Of the young women who had been pregnant, 22 percent had experienced two or fewer forms of physical/sexual abuse, and 41 percent had experienced more than three types of physical/sexual abuse. Further, for the group that had experienced two or fewer types of abuse, the presence of a substance abusing or criminally involved father was also found to be predictive of early pregnancy. The effect of the young women's fathers' lifestyles on the girls involvement in high risk behaviors was one of the more unique findings of this study. The operation of the life circumstances of male figures in predictive models of negative outcomes for girls is an issue that requires more detailed and precise explanation.

A history of violent victimization, in concert with other stressors, was also found to have a statistically significant relationship to a young woman's likelihood of gang affiliation. A simple trend analysis revealed that girls who had experienced at least three types of physical abuse were more likely to report gang membership than girls with no history of physical abuse (63 percent versus 35 percent, respectively).



However, the genesis of gang affiliation is much more complex and involves an entire matrix of other stressors. An Answer Tree analysis was conducted on the group of 90 young women (47 percent of the sample) who reported gang membership.



Race was found to be the most significant factor in determining gang affiliation, with almost two-thirds of the girls identified as Asian, Hispanic, or Other reporting gang

membership. Within this group, the experience of multiple forms of emotional abuse also influenced gang membership. All but one girl who reported extensive emotional abuse (six or more types) were gang involved. Of the group of Asian, Hispanic, and Other young women who had experienced five or fewer types of emotional abuse, the regular use of at least two illicit drugs also influenced gang membership. Within this polysubstance abusing group, the experience of physical abuse further predicted gang membership.

While complex, nowhere is the synergistic effect of multiple stressors more apparent than in this analysis. The combination of physical abuse, polysubstance use, emotional abuse, and race create a powerful dynamic that affords unique insight into the genesis of gang membership among girls. As with the prior analyses discussed in this chapter, this complex interplay highlights the need for prevention and intervention programs that are multifaceted and intensive in order to dilute the synergistic influence of multiple stressors.

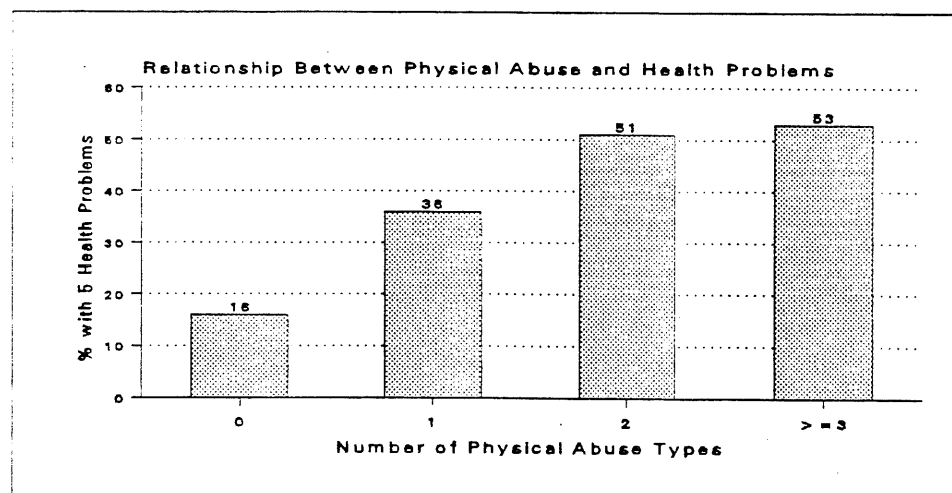
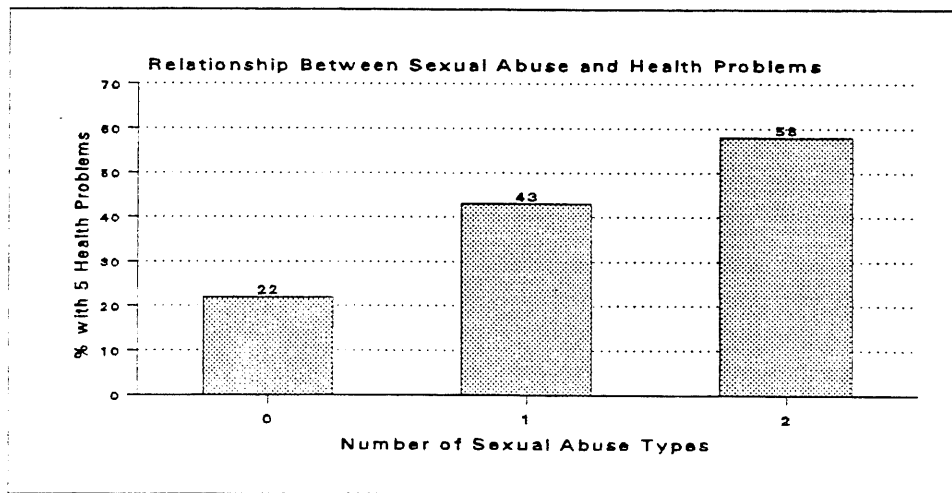
More qualitatively, during many interviews the girls described their gangs as either extensions of or replacements for their families and one of the key functions performed by the gang, in their estimation, was protection from harm. A majority of the girls reporting that their gangs offered them safety also had histories of serious physical and sexual victimization.

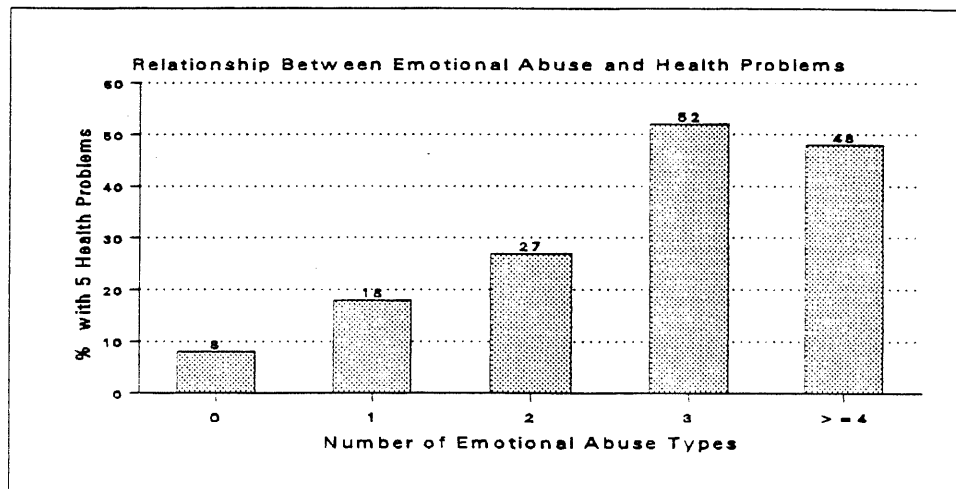
When asked about the "positive things they get from a gang," a 17 year old girl replied, "Family, protection, realized the value of my own life and [that of] my daughter." Another 15 year old girl said of her gang, "My people protect me. Older gang members want me to do good." A 14 year old girl, recognizing the paradox of gaining protection from her gang while being endangered by it at the same time, described the benefits of her gang membership in this way: "They were everything after my family. A lot of people join because they don't fit anywhere else. It's a place for people to belong if they aren't strong. You have protection [but] it does put you in danger."

Influence of Abuse on Physical Health

Each girl was asked whether or not she had ever experienced any of 35 different health ailments, ranging in severity from unintended weight gain to STDs and cancer. As

shown in the charts below, girls who reported experiencing five or more health disorders were significantly more likely to report having experienced multiple forms of physical, sexual, and emotional abuse as well. More specifically, while only 16 percent of young women with no history of physical abuse had at least five health problems, a startling 53 percent of girls who had experienced at least three types of physical abuse had five or more health problems. This trend is dependable in the context of both sexual and emotional abuse, as shown in the tables below.





Answer Tree analysis also revealed a significant linkage between abuse and multiple health ailments. More than half of the girls who reported receiving two or more types of physical/sexual abuse complained of five or more health problems compared to 16 percent who reported experiencing only one type of physical/sexual abuse. The linkage between victimization experienced during the girls' childhood and youth and the widespread prevalence of multiple and sometimes serious health disorders in this population is one of the most critical findings in this report.

PART II: CHAPTER TWO

VICTIMIZATION OF GIRLS FROM INSIDE THE JUVENILE JUSTICE SYSTEM

The maltreatment of girls within the juvenile justice system was not an intended focus of this study, nor was it an articulated question within the interview protocol. Nevertheless, many girls reported experiencing emotional, physical, and sexual intimidation and/or abuses within the juvenile justice system that mirrored and exacerbated those they had previously suffered at home and on the streets. Some of these abuses were directly observed by researchers conducting the interviews who later requested that these problems be exposed and addressed. Reported victimizations are included here not to castigate the majority of juvenile justice and correctional professionals who are dedicated to preserving public safety while maintaining the civil and personal rights of girls, but as harbingers of a serious growing crisis within the entire juvenile justice system. As the population of juveniles in custody expands and public pressure to punish rather than habilitate mounts, it is in the nation's as well as the children's best interests to ensure that these facilities protect the youths in their charge from harm.

Although the numbers of children and youth confined in local and state facilities has grown exponentially since the early 1980s, careful monitoring of the conditions under which youth are held and which are guided by international and national human rights standards, has eroded. For example the Office of Juvenile Justice and Delinquency Prevention (OJJDP) established in 1974 as an arm of the United States Department of Justice has many broad and important functions including the development of national standards for the administration of juvenile justice (Human Rights Watch, 1995). However, according to a 1995 report, "There is no general monitoring of the conditions in which children adjudicated delinquent are confined" (Human Rights Watch, 1995). Furthermore, "States that are assisted by the formula grants program under the Act used to be monitored by the OJJDP to ensure that status offenders are not held in secure confinement and that children are not held with adults. Since the Reagan Administration, compliance with these regulations has been verified essentially through self-reporting by the states." It is important to note that failure to prevent the detention of status offenders

has a greater negative impact on girls because they comprise the highest proportion of arrests for status offenses.

Human Rights Watch identifies another problem: although the American Correctional Association (ACA) is the primary source of standards governing both adult and juvenile corrections, and although their standards are detailed and their facility accreditation process is rigorous, accreditation is purely voluntary. Most importantly, ACA standards do not always meet the requirements of either international or United States law (Human Rights Watch, 1995). Proof of the gap between the intent of the ACA accreditation and the reality experienced by detained children exists in that some of the facilities where serious violations of children's rights have occurred had received ACA accreditation.

Lack of oversight of juvenile facilities has a particularly egregious effect on girl offenders because of their relative invisibility within a system still dominated by larger numbers of male offenders and because of their unique emotional and physical needs, including care for pregnancy. An example of the inattention to the growing presence of girl offenders can be found in a 1994 research report released by OJJDP and conducted by ABT Associates, a national team of consultants and an advisory board of eminent scholars, researchers, and other legal and criminal justice professionals. This exhaustive study, which examined elements effecting conditions of confinement for juveniles in juvenile facilities barely mentions the characteristics and needs of girls in custody. In its extensive set of recommendations designed to evaluate and improve conditions of confinement for youth including those required to meet such basic needs as living space, health, and medical screening, food, clothing, and hygiene, there was no mention of any gender-specific strategies. This silence is particularly alarming in an area such as health where failure to address girls' unique reproductive health needs can damage not only the girls' health but that of their children. Significantly, the phenomenon of pregnant and parenting girls in confinement is not small; 29 percent of the girls interviewed for the NCCD study had been pregnant at least once and 16 percent had been pregnant while in custody.

Because of the paucity of data and information regarding the victimization of girls within the juvenile justice system and because the numbers of girls entering an already overburdened and overcrowded system are growing, it is important to present some of the girls' qualitative observations here. Observations by researchers conducting the interviews are also included where appropriate.

As has been indicated earlier in this chapter, the experience of physical/sexual and emotional abuse is almost universal among girls who break the law. Unfortunately, related types of abuses are also occurring at many points within the juvenile justice system. Some of these are the result of inappropriate interactions between law enforcement and juvenile justice professionals and girls; others are procedural and still others are due to deficient environmental conditions. All appear to violate either the letter or the spirit of specific international agreements and standards governing the rights of juveniles deprived of their freedom. Excerpts from documents describing these standards are interspersed with the girls' statements to illustrate the disparity between expectation and the grim realities faced by girls in detention.

Emotional Abuse of Girls in Detention

All disciplinary measures constituting cruel, inhuman, or degrading treatment shall be strictly prohibited, including corporal punishment, placement in dark cell, closed or solitary confinement, or any other punishment that may compromise the physical or mental health of the juvenile concerned (Article 67, United Nations Rules for the Protection of Juveniles Deprived of Their Liberty, 1990).

The personnel of juvenile detention facilities should be continually encouraged to fulfill their duties . . . in a humane, committed, professional, fair, and efficient manner, to conduct themselves at all times in such a way as to deserve and gain the respect of the juveniles (United Nations Rules for the Protection of Juveniles Deprived of Their Liberty, 1990).

Staff call us bad names, very disrespectful, fuck this, fuck that. If we talk back we go to the box [isolation]. My teacher threatened to "kick my ass" because I complained about not being called on for 20 minutes.

Strikingly, girls in detention reported similar types of emotional abuse to those reported by girls in the free world. Among the most commonly reported problems revealed by girls interviewed in juvenile hall were demeaning and foul language used by staff to address them (being shouted at and made to feel worthless); being isolated or forced to be alone in their rooms or in a designated isolation room; and/or being verbally threatened with harm if they did not obey a specific staff demand. Not only did staff use the epithets quoted above, but girls also recalled being called "hood rat," "slut," and "little hooker." In addition to being profoundly disrespectful, these terms are sexually demeaning, which compounds the damage to the self-worth of the high percentage of girls who have already been sexually victimized. Being isolated in their rooms and in dark isolation rooms was also the cause of significant emotional anxiety in distress. A 15 year old girl whose father had died just a few days before her arrest and incarceration describes the fear and anxiety she felt because she was forced to sleep alone in her cell at night:

I don't understand what's wrong with these people. I always wake up in the middle of the night and ask "Isn't there someone for me to sleep with?" They always say no. Don't they understand? I don't want to be alone.

In explaining her cultural heritage and her perception of the unnaturalness of being isolated, this same young woman says:

Sleeping alone is an American thing. [In other cultures] people often curl up, sleep together. Gramma sleeps with grandbaby. Not because they're poor. They double-up because it's their culture.

This concrete reference to cultural differences highlights another important but neglected problem within juvenile correctional institutions: the failure to develop culturally appropriate responses to the needs of detainees. This is a particularly serious oversight given that roughly two-thirds of female juvenile offenders nationally are minorities and that in border states such as California, a high percentage of girl offenders are Hispanic or Latina, and a smaller but growing percentage are Asian and Pacific Islanders.

Threats and intimidations also figured prominently among the girls' complaints about staff interactions. Moreover, these threats involve not just physical harm, but a

range of other unfair and serious repercussions. Disturbingly, verbal, physical, and procedural intimidations were reportedly utilized by staff to enforce the girls' silence about abuses they observed or experienced.

Male staff watch strip searches [of girls]. One male staff touches butts and hits on girls. [There are] threats if a girl wants to report, mess with court dates. [They'll use] mace in a second.

Physical and Sexual Abuse of Girls in the Juvenile Justice System

Instruments of restraint or force can only be used in exceptional cases, where all other control methods have been exhausted and failed, and only as explicitly authorized and specified by law and regulation . . . (Article 64, United Nations Rules for the Protection of Juveniles Deprived of Their Liberty, 1990).

From the moment of arrest and as they move through the juvenile justice system, girls report being vulnerable to a range of physical abuses or incursions into their bodily privacy. For example, a 17 year old girl with a history of extreme physical abuse during childhood and adolescence that culminated when her boyfriend beat her savagely while she was pregnant, reported that this abuse was simply repeated by law enforcement. In describing how she eventually lost her baby, this young woman stated, "That's how I had a miscarriage in [city]. They [law enforcement] cuffed me and threw me against the car, and I miscarried."

In a detention center, a 16 year old young woman reported to an NCCD interviewer that a "guy [staff] slammed a girl against the wall." She also stated that staff conducted a room search and "tore her Bible." Another young woman, sitting on a thin mattress placed on the floor of her cell, said that although she is pregnant, her hands have been cuffed during transport to and from the facility. She said, "I'm nine months pregnant. What happens if I fall?" She also says of the juvenile hall where she is housed, "This place wasn't built for pregnant people." Apparently, the use of restraints on pregnant girl offenders especially during transport is not rare as 29 percent of the girls interviewed who had been pregnant while in the juvenile justice system reported being cuffed or otherwise

restrained. Pregnant girls are understandably frightened of being restrained and having their hands bound because they know their sense of balance is already compromised and believe that if they fall they will be less able to protect their abdomens.

In their 1998 study, Chesney-Lind and Sheldon noted the clearly inappropriate male observation of girls during strip searches and showers, which occurred in the 1970's. According to girls interviewed by NCCD, these violations are still occurring in the 1990s. One 17 year old who had recently suffered a miscarriage at another juvenile facility reported:

Staff in here threaten us. If we grieve them . . . they dog you. They take your apple or your cookie. The men staff are perverts. They look at you in the shower. They say, "It's not like you never took your clothes off before." The grievance procedure sucks.

It appears that strip-searching of girl detainees is a relatively common practice. Many girls report that they must remove their clothes, submit to a visual body cavity inspection (during which they must cough) upon entry into the facility, after visits from outsiders, and whenever there is a suspected infraction of facility rules. The rationale for these searches is that the prevalence of drugs and weapons makes searching necessary to maintain the safety of staff and of juvenile detainees. However, the fact that searches of young females can be observed by male staff is disturbing. NCCD researchers observed one of these procedures in which a group of girls was strip-searched and their private parts visually examined in an open space where they could be, and were, casually observed by male staff members. One girl said to a researcher later, "I'm real used to doing that."

As disturbing to researchers as the actual event was, the realization that the girls viewed this intrusion into their bodily privacy and integrity as normal was of even greater concern. In other words, these experiences seemed to reinforce the girls' perception, born for many with their experiences of sexual violation at home and on the streets, that they did not have the right or the power to protect their physical boundaries. A 1996 report on the conditions of confinement in the state of Georgia describes the special vulnerability of female prisoners as follows:

The personal histories of many women prisoners further heighten the potential for custodial sexual abuse. A high proportion of incarcerated women — and, . . . an overwhelming proportion of the women singled out for abuse — enter the correctional system with a prior history of victimization. Liza Boardman Burnette . . . explained that these women [who are victimized while incarcerated] have little awareness of their rights. [They do not] realize what rape [is], let alone sexual harassment (Human Rights Watch, 1996).

While the above statement refers to the abuse of adult women prisoners, it applies equally to that of incarcerated girls.

It is important to note that the United Nations Standard Rules for the Treatment of Prisoners specifically prohibit contact supervision of women prisoners by male guards and that few other countries allow this practice (Human Rights Watch, 1996). However, in the United States, anti-discrimination laws and common correctional practice have resulted in direct male supervision of thousands of adult women prisoners and female juvenile detainees. Although with proper safeguards this practice is not inherently injurious, without the strict enforcement of very clear standards governing the interactions between male staff and female detainees, incarcerated women and girls are at highest risk of re-victimization.

Environmental Conditions

Every detention facility should ensure that every juvenile receives food that is suitably prepared and presented at normal meal times and of a quality and quantity to satisfy the standards of dietetics, hygiene, and health and, as far as possible, religious and cultural requirement (Article 37, United Nations Rules for the Protection of Juveniles Deprived of Their Liberty, 1990).

To the extent possible juveniles should have the right to use their own clothing. Detention facilities should ensure that each juvenile has personal clothing suitable for the climate and adequate to ensure good health, and which is in no manner be degrading or humiliating (Article 36, United Nations Rules for the Protection of Juveniles Deprived of Their Liberty, 1990).

Rapidly expanding numbers of juvenile detainees and other factors are challenging the capacity of some facilities to meet the basic human needs of girl offenders for clothing

that is clean, comfortable, and not demeaning; nutritious food, fresh air, and outdoor recreation and exercise. A 17-year-old girl in a juvenile hall said that "I have to put dropped food on the floor back on my tray. They make you take sheets out of dirty clothes baskets and hand them out." There were many complaints from the girls about the quality of the food and the safety of its preparation. "Everything here is starchy food. They don't clean vegetables and fruits, so I don't eat it." One NCCD researcher who ate lunch with a group of girls in one facility writes in her notes of the experience, "The food was unappealing, and in one facility in particular, was spoiled and rotten...". Another researcher observed, "The girls can't talk during the meal unless they are given permission. It is all very dismal and sad...". Although institutions are not expected to provide gourmet meals, food served to children must be healthful and prepared and served in a clean, safe fashion. Furthermore, since a majority of the girls interviewed were physically depleted due to poverty, substance abuse, and lack of education about how to maintain a healthy lifestyle, high quality nutrition is even more essential. As one of the researchers above also stated in her notes, "Food can be healthful, nutritious. They [the girls] need to learn how to cook and eat." A particular problem reported by a pregnant girl was that since dinner was served very early, between 4:30 and 5:00 every day, and because she is only allowed small snacks afterwards, she is often hungry until morning. She worries that her developing baby is not receiving enough nourishment.

Most girls interviewed for the NCCD study were required to wear ill-fitting cotton pants and tops. In one facility, the clothes were obviously unclean and in some cases were ill-fitting, noticeably either too large or too small. Additionally, a few girls in one juvenile facility wore bright orange tops and pants that distinguished them markedly from the other girls. Researchers were informed that their orange clothes marked them as serious offenders and possibly "unfits." The term "unfit" labels the girls as offenders who have been or may be transferred into the adult criminal justice system.

Girls complained bitterly about not receiving a change of clothes for up to three weeks in one facility and not being given clean wash cloths and towels. They reported that staff in this institution had instructed them to use their underwear in the shower to cleanse themselves rather than providing them with clean wash cloths. Another problem according

to the girls was the lack of gentle soap and shampoo. Most girls who had been incarcerated for more than two weeks noted that their skin and hair had become dry and damaged. Several interviewees mentioned that head lice and scabies were widespread and that these pests were the reason that they were uniformly required to wear their hair tied back and in a bun.

The girls' access to basic hygiene products was circumscribed. In general, they were forced to use sanitary napkins rather than tampons. In one facility these items were actually labeled with individual girls' names. Furthermore, girls were typically required to request one napkin at a time rather than being allocated a sufficient number at the beginning of their menstrual period. They described this procedure as unnecessary, inefficient, and humiliating.

In some facilities, the girls' rooms were almost completely bare except for a thin mattress, a Bible, and possibly one other book. There were no desks, chairs, storage closets, pictures, or personal items such as photographs. These stark conditions contravene the requirements of Article 35 of the U.N. Rules for the Protection of Juveniles Deprived of Their Liberty. This article states that:

The possession of personal effects is a basic element of the right to privacy and essential to the psychological well-being of the juvenile. The right of every juvenile to possess personal effects and to have adequate storage facilities for them should be fully recognized and respected (Article 35, United Nations Rules for the Protection of Juveniles Deprived of Their Liberty, 1990).

One of the bare white-washed walls of the room occupied by the girl quoted earlier who hated to sleep alone had the word "sadness" etched into it. The light in this room and in all the others in this facility was a murky amber color despite the bright sunlight outside. Because the glass in the large window in each room has been haphazardly covered with a dark ocher-colored paint, a 15-year-old girl in one room has picked a hole the size of a half dollar with her fingernails in the corner of her window so she can see the sky outside. She said, "They don't want us to see the sun."

Researchers also observed that although they had generally been charged with or had committed much less serious crimes than their male counterparts, the girls in juvenile hall were forced to follow the same high security procedures. Among these was the requirement that they walk single-file down facility hallways with their arms crossed over their chests and their hands tucked under their armpits. At the same time, some girls angrily reported that they did not have equal access to the outdoors or recreational activities as the boys. They said girls were not permitted to go outside to play sports at all, but the boys were allowed outside to play basketball for over an hour each day.

Among the serious environmental problems within the facilities were overcrowding, and lack of ventilation, fresh air and sunlight. These may pose increasing risks to both girls and staff given the rising incidence of tuberculosis and other airborne diseases among disadvantaged populations.

Girls in Adult Women's Correctional Facilities

. . . every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so . . . (Article 37, Item C, United Nations Convention on the Rights of the Child, 1989).

Researchers did not encounter girl offenders incarcerated in adult correctional facilities as part of the current study of girls in the California juvenile justice system. However, during the course of conducting an analysis of services for adult incarcerated women for the Robert Wood Johnson Foundation, they did confront the reality that increasing numbers of adolescent girls are serving very long sentences in adult facilities across the United States. The considerable dangers associated with the incarceration of girls in adult jails and prisons are briefly touched upon below to illustrate this destructive trend.

Accurate and current data on the exact numbers and characteristics of girls being held in adult jail facilities nationwide is very limited. What is known is that in 1991 there were nearly 7,000 admissions of girls to United States jails (Bureau of Justice Statistics, 1995), and that this population included girls identified as abused and neglected as well as those charged with delinquent or criminal offenses (Chesney-Lind and Shelden, 1998).

There is broad consensus that girls housed in adult jails are less likely to be adequately supervised and even more likely to be isolated than they are in juvenile facilities. Adult facilities designed to address the characteristics of male offenders are generally unresponsive to the needs of women and even less so to the unique vulnerabilities of girls (Chesney-Lind and Shelden, 1998). A 16 year old girl interviewed in 1995 stated that during the six weeks she was incarcerated in a women's jail, she was so frightened and depressed that she stopped eating and lost 20 pounds. Although her physical appearance became frighteningly fragile and her behavior increasingly withdrawn, she was given no medical or psychological assistance (Acoca, 1995).

The combination of these conditions with the girls' immaturity, histories of abuse and attendant depression has, in some cases, proven lethal. The suicide rate for youth incarcerated in adult jail facilities is "4.6 times higher than the suicide rate for youths in the general population; [and] remarkably, it is 7.7 times the rate for youths in juvenile detention centers" (Chesney-Lind and Shelden, 1998).

There is an even greater dearth of current data and information on the numbers and characteristics of girls in adult women's prisons than there is regarding girls in adult jails. Unfortunately, this issue will only grow in importance as increasing numbers of states pass legislation lowering the age at which juveniles can be transferred into the adult criminal justice system and placing the discretion for such action in the hands of prosecutors rather than judges. In 1998, as part of a national study to identify the barriers to the provision of effective parenting and substance abuse services to incarcerated women, NCCD researchers interviewed four girls between the ages of 16 and 18. These young women were housed within a maximum security women's prison in a geographically isolated region of a Southern state. Fully integrated into the general adult population, these very young women (one had received her adult sentence at 14 years old) were receiving no special services or protections that they could identify. Due to their young age and developmental stage, they were also completely unable to benefit from the adult-focused services offered within the prison.

All four young women were facing sentences of 10 or more years and all were already parents of infants or toddlers. The girls spoke about the slow and painful dawning

upon them of the reality that they would not regain their freedom for up to 29 years and that they would be separated almost entirely from their children. All described a pervasive sense of loss, depression, and, for one young woman, anger. The adult women prisoners who had regular contact with the girls in the facility all stated that they were afraid for the girls' safety.

PART II: CHAPTER THREE
PHYSICAL AND MENTAL HEALTH DISORDERS OF GIRLS
A POTENTIAL TIME BOMB

The central importance of the deteriorating physical and mental health status of American adolescents cannot be over emphasized. In a recent report by the Carnegie Council (1995), experts stated the following:

The continuing decline in the health status of American adolescents is deeply disturbing. Since 1960, the burden of adolescent illness has shifted from the traditional causes of diseases towards the "new morbidities" associated with health damaging behaviors, such as depression, suicide, alcohol, tobacco, drug use, sexually transmitted diseases, including HIV/AIDS, and gun related homicides. . . . The damage may be near term and vivid, or it can explode in the long term, like a time bomb set in youth (Carnegie Council on Adolescent Development, 1995).

While the health of American adolescents in general is increasingly at risk, the health of adolescent offenders, particularly girl offenders, is in even greater jeopardy. As mentioned earlier in this chapter, a critical stressor related to this elevated risk to the physical and mental health of girl offenders is their extraordinary histories of victimization. Other key stressors include poverty and lack of access to physicians and other health care providers who are trained in adolescent medicine and the risky behaviors cited above.

Table 7
Health and Mental Health History of Interview Participants, 1998

	Total 100%
Physical Health	
Ever experienced any serious health problem	88
Chronic headache	43
Asthma	39
Dental problems	30
Back pain	30
Yeast infection	29
Sexually transmitted disease	27
Urinary tract infection	20
Head injury	15
Anemia	11
Tuberculosis	5
Hepatitis A, B, or C	4
Seizure disorders	3
Cancer, all types	2
Physical disability	1
Received gynecological exam while in custody	60
Currently in need of medical treatment	32
Currently receiving treatment for physical health problem	57
Currently on medication for physical health problem	33
Mental Health	
Ever hospitalized for mental health problem	21
Ever seriously considered suicide	24
Currently in need of mental health treatment	53
Currently receiving treatment for mental health problem	34
Currently on medication for mental health problem	15

Source: Structured interviews with 193 young women in the justice system in four California counties, 1998.
Note: Column will not add to 100 percent because categories are not exclusive

As demonstrated in Table 7 above, 88 percent of the girls interviewed reported that they had experienced at least one physical health problem serious enough to interfere with

their lives and 57 percent reported that they were currently receiving treatment for one or more medical problems.

Highlighting the severity and prevalence of mental health disorders, 34 percent of girls reported that they were currently receiving mental health services and over one-half (53 percent) stated that they needed psychological services. More than one in five girls reported that they had been hospitalized in a psychiatric facility, usually for a serious suicide attempt. One young woman awaiting trial for a serious offense describes the psychiatric problems that led to her hospitalization in this manner:

First of all, I never got what they call "proper treatment." I took an MMPI and they said I needed to be placed in a mental hospital [and they] diagnosed me with all kinds of disorders: bipolar and borderline person[ality] from my sexual abuse. I tried to commit suicide a couple of times. [Then] I started [to] see things, hear voices, have nightmares, but nobody helped me.

A remarkable 39 percent of girls reported suffering from asthma and researchers observed that the girls' units in some juvenile halls held drawers full of asthma medications, including inhalers, for female detainees. Gynecological problems, including yeast infections (29 percent) and sexual transmitted diseases (27 percent) were also prevalent. It bears notice that the incidence of HIV/AIDS generally follows that of STDs, which indicates that this population is at high risk of contracting HIV disease. The girls' minority status (83 percent of girls interviewed represented racial and/or cultural minorities) may also place them at greater risk of HIV infection. In the general population, the incidence of AIDS is 13 times higher in African-American women and 8 times higher in Hispanic/Latina women than in white women (Female Issues Task Force, 1996).

The risk of contracting all STDs, including HIV infection, is increased by specific behaviors reported by the girls interviewed. Approximately 53 percent reported that they had had more than three sexual partners and only 29 percent reported that they "always" used condoms (20 percent revealed that they "never" use condoms). The risk of contracting an STD is further exacerbated by the use of alcohol and other drugs, which decrease inhibitions and the likelihood that girls will insist on safe sexual practices.

Approximately 50 percent of girls reported that they "had sex while high" (on

alcohol and other drugs) "sometimes," "usually," or "always," behavior that seriously increases the risk of contracting HIV, hepatitis, and other diseases. Approximately 10 percent reported that they had experimented with intravenous drugs and 7 percent indicated that they had shared needles on multiple occasions.

In evaluating the high risk sexual behaviors of young women offenders (including unprotected sex leading to pregnancy) it is always essential to place these behaviors in the context of their histories of victimization, particularly sexual abuse. It is also critically important to recognize that many of the girls' sexual partners are not same-aged peers but adult men. (For example, among those girls who had become parents, roughly two-thirds reported that the father was a man 20 to 40 years old, while the median age at which the girls reported delivering their first child as 14 years old.) The abuse-related damage to the girls' capacity to recognize and protect their physical boundaries in combination with the power differential inherent in sexual relationships between teenaged girls and adult males are critical factors that are often not addressed in typical health-promotion and pregnancy-prevention curricula and services targeting young women. This lack of appropriate reproductive services and interventions further disadvantages girl offenders' capacity to develop safe sex and sound overall health strategies.

Pregnancy

As indicated in the table below, 29 percent of the young women interviewed had been pregnant one or more times and 16 percent had been pregnant while in custody. Miscarriage was a commonly reported event, as was being shackled at the wrists and sometimes the ankles during transport. Additionally, a majority of the girls who had given birth reported that they had received no prenatal or parenting classes.

<i>Table 8</i> History of Pregnancy of Interview Participants, 1998	
	Total 100 %
Ever Been Pregnant	29
Ever Been Pregnant While in Custody	16
Ever miscarried in juvenile facility (n = 31)	23
Ever placed in restraints while pregnant (n = 31)	29
Source: Structured interviews with 193 young women in the justice system in four California counties, 1998.	
Note: Column will not add to 100 percent because categories are not exclusive.	

Table 9 below illustrates that after delivery, care of the infants was most often assumed by the maternal grandmother or the child's father. Although in concept paternal involvement in the children's lives can serve as a positive and supportive factor, the reality is that several of the young mothers interviewed reported that the boyfriends/spouses who had fathered their children had been abusive to them during their pregnancies and also had serious substance abuse problems.

Table 9
Relationship with Children for Parenting Interview Participants, 1998

	Total 100 %
Mother Receives Public Assistance	25 %
Mother Has Legal Custody of Child	58 %
Who Does Child Live With?	100 %
Spouse/father	21
Maternal Grandmother	25
Great Grandparents	13
Other Relatives	12
Foster Home	13
Missing	17
Who Helps with Child the Most?	100 %
Father	25
Grandparents	29
Other	25
Missing	21
Age of the Father	100 %
Under 18	21
Between 18 and 25 years old	50
25 and older	21
Missing	8
Median Age When First Child Was Born (in years)	14
Separated During First 3 Months of Child's Life	83 %
How Often Visited with Child While in Custody	100 %
Not at all	54
Once or twice	21
Once a week	4
Almost daily	8
Missing	13

Source: Structured interviews with 24 parenting young women in the justice system in four California counties, 1998.

Note: Column will not add to 100 percent because categories are not exclusive.

Perhaps most critical to the health and developmental potential of the children of the girl offenders interviewed is the severance of the mother-infant bond during the first three months of the infants' lives. Research in the area of early childhood development has shown that during the first year, and particularly during the first three to six months of the infant's life, consistent and appropriate interactions between the mother or caretaker and child can enhance the child's lifetime developmental potential. By contrast, disruption of this relationship places the child's healthy development at risk. Thus, it is alarming that 83 percent of the girls who were mothers reported very early separation from their infants. This very high rate of mother-child separation during a pivotal developmental stage appears to represent an acceleration of the intergenerational cycle of family fragmentation revealed in the 1995 NCCD study of adult women inmates in state prisons. In that study, 36 percent of women interviewed reported that they had been separated from one or more of their children at some point during the first three years of their children's lives (Acoca and Austin, 1996). Therefore, it is even more critical that programs designed for pregnant and parenting young women offenders have a sound structure and specific expertise to create environments where both mother and baby, together, learn to thrive.

Alcohol and Other Drug Abuse

For the purposes of this study, alcohol and other drug abuse is defined as a pervasive public health problem rather than as a moral or criminal justice issue. As indicated in an earlier section of this chapter that linked the girls' histories of victimization with their reported polydrug use, substance use and abuse are almost universal among the girl offenders interviewed. It is important to compare their reported rate of lifetime prevalence (whether or not they ever used a particular substance) to that of middle and high school students in the general population to gain adequate perspective on the severity of the girls' substance abuse histories.

Table 10 below is drawn from the 1996 Monitoring the Future study, a survey covering the prevalence of drug use and trends in use among a representative sample of 8th through 12th graders in middle and high schools across the United States. These data, like that gathered for this study, are based on self-report information. However, unlike the

NCCD girls' study, the participants surveyed were enrolled in school, whereas many of the girls interviewed were not.

Table 10
Lifetime Prevalence of Drug Abuse Among High School Seniors, 1996

Drug:	8 th Graders %	10 th Graders %	12 th Graders %
Marijuana	23	40	45
Cocaine	5	7	7
Inhalants	21	19	17
LSD	5	9	13
Alcohol	55	72	80
Cigarettes	49	61	64

Source: Monitoring the Future Survey on Drug Abuse, 1996

Table 11
History of Alcohol and Drug Use of Interview Participants, 1998

	Ever Used n = 193 100 %	If used, Ever Used Regularly 100%	If used, Median Age First Use
Any Alcohol or Drug	95	75	14
Alcohol	90	51	13
Marijuana	87	76	13
Inhalants	12	22	14
Cocaine	40	37	15
Crack	25	38	14
Methamphetamine	48	72	14
Heroin	16	35	14
PCP	23	28	14
LSD	29	37	14

Source: Structured interviews with 193 young women in the justice system in four California counties, 1998.
Note: Columns will not add to 100 percent because categories are not exclusive.

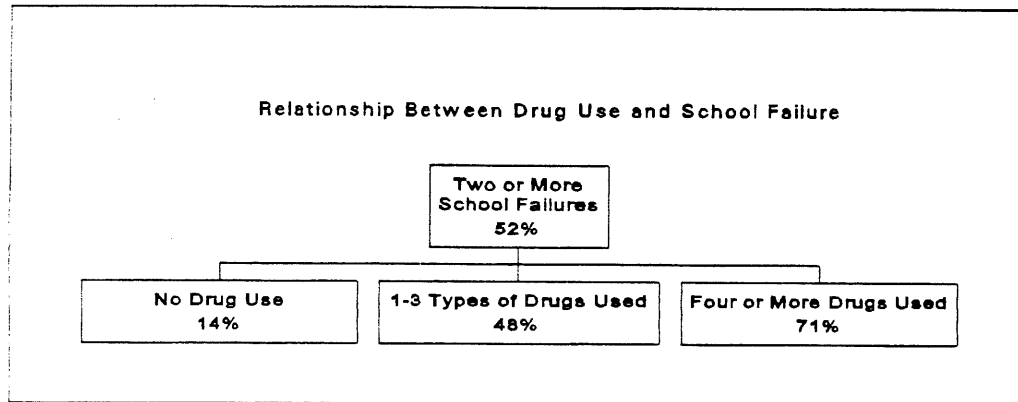
Clearly, the prevalence of drug abuse among the small NCCD sample of girl offenders is dramatically higher than that among their same-age counterparts (10th and

12th grades) in the general population. Interestingly, however, the prevalence of inhalant use, one of the most potentially damaging categories of mood-altering chemicals, among 8th graders in the general population exceeds that reported by girls interviewed by NCCD. An examination of Table 7 above, reveals the differential likelihood of regular usage for certain drugs. In the interview sample, alcohol, marijuana, and methamphetamines had much higher rates of regular usage than other drugs. This reality testifies to the need for substance specific intervention strategies since it is clear that girls may be at high risk for chronic drug use if they being to experiment with alcohol, marijuana, or methamphetamines.

Although a majority of girls reported that they were substance abusers, only 26 percent of these had ever participated in an alcohol and/or other drug treatment program. Among those girls who had received treatment at some time in their lives, the highest percentage (35 percent) reported that they had attended residential drug treatment. Residential treatment is the most expensive treatment modality and unless it is specifically geared to addressing the needs of adolescent girls (attention to their histories of abuse and academic needs), it is not the most effective means of treating this population (Acoca, 1995). Therefore, efforts should be increased to develop a full range of treatment programs in which the staff have specific training and expertise in working with this particular constellation of issues. Over half of the young women interviewed stated that the type of substance abuse treatment they required was not available to them in juvenile hall. While detention facilities are not typically designed to offer intensive programming, the increasing lengths of stays for all youth in detention means that a significant opportunity for positive intervention is being missed. Not only are girls detained for significant periods of time, they often enter these facilities with a new readiness for change.

As depicted in the figure below, Answer Tree analysis also uncovered a strong relationship between reported drug use and school failure. School failure was defined as having experienced at least one expulsion or suspension; being held back a grade at least once and/or being placed in a special class for learning, behavior, or other problems or needs. Of all the predictors (race, emotional abuse, physical abuse, delinquent status, gang involvement, physical health, father's problems, drug use, and offense type) entered into

the analysis, drug use was the only statistically significant factor to emerge distinguishing those who experienced school failure. Of the young women who reported using four or more drugs, 71 percent of them had also experienced two or more school failures.



In addition to childhoods marked by violence, another nearly universal characteristic of girls in the juvenile justice system is a history of school failure. Ninety-two percent of girls interviewed reported between one and three school failures and 85 percent had been suspended or expelled at least once. School failure is significant in this context because according to Meda Chesney-Lind, it is even more closely linked with delinquency for girls than it is for boys (Chesney-Lind and Shelden, 1998).

PART II: CHAPTER FOUR
GIRLS' RELATIONSHIPS WITH THE JUSTICE SYSTEM, SCHOOLS, AND PEERS

Relationship to the Juvenile Justice System

As stated in the Introduction to this report, statistics generated by the Department of Justice reveal greater increases in the number of arrests for girls than of their male counterparts in recent years (Snyder, 1997). The same is true of the increase in the numbers of delinquency cases processed by juvenile courts across the United States over the last decade (Sickmund, 1997). The number of cases involving girls grew more rapidly than those involving boys and one of the most dramatic and apparently alarming increases in both arrests and delinquency cases was in the "person" or violent offense category.

There is now significant controversy among academics and juvenile justice professionals as to the interpretation of these trends, particularly in the area of serious and violent offenses. Are girls becoming more violent, or are arrests of girls for person offenses simply an artifact of changing law enforcement practices, backed by shifts in societal attitudes about violence, in addition to other environmental factors such as the availability of weaponry (Chesney-Lind and Shelden, 1998). This study, which integrates both self-report data describing the girls' perceptions of the circumstances of their offenses, and case file data presenting the juvenile justice perspective on individual girl's offenses offers some clues as to how these questions can be approached in future research.

Table 12
Current Offenses of Interview Participants, by County, 1998

	Total n = 193	Alameda n = 50	Los Angeles n = 52	Marin n = 42	San Diego n = 49
Probation Violation	36%	38%	33%	38%	31%
Prostitution	2%	6%	0%	2%	0%
All Drug Offenses	13%	12%	15%	7%	16%
Use/Possession	10	10	12	7	10
Sales	4	4	4	0	8
All Property Offenses	18%	10%	25%	12%	22%
Auto Theft	10	4	19	2	12
Burglary	4	0	4	7	6
Shoplifting	4	6	2	2	6
Fencing/Stolen Property	1	0	4	0	0
All Person Offenses	34%	28%	50%	21%	33%
Assault	22	20	23	21	22
Robbery	7	6	12	0	10
Homicide	3	2	4	0	4
Weapons	9	6	19	2	6

Source: Structured interviews with 193 young women in the justice system in four California counties, 1998.

Note: Columns will not add to 100 percent because participant may be charged with more than one offense.

The table above presents the most recent offenses reported by the girls interviewed. The most commonly reported offense category was "probation violation," which, when the circumstances preceding and surrounding each offense were explored, revealed disturbing information about how these girls had entered and then penetrated more deeply into the juvenile justice system for relatively low-level offenses.

In many of these cases, the girls reported that their first offense was a status offense (such as running away, truancy, curfew violation; activities that are considered violations of law only when they are committed by a juvenile). Then, if the girl had been placed on probation any subsequent offense, even another non-serious status offense, such as truancy, was deemed a violation of a valid court order.

Although it is not strictly legal to detain juveniles on the basis of a single status offense,"a 1980 amendment to [a federal law] allows secure detention for violation of a valid court order, on the basis that such an action (or inaction) constitutes the delinquent

act of contempt" (Girls Incorporated, 1996). This practice, informally termed "bootstrapping," pulls nonviolent youth into juvenile hall. These youngsters are generally experiencing a range of family and school-related problems, but do not initially pose a threat to their communities. "Bootstrapping" practices label them delinquent, and may result in their out-of-home placement. Furthermore, because the majority of status offenders (57 percent of all runaways, for example [Weiss, Nicholson, and Cretella, 1996]) are girls, bootstrapping disproportionately affects young women and often entangles them in the juvenile justice system for lower-level offenses than their male counterparts.

The story of a 15-year-old girl who was beaten repeatedly by her mother and who ran away from home several times as a consequence illustrates the effects of bootstrapping:

Marjorie had been placed in a residential group home because of her refusal to remain in her abusive home. Once in the group home, she ran away again in order to visit one of her sisters who had fallen ill after having a baby. At the time of her interview she was in juvenile hall for having violated two warrants resulting from her multiple runaway attempts. Now, after having received no effective treatment or intervention, she is facing another potentially unsuccessful out-of-home placement. She is also labeled as a repeat juvenile offender and will receive increasingly severe sanctions for future attempts to escape the confines of placements.

When asked by the interviewer what she needed, she replied, "Not to go to no group homes, like to go on my own or to a foster home."

The second most common general offense category reported by the girls was person or violent offenses. Mirroring national arrest data, the type of person offense most commonly reported, by a wide margin, was assault and the least commonly reported and most serious offense was homicide. Explorations of the circumstances under which the assaults took place were very revealing.

When the girls committed assaults at home, the fights that resulted in their arrests were most often verbal altercations with parents and siblings that escalated into a physical confrontation. Often the girls reported that the parent or sibling was the first to initiate violence. As Chesney-Lind and Shelden point out, the fact that these cases of mutual domestic combat are resulting in increased arrests of girls may be the result of "increasing attention towards the problem of domestic violence . . . and greater attention to normal

adolescent fighting and/or girls fighting with parents" (Chesney-Lind and Shelden, 1998).

The excerpt below is one of many taken from interviews with girls arrested on assault charges as the result of familial altercations. This and other stories like it indicate that there may be greater willingness on the part of parents and law enforcement to criminalize girls for disobedient and rebellious behavior that could otherwise be viewed as normal adolescent behavior.

We (my mom and I) had an argument after school at around 6:00 p.m. Mom got angry when I came home. She said I opened her mail. She thought me and my brother stole her wallet. I threatened to leave until she calmed down. Then the cops came. They were talking. Mom put a citizen arrest on me.

Descriptions of the actual circumstances leading to the arrest of girls for assault in home situations taken from the case file review reveal a shocking distortion of the number of "violent" girl offenders. Frustration, anger, and lack of impulse control are often shared by the adult caretakers and the girls and, in some cases, the adults were the aggressors.

- ▶ Hit her father on the way to school
- ▶ Hit her mother, said "I'm gonna do whatever I have to do to get what I want."
- ▶ Hit father, said "He pissed me off; he is too strict."
- ▶ Hit mom and got charged as a runaway, but actually her mother kicked her out of the house.
- ▶ Mom called the police, turned her in on another offense. She hit mom.
- ▶ Cut father with scissors. "He wouldn't let me go to Tahoe with my boyfriend."
- ▶ Threw soda on mom. "I was mad at all the rules."
- ▶ Hit mom's boyfriend because "he tried to kick me out of the car."
- ▶ Hit brother. "I am tired of him slapping me around."
- ▶ Escalation of verbal fight with mom. "My mom kept saying 'Hit me so I can call the police.'"
- ▶ Slapped mom and pulled hair. Mom found her in the bedroom with two guys.
- ▶ Father lunged at her while she was calling the police about the domestic dispute. She hit him with the phone cord.
- ▶ She was trying to sneak out of the house at night, but mom caught her and pushed her against the wall. She slapped mom.
- ▶ Hit mom because she didn't want to go to Thanksgiving dinner at relatives, wanted to stay with her boyfriend.
- ▶ She returned from a runaway, mom started questioning her, so she threw a batch of cookies at her.
- ▶ Father was hitting her, so she hit him back and kicked him in the groin.

- ▶ She came home drunk and mom pushed her against the wall. She pushed back.
- ▶ Threw a plate and a plastic bowl at mom.
- ▶ Mutual combat with sister.
- ▶ Argument about curfew. Mom hit her, too.
- ▶ Mom told her to clean her room, fight followed.
- ▶ Accidentally struck brother with knife while doing the dishes.
- ▶ Fight with brother over five dollars.
- ▶ Hit mom with phone cord while police were there.
- ▶ Slammed door during fight, which hit the mom. The parents said they called the police because they wanted to scare her, but didn't want it to go this far.
- ▶ Fight with dad. Threw something at him. "I didn't want to hurt him. I wanted him to leave me alone."
- ▶ Hit her mother with a bong. "I didn't want to hurt her. I was upset at getting evicted."
- ▶ Fight with parents over how loud she could play her radio.
- ▶ Argument about curfew, fight came later.
- ▶ Hit mother after argument about not getting permission to go see boyfriend. Then, once in placement, she ran away because she missed her mom.
- ▶ Came home from school late and with a hickey; mom hit her.
- ▶ "Mom was getting in my face because I had been out all weekend. I slammed the door and her foot got caught in it."
- ▶ Beat up little sister.
- ▶ Grandmother trying to keep her from seeing friends, pushed her.
- ▶ Hit sister. "I was just trying to scare her, not hit her."
- ▶ Mom slapped her first.
- ▶ Grandmother searched her backpack, so she hit her. "I used to be able to do what I wanted, but she won't let me do anything."
- ▶ Mom made her hang up the phone with her boyfriend.
- ▶ "I got grounded because of a party I threw. I was mad."
- ▶ "I hit her because she was talking about me on the phone. I don't like her talking about me."
- ▶ Mom hit me first.
- ▶ Attacked brother because he told on her.
- ▶ "I didn't want to do what my mom said."

Assaults that were committed at school often appeared to emerge from fairly typical adolescent rivalries, frustration with teachers and administrators (including almost ludicrous overreactions from school personnel), and some tensions between rival gang members. Occasionally, girls reported bringing weapons to school and using them to threaten, but not injure, peers.

The description by 15-year-old Marissa of her arrest for assault at school reveals the reality behind the charge.

Marissa is an exceptionally small 15 year old girl who usually rides her bicycle to school. One day, she forgot to wear her helmet while riding to class. At the end of the day she noticed a boy, one of her classmates, mounting his bicycle and riding home without his helmet. The supervising teacher also observed the boy leaving without his helmet, but did nothing to reprimand or stop him. However, when Marissa tried to leave, the teacher confiscated her bicycle and yelled at her. Marissa was arrested for assault because she shook her finger in the teacher's face and the teacher "felt threatened."

Fran, 16 years old, describes how an altercation with another girl at school became transformed into a serious offense (assault with a deadly weapon) because of the addition of a gun.

I got into an argument with a girl at school. [Then] I went home. [Later] we met up with each other. She started talking stuff, cutting me down. The next day came, we went to school. I pulled a gun on her — didn't threaten her or anything. She got scared, started crying, and told the principal.

While the majority of girls interviewed about their involvement with violence were clearly involved in non-serious incidents, girls were also interviewed who had indeed committed very serious offenses. The discussion below offers insight into the dense matrix of contextual factors underlying their behavior.

Girls arrested for the most serious and violent crimes (robbery, homicide, and weapons offenses) commit these crimes almost exclusively within the context of their relationships with their co-defendants. Further, these relationships appear to fall into two distinct categories: dependent and equal. The dependent group were girls who were following the lead of male offenders (often adult men) who were the primary perpetrator of the crime. The second category were girls functioning in female-only pairs and groups mixed gender groups (including gangs) as equal partners in the commission of these offenses.

The circumstances surrounding a robbery during which the victim was seriously injured illustrate how a 15-year-old girl's loyalty to her abusive boyfriend (grounded in her childhood history of physical abuse) and her desire to please and placate him led to her involvement with a violent crime.

Kim and her boyfriend had been drinking and smoking weed and driving around the darkened streets of a suburban town. The boyfriend began complaining about the fact that they had no money. Then he hatched a plan to identify someone walking alone, threaten him or her with his knife, and steal whatever money and jewelry the individual had. The boyfriend told the girl "Do this for me, I love you."

A little while later they found a well-dressed middle-aged woman walking home alone with her purse visible. The boyfriend robbed the woman while Kim stood watch, but during the act, the woman seemed to go crazy and he seriously injured the woman with his knife. Kim hoped someone would see the crime while it was occurring and call the police, but no one did. After a high-speed chase, Kim and her boyfriend were arrested by the police and charged equally.

Later, after a psychiatric evaluation, Kim said, "They told me that if I hadn't been abused when I was a child, I wouldn't have stayed with my boyfriend. If I hadn't been with my boyfriend, I never would have gotten into this trouble."

Martina's story reveals the stark contrast between a 14-year-old girl's naivete and the potentially lethal danger she was placed in by her adult boyfriend who made her an accomplice in a weapons offense.

Martina's mom drove her and her boyfriend/homeboy to the mall. Neither she nor her mom knew that he was carrying a gun. However, the mall security guards immediately suspected that he was carrying and as they approached the couple, Martina's boyfriend handed her the bullets to hide and said that nothing bad would happen to her. Both were immediately arrested and charged equally.

Martina was angry that she got in as much trouble as her boyfriend because she initially had "no knowledge of the gun and no intention of using it." She also stated that she thought it was "very disrespectful" for her boyfriend to carry a gun in the car with her mother.

Lilly's crimes are more representative of the second type of person offender: those who function as equals with their co-defendants.

Lilly and three other girls engaged in over 30 street robberies. The girls would run by pedestrians, take their stuff, and sell it for cash. Lilly stated that she and her friends "got addicted to the money [and] got greedy."

Girls involved with gangs sometimes described group rivalries often, based on perceived breaches in loyalty or insults to the gangs' reputations, that escalated into violence. In almost every case, even when they cause physical harm, the girls, like Jeanette described below, report that they had not planned to use a weapon and that the actual act was impulsive. In describing the events the girls often appear to have been caught off guard by their actions and described their intention to injure their victims as little as possible.

Sixteen year old Jeanette was angry with an old friend because "she went from gang to gang sleeping with everyone, making our gang look bad." Jeanette wanted to punish the girl by "jumping her out," not by using weapons against her.

With a gang of girls, one of whom had brought a shank (knife), Jeanette went searching for her perceived enemy in a pool hall. Once the group found the girl and the fight had begun, someone dropped the knife on the floor. Jeanette said, "I picked it up. I cut her a little . . . and then security came."

Girls also appeared to collaborate fairly equally in the commission of some property offenses, especially auto theft (which was much more commonly reported in Southern California counties) and shoplifting. This story illustrates how a group of girls acting on impulse stole a car. As is typical of these offenses, the theft is unplanned.

According to Mary, who was 17 at the time, she and four other girls noticed a woman who was speaking on a public sidewalk telephone. The woman had left her car door open and her keys in the ignition while she was conversing. One girl wanted to rob the woman and steal her money, but Mary saw the keys and decided to steal the car instead. Mary and one girl jumped in the woman's car and drove off while the other three girls followed in another stolen vehicle. All were later arrested.

Thus, while there is a range of seriousness of offenses, the increased understanding of the complex overlap between the environment, family dysfunction, and adolescent development creates a pause in the often touted "increase in violent girl offenders." This study suggests that, in addition to overcharging practices by police, chaotic family environments, poor parenting skills, and normal peer pressure and adolescent development are the important targets of interventions.

Table 13
Demographic Profile of Interview Participants, by County, 1998

	Total n = 193	Alameda n = 50	Los Angeles n = 52	Marin n = 42	San Diego n = 49
Race/Ethnicity	100 %	100 %	100 %	100 %	100 %
White	17	4	10	31	27
Black	25	54	23	10	12
Asian	4	0	4	7	4
Nat.American/Eskimo	2	2	0	2	4
White, Hispanic	31	18	46	29	31
Black, Hispanic	5	6	6	0	6
Multi-Racial	16	16	12	21	16
Current Age	100 %	100 %	100 %	100 %	100 %
13 or younger	5	4	4	7	6
14 or 15 years old	40	36	35	48	41
16 or older	55	58	62	45	53
Mother's Education Level	100 %	100 %	100 %	100 %	100 %
No High School Diploma	22	16	31	21	18
High School Diploma	29	32	21	24	37
Some College	16	18	8	14	25
College Graduate or higher	17	20	19	19	10
Don't know	14	12	19	12	10
Missing	3	2	2	10	8
Father's Education Level	100 %	100 %	100 %	100 %	100 %
No High School Diploma	12	8	10	7	23
High School Diploma	30	42	31	26	20
Some College	7	6	4	10	8
College Graduate or higher	18	12	21	21	16
Don't know	24	28	31	19	18
Missing	10	4	4	17	14

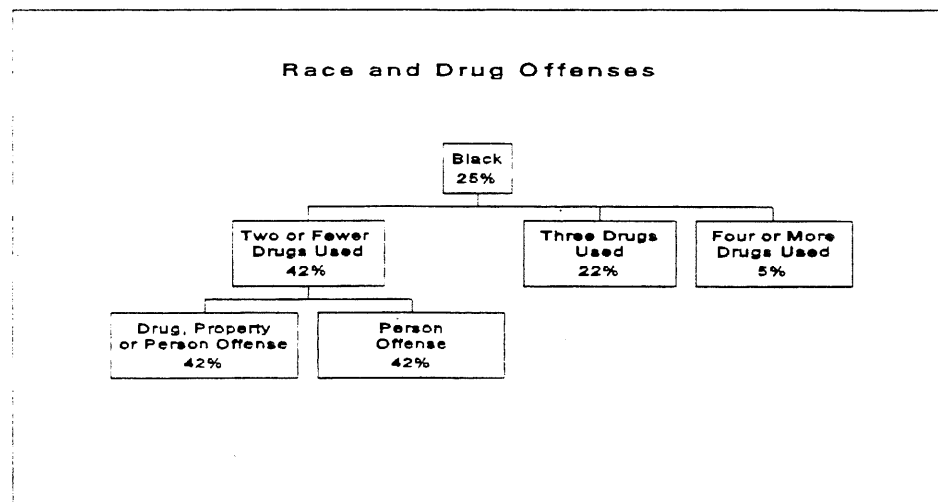
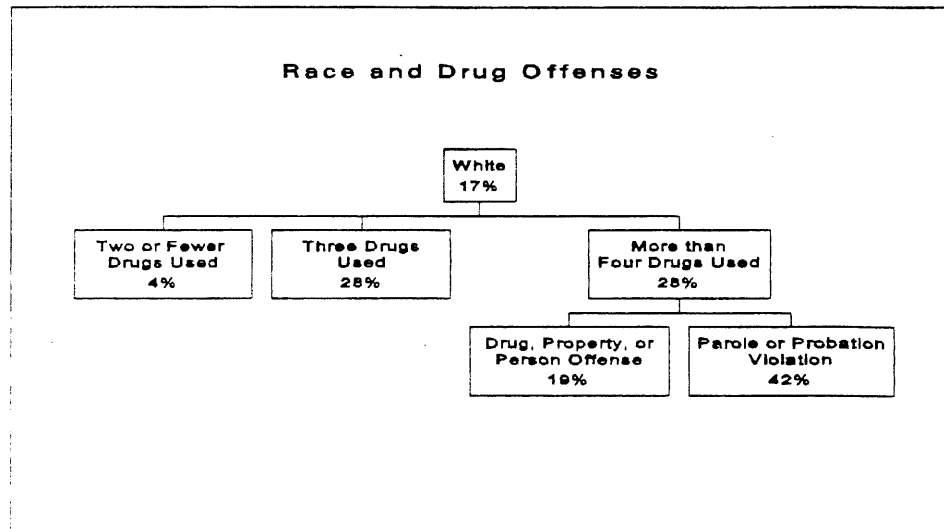
Source: Structured interviews with 193 young women in the justice system in four California counties, 1998.

Note: Totals may not add to 100 percent due to rounding.

Nationally, approximately two-thirds of the girls and women in the juvenile and adult justice systems are minorities, primarily African-Americans and Hispanics. In this study, minority over-representation was even more dramatic. As indicated in Table 13 above, 83 percent of the girls' interviewed were minorities, with Hispanics comprising the largest sub-group.

The Answer Tree analysis pictured below revealed that both reported drug use and drug offense charges may be racially linked. Whites, despite heavy drug involvement, were significantly more likely to be charged with less severe probation violations than any other

offense category. By contrast, Black and Hispanic girls, despite minimal drug involvement, were equally likely to have been charged with a drug/property or person offense as they were with a probation violation.



In order to develop the analysis pictured above, race, as a criterion variable, was recoded from the interview data into five categories: White, Black, Asian, Hispanic, and Other (includes American Indian/Eskimo/Multi-racial). Of all the variables entered into the answer tree model, the number of reported drugs used regularly was the most significant factor differentiating the racial groups. Specifically, Blacks were less likely to use drugs

(i.e., fewer than 2 types), while all but 4 percent of Whites used at least 2 different types of drugs. There also appeared to be two different population of Hispanics with regard to drug use: one group that didn't use drugs and another group that used drugs extensively (more than 2 types). The second level of segmentation occurred along the lines of current offense. Within the group reporting limited drug use, Blacks and Hispanics were equally likely to be charged for drug/property/parole/probation violation as they were for person or other offense. However, among the drug users group, Whites were much more likely to be charged with a parole/probation violation than any other offense (including drug offenses), while drug using Hispanics were equally likely to be charged with a drug/property/person offense as they were for a parole/probation violation.

In other words, it seems that drug use (reported) and offense charges might be racially determined. For Whites, despite heavy drug involvement, they were more likely to have a parole/probation violation than any other offense category. For Blacks and Hispanics, despite minimal drug involvement, they were equally likely to have a parole/probation violation as they were for a drug/property/person offense.

Relationships with Their Attorneys

A majority of the girls interviewed were not satisfied with their legal representation. In general, the girls believed that their attorneys had not taken the time to familiarize themselves with the salient facts and circumstances of their cases, did not exert any or sufficient effort in obtaining a positive disposition of their cases, or simply did not care about or respect the girls. This reported lack of commitment and possible lack of expertise on the part of the girls' attorneys seemed particularly egregious in the few cases where girls were charged with very serious crimes such as homicide.

Below are selected comments from interviews with girl offenders characterizing their perception of their attorneys' efforts.

Could have done better myself. [He] didn't bring up important facts [that would have] benefitted me, just went along with the judge.

I don't even know who he is.

*[These comments from a young woman facing a 25-years-to-life sentence.]
Wasn't prepared, court-appointed attorney didn't put up a defense, he rested the case.*

I'm not sure [who my attorney is]. This is the first time I've ever been to court. It's so confusing and so heartbreaking.

I think they didn't try hard, didn't pay attention to my case.

[I'm not satisfied with my lawyer] because she only saw me once and told me one thing in that little room, but said a whole other thing in the courtroom.

Lagging, she never had my papers together and didn't listen to my story.

. . . he gets paid regardless of what happens to me.

No attention to my case.

I didn't talk to anyone [and the] judge talked so fast I didn't understand.

I didn't want to come in here [juvenile hall]. Even the judge didn't want me here. Lawyer said I needed to learn a lesson.

Relationship to School

In the early grades girls are ahead of or equal to boys on almost every standardized measure of achievement and well-being. By the time they graduate from high school or college, girls enter school ahead but leave behind (Sadker and Sadker, 1995, p. 13).

Interviews with young women offenders conducted for this study dramatically underscored the acceleration of academic failure as girls move through their school years and the importance of school failure in the development of girls' delinquency. Ninety-one percent of girls reported experiencing between one and three forms of school failure, defined for the purposes of this study as suspension or expulsion, being held back a grade, or being placed in a special class. In addition, the interviews also yielded important indicators as to the ages at which girls begin to fail, why they fail and which interventions might transform their academic failure into success.

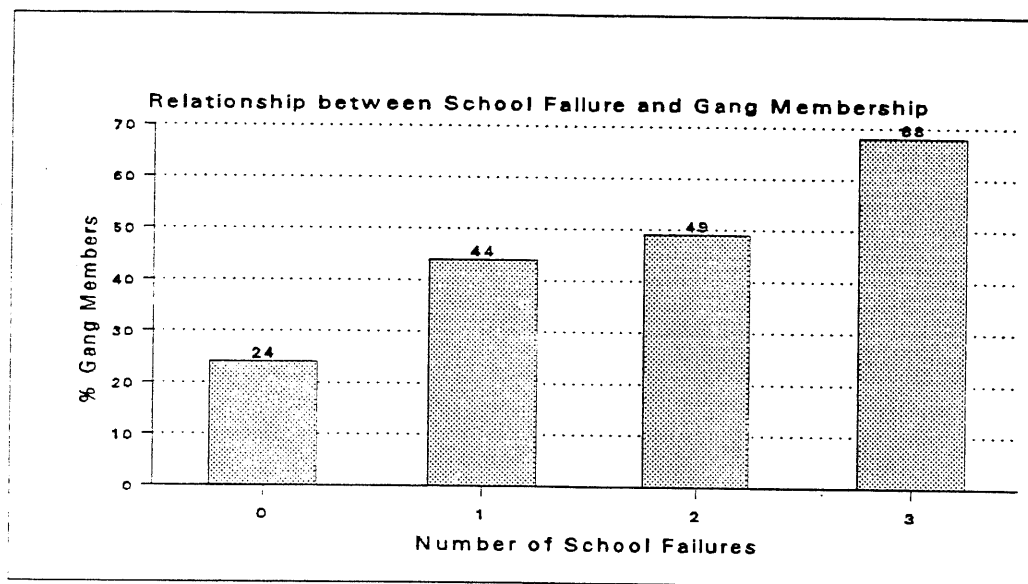
Echoing the Sadkers' research, girls in the NCCD study appeared to enter school ahead, but fall behind rapidly. Ninety-two percent of girls interviewed reported that during their elementary school years their grades were average, above average, or honors level. (Roughly 18 percent of girls in this category reported receiving honors level grades.) Only 8 percent reported below average or failing grades. Nevertheless, as a harbinger of future problems in school, of the 28 percent of all girls interviewed who reported being forced to repeat at least one grade, the highest number reported being held back at the earliest ages, between 6 and 8 years old (usually corresponding to grades 1 through 3).

By the time the girls surveyed reached high school, they reported that most of their positive academic momentum was lost and their school failures almost equaled their successes. Nearly half, or 48 percent of the girls reported receiving below average or failing grades in high school and 51 percent reported receiving average, above average, and honors grades. Only 6 percent of this latter category of high school girls had obtained honors level grades, or roughly one-third the percentage of girls who had received honors grades earlier in elementary school. Alarming, of the girls in this study, 13 years old, the age at which many girls are preparing to enter or entering high school, was the age at which they were most likely to be suspended from school.

Finally, a very high proportion (40 percent) of girls reported having been in some form of special education class at some point during their school careers. Unfortunately, only 24 percent of girls in these special classes stated that this intervention helped them "do their work more successfully" and less than three percent said that the classes "helped them feel better about themselves" or stay out of trouble." Almost none of the girls reported that anyone in their school environment took a special interest in them or assisted them to identify and build on traditional academic or alternative strengths. In fact, many of the girls described school as a battleground where racism, interpersonal rivalries with peers, and inattention from adult professionals made dropping out a necessary means for escape.

Studies have shown that contrary to some assumptions, school performance is very important to girls and failing can produce delinquency in girls just as it can in boys (Chesney-Lind and Shelden, 1998). A trend analysis illustrated the increased likelihood for negative outcomes in cases where this important attachment to school is lost. As shown

in the chart below, girls who experienced multiple school failures were more likely to form gang affiliations. Of the girls who had experienced three types of school failure, 68 percent reported gang membership, compared to only 24 percent of girls who had not experienced school failure.



Relationships to Peers

Psychologists, social workers, and to some extent, criminal justice professionals have clearly recognized the dominant role of interpersonal relationships in adolescent girls' development. Not only do girls use their relationships to make sense of the world, but they are also likely to make choices based on the perceived effect that these decisions may have on their relationships. An examination of girls' relationships with their parents, friends, and other adults is key to understanding their involvement in the juvenile justice system, as well as important for their relevance to pathways away from delinquency.

Earlier in this chapter, girls' relationships with their parents, often characterized by significant fragmentation from death, violence, and incarceration, were examined for their relevance to girls' involvement in the justice system. As indicated earlier, the significant failures girls experience in school, coupled with often overly punitive reactions to their behavior by school officials, have resulted in an alarming decreasing attachment of girls to the school environment.

When an empty family life drives girls to seek attention elsewhere and school personnel are not available to meet their emotional needs, where do many adolescent girls turn for the nurturing and guidance they need? "Increasingly, the emotional and psychological needs that young woman have are met with sexual solutions" (Schaffner, 1998).

Table 14
Sexual Activity and Relationship History of Interview Participants, 1998

	Total n = 193
Physical Attraction to:	100%
Boys (under 18)	43
Men (over 18)	48
Girls (under 18)	1
Both males and females (of any age)	6
Missing	3
Median Age of First Sexual Experience (in years)	13 years
Portion of Friends Who are Sexually Active	100%
All	59
Most	24
Half	5
A few	7
None	1
Missing	5
Sexually Active (intercourse)	88%
Consulted Medical Professional after First Intercourse	30%
Confided in Someone about First Intercourse	71%
Plan to Be Married	85%
Currently Have a Partner	79%
Partner is incarcerated	22
Partner uses drugs/alcohol	60

Source: Structured interviews with 193 young women in the justice system in four California counties, 1998.

Note: Column will not add to 100 percent because categories are not exclusive

The table above represents the girls' response to a range of questions concerning their sexual relationships. The large majority of girls in this study reported a heterosexual orientation, with approximately equal numbers being attracted to same-aged peers versus older men. While not large, a minority of girls reported experience with and interest in lesbian relationships. A major focus of any adolescent's life is their entry into the world of

sexuality, and therefore the issue of sex was an important inclusion in the interview protocol. In addition to the developmental appropriateness of the questions, the sexually related health concerns known to plague this population provided additional relevance to the issue.

Well over three-quarters of the young women in the sample reported having engaged in intercourse (88 percent), and an even larger proportion reported engaging in other sexual activity including kissing, fondling, and oral sex. A large proportion of young women also reported their perception that their friends are sexually active. A majority of girls became sexually active at age 13.

Almost every girl who reported being sexually active could summon a clear remembrance of the event and her emotional response to it. In recalling their first sexual encounters, many girls used words such as "hurt," "scary," and "painful," while others described them as "sweet," "romantic," and "exciting." Several girls wished that they had known to wait until they were older before having sex. Interestingly, more girls reported that they were attracted to older men than any other category of potential sexual partner and many of the girls' early sexual experiences were with men their senior. Individual girls' reflections on their initial sexual experiences appear below:

I was scared and it was painful, really hurt. I was in shock, didn't know what to do.

Didn't like it because it was painful.

Bothers me I didn't wait until marriage. Virginity is sacred . . .

First experience was pretty horrible. I wasn't relaxed.

I loved it. I have known this person for a long time, as a friend. We took it step by step and didn't rush into it. It was painful at the time, but afterwards I developed more feelings for him.

I wish I had waited until I was older. Once you have sex with a guy, it's harder to let go of that person . . . Sex should not be taken lightly. There's a lot of risks and life is different afterwards.

Almost three-quarters of the girls in this study confided in someone about their first experience of intercourse. Most often, this confidant was a friend. Almost one-third of the girls in the sample consulted a medical professional to discuss the risks of pregnancy and sexually transmitted disease. A full 85 percent of the girls wished to be married, within varying time frames from "when I get out [of juvenile hall]" to "when I'm older, like 40." Many of the young men these troubled girls had selected as boyfriends brought with them their own constellation of challenges, ranging from gang activity, substance abuse (60 percent reported their boyfriends used alcohol and other drugs), and significant criminal justice involvement (22 percent of the girls' boyfriends were incarcerated at the time of the interview).

In describing the nature of their friendships with both girls and boys, a majority of girls stated, often vehemently, that they preferred and valued their relationships with males over those with females. This response by a young woman interviewee was typical:

I don't talk to girls. Girls are too sensitive, dramatic, emotional. [They] talk about stupid things. [Versus] All my friends are boys. Boys are funnier. I grew up a tomboy.

Common themes that emerged from the girls' descriptions of their relationships with other young women were untrustworthiness — that other girls had betrayed or might betray them — and lack of emotional safety. As one young woman said:

I hate gossip. I don't trust nobody [girls] as far as I can throw them, and you can't throw them too far.

Since the girls' relationships with boys although valued more highly are also fraught with difficulty (many are described as "players" or lacking in "good morals"), the dominant sense gained from the interviews is that the girls experience the world of peer relationships, in general, as fairly treacherous rather than as a safe haven from the demands of the adult world.

In addition to the external stressors of substance abuse, health problems, and mental health issues, the young women included in this study were further challenged by relationships with lawyers, parents, peers, and ultimately themselves, that failed to direct

them toward a positive and prosocial path. The failure of parents to protect, teachers to engage, lawyers to defend, and peers to support leaves these young women alone and vulnerable, with few places to enjoy their childhoods, and no place to hide from the victimization, disrespect, and violence at home, at school, or in custody.

PART III: CHAPTER ONE

MEETING THE UNIQUE NEEDS OF GIRLS IN THE JUSTICE SYSTEM

Clearly, the girls involved in this study suffer a complex constellation of issues. Although involved in the justice system, these young women are remarkable in their ability to persevere and to survive the litany of abuses inflicted on them by parents, peers, the education system, and unfortunately, by the very system that was designed to help them. Many girls with similar backgrounds and challenges have managed to integrate the experiences of their lives into a positive pathway to their future, and many of them have done so in spite of justice system programs that were unresponsive to their unique needs. Their persistence, perseverance, ability to articulate and manage their feelings, and their realization that they are responsible for their own lives are a testimony to their powerful coping mechanisms. There are several programs in the nation that have been able to harness this energy and to competently assist the girls in resolving their issues. These programs are similar in their advocacy for the fair and humane treatment of young women in the system, for their celebration of the common issues that unite all young women, and for their determination to embrace each girl's unique strengths.

The purpose of this chapter is to provide the foundation for a blueprint for a gender-specific service continuum in each county. As discussed in earlier chapters, while some strong similarities exist, the girls in the four counties have different profiles and some need programs with a more intensive focus in certain areas. Fortunately, models do exist for gender-competent treatment in most of the problem areas described earlier. Guiding principles for all services for girls will be presented, along with detailed descriptions of promising programs designed to address the specific needs of girls. The Office of Juvenile Justice and Delinquency Prevention has supported the development of a resource guide describing services and strategies for girl offenders. Also, concurrent with the inception of this study, the state of California awarded a Challenge Grant to a team of researchers to examine statewide responses to female delinquency. The purpose of the Challenge Grant initiative is to detail a comprehensive inventory of girl-serving programs in each county, including the four counties represented in this research. Therefore, this research does not attempt to replicate that effort. Instead, the two research initiatives should be viewed as complementary and used in conjunction with one another. The focus of this report, then is

to highlight the specific needs of girls included in this study, and to offer detailed descriptions of model programs that can be implemented to meet those needs.

Guiding Principles

The following approaches are critical to the development of truly gender-competent programs. The literature is clear in its criticism of the "add-girls-and-stir" approach. Simply providing all-girl environments, pictures of accomplished women on the walls, and time for "processing" are not sufficient for a gender-competent classification. Additionally, first and foremost, programs must actively nurture the development of multiple competencies, particularly academic, vocational, and life management skills. These skills are essential to girls' capacity to initiate and maintain themselves economically, socially, and as parents. Programs must also attend to the developmental tasks and unique characteristics of girls, blended with the larger societal context of growing up female in America, and must be informed by documented effective practices in working with young women offenders. In the words of Chesney-Lind and Shelden (1998) "We must begin to imagine ways of responding to [girls'] troubles that do more than add to their problems" (p. 210).

Chesney-Lind and Shelden (1998) presented a service provider's basic approach to working with girls. Although not service specific, it is an excellent example of the underlying tone of acceptance and responsibility that is the essential starting point for working with young women.

- Don't throw them out. Communicate to them that if they want help, you will not turn them away.
- Don't allow them to fail. Emphasize even the smallest of successes.
- Don't leave them to their own resources, or they will return to the life that brought them to the system in the first place.
- Provide a 24-hour hotline. Girls need to feel connected and to know that help is always accessible.
- Don't try to rescue them. Making mistakes is part of learning.
- Change their relationship to the police. Help them to realize that the police can be helpful in escaping difficult situations.
- Understand their subculture, their values and lifestyles. It is important to listen to their experience of being female in today's society. (Chesney-Lind and Shelden, 1998, p.224-245)

Not only must a gender-competent program provide acceptance and support, it must also have structural and philosophical integrity that crosses academic, vocational, family, and peer group boundaries. The following guiding principles provide the foundation for comprehensive gender-competent services:

1). *Create a balance between risk-focused and strength-enhancing approaches.*

Using a public health approach to preventing violence, programs for girls should not only attend to the risk to public safety (the primary focus of OJJDP's *Comprehensive Strategy for Serious, Violent, and Chronic Offenders*), but should also attend to the unique strengths and successes that are present in every girl's life. Similar to the foundation of solution-focused therapeutic approaches (see Kim-Berg and Miller, 1992; Miller, Hubble, and Duncan, 1996), focusing on what the young woman does well and creating the opportunity for her to do more of it develops effective living strategies and helps her to detach from problematic behavior patterns. Further, programs need to encourage girls to understand and value the experiences of their lives, to understand the strength inherent in their survival, and to use it to their benefit. The failure to strike this balance between risk and strengths will result in programs that are crippled by their inability to target behaviors for change or by their ignorance of healthy replacement behavior patterns.

The extensive analyses of the interview data and the thematic findings presented in the previous chapter indicate that there are certainly specific situations that put a young woman at risk for involvement in the juvenile justice system (and other negative outcomes). The extraordinary rates of educational failure, serious and entrenched poly-substance abuse, and histories of victimization offer clear suggestions about the necessary focus of any program that hopes to positively impact the growth and development of young women in the juvenile justice system. Further, because of the high rates of adolescent pregnancy in girl offender populations, the positive intergenerational impact of programs that provide intensive interventions for the mother-child pair cannot be underestimated. Not only will the effective delivery of developmentally sequenced mother-child services prevent young women from entering the justice system resulting due to the abuse or neglect of their own children, but these programs can also promote the neurological potential of the infant, protecting against future involvement in delinquency.

The literature in the juvenile justice field overflows with data that identify the presence and severity of risk factors (which *is* an important consideration in program development). However, the same literature is imbalanced in its dearth of reference to the individual strengths of the young women in the system. Aside from global discussions of protective factors that include opportunities for bonding, exposure to healthy beliefs and clear standards, and situations that provide opportunity, skill development, and recognition, few studies attend to the individual strengths and coping mechanisms that have encouraged girls to persevere in the face of adversity. For example:

- 20 percent of the girls in this study were receiving grades that were above average in high school;
- 50 percent of the girls in the sample were functionally bilingual;
- 75 percent said their ability to read and write is "strong;"
- 47 percent said their ability to do math is "strong;"
- 23 percent of the girls in the study attended A.A. or N.A. prior to being incarcerated, and 26 percent had participated in a drug treatment program prior to being incarcerated;
- 52 percent identified their families as a source of positive influence and guidance;
- 35 percent were involved in sports;
- 40 percent of the girls in the study feel they have leadership qualities;
- 29 percent of the girls were involved with an organized religion;
- A large number of girls felt they had special talents in music (50 percent); art (40 percent); and fashion (55 percent).

It is precisely these qualities, talents, and strengths that must be harnessed to provide young women in the system with programming that is truly responsive to their needs and respectful of their individuality.

2). Focus on the family

As we saw, many of the girls' offenses were related to conflict in the home, usually involving a verbal altercation over a normal adolescent issue that escalated to violence. Other researchers have noted "the critical role that family relationships play in the

generation and labeling of female delinquency" (Chesney-Lind and Shelden, 1998, p.19). Therefore, the involvement of the family in the treatment of girls issues is critical to help parents to develop a developmental context for their child's misbehavior, to improve communication, and to teach more effective parenting strategies. Unfortunately, family involvement in treatment may also lead to the determination that the family is not equipped to adequately care for the young women, given the prevalence of girls' special problems with the family (primarily physical and sexual abuse). In situations where young women are placed out of home, consistent engagement with the family remains useful to the treatment process.

3). *Attend to victimization issues*

The literature of female delinquency is impeccably consistent in its assertion that the most common unifying factor in girls' involvement in the system is a history of violent victimization. While the rates of actual prevalence vary depending on the type of survey instrument that is used, there is widespread agreement that victimization is *the* critical dynamic underlying girls' involvement in crime and other problem behaviors. Moreover, interventions and treatment for the effects of victimization must be carefully integrated into the context of other modalities, such as substance abuse and mental health treatment, in order for these services to be successful. For example, within the context of substance abuse treatment, the girls' histories of victimization must often be addressed *after* they have established sobriety. Otherwise, the emotional distress that accompanies the exploration of victimization can destroy or undermine girls' early efforts to establish recovery.

Unfortunately, the focus on victimization sometimes has the unintended consequence of casting the girls' potential for adjustment in a fairly hopeless light. Stated best by a young resident of the Capella Center in Oregon, "They always see us as victims, not as survivors." Indeed, coping with this issue dominates much of young women's development, yet a programmatic focus should incorporate positive role models of girls and women who have recovered from the effects of abuse while developing their identities beyond the experience of victimization. With sustained support, many girls have been able to heal these wounds, and to draw strength from their ability to assimilate their

experiences into a positive approach to their future. Therefore, while victimization is central to effective intervention with girls, especially in its relevance to health, substance abuse, school failure, early pregnancy, and disrupted family relationships, the approach to working with this issue must be two-fold, including both habilitation and empowerment.

4). Provide safe environments

Because of the many experiences of young women in the system that would indicate that the world is, indeed, not a safe place, it is absolutely critical that a program environment provide physical and emotional safety from abuse, hurtful interactions, and lack of attention. Safety from physical violence is common sense and need not be elaborated upon at length. Girls also need to be confident that their thoughts, ideas, and wishes are safe from criticism and that their voices will be respected. Unfortunately, not only do girls risk such maltreatment from other girls, but also from staff. Treatment settings that permit gender-stereotyping, hurtful verbal exchanges, or sexualized interactions are devastating to young women, who are already struggling with issues of gender inequity, objectification, and harassment.

5). Promote staff training and integrity

The safety issue has serious implications for the quality and frequency of staff training. The staff culture communicates more to young women about appropriate interaction and the relative safety of the program than any processing group. Program administrators must recruit staff who are both appropriate in their demeanor and boundaries and conscious of the subtleties of human communication. Staff must closely attend to the messages they send about their expectations for girls, and their own behavior must be consistent with the values and morals they are trying to instill in young women. Programs must provide opportunities for staff to become aware of and discuss their experiences of gender identity and how these experiences and biases are applied to the young women they are serving (Maniglia, 1998).

Staff mastery and competence in adolescent development is also critical to creating an opportunity for success. An understanding of the complex transition process between childhood, adolescence, and adulthood is critical to providing services that enhance the

overall development and potential of young women. These issues are discussed more thoroughly below.

6). *Be culturally responsive*

Recent research suggests that girls of different cultures experience their gender differently (AAUW, 1992; Maniglia, 1998). Not only is it important to integrate racial and ethnic differences into the programmatic approach, but differences in expectations, stereotypes, and interpersonal relationships from girls of different socioeconomic statuses; from urban and rural environments; and from heterosexual and homosexual lifestyles must be considered. Additionally, programs must be able to attract and serve girls whose primary language is not English. Attempting to treat subgroups within individual cultures as though they are the same is as misguided as treating all cultures the same way. One size does not fit all...inside the justice system or out. The value of culturally responsive interventions lies in the discovery of the impact of each individual girl's culture on her own perception of her gender identity.

7). *Provide opportunities to build relationships*

One of the key differences between male and female development is the role of interpersonal relationships as the central organizing principle in girls' experience of the world. Girls use their relationships with others to create meaning, to solve problems, for comfort, for guidance, and as the basis for moral decision making. Therefore, it is critical for programs to offer the opportunity to develop positive relationships with peers and staff, both male and female. These relationships must contain a variety of roles for young women, that of friend, confidante, mentee, mentor, caretaker, daughter, and sister. A key to program success is to create an emotionally and physically safe environment that bears a strong resemblance to the opportunities available in the real world, while providing necessary structure, so that young women can learn to develop relationships and practice the use of skills that have strong relevance to their independent living. Therefore, programs must help young women to effectively initiate and maintain cross-gender relationships with peers and adults. A program's ability to provide such interaction often depends on the strength of recruiting practices for male staff, female staff's ability to actively engage male

staff in all relevant program discussions (including issues of gender identity, stereotypes, and sexuality), and on the female staff's underlying acceptance of male staff as valuable contributors to the treatment of adolescent girls.

8). *Include concrete supports*

Services for girls in the justice system should not only be risk-focused and strength enhancing, but should also include a broad spectrum of supports that may not be included under the traditional rubric of "justice system interventions." Such services include shelter, transportation, clothing, food, and medical treatment, as we know that justice system involvement is often the most dominant of the young women offenders' contact with public agencies. Further, not only do counties need to develop a full continuum of services that includes differing levels of restrictiveness and intensity of treatment, but each level of restrictiveness must also have several alternatives to respond to distinct behaviors. For example, counties need to have an array of immediate sanction or diversion programs that can effectively respond to specific service need areas such as school failure, substance use, or family dysfunction. Most importantly, services for girls need to have built-in flexibility that can respond to a diversity of needs and that can honor the essence of each girl's individuality.

9). *Provide developmentally appropriate interventions*

Central to effective treatment is the understanding that adolescents must accomplish identifiable, developmentally specific tasks, including the formation of a unique and independent identity, the establishment of a comfortable sexual role, and identification of the place she wishes to occupy in the adult world with respect to work and lifestyle (Acoca, 1996). In order to master educational, vocational, and social skills, an adolescent must build on the sense of competence and self-worth developed at home and in school during childhood. As has been stated earlier in this report, Carol Gilligan and other scholars studying girls' development have said, "Effective treatment must include assisting the adolescent to complete the tasks of childhood in order to help them to face those of adolescence" (Acoca, 1996, p.8). Specific goals must include the development of an allegiance between the young woman and a positive adult role model, and attention to the

development of key cognitive abilities that will promote healthy and independent living. Absent attention to these tasks and understanding of child development theory, programs for young women offenders will face difficulty in designing interventions that are both meaningful and appropriate.

10). *Provide same-gender learning environments and small teacher-student ratios*

Recent research has shown that girls perform better, academically, when placed in all-girl classrooms (Sadker and Sadker, 1995; Ornstein, 1995). Gottman and Mettetal (1996) describe early adolescence as a period of change for both boys and girls, where they find themselves embroiled in psychological, social, and physiological changes. During this period, the "salient developmental task is achieving intimate relationships with youths of the same sex" (Gottman and Mettetal, 1986). Given that the average girl in the justice system is several grade levels behind expected performance levels and has experienced multiple abuses at home, on the streets, and in school, the best opportunity for young women to excel in the classroom is provided by small, structured, girl-only learning environments. The latest research from the AAUW (1998) detailed some of the positive results found in all-female educational programs such as heightened regard for math and science, increased risk taking, and increased confidence as a result of improved academic skill. The debate among researchers about whether these results can be attributed to same-gender environments or to practices that simply promote good education (e.g., small classes, intensive academic curricula, and controlled and disciplined environments), highlights the key issue in gender-specific programming. Simply creating an all-girl environment is not sufficient; it is essential to develop educational programs with integrity, focus, and intensity and with a curriculum that both challenges and promotes the competencies of its girl students.

11). *View services in the context of society*

"Of equal importance to how a person views the world, is how the world views them" (DAY, 1994). A gender-competent program for girls must include a critical perspective of the status of women, expectations, gender-roles and mores that are present in society. "The specific needs presented by young women in juvenile justice treatment are

very often issues that have their basis in society's expectation of both girls and women. [Programs] need to recognize the connection between women's roles in society and societal barriers to women's growth and development" (Maniglia, 1998). Girls acting out behavior often has its underlying causes in societal conditions of poverty, discrimination, and the secondary status of women in society. Helping young women to decode the messages and barriers common to the female experience provides insight, understanding, and pathways to positive behavior change.

12). Provide competency-based programming

A developmentally-sequenced approach to working with girls recognizes that the primary task of adolescence is skill mastery. Young women offenders should be provided every opportunity to develop a diversity of skills, competencies, and talents in educational, vocational, social, and family settings. Material included in academic curricula should have practical significance to girls' lives and should strive to integrate skills sets across topic areas.

While preparation for employment is a key component to any program, "employment is not an automatic cure for delinquency" (Girls, Inc., 1996). Young women need to be prepared for and assisted in securing jobs that pay a living wage and that provide real and tangible career advancement opportunities. The AAUW (1997) issued a report that emphasized two areas that are critical to a program's ability to provide responsive gender-competent services: 1) encouraging women and girls to pursue non-traditional jobs must be a conscious goal of education if we are to increase the earning power of women; and 2) education programs must provide child care and other concrete services if they are to encourage participation. Federal initiatives, such as the Carl Perkins Vocational Education Act, have created funding opportunities for single parents and pregnant young women to gain marketable skills. Similar funding opportunities at the state and local levels encourage communities to provide training that allows women and girls to pursue higher-wage, higher-skill jobs. Since many of these young women will leave the justice system to become the single caretakers of young children, it is essential to provide them with the opportunity to acquire skills that will help them to escape the intergenerational cycle of poverty, violence, and justice system involvement.

Summary of Guiding Principles

These 12 principles provide the critical underpinnings to a programmatic approach that embraces, rather than stigmatizes, the unique experiences and needs of girls and that provides an environment that deftly harnesses their potential. These elements can be integrated into programs with varying levels of restrictiveness (i.e., diversion through incarceration) and into programs with different target behaviors (e.g., substance abuse, school failure, early pregnancy, etc.). What follows are detailed descriptions of program models that embrace these guidelines and provide quality girl-serving programs and that target specific issues found in the population of girls in this study.

Promising Programs

Not only was one of the goals of this research to provide the foundation for a blueprint for gender-specific services in each county, but also to begin to address the dearth of research on effective programs for girls in existing juvenile justice literature. In the past, the identification of best practices in the field completely ignored girls as a significant proportion of young people in the system and as a population whose needs differed from those of boys in the system. For example, OJJDP's (1995) *Guide to Implementing the Comprehensive Strategy for Serious, Violent and Chronic Offenders* includes over 100 promising and effective programs for preventing youth violence and effective interventions with juvenile offenders. While several of these programs accept girls, *only one (the PACE Program, described below) acknowledges the unique issues inherent in treating young women*. This is not to say that good, gender-competent programs do not exist. They do, but only in a limited number of settings. The models discussed below are able to serve only a very small fraction of the young women, nationwide, who desperately need such services. To date, there has been no comprehensive resource directory of promising and effective programs for young women offenders. Further, the concrete structural elements, which must be understood if promising programs are to be replicated, are rarely fully articulated.

Instead, program planners, researchers, and policy makers must rely on a fragmented body of literature in which programs are "discovered" and deemed gender-competent by word of mouth and through existing professional connections. Though

incomplete, the existing literature and program descriptions are a valuable resource for jurisdictions hoping to improve the range and diversity of their girl-serving programs. However, it is important for program administrators to recognize the absence of universal standards by which programs are judged effective. Unfortunately, few existing programs have the resources and technical capability to conduct rigorous outcome evaluations. However, as state and federal funding agencies begin to require an evaluation strategy for new programs, this situation is likely to improve. In the interim, attention to the specific structural components, the integrity of the program's approach, the quality of staff and programming, and confidence that the program can be implemented as designed are important considerations when replicating existing program models.

In order to pull from the largest possible pool of resources, NCCD surveyed the existing literature for model programs and effective interventions and executed a national solicitation for information on effective gender-specific services. The programs selected for this report are by no means exhaustive of our findings, but instead present specific interventions that are responsive to the individual, county-based needs, such as education, substance abuse, pregnancy prevention, and mother-child programs. Further many of these programs are developmentally-focused and provide a holistic matrix of services. Contact information for each of these programs is listed in Appendix D.

PACE: Practical, Academic, and Cultural Education

Intervention: Academically-based

Jacksonville, Florida

Target population: Ages 12 to 18

By the most rigorous standards in the field, the PACE Center for Girls (Practical, Academic, and Cultural Education), based in Jacksonville, Florida, has emerged as a model program for girls in and at-risk of entering the juvenile justice system. PACE is a non-residential, gender-specific program that provides comprehensive education and therapeutic intervention services to troubled adolescent girls. PACE serves approximately 2,500 girls, aged 12 to 18, in 15 PACE centers, statewide. Funded through contracts with the Florida Department of Juvenile Justice and the Florida Department of Education, there is no direct charge for girls to attend PACE.

One of the most common experiences of girls in the justice system is the failure of public schools to engage them in a program of skill mastery that permits the development of multiple competencies. By focusing the curriculum and activities around solid, individualized academic and cultural education, the PACE program greatly enhances the commitment of its students to the educational setting and therefore, their success in the community.

The PACE program has two tracks, one for young women who are planning to return to the public school system and one for young women who will receive a certified high school diploma from the PACE program. In each of these program streams, the girls benefit from small student-teacher ratios (10:1), computer assisted learning, and an integrated learning environment that combines academic, practical, and social learning skills. Although education is at the core of the PACE program, its strength lies in its comprehensive approach. The attention to life management skills, counseling, community service, transition and placement services permits individually tailored case management plans. Further, rapt attention to staff culture and training ensure that the adult role models to which the girls are exposed are of the highest caliber and fully qualified to respond to the unique needs of girls.

Each PACE student has access to the following program elements:

- ▶ *Life Management Curriculum:* The SMARTGIRLS! (Students Making A Right Turn) program is a gender-specific program designed around the unique needs of girls. It embraces girls' psychosocial development processes that order the world according to relationships with other people. SMARTGIRLS consists of six modules that focus on positive lifestyle choices, such as inclusive cultural education, job skills, substance abuse education, sexuality, violence prevention and safety.
- ▶ *Counseling:* Individual, family, and group counseling sessions are conducted regularly. Each student is assigned a primary advisor who is on call 24 hours a day, in the event of an emergency. Close communications and high availability of staff are key in defusing many teenage crisis situations.
- ▶ *Community Service:* PACE requires each girl to participate in at least two different community service projects while enrolled in the program. Enhancement of self-esteem and promotion of self-worth are integrally related to pride and involvement in one's community. Community service projects also provide a unique opportunity for girls to see themselves as needed individuals who are able to make a positive contribution to their society.

- **Transition Services:** PACE has developed a comprehensive three-year transition placement and evaluation component to ensure that the girls continue their education and employment.

Each of these elements is a hallmark of the PACE program and together they represent the most effective practices, proven by research in the field of juvenile justice. PACE boasts a 70 percent program completion rate, meaning that 70 percent of PACE students either graduate from the PACE program and find gainful employment or successfully transition to the regular public school system. Further, only 10 percent of PACE students have future engagement with the juvenile justice system. It is noteworthy that reviewers of both Florida state and federal juvenile justice programs have indicated that PACE is the most consistently successful program funded by the Florida Department of Juvenile Justice.

Child Haven, Incorporated

Prevention/Intervention: Pregnancy and Parenting Fairfield, California

Target population: Adolescent mothers and their children, 0 to 3 years old

Child Haven, Inc. is a non-profit, community-based program that accepts low income, multiple-risk, pregnant, postpartum, and parenting teens (and adult women) and their children zero to five years old, as well as older siblings. The primary focus of the program is to reduce the incidence of child abuse and neglect within families by addressing the underlying distortions and attachment problems in parent-infant and parent-child relationships. The goals of the program are: (1) to prevent damage to the infant due to substance exposure in utero and other stressors; (2) to prevent incidents of child abuse and neglect; (3) to maximize the health and developmental potential of the child; and (4) to promote the health and recovery of the mother. To accomplish these goals, the program offers a flexible matrix of in-home counseling services, infant-parent group therapy, basic medical services, and concrete supports such as food, infant supplies, and clothing. This program model has been rigorously evaluated in the United States and Australia, specifically in terms of its capacity to prevent child abuse and neglect.

The in-home counseling team includes professionals trained in infant and early childhood development, infant-parent therapy, family therapy, and case management. This team balances highly sophisticated training in infant and child development with common

sense ways of helping families to overcome vulnerabilities and enhance strengths. This expertise is essential, but is rarely found in programs offering intensive in-home counseling.

Services are provided five days per week with evening and crisis availability. Assessments and interventions are individually tailored to the needs of each family, with the duration of treatment ranging from 1 to 18 months. Child Haven recognizes that there is no "quick fix" for family problems, especially substance abuse, and that services must not be terminated at a predetermined, arbitrary point.

The Child Haven program site houses multiple group sessions including temperament counseling, parent education, and other support groups. These groups are *developmentally sequenced*, meaning that they provide hands-on guidance specifically geared to each precise developmental stage. There are for example, separate groups for infants 0 to 3 months old, 3 to 6 months old, etc., as well as groups for mothers of different ages. Fathers and other caretakers are included in the groups when there is no history of family violence.

Individual interventions with mothers and babies include developmental monitoring and intervention, which assist the mother in developing realistic expectations for her baby and in learning how to communicate more effectively with her child. Additionally, the program provides food, diapers, infant formula, and other supplies to all families that need them. This approach of blending concrete support with developmentally sequenced guidance for mother-child pairs is both very rare and absolutely essential.

According to Dr. Jeree Pawl, director of the Infant-Parent Program at San Francisco General Hospital, it is possible to minimize, or in some cases to reverse, some forms of neurological damage (including some effects of in utero substance exposure), by providing the type of developmentally targeted interventions available at Child Haven. This approach is most effective when initiated as early as possible during the infant's first year of life, and can prevent a lifetime of learning and behavior disorders and developmental delays.

Child Haven, which is situated in Fairfield, California, serves a rapidly growing and ethnically diverse region. It fills a critical gap in a county where problems such as poverty, homelessness, and teenage pregnancy are growing, while access to health care and other human services is radically diminishing. On an annual basis, Child Haven serves approximately 350 low-income families, including 700 children. The estimated cost per

child per year for program services is approximately \$3,000. Funding comes from a blend of collaborative efforts between Child Haven and the United Way, county mental health and social service agencies, and the California Office of Criminal Justice Planning.

Capella Center

Intervention: Residential Aftercare Independence, Oregon

Target population: Girls leaving secure custody

The Capella Center in Independence, Oregon, is a residential treatment home funded by Oregon Youth Authority Flex funding (a fund for transition services which requires that 50% of the budget be spent on young women). Serving as a step-down program toward community reintegration, the Capella Center accepts young women leaving secure confinement, often with serious and violent delinquent histories. In 1990, the OYA implemented the Young Women's Transition Project after finding that a critical element of post-release adjustment was the development of connections and relationships with the staff at the aftercare placement. The director of the Capella Center, Kate Kilfoil, embraces the gradual nature of transition by initiating placement in her facility while the young women are still in custody. After several initial visits to the facility, Kate invites the young woman to the Capella Center for overnight stays and weekend visits, leading to her eventual parole and placement at Capella. This incremental process permits the development of a relationship prior to the placement change and serves as an important stabilizing force during transition.

The Capella Center program emphasizes full community involvement, combined with ongoing counseling with the goal of establishing "a working relationship" between each girl and her issues. The center has a basic behavior modification system in which the girls progress to a level at which they are essentially leading a normal adolescent life, involved in school, dating, and working part-time. The residents attend the local public school, work for local businesses, and learn and practice independent living skills. All residents may earn the privilege to work, and then to open checking and savings accounts. Says Kate Kilfoil, "The girls must save 60 percent of what they earn, to support their independent living once they graduate and move out." A unique feature of the Capella Center is that it employs a part-time male therapist to assist the young women in their individual work toward positive readjustment. The presence of a positive male figure in the

lives of these young women assists their ability to function in the community and to develop appropriate cross-gender relationships.

The Capella Center views its role in each young woman's life as an opportunity for "integration" and uses the natural and logical events and situations of high school aged girls as fertile ground for the practice of new skills and the assimilation of past experiences. This approach is strengthened by Kate Kilfoil's insistence that the Capella Center function as a long term placement, to allow time for the young woman to stabilize, develop relationships, and form attachments to the local community. Although the young women have an average of 6 placements prior to coming to Capella, the average length of stay for Capella residents is almost two years, with most residents remaining at the Center until high school graduation. While the sample sizes of girls involved with the Capella program are too small for rigorous statistical analysis (the Center has a capacity of six girls at any one time), anecdotal information testifies to the strength of the program. Of the five current residents, one attended the Oregon Governor's School (a teen service and leadership academy for top students, statewide), two young women will attend college in the fall on scholarship, four are employed part-time, and all of the girls are involved in extra-curricular school activities. These young women, who had been deeply involved in the juvenile justice system, have marshaled the resources and opportunities presented to them in the structured and caring environment of the Capella Center, each one of them a true success story.

F.I.T.: Female Intervention Team

Intervention: Community-Based Supervision

Baltimore, Maryland

Target population: Ages 11 to 18

The FIT program is unique as a model program that operates within the probation department in Baltimore, Maryland. Composed of a team of probation officers, the Female Intervention Team is responsible for the supervision, case management and treatment planning for all adjudicated girls, age 11 through 18. Common issues affecting the girls on the caseload are poverty, sexual abuse, and academic failure, issues which require a synergistic matrix of programming including concrete services (e.g. food, transportation, and clothing). The provision of needed services is monitored closely by an individual caseworker, who follows and reports each young woman's progress to the interdisciplinary

team responsible for her care. The probation officers are assisted, in part, by the large number of community resources and activities that are available in the surrounding community, including programs at local hospitals, recreation providers, churches, the Urban League and Girl Scouts of America.

Because FIT operates within the justice system, the officers are ideally situated to influence the disposition of the juvenile court. Their attention, advocacy, and ability to offer alternative modes of supervision have resulted in fewer young women being placed out of home, and shorter lengths of stays for those girls who are placed in a residential setting (Girls, Inc., 1996). Further, since the inception of the FIT unit, the average term of probation has been shortened dramatically. Prior to its implementation, girls simply remained on probation until their 18th birthday. However, with close case monitoring and active participation in treatment, the FIT team successfully advocates for early termination of probation, usually within one year (Girls, Inc., 1996).

Girls, Incorporated

Prevention: Services and Advocacy New York, New York

Target population: Ages 6 to 18

Girls, Incorporated is a national and local advocacy group for the equitable treatment of young women both in and on the periphery of the juvenile justice system. Girls, Inc. also provides direct service to approximately 350,000 young women, ages 6 through 18, annually at over 900 program sites. The goal of Girls, Inc. is to "provide a variety of opportunities that encourage young women to develop their skills and interests and to plan for interesting and productive futures" (Girls, Inc., 1996). Typical programming includes any of five modules:

- ▶ *Friendly PEERsuasion.* The goal of this module is to prevent substance use and abuse by providing accurate and detailed information, offering practical suggestions to combat peer pressure, and developing alternative coping mechanisms for managing stress.
- ▶ *Preventing Adolescent Pregnancy.* Several developmentally targeted curricula encourage mother-daughter communication about sexuality, provide accurate and detailed information, discuss the issues surrounding sexual activity and peer relationships, and engage girls in a long term strategy of preventative health care.

- ▶ *Operation SMART.* To encourage girls' interest in and ability to secure employment in the well-paying technology industry, this module provides hands-on, engaging activities in science, math, and other relevant technology.
- ▶ *Teen Connections.* This module acts as a brokering service to connect young women to needed health, mental health, and educational services and resources. Of particular focus are issues of personal safety and providing necessary transportation to and from program sites.

Local Girls, Inc. programs are free to implement additional modules that are responsive to the specific needs of their populations. For example, the Girls, Inc. chapter of Alameda County has engaged graduates of its Preventing Adolescent Pregnancy program in providing services to other young women in the community to help them to avoid high-risk behaviors including substance abuse, unsafe sexual practices, early pregnancy, and gang involvement. Engaging the graduates of the program in providing services to other girls is a stellar example of Maniglia's (1998) essential treatment component: "Programming must also teach young women how to be advocates around the same issues they have overcome...[which requires] instruction on advocacy skills and an opportunity to practice these skills." Girls, Inc. is an important component of effective programming for girls not only for its direct service to young women in trouble, but also for its connection to national, state, and local policymakers and its commitment to the dissemination of scholarly work in the field of gender equity and treatment (e.g., *Prevention and Parity*, 1996).

Harriet Tubman Residential Facility

Intervention: Non-Secure Residential Program

Cayuga, New York

Target population: Ages 12 to 19

After an extensive and impressive review of existing literature on female delinquency and gender differences in adolescent development, the New York Division For Youth (DAY) designed and opened a 25-bed, non-secure residential facility for young women. The initiative for this program from the DAY (1994) stated, "As an agency, we would be remiss not to provide an environment to reverse the cycle of abuse and self-abuse that our population has adeptly survived. The Harriet Tubman program will focus on providing a safe environment for our girls to practice their 'voice'...[achieved by]

structuring challenges focused on self-knowledge, the development of healthy relationships, volunteerism, and cooperation." The program's philosophy is focused on interweaving the building of relationships among all of the program's components. Toward this end, the program includes:

- ▶ a time to talk and feel emotionally safe to engage in challenging and thought provoking conversations with others;
- ▶ a continuation and enhancement of relationships of trust and interdependence with women already in their lives;
- ▶ a forum which will tap the girls' personal and cultural strengths;
- ▶ mentors recruited from their communities who exemplify survival and growth as well as resistance and change;
- ▶ education about their bodies' functions, disease, birth control and the opportunity to explore the meaning and value of sexual pleasure and the value of committed relationships to assist them in "taking back" their bodies;
- ▶ education regarding pregnancy prevention, family planning, child rearing, and the prevention of child abuse;
- ▶ a vehicle for the girls to have a voice in the design, implementation, and evaluation of the program;
- ▶ a holistic approach so they understand the crucial connection between their minds, bodies and spirit;
- ▶ a strong education component that includes career awareness, life skills, and expressive activities like drama, dance, art, and music; and
- ▶ a safe environment which includes a single-gender atmosphere where girls can focus on themselves and not be placed in the caretaker's role.

When a girl enters the program, she establishes a Personal Growth Program (PGP) that outlines the expectations of the program and illustrates how to successfully navigate the program to maximize benefits. The PGP is described as "a proactive system based on earning levels and privileges rather than a reactive system based on failure and losing privileges." Within the program, all negative behaviors are treated as skill deficits, and the consequences for inappropriate behavior are instruction in alternate skills. Within this structured environment, the program operates the following modules:

- ▶ *Education and Vocation.* Basic educational curricula adhere to the same challenging standards of public schools, with an approach that is modified to address individual needs. The program employs a multi-cultural format and uses women's studies as the overall unifying theme of the facility, to create an interdisciplinary approach to teaching the youth about a particular subject. Vocational offerings are designed to enhance each participant's employability. Cooperative learning techniques cultivate communication, team building, and support. Classrooms that emphasize collaboration and provide space for exploring diversity of opinion create a more effective and equitable learning environment.
- ▶ *Health.* Health programs include education in sexuality, alcohol and drug abuse, smoking, nutrition, first aid and safety, personal hygiene and self care, including the proper use of the health care system. Medical staff have a dual role in meeting the health care needs of the girls in the facility. They not only provide medical services for routine and chronic health concerns, but they also educate the residents in the care of their bodies and the prevention of communicable diseases.
- ▶ *Nutrition.* Girls and young women have special nutritional needs that many of them neither know about nor understand. The importance of iron, protein, folate, and Vitamins A, B, and C are explained to the girls and considered by staff in the development of daily menus. An additional challenge when dealing with adolescent girls and their diets is the issue of self abuse through food. Many girls are overly concerned with weight loss and diet unsafely. The staff closely attends to each young woman's relationship to food and deals with issues through counseling and diet.
- ▶ *Recreation/Leisure Time.* Recreation and leisure are an essential part of physical and psychological health and development. Recreation is provided as an opportunity for girls to discover new talents and to perfect old ones.
- ▶ *Ministerial Services.* Girls are provided the opportunity for religious worship and the opportunity to practice their religious faith. These services "provide an avenue to explore the soul" (DAY, 1994) and encourage social values and tolerance.
- ▶ *Mental Health/Counseling.* Mental health services are provided at least twice a week in a group and individual format to aid the girls in identifying and developing their value systems. Many of the young women in the Harriet Tubman program have been victims of emotional, physical, and sexual abuse. "In a society where women have been subjugated and seen as non self-reliant, it is crucial that the girls examine and understand the perpetual victim cycle and develop strategies enabling them to break the cycle of dependence" (DAY, 1994).
- ▶ *Innervisions Substance Abuse Program.* Innervisions is a nationally recognized substance abuse curriculum that addresses abuse by providing information and encouraging personal growth. Emphasis is placed on the consequences of long-term drug use and avoidance of situations that can trigger the use of drugs. The Harriet Tubman integrates the basic tenets of this approach with a structure that

recognizes girls' use of drugs to self-medicate and to cope with victimization issues.

The Harriet Tubman facility is remarkable in its grounding in developmental theory and its attention to gender differences in education and social interactions. Further, its strong focus on health issues is likely to have a strong intergenerational impact, in addition to promoting the health and welfare of the young women in the program. The program undergoes an internal quality assurance audit annually, and has also recently received accreditation by the American Correctional Association, boasting a 100% rating. Unfortunately, the program has not yet been evaluated with a focus on the qualitative aspect of providing gender-specific services.

Threshold For Change, Inc.

Intervention: Residential Substance Abuse Treatment San Anselmo, California

Target population: Ages 13 to 18

Threshold For Change, Inc., is an all-girls residential facility that focuses specifically on young women, age 13 to 18, who are dually diagnosed with learning disorders and substance abuse and dependency. Threshold utilizes the Developmental Model for Adolescent Substance Abuse Treatment (Acoca, 1985) that involves four phases in which treatment and recovery issues are viewed within the context of developmental tasks and competencies. The model is abstinence based and utilizes individual, group, and family therapy as well as sober educational settings and sober peer groups. In addition to substance abuse treatment, the original Threshold model offered several components designed to function in a flexible manner so that girls and their families could access a continuum of services as necessary. Currently, as the result of a merger with another child-serving agency (Sunny Hills, Inc. in San Anselmo, CA), two of the components originally included in the Threshold design, the Sober School and Wilderness Component, have been institutionalized within the school system.

- ▶ *Intensive In-Home Services.* In-home services are provided throughout the young woman's involvement in the program and includes a comprehensive in-home assessment, crisis intervention, and reunification services. Within these services, substance abuse is addressed as the *primary* problem that dictates both assessment and treatment planning.
- ▶ *Sober School Setting.* The primary goal of this module is to provide a safe and sober atmosphere for students with a history of substance abuse. The academic program

is supported by therapeutic services to help girls' in recovery. The educational component provides an individualized curriculum, basic and remedial education, and regular high school courses.

- ▶ *Job Apprenticeship.* The vocational program works cooperatively with the local Rotary Club whose members agree to supervise and provide professional internships for Threshold graduates for one year. One of the advantages of this program is the access it provides to a range of interesting and challenging work environments that pay a living wage.
- ▶ *Wilderness Component.* An important part of the program is a series of weekly one-day excursions in conjunction with three long wilderness trips per year. Day trips include walks, bike rides, and ropes courses. Longer trips include river rafting, sea kayaking, snow camping, and backpacking, led by a trained and certified wilderness guide who is a member of the Sierra Club's National Inner City Outings Program for disadvantaged children. This component provides an essential adjunct to formal treatment, promoting a sense of physical skill mastery and cohesiveness among the young women.
- ▶ *Assisted Independent Living.* Young women who reach their 18th birthday often lose access to the residential and other services they need to sustain recovery. Therefore, a long term sober-living environment provides structure and support for young adults who have initiated sobriety. Participants are expected to go to school or work during the day, and are required to abide by house and program rules, including abstinence.

While the young women included in this study had an array of challenges and important issues, the extensive and entrenched nature of their substance abuse is in critical need of attention. While some programs treat substance abuse as one of a constellation of symptoms, some adolescents respond best to programs that treat alcohol and other drug dependencies as *the* primary problem.

Girls to Women

Prevention Battle Creek, Michigan

Target population: Ages 9 to 14

Sound research in the area of juvenile offenders has consistently found that comprehensive risk-focused and strength enhancing efforts with high-risk youth can successfully prevent their entry into the juvenile justice system. Unfortunately, the comparative spending on prevention versus intervention programs clearly indicates the current public affection for incarceration, at the expense of well-funded and intensive preventative efforts. Further, within an area that is already receiving too-little attention,

programs that address the unique needs of girls are in even shorter supply. However, several states have launched gender-specific initiatives that commit funding to the full continuum of graduated sanctioning programs, from prevention through incarceration. The result of one such initiative in Michigan is the Girls to Women prevention program that directly confronts pressing social issues such as substance abuse, school failure, health and hygiene, early pregnancy, physical and sexual abuse, and inadequate career preparation. Receiving referrals from schools, churches, law enforcement (for informal dispositions and to work with the siblings of adjudicated offenders), Girls to Women is unique in its provision of services for younger girls ages 9 through 11 in separate, developmentally appropriate interventions. The program also provides services to girls ages 12 through 14 in a similar manner that examines relevant issues within that particular phase of adolescence.

The program, while relying primarily on group counseling sessions, takes an individual approach to the assessment of each girl's need for services. Armed with information from the young women's schools that alerts program personnel to attendance, performance, and behavior problems, the staff also examine the girls' interactions with each other for insight into key issues and individual crises. The staff also conduct home visits to ensure responsiveness to and awareness of family dynamics, and to extend an invitation to the parents to participate in the initial intake session.

The program is structured as a thirteen week curriculum which requires the girls to meet once a week for two hours in a group setting of no more than 12 young women. In addition, Girls to Women often provides weekend activities and encourages organized volunteer work. The key element of the program is the mentoring relationships that are established between the girls and a team of 5 to 7 adults. The mentors are recruited through the local paper and in local churches. In the group setting, the mentors facilitate the discussion of critical issues, and offer their experience and advice. The young women in the group are strongly encouraged to develop individual relationships with the mentors as well. The focus of the group sessions, while predictable, is flexible depending on the composition of the group and pressing issues that rise to the surface. Noting a high rate of early pregnancy in the community, program developers work with issues of teen pregnancy and antecedent risk factors of poverty and lack of access to prenatal care. Further, group

discussions also center around barriers faced by girls (discrimination, cultural barriers, the impact of stereotyping) and are active in the planning of group community service projects that are conceptualized, planned and implemented by the girls with assistance from the mentors. Each group session opens with a reading from a book, *Epic Lives* (Smith, 1991), that examines positive female role models and introduces historical discussions of the place women have occupied in traditional society, contrasted with more contemporary roles for women.

Rebekah Jackson, the Program Director, states that her main goal is not to provide a forum for lecturing the girls, but instead to "create a place where the girls can talk and laugh and have fun, while learning to balance all of that out with being respectful of other people." Girls to Women has only been recently been funded by the Michigan Family Independence Agency, Office of Delinquency Services to serve 90 young women annually. An evaluation strategy is being developed and implemented to determine the success with which program participation helps to avoid negative outcomes such as early pregnancy, school failure, and justice system involvement. This program is noteworthy for its attention to the major risk factors confronting girls (school failure, substance abuse, early pregnancy, and victimization), for its attention to developmental differences, and for its reflection of the relational nature of female development in the opportunities it provides for young women to develop consistent relationships with adult mentors.

McLaughlin Youth Center

Intervention: Secure Residential Anchorage, Alaska

Target population: Ages 12 to 19

As the only secure, residential program for young women offenders in Alaska, the McLaughlin Youth Center embraces the challenge to provide comprehensive, gender-competent services with an extremely thorough and well research program design. Serving girls, age 12 to 19, with a diversity of offense histories and service needs presents a unique challenge to program providers who are charged with providing an intensive, yet flexible and individualized menu of services. The key to success in this area is the accurate and thorough assessment of each young woman in an Initial Treatment Plan meeting. Barbara Henjum, the director, states "We try to involve everyone we can find who has ever had anything to do with the girl to sit down and figure out what she needs. The girl is

there, too. Most of the girls are local, but if they are not, then we get [the parents and other professionals who have worked with the girl] to go to the probation office so we can have a conference call. You can't do a good assessment just by writing a report, it has to be interactive." Most useful from these discussions is an indication of what has and has not worked well with the young woman in the past, and some insight into the reasons why.

The program employs girl-only school environments, so that classes and goals can be focused specifically on girls. All groups and activities also operate in a single-gender environment. After experimenting with a co-ed unit for a year, the program staff found that the girl-only environment was far superior. Barbara Henjum remembers, "If you have a co-ed group on grieving, a girl won't mention the abortion she had. In an all-girl group, she will." There is a program emphasis on girls expressing themselves and on connecting their thoughts and emotions to their behavior and the choices they make. This processing time is a priority that supercedes all other institutional activities, and is the dominant mode of operation compared to the forced compliance that is common in male facilities. The program environment also integrates skill building and awareness of key issues, such as sexually transmitted diseases, sexual assault, harassment, and parenting, into the daily routines of the facility. Staff comfort with these issues is absolutely critical and is the focus of recruiting and hiring practices. Barbara Henjum states, "We hire a lot of people from community-based organizations and use students when we can, but they all must be focused on girls. To do this, the interview has to be structured around gender differences. We ask them outright what the difference is between working with girls and working with boys. If they can't answer that, they aren't going to work. They have to be able to speak openly about what is going on with them, because the girls are going to ask. Also, the staff must have high expectations for the girls, and not be willing to excuse their behavior." The program literature is careful to remark that the staff need to be willing to form relationships with the girls in their care, relationships that are sincere and also healthy in their boundaries.

While the program philosophy, program environment, and recruitment of gender-competent staff are remarkable, equally stellar is the flexible matrix of services that are available to the young women housed at the McLaughlin Youth Center. "The gender-

specific perspective for our unit was developed through the staff's years of experience of working with delinquent girls. We knew that certain things just made sense to do with girls and that certain issues are so pervasive with female offenders that they must be carefully addressed within our program." The program has fourteen modules:

- ▶ *Emotional Health.* The goal of this module is to provide ample opportunities for the girls to express and understand their emotions and how their emotions affect their behavior. Activities include a check-in group each morning, an anger management group to recognize anger cycles, a self-esteem group, a grief group, and an issues group to address situations that arise between residents. Given the large number of young women in this study suffering the loss of one or both parents to death, divorce, or incarceration, attention to the impact of grief on the way young women see themselves in the world is of the highest importance.
- ▶ *Mental Health.* All residents are given a suicide screening to assess current and past issues affecting the young women's mental health. Each young woman has access to a private psychiatrist when psychiatric treatment or medication is necessary.
- ▶ *Physical Health.* All residents are given complete medical and dental screening and appropriate follow-up treatment, including testing and treatment for STD's and AIDS. A community clinic provides bi-monthly health focused groups that are facilitated by public health nurses. Key topics of discussion and monitoring include eating disorders, and body awareness ("anything from hygiene to childbirth"). Girls who earn the privilege also have the opportunity to go off site to enjoy mountain biking and hiking.
- ▶ *Relationship Needs.* All residents are assigned a staff person to work with them on an individual basis. It is critical for the girls to know that a caring adult is willing and enthusiastic about spending extra time with them.
- ▶ *Family Issues.* Staff are persistent in their efforts to work with the girls' families, to engage the family in counseling, and to encourage frequent visiting (and will arrange special visiting times for those families not able to attend regular visiting hours). This flexibility has been a key factor in the successful development of constructive relationships with the girls' families.
- ▶ *Life Skills.* Based on a behaviorist philosophy, program staff have found they need to be willing to teach skills and behaviors and not to simply expect the girls to know how to get along in the world without learning how to do so. Each evening a community meeting is held to assess each resident's day and to give and receive feedback about their behavior, utilizing point systems and attached rewards and consequences. This module also includes a parenting group that looks at current parenting skill development as well as attention to parenting styles in each girl's family of origin. Further, each resident is required to build a Life Book that contains

all legal documentation such as birth certificates, social security cards, state identification cards, immunization and health records, school records, and addresses and phone numbers of important people in their lives.

- ▶ *Educational Needs.* Girl-only classrooms and individualized attention are key elements of a school program that is viewed as an institutional priority. Several teachers have developed special female-specific emphases for their classes.
- ▶ *Values and Morals.* Staff discuss and challenge residents on their belief systems and work with residents to form and practice appropriate values and morals. Values groups incorporate traditional lessons of the Eskimo culture and utilize stories and fables as both a time of nurturance with staff and as fertile material for group discussions.
- ▶ *Sexual Abuse Issues.* A Courage to Heal group provides a forum for information about abuse, group support for painful experiences, and discovery of the individual effects of victimization, and development of a strategy for moving on with life in a positive and productive fashion.
- ▶ *Substance Abuse Issues.* A group setting provides information on substance abuse and begins to address the issue of denial of the effects of substance use. Long term residents can earn the privilege to attend off-site AA meetings, which is supported by random urinalysis testing to ensure accountability for off-site behavior.
- ▶ *Spiritual Needs.* Separate religious services are provided for girls each week, and staff encourage the young women to maintain previous religious ties from the community.
- ▶ *Aftercare.* An aftercare program provides a case manager to each young woman for four months after their release from the institution. The case manager works closely with the families of the young women to ensure the successful reintegration into the community.

Not only is this program well-conceptualized, it is also supported by positive evaluation data. The long term female residents have been in a separate program for the boys except for the years beginning in 1992 and ending in 1996. The recidivism rates for the girls increased significantly after the co-ed program was initiated in 1992. For the two years prior to implementing mixed-gender programming, only 16 percent of the young women reoffended. However, when boys were admitted to the program, the recidivism rates for girls rose to 34 percent. Unfortunately, follow-up data for the period after the single-gender program was reinstated is not yet available, but these data provide a rare

opportunity to evaluate the effectiveness of girl-only environments. The cost of providing these truly gender-competent services is only \$150.00 per youth, per day.

Character House

Intervention: Residential Mother-Child Program Sarasota, Florida

Target population: Ages 14 to 18

The YMCA Character House is a residential commitment facility under contract with the Florida Department of Juvenile Justice that accepts pregnant teens, ages 14 to 18, who have been committed to out-of-home placement. Primarily, these young women are in their second trimester and remain in the program, with their infants, through completion of the program. The average length of stay at Character House is six months, but graduation from the program is based on performance so the length of stay varies. Initially, the program did not screen the girls according to the severity of their offenses. However, because they are the only mother-child residential program in the state, they soon received far too many assaultive young women to maintain a safe program environment. Currently, the program does not accept young women with physically assaultive offenses.

An initial Family Needs Assessment is conducted upon entry to the facility, along with an Initial Performance Contract, which evolves as the staff begin to understand the individual needs of each girl. The facility can accommodate 16 young women and 8 infants at any one time. A waiting list is compiled by the juvenile court, which is useful for the opportunity it provides to screen the young women for eligibility. Based on a behavior modification model, the program provides a highly structured environment with surrogate caregivers who give direction, guidance, and serve as role models for healthy and appropriate parenting. Five categories of behavior are evaluated four times a day, providing each young woman with constant and immediate feedback of the effect of her behavior. The program has the following modules:

- ▶ ***Medical Personnel.*** A nurse is on staff three days a week, and on call 24 hours a day. The Character House contracts with a private obstetrician and a private pediatrician, both of whom were particularly interested in working with Character House.
- ▶ ***Mental Health.*** Two mental health groups per day focus primarily on sexual abuse and substance abuse as these are, uniformly, the most potent issues in the lives of the young women. Each girl receives individual therapy once a week, or more when

necessary. Substance abuse issues are a primary focus of mental health treatment, and abstinence is emphasized.

- ▶ *Parent Education.* Twice a week, the residents participate in group sessions that focus on multiple aspects of parenting. The "Partners in Play" group features developmentally-sequenced mother-infant interactions, led by a specialist in infant development. The other group is primarily therapeutic and focuses on the parenting styles in each girl's family of origin and the connections these experiences have to their own approach to parenting.
- ▶ *Physical Activity.* The staff and residents participate in Adventure Based Challenges (e.g. ropes courses, team work, etc.) once a week, as well as water aerobics to maintain and improve fitness levels in a setting that is safe for pregnant women.
- ▶ *Education.* Education is the primary focus of the facility, and the academic curriculum is designed for intensive programming to motivate youth to succeed and to remedy existing deficits in performance levels. The residents routinely experience multiple grade-level improvements during their stay at Character House. The classrooms feature an 8 to 1 student-teacher ratio, which is supplemented by intensive vocational programming. All residents must apply for a job in the facility, have an interview, and participate in vocational programming in support for that job. Options include infant care, teacher's aide, clerical assistance and culinary services.
- ▶ *Follow-up.* While aftercare services are provided by the state Department of Juvenile Justice, the residents' teacher is an active participant in formulating a reintegration plan that includes school re-enrollment. By calling schools, arranging meetings, and advocating for the education of these young women, the educational staff is able to increase the potential for each resident to finish high school or to earn a GED.

The annual operating budget of the Character House is \$498,000. While no formal evaluations have been conducted to date, staff have noted a lack of recidivism and a significant reduction in child abuse and domestic violence reports for their residents upon leaving the program. The results of an external audit of quality assurance will be available in the near future. This program is one of only two programs found that permit teenage mothers in the justice system to live and interact with their newborn children.

CHINS UP Chronic Runaway Program

Prevention: Runaway ***Colorado Springs, Colorado***

Target population: Up to age 17

The CHINS UP Chronic Runaway program serves young women, up to age 17, who have a history of running away from home and community placements. Previously, this

population was at risk of being detained in Juvenile Hall solely because they were frequent status offenders. To be eligible for the program, girls must have had at least 2 prior runaway episodes of at least 24 hours in length. This program is voluntary and works most effectively in conjunction with other services. Because this program is simply one piece of a holistic approach to working with the multifaceted needs of this population, girls are not excluded for health problems, offense type, pregnancy, or psychiatric history. Young women are referred by the Department of Social Services, the Juvenile Court, Division of Youth Corrections, and by parents. Many referrals come from the Department of Social Services intake unit when DSS placement is not warranted but the family and young woman are clearly in need of assistance. The program also has many clients who are currently residing in an out-of-home placement, and are referred to the program because of the perceived likelihood of a runaway.

The intake and assessment process is casual. Tim Landis, the director, states "We go to interview [the client] wherever she is...a group home, foster home, institution, parents' house...We talk to the people around her to find out what is going on. We don't want to march in there with a list of demands, we want to make the girl comfortable." The program serves up to 50 girls per year, using two youth advocates who work closely with the each girl to stabilize them in their current living situation. The advocates hold Master's Degrees, and go through rigorous gender-specific training on the unique and important issues in working with girls.

The services are characterized as "totally flexible, and based on what we believe the girl needs right then to be able to stay in the home or placement setting." Services provided by the youth advocate can include anything from recreation, to lunch in a restaurant, to an NA meeting, or time to discuss issues and feelings. Because this program is offered only as a support to other services being delivered to the girl, it avoids the pressure to "do everything" and can simply provide one or two luxuries or comforts that help the girl to feel safe and stable. In addition to spending consistent and quality time with each girl, the staff also advocate on the girl's behalf when necessary (e.g., to improve the quality of the foster home; to get medical insurance, etc.).

Each advocate works with the girls to set tangible goals for success, which can include not running away, quitting smoking, dealing with anger about a particular issue,

going to school consistently, etc. The program struggled to collect outcome data, but was challenged by the difficulty in securing accurate pre- and post- intervention levels of runaway behavior. Currently, they are developing a rigorous assessment strategy, but have set and maintained an agency-wide goal to prevent at least 75 percent of their clients from running away during their involvement with the program. For the last 18 months, they have achieved that goal every quarter.

Summary of Effective Program Models

Clearly, a comprehensive array of gender-competent services do exist, and well-researched and documented models for working with a diversity of needs are currently operational and replicable. Each of the program models described above is specific in focus (i.e., it targets a specific segment of the girl offender population such as in-custody programs, day treatment, or programs for pregnant and parenting teens) and includes the necessary elements described in the beginning of this chapter. With a couple of notable exceptions, most of the programs listed here have not been rigorously evaluated and therefore, their objective impact on recidivism and positive adjustment cannot be stated definitively. However, given the sound construction of program modules, clear and specific program operations, and the confidence that these programs were implemented according to design, next steps should include rigorous evaluation of the impact of many of these models. Counties integrating these models into their service continua should implement with caution to ensure that the essential matrix of services has been replicated and should also make provisions for a rigorous outcome evaluation of their effectiveness.

County Based Gender-Specific Initiatives

Part of the site selection process involved an assessment of the current momentum to provide gender-specific services for girls. Each of the four counties has expressed their commitment to this issue, some more developed than others, but each has a unique set of resources and circumstances that reflect local interests and assets. In two of the counties, NCCD has been directly involved in facilitating the community process resulting in improved services for girls. Further, as a result of this project, NCCD has assisted California Senator Peace in drafting legislation making an estimated \$20 million available to

counties wishing to implement gender-competent services for girls. Each of the four counties can improve its ability to compete for these funds by harnessing the energy of girls' initiatives already underway in the county.

As part of the culmination of this project, NCCD hosted two regional conferences in May, to provide an opportunity for each county to hear, first hand, the effective strategies employed by three of the model programs described above (PACE, Child Haven, and the Capella Center). In southern California, approximately 80 professionals representing approximately 35 separate organizations in San Diego and Los Angeles counties attended the one-day conference. The wide diversity of agencies and programs already intimately involved with the issue of female delinquency generated exceptional enthusiasm and provided an ideal opportunity for networking. In northern California, approximately 50 professionals representing 3 counties attended. Included in the attendees were the entire staff of the newly initiated all-girl probation unit in Alameda, the RYSE (Reaffirming Young Sisters' Excellence) program. Each county's individual efforts and accomplishments in implementing gender-specific services are discussed below.

Alameda. Under the astute leadership of Chief Sylvia Johnson, Alameda County effectively secured a large grant from the California Board of Corrections, in response to SB 1760, to implement an separate probation unit to serve all females under the jurisdiction of the Alameda County Probation Department. The RYSE program has been underway for approximately six months, and holds tremendous potential to serve as both a broker and a provider of sound gender-competent services. A unique feature of this program is its rigorous evaluation component which will provide much needed documentation of the effectiveness of a gender-specific unit, as well as the efficacy of individual program modules.

This program is supported by an intricate network of powerful and creative community women as well as the county's Juvenile Justice Coordinating Council (a multi disciplinary governing body that strives to coordinate youth serving efforts). As part of the SB 1760 grant, Alameda county maintains an advisory board to the girls' program, with membership from community-based service providers (Girls, Inc., YWCA), the district attorney and public defender's offices, the county departments of health and mental

health, the county Board of Supervisors, and local public schools. This advisory board is ideally positioned to define county-wide policy and to make program decisions based on the findings of this study. Strong leadership from Chief Johnson is an enormous asset to the continuing effort to bring quality, gender-competent services to the young women in Alameda County.

Los Angeles. Aside from the standard research proposal process with the Probation Department, NCCD's first contact with girl-serving initiatives in Los Angeles was through a private attorney, Brenda Hansen, who has immersed herself in the effort to initiate girl-serving programs in the county that do more than simply provide all-girl environments. Her contacts with county professionals and administrators proved useful in drawing a large representation to the regional conference. Further, Los Angeles has recently initiated a grassroots effort, "Girls and Gangs," that is composed of a multi-disciplinary advisory board with important representation from the health field, education system, ranks of professional researchers, and a cadre of existing girl-serving community-based providers. In terms of timing, this research could not be more ideally suited to provide a statistically derived profile of the young women in this county that has enormous capacity to make a tangible difference in the lives of the approximately 4,000 young women currently under the jurisdiction of the Probation Department.

Marin. The Marin County Probation Department has been involved in the development of Threshold for Change, discussed in the Promising Programs section of this report, since its inception and has been, to the knowledge of NCCD, supportive of its transformation from a mixed gender to a girl-only program. The range of other options and supports for girls and women in the community, including those preventing and treating the effects of domestic violence, substance dependence, and family dysfunction, is unusually broad.

This diversity is to the credit of the Marin Community Foundation which has taken an active role in the development of resources for adolescents. Further, the broad scope of services can also be attributed to the relative sophistication of the network of community-based providers and the relative affluence and small size of the county. However, there are many areas where there is significant need for improvement. The results of this study will

soon be presented to the Marin County Juvenile Justice Commission with a specific recommendation that a Girls' Task Force be formed to address the unmet needs of at-risk girls in the community.

San Diego. As a pilot site for OJJDP's *Comprehensive Strategy for Serious, Violent, and Chronic Offenders*, San Diego is enormously accomplished in terms of its community organization and its history of cooperation and collaboration among the various county agencies and departments. As the lead agency in the *Comprehensive Strategy* effort, the San Diego Children's Initiative has provided strong leadership in marshaling resources and effective planning. One of the most compelling products of the *Comprehensive Strategy* process was San Diego's identification of gender-specific services for girls as one of the top five county priorities. To guide this effort, a task force was formed to examine the magnitude and severity of the problem, gain insight into the critical dynamics of the issue, and make recommendations and secure funding for program initiatives. Part of the task force's work will be to coordinate the multitude of programs that are already providing quality services to girls in the county (notably the Girls Rehabilitation Facility, a residential program that has many of the components of the McLaughlin Center presented earlier; and the Teen WATCH program that has experienced enormous success in working with pregnant and parenting young women). The beauty of the effort in San Diego is that it is largely driven by a broad base of support from multiple power points in the community, an asset that will facilitate the implementation of a programmatically and geographically diverse service continuum.

Summary

Clearly, all four counties involved in this research have enormous potential (some of it already recognized) to make tangible and lasting changes in the quality and availability of programs for girls in the justice system. With this study, each county has access to a detailed and comprehensive profile of the major challenges and strengths facing the population of girls in their county as well as detailed and specific gender-competent program models that target specific needs and that are ripe for replication. Further, the inventory of county-specific programs being produced as a result of the recent California

Challenge Grant will assist these counties in identifying important gaps in services, both in terms of targeted needs and levels of restrictiveness. Fortunately, each county involved in this research brings to it keen insight, impressive momentum, fundamental competence, and, most importantly, the desire to do better by the girls in their communities. The next chapter presents a look to the future and makes specific program and policy recommendations as a blueprint for developing the full range of gender-competent services in each county.

PART III: CHAPTER TWO

FULL CIRCLE: A BLUEPRINT FOR THE FUTURE

As demonstrated in the previous chapter, there are individual programs and clusters of services that effectively identify and meet the needs of girls in and at risk of entering the juvenile justice system in different regions of the country. However, nowhere in the United States was NCCD able to discover a comprehensive continuum of gender-competent services addressing the specific needs of girls (and those of their families and children) at each developmental stage in their lives. This absence is not surprising given the lack of intensive child and family services, generally; the relative invisibility of at-risk girls; and the national political climate that generally favors withdrawing, rather than augmenting, supports for women and children. Nevertheless, the rapid expansion of the girl offender population is indicative of the need for the design and implementation of such continua now, while the number of girls in trouble with the law is still relatively manageable.

The purpose of this chapter is to initiate the design of a gender-specific and developmentally sequenced service and program continua that can be tailored to address different regional characteristics. Incorporated within this blueprint are selected prevention and early intervention strategies as well as strategies that provide intervention and intensive treatment. When appropriate, programs are suggested that have been described at length in the preceding chapter of this report. In addition, other programs are referenced that may have key structural elements in place, but whose mixed gender approach prevented their inclusion in the Promising Programs chapter of this report. The basic elements of the blueprint presented below can be used by each county as the foundation for future design activities and as the basis for both program implementation and evaluation. Combining a developmental continua with a system of graduated sanctions, this chapter first presents the elements of a comprehensive assessment system and concludes with a pragmatic model for service and program continua for girls, their children, and their families.

Comprehensive Needs-Based Assessment for Girls

As has been emphasized throughout this report, profiles of girl offenders typically portray "high need and low risk." Although they are significantly less likely to pose an immediate threat to the safety of their home communities than their male counterparts, girls' needs for support, intervention, and treatment are multiple and, in some areas such as substance abuse and reproductive health, are more intense and complex than boys' needs. Unfortunately, many assessment tools for youthful offenders of both genders are risk focused and designed solely to evaluate the risk of recidivism. Needs assessments, when they are administered, often overlook or under emphasize the specific stressors and needs that affect girls. To strengthen the approach to classifying young women offenders, an model that incorporates the critical elements of a comprehensive assessment is presented. Based on the findings from this study and other literature on girl offenders, this needs-based assessment is designed to identify the presence and intensity of girls' needs in multiple areas of their lives.

Ideally, once a girl has entered the juvenile justice system and has been interviewed using the structured guide presented in Part One of this report, she would receive a needs-based, clinical assessment that includes the elements below. Additional elements may be added in response to regional differences and to developing research on the characteristics and needs of girl offenders. This assessment would then form the basis of individually tailored support plans utilizing multiple community resources.

Importantly, the identification of the girls' strengths and resiliencies are incorporated into each area of assessment rather than isolated in a separate section. Unlike the interview guide presented in Part One, which is intended to be used by the probation officer to guide the initial interview, this inventory assesses a broader array of stressors and forms of nurturance, requiring a whole family assessment as well as consultation from a multi-disciplinary team of professionals.

Health Needs, including assessments of:

- ▶ Vision, hearing, motor functions.
- ▶ Immunizations (including hepatitis).
- ▶ Infectious and communicable diseases (including tuberculosis, hepatitis [A, B, and C], STDs, and HIV/AIDS).

- ▶ Chronic and degenerative diseases (including asthma and diseases that specifically affect minority women such as sickle cell anemia).
- ▶ History of serious accidents, wounding, and victimizations causing physical harm.
- ▶ Environmental factors affecting health such as lack of fresh air and sunlight.
- ▶ Eating habits and disorders.
- ▶ Reproductive health status including menstrual history, pregnancies, deliveries, and health status of girls' infants and children.
- ▶ Wellness status including girls' perceptions of their health status and body image and basic knowledge of and engagement in health promotion activities such as fitness and sound nutrition.

Mental Health Needs, including:

- ▶ Individual mental health evaluation, including history of psychiatric disorders and hospitalizations, psychotropic medications, depression, suicidal ideation and attempts, self-endangering and self-harming behaviors, relationship of mental health problems to instances of victimization, etc. *Also* identification of the girls' specific emotional strengths and traits such as courage, tenacity, and perceptiveness.
- ▶ Family evaluation, including mental health and substance abuse problems among close and extended family members; history of abuse, neglect, and family violence; history of family fragmentation and loss caused by death, disease, incarceration, and/or abandonment of and by family members. Identification of specific strengths within the family, such as commitment to maintaining parent-child relationships despite significant stressors and/or a sustaining involvement with a larger spiritual community or church.
- ▶ Peer and partner evaluation, including assessment of girls' friendship relationships with both genders (encompassing gang-related friendships) and their emotional relationships with sexual/romantic partnerships (encompassing relationships with adult men and women and harming relationships in which girls have been physically, sexuality, or emotionally injured). Identification of the specific strengths within these relationships such as loyalty as well as existing and potential weaknesses.

Substance Use and Abuse Related Needs, including:

- ▶ Individual substance use/abuse evaluation, including age of first use of tobacco and psychoactive chemicals; categories of substances used; frequency, duration, and intensity of use; history of intravenous drug use; current use patterns and primary drug of abuse.
- ▶ Recovery and treatment history including, history of involvement with self-help (Alcoholics Anonymous, Narcotics Anonymous, and other Twelve Step fellowships); formal treatment history, including outpatient, residential treatment, etc. (encompassing perceived success or failure of treatment episodes); identification of girls' preferred methods of and resources for treatment and recovery.
- ▶ Whole family assessment, including substance use/abuse and recovery histories of parents, other caretakers, and siblings; role of family members in girls' substance abuse (e.g., did they initiate girls' use by giving them drugs? do they undermine or support girls' recovery?); identification, where appropriate, of the interrelationship between family-based victimization and the development of girls' substance use/abuse.
- ▶ Identification of positive resources for girls' recovery in family, such as recovering family members or members' commitment to recovery and/or sobriety.
- ▶ Peer substance use/abuse patterns, including level of substance use/abuse among friends, romantic partners, and, where appropriate, gang affiliates.
- ▶ Impact of girls' substance use/abuse on other areas of girls' lives, e.g., health, school, family, and friend relationships; relationships with girls' children.
- ▶ Current phase of substance use, abuse, dependence, or recovery, including girls' interest in or commitment to recovery.

Educational and Vocational Needs, including:

- ▶ Competency-based academic evaluation, including proficiencies in math, English, science, history, and computer literacy; identification of specific academic strengths as well as weaknesses; identification of girls' primary areas of intellectual interest, including those that are non-traditional (for example, photography, peer counseling and leadership).

- ▶ Learning and perceptual evaluation, including specific strengths and weaknesses in auditory, visual, and kinesthetic functions; memory functions (short, mid, and long term); information processing capacity (encoding and decoding); and speech and language capacity.
- ▶ School history, including number of school and post-secondary school years completed by parents and by girls; grades received during primary, middle school, and high school years; special classroom placements such as those for gifted, learning disabled, and behavior disordered students; perceived helpfulness of these placements; suspensions and expulsions and perceived reasons for these; grades held back; girls' perceptions of the positive and negative aspects of school in the community, and, where appropriate, in custody.
- ▶ Identification of girls' primary vocational interests and experience, including previous employment history and vocational education and training experiences, and identification of specific training needs required to qualify for desired vocational education and of family and community resources that could assist with job acquisition.
- Identification of concrete supports girls may need to obtain employment (e.g., dental care to improve appearance, appropriate clothing and equipment, tattoo removal where appropriate, transportation, and specific instruction on resume development and job interviewing).

Needs Related to Girls' Membership in Gangs, including:

- ▶ Evaluation of girls' gang history, including the presence or absence of gangs in the girls' home environment, gang involvement of family members (encompassing intergenerational gang membership, e.g., grandparents, parents, aunts and uncles, siblings, etc.), peers and partners, degree of girls' gang involvement, girls' assessment of the positive benefits and negative effects of their gang membership, identification of specific risks and harms associated with the girls' current gang affiliations.
- ▶ Evaluation of girls' motivation for remaining in or leaving gangs and of specific resources girls may need in order to exit gangs. Identification of specific activities, relationships, and supports that may serve as replacements for gang affiliation.
- ▶ Evaluation of girls' need for tattoo removal if desired.

Needs Related to Girls' Involvement with the Juvenile Justice System, including:

- ▶ Overview of girls' offense histories, including age at first arrest and girls' perceptions of the circumstances surrounding their first arrests, number of prior arrests with offense types, number of times detained in juvenile hall, history of court mandated out-of-home placements (encompassing girls' perceptions of the success or failure of these placements).
- ▶ Most recent offense and girls' perception of the circumstances surrounding this offense (encompassing girls' relationship with co-defendant(s) where appropriate, and their stated reasons for involvement in the offense).
- ▶ Identification of court ordered requirements, such as meeting with probation officers; fulfillment of restitution orders or completion of substance abuse or other type of treatment; and identification of specific resources and concrete supports, such as transportation, child care, and employment, girls will need in order to fulfill requirements.
- ▶ History of arrest and incarceration of parents, primary caretakers, siblings, and partners, including the girls' perceptions of the impact of these events upon them. (For example, fear and trauma attendant upon witnessing the arrest of a loved one or separation from a parent or loved one due to incarceration.)
- ▶ Girls' perception of resources they will require in order to avoid re-arrest, such as drug treatment; education and/or employment options; mental health counseling; separation from boyfriend, partner, or current peer group, etc.

***Full Circle: A Continuum of Developmentally Sequenced Services for Girls
In and At Risk of Entering the Juvenile Justice System
(Including Prevention, Early Intervention, and Treatment Options)***

Upon entry into the juvenile justice system, every young woman should be interviewed using the guide presented in Part One and, if indicated, a full assessment using the comprehensive needs-based screening detailed above. These screenings should serve as the basis for the girls' initial ongoing service plans and for adjustments to these plans as treatment issues evolve.

I. Family and Education Based Prevention and Early Intervention Services and Programs for At-Risk Girls 5-7 and 8-11 Years Old

Girls' readiness to enter and succeed academically in school, and socially with their peers, can be seriously diminished by a broad variety of stressors such as poverty, family fragmentation, abuse and by innate characteristics such as learning differences. Identifying and effectively mitigating these stressors early during the girls' pre-school and primary school years is essential to their long-term academic success and to their capacity to remain free of juvenile justice system involvement.

One effective model for intervening upon the multiple stressors that potentially impact very young girls 5 to 7 years old is through intensive, in-home family preservation services. Historically, these services have been triggered when child protective service agencies conclude that the potential for child maltreatment within the family is so great or the behavioral problems of the child are so severe that the child was in imminent danger of being removed from his or her home. The model recommended here is different in that services would typically be offered to the child and family long before a crisis develops. Additionally, services would target the special characteristics and needs of girls (their greater vulnerability to sexual abuse and the lesser responsiveness of school teachers and administrators to their educational needs, for example).

Accepted on a voluntary basis, referrals to these services could be generated by schools as the result of girls' learning and/or behavior problems, by medical doctors and/or social workers (due to reports of family stress or potential abuse or neglect), or by families themselves. The entity providing the service should be a community-based agency specializing in the delivery of culturally-responsive, family-focused services. The in-home counseling staff should have expertise in social work, with an emphasis on case management, educational counseling, and family counseling. It is critical that these staff also understand the impact of addiction on family dynamics and how parental/caretaker substance abuse alters the developmental processes of girls. Further, these staff must understand how substance abuse and child abuse often function together in families, placing young girls at risk.

Services should include in-home assessment and counseling, both for the family as a whole and for the girl individually; case management for the girl and her siblings;

brokering and accessing medical, mental health, educational, and other services for the girl as appropriate; and providing concrete supports as needed. An existing model for this service is the Commonweal Family Consulting Program in Bolinas, California. Currently, this program serves boys and girls of all ages. However, services could be reconfigured to address the unique needs of very young girls.

Schools must embrace their responsibility to provide intensive and comprehensive programs and services to meet the needs of high risk, 8 to 11 year old girls who stand on the threshold of the juvenile justice system. To date, these girls do not qualify for entry into most of the effective programs that do exist for girls because of their age and developmental stage. However, as revealed in this study and other previous research, girls in this age range have often experienced one or more school failures and one or more types of victimization. They are also typically on the verge of experimentation or involvement with alcohol and other drugs. Girls in this age range are clearly at risk of juvenile justice system involvement and a multitude of other negative outcomes. As drug use and other problems penetrate into younger and younger age groups, it becomes increasingly important to address girls' problems early when they can still be resolved.

The specific recommendation is that small, all-girl classroom environments (similar to those provided by PACE) be implemented to serve at-risk girls, 8 to 11 years old. However, changes to the PACE model would include re-crafting the adjunctive family and other services currently targeting adolescents to meet the specific developmental needs of this age group. Further, educational services would have to specifically address the needs of younger girls with learning and perceptual disabilities. A creative and effective way to serve learning disabled students in a normalized classroom setting is to use the "learning center" strategy currently employed in several private middle schools settings. This approach involves the provision of remediation by learning disabilities specialists to roughly 25 percent of students in the class in a respectful, non-stigmatizing manner. Generally, this means tutoring learning challenged girls individually or in small groups for some portion of each day and tailoring the mainstream curriculum to meet their special needs, but otherwise supporting their participation in regular classes. This strategy gives girls the academic help they need without compromising their self-esteem. In this way, the multiple factors that undermine girls' academic competence, and thus their successful engagement

in community life, could be identified, targeted, and addressed before they enter the juvenile justice system. As the Sadker's (1994) research noted, all-girl learning environments are key to combat the failing self-esteem experienced by many younger girls in mixed-gender classrooms. Although the PACE program is reportedly beginning to serve girls who are 11 years old, there is currently no intensive, classroom-based program that NCCD has identified that focuses exclusively on girls 8 to 11 years old.

II. Diversion From the Justice System

Adolescent girls who have come to the attention of law enforcement and juvenile probation for first-time, low-level offenses should have a range of diversion options available to them that match their gender and age-related characteristics and needs. Selected frameworks for developing gender-specific diversion options are presented below.

Intensive Alcohol and Other Drug Education

Many drug diversion programs are generic and uninteresting to adolescents and thus fail to engage them or change their drug using behavior. One effective model for the delivery of drug and alcohol education is that used by Dr. Daryl Inaba of the Haight Ashbury Free Clinic in San Francisco, California. Dr. Inaba presents sophisticated and current pharmacological information in a clear and accessible manner. He also presents information on the impact of different patterns of drug use upon diverse racial and ethnic groups. Another important focus included by Dr. Inaba is the differential impact of alcohol and other drug use on male and female physiologies and on the bodies of adults, children, and adolescents.

In order to develop a fully gender-competent curriculum for young women entering the juvenile justice system for substance related offenses, the work of Dr. Stephanie Covington (1998), with its emphasis on the relational and trauma-based dynamics of women's and girls' addiction, should also be included. Further, instructors must be able to convey an authentic understanding of girls' substance abuse problems either through their own experience of recovery or as the result of their extensive experience working with girl offenders. Finally, each substance abuse diversion program should include an introduction

to local treatment and self-help resources, especially those that serve girls and women exclusively or have an articulated focus on girls' needs.

Community Service

Community service should offer girls realistic opportunities to learn and exercise new competencies, as well as to contribute to their home communities. Further, community service activities should be matched to the girls' perceived areas of strength and skill. For example, girls who demonstrate that they are able to speak two languages or that they have strong English, math, or other academic abilities can be trained to tutor and teach younger children in supervised settings. The training and tutoring experiences not only fulfill the girls' community service requirements, but also increase their academic skills and sense of self-worth. The key to the success of these programs is in developing meaningful options for girls and supervising them effectively during the course of their activities. The PACE program and the Capella Center both have community service modules that can be effectively implemented as a diversion option.

Alternatives to Gangs

Although the numbers of girls in gangs and the intensity of their involvement in gangs are increasing, most gang awareness and gang suppression efforts are oriented toward young males. New approaches must be developed that address girls' need for protection, for status and kinship, for excitement, and for economic gain, some of which are reportedly met through gang affiliation. The impact of the girls' cultural backgrounds and how these define the girls' perceptions of themselves and their roles within gangs must also be explored. These approaches must be made early in the girls' gang involvement before they become involved in serious gang-related offenses.

To be effective in actually assisting girls to leave gangs and develop alternatives to gang life, educational and "awareness" efforts must be linked to concrete supports such as job training and placement, tattoo removal, and, if necessary, location of safe housing. Providing mentors for gang-affiliated girls leaving secure custody and attempting to establish lives outside gangs may also prove to be a valuable form of support. Most importantly, these efforts must recognize and orchestrate the replacement of gang

comradery and attachment with a cohesive, safe and prosocial network of stimulating peer interactions.

Violence Prevention and Victim Awareness

VISA (Victim Impact and Self Awareness) is an intensive six-week curriculum developed through the Central California Women's Facility in Chowchilla, California. This interactive course touches upon the women's own history of victimization as well as the impact of their behaviors on others. It teaches women to use basic anger management and communication skills, in combination with enhanced empathy for others, to avoid a broad range of harming behaviors. This curriculum could be effectively adapted for younger women by implementing a greater focus on primary prevention of serious harming behavior.

It is very important to note that, given the sensitivity and volatility of the girls' own abuse histories, this course should be delivered by an experienced professional and should have an educational rather than a treatment focus. Further, should painful or disturbing emotions surface in class, counseling resources should immediately be made available to girls who need them.

Girls' Wilderness Ventures

Currently, wilderness programs primarily or exclusively serve young males. However, as was discovered at the Threshold program described in the last chapter, girls benefit significantly from these programs in terms of an increased capacity for trust and self-confidence, as well as an enhanced sense of physical well being. One of the most available and best organized (in terms of safety and range of activities) wilderness programs nationwide is Inner City Outings (ICO). This program is offered through Sierra Club chapters in over 40 cities and specializes in planning, orchestrating, and supervising trips that range from one to several days.

Among the many activities offered by trained wilderness guides through different ICO groups are hiking, backpacking, snow camping, white water rafting, mountain biking, and spelunking. These programs usually supply the necessary equipment and carry the required insurance. Designed to engage inner city populations, ICO has led multiple groups

that included gang members, youth offenders, and adolescents with a wide range of substance abuse, behavioral, and mental health problems. Wilderness programs serving girls can stand alone as diversion options or can function as a component of a comprehensive service continuum.

III. Dispositional Alternatives (including intervention and treatment) for Girls 12-18 Years Old Who Have Entered the Juvenile Justice System

All-Girls Academic Environment

The PACE program model offers an excellent alternative to incarceration and out-of-home placement for girls who have formally entered the juvenile justice system, but who pose a low risk to the safety of their home communities. As described earlier, this program dramatically builds girls' academic and social skills, prevents re-offending, and serves as a hub for a comprehensive array of family and health services. As recommended in the design for the all-girls' classroom for 8 to 12 year olds, the addition of a learning and perceptual specialist to the current configuration of staff within the PACE model should be implemented. Additionally, for girls who are pregnant and parenting in this program, the addition of mother-child services such as those provided by Child Haven, Inc. would enable these young women to complete their academic training while developing an optimal relationship with their children. PACE is currently exploring the development of such a component.

Sober Classrooms

Substance abuse problems are nearly pandemic among the girl offender population and yet few intensive intervention and treatment options are currently available that specifically address the unique issues of substance-using girls. Moreover, most existing competency-based academic programs exclude girls with primary drug and alcohol problems. To meet the intensive treatment and developmental needs of adolescent girl offenders with drug problems, the implementation of self-contained sober classrooms should combine individualized learning, substance abuse counseling, family counseling, and access to comprehensive health services. If possible, these classrooms should be small (no

more than 16 to 20 students) and should be either all-girl or gender balanced (equal numbers of boys and girls).

All-girl environments are preferable in substance abuse treatment environments in order to minimize abuse and confrontational interactions between male and female participants, to provide an emotionally safe environment in which girls are able to explore their personal histories of abuse, and to facilitate the girls' focus on their own recovery related issues and tasks rather than on developing sexual relationships.

Another important aspect of the sober classroom model is the issue of whether participation is voluntary or involuntary and whether girls are resistant or committed to recovery from alcohol and/or other drug dependence. The Threshold staff, during the implementation of its sober classroom, found that it was difficult, if not impossible, to serve adolescents who were not committed to recovery in the same environment with those who are actively engaged in recovery. For this reason, it is recommended that the sober classroom model offer two separate phases representing the novice and more advanced (in terms of recovery experience) groups of girls.

Central to the model should be gender-specific alcohol and drug education emphasizing the unique effects of substance abuse on girls' and women's physiology; on the risks of using substances in the context of sexual relationships (disinhibition, vulnerability to date rape, etc.); and on the impact of alcohol and drugs on girls' reproductive health. Further, the wellness aspect of girls' health should not be neglected. The positive effects of recovery including increased vitality, improved appearance, and specific alternatives to drug use such as meditation and exercise should also be included.

One example of a sober school model that currently operates as charter school within the Marin County, California, public school system is the Sober Classroom. This classroom currently serves both boys and girls and is facing the challenge of serving substance dependent adolescents who are not yet engaged in sobriety along with those who are highly motivated towards recovery. Useful elements of this model include its charter school structure and its dual emphasis on recovery and academic progress.

Intensive Residential Treatment for Substance Abuse and Mental Health Disorders

Given the depth of their substance dependencies and the relationship between these dependencies and their offenses, some girls will need a more restrictive residential environment in order to initiate sobriety. At the same time, many substance dependent young women have serious co-occurring mental health problems that must also be addressed within the substance abuse treatment context. The small, all-girls group home model employed by Threshold that combines intensive substance abuse treatment with psychiatric oversight is useful for dually-diagnosed young women offenders. However, if the girls' primary problem is psychiatric, the group home setting, which typically includes an emphasis on group counseling, may be too stressful. These young women may require a psychiatric setting with intensive individual psychological counseling, before they can safely enter a drug treatment environment (Acoca, 1995).

It is important that residential treatment programs maintain an emphasis on the development of academic competence. Girls' histories of victimization and the relationship between abuse they may have experienced and the inception of their alcohol and drug problems must also be addressed within the context of treatment.

Another critical aspect of residential treatment for girls is the issue of running away. Often when girls run away from programs, they are severely penalized and forced into more serious involvement with the juvenile justice system. Instead of automatically penalizing them for running away, programs should examine their own responsiveness to girls' cultural backgrounds, personal and family issues, as well as their capacity to maintain a positive peer culture and respectful staff-participant relationships. Programs should also evaluate whether their treatment goals and values are relevant to the girls' lifestyles and needs. Including girls in the actual design of residential programs will serve to minimize runaway attempts and maximize the chances that girls will become successfully engaged in the program and in the process of their own healthy development. The CHINS-UP program, described in the preceding chapter, provides an excellent structure for ensuring responsiveness to issues that may catalyze a runaway.

Residential programs for pregnant and parenting adolescent girl offenders and their children provide a necessary alternative to detention or out-of-home placements that exclude children. The YMCA Character House program operated by the Florida Department

of Juvenile Justice and described in the last chapter offers an effective model for the delivery of integrated health, mental health, education, and mother-child interventions. Many more such programs must be developed within local jurisdictions so that these mother-child pairs can be served close to their home communities. Proximity to the girls' homes and families will allow the program to assist the girls in developing a comprehensive post-release plan utilizing identified local resources.

IV. Secure Residential and Detention Services

All secure settings for girl offenders should be used to deliver high quality and gender-specific services, including health, mental health, substance abuse, education assessment and intervention services. This array should be flexibly configured to fully respond to the needs of girls with varying lengths of stay. The McLaughlin Youth Center in Alaska and the Girls Rehabilitation Facility in California (both included in the last chapter) offer models for this type of programming. Both programs have discovered the benefits of providing all-girls environments and services in lieu of those that are mixed gender. Further, the Harriet Tubman Residential Facility has, at its core, a responsiveness to the differing developmental states of its young women. This program effectively tailors an academically-based, multi-faceted program to the specific needs of each resident.

Additionally, developmentally appropriate chemical dependency treatment should be available in juvenile detention and youth correctional centers for those girls who have a primary alcohol and/or other drug problem. These services are particularly important for longer term residents who, because of the severity of their alcohol and drug dependencies, cannot benefit from other treatment modalities. Again, an all-girls substance abuse treatment environment is preferable.

V. Ongoing Care (as opposed to After Care)

The concept of "ongoing care" as opposed to the traditional concept of "after care" is an important one because it implies continued intensity rather than a dilution of service delivery. A structured ongoing care component that follows the young woman and her family for six months to one year after her completion of any of the previously described

intervention and treatment programs is essential (Acoca, 1995). Elements of this component, which could be operated through individual program providers or through the girls' unit within juvenile probation departments (such as the FIT program in Maryland and the RYSE program in California described in the last chapter) include the following: graduate groups led by adult facilitators; in-home crisis intervention and ongoing support for girls and families who experience substance relapse or other serious problems; one-on-one mentoring and supervision; case management in terms of re-entry to school and job placement; identification of local health, mental health, and substance abuse resources; and concrete supports such as transportation vouchers, access to child care, and assistance in obtaining safe housing and adequate food.

VI. Prevention and Early Intervention Services for Pregnant and Parenting Teens and Their Children 0 to 3 Years Old

As indicated by the title of this chapter, Full Circle, any strategy to effectively meet the needs of girls must attend to the intergenerational nature of their involvement in the juvenile justice system. Further, comprehensive services for mother/child pairs and their other family members must be viewed as *the* primary strategy for the prevention of delinquency. Every pregnant and parenting adolescent girl and her children should have access to an intensive early intervention program similar in design to the Child Haven program described in the last chapter. This category of program is particularly essential for girl offenders and their children and must be available to them whether they are in custody, in placement, or living in their home communities. Additionally, these early intervention services must be provided by professionals trained in both early childhood *and* adolescent girls' development.

The core elements of the Child Haven model include the following: intensive home visiting by a team of family and infant-parent therapists, social workers, and pediatric nurses flexibly configured to meet the needs of the girl and her family; developmentally sequenced groups for mother-child pairs; and concrete supports such as infant formula; ethnically appropriate food for the family, clothing and small subsidies for shelter and transportation as needed.

Pregnant young women who are at home, in custody, or in placement must receive intensive prenatal preparation and education as well as comprehensive health care that is responsive to the girls' age and individual health status, as well as her pregnancy. Upon delivery, infants should have a developmental assessment and ongoing well-baby care.

It would be particularly useful to link pregnant girls who are separated from their homes and communities by detention or placement with experienced adult women mentors. Ideally, mentors would initiate a relationship with the girls during their pregnancies and follow them for at least one year through delivery, the postpartum period, and the early months of the mother-child relationship. The Birthing Project, a mentoring program for pregnant and parenting teens and their infants, which was originally developed in Sacramento, California, offers one potential model for the delivery of this type of specialized mentoring service.

The Even Start program was originally designed to assist mothers in promoting their children's success in school. It has been recently adapted to facilitate positive relationships between women in Florida state prisons and the children from whom they are separated and offers an exemplary model for successfully linking incarcerated mothers and their young children. As it currently operates in four Florida counties, Even Start provides the following: on-site developmentally specific parenting classes for prison mothers; in-home, parenting services for the caregivers of the women's children; facilitation of the children's relationships with their schools and other community service providers; transportation of caregivers and children to the prison facilities; supervised visits with incarcerated mothers and their children; and post-release support such as assistance in the reunification of mothers and children and location of affordable housing.

This model should be adapted to the needs of incarcerated adolescent mothers within local jurisdictions and would assist them not only to maintain their relationships with their children, but also to maximize their children's developmental potential and prepare them for successful entry into primary school.

***Essential Elements for the Development of Programs
Addressing the Major Needs of Girl Offenders***

This section provides a brief overview of the core assessment and service elements that should be present in health, mental health, substance abuse, and educational programs for girls. Even if programs do not deliver these services internally, they should provide structured access to them within other public or private agencies. These elements are designed to offer a simple starting point for gender-specific service delivery, rather than to provide an exhaustive description.

I. Comprehensive health assessment and treatment services

- ▶ Evaluation of vision, hearing, motor functions
- ▶ Immunizations (including hepatitis)
- ▶ Assessment and treatment for infectious and communication diseases (including hepatitis A, B, and C, TB, STDs, and HIV risk and testing assessment)
- ▶ Assessment and treatment for chronic and degenerative diseases (including asthma and allergies)
- ▶ Sexual health and family planning information education
- ▶ Perinatal/well-baby services
- ▶ Developmentally appropriate mother-infant services
- ▶ Culturally relevant HIV prevention education
- ▶ Wellness enhancement
- ▶ Nutrition and fitness instruction, stress-reduction training, instruction on interacting successfully with medical personnel

II. Comprehensive educational assessment and intervention

- ▶ Academic assessment (performance based)
- ▶ Learning and perceptual evaluations identifying specific strengths and weaknesses
 - > Auditory/visual/kinetic functions
 - > Memory: short/mid/long-term
 - > Encoding (taking in information)
 - > Decoding (processing and expressing of information)
- ▶ Neurological evaluation if indicated
- ▶ Basic and remedial education services
- ▶ Emphasis on development of academic competencies required for college entrance, e.g., English (reading and writing), history, math, science, and computer literacy
- ▶ Resource services for learning disabled girls
- ▶ Services for gifted girls
- ▶ Girl-only learning environments

- ▶ Experiential learning opportunities (wilderness ventures)
- ▶ Identification of vocational interests, structured job apprenticeships in "living wage" professions

III. Comprehensive mental health assessment and treatment

- ▶ Individual diagnostic evaluation (including dual diagnosis)
- ▶ Regular monitoring of psychotropic medication if prescribed
- ▶ In-home family evaluation
- ▶ Individual treatment for girls with primary psychiatric disorders, histories of victimization, suicidal ideation, and symptoms of post-traumatic stress disorder
- ▶ Grief counseling for girls who have experienced the loss of a parent or other loved one due to death, disease, abandonment, or incarceration
- ▶ Girl-only group treatment
- ▶ Family therapy
- ▶ Linkage with trained adult woman mentor for 1 year minimum

IV. Substance abuse assessment and treatment (Threshold model)

- ▶ Comprehensive substance abuse evaluation
 - > Age of first use of psychoactive chemicals
 - > Categories of substances used
 - > Frequency/duration/intensity
 - > Phase of chemical dependence or recovery
 - > Family assessment including substance use/abuse histories of parents, caretakers, and siblings
 - > Identification of potential linkage between violent, sexual, emotional victimization and substance abuse
- ▶ Intensive abstinence-based treatment
 - > Girl-only residential
 - > Intensive day treatment (developmentally appropriate with strong academic component)
 - > Outpatient counseling
 - > Substance abuse interventions always sequenced with treatment for victimization

Gender-Specific Legislation

Although the Office of Juvenile Justice and Delinquency Prevention (OJJDP) has distributed several challenge grants enabling states to assess and begin to develop services for girl offenders nationwide, a tremendous need remains for funding to design, implement, and evaluate programs at local and state levels that explicitly serve girls in and on the periphery of the juvenile justice system. Recent experience within the State of California

has shown that without state legislation that specifically mandates such funding, these programs will not become a reality. For example, in the last year, major state legislation, Senate Bill 1760, provided \$50 million to county probation departments to measurably reduce juvenile delinquency and youth violence. Despite the fact that girls represent the fastest growing segment of the California juvenile justice population, only Alameda, San Francisco, and San Diego counties identified girls' programs as a major priority in their proposals for SB 1760 funding, and only Alameda County has fully implemented its girls' program.

To remedy this situation and to invite every county to develop services targeting girl offenders, NCCD, in collaboration with the San Diego Probation Department and State Senator Peace, developed and presented Senate Bill 1657 (see Appendix E). This bill establishes a "Juvenile Female Offender Intervention Program" that will be administered by the California Board of Corrections (BOC). The state BOC will be charged with distributing funds to California counties explicitly for the purpose of implementing programs targeting girl offenders. The bill was passed by the California State Senate in June of 1998 with the final amount of funding that will be attached to the bill to be determined.

SB 1657 represents what should be viewed as a first step in an ongoing process to ensure that juvenile justice related legislation and funding actively identify and address the needs of girls in California and across the nation.

SUMMARY: Creates the Juvenile Female Offender Intervention Program, to be administered by the Board of Corrections (BOC), for the purpose of awarding competitive grants to assist counties in reducing juvenile crime committed by female offenders. Specifically, this bill:

- 1) Creates the Juvenile Female Offender Intervention Program, to be administered by the BOC, for the purpose of awarding competitive grants to assist counties in reducing juvenile crime committed by female offenders.
- 2) Authorizes the BOC to award up to \$500,000 statewide for these purposes, from funding provided by the Budget Act.
- 3) Directs the BOC to prepare and submit to the Legislature a final report on the program on or before March 1, 2004.

- 4) Contains findings and declarations related to juvenile female offenders.
- 5) Contains an urgency clause.

The findings of this study, in concert with the model data system, interview and assessment protocols, program survey, and full service continuum detailed in this report provide the necessary framework for each county to submit a detailed, multi-faceted and gender-competent action plan. Since the funding for SB 1657 is competitive, the preceding blueprint, when tailored to the needs of individual counties, should qualify these regions for funding. The incorporation of regional differences evident in the profile of the girls and the inclusion of specific resources in each county will maximize the potential and the effectiveness of programs for girls.

Conclusion

In conclusion, the preceding study attempted to integrate existing research in the field elucidating the characteristics and needs of girls in the justice system, current criminal justice data, and a public health perspective on the synergistic effect of multiple stressors. **By making the girls historians of their own lives and including their perspectives, by focusing on the prevalence of serious health issues, and by linking victimization inside and outside the system with a variety of negative outcomes, we added both depth and dimension to the existing profile of girl offenders. This integration of qualitative data to enhance official profiles of girl offenders is, we believe, a necessary strategy for future research. Otherwise, official statistics risk omitting the most critical of gender differences, the *context* of offending (Belknap, 1998).** Further, the dense matrix of stressors that challenge many of the young women in the justice system are accelerating to the point where future efforts should include an even greater focus on programs to ensure educational and vocational competency, the provision of health services, and early intervention services for the children of young women in the justice system.

A natural, but often missing, extension of the growing body of research on girls in and at-risk of entering the juvenile justice system is the application of theory to practice. NCCD has taken this next step and will be working in partnership, over the next 18 months,

in Jacksonville, Florida, with the entire range of community-based prevention, intervention, and graduated sanctions providers to develop and evaluate a continuum of girl-specific services. Because this continuum will be rigorously evaluated from its inception, we will be able to assess the efficacy of programs that appear promising, but have not, to date, been empirically tested. Our hope is that this study, in combination with future efforts by NCCD and other researchers working in this area, will become part of a major national movement to elevate the position and potential of all women and girls in America.

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APPENDIX A
Core Data Elements Requested from County Probation Departments

Referrals to Probation by Gender
Referrals to Probation by Ethnicity
Referrals to Probation by Gender and Age
Outcome of Referral by Gender and Age

Admissions to Juvenile Hall on a New Offense by Gender
Admissions to Juvenile Hall on a New Offense by Gender and Ethnicity
Average Daily Population of Juvenile Hall by Gender and Age
Average Length of Stay by Gender
Average Length of Stay by Gender and Ethnicity
Average Length of Stay by Gender and Age
Average Length of Stay by Gender and Offense Type

Disposition by Gender (e.g. formal supervision, casebank, placement, etc.)
Disposition by Gender and Ethnicity
Disposition by Gender and Age
Disposition by Gender and Offense Type
Disposition by Gender, Age, and Offense Type
Type of Placement by Gender (e.g. camp, foster care, group home, etc.)

CYA Commitment by Gender
CYA Commitment by Gender and Age
CYA Commitment by Gender and Ethnicity
CYA Commitment by Gender and Offense Type
Out-of-State Placement by Gender
Out-of-State Placement by Gender and Offense Type

Felony vs. Misdemeanor Findings by Gender
First Adjudication by Gender
First Adjudication by Gender and Age
Number of Prior Adjudications by Gender
Number of Prior Adjudications by Gender and Age

APPENDIX B CASE FILE REVIEW FORM

Case Number _____ DOB _____ Age _____
Ethnicity ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Other
US Citizen? ☐ Yes ☐ No Citizenship _____ Spoken Language? _____
Status/conditions: _____ Days in Juvenile Hall: _____

RISK/NEEDS PROFILE

Age at first adjudication

- ☐ 16 or older
- ☐ 14 or 15 years old
- ☐ 13 or younger

Prior Criminal Behavior

- ☐ No prior arrests
- ☐ Prior arrest record, no petitions sustained

Most serious prior petition sustained

- ☐ Misdemeanor
- ☐ Felony
- ☐ 707(b) offense

Family Relationships

- ☐ Stable home environment; constructive parenting
- ☐ Lack of cooperation/consistency between parents
- ☐ One or both parents has chronic health, mental health needs
- ☐ Parent(s) have substance abuse problem
- ☐ Lack of parental supervision
- ☐ Parents have criminal history ☐ Check if parent(s) incarcerated
- ☐ Siblings have criminal history
- ☐ Parent(s) display destructive/abusive parenting patterns (includes emotional rejection)
- ☐ Parent(s) deceased

Emotional Stability/Mental Health

- ☐ Appropriate adolescent response
- ☐ Episodic behaviors which limit appropriate functioning
- ☐ Chronic behavior that prohibits adequate functioning

Basic Needs

- ☐ Youth is in placement
- ☐ Suitable living environment, family has adequate resources to meet basic needs
- ☐ Family has housing but may be inadequate
- ☐ Family has financial problems
- ☐ Family has eviction notice ☐ Youth/family is homeless
- ☐ Youth is chronic runaway

Life Skills

- ☐ Functions independently at age-appropriate level
- ☐ limited judgement skills
- ☐ Displays impulsive and risky behavior; severe deficits in living skills
- ☐ Developmentally impaired; severe limits to learning life skills

History of Abuse/Neglect

- ☐ No known history or indication of sexual abuse or neglect
- ☐ Physical or sexual abuse alleged but never substantiated (includes self report and other report)
- ☐ Substantiated physical abuse or neglect (includes adjudicated and non-adjudicated)
- ☐ Substantiated sexual abuse (includes adjudicated and non-adjudicated)

Physical Safety

- ☐ No known threat to physical safety from family, peers, or community members
- ☐ Youth has experienced threats or fears for safety; participated in Tx to resolve abuse/violence issues
- ☐ Youth has history or receiving threats to safety; has not received adequate Tx to resolve issues

☐ Youth is currently experiencing physical/emotional/sexual abuse; Immediate threats

Peer Relations

- ☐ Friends not known to be delinquent; adequate social skills, uses time constructively
☐ Peer group is negative, detrimental to positive goal achievement OR lacks social skills
☐ Most activities are with peers who are dropouts, runaways, but no formal gang membership
☐ Peers are delinquent and abusive to others; gang member
☐ Age inappropriate friends
☐ No friends, commits delinquent acts alone ☐ Unknown

Gang Affiliations

- ☐ No gang affiliation and does not associate with gang members
☐ Friends and boyfriends who are gang members, but not affiliated
☐ Gang member ☐ Unknown

School Status

- ☐ Enrolled and attending regularly
☐ Enrolled in school but skill development required, or episodic behavior problems
☐ Enrolled in school, but established pattern of truancy
☐ Functions below expected grade level; graduation is in jeopardy
☐ Diagnosed learning or perceptual disorder. Specify _____
☐ Dropped out, or expelled

Social Supports

- ☐ Knowledge of existing resources, ability to access, participates when appropriate
☐ Aware of resources, but barriers exist that limit ability to access
☐ No involvement and refuses to participate actively in any resources
☐ No knowledge of existing resources ☐ Resources do not exist

Motherhood/Parenting

- ☐ Does not have children and is not pregnant
☐ Pregnant or parenting and has adequate resources and parenting skills to meet basic needs
☐ Pregnant or parenting but does not have adequate resources
☐ Pregnant or parenting and conduct or lack of planning shows disregard for self and children

Health

- ☐ Good health and hygiene
☐ Diagnosed health problem (specify) _____
☐ Undiagnosed health problems; needs medical attention
☐ Prostitute ☐ Unknown

Sexual Adjustment

- ☐ Sexually active ☐ High risk/unprotected sex
☐ Lesbian ☐ Unknown
☐ Older boyfriend

CIRCUMSTANCES OF THE CRIME

Offense: _____

Codefendant? ☐ Yes Relationship _____ ☐ No

Victim? ☐ Yes Relationship _____ ☐ No

Explanation Given to Police? _____

REMARKS ABOUT JUSTICE SYSTEM RESPONSE: _____

IDENTIFYING THE NEEDS OF YOUNG WOMEN IN THE JUVENILE JUSTICE SYSTEM

INTERVIEW PROTOCOL

Prepared by

Leslie Acoca, MA, MFCC
January, 1996

Sources:

Kelly Dedel, Ph.D.
Senior Research Associate, NCCD

National Survey of Inmates of State Correctional Facilities
Bureau of Justice Statistics

CTCR/ Amity Rightturn Baseline Interview Protocol
Wexler NDRI

Profiling the Needs of California's Female Prisoners
Barbara Owan, Ph.D. and Barbara Bloom, Ph.D.

Lake County Jail Medical Services Form
Karen M. Tait, M.D.

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Date of interview ____/____/____
mm dd yy

Length of interview, in minutes _____

Location: _____
Facility City, State

Hello, my name is **. The purpose of this survey is to learn more about girls who are currently in the juvenile justice system in different areas of the country. I will not record your name, your case number, or any other detail that identifies you personally. All of your answers will be confidential. I will be asking you questions about yourself, your family, your experience with school, your alcohol and drug use, your arrest, and other questions. Some of these questions will be personal. You do not have to answer any question that makes you uncomfortable. However, complete and honest answers will be very helpful in helping us to understand the needs of young women in the juvenile justice system. Do you have any questions before we begin?

DEMOGRAPHICS

I am going to ask you some basic information about yourself.

1. How old are you? _____

2. How do you describe your race and ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> White, not Hispanic | <input type="checkbox"/> White, Hispanic |
| <input type="checkbox"/> African American/Black, not Hispanic | <input type="checkbox"/> African American/Black, Hispanic |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> American Indian, Aleut, Eskimo | <input type="checkbox"/> Other _____ |

3. Were you born in the United States? ☐ Yes ☐ No

If not, where were you born? _____

4. Are you a citizen of the United States? ☐ Yes ☐ No

If not, what country are you a citizen of? _____

5. When did you come to the United States? _____

6. Which language do you speak most easily or most often?

☐ English ☐ Spanish ☐ Other _____

7. What is the highest grade that your Mom _____ and Dad _____ completed?

8. What does your Mom _____ and Dad _____ do for a living?

WORK HISTORY

I am going to ask you some questions about your work and employment experiences.

1. Have you ever had a job? ☐ Yes ☐ No
2. What was it? _____
3. Are you planning to work when you are released? ☐ Yes ☐ No
4. If yes, what kind of job do you want to get? _____
5. If no, why not?
 - ☐ Return to crime/hustling
 - ☐ Partner will support
 - ☐ Feel unemployable
 - ☐ Physical/medical problems
 - ☐ Public assistance
 - ☐ Alcohol/drug problems
 - ☐ Other _____
 - ☐ Return to school
 - ☐ Care for my children
 - ☐ Going into residential program
 - ☐ Mental health problems
 - ☐ Family will support
 - ☐ No desire
6. What do you need to increase your chances of getting the kind of job you want? (check two most important)
 - ☐ More education
 - ☐ More experience
 - ☐ English/Math skills
 - ☐ Dental work
 - ☐ More technical training
 - ☐ None, fully qualified
 - ☐ Medical treatment
 - ☐ Mental health treatment
 - ☐ Alcohol or drug treatment
 - ☐ Help in self-presentation
 - ☐ Won't be working
 - ☐ Other _____
7. Have you ever made money selling drugs? ☐ Yes ☐ No
8. Have you ever made money through prostitution? ☐ Yes ☐ No
9. If yes, how old were you when you first began making money through prostitution? _____
10. How seriously has using drugs affected your ability to hold onto/get a job?
 - ☐ Not at all
 - ☐ A little
 - ☐ Very much
 - ☐ Don't use
11. How seriously has using alcohol affected your ability to hold onto/get a job?
 - ☐ Not at all
 - ☐ A little
 - ☐ Very much
 - ☐ Don't use

LIVING ARRANGEMENTS

I am going to ask you some questions about where you were living before you were in Juvenile Hall. I will also ask you about relationships you may have had.

1. If you got released today, where would you go?

- | | |
|---|--|
| <input type="checkbox"/> Live alone | <input type="checkbox"/> Live with other relatives |
| <input type="checkbox"/> Live with friends/roommates | <input type="checkbox"/> Live with partner |
| <input type="checkbox"/> Live with parents/grandparents | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Other _____ | |

2. What was your relationship or marital status at the time of your most recent arrest?

- | | |
|---|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> In relationship with girlfriend |
| <input type="checkbox"/> Dating | <input type="checkbox"/> Living with boyfriend |
| <input type="checkbox"/> In relationship with boyfriend | <input type="checkbox"/> Living with girlfriend |
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced |

3. Is your partner/boyfriend incarcerated at this time? ☐ Yes ☐ No ☐ Don't know

4. Did your partner ever abuse alcohol or drugs? ☐ Yes ☐ No ☐ Don't know

5. How often did you and your partner use alcohol/drugs together?

- ☐ Never ☐ Sometimes ☐ Often ☐ All the time

FAMILY PROFILE

Now, I am going to ask you some questions about your family, including their arrest and incarceration history.

1. Who mostly raised you?

- | | |
|--|---|
| <input type="checkbox"/> Both biological parents | <input type="checkbox"/> Brother or sister |
| <input type="checkbox"/> Parent and step-parent | <input type="checkbox"/> Other relatives |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Adopted parents |
| <input type="checkbox"/> Father | <input type="checkbox"/> Foster parents |
| <input type="checkbox"/> Grandparents | <input type="checkbox"/> Group home/institution |
| <input type="checkbox"/> Other _____ | |

How much do you agree or disagree with the following statements:

2. My parents (or the people who raised me) do not get along well.

- ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Not sure

3. My mother (or mother figure) is there for me when I need her.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Not sure

4. My mother is not able to care for me the way I need her to.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Not sure

5. My father (or father figure) is there for me when I need him.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Not sure

6. My father is not able to care for me the way I need him to.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Not sure

7. How old were you the first time you ran away? _____

8. How many times have you run away from home? _____

9. What were the main reasons you ran away? (check two)

☐ Wanted to be with friends

☐ Wanted to get or earn money

☐ Wanted more freedom

☐ Felt I was not wanted at home

☐ Was being abused/molested

☐ Wanted to be with boy/girlfriend

☐ Other _____

☐ Couldn't get along at home/foster care

How often does the following occur:

10. How often does your mother (or mother figure) have more than one drink (alcohol) per day?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know

11. How often does she use street drugs?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know

12. How often does your father (or father figure) have more than one drink (alcohol) per day?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know

13. How often does he use street drugs?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know

For each family member, tell me how many times he/she was ever arrested, if he/she has ever been on probation, if he/she has ever been incarcerated, and if he/she is incarcerated now.

No=0 Yes=1 Don't know=2	Number of times arrested	Ever on probation	Ever incarcerated	Incarcerated now
Mother				
Father				
Sibling #1				
Sibling #2				
Sibling #3				

EDUCATIONAL BACKGROUND

These questions will cover your educational and vocational background and training.

1. What is the highest grade you completed? _____

- ☐ Grade 0-11 _____
- ☐ High school graduate
- ☐ 1 year post HS vocational
- ☐ 2 years or more post HS vocational school
- ☐ 1 year or more college or junior college

2. Were you attending school regularly before you were taken into custody?

- ☐ Yes
- ☐ No

Did you complete any school while in:

- 3. Juvenile institution ☐ Yes ☐ No ☐ Don't know
- 4. Treatment program ☐ Yes ☐ No ☐ Don't know

5. What is the highest degree or diploma you have received?

- ☐ None
- ☐ High school diploma
- ☐ GED
- ☐ Junior college or Associates degree program

6. What vocational or technical training courses have you completed?
(check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Business, secretarial | <input type="checkbox"/> Food preparation |
| <input type="checkbox"/> Medical, dental | <input type="checkbox"/> Automotive technology |
| <input type="checkbox"/> Construction trades | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Drafting, design | <input type="checkbox"/> Heavy equipment operating |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Cabinetry, woodworking |
| <input type="checkbox"/> Electrical, electronics | <input type="checkbox"/> Other _____ |

7. In general, how were your grades in elementary school?

- ☐ Failing ☐ Below average ☐ Average ☐ Above average ☐ Honors ☐ N/A

8. In general, how were your grades in junior high and high school? (6th grade and higher)

- ☐ Failing ☐ Below average ☐ Average ☐ Above average ☐ Honors ☐ N/A

9. What was the reason that you stopped attending school?

- | | |
|---|--|
| <input type="checkbox"/> Did not stop, still attending | <input type="checkbox"/> Trouble with teachers or administrators |
| <input type="checkbox"/> Graduated | <input type="checkbox"/> Incarceration/trouble with the law |
| <input type="checkbox"/> Needed to support family | <input type="checkbox"/> To get a job (not to support family) |
| <input type="checkbox"/> Expelled | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Got bored and stopped | <input type="checkbox"/> Gang activity |
| <input type="checkbox"/> Became involved with drugs/alcohol | <input type="checkbox"/> Abuse at home |
| <input type="checkbox"/> None of my friends were going | <input type="checkbox"/> Pressure from partner/boy/girlfriend |
| <input type="checkbox"/> Trouble with other students | <input type="checkbox"/> Other _____ |

10. Do you speak more than one language? ☐ Yes ☐ No

11. How would you describe your ability to read and write in English?

- ☐ Strong ☐ Some Difficulty ☐ Serious Difficulty ☐ Cannot read/write

12. If your primary language is not English, how would you describe your ability to read and write in that language?

- ☐ Strong ☐ Some Difficulty ☐ Serious Difficulty ☐ Cannot read/write

13. How would you describe your ability to do math?

- ☐ Strong ☐ Basic skills ☐ Difficulty understanding math ☐ Have no math skills

14. Were you ever placed in a special class in school because of problems with your school work or behavior?

- ☐ Yes ☐ No

15. What type of class was it?

- | | |
|--|--|
| <input type="checkbox"/> Educationally handicapped | <input type="checkbox"/> Emotionally disturbed |
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Speech therapy |
| <input type="checkbox"/> Perceptually impaired | <input type="checkbox"/> Resource class |
| <input type="checkbox"/> Bilingual | <input type="checkbox"/> Continuation school |
| <input type="checkbox"/> Physically disabled | <input type="checkbox"/> Other _____ |

16. If you attended a special class, did it help you with any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Do school work more successfully | <input type="checkbox"/> Prepared me to get a job |
| <input type="checkbox"/> Stay out of trouble | <input type="checkbox"/> Did not help |
| <input type="checkbox"/> Feel better about myself | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other _____ | |

17. Were you ever suspended or expelled from school? ☐ Yes ☐ No

18. How many times? _____

19. How old were you the first time? _____

20. Were you ever left back or forced to repeat a grade? ☐ Yes ☐ No

21. How many times? _____

22. How old were you the first time? _____

23. Were you using drugs or alcohol when you were (or were supposed to be) attending school?

- ☐ Yes ☐ No

24. How often did you miss class or school because you were high, drunk, or hung over?

- ☐ Never ☐ Seldom ☐ Occasionally ☐ Often ☐ All the time

25. What were some of the other reasons that you didn't go to school? (scared of fights, not safe for my group, wrong clothes/hair etc., wanted to kick it with friends) _____

26. What was your best or favorite subject in school? _____

27. What was your most hated or worst subject in school? _____

28. Was or is there anything at school that you really like? _____

29. Was or is there anything at school that you really hated? _____

CHILDREN

In this section, I will ask you several questions about your children.

1. How many children do you have? _____ (if none, skip to next section)
2. How old were you when your first child was born? _____
3. Do you receive AFDC/SSI? ☐ Yes ☐ No

I am going to ask you several questions about each of your children:

	Child's age when incarcer- ated	Child's age now	Relation. 0=step 1=biolog 2=other	Legal custody? 0=No 1=Yes 2=d/k	Lives with (see codes below)	How far away (in miles)?	Does he/she visit? 0=No 1=Yes
Oldest Child							
Second Child							
Third Child							

- | | |
|---|-------------------------------|
| 01 Spouse/partner who is child's father | 09 My relatives |
| 02 Child's father (not in relationship) | 10 Child's father's relatives |
| 03 Spouse/partner, not child's father | 11 Partner's relatives |
| 04 Your mother | 12 Foster parents |
| 05 Your father | 13 Group home |
| 06 Child's father's mother | 14 Don't know |
| 07 Child's father's father | 15 n/a |
| 08 Your/the father's grandparents | 16 Other _____ |

4. Who helps you most with your baby? _____
5. How old is the father of you baby(ies)? _____
6. What is the ethnicity of the father? _____
7. What does the father do for a living? _____
8. Was the father involved in: (check all that apply)

☐ Pregnancy ☐ Childbirth ☐ Child care ☐ Financially ☐ Emotionally

I am going to ask you some questions about your pregnancy with each child:

0=No 1=Yes 2=d/k	Delivery 0=normal 1=lbw 2=premature 3=other	Concerned that alcohol/drug affected pregnancy?	Baby test positive for alcohol/drug at birth?	Child assessed with special needs when 0-5yrs.?	Separated during first 3 years?
Oldest Child					
Second Child					
Third Child					

The next set of questions deal with problems your child may have had:

0=No 1=Yes 2=d/k 3=nt/a, no custody	Any children placed in special class in school for school work or behavior?	What type of class was it? (use codes below)	Are you concerned that any of your children might be using alcohol/drug?
Oldest Child			
Second Child			
Third Child			

- | | |
|------------------------------|--------------------------|
| 01 Educationally handicapped | 05 Emotionally disturbed |
| 02 Learning difficulties | 06 Speech therapy |
| 03 Learning difficulties | 07 Resource class |
| 04 Bilingual | 08 Physically disabled |
| 09 Other _____ | |

4. Do you have access to a drug treatment program while you are in custody?

- ☐ Yes ☐ No ☐ Not sure

5. Will completing a drug treatment program affect your ability to keep or regain custody of your child(ren)?
- ☐ Yes ☐ No ☐ Not sure
6. Do you have access to a parenting or specialized program other than drug treatment while you are in custody?
- ☐ Yes ☐ No ☐ Not sure
7. Will completing one of these programs affect your ability to keep or regain custody of your child(ren)?
- ☐ Yes ☐ No ☐ Not sure
8. Has any medical doctor, agency, social worker or school personnel, ever expressed concern that your children were not being adequately cared for?
- ☐ Yes ☐ No
9. Has any medical doctor, agency, social worker or school personnel, ever expressed concern that your children were physically or sexually abused?
- ☐ Yes ☐ No
10. Have you had to give up custody of your children to the child welfare system?
- ☐ Yes ☐ No
11. Do you have any concerns about where your children are living?
- ☐ Yes ☐ No
12. Will you explain what your concerns are?

13. How often have you seen your children since you've been in custody?

- | | |
|---|--|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> About once a week |
| <input type="checkbox"/> Once or twice | <input type="checkbox"/> Almost daily |
| <input type="checkbox"/> A few times | <input type="checkbox"/> Daily |
| <input type="checkbox"/> About once a month | |

14. Do you want to see your children more often than you are currently able to see them?

- ☐ Yes ☐ No

15. Please describe the things that prevent you from seeing them as often as you would like.

16. Have you ever participated in a program which allowed you to serve time with one or more of your children?

- ☐ Yes ☐ No

17. Did you like being pregnant? Why/why not? _____

18. Do you want to have more children? Why/why not? _____

19. Is there any thing else you would like to tell me about your children?

DRUG AND ALCOHOL ABUSE HISTORY

Next, I will ask you about your use of alcohol and drugs.

1. How old were you when you first began to smoke cigarettes regularly? (at least one per day or several per week) _____

I am now going to ask you several questions about your use of alcohol and different drugs.

	At what age did you first use this drug? Code in years	Did you ever use this drug regularly? 0=no, 1=yes
Alcohol		
Marijuana/Hash		
Glue/Inhalants		
LSD		
Heroin		
Crack		
Powdered Cocaine		
Methamphetamine/ Speed		
Heroin&Cocaine/ Speedball		
PCP		
Prescribed Methadone		
Street Methadone		
Opiates		
Quaaludes		
Prescription Drugs		
Other		

2. What is your favorite drug? _____

3. How much were you making/spending to support this use? _____

2. What was your primary source of drugs in the last 12 months before you were taken into custody?

- | | |
|---|---|
| <input type="checkbox"/> Bought from a stranger | <input type="checkbox"/> Given by friend or other |
| <input type="checkbox"/> Bought from a dealer | <input type="checkbox"/> Bought with illegal prescription |
| <input type="checkbox"/> Bought from a friend | <input type="checkbox"/> Traded for sex |
| <input type="checkbox"/> Stolen | <input type="checkbox"/> Other _____ |

3. Have alcohol or any non-prescribed drugs been available to you while you have been in Juvenile Hall?

- ☐ Yes ☐ No ☐ Don't know

4. Have you used alcohol or any non-prescribed drugs while you have been in Juvenile Hall?

- ☐ Yes ☐ No

5. Are Alcoholics Anonymous or Narcotics Anonymous meetings available to you in Juvenile Hall?

- ☐ Yes ☐ Available, but waiting list ☐ Not available

6. Are you currently attending AA or NA meetings at least once a week while in custody?

- ☐ Yes ☐ No

7. If yes, for how many months have you been attending? _____

8. Did you regularly attend weekly meetings during the six months before you were taken into custody?

- ☐ Yes ☐ No

9. Have you participated in an alcohol/drug abuse treatment program (not including AA or NA meetings)?

- ☐ Yes ☐ No

10. If yes, have you ever received this kind of treatment:

- | | |
|---|---|
| <input type="checkbox"/> Alcohol acute care/detox | <input type="checkbox"/> In-patient rehabilitation |
| <input type="checkbox"/> Drug acute care/detox | <input type="checkbox"/> Drug free residential/halfway house |
| <input type="checkbox"/> Alcohol abuse education only | <input type="checkbox"/> Out-patient clinic/methadone maintenance |
| <input type="checkbox"/> Drug abuse education only | <input type="checkbox"/> Crisis center/sobering up/primary care |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

11. Do you want to participate in a drug or alcohol program while you are in custody?

☐ Yes ☐ No

12. Are you interested in participating in a drug/alcohol program after you are released?

☐ Yes ☐ No

13. Is the type of alcohol or drug treatment you feel you need available to you in Juvenile Hall?

☐ Yes ☐ No

14. What types of programs, services, or other forms of support do you need to help you stop using alcohol or other drugs?

15. What are some of the reasons that you take drugs or drink? _____

16. What are some of the reasons that you might stop taking drugs or drinking? _____

17. What do you know about the effects of drugs and drinking while pregnant?

ABUSE

I am now going to ask you about experiences you might have had when you were growing up or currently.

Have you ever experienced any of the following things:

	How often did this happen? 0=never 1=once 2=several times 3=more than five times	Who usually did this to you? Use codes below
Were you ever verbally yelled at or shouted at in a way that scared you?		
Were you told that you were worthless or made to feel worthless?		
Were you left alone at home or some other place in a way that scared you?		
Were you isolated or forced to spend time by yourself (more than one hour) when you did not want to?		
Were you prevented from attending school or work when you should have been there?		
Were you threatened with physical harm if you did not act in a certain way?		
Were you a witness to violent fights in your household environment?		

Use codes for 'By whom'.

- | | | |
|---------------------------|-----------------------------|---------------------------|
| 01 Father | 08 Brother | 14 Authority figure |
| 02 Stepfather | 09 Step-brother | 15 Family friend/neighbor |
| 03 Mother's boyfriend | 10 Sister | 16 Pimps |
| 04 Your partner/boyfriend | 11 Step-sister | 17 Dating acquaintance |
| 05 Mother | 12 Stranger | 18 Anyone else _____ |
| 06 Stepmother | 13 Don't know who they were | |
| 07 Father and Mother | | |

1. Have you ever received psychological counseling or therapy?

☐ Yes ☐ No

2. If yes, how old were you the first time? _____

3. Have you ever been hospitalized in a psychiatric facility?

☐ Yes ☐ No

4. If yes, how old were you the first time? _____

Have you ever experienced any of the following:

	How often did this happen? 0=never 1=once 2=several times 3=more than five times	How old were you the first time it happened? Code in years	How old were you the last time this happened? Code in years	Who usually did this to you? Codes listed below.
Were you ever intentionally deprived of food or adequate clothing?				
Were you forced to leave your home when you did not want to?				
Were you locked up or tied up?				
Were you fondled or molested (touched sexually)?				
Were you forced to have sex, raped, or sodomized (sexual activity with someone that you didn't want)?				
Were you beaten or burned?				
Were you injured with a gun or knife?				
Were you physically harmed in any other way?				

Use codes for 'By whom'.

- | | | |
|---------------------------|-------------------|---------------------------|
| 01 Father | 08 Brother | 14 Authority figure |
| 02 Stepfather | 09 Step-brother | 15 Family friend/neighbor |
| 03 Mother's boyfriend | 10 Sister | 16 Pimps |
| 04 Your partner/boyfriend | 11 Step-sister | 17 Dating acquaintance |
| 05 Mother | 12 Stranger | 18 Anyone else _____ |
| 06 Stepmother | 13 Don't know who | |
| 07 Father and Mother | they were | |

5. Was the abuser usually drunk or high while the physical abuse was occurring?
- ☐ Yes ☐ No
6. Have you ever been treated by a medical doctor for physical injuries resulting from the abuse (such as bruises, cuts, broken bones, injuries caused by sexual assault or weapon)?
- ☐ Yes ☐ No
7. If yes, how old were you the first time? _____
8. Have you been declared a ward of the court due to abuse or neglect by your family or caretakers?
- ☐ Yes ☐ No
9. If yes, how old were you? _____
10. Have you ever called the police or asked for physical protection for yourself or anyone else?
- ☐ Yes ☐ No If yes, who? _____
11. How many times do you remember doing this? _____
12. Have you ever left home alone or with your children to protect yourself and the children?
- ☐ Yes ☐ No
13. If yes, how many times do you remember doing this? _____

14. You have told me about some things that have happened to you. What effect have these experiences had on you? Do you think this has any effect on your being involved in the system?

15. Do you want to receive counseling to help you with these experiences while you are in Juvenile Hall?

- | | |
|---|--|
| <input type="checkbox"/> Yes, I am receiving counseling | <input type="checkbox"/> No, I am not interested |
| <input type="checkbox"/> Yes, but I don't know if it is available | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Yes, but it is not available here | |

ARREST AND CRIMINAL HISTORY INFORMATION

In this section, I will ask questions about your arrest and incarceration history.

1. How long have you been in custody? _____
2. How many times have you been arrested? _____
3. How old were you the first time you were arrested? _____
4. Were you ever declared a status offender (curfew, running away, etc.)?
☐ Yes ☐ No
5. Have you ever been declared a delinquent by the juvenile court?
☐ Yes ☐ No
6. How many times have you been detained or incarcerated for longer than one day? _____
7. Have you ever been on probation?
☐ Yes ☐ No
8. Did you ever live in a foster or group home? (circle which one)
☐ Yes ☐ No
9. At what age did you first live in a foster/group home? _____
10. How many foster/group homes did you live in? _____

11. How many times have you been to the California Youth Authority? _____

12. Were you on probation or parole at the time of your last arrest?

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Probation | <input type="checkbox"/> Neither |
| <input type="checkbox"/> Parole | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Both | |

13. Did you hire your own lawyer or was one assigned by the court?

- ☐ Hired own lawyer ☐ Assigned by the court ☐ Don't know

14. How satisfied were you with how your lawyer represented you?

- ☐ Very satisfied ☐ Satisfied ☐ Not satisfied

15. If not satisfied, why not?

16. At what age did you begin getting in trouble? _____

17. Was alcohol or drugs involved in getting you into trouble? ☐ Yes ☐ No

18. Was a relationship with a partner/boy/girlfriend involved in getting you into trouble?

- ☐ Yes ☐ No Can you describe how? _____

19. Was a relationship with your parents involved in getting you in trouble?

- ☐ Yes ☐ No Can you describe how? _____

19. Was an event at school involved in getting you in trouble?

- ☐ Yes ☐ No Can you describe how? _____

Tell me about your experiences with the following things:

Check if current offense	Offense	Total number of arrests for this offense	Age when first arrested for this offense
	Drinking alcohol/DUI/ Public consumption/Intoxication		
	Moving motor vehicle violations		
	Use/possession of illegal drugs		
	Sale/distribution/manufacturing of drugs		
	Forgery or fraud (bad checks, con)		
	Fencing/buying/receiving stolen property		
	Prostitution		
	Burglary		
	Auto theft		
	Shoplifting		
	Homicide/murder		
	Weapons offenses		
	Robbery		
	Manslaughter		
	Child abuse/murder/endangerment		
	Kidnapping		
	Violence against other parties (assault, threatening w/weapon)		
	Parole violation (original offense?)		
	Probation violation (original offense?)		
	Other		

20. What approximate dollar amount was involved in the offense for which you are now in custody?
(include dollar value of property or drugs)

21. Please briefly describe the circumstances of the crime that resulted in your current incarceration.

22. Did you yourself carry or use any weapons, such as a gun, knife or other object, when the offense for which you are currently in custody occurred?

- ☐ Used a weapon ☐ Carried, but did not use ☐ Did not carry or use weapon

23. What type of weapon was it?

- ☐ Military type weapon (Uzi, AK-47) ☐ Other sharp object (ice pick, scissors)
☐ Handgun ☐ Other blunt object (rock, bottle)
☐ Knife ☐ Other _____

If any of the following is the current offense, proceed to next question. Otherwise, skip section

Homicide/Murder Manslaughter Kidnapping Assault Child Abuse Robbery

The next few questions are about the victims of the offense for which you are currently incarcerated.

24. How many victims were there of the crime? _____

One victim questions:

25. Was this person: ☐ Male ☐ Female ☐ Don't know

26. How old would you say the person was? _____

27. At the time of the crime, what was the victim's relationship to you?

- | | |
|---|---|
| <input type="checkbox"/> Boy/girlfriend (living with) | <input type="checkbox"/> Parent/step parent |
| <input type="checkbox"/> Boy/girlfriend (not living with) | <input type="checkbox"/> Own child/step child |
| <input type="checkbox"/> Ex-boy/girlfriend (had lived with) | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Ex-boy/girlfriend (had not lived with) | <input type="checkbox"/> Friend/ex-friend |
| <input type="checkbox"/> Dating relationship | <input type="checkbox"/> Stranger |
| <input type="checkbox"/> Husband | <input type="checkbox"/> Other non-relative _____ |
| <input type="checkbox"/> Ex-husband | <input type="checkbox"/> Other relative _____ |

More than one victim:

28. Were most of the victims: ☐ Male ☐ Female ☐ Don't know

29. How old were the victims? Youngest _____ Oldest _____

30. At the time of the crime, what was your relationship with the following victims:
(indicate most, and second most well known)

- | | |
|---|---|
| <input type="checkbox"/> Boy/girlfriend (living with) | <input type="checkbox"/> Parent/step parent |
| <input type="checkbox"/> Boy/girlfriend (not living with) | <input type="checkbox"/> Own child/step child |
| <input type="checkbox"/> Ex-boy/girlfriend (had lived with) | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Ex-boy/girlfriend (had not lived with) | <input type="checkbox"/> Friend/ex-friend |
| <input type="checkbox"/> Dating relationship | <input type="checkbox"/> Stranger |
| <input type="checkbox"/> Husband | <input type="checkbox"/> Other non-relative _____ |
| <input type="checkbox"/> Ex-husband | <input type="checkbox"/> Other relative _____ |

End of multiple victim section.

31. Had the victim ever threatened to physically harm you or your children in the past?

- ☐ Yes ☐ No

32. If yes, how many times? _____

33. Had the victim ever physically injured you or your children in the past?

- ☐ Yes ☐ No

34. If yes, how many times? _____

35. If you or your children were ever threatened or injured by the victim in the past, did you seek help from any of the following sources? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Family members | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Private doctor | <input type="checkbox"/> Medical clinic/ER |
| <input type="checkbox"/> Police | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Judge/Court system | <input type="checkbox"/> Neighbors |

36. If you did not seek help from others, what were your reasons?

37. Do you have co-defendants?

- ☐ Yes, male ☐ Yes, female ☐ No

38. What was your role in the offense compared to that of your co-defendants?

- ☐ Played the same role ☐ My role was somewhat different ☐ My role was very different

39. Please explain how your role was different.

40. Was the co-defendant charged with the same offense? ☐ Yes ☐ No

41. Is the co-defendant in custody for the same offense? ☐ Yes ☐ No

End of co-defendant section.

42. What are the reasons for committing the crime that got you here?

(indicate three most important, ranked. Do not go through list unless necessary)

- | | |
|--|---|
| <input type="checkbox"/> For drugs or to get money for drugs | <input type="checkbox"/> Pressure from friends |
| <input type="checkbox"/> To get money for food and shelter | <input type="checkbox"/> Pressure from gang members |
| <input type="checkbox"/> To protect myself/family | <input type="checkbox"/> Took rap for others |
| <input type="checkbox"/> To escape physical/sexual/emotional abuse | <input type="checkbox"/> Ignorance of the law |
| <input type="checkbox"/> Intoxicated or high | <input type="checkbox"/> Fear |
| <input type="checkbox"/> To help boyfriend/partner | <input type="checkbox"/> Anger |
| <input type="checkbox"/> For nice clothes, stereo, other | <input type="checkbox"/> Revenge |
| <input type="checkbox"/> To help a friend | <input type="checkbox"/> I didn't do it |
| <input type="checkbox"/> Poor judgment | <input type="checkbox"/> No response |
| <input type="checkbox"/> Desperation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pressure from boyfriend/partner | |

43. When you committed the crime for which you are in custody, were you under the influence of drugs, alcohol, or both?

- ☐ Neither ☐ Alcohol ☐ Drugs ☐ Both

44. At the time of your arrest, did you test positive for alcohol, drugs, or both?

- ☐ Not tested ☐ Positive for alcohol ☐ Positive for drugs ☐ Positive for both

HEALTH STATUS AND NEEDS

In this section, I will ask you questions about your physical and mental health.

1. How would you describe you physical health?

- ☐ Poor ☐ Fair ☐ Good ☐ Excellent

2. Do you currently require treatment for any physical (including dental) health problem?

- ☐ Yes ☐ No

3. If yes, what is the physical problem that most needs medical treatment?

4. Are you currently receiving treatment for this problem?

- ☐ Yes ☐ No

5. How would you describe your emotional health?

- ☐ Poor ☐ Fair ☐ Good ☐ Excellent

6. Do you currently require treatment for any emotional problem?

- ☐ Yes ☐ No

7. If yes, what problem do you have that you need help for?

8. Are you currently receiving treatment for this problem?

- ☐ Yes ☐ No

9. Has anyone ever told you they thought you had a mental health or emotional problem?

- ☐ Yes ☐ No ☐ Don't know

10. Have you ever been hospitalized for an emotional problem?

- ☐ Yes ☐ No
-

11. If yes, how many times? _____

12. How many times have you been hospitalized for physical health problems (including OD, DT's; exclude detox, childbirth)? _____

13. Are you taking any prescribed medications on a regular basis for physical health problems?

☐ Yes ☐ No

14. What medications? _____

15. Are you taking any prescribed medications for mental health problems?

☐ Yes ☐ No

16. What medications? _____

Since you have been in custody, does a doctor or medical professional supervise or regularly check your prescribed medications?

17. Physical: ☐ Yes ☐ No ☐ Not taking medication

18. Mental: ☐ Yes ☐ No ☐ Not taking medication

19. Do you have any ongoing or chronic medical problems which continue to interfere with your life?

☐ Yes ☐ No

20. If yes, what are they?

21. Do you have any ongoing or chronic emotional problems which continue to interfere with your life?

☐ Yes ☐ No

22. If yes, what are they?

23. Did you ever ask for, and not receive, medical help that you needed?

☐ Yes ☐ No

24. Where were you? _____

Have you ever experienced any of the following:

- ☐ Respiratory or breathing problems (bronchitis, asthma, hay fever, pneumonia, emphysema, shortness of breath or wheezing)
- ☐ Tuberculosis
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Sexually transmitted diseases (chlamydia, gonorrhea, herpes, genital sores)
- ☐ Head injury
- ☐ Seizures/Epilepsy
- ☐ Anemia (including sickle cell)
- ☐ Ulcers
- ☐ Breast cancer
- ☐ Cervical cancer
- ☐ Other cancer
- ☐ Abdominal pain or mass
- ☐ Abnormal vaginal bleeding
- ☐ Pain in urination
- ☐ Urinary tract infections
- ☐ Yeast infections
- ☐ Vomited blood or blood in bowel movements
- ☐ Headaches
- ☐ Sores in mouth, gum problems
- ☐ Dental or tooth problems
- ☐ Cough for more than one month
- ☐ Back pain
- ☐ Physical disability
- ☐ Skin lesions or sores
- ☐ Fevers that happen regularly
- ☐ Unintended weight loss of more than five pounds
- ☐ Unintended weight gain How much _____
- ☐ Unusual fatigue
- ☐ Night sweats
- ☐ Diabetes
- ☐ Thoughts of suicide
- ☐ Visual hallucinations
- ☐ Auditory hallucinations

24. In your opinion, to what extent are any physical health problems you have a result of drug and alcohol use?

- ☐ Not at all ☐ A little ☐ A lot ☐ Don't use

25. Since you have been in custody, have you had a gynecological exam?

- ☐ Yes ☐ No

26. Since you have been in custody, have you requested or received information about birth control or family planning?

- ☐ Did not request or receive
- ☐ Requested but did not receive
- ☐ Did request and did receive
- ☐ Did not request, but received

27. Do you want to receive information about birth control or family planning?

- ☐ Yes
- ☐ No
- ☐ Don't know

28. Have you ever come to a juvenile facility, or been on probation, pregnant?

- ☐ Am pregnant now
- ☐ Was pregnant when I got here
- ☐ Previously
- ☐ Never

29. Have you ever miscarried in a juvenile facility?

- ☐ Yes
- ☐ No
- ☐ Never pregnant

30. Have you ever given birth while incarcerated?

- ☐ Yes
- ☐ No
- ☐ Never pregnant

31. Have you ever terminated a pregnancy while incarcerated?

- ☐ Yes
- ☐ No
- ☐ Never pregnant

32. If you were pregnant while incarcerated, were you ever placed in physical restraints (cuffs, chain, etc.) during your pregnancy, labor, or delivery?

- ☐ Yes
- ☐ No

33. If yes, please describe the circumstances.

33. When your baby was born, did he/she have any of the following (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Baby was healthy and normal | <input type="checkbox"/> Respiratory problems |
| <input type="checkbox"/> Premature | <input type="checkbox"/> Needed intensive care |
| <input type="checkbox"/> Low birth weight (under 6 lbs.) | <input type="checkbox"/> Other _____ |

34. How would you rate the labor and delivery services available to you in the facility where you had your baby?

☐ Poor ☐ Fair ☐ Good ☐ Excellent

35. How long did your baby stay with you after he/she was born? _____ hours _____ days

36. What happened to your baby after he/she was born?

☐ Inmate's mother took custody ☐ Other relative took custody
☐ Baby's father took custody ☐ CPS/other agency took custody
☐ Baby's father's mother took custody ☐ Baby didn't live
☐ Other partner took custody ☐ Don't know
☐ Other _____

37. Did you receive any of the following services while pregnant and incarcerated:

	Received service? 0=no 1=yes	Adequate to your needs? 0=no 1=yes
Enriched diet/ vitamin supplements		
Parenting classes		
Prenatal classes		
Prenatal health care		
Other		

38. Did you receive medication after the birth of your baby to stop or reduce your production of breast milk?

☐ Yes ☐ No

39. Is there anything else about your pregnancy, labor, or delivery while incarcerated that you would like to tell me?

SEXUAL ACTIVITY

As you know, many of the girls in the system have been raped, molested, abused, or engaged prostitution. In this section, we are NOT talking about these experiences. Instead, we want to know about how you feel about your sex life and relationships.

1. How would you describe your relationships with the girls you know now? _____

2. How would you describe your relationships with the boys you know now? _____

3. How would you describe your personal appearance? _____

4. Do you think you are physically attractive? If not, why not? _____

5. Are you sexually attracted mostly to: (check all that apply)

☐ Boys ☐ Men ☐ Girls ☐ Women ☐ Both males and females

6. How old were you when you had the first experience that you would identify as sexual? (remember that we are not talking about abusive sexual experiences) This may include kissing, touching, intercourse, etc.).

7. Who was your partner(s) in this experience? _____

8. How old was your partner? _____

9. How would you describe that first experience? _____

10. How many of your friends do you believe have had sex (intercourse)?

☐ All ☐ Most ☐ Half ☐ A few ☐ None

11. Do you currently have a partner/boy/girlfriend? ☐ Yes What age? _____ ☐ No

12. Have you ever had any of these kinds of sexual experiences?

☐ Intense kissing
☐ Touching each other's bodies
☐ Touching to orgasm
☐ Oral sex
☐ Intercourse (vaginal/anal)

13. If you have had intercourse, before you had sex for the first time, did you visit any nurse, doctor, or clinic to talk about preventing pregnancy or sexually transmitted diseases?

☐ Yes ☐ No

14. After you had sex for the first time, did you talk about the experience with anyone?

☐ Yes Who? _____ ☐ No

15. How would you describe your first sexual experience?

16. Do you expect at some time in your life to be married or in a long-term relationship?

☐ Yes At what age? _____ ☐ No

17. Is there anything else you would like to tell me about these experiences?

AIDS RISK ASSESSMENT

Now I will ask you some questions relating to the risks associated with HIV infection or AIDS. Remember that this is anonymous and can be a tremendous help to other women.

1. Altogether, how many times do you estimate that you have used needles to shoot drugs?

In your lifetime? _____ In the 90 days before last arrest? _____

2. About how many people do you think you have shared needles or 'works' with?

In your lifetime? _____ In the 90 days before last arrest? _____

3. How old were you the first time you had sex that you agreed to? _____

4. How many different sexual partners have you had?

In your lifetime? _____ In the 30 days prior to being in custody _____

5. How many sexual partners have you had unprotected sex with?

In your lifetime? _____ In the 30 days prior to being in custody _____

6. How many sexual partners have you had who used needles/works?

In your lifetime? _____ In the 30 days prior to being in custody _____

7. In general, how often do you have sex while you are drunk or high?

☐ Never ☐ Rarely ☐ Sometimes ☐ Usually ☐ Always

8. How often do you ask your male partner(s) to use a condom during sex?

☐ Never ☐ Rarely ☐ Sometimes ☐ Usually ☐ Always

9. Since you have been incarcerated, have you been given information (pamphlets, videos, lectures) about how to avoid getting the HIV/AIDS infection?

☐ Yes ☐ No

10. Have you ever been tested for AIDS?

☐ Yes ☐ No ☐ Refused ☐ Don't know

11. What was the result of the last test you had?

☐ Negative ☐ Positive ☐ Refused ☐ Don't know

12. Did you receive counseling at the time of your test results?

☐ Yes ☐ No

13. If you tested positive for exposure to the HIV/AIDS virus, have you experienced any AIDS related symptoms that require medical treatment?

☐ Yes ☐ No ☐ Don't know

14. Have you received the medical treatment for these symptoms that you require?

☐ Yes ☐ No

GANG AFFILIATION

Next, I will ask some questions about relationships you may have had with gang members or gangs.

1. Before being incarcerated, did you live in an area where gangs were active?

☐ Yes ☐ No

2. Have your parents ever been involved with a gang?

☐ Yes ☐ No

3. Have any brother, sisters, step brothers or step sisters ever been involved with a gang?

☐ Yes ☐ No

4. Have you ever been active in a gang?

☐ Yes ☐ No

5. About what age did you first become involved with a gang? _____

6. How many gangs have you been a member of? _____

7. Did the first gang you joined involve mostly males?

☐ Yes ☐ No

8. Did you ever join a mostly or all female gang?

☐ Yes ☐ No

9. Was your relationship with a male, either a boyfriend or a friend, influential in getting you to join a gang?

☐ Yes ☐ No

10. During your most active period as a gang member, how involved were you?

☐ Not very involved ☐ Sort of involved ☐ Very involved

11. How were you 'jumped' into a gang?

☐ Fighting males ☐ Fighting females ☐ Commit crime ☐ Sex

12. Have you ever tried to drop out of a gang?

☐ Yes, tried but was unsuccessful ☐ Yes, successfully ☐ No

13. If you were successful, what resources did you use to help yourself?

Tell me about how often you think gang related activities led to problems for you in the following areas:

14. School attendance

☐ Never ☐ Rarely ☐ Sometimes ☐ Often

15. Physical health

☐ Never ☐ Rarely ☐ Sometimes ☐ Often

16. Relationships with family and friends

☐ Never ☐ Rarely ☐ Sometimes ☐ Often

17. General attitude or emotional health

☐ Never ☐ Rarely ☐ Sometimes ☐ Often

18. Going to work or finding a job

☐ Never ☐ Rarely ☐ Sometimes ☐ Often

19. Money or finances

☐ Never ☐ Rarely ☐ Sometimes ☐ Often

20. Police or legal trouble

☐ Never ☐ Rarely ☐ Sometimes ☐ Often

21. Drug abuse

☐ Never ☐ Rarely ☐ Sometimes ☐ Often

22. Other _____

☐ Never ☐ Rarely ☐ Sometimes ☐ Often

23. What, if anything, were some of the positive things you gained from being in a gang?

24. Is your current boy/girlfriend or partner a gang member?

☐ Yes ☐ No

SERVICE NEEDS

Finally, I am going to ask you questions about services and programs that you think might help you.

1. Which of the following services might help you?

- | | |
|---|---|
| <input type="checkbox"/> Vocational | <input type="checkbox"/> Drug/alcohol education |
| <input type="checkbox"/> Legal training | <input type="checkbox"/> Parenting classes |
| <input type="checkbox"/> Educational/literacy | <input type="checkbox"/> Classes in life skills |
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Transition/re-entry | <input type="checkbox"/> None, no programs |
| <input type="checkbox"/> Arts/crafts/music | |

2. What other programs do you think might be useful/helpful while you are in custody?

3. What do you think you need in order to not end up back here?

INTERVIEWER IMPRESSIONS

At the time of the interview, was the youth obviously:

- | | | |
|--|------------------------------|-----------------------------|
| Depressed or withdrawn? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hostile or angry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uncooperative | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disinterested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Having trouble understanding or comprehending? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Having trouble concentrating or remembering? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Having trouble with reality testing, distorted or paranoid thinking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Having suicidal thoughts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Making eye contact? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Displaying appropriate affect? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Well-groomed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wearing clean clothes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

****This section, *Interviewer Impressions*, was adapted from the Comprehensive Adolescent Severity Index****

APPENDIX D

PACE Center For Girls
100 North Laura Street, Suite 100
Jacksonville, FL 32202
(904)358.0555
LaWanda Revoira, DPH, President

Threshold For Change
619 Canyon Road
Novato, CA 94947
(415)898.3316
Daniel Cooper, Program Director

Child Haven, Inc.
801 Empire Street
Fairfield, CA 94533
(707)425.5744
Gayle Shea-Everidge, Ph.D., Director

Girls to Women
172 West Van Buren Street
Battle Creek, MI 49017
(616)962.5553
Rebekah Jackson, Program Director

Capella Center, Inc.
558 C Street
Independence, OR 97351-1739
(503)838.6172
Kate Kilfoil, President

McLaughlin Youth Center
2600 Providence Drive
Anchorage, AK 99508
(907)261.4365
Barbara Henjum, , Unit Leader

Female Intervention Team (FIT)
321 Fallsway
Baltimore, MD 21202
(410)333.4564
Marian Daniel, Assistant Area Director

Character House
41 North School Avenue
Sarasota, FL 34237
(941)365.2525
Stacey Vezendy, Program Director

Girls, Incorporated
30 East 33rd Street
New York, NY 10016-5394
(212)689.3700
Phyllis Eckhaus, Director of Outreach

CHINS UP Chronic Runaway Program
23 North Faragut
Colorado Springs, CO 80909
(719)327.2033
Tim Landis, Program Director

Harriet Tubman Residential Facility
6752 Pine Ridge Road
Auburn, NY 13021
(315)255-3481
Ines Nieves Evans, Executive Director

Date of Hearing: June 30th, 1998
Chief Counsel: Judith M. Garvey

SB 1657

ASSEMBLY COMMITTEE ON PUBLIC SAFETY
Don Perata, Chair

SB 1657 (Peace)As Amended: March 19, 1998

SUMMARY: Creates the Juvenile Female Offender Intervention Program, to be administered by the Board of Corrections (BOC), for the purpose of awarding competitive grants to assist counties in reducing juvenile crime committed by female offenders. Specifically, this bill:

1. Creates the Juvenile Female Offender Intervention Program, to be administered by the BOC, for the purpose of awarding competitive grants to assist counties in reducing juvenile crime committed by female offenders.
2. Authorizes the BOC to award up to \$500,000 state wide for these purposes, from funding provided by the Budget Act.
3. Directs the BOC to prepare and submit to the Legislature a final report on the program on or before March 1, 2004.
4. Contains findings and declarations related to juvenile female offenders.
5. Contains an urgency clause.

EXISTING LAW establishes a three-year demonstration project, the "Repeat Offender Prevention Project," designed to provide a comprehensive intervention program in selected counties, administered by the Department of the Youth Authority, to reduce recidivism among juvenile offenders.

COMMENTS:

Author's Statement According to the author, "Female juvenile offenders are the fastest growing and most underserved segment of the juvenile justice population in most California counties. Here are some statistics:

- ▶ Between 1987 and 1996, the number of juvenile females arrested for felonies increased by 21 percent, compared to a 7 percent decrease for males.
- ▶ In San Diego county during this period, there has been a 276 percent increase in juvenile female violent felony arrests.
- ▶ In Los Angeles, females are almost 17 percent of the juvenile probation caseload

Juvenile female offenders have histories of violent victimization, substance abuse, and school failure. A recent survey of San Diego juveniles on probation found:

- ▶ 62 percent of the females were chronic drug abusers compared to 49 percent of the males.

- ▶ Females were more likely not to attend school at all, and those who did had severe truancy or behavior problems.

As pregnant/parenting teenagers and future mothers, these offenders represent a far greater ultimate expense to the criminal justice system. Births to these teenagers are at high risk of low birth weight, mental retardation, mental illness, other medical complications, and infant death. Medical costs for one tox-positive baby in its first year of life can cost between \$400,000 and \$1 million.

There is a compelling state interest in encouraging intervention strategies targeted at female offenders. Yet, in the current juvenile system, girls receive measurably fewer programs and services than do their male counterparts. Specialized programs that meet the unique needs of young women and girls are rare. Almost half of the state female prisoners were involved in the juvenile justice system.

SB 1657 establishes a new challenge grant program for the purpose of encouraging counties to establish specialized programs for the juvenile female offenders--and to show that these programs can reduce crime and save taxpayer dollars.

Counties would be responsible for developing a collaborative, multi-agency approach to juvenile crime committed by females. The grants would fund demonstration projects for four years followed by an evaluation. The program would be administered by the Board of Corrections.

Background Several experts and commentators have observed the increase in female juvenile offenders over the last several years. Raw numbers collected by the Department of Justice suggest a significant increase in juvenile female felony arrests: 8,061 in 1987, compared to 11,830 in 1996.

In a series of articles published by the *Los Angeles Times*, (Girl Trouble: America's Overlooked Crime Problem, August 8, 1996), reporter Elizabeth Mehren cites a 23 percent national increase in the number of young women arrested between 1990 and 1994, double the increase for young males. (Cited data from the National Center of Juvenile Justice). According to one expert cited in Mehren's article, "We really don't know about the careers of adolescent females who take part in crime...we know a lot about criminal males. We don't know a thing about the girls. We don't know who's going to pass through the system and who's going to stay. We are ignorant about the causal sequence of adolescent criminal behavior in girls. And policy makers--they have no clue whatsoever. We're all operating out of ignorance right now."

Grants The Juvenile Female Offender Program created by this bill is administered by the BOC for the purpose of reducing juvenile crime and delinquency committed by juvenile offenders. This program will award grants on a competitive basis to counties that:

- a. Develop and implement a comprehensive, multiagency plan that provides for a continuum of responses to juvenile crime and delinquency committed by female offenders; and
- b. Demonstrate a collaborative and integrated approach for implementing a system of swift, certain, and graduated responses targeted to meet the unique needs of at-risk

female youth and female juvenile offenders.

Council To be eligible for a grant under this bill, a county must establish a multiagency juvenile justice coordinating council. The council must:

- a. Develop and implement a continuum of county-based responses to juvenile crime and delinquency committed by female offenders.
- b. At a minimum, include the chief probation officer, as chair, and one representative each from the district attorney's office, the public defender's office, the sheriff's department, the board of supervisors, the county department of social services, the county department of mental health, a community based drug and alcohol program, a city police department, the county office of education or a school district, and an at-large community representative.
- c. Develop a comprehensive, multiagency plan that identifies the resources and strategies for providing an effective continuum of responses for the prevention, intervention, supervision, treatment, and incarceration of female juvenile offenders.

Plan Pursuant to this bill, the plan must include, but not be limited to, the following components:

- a. An assessment of existing law enforcement, probation, education, mental health, health, social services, drug and alcohol and youth services resources which specifically target at-risk female youths, female juvenile offenders, and their families.
- b. A local action plan for improving and marshaling resources set forth above to reduce the incidence of juvenile crime committed by females. The councils must prepare their plans to maximize the provision of collaborative and integrated services of all resources set forth above and must provide specified strategies for all elements of response, including prevention, intervention, suppression, and incapacitation, to provide a continuum of responses for addressing the unique issues of female juvenile offenders.
- c. Development of information and intelligence sharing systems to ensure that county actions are fully coordinated and to provide data for measuring the success of the grantee in achieving its goals. The plan must develop goals related to outcome measures used to determine the effectiveness of the program.
- d. Identification of outcome measures which must include, but not be limited to, the following:
 - i. The rate of juvenile arrests per 100,000 of the population;
 - ii. The rate of successful completion of probation by female wards;
 - iii. The rate of successful completion of restitution and court-ordered community service responsibilities for female juvenile offenders.

Funding The BOC must award grants that provide funding for four years. Funding must be used to supplement, rather than supplant, existing programs. Grant funds must be used for

programs identified in the local action plan as part of a continuum of responses to reduce juvenile crime and delinquency committed by female offenders. No grant is awarded unless the applicant makes available resources in an amount equal to at least 25% of the amount of the grant. Resources may include in-kind contributions from participating agencies. In awarding grants, priority must be given to those proposals which include additional funding that exceeds 25% of the amount of the grant.

Standards The BOC must establish minimum standards, funding schedules, and procedures for awarding grants, which must take into consideration, but not be limited to, all of the following:

- a. Size of the eligible high risk female youth population.
- b. Demonstrated ability to administer the program.
- c. Demonstrated ability to provide and develop a continuum of appropriate responses to juvenile crime and delinquency committed by female offenders that includes prevention, intervention, diversion, suppression, and incapacitation.
- d. Demonstrated ability to implement a plan that provides a collaborative and integrated approach to reducing juvenile crime and delinquency.
- e. Demonstrated history of maximizing federal, state, local, and private funding sources.
- f. Demonstrated efforts to implement a multicounty juvenile justice program.
- g. Likelihood that the program will continue to operate after state funding ends.

Individual Grants The BOC may award up to a total of \$500,000 statewide in individual grants up to \$70,000 on a competitive bases to counties to assist in developing a local action plan.

Budget Act Funding for the Juvenile Female Offender Intervention Program is provided by the Budget Act. Up to 5% of the amount appropriated therein may be available to the BOC to administer the program, including technical assistance to counties and the development of an evaluation component.

REGISTERED SUPPORT/OPPOSITION

Support

California Psychiatric Association
California Peace Officers' Association
California Police Chief's Association
California State Association of Counties
Los Angeles District Attorney's Office
San Diego Chief Probation Officer
San Diego Board of Supervisors
Chief of the Juvenile Division of the San Diego District Attorney's Office
Sacramento County

Opposition

Department of Finance

Analysis prepared by: Judith M. Garvey/ apubs/ 916.319.3744