A Rallying Cry for Change:

Charting a New Direction

in the State of Florida's Response

to Girls in the Juvenile Justice System

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Acknowledgments from the Desk of the NCCD President

This research not only describes the risks and needs of girls in the juvenile justice system but also identifies the essential set of services and policy initiatives critical to responding to their needs. In addition to the quantitative results, this report personalizes the plight of these girls through their stories and also details the ideas of many staff who work with girls in juvenile justice programs across the state.

NCCD would like to express appreciation to the 319 girls who participated in the research. Without them, this research would not have been possible. The girls showed considerable courage to open up and share their life stories in often very intense interviews. The spirit and strength they exhibited during the interviews gives us hope for their futures. We would also like to thank the staff members that participated in the focus groups for sharing their experiences in working with girls and offering their expertise about what girls need to be successful. Additionally, if it were not for the support of the providers and program directors at each of the sites selected for the research, we would have been unable to have access to the girls. Their assistance with staff coordination and logistics to create a private space where interviewers could talk with the girls was vital to the success of the project. NCCD would also like to thank the Florida Department of Juvenile Justice (DJJ) for their support of this research and openness to ideas about appropriately meeting the needs of girls from a research-based perspective. Their receptiveness to implementing a comprehensive strategic plan based on practitioners' recommendations and the work of the Girls Advisory Committee should be commended.

Preface

The National Council on Crime and Delinquency (NCCD), founded in 1907, is a nonprofit organization that promotes effective, humane, fair, and economically sound solutions to family, community, and justice problems. NCCD conducts research, promotes reform initiatives, and seeks to work with individuals, public and private organizations, and the media to prevent and reduce crime and delinquency.

Founded in 1985, PACE Center For Girls, Inc. opened in Jacksonville, Florida as an alternative to incarceration and institutionalization of girls in or at risk of entering the juvenile justice system. Based on the success of the Jacksonville program, PACE has been replicated in 19 communities throughout Florida. Since opening, PACE has served over 12,000 girls with over a 90% success rate of girls not re-entering the justice system. PACE believe all girls deserves the opportunity to find her voice and live a life defined by responsibility, dignity, serenity and grace. The PACE Institute, a division of PACE, seeks to expand the mission of PACE nationally by providing training, technical assistance and advocacy.

The following NCCD report has several chapters. First, the background history introduces the context and focus on girls programming in Florida. Chapter 2 summarizes existing knowledge about girls in the juvenile justice system, including risk factors and offense histories, and details the need for programming specific to girls. Chapter 3 describes the methodology for conducting our research and is followed by the Chapter 4 findings and implications for programming section. The report concludes with Chapter 5 recommendations based on the research.

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Executive Summary

Overview of Research

The National Council on Crime and Delinquency (NCCD) was funded by the Jessie Ball duPont Fund to conduct an independent research study of girls in the Florida juvenile justice system in order to inform a comprehensive approach to gender-specific juvenile justice programming. This report presents new research findings on the pathways of girls into the Florida juvenile justice system and identifies their treatment needs. Additionally, it furthers the discussion about an essential set of services and a system of care that meets the multiple needs of girls in the juvenile justice system. The research supports change in the response to girls, both in treatment services and in policy/system changes that are needed to increase success with the girls. This research should be of interest to every child advocate, Department of Juvenile Justice (DJJ) staff from prevention to residential, lawmakers, law enforcement, judges, and concerned Florida citizens.

The NCCD research sample includes a total of 319 girls in the Florida system—244 girls from 13 different residential DJJ programs (low, moderate, high, and maximum risk) and 75 girls from six non-residential programs (PACE Centers). NCCD used its Juvenile Assessment and Intervention System (JAIS) interview instrument to learn more about girls in the system at the aggregate level, including their intervention needs and risk level of offending, and also to suggest supervision strategies for working with them. NCCD also conducted focus groups with staff to better understand the gaps in services and barriers to implementation. The following is a summary of the major findings and recommendations of the final report.

Major Findings

Finding 1: The profile data of girls in the Florida juvenile justice system suggests there are systemic factors contributing to the number of girls entering and cycling through the system. The information has implications for early intervention,

increased program options, and appropriate placement based on the individual needs and public safety risks of girls.

- Girls are getting arrested at young ages: 40% of all girls reported committing their first offense before the age of 13.

- Girls with three or fewer self-reported criminal offenses were committed to residential programs across all restrictiveness levels, including high risk.

- 73% of girls in moderate programs and 33% of girls in high risk programs reported they were currently in their first DJJ commitment placement.

- Level of risk to re-offend is related to level/intensity of intervention services needed in order for girls to be successful. The assessment found that there were girls who were low, medium, and high risk to re-offend across every DJJ restrictiveness level (e.g. low risk to re-offend in high risk DJJ program, high risk to re-offend in a low risk program).

Finding 2: There were common major factors or "pathways" into the system related to the delinquent behavior of these girls (see Figure 1). This information supports the literature regarding pathways on how women and girls enter the system. The state is urged to invest in gender-responsive programming to address these factors:

- Emotional Factors: Depression, trauma, anger, self-destructive behavior, or other mental health/clinical diagnoses were a factor for 79% of girls in residential and 84% of girls in non-residential programs.

- Family Issues and Conflict: Offenses against family, family history problems, ineffective parental supervision or abuse by family were factors for more than 70% of girls in residential and 64% of girls in non-residential programs.

- Substance Abuse: Alcohol and/or drug use was a problem related to the delinquency of almost half (46%) of the girls in residential and 20% of girls in non-residential programs.

Figure 1. Key Factors Contributing to Juvenile Justice System Involvement of Girls by DJJ Program Level
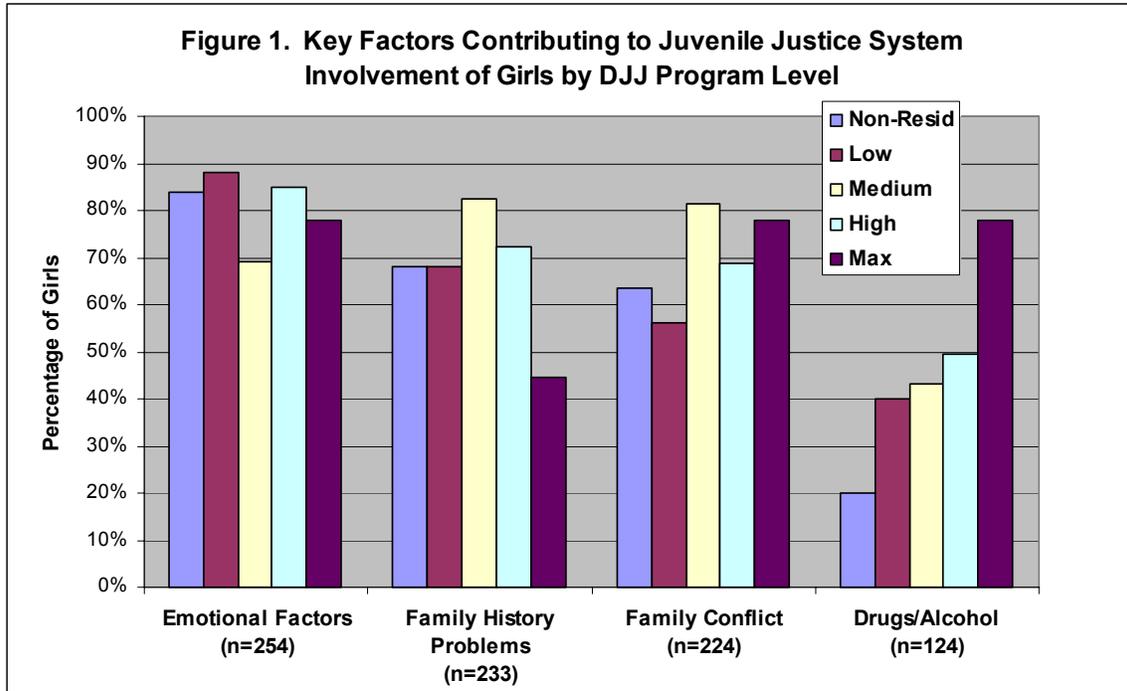
Finding 3: The level of needs of girls does *not* differ by DJJ program level. This finding, coupled with the common factors that are affecting girls' involvement in the system, indicates that an essential set of services needs to be available to girls at all program levels—low, moderate, and high. On average, girls have three to four significant treatment needs. The programming needs chart (see Table 1 at end of Executive Summary) shows improved outcomes for girls that can be attained if critical intervention services are provided to address the needs of the girls. The most pressing intervention needs include:

- Specialized mental health services,
- Substance abuse treatment,
- Family focused services,
- Specialized medical care,
- Alternative, educational, and vocational services, and
- Transitional placements and services for girls.

These major findings coupled with other systemic issues facing girls in Florida's juvenile justice system (e.g., inadequate/unavailable treatment in the community or in low restrictive DJJ programs, symptomatic behavior that results in placement transfers,

inappropriate placement of girls, and gaps in gender-responsive services and training) help to explain the escalating numbers of girls into the system. The implications of these critical findings point to recommendations for immediate, short-term, and long-term change in the State of Florida's response to girls.

Implications

Based on the information collected from focus groups with staff regarding gaps in services, there appears to be a mismatch between the level of available treatment services and the identified treatment needs of girls in residential programs (e.g. specialized mental health services, aftercare). If these needs are not met, both in treatment and by systematic policy changes, we can assume that the girls will continue to penetrate deeper into the juvenile justice system by picking up new charges while in placement, re-offending after release, or violating probation.

Recommendations

The following multi-tiered set of recommendations charts the direction for a comprehensive approach designed to address girls' pathways into the system. It highlights the essential set of services and policy initiatives that are critical to meet the different needs of girls and reverse the escalating numbers of girls entering the system in Florida.

Tier 1: Addressing Immediate Critical Needs

- **Severe mental health needs**: Identify strategies for the re-allocation of resources (funds) to secure short-term, acute psychiatric placement options for girls in need of intense mental health services.
- **Treatment needs:** Develop evaluation criteria to determine programs' ability to effectively meet the needs of girls as identified by the research as well as criteria that ensure the safety and well being of youth in programs (e.g. emotional and physical safety of environment, level of institutionalized/symptomatic behavior, staff turnover, staff qualifications and experience, youth outcomes).
- **Inappropriate placements:** Assess girls currently committed to DJJ that do not pose a public safety threat utilizing a standardized assessment instrument coupled

with staff recommendations. Further, develop a uniform process for transferring girls to a lower level program to ensure proper placement. Reserve space in residential programs for girls who pose a public safety risk.

- **Provider per-diem rates:** Review the feasibility of increasing per diem rates through cost savings of placing girls in lower levels of care who are low and medium risk to re-offend and who do not pose a public safety threat.

Tier 2: Short Term Recommendations for FY 2006-07

- **Funding for all program levels:** Assess and allocate appropriate per diem rates for critical services to address the multiplicity of girls' needs in the juvenile justice system.

- **Support OPPAGA:** Support the Office of Program Policy Analysis and Government Accountability (OPPAGA) recommendations outlined in Report No. 06-13 which includes strategies for cost savings by reducing beds in residential delinquency programs by creating community treatment programs for at-risk girls.

- **Appropriate assessment tools:** Implement a uniform, gender- responsive screening and assessment process utilizing an instrument that identifies risk level, intervention needs, and supervision strategies.

- **Practical supervision tools:** Provide staff with tools for understanding differences between girls such as the NCCD recommended supervision strategy groups which can assist with supervision planning and individual treatment case planning.

- **Gender-responsive training:** Provide appropriate resources for the development and implementation of uniform gender-responsive training for all staff working with girls along the entire DJJ continuum (prevention, probation, detention, non-residential, residential) as part of the required training.

- **Collaboration:** Assign a legislative work project to determine strategies that promote cross-agency collaboration between the Department of Education, Department of Children and Families, mental health, courts, police, public defenders, and the Department of Juvenile Justice.

- **Policy change in community mental health:** Mandate that local mental health providers accept referrals for appointments from residential programs to ensure a smooth transition and the availability of mental health service follow-up when girls transition back to the local community.

Tier 3: Strategic Recommendations for Longer Term Solutions
- **System examination:** Conduct further research using the "pathways" framework to better understand and identify points in the process where girls could be diverted or appropriately referred to the least restrictive services (or placement) based on level of need and public safety risks.
- **Policy and practice:** Identify and re-examine policies and practices that drive girls into the system. For example, charging girls with assault against family members; imposing additional charges obtained during residential placement; and considering running away a probation violation are policies that have a direct impact on the numbers of girls that will enter and stay in the system.
- **Statewide training:** Develop and provide specialized training for judges, state attorneys, police departments, and public defenders on topics such as female development, mental health, special education, cross system collaboration, and gender-responsive approaches.
- **Resources:** Increase resources and expand gender responsive services in both residential and non-residential programs to expand:
  - Specialized service options for pregnant and parenting girls.
  - Health services such as gynecological care, prenatal and post-partum care for pregnant girls, dental and vision, and health education that address HIV and other sexually transmitted infections and diseases.
  - Specialized services to address family conflict and associated risk.
  - Aftercare and transitional services to ensure success for girls.
  - Traditional/non-traditional education and vocational programs that are gender specific.

- **Intergenerational incarceration:** Implement programs and services for young children of incarcerated parents as an effort to reduce intergenerational incarceration.

- **Gender-specific probation:** Explore the implementation of a female offender probation unit which would entail the reorganization of caseloads so all girls on probation would be supervised under one unit and probation officers would have all girl caseloads.

- **Research-focused pilot programs:** Fund pilot programs to address the girls who continue to cycle through the system, both in non-residential and residential programs. The pilots would be designed to specifically address the significant factors that contribute to girls' delinquency (e.g. emotional factors, parental family problems, substance abuse).

Table 1. Summary of Girls' Programming Needs

INTERVENTION TREATMENT	ASSOCIATED RISK FACTORS-NCCD FINDINGS	OUTCOMES FOR GIRLS
Specialized Mental Health and Substance Abuse Services		
✛ Addiction and substance abuse treatment. ✛ Therapeutic treatment includes mental health issues such as depression, trauma. ✛ Address physical, emotional and/or sexual abuse, neglect and family and domestic violence.	➡ Alcohol or drug abuse was a significant factor for involvement in system for 46% of the girls. ➡ Emotional factors (depression, anger, self-defeating behavior) contributed to delinquent behavior for 79% of girls. 72% cited emotional motivations for committing last offense. ➡ 61% committed offenses against family; 25% of them reported their offense histories were "usually" against family. ➡ Reported abuse: 37% by a parent, 55% by a non-parent, 25% by both.	☑ Measurable reduction in substance abuse. ☑ Increased individual and family counseling. ☑ Measurable increase in positive coping strategies and reduction of high risk behaviors.
Specialized Physical Health Services		
✛ Comprehensive health assessments and care, including gynecological services and prenatal and post-partum care for pregnant girls. ✛ Sexual health education. ✛ Programs for pregnant and parenting girls. ✛ Establish safety from self and others.	➡ 15% reported major illness. ➡ 35% were pregnant or had been in the past. 10% had children. ➡ High risk behaviors include self-mutilation (49%), suicide attempt (34%), suicide threat (7%), physical aggression (54%).	☑ Treatment and reduction of serious health problems. ☑ Measurably fewer cases of HIV and STDs. ☑ Specialized services for pregnant girls. ☑ Measurable reduction of self-harm and aggressive behavior.
Specialized Educational Services and Development Programs		
✛ Comprehensive girls' educational programs. ✛ Educational enhancement. ✛ Provide vocational programming. ✛ Relationship building, life skills development, pro-social orientation and assertiveness	➡ Educational risk factors: lack of interest in school/drop out (54%), extensive truancy (67%), major disruption (67%) ➡ Educational goals: 68% wanted post-high school training/ education. ➡ Lack of social skills was a significant factor for involvement in system for 25% of the girls.	☑ Measurable increase in academic and behavioral success in school. ☑ Increased relevant programming, including vocational and career training ☑ Increased gender-specific life skills education and healthy development
Transitional Programs		
✛ Aftercare and step-down programs to wrap around services for girls and family ✛ Supportive independent living options	➡ Lack of aftercare services repeated as biggest challenge and barrier to effective programming by staff. ➡ 46% had been in at least one out of home placement, including foster care.	☑ Wraparound services provided to improve opportunities for success. ☑ Measurably safer environments for youth.

Data provided by JAIS, 2006.

Chapter 1: Introduction/Background and History

In recent years, a host of juvenile justice issues have been at the forefront of public discourse and policy discussion in the State of Florida. Beginning in 1999, there was a shift in the direction of Florida's juvenile justice system from a system aimed at rehabilitating youth to a more punitive, corrections-style model. This shift in philosophy especially threatened community-based service options designed to provide prevention, intervention, diversion, and treatment services to at-risk youth and their families. In this changing environment, the vulnerability of girls and the potential for their further victimization and exploitation was of major concern to professionals in the field, including public safety proponents and youth advocates alike.

Concerns raised by youth advocates regarding how the proposed policy shifts would impact girls in the system prompted legislators to request documentation that supported the need for and effectiveness of community-based gender specific programming. To answer the legislators' questions, the Jessie Ball duPont Fund supported a funding request by the National Council on Crime and Delinquency (NCCD) to conduct a major research study of girls in the Florida system. Researchers reviewed previous studies of delinquent girls, looked at nearly 1,000 case files and conducted 100 intensive interviews with girls in every level of Florida's juvenile justice system, from prevention to deep-end residential facilities.

Educate or Incarcerate

NCCD's report, *Educate or Incarcerate*: *Girls in the Florida and Duval County Juvenile Justice System*, was released in December, 2000. Key findings included:

1. The identification of girls at-risk can begin in middle school, as early as 6th grade. Key risk factors for a girl becoming a juvenile offender were found to be educational failure (especially during grades 6 through 8), intergenerational patterns of incarceration, a history of victimization, and early sexual activity.

2. The number of girl offenders in Florida was increasing and the use of detention, an expensive option that offered little chance of addressing girls' needs, had become the primary response to even minor offending among girls.

3. Despite this rise in the girl offender population, the availability of educational and family-focused services targeting girls had diminished.

Educate or Incarcerate urged the 2001 Legislature to reevaluate Florida's strategy for addressing girls in, or at-risk for entering, the juvenile justice system. Of particular concern was the state's maximum security youth prison exclusively for girls, the Florida Institute for Girls. The Florida Institute was being built at a time when the legislature was also considering cuts of nearly $36 million from prevention, intervention, and treatment programs. *Educate or Incarcerate* cited 25 years of existing research that concluded with near universal agreement that the maximum security environment at best was developmentally inappropriate and at worst would further victimize the girls detained in it. It was recommended that funding for the Florida Institute be halted and that the facility be closed or, at the very least, planned expansion halted. Unfortunately, these warnings were not heeded.

Additionally, NCCD's report concluded that a key strategy for reducing the numbers of young women entering the juvenile justice system was to prevent early school failure, before girls reach high school. As a result of the NCCD research, PACE Center for Girls, Inc. created a pre-teen center to focus services on younger girls.

Community Outreach

To raise public awareness and to mobilize support for ensuring services were available for girls in their local communities, PACE and the Florida Children's Campaign held a series of community briefings throughout the state. The *Justice for Girls* briefings sent a powerful message as the public saw first hand how the NCCD research findings mirrored the lives of girls in their local community. For instance, Sherri A., age 16, who had an extensive juvenile record shared her personal story with the audience at the Tampa briefing recounting what life was like growing up with a father in and out of prison, a distant mother, and falling in with the wrong crowd. She started skipping school at age 12 and by age 14 she tried to kill herself and was committed to a mental hospital. Her words struck a cord with the audience as she ended her presentation by simply saying, "We need help" (Bettendorf, E., The Tampa Tribune, December 15, 2000).

The Florida Children's Campaign also shared the results of their statewide polling data showing that public opinion strongly favored helping children in Florida by providing prevention and early intervention programs. The polling found that 84% of frequent voters polled believed that investing in children today would reduce the need for prisons tomorrow. Eighty percent of frequent voters said they wanted tax dollars spent on recreation, education, crisis intervention, and counseling instead of juvenile prison beds. Most notably, 89% wanted more prevention and treatment services while only 9% favored more punishment (Florida Children's Campaign website, www.iamforkids.org).

Despite these data and outreach efforts, advocates would face many challenges in their battle to keep girls from being sent to inappropriate institutional programs. Other obstacles included the impact of September 11th, 2001 on revenue shortfalls, the Florida Department of Juvenile Justice (DJJ) recommendations to expand institutions and create new residential beds, the governor's severe budget cut to the DJJ, and the proposed elimination of community-based day treatment and prevention services.

The Florida Children's Campaign in partnership with the Child Welfare League of America and local community-based service providers expanded their efforts to educate Florida's citizens regarding the need for a balanced continuum of services for Florida's girls and their families. As part of this outreach, nearly 500 girls who were under the supervision of the juvenile justice system along with youth advocates from around the state participated in the *Rally On Tally* protest at the State Capitol in March, 2003. The girls left the Capitol knowing that their voices had been heard as key members of the House and Senate publicly vowed to keep their community-based programs opened.

New Legislative Efforts

By the end of the 2003 legislative session, the direction of juvenile justice policy was beginning to take a positive turn and the future for Florida's girls looked brighter. The legislature rejected proposed budget cuts and fully funded PACE Center for Girls, Inc., the Florida Network of Youth and Family Services, and day treatment programs like the Associated Marine Institutes. This meant 40,000 youth and their families served by these programs would continue to receive services in their local communities.

After several years of fighting to save effective programs and services, advocates recognized that to truly change the juvenile justice system and permanently ensure the availability of gender-responsive programs, legislation needed to be enacted that acknowledged the special needs and strengths of girls. At the urging of the leadership of PACE Center For Girls, Inc., Representative Ellyn Bogdanoff, R-Broward County, and Senator Rod Smith, D-Alachua County, introduced legislation during the 2004 session that mandated gender-specific services for girls in Florida's juvenile justice system.[1]

The needs of girls took center stage with the passage of HB1989 in both chambers of the House of Representatives and the Senate. On June 30, 2004 Governor Jeb Bush signed the bill into law at a public signing ceremony in his office at the State Capitol. The State of Florida became only the second state in the country to pass such groundbreaking legislation. The 2004 Legislative session marked not only a significant victory for girls but an unprecedented commitment to ensure a balanced continuum of services that included prevention, day treatment and other front-end community-based programs and services.

Closure of Florida Institute for Girls

The passage of HB1989 also marked a momentum shift. In the 2005 legislative session, Representative Gustavo Barriero, R-Miami-Dade, and Senator Victor Crist, R-Tampa, took another bold step forward in advancing the agenda for girls by closing the Florida Institute for Girls. This action was taken nearly five years after the release of NCCD's study warning of the potential for victimization and abuse of girls in this type of correctional environment, warnings that unfortunately came true.

Since its opening in 2000 under contract with Premier Behavioral Solutions, the Florida Institute was plagued by hundreds of allegations of physical abuse, neglect, sexual misbehavior, and management problems.   These allegations prompted a grand jury investigation in June, 2003.   The grand jury report documented over 150 allegations of criminal mismanagement, including the use of excessive force, sexual misconduct and

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[1] The legislation was based on the 1992 amendment to the Reauthorization of the Juvenile Justice and Delinquency Prevention Act of 1974 (JJDP Act) which had required states to prepare an analysis of gender-specific services for the prevention and treatment of juvenile delinquency.

inadequate supervision (Gruskin, 2005; Gruskin, 2004). The grand jury investigation also found a lack of training, persistent staff shortages, and a general sense of unrest at the facility (Stuart News, 2003).   This failed prison cost taxpayers over $29 million dollars. Sadly, it cost girls further abuse, victimization, and untold trauma. One of many media headlines highlighted the gruesome conditions for girls: *Prison Sex (with Guards/Workers) Considered 'Normal' By Teenage Inmates at FIG* (Gruskin, 2003). By October 2005, all 67 girls were transferred from the Florida Institute for Girls and the maximum security prison officially closed.

The Children's Campaign called for the DJJ to appoint a high level advisory committee to oversee the assessment of the girls who were being moved from the Florida Institute. The committee would ensure that the girls were properly placed in appropriate settings with individual treatment recommendations. DJJ Secretary Anthony Schembri sent personal invitations to a diverse group of individuals both external and internal to the Department requesting that they serve as members of the Girls Advisory Council. The DJJ leadership team met with Dr. Barry Krisberg, President of the National Council on Crime and Delinquency, and Dr. Lawanda Ravoira, (prior) President and CEO of PACE Center for Girls, Inc., to develop a strategy for transitioning the girls from the institution.

Individual Assessment Allows Proper Placement

Under the leadership of Secretary Schembri, the Department partnered with NCCD to utilize the research based Juvenile Assessment Intervention System (JAIS). Developed by NCCD's Children's Research Center, JAIS was used to individually assess each of the 67 girls at the Florida Institute and help develop individualized case plans.

The Department leadership also expressed support of a larger research study to provide information to assist in developing a comprehensive approach to gender-specific programming for girls in the Florida system. The Jessie Ball duPont Fund continued their commitment to juvenile justice reform for girls in Florida's system by providing funding for NCCD to conduct this research of girls in the system. The goal of this research is to help Florida build a system of care for girls that begins with a close examination of each girl's personal profile (background, risks, treatment needs, motivations, etc.) and recommend a data-driven plan for services based on their true needs.

A further demonstration of DJJ's commitment to appropriate treatment of girls in the juvenile justice system was evidenced in October, 2005 as Secretary Schembri ordered and stood watch over the removal of the razor wire that had surrounded Sawmill Academy for Girls, a moderate risk residential program for girls.

An Unprecedented Opportunity

Now, at the start of 2006, there exists an unprecedented opportunity to design appropriate alternatives and interventions that can reduce recidivism and provide a safe environment for girls to thrive. Meaningful systemic change for girls and young women can follow the critical events summarized here, including

- the preservation of prevention and day treatment services,
- the passage of *HB 1989* mandating gender specific services,
- the closing of the girls' prison,
- the removal of the razor wire from Sawmill Academy,
- the convening of the Girls Advisory Council, and
- research by OPPAGA and NCCD.

At this time the state is presented with an extraordinary opportunity to inject new thinking and innovative ideas for continued meaningful reform. Florida is poised to lead the nation in services for girls and young women in the juvenile justice system.

Chapter 2: Girls in Juvenile Justice

Developmental Theories

Both nationally and in Florida, there has been a trend of increasing rates of detention and commitment for girls. Specifically in Florida, admissions for girls increased 10% over the last five years, while admissions for boys have decreased 12% (DJJ, 2005). However, the system is still designed for boys and lacks appropriate and effective gender-specific programming that focuses on the unique characteristics of girls. Research shows that girls have different pathways to crime than boys. By providing programs that are embedded in girls' experiences, their opportunities for success are increased. Implementing gender-appropriate programming for girls has broad benefits including: appropriateness of services and effectiveness of management, decreasing staff turnover and sexual misconduct, and increasing overall safety of environments (Bloom, Owen, and Covington, 2005).

Bloom, et al, (2005) describe three theoretical perspectives related to women and girls involved in the justice system: the pathways perspective, relational theory and female development, and trauma and addiction theories. Together these theories help us understand how these girls end up in the juvenile justice system, how they respond once involved, and what they need to turn their lives around. The pathways research identifies histories of abuse, mental illness tied to early life experiences, substance abuse and addiction, homelessness, and dysfunctional relationships as the most common pathways to crime for women. Developmental needs of adolescent girls differ from those of boys. Puberty and the developmental stage of adolescence bring physical and emotional changes that are challenging, confusing, and complicated for many girls. Relationships play a primary role in the lives of teen girls, and according to relational theory, connection with others is the guiding principle of growth for developing a sense of self and self-worth (Bloom, Owen, and Covington, 2005).

Risk Factors

Normal developmental issues become all the more difficult for girls that have been victimized by physical and/or sexual abuse and have mental health problems,

characteristics common to the majority of girls in the juvenile justice system. In many cases, girls will use substances to "self-medicate" or to escape from the psychological pain they experience in destructive relationships.   This general profile is dissimilar in many ways to that of boys in the juvenile justice system. For example, boys' anti-social peers are generally same-sex associates. There is a lesser prevalence of sexual victimization among boys and their behavior is not as often a reaction to the risk factors that develop over time (Howell, 2003). In addition, pregnancy and early sexual activity surface as factors that lead to dropping out of school, repeat offending and committing more serious offenses by girls (Acoca, 2000). A different approach to meet girls' unique needs in appropriate ways, instead of applying the same principles that have been used with boys in the past is required.

The high prevalence of girls in the juvenile justice system who have been abused and experienced problems in the home demonstrate not only the deep impact these experiences have in their lives but how they affect life choices and decisions during adolescence. A recent review by the Office of Program Policy Analysis and Government Accountability (OPPAGA) of 90 case files of girls in juvenile justice residential programs in Florida showed that 68% have experienced physical or sexual abuse or neglect and 90% of the girls live with limited or inadequate parental control (Report # 05-13). The amount of girls with mental health problems in residential programs is overwhelming – as many as 94% of girls have diagnosed mental health problems. Without the proper support at home or interventions from the community, these experiences can lead girls down pathways into the juvenile justice system.

Understanding the risk behavior profiles of girls in residential and non-residential programs in Florida is critical in the development of effective treatment programs. Table 2 below shows OPPAGA's findings regarding the percentage of girls who experience certain risk behaviors along the continuum. It is evident that girls in residential programs experience alarming rates of high-risk behaviors. Girls in non-residential/prevention programs also exhibit alarmingly high percentages of risky behavior.

Table 2. Risk Behavior Profiles

At-Risk Behaviors	Non-Residential*	Residential
Negative Peers	61-68%	84%
Substance Use	21-24%	61%
Running Away	22%	58%
Chronic Truancy	30-42%	49%
Self mutilation	18%	27%

Source: Analysis of OPPAGA reports (05-13 and 05-56)
*Includes PACE Center for Girls and Florida Network of Youth and Families

Offense Histories

The types of offenses girls commit generally do not pose the same threat to public safety as those committed by boys.   The OPPAGA study showed that in 2004-2005, 16% of girls were committed to residential programs for non-law violations compared with only 9% of boys; and that 36% of girls were committed for misdemeanors as compared with 25% of boys (OPPAGA, 2006, report 06-13). The nature of offenses for which girls are incarcerated may reflect law enforcement practices in which behaviors that were traditionally labeled as juvenile status offenses are now treated as criminal offenses—a practice known as "bootstrapping" (Chesney-Lind, 1997). It is not uncommon for girls who are placed on probation as status offenders to be subsequently detained for the offense of "violating a valid court order." Thus a young woman that initially enters the juvenile justice system for running away may have her legal problems exacerbated if she violates a judge's order to, for instance, attend school. Youth advocates claim that "bootstrapping" is a way in which status offenders are incarcerated despite legislative barriers set up to stop exactly that.

Similarly, some of the increase in girls incarcerated for violent offenses (e.g. aggravated assault and battery) may be due to the unintended effects of new policies on mandatory charging in domestic violence cases (Mullis, et al 2004; Snyder, 2004). In some cases, family disputes are re-labeled as criminal events. In Florida, 10.5% of total referrals for females were for domestic violence (DJJ, 2006). More specifically, Florida statutes {FS 985.213(2)(6)(3)} allows juvenile justice personnel to detain youth involved

in domestic violence disputes who otherwise would not meet detention placement criteria.

The types of offenses that are getting girls into the system and keeping them in the system are different than for boys. Table 3 compares some types of commitment offenses by gender. More than 30% of girls are committed for aggravated assault or misdemeanor assault as compared with less than 20% for boys (DJJ, 2005) Almost half involve domestic violence and some are offenses against staff, particularly in residential programs (DJJ, 2006).

Table 3. **Percentage of DJJ Committed Youth with Selected Offenses by Gender, FY 2004-05**

Commitment Offense Data	Aggravated Assault and/or Battery	Assault and/or Battery (non-aggravated)	Auto Theft	Petit Theft	Violation of Community Control	Charges During Placement[*]
Male	10.4%	8.8%	5.4%	4.5%	8.7%	9.4%
Female	15.9%	16.4%	6.6%	7.9%	15.5%	12.1%

Source: DJJ, 2005
*FY 2004-05 commitment due to offense(s) committed during a placement in the previous year.

In the juvenile justice system, girls are less violent than boys, but have higher rates of disciplinary infractions, though often for less serious violations. Bloom, Owen, and Covington also found this in the adult criminal justice system (2005). Table 3 shows that in Florida, 12% of girls received additional charges during placement as compared to 9% of boys. Similarly, girls were changed to a different placement while in custody at a higher rate than boys (6% vs. 4%). Aside from having to be transferred due to the closing of the Florida Institute for Girls (FIG), the two major reasons cited for transfer of girls were aggressiveness and not being able to meet their mental health needs (DJJ, 2006). Although small, the percentage of girls who are transferred up one level is double that of boys (2.2% vs. 1.1%). This is troubling, given that most girls who are detained represent a very low risk to public safety in terms of violence or further re-offending. In Florida, the recidivism rate for girls is significantly lower than for boys. For youth

released FY 2003-04, 41% of girls compared to 63% of boys were re-arrested. Similarly, 26% of girls were re-adjudicated compared to 43% of boys. (DJJ, 2006)

The goals of the Florida Department of Juvenile Justice's Strategy are "reduce the inappropriate placement of low risk girls (committed for probation violations on minor offenses, minor domestic violence cases, etc.) in higher restrictiveness settings and to reduce the number of girls who are placed in more restrictive settings due to the lack of effective mechanisms to deal with symptomatic behavior that occurs during residential treatment" (Chapman, 2005; pg.1). OPPAGA found judges may commit youth in order to obtain treatment services that are not available or are inadequate in lower security programs (OPPAGA, 2003, report 03-76). The available research indicates that many young women in the justice system possess very high profiles for treatment needs. While the juvenile court should attempt to provide the necessary treatment interventions, there must be a higher priority placed on home-based or community-located services (Krisberg, 2004, Ch. 6).

Waiting Time in Detention

In Florida, the average number of days girls wait in detention for placement into a residential program ranges from 19 to 50 days; it varies by age, restrictiveness level (e.g. low, moderate, high) and type of program (e.g., halfway house, substance abuse or mental health programs, wilderness program). While not the norm, there are a number of girls that spend more than 6 months in detention. This is critical given that detention is not a commitment program, and therefore its purpose is not to provide treatment services or long term care. Time spent in detention does not count as time served in Florida (FL Commission on the Status of Women, 2001). In comparison to males, female juvenile offenders may spend over three times longer in the system (Winokur, 1999).

Available Gender-Specific Programming/Services in Florida

There are approximately 28 residential facilities for girls throughout the state that provide a range of security levels and services (see Appendix 1). Also funded by the state are prevention programs (e.g., PACE Center for Girls, Florida Network for Youth and Families), probation programs and day treatment programs. Tables 4 and 5 show the

number of girls served by type and level of DJJ programming.

Table 4. Number of Girls Served FY 2004-05*

	Prevention	Probation	Day Treatment	Detention**	Residential
Girls Served	PACE: 2,298 Florida Network: 8,291	7,005	429	1,011	903

Source: DJJ, 2005.
*Some girls may have been served in more than one program.
**Waiting for disposition or placement.

Table 5. Average Daily Population: Girls in Residential Programs, 2005[†]

DJJ Program Level	n	%
Low Risk	75	8%
Moderate Risk	661	73%
High Risk	158	17%
Maximum Risk	9	1%
Total	903	100%

Source: DJJ, 2005.
[†]March 2005 thru August 2005

OPPAGA Standards

The Office of Program Policy Analysis and Government Accountability (OPPAGA, 2005, Report 05-13) found that the residential programs with the strongest gender-specific services were more likely to be successful in reducing recidivism for the girls. In its second report, OPPAGA found that the continuum of programs for girls vary in the degree to which they are gender-specific (OPPAGA, 2005, Report 05-56).

OPPAGA identified the key characteristics essential to effective and appropriate gender-specific programs for girls. The seven key areas include mental health; relationships and emotional safety; physical safety; health and hygiene; social and educational programming; program and design; and staff hiring and training (OPPAGA, 2005, Report 05-13). They reviewed fifteen girls' residential facilities based on the seven key factors to determine their effectiveness in implementing the new state legislation.

The evaluation consisted of focus groups, interviews, observations, and document reviews.

The review in the areas of mental health and relationships and emotional safety found mixed results. These areas in particular are of critical importance since such a high number of girls are diagnosed with mental health issues and because relationships are a developmental priority for these girls. Most of the sites included gender-specific mental health practices and had therapists with experience working with girls. Many, however, did not meet the challenge of involving the girls' families in therapy. While all of the programs taught relationship skills, which the girls reportedly found helpful, they were not able to establish an emotionally safe setting overall. Staff were said to breach confidentiality and to use inappropriate, hurtful, and offensive language such as name-calling.

In the areas of physical safety and health and hygiene, most residential programs met the gender-specific practices. Providing for the physical safety of girls is crucial especially because of their histories of violence and victimization. Nevertheless, a few programs did a poor job of preventing altercations between female residents. At several sites "girls reported that staff did nothing and allowed them to fight or actively encouraged them to fight" (OPPAGA, 2005, Report 05-13, p. 8). Girls are at a higher risk for health concerns partly due to higher rates of victimization and higher drug use. All of the sites reported that they performed the required health exams and provided girls with health and sexual education.

Residential facilities are faced with the challenge of meeting the social and educational needs of girls who typically have had difficulty in these areas. Many have been suspended or expelled from school and are below their academic grade level. In past reports, OPPAGA found residential programs to be extremely successful with regard to the educational achievements of girls. The main weakness seen in most of the sites was the lack of focus on vocational and parenting skills. This is significant because girls need exposure, preparation, training, and skill development in order to meet the challenges that independence and parenthood bring.

Many sites did not include girls in the design and evaluation of their programs. This diminishes opportunities for girls to develop leadership skills, increase their

investment in the programs and interact in positive ways with staff. Staff hiring and training practices at the sites could be improved as well. All of the sites had difficulty establishing an atmosphere conducive for positive relationships to develop.

OPPAGA has recommended that the department incorporate new gender-specific requirements into their quality assurance standards and program monitoring instruments.

Chapter Two Summary

This chapter presented several systemic issues facing girls in juvenile justice in Florida. Girls risk deeper penetration into the system for a variety of reasons including the following.

- Treatment services (e.g. mental health) are not available or are inadequate in less restrictive settings.
- Symptomatic behavior (e.g. aggressiveness) that results in placement transfers.
- Inappropriate placement of girls committed for violations of probation or misdemeanor offenses including minor domestic violence.
- Length of time spent in the system is longer as compared to boys for less violent offenses.
- Gaps in available gender-responsive services and training for staff as reported by OPPAGA.

The current study described in the next chapters furthers the discussion about what types of gender-specific programming are critical to respond to the needs of girls in the juvenile justice system. The research provides information to the State of Florida about the opportunities that exist to create and support programming designed to address the pathways of girls into the system and the treatment needed to deal with behaviors specific to girls. Beyond risk and need profiles, the study identifies the essential set of services and policy initiatives that are critical to meet the different needs of girls and reverse the escalating numbers of girls entering the system.

Chapter 3: Methodology

Chapters 3 and 4 describe the current NCCD study of the girls in the Florida juvenile justice system, including their offense histories, public safety risks, intervention needs, and supervision needs. The data comes from semi-structured interviews performed using the Juvenile Assessment Intervention System (JAIS), and is supplemented by a summary of focus groups conducted with staff working with the girls. Below are NCCD's research questions guiding the study.

- What is the profile of girls in residential programs (demographics, mental health needs, substance abuse, delinquency history, placement history, family history)?
- What are the risk and protective factors associated with girls in Florida?
- What are the supervision needs and public safety risks of the girls in residential programs?
- What are the types of programming/intervention strategies intended to increase protective factors and reduce risk factors in order to maximize opportunities for these girls?
- Is this programming currently available in residential programs? Where are the gaps in services? What are the barriers?
- What are national standards of best practices?
- What are potential roadblocks that need to be addressed before girls get released from facilities?

Bloom and Covington (2000) argue that better outcomes can be derived for women and girls when those who work with females respond to the similarities *and* the differences in their pathways to criminality, their motivations for their behavior, and their expected response to custody, supervision, and treatment. By gaining a better understanding of the girls in residential care, caseworkers, agencies, and the state as a whole can make better decisions regarding services they need and should be receiving, about training and supporting staff, and about where to allocate system resources. This research and the JAIS assessment are first steps in developing a new framework for

effectively working with the girls in the Florida juvenile justice system.

The Juvenile Assessment and Intervention System (JAIS)

The bulk of the data was collected using the Juvenile Assessment Intervention System (JAIS) instrument. The JAIS interview is a combination of a risk assessment, needs assessment, and supervision strategies assessment. It is a casework tool that can be used by any juvenile justice department across the country to assist with individual case planning. For the current study, JAIS was used both as a casework tool, to assist caseworkers in making decisions regarding the girls in the study, and a research instrument.

JAIS measures each girl's level of need in several categories, including mental health, family relationships, social skills, peer relationships, vocational skills, value orientation, substance use/abuse, school/educational issues, and health. It also provides a score for a girl's public safety risk. JAIS addresses the qualitative aspects of juvenile supervision by identifying specific strategies that will likely result in positive change on the part of the individual juvenile offender. An individualized JAIS Supervision Plan based on girls' responses to questions is created. It includes:

- Attitudes and behaviors to expect,
- Potential compliance issues,
- Proactive steps to take for success within program,
- Indicators of emerging problems,
- Best responses to compliance problems/violations,
- Contact level based on risk, and
- Recommended programs based on needs.

The JAIS interview is a semi-structured, face-to-face interview with the interviewer recording notes and responses to questions on a score sheet. The responses are then processed through the JAIS automated and web-based system. Scores and classifications for each component are compiled by a computer scoring program.

The girls in residential programs (n=244) were interviewed by NCCD interviewers who completed an intensive training conducted by the developers of JAIS, NCCD's Children's Research Center in Madison, Wisconsin. Interviewers were trained

regarding the instrument (history, purpose, validity), interviewing skills regarding semi-structured nature of assessment, and scoring rules. The interview format requires that interviewers observe, listen, ask follow-up questions, respond to the youth, show understanding, and essentially maintain the communication flow. The JAIS data reported here includes the aggregate data collected from the initial assessment of girls at the Florida Institute for Girls (FIG). The decision by DJJ to use JAIS to assist in placing the girls moved from FIG as the facility closed precipitated this more extensive research using JAIS. This data also includes interviews from girls at six non-residential Practical Academic and Cultural Education Center for Girls (PACE) sites. The PACE girls (n=75) were interviewed by PACE staff who completed the week-long NCCD training.

NCCD provided the DJJ treatment staff at the selected sites with an individualized assessment output for each girl that gave her consent to participate. In addition to the assessment administration training, NCCD also provided a supervision guide that assists caseworkers in understanding the individual reports and incorporating them into case planning and management.

For purposes of the research, girls were given ID codes. The data collected from the JAIS assessments was entered into the automated system. The individual reports were outputted from the automated system and provided to the relevant staff for casework purposes. For research purposes, it was then exported, using the ID codes only, into SPSS and analyzed in anonymous, aggregate form to protect confidentiality.

JAIS (also known as SJS) has been used in juvenile justice agencies around the country since 1988. Validation of the interview was conducted between 1983 and 1987, and included both probation and institution cases. Agencies from California, Colorado, Louisiana, Pennsylvania, and Wisconsin participated in the research project. In the validation study, the scoring system was able to correctly classify 98.8% of the 250 cases into the supervision groups.

Sample Selection

Sample selection first consisted of selecting programs from across the state and then selecting girls within those programs. NCCD selected 13 residential programs for

girls [2] at 11 facilities (see Table 6 and Appendix 1). These sites represent a cross-section of services including region/location, average daily population, and range of services (low-risk, moderate risk regular, moderate risk mental health, moderate risk substance abuse, high risk regular, high risk mental health, and maximum risk). In order to maximize the benefit to the DJJ system—that is, in order to provide individualized reports for more of the neediest cases—NCCD over-sampled high-risk level facilities as well as those providing specialized mental health services. Based on the average daily population of all girls in residential programs from March- August 2005 (n=903), NCCD interviewed a sample of 244 girls and an additional 75 girls from six non-residential PACE Centers. Girls were randomly selected from the current list of admissions at each of the selected sites. The data collection was conducted between October and December, 2005.

Table 6. Sampling by Facility

Facility	Risk Level/Type of Facility	n
Vision Quest Low Risk-Warrington Program	Low	25
Milton Girls Juvenile Residential Facility	Moderate: Mental Health	15
Desoto Dual Diagnosis Female	Moderate: Mental Health	15
Jo Ann Bridges Academy	Moderate	10
YMCA Character House	Moderate: Pregnancy	10
AMI-Wings for Life	Moderate	25
Camp E Nini-Hassee	Moderate	22
Vernon Place	High	10
Monticello New Life	High	18
Orange Halfway House	High	15
Umatilla Girls Academy	High	34
Desoto Dual Diagnosis Correctional Facility Female	High: Mental Health	6
Desoto Dual Diagnosis Maximum Risk Female	Maximum	1
Florida Institute For Girls (FIG)-High Risk	High: Mental Health	30
Florida Institute for Girls (FIG)-Maximum Risk	Maximum	8
Total Residential Girls		**244**
PACE Center for Girls (6 sites)	Non-Residential	75
Total Sample		**319**

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[2]Due to the impact of Hurricane Wilma, the number of sites was narrowed down from 15 to 11 and the number of interviews at the selected sites was increased. In addition, we utilized a random sample size of JAIS assessments from PACE (n=75). This will provide information on both residential and non-residential girls.

Data Collection – Youth Assessments

Girls were randomly selected from the list of current admissions at each site and assigned to an interviewer. Interviewers explained the purpose and risks of the research and invited the girls to participate. Youth had the right to refuse to participate in the interview or to stop participation at any time. Each interview lasted approximately one hour in a one-on-one, confidential setting. Girls received an ID code on-site and later received a new assessment code once entered into the system which further protected their individual identities.

Staff Focus Groups

In addition to interviews with the girls, NCCD conducted focus groups with staff at each of the selected facilities. A total of 75 staff participated, including administrators (often the director), and mental health, educational, and direct care staff. Notes were taken and, in some cases, NCCD requested and received permission from participants to record and transcribe the information. Common themes and patterns related to needs of girls, gaps in services, and other important programming issues are presented at the end of Chapter 4. Additional anecdotal data collected at the Girls Summit can be found in Appendix 5.

Chapter 4. Florida Girls Research: Major Findings

As described in the methodology (Chapter 3), the girls in this research were individually assessed using the Juvenile Assessment and Intervention System (JAIS). The data presented in this chapter is an analysis of the interview data. The interview results were used to learn more about the girls at the aggregate level and identify individual intervention needs. The benefit of JAIS is that it uncovers detailed information about how a girl got involved in the system and enables her to describe and characterize her family history, interpersonal relationships (with family and peers), outside educational experiences, and attitudes towards her personal experiences. In short, the interview captures each girl's story. From these responses, the JAIS assessment begins to identify needs and pathways into system as well as to suggest appropriate supervision strategies.

This chapter is divided in several parts. First are demographics and profiles. Then the common "pathways" by which these girls become involved in the juvenile justice system and their treatment needs are described. Finally, implications for programming, first with regard to the treatment needs these girls have, then with regard to their risks of deeper involvement in the system are discussed.

NCCD Sample

The NCCD research sample included a total of 319 girls selected from the spectrum of placement options: 244 girls from 13 different DJJ residential programs of low (10%), moderate (39%), high (46%), and maximum risk (4%) levels. The sample also included 75 girls from six non-residential (PACE Centers) programs. These girls ranged in age from 12 to 19 with the average age of 16 years. The majority of girls assessed were ethnic minorities. Forty-one percent of the girls were Caucasian, 43% were African American, 10% were Hispanic, and 6% self-identified as mixed, biracial, or other.

Systemic Factors Affecting Girls Entering the System

The profile of girls in the Florida juvenile justice system provides us with information about some of the shared characteristics as well as some of the differences among the girls by DJJ program risk level. In general, the findings show girls are getting arrested at young ages, are committed with three or fewer criminal offenses, are sent to moderate and high risk DJJ programs as their first placement, and many have high needs that are related to their risk of re-offending.

Girls are getting arrested at young ages. Almost 40% of all girls reported committing their first offense before the age of 13, and another 38% had committed their first offense when they were 13 or 14 years old (see Figure 2). Girls were more likely to be older as DJJ program level increased, with the youngest girls in non-residential programs.

Figure 2. Age at Earliest Arrest (n=316)

12 years or younger (39%)

13-14 years (38%)

17 years or older (3%)

15-16 years (20%)
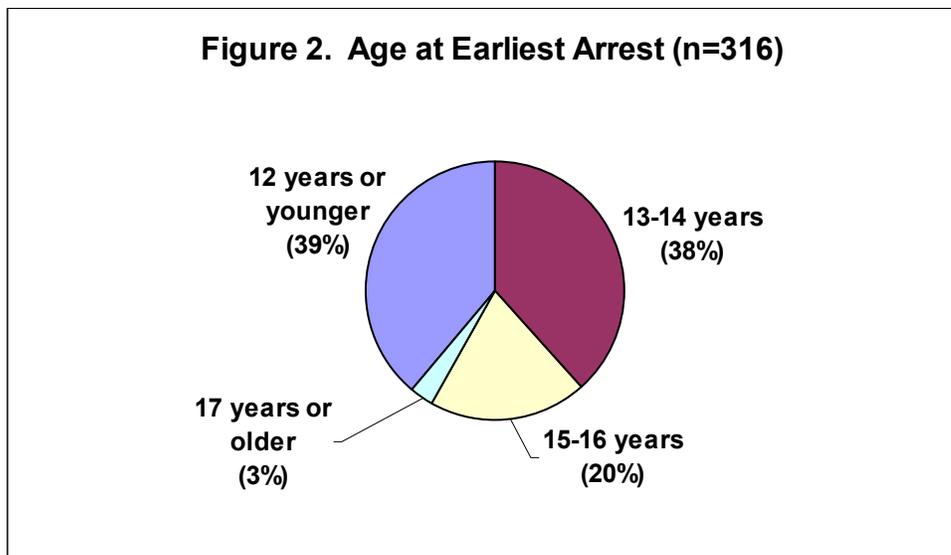
The majority of girls did not have severe criminal offense histories. As expected, girls in high/maximum risk programs had a greater percentage of eight or more offenses while girls in non-residential programs were most likely to have one or no criminal offenses (see Figure 3). Interestingly, this study revealed that girls with three or fewer self-reported criminal offenses were placed across all program levels.

Figure 3. Percentage of Girls with One to Three Arrests by DJJ Program Level

(chart: Percentage of Girls vs. DJJ Program Level, with legend "2 or 3 Arrests" and "One Arrest")

Categories: Non-Residential (n=31), Low (n=21), Moderate (n=68), High (n=44), Max (n=3)
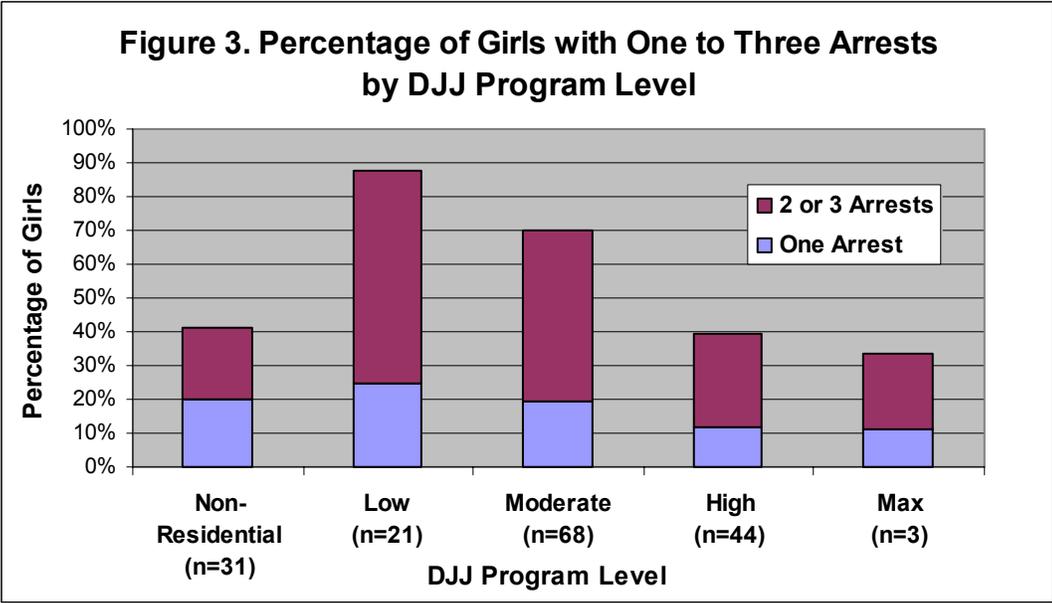
Many girls are sent to moderate and high risk DJJ programs as their first placement. As expected, girls with a history of DJJ commitments are more likely to be in higher risk programs. Interestingly, this study revealed that some girls are sent to moderate (73%) or high risk programs (33%) as their first commitment placement (see Figure 4). This is important because it further documents the limited availability of gender specific placement options which directly affects the disposition of girls in the juvenile justice system. Number of placements did not differ by age nor by race/ethnicity.

Figure 4. Percentage of Girls with No Prior Commitments by DJJ Residential Program Level

(chart: Percentage of Girls vs. DJJ Program Level)

Categories: Low (n=23), Moderate (n=71), High (n=37), Max (n=3)
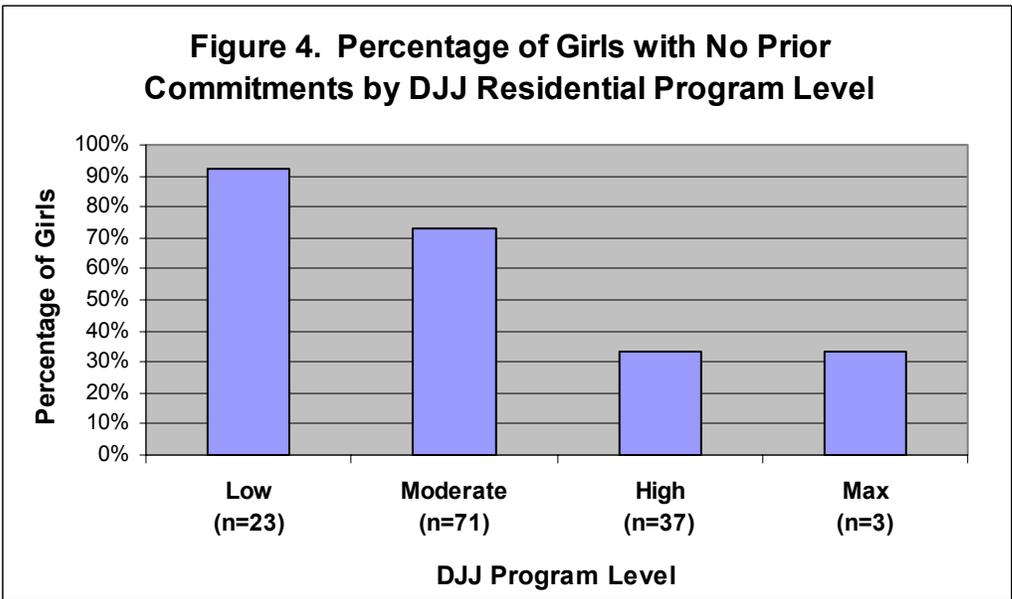
Girls have unique differences and require individualized responses based on their intervention needs. While no clear patterns among race/ethnicity can be concluded, the findings show some differentiation among several risk factors. Ethnic differences in general indicate the need for not just gender-specific but culturally competent, individualized treatment plans.

There was no difference in number of needs and only minimal differences in type of needs by DJJ program level. In other words, girls in low level programs may have similar types and numbers of needs as girls in higher level programs. On average, low risk and moderate risk programs may have 20% of their girls with five or more needs[3] (see Table 7). Twenty-nine percent of girls in non-residential programs and 31% of girls in high risk secure programs had five or more needs.

Table 7. Number of Needs by DJJ Program Levels

Program Level	0-2 Needs (n=72)	3-4 Needs (n=158)	More than 5 Needs (n=89)	Total % (n)
Non Residential	24%	47%	29%	100% (75)
Low	16%	64%	20%	100% (25)
Moderate	21%	57%	23%	100% (97)
High	25%	44%	31%	100% (113)
Max	22%	22%	56%	100% (9)

There are girls who are low, medium, and high risk to re-offend placed across every DJJ program level. The risk of re-offending score derived from JAIS is related to the type of risk factors and needs present as well as the intensity of interventions and supervision strategies suggested to reduce recidivism. High risk girls have a higher probability of re-offending if appropriate level and intensity of services to address their

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[3] Needs "factors" by order of frequency include: emotional factors, family history problems, ineffective parental supervision/family conflict, youth substance abuse, social inadequacy, criminal orientation, alcohol abuse, isolated situation/temporary circumstance, school inadequacy, interpersonal manipulation, and vocational skills.

pathways into the system are not provided (see Figure 5). Thus, appropriate levels of resources are needed across ALL commitment levels.

Figure 5. Youth Risk of Re-offending by DJJ Program Level
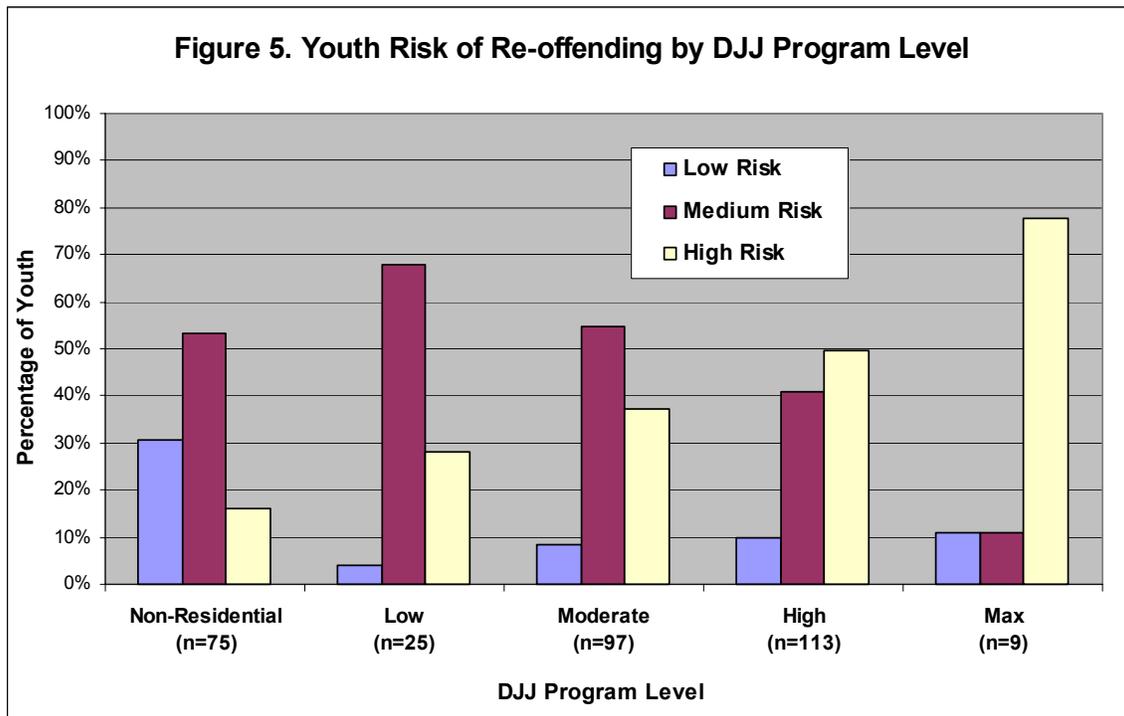
Risk Factors and "Pathways" into the System

There were commonly occurring factors (i.e., pathways into the system) that were significant across the girls (see Figure 6 and Appendix 2). The most common elements of the "pathways" that played a role in the delinquent behavior for girls in residential programs were emotional factors, family issues, and youth drug abuse. While girls may have a multitude of needs, these commonalities across the girls are dominant issues regardless of DJJ program level and JAIS risk level to re-offend. Thus, commonalities are the major focus of this research because they are affecting most girls. More specifically, 79% of the girls had significant emotional factors, 61% had committed an offense against family, and 46% had a significant drug or alcohol abuse problem that contributed to their delinquency. Other factors such as social inadequacy, criminal orientation, and school inadequacy were prevalent for less than 25% of the girls. These broad factors and their related contextual issues begin to explain how these girls end up in trouble with the law, identify their intervention needs, and prioritize an essential set of services that are critically needed.

Figure 6. Factors Contributing to Juvenile Delinquency for Girls in Residential Programs (n=244)

A stacked bar chart titled "Figure 6. Factors Contributing to Juvenile Delinquency for Girls in Residential Programs (n=244)". The y-axis shows "Percentage of Girls" from 0% to 100%. Legend: Significant (dark), Highly Significant (light). Categories along x-axis:
- Emotional Factors (n=191): ~79% total
- Family History Problems (n=182): ~75% total
- Family Conflict (n=177): ~73% total
- Alcohol/Drug Abuse (n=115): ~47% total
- Social Inadequacy (n=60): ~25% total
- Criminal Orientation (n=51): ~21% total
- School Inadequacy (n=28): ~12% total

The following section provides more detailed information about these factors, including some of the personal stories girls shared with the interviewers – these stories are representative of the experiences shared by many girls. Based on our data findings, the essential set of intervention services that would address the identified risk factors include: specialized mental health and substance abuse treatment, specialized medical care, comprehensive family focused services, and transitional programming. Additional gender-responsive services such as specialized programming for pregnant and parenting girls and non-traditional educational and vocational services will also help to increase success with girls. In addition to identifying treatment services needed for girls who are committed, these findings have implications for systemic and policy changes (i.e. targeted prevention and diversion opportunities) if resources can directly address the identified critical issues affecting most girls. Appropriately addressing these factors in overall programming and individual intervention would help reduce risk of re-offending and prevent deeper penetration into the system.

Emotional Factors/Motivation

The majority of girls (72%) cited emotional motivations in committing their last offense. For these girls, the prevalence of emotional factors contributed to their delinquency. This finding was true across all DJJ program levels. Emotional factors include depression, trauma, anger, self-destructive behavior, or other mental health/clinical diagnoses. For half of the girls (50%), the decision to commit offenses was typically impulsive rather than planned. Less than 10% of girls indicated monetary gain

was the impetus for their last offense. Examples of emotional motivations cited in the interviews included stealing a car in order to run away and getting into a fight at school because they were angry. Emotional motivations also include possession or use of drugs and assault (not for robbery). Forty-three percent of girls reported committing their offenses while using drugs and/or alcohol. This finding varied across race, with Whites and Hispanics more likely than African Americans to use alcohol or drugs during the commitment of an offense. Eighty-three percent of the girls that said they get physically aggressive when they are angry reported they hurt or threatened someone during an offense.

> *Ashley is an African-American 15 year old who lives with her grandmother because she does not know her biological father and her mother has substance abuse issues. Her older sister and her sister's baby and her younger brother also live with her grandmother as well. Because Ashley's best friend was having problems with her parents, Ashley decided to take her grandmother's car and drive to pick her up. Upon noticing that her car was missing, Ashley' grandmother called the police and Ashley was arrested for grand theft auto. She is not involved in substance abuse and describes her relationship with her grandmother as close.*

Trauma and Victimization

Many girls shared various accounts of sexual exploitation, rape, and molestation at different points throughout their young lives. More than half (64%) reported being abused in their life, including 37% by a parent. Additionally, more than half (55%) of girls cited abuse at the hands of someone other than their parent, with older girls more likely to report non-parental abuse than younger girls and fewer African Americans reporting such abuse. One in four (27%) of the girls reported being abused by their parents *and* by a non-parent. Of girls experiencing abuse, approximately 70% reported receiving psychiatric treatment, although we do not have data to know if this was specific to the abuse.

Family Conflict

The current study found that offenses against family were high across all DJJ programs: 61% of the girls committed an offense against their family members, though this varied according to race. One quarter (23%) of all girls reported *most* of their

offenses were against their own family. African Americans were least likely to report this (13%) in comparison to whites (33%), Hispanics (24%), and mixed or "other" (54%). Not surprisingly, there was a relationship between youth who reported that their offenses were "sometimes" or "usually" against family and their likelihood of having two or more violent offense referrals to the juvenile court.

> *Clara is a White sixteen year old who lives at home with her mother and her mother's boyfriend with whom she does not get along. Her mother left her biological father because he was extremely abusive and she has not been in contact with him for over two years. She last heard he was in jail. She began running away at age ten and began using alcohol shortly thereafter. One evening a fight ensued where her mother's boyfriend became physically aggressive with her. She kicked and punched back and Clara's mother called the police. When the police came, Clara was arrested for domestic battery because she had left visible marks on her mother's boyfriend. After she completes her program, she plans to go to college. Clara sees herself as lovable.*

Family Relationships and Home Life

These girls come from families marked by, at best, chaos, and, at worst, violence and abuse. Fifty nine percent of girls had experienced five or more changes in household residency, with 30% of these girls moving homes 10 or more times in their short lifetimes. More than half (53%) reported that their parents had histories of drinking or drug problems. More than half (59%) reported their parents had been incarcerated or on probation. As reported earlier, one in three (37%) of these girls indicated being abused by their parents. Half (50%) reported their parents had been reported to DCF for abusing or neglecting them. Of those girls whose parents had been reported to DCF, 58% had been in at least one non-DJJ out of home placement, including foster care. As Figure 6 above shows, family issues such as ineffective parental supervision, frequent parent/child conflict, and family history problems were overwhelmingly linked with these girls' delinquency.

Intergenerational Incarceration

Figure 7 displays the proportion of girls in residential programs whose family had a history of involvement in the adult and/or juvenile systems. Over half of these girls reported having a parent or sibling who had an arrest history (55% and 58% respectively). Again, over half of these girls (58%) reported that their parent and/or their sibling had been on probation or in a correctional institution in the last three years.

Figure 7. Family Involvement in the Criminal Justice System
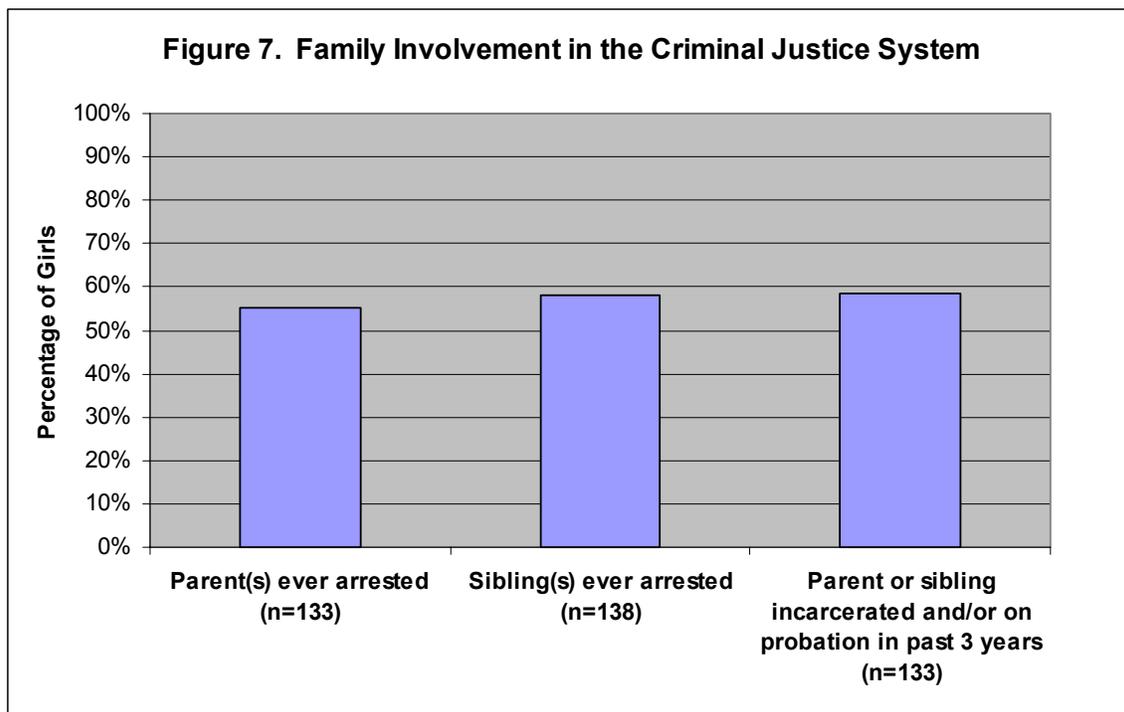
Girls from families with criminal histories are an especially vulnerable subset of the juvenile justice population. This study found that girls with family members (a parent or sibling) that had a history of incarceration were more likely to have experienced multiple placements in correctional institutions. These girls were also more likely to have poor academic performance, difficulty with homework, poor attitudes, discipline problems in school, and a greater number of needs. Early intervention may be especially

important for this group of girls. Assessments indicated that these girls were most likely to be identified with the needs of family history problems and drinking/drugs.

Substance Abuse

For almost half of the girls (46%), alcohol and other drug abuse was a factor that was related to their delinquency and involvement into the system. Not surprisingly, seventy percent of the girls whose alcohol and/or drug abuse was one of the pathways into the system committed an offense while using drugs. Nearly all (over 90%) of these girls were using drugs or alcohol on a weekly or more frequent basis. They were also more likely to report using drugs or alcohol when they felt depressed and to have parents with a history of drug or alcohol problems. Girls with significant drug abuse were also more likely to be in a higher risk DJJ program.

> *Carmen is a Hispanic fourteen year old who lives with her mother, step-father, and two stepbrothers. She was sexually abused by an uncle for a period of three years, starting at the age of seven. At 12, she was gang-raped by three different young men. Carmen has exhibited self-harm behaviors and at age twelve believes she fell into the "wrong crowd." She does not get along with her mother who has a serious drug problem and only feels cared for by her 22 year old boyfriend who is in and out of jail. She has been skipping school and using drugs and alcohol. Her drug of choice is cocaine which she was using almost daily. Carmen was arrested for possession after her locker at school was searched and marijuana and a box cutter were found. She violated probation because she failed to go to school and did not show up to court. She has been in the system for one year and reports not making progress in her program because she curses at staff and hits when she is depressed.*

Social Inadequacy and Criminal Orientation

The data showed that social inadequacy was a significant factor related to delinquent behavior for one in four girls (25%). Social inadequacy refers to lack of social skills (e.g. easily led, difficulty understanding cause and effect, inability to understand the motives of other people). Girls were equally likely to demonstrate leadership or to be following their peers. The majority of girls reported having a friend they can talk with and share feelings. With regards to friends, girls reported no clear pattern regarding preference for hanging out with groups or individual friends. Sixty one percent of girls

reported their friends' use of drugs and alcohol was frequent or abusive, similar to their own reported levels of substance use prior to placement in a program (56%).

Although most girls (79%) reported having friends with histories of delinquent behavior, girls overall were no more likely to commit their offenses with accomplices than they were to act alone. As expected, however, those girls who reported they had friends or associates in gangs *were* more likely to act with accomplices. Also, Hispanic girls were more likely to have an accomplice when compared to girls of other races.

For one in five girls (21%), criminal behavior and identification with criminal friends was viewed as an acceptable, common part of their life and value system. As expected, these girls were more likely to have greater criminal offense histories than girls who did not view crime as acceptable or were frequently motivated by monetary gain.

> *Sarah is a White sixteen year old girl who lives with her father but has been running away from home for months at a time since she was thirteen. She has been smoking marijuana and using cocaine on a regular basis since she was thirteen. Her brother is in jail for selling drugs. Sarah was sent to an alternative school because of her chronic truancy and disruptive behavior. She started hanging out with older friends who had all dropped out of school and were also selling drugs. Her boyfriend and his friends help her find different places to sleep and she has been going from house to house with another friend. Sarah is in the juvenile justice system for possession with intent to sell drugs.*

School Inadequacy

Problems with academic performance were high across all program risk levels. One quarter (24%) of girls assessed had received special education for learning deficiencies. With exception of youth in low risk programs, more than 50% of youth from every other DJJ program level linked academic performance problems to other external achievement problems in school, including lack of interest and or dropping out. The majority of girls indicated records of extensive truancy prior to placement in a program (66%). Additionally, 23% were considered somewhat disruptive (shouting, leaving without permission, etc), and 67% were considered seriously disruptive (major truancy, suspended more than 3 times, etc.) while they were in school. School achievement problems were most pronounced among the Hispanic girls.

Other Critical Health Issues

Many of the girls participated in high risk behaviors. Forty-nine percent of girls indicated having engaged in self-mutilation[4], with differences across race. African American girls were less likely to report self-mutilation than other ethnicities. Thirty-four percent of girls reported having made at least one suicide attempt and another 7% had thought seriously of killing themselves.

One in three (35%) of girls in residential programs had experienced a pregnancy. Ten percent of these girls had children. Fifteen percent of the girls reported having a current major illness that interferes with daily functioning, while 12% reported recovering from a major illness in the past.

Across DJJ program risk levels, girls are demonstrating a significant number of needs. These include emotional/mental health due to trauma and victimization, family conflict, ineffective parental supervision, and family incarceration. Girls also have other risk and need factors including substance abuse/addiction, social inadequacy, criminal orientation, school inadequacy, and critical health issues/self-defeating behaviors. Not surprisingly, there was variability across DJJ program levels in these types of risk factors. For example, the significance of drugs and alcohol as a factor contributing to problem behavior increased with program level and social inadequacy was more of a factor for the lower program levels. Criminal orientation was relatively low across all programs, with the exception of maximum risk. The following section discusses specific findings for girls in deep-end residential programs and for at-risk girls in non-residential programs.

Specific Findings for DJJ high risk programs

Girls in high risk programs *were* more likely to have a number of high risk indicators. Specifically, girls in the high risk program level were more likely to have self-mutilated, be physically aggressive towards others when angry, have experienced abuse from someone other than a parent[5], have increased status offenses, have parents with a

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[4] Self-mutilation refers to cutting behavior and/or homemade tattoos.
[5] Includes physical and/or sexual abuse by someone other than parent(s) and can include program staff. Also includes prostitution.

history of substance use and criminal behavior, and have siblings with an arrest history. Girls in high risk programs were also more likely to report a mistrust of people.

Self-mutilation is more common in DJJ high risk programs. During the course of the interviews, many girls showed where they had cut on themselves, some being recent cuts. Girls who are not treated appropriately may "self harm" and learn institutionalized behaviors in a cry for getting their needs met. Specialized training for staff who are working with girls must be funded and implemented. Further analysis is needed to determine whether cutting and other self-defeating behavior is learned institutionalized behavior or if it is central to girls' intervention needs.

While recidivism is lower than for boys, many girls keep coming back into the system. This study found that the number of arrests for status offenses increased with program level. The DJJ data suggests that such arrests are for violations of probation/conditional release (e.g., violation for running away or not attending school) that exacerbates situations for girls and eventually can institutionalize them.

Specific Findings for Non-Residential Girls

Girls in non-residential programs at PACE Center for Girls shared many of the same common factors contributing to their delinquent behavior as the girls in residential programs: emotional factors (84%) and family issues, including ineffective parental supervision/conflict (64%) and family history problems (68%). Whereas substance abuse was a factor for 46% of residential girls, less than 20% of non-residential girls had substance abuse issues. However, social inadequacy was found to be a greater contributing factor (39%) among the non-residential girls than for residential girls (25%). School inadequacy as a factor was also more prevalent among the non-residential girls (23%) than for residential girls (12%). The percentage of girls who had a criminal orientation was lower than for residential girls. Again, there was no difference among number of needs for girls, including non-residential girls. Girls in the non-residential sample also experienced parental abuse, non-parental abuse, and family incarceration at alarming rates. Over two-thirds of girls in the non-residential sample at PACE were medium or high risk to re-offend.

Based on the aforementioned risk and need factors, the JAIS assessment identifies the best supervision strategy for each girl based on her characteristics and individual motivations. Programming for youth cannot be "one size fits all." This is important for better understanding girls in both residential and non-residential programs. It is particularly important for DJJ with its limited resources. Differential programming that can separate who needs what interventions and use resources accordingly is a more effective system.

Supervision Strategies: Responding to Individual Differences

This section provides an introduction to the JAIS Supervision Strategy framework. The JAIS findings show that there are different recommended supervision strategy approaches for addressing the needs of girls in the system (see Figure 8). The supervision categories are: 1) Casework Control 2) Selective Intervention, 3) Limit Setting, and 4) Environmental Structure. Because these are supervision categories based on risk and need factors, individual characteristics, and *not* offenses, girls can fall into any of the four categories within all program levels.

Figure 8. Distribution of JAIS Supervision Categories for Girls in Residential Programs (n=244)

Limit Setting (15%)

Environmental Structure (7%)

Selective Intervention (28%)

Casework Control (49%)
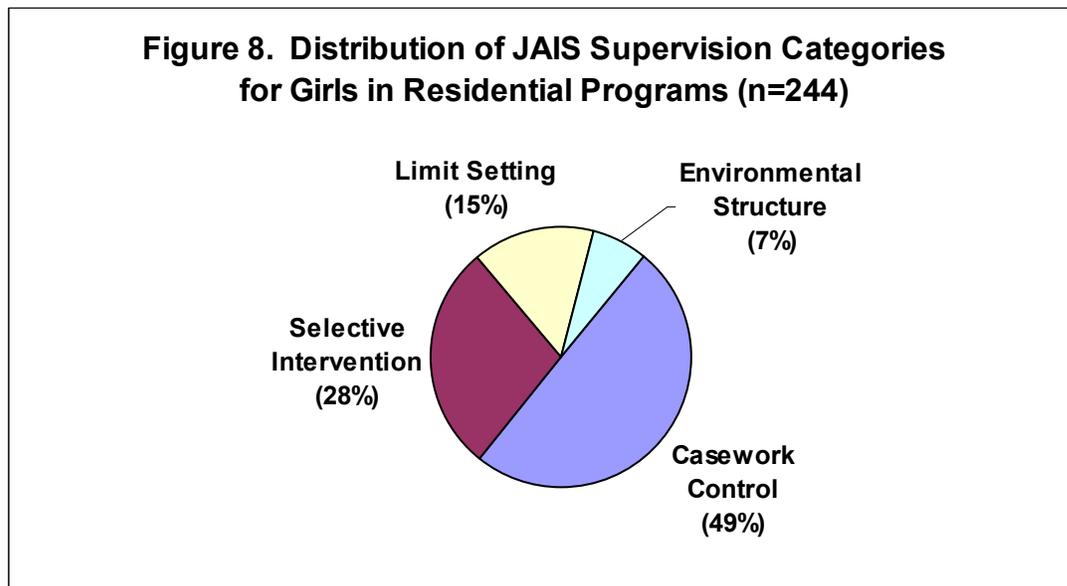
In practice, supervision strategies help guide staff in their supervision planning. Each supervision category has implications for case planning and response to girls given individual differences in behavior/attitudes. When identification of her supervision

strategy is recognized, this valuable information can help staff to develop a proactive rather than reactive supervision and care planning approach based on likely response to treatment. For example, some juveniles may respond more positively to a counseling/problem solving type of casework, while another is most effectively handled with clear statements of behavioral expectation and strict enforcement of sanctions. Planning for what to expect (e.g. behavior in programs, relationships with staff, security issues, reentry issues, and relationships with peers) helps increase appropriateness of services and effectiveness of management, thus increasing success with the girls.   It can also be beneficial for staff and the DJJ system in general, by reducing the number of girls who pick up additional charges while in placement, thus avoiding transfer of girls into costly, deeper end programs. Appendices 3 and 4 have more detailed information about the supervision strategy groups, results for each, and a framework for working with the different types of groups.

Implications

The major findings are now discussed with regard to their implications for change in Florida's response to girls in juvenile justice both in treatment services and in policy/system changes.

Implications for Overall Programming: An Essential Set of Services

In the section above, the major findings from the research regarding the commonalities across the girls (e.g., emotional motivation, family history problems, family conflict, and drug abuse) and other important risk and need factors are presented. These issues point to an essential set of services that are needed to specifically address the factors that are contributing to delinquent behavior for girls, even at the lowest levels.

Specialized Mental Health and Substance Abuse Treatment Needs

The NCCD data shows that girls are mainly committing offenses from "emotional reasoning." Research on girls shows that trauma/victimization drives behaviors (see Chapter 2). Victimization of young children and adolescents has consequences on their school performance, alcohol and drug use, physical and mental health, delinquent behavior, and future earning potential (Wordes and Nunez, 2002). This link is important

because if the state does not meet these needs (e.g., emotional/mental health needs, substance abuse treatment needs) and girls are released, it can be assumed that the unmet needs will continue to drive their behaviors (emotional responses) to re-offending.

Individual, group, and family counseling and therapy with professionals who focus on girls' issues were named as some of the most imperative mental health services by the staff. A therapeutic focus on domestic violence, self-harm, substance abuse, physical and sexual abuse, and post traumatic stress disorder (PTSD) was said to be essential for this population.

One of the barriers and gaps identified by staff during the focus groups were gaps in training regarding gender specific programming and resources to provide adequate treatment that responds to the behavior of girls (especially aggression that is a result of trauma or victimization, PTSD, self-medicating, and self-defeating behavior). According to trauma and addiction theories, girls will use substances to "self-medicate" or to escape from the psychological pain they experience in destructive relationships. The Florida system has few available substance abuse treatment centers that therapeutically address addiction problems. Gender-responsive services mandate mental health treatment/ therapy that address the interconnectedness of trauma, addiction, and delinquent behavior. Gender-responsive services must also establish girls' safety from themselves and others.

In relation to the significant emotional needs of girls across all programs, there are currently few programs that actually provide intensive mental health services. Those that do provide intensive mental health services (e.g., Desoto and Milton) are reporting success, but not all residential programs have the same level of resources. This lack of resources and services is further compounded by the lack of wraparound mental health services available in the communities to which girls will return. Level of funding should match and address the level of mental health needs and staff training, regardless of what point girls are in the system.

Comprehensive Family-Focused Services

With such severe family issues--offenses against family, parent/sibling incarceration, family substance abuse histories, and family conflict surrounding these

girls--it is clear that families must be engaged in the treatment of youth rather than treating the youth in isolation. The research shows that family issues are the pathways into the system for most of these girls, yet the existing interventions in Florida hardly reflect this issue because interaction with families is minimal, if existent at all. Residential programs are not housed in the communities where these girls live and are often far away, making visitation, family therapy, and other essential services very challenging. It is not a surprise that the parents and siblings of more than 50% of girls in Florida's juvenile justice system have histories of incarceration. The state should consider programs and services for young children of incarcerated parents as an effort to reduce intergenerational incarceration.

These girls will be returning to their communities. More family-focused programming in community-based settings when appropriate is critically needed. Families need to be part of the treatment process and many times, these families need support services themselves (e.g. parenting programs) in order to have more success with their children. Girls also need to be aware of the resources available in their communities should they need additional support that they cannot get at home. Relationships play a primary role in the lives of teen girls, and according to relational theory, connection with others is the guiding principle of growth for them developing a sense of self and self-worth (Bloom, Owen, and Covington, 2005). Because many of these girls experience unhealthy relationships, therapeutic programs for girls must address issues of abuse, violence, and family relationships.

Medical Care and Specialized Programming for Pregnant and Parenting Girls[6]

The finding that 35% of girls had experienced a pregnancy and 10% currently have children stresses the need to provide specialized services for pregnant and parenting girls. Currently, there is only one program in the state that offers comprehensive services to pregnant and parenting girls. In some residential programs, girls are not allowed contact with their children. Research with female offenders finds that women and girls are more likely to successfully complete programming during incarceration and less

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[6] Our sample included one site where all girls were either pregnant or parenting.

likely to recidivate if they are able to maintain healthy contact with children and families. In addition, pregnancy prevention and parenting skills should be a part of all gender-specific curriculums for girls in residential programs.

Furthermore, health services such as gynecological care, prenatal and post-partum care for pregnant girls, dental and vision, and health education that address HIV and other sexually transmitted infections and diseases are essential.

Traditional and Non-Traditional Educational and Vocational Programming

The findings regarding social inadequacy, school achievement problems, and cultural differences further document the need to incorporate programming that responds to cultural diversity and individual differences. Also, early intervention for girls is paramount, given the body of NCCD research in Florida that found that educational failure particularly in middle school years was one of the biggest predictors of involvement in the juvenile justice system (Acoca, 2000). These educational findings indicate the need for traditional and non-traditional educational and vocational education as well as GED preparation and testing in DJJ programs. The focus groups with staff provided specific priorities for educational programming. Individualized instructional strategies and gender-specific curriculum were identified as very important. Staff also thought it was important to ensure that girls had the opportunity to explore and gain skills related to their future employment and career goals.

The current NCCD data showed that social inadequacy was a factor that led the girls into the system for one in four girls (25%). Staff in the focus groups reported that the majority of the girls benefit greatly from receiving education and training in the area of social and life skills development. Topics mentioned included hygiene, relationship building, healthy boundaries, decision making, family planning, assertiveness, and anger management.

Implications for Policy/System Changes: Appropriate Placements and Resources to Match Needs

Placements should match level of intervention needs, with more intense services to match girls with higher risk levels of re-offending. OPPAGA and NCCD have both

argued that intense services should not be concentrated in deep end, costly, and highly secure environments. This study found that 50% of girls in DJJ high risk programs scored low or moderate risk on JAIS[7]. These girls may need to be re-assessed as to the appropriateness of a step-down program *if* the step-down program has the available interventions to address their individual needs. This study also found that 35% of girls in DJJ low and moderate risk programs scored high risk on JAIS. Because high risk girls have a higher probability of re-offending if appropriate level and intensity of services to address their pathways into the system are not provided, this is a positive opportunity for the state to make appropriate changes to the level of resources at ALL program levels. Currently, these programs may not be able to appropriately address these needs given lack of emphasis or resources. The ability to appropriately meet the needs of girls in the minimum security environment, particularly for girls with less serious violations but a high number of needs, is critical for the state.

Some of the girls currently served in non-residential programs have the same critical needs. OPPAGA has recommended that some girls in residential programs can be served in community alternatives that address risk factors of girls with lesser costs (OPPAGA, 2006, report 06-13). One of the recommendations is to combine PACE with Dialectical Behavior therapy (DBT) to serve girls with misdemeanors and non-law violations who have intensive mental health needs and problems in school in a day treatment alternative.

This study also found that there were differences in the recommended supervision strategies for girls in the system, even within the same program levels. At the aggregate level, the supervision category findings provide a snapshot of information about Florida's approach to girls in juvenile justice. The current distribution of the different supervision categories suggest there is a subset of girls that require intense services; conversely, there are at least 25% of girls who would thrive in less restrictive programs if provided appropriate services (e.g. family interventions, substance abuse treatment). It is critical that services are available in low and moderate risk programs to wraparound and enhance

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[7] When controlling for number of needs for high risk program girls who scored low or moderate risk on JAIS, we found that 24% (n=27) had 3-4 needs and that 20% (n=23) had 0-2 needs.

appropriate treatment in order to prevent these girls from more deeply penetrating the system. It is also critical that alternative community based programs or pilot programs are created for girls who do not need to be committed to restrictive programs. The need for having resources to appropriately meet the girls' needs was consistently reiterated by staff as well as the importance of placing girls in the appropriate programs.

Safe and Healthy Environments

The data is showing that the deeper end girls have experienced more victimization and should encourage the state to provide intensive mental health services to address trauma and victimization issues and to provide safe and healthy environments. Staff from DJJ programs have been responsible for some of this abuse (e.g. emotional, physical, and sexual); in fact, abuse by staff has resulted in the closure of some facilities. This is particularly troubling and exacerbates the barriers to building trust and appropriately treating the multiple mental health issues that girls present in placement. When girls are transferred to another facility, it is imperative that all of these factors be taken into consideration and the receiving facility must be adequately funded to provide the intensity of services that will be needed to address these issues. Extra effort needs to be placed in gaining these girls' trust and addressing the impact of institutionalized victimization. Additionally, rates of reporting may be affected by different definitions by others including race/ethnicity and mistrust of the system, and therefore, gender-specific curriculum must be culturally responsive.

Transitional Programming

There are a number of girls who cannot or should not go back to their homes after release from a residential program. The NCCD research found that girls who were deeper in the DJJ system (2 or more residential programs), were more likely to have also experienced out-of home placements (non-DJJ), including foster care. While this finding deserves additional research, there are implications for the relationship between Department of Children and Families (DCF)/foster care and DJJ. DJJ and the community must be planning for transitional placement, including supportive independent living, continued mental health services, and other support resources for girls before their

release. The challenges and lack of aftercare services were consistently regarded as one of the biggest frustrations and barriers.

Summary of Major Findings

NCCD has provided a snapshot of the girls in the Florida juvenile justice system by assessing their risks and needs and common pathways into the system. As expected, these findings show that many of the girls' issues are interconnected: victimization and trauma, substance abuse, mental and emotional health, and relationship difficulties, but also that these are factors driving behaviors for most of the girls in the system. Appropriately addressing these factors in overall programming and individual intervention would help reduce risk of re-offending and prevent deeper penetration into the system. The major findings from this research are:

The profile data of girls in the Florida juvenile justice system suggests there are systemic factors contributing to the number of girls entering and cycling through the system:

- Almost 40% of all girls reported committing their first offense before the age of 13.
- Girls with three or fewer self-reported criminal offenses were placed across all program levels, including high risk.
- 73% of girls in moderate programs and 33% of girls in high risk programs were currently in their first DJJ commitment placement.
- There are girls who are low, medium, and high risk to re-offend committed across every DJJ program level (e.g. low risk to re-offend in a high risk DJJ program, high risk to re-offend in a low risk program).

There were common major factors (i.e. pathways into the system) related to the delinquent behavior of these girls (see Figure 1). This information supports the literature regarding pathways on how women/girls enter the system and gives emphasis to why the state is urged to invest in gender-responsive programming to address these critical factors:

- Emotional Factors: Depression, trauma, anger, self-destructive behavior, or other mental health/clinical diagnoses was a factor for 79% of girls in residential programs and 84% of girls in non-residential.

- Family Issues and Conflict: Offenses against family, family history problems, ineffective parental supervision or abuse by family were factors for more than 70% of girls in residential programs and 64% of girls in non-residential.

- Substance Abuse: Alcohol and/or drug use was a problem related to the delinquency of almost half (46%) of the girls in residential programs and 20% of girls in non-residential.

Level of needs of girls does not differ by DJJ program level. This finding coupled with the common pathways means an essential set of services needs to be available to girls at ALL levels (low, moderate, and high). The most pressing intervention needs include:

- Specialized mental health services,
- Substance abuse treatment,
- Family focused services,
- Specialized medical care,
- Alternative, educational and vocational services, and
- Transitional placements and services for girls.

Treatment services must address the interconnectedness of these needs in gender-responsive ways. If girls are provided appropriate interventions and treatment services that address her pathways into the system and individual risks at ALL program levels, her opportunities for success are increased. Girls require individualized services based on different needs, varying levels of risk of re-offending, and suggested supervision strategy groups for working with them. Placements should match level of intervention needs, with more intense services to match girls with higher risk levels of re-offending. Finally, safe and healthy environments must also be ensured.

The lessons to be learned from this research are numerous and have implications for many sectors of the community including DJJ system and staff, legislature, judges, and justice system involved girls and their families. This research

presented new data on the factors contributing to involvement into the system, identified the intervention needs of girls, and discussed the gender-responsive treatment services and policy system changes likely to address their needs. Certainly many of the incarcerated girls have a variety of risk and need factors, but in spite of their needs, they show resiliency. Many of the girls from the research sample are doing well in school, staying drug-free, not displaying self defeating behaviors, have a positive self-concept, and have positive relationships with others. For example, two out of three girls (68%) wanted to continue education after high-school and 84% articulated long-term goals for their future. Individual differences point to the critical need for Florida to use the information to develop programs that are not only gender-specific, but also developmentally appropriate, culturally responsive, and based on the unique experiences of each girl.

When asked to describe their personality, 75 % of the girls emphasized a positive strength. In spite of their many challenges, disappointments and a sometimes horrific past, they were able to remain connected to some positive part of who they are as a person. Likewise, the Florida juvenile justice system is marked by its own history of failures as well as successes. The Florida DJJ and the state would do well to learn from these girls and follow in their example of honest self-reflection and acknowledgment of strengths, even in trying times.

Focus Groups Findings

The staff participating in the focus groups (n=75) helped provide context to the research regarding the programming needs of girls, available gender-responsive services and barriers to implementation. As noted in the major findings section, the benefit of JAIS is that it captures each girls' story including how each girl got involved in the system, family history, interpersonal relationships (with family and peers), outside educational experiences, and attitudes towards her personal experiences. However, it is only through the individual case planning process with staff that their specific needs (e.g. dire mental health needs, cutting behavior) can be truly addressed.

Staff were able to share invaluable insight about the needs of girls in their facilities, the most effective services, gaps in services, and barriers to effective and

appropriate treatment. Specifically, they voiced concerns about not having the adequate resources (e.g. mental health, aftercare support, consistent, long term, appropriately trained staff, parent involvement) to meet the girls' needs. As a result, the girls are affected as they are either released without having their needs met, or transferred to different programs, cycling through two, three, and as many as five DJJ programs because the programs have not been able to handle the "symptoms" of the girls' emotional needs.   Some of these girls have been in the system for most of their adolescent lives.

Effective Services

Staff were also able to elucidate topics that have not yet been brought to the forefront and are in need of attention and further examination. According to staff, the most beneficial and effective services in girls' residential programming centered around the pressing physical and mental health needs, education and vocational training, and recreation and life skills development. Girls were said to need health services such as gynecological care, dental and vision, and health education that addresses HIV and other sexually transmitted infections and diseases. Individual, group, and family counseling and therapy that are gender-specific were named as some of the most imperative mental health services. A focus on domestic violence, self-harm, substance abuse, physical and sexual abuse, and PTSD was said to be essential for this population.

Focus group participants recognized both educational and vocational programming as integral components to residential care. Individualized instructional strategies, classroom structure, and gender-specific curriculum were identified as primary needs in education programs along with tutoring and focus on subject areas such as math and science. There was a strong desire to ensure that girls had the opportunity to explore and gain skills related to their future employment and career goals. Being able to provide girls with the education and training they need to be successful after transition was a major concern for some participants.

Recreation was seen as a vital outlet and release for girls in programs where they needed to have opportunities to get physical exercise, work with animals, do arts and crafts, theater, drama, singing, dance, and other such activities. In addition, the majority

of the girls were said to benefit greatly from receiving education and training in the area of social and life skills development. Topics mentioned included hygiene, relationship building, healthy boundaries, decision making, family planning, assertiveness and anger management to name a few. Participants wanted girls to feel pride in their gender and talked about the importance of empowerment.

Barriers and Gaps

Programs faced many barriers that prevented them from reaching their full potential. Lack of funding and resources were repeatedly cited as one the most serious limitations. The lack of collaboration with regulating agencies, community organizations and various other stake-holders was also referenced as particularly problematic. Many barriers were noted on the actual program level which included high staff turnover and staff shortages.

Sadly, some of the most needed services were also those that had the most serious gaps. While many of the necessary structures were in place, frightening gaps in training, after-care, education/vocation, and gender-specific programming were reported. Paramount to the discussions was the desire to offer services that were in fact gender-specific. This thread ran throughout the myriad of varied services. While much of what was expressed reinforced current thinking and research, other issues specific to girls' programming have not yet received as much attention. For example, staff felt they needed additional information and training regarding the issue of girls seeking out sexual encounters with female peers ("gay for the stay" is the language used by the girls). Overall, the need for consistent, truly gender-responsive services remained a constant across programs. The gaps in training and after-care were also extremely pronounced.

Chapter 5. Recommendations

Girls require individualized services based on different needs and intensity of services, varying levels of risk of re-offending, and suggested supervision strategy groups for working with them. At the aggregate levels, the research findings underscore the multiplicity and intensity of behaviors and needs of girls served throughout Florida's juvenile justice system. The combination of the needs, risk, supervision strategies, and the professional judgment of the staff/team members who are directly working with the youth are critical ingredients to appropriately meeting the needs of the youth and balancing public safety concerns. The research shows that level of need did not significantly differ by program levels which indicates that the majority of girls served in both residential and non-residential settings require intensive and specialized interventions to address the common factors related to their delinquency including emotional factors (such as depression, trauma, anger, self destructive behaviors, and mental health/clinical diagnosis); family issues and conflict; and substance abuse.

Of particular concern is whether or not services are available to appropriately address the identified needs of girls served in both residential and non-residential settings. Consistently in focus groups throughout the state, staff (including directors to direct care workers) voiced frustration with the serious (and sometimes dangerous) lack of resources to appropriately meet the needs of girls in their care. This same frustration was repeated by nearly 100 participants at the Girls Summit convened by the Girls Advisory Council, January 19-20, 2006. Staff feedback suggests that lack of resources and appropriate services are at a critical point and are negatively impacting the wellbeing of girls in the system.

This lack of services and other systemic factors that are impacting girls' involvement deeper into the system compounds the challenges in providing effective services and treatment. These issues create further instability for the girls and for the system, because girls with high level of needs are placed in programs without resources, or without staff who are trained/qualified/paid adequately. Further, lack of "real options" either for youth who do not need to be in such restrictive environments or for youth who need much more intensive treatment than can be provided by a DJJ residential program,

lead to inappropriate placements. Lack of options put an additional burden on the system that is in danger of reaching a critical breaking point.

There is no single solution to effectively address the needs of girls in or at risk of entering Florida's juvenile justice system.   The following three-tiered set of recommendations charts the direction for a comprehensive approach designed to address girls' pathways into the system and the essential set of services and policy initiatives that are critical to meet the different needs of girls and reverse the escalating numbers of girls entering the system. The three tiers are first summarized, with detailed recommendations within each tier to follow.

Tier 1: Addressing Immediate Critical Needs

These recommendations are put forth to address the immediate needs of girls whom are currently being served in residential and non-residential placements, including assessing programs that are not equipped to address the severity of mental health and/or clinical issues, consideration of alternative placements, and increasing level of funding in order to meet critical needs.

Tier 2: Short Term Recommendations for FY 2006-07

These recommendations are put forth for consideration by the leadership of the Department of Juvenile Justice (DJJ) and the 2006 Legislative Committees (Senate Criminal Justice and Justice Appropriations and House Criminal Justice, Justice Appropriations, and Juvenile Justice) as the beginning steps in implementing a set of essential services to address the identified needs of the girls in Florida's juvenile justice system and to increase options for the courts.

Tier 3: Strategic Recommendations for Longer Term Solutions

These recommendations are put forth for consideration by the leadership of DJJ current and future legislative committees as well as key stakeholders in juvenile justice for addressing longer term solutions aimed at reversing the increased numbers of girls entering the system and creating a gender responsive continuum of care equipped to meet the multiplicity of treatment needs.

Tier 1: Addressing Immediate Critical Needs

Critical Need 1: Severe mental health needs

Identify strategies for the re-allocation of resources (funds) to secure short-term, acute psychiatric placement options for girls in need of intense mental health services. The intent of the short-term acute placement is to properly assess and stabilize the youth in order to determine the best option for her longer term placement. This also provides relief for programs that do not have adequate resources or capacity to effectively meet the needs of girls with extensive mental health needs.

Critical Need 2: Treatment needs

Develop evaluation criteria to determine programs' ability to effectively meet the needs of girls as identified by the research as well as criteria that ensure the safety and well being of youth in programs (e.g. emotional and physical safety of environment, level of institutionalized/symptomatic behavior, staff turnover, staff qualifications and experience, youth outcomes).

Critical Need 3: Appropriate placements

Assess girls currently committed to DJJ that do not pose a public safety threat utilizing a standardized assessment instrument coupled with staff recommendations. Further, develop a uniform process for transferring girls to a lower level program to ensure proper placement. Reserve space in residential programs for girls who pose a public safety risk.

Critical Need 4: Provider per-diem rates

Review the feasibility of increasing per diem rates through cost savings of placing girls in lower levels of care who are low and medium risk to re-offend and who do not pose a public safety threat. Additional funds would be earmarked for increased services to address mental health/behavioral needs of girls.

Tier 2: Short Term Recommendations for FY 2006-07

Recommendation 1: Funding for all program levels

Interventions to address specialized needs require highly trained, skilled staff and a commitment to adequate resources. Assess and allocate appropriate per diem rates for critical services to address the multiplicity of needs of girls in the juvenile justice system.

Recommendation 2: Support OPPAGA

Support the Office of Program Policy Analysis and Government Accountability recommendations outlined in Report No. 06-13 (OPPAGA, 2006) which include strategies for cost savings by creating community treatment programs for at-risk girls and thus reducing the need for beds in residential delinquency programs. Funding for new programs would need to be shifted from residential programs over time to avoid disrupting existing placement options while the new programs are being established. Specific new programs include:

- *Expanding the Redirection Program* to serve girls who are at risk of residential commitment for a misdemeanor; appropriate youth with prior violent crimes could also be included.

- *Create a pilot project for girls with self destructive and aggressive behaviors, mood disorders, and substance abuse.* Using the Family Integrated Transitions Program model developed by the Division of Public Behavioral Health and Justice Policy at the University of Washington would provide an alternative to residential placement for girls who have committed non-law violations or misdemeanors.

- *Combine PACE with Dialectical Behavioral Therapy and day treatment* for 30 girls in Duval, Escambia, and Pinellas Counties who are now being sent to commitment for non-law violations and misdemeanors.

- *Pilot a community-based project for girls with mental health and abuse issues* that works with families to address girls' multiple risk factors using the Multi-systemic Therapy model.

Recommendation 3: Appropriate assessment tools

Implement a uniform, gender- responsive screening and assessment process utilizing an instrument that identifies risk level, intervention needs, and supervision strategies to effectively work with them.

Recommendation 4: Practical supervision tools

Provide staff with tools for understanding differences of girls, such as the NCCD recommended supervision strategy groups which can assist with supervision planning and individual treatment case planning.

Recommendation 5: Gender-responsive training

Provide appropriate resources for the development and implementation of uniform gender-responsive training for all staff working with girls along the entire DJJ continuum (probation, detention, non-residential, residential) as part of the required training.

Recommendation 6: Collaboration

Assign a legislative work project to determine strategies that promote cross-agency collaboration between the Department of Education, Department of Children and Families, mental health, courts, police, public defenders, and the Department of Juvenile Justice.

Recommendation 7: Policy change in community mental health

Mandate that local mental health providers accept referrals for appointments from residential programs to ensure a smooth transition and the availability of mental health service follow-up when girls transition back to the local community.

Tier 3: Strategic Recommendations for Longer Term Solutions

Recommendation 1: System examination

Conduct further research using the "pathways" framework to better understand and identify points in the process where girls could be diverted or appropriately referred to the least restrictive services (or placement) based on level of need and public safety risks.

Recommendation 2: Policy and practice

Identify and re-examine policies and practices that drive girls into the system. For example, charging girls with assault against family members; imposing additional charges obtained during residential placement; and violating girls on probation for running away are policies that have a direct impact on the numbers of girls that will enter and stay in the system.

Recommendation 3: Statewide training:

Develop and provide specialized training for judges, state attorneys, police departments, public defenders on topics such as female development, mental health, special education, cross system collaboration and gender-responsive approaches.

Recommendation 4: Resources

Increase resources and expand gender responsive services in both residential and non-residential programs to expand:

- Specialized service options for pregnant and parenting girls.
- Health services such as gynecological care, prenatal and post-partum care for pregnant girls, dental and vision, and health education that address HIV and other sexually transmitted infections and diseases.
- Specialized services to address family conflict and associated risk.
- Aftercare and transitional services to ensure success for girls.
- Traditional and non-traditional education and vocational programming that is gender specific.

Recommendation 5: Intergenerational incarceration

Implement programs and services for young children of incarcerated parents as an effort to reduce intergenerational incarceration.

Recommendation 6: Gender-specific probation

Explore the implementation of a female offender probation unit which would entail the reorganization of caseloads so all girls on probation would be supervised under one unit and probation officers would have all girl caseloads. Reassigned probation officers working in this unit would receive specialized training on how to work with girls.

Recommendation 7: Research-focused pilot programs

Fund pilot programs to address the girls who continue to cycle through the system, both in non-residential and residential programs. The pilots would be designed to specifically address the significant factors that contribute to girls' delinquency (e.g. emotional factors, parental family problems, substance abuse).

References

Acoca, L. & National Council on Crime and Delinquency (2000). *Educate or Incarcerate: Girls in the Florida and Duval County Juvenile Justice Systems.* Oakland, CA: National Council on Crime and Delinquency.

Bettendorf, E. (2000, December 15). Early intervention needed for at-risk girls, studies say. *The Tampa Tribune.*

Bloom, B., Owen, B. and Covington, S. (2005). *Gender-Responsive Strategies for Women Offenders: A Summary of Research, Practice, and Guiding Principles for Women Offenders.* Washington, DC: National Institute of Corrections. NIC accession no. 020418.

Bloom, B., and Covington, S. (2000). *Gendered justice: Programming for women in correctional settings.* Paper presented to the American Society of Criminology, San Francisco, CA, p11.

Chapman, S. (2005). *Moderate and High Risk Residential Programming for Girls.* Tallahassee, FL: Florida Department of Juvenile Justice, Office of Research and Planning. Chesney-Lind, M., 1997. *The female offender: Girls, women, and crime.* Thousand Oaks, CA: Sage Publications.

Chesney-Lind, M. (1997). *Female Offender: Girls, Women, and Crime.* Thousand Oaks, CA: Sage Publications.

Florida Department of Juvenile Justice (DJJ), (2006). *Data trends for girls involved in the Florida Juvenile Justice System.* Presentation to the Girls in Juvenile Justice Summit- January 19, 2006. Jacksonville, Fl.

Florida Department of Juvenile Justice (2005). *Commitment Offense Data.* Tallahassee, FL: Bureau of Data and Research.

Florida Children's Campaign. Website: http:// www.iamforkids.org.

Florida Commission on the Status of Women (2001). *Prevention by Intervention: Girls in Florida's Juvenile Justice System.* Tenth Annual Report.

Florida Girls Summit. *Summary of Group Breakout Sessions.* January 19-20, 2006. Jacksonville, FL.

Gruskin, S. (2003, June 18). Prison sex considered "normal" by teen inmates at Florida Institute for Girls. *Stuart News.*

Gruskin, S. (2004, January 14.). Grand jury slams state on prison for girls near West Palm. *Fort Lauderdale Sun-Sentinel.* Available online: http://www.iamforkids.org/newsdata/view_ind/654

HB 1989, Ch. 2004-333, Laws of Florida. 985.02(1)(8) Florida Statutes.

Howell, J. (2003). *Preventing and Reducing Juvenile Delinquency: A Comprehensive Framework.* Thousand Oaks, CA: Sage Publications, Inc.

Krisberg, B. (2004). *Redeeming our Children: Chapter 6: Young Women and the Juvenile Justice System.* Thousand Oaks, CA: Sage Pubs, Inc.

Mullis, R.L., Cornille, T.A., Mullis, A. K., & Huber, J (2004). Female juvenile offending: A review of characteristics and contexts, *Journal of Child and Family Studies*, 13:2, 205-218.

Office of Program Policy Analysis and Government Accountability (OPPAGA) (2006). *Effective Community Programs Could Reduce Commitments of Girls to Residential Programs.* (Report No. 06-13). Tallahassee, FL: The Florida Legislature.

Office of Program Policy Analysis and Government Accountability (OPPAGA) (2005). *Gender-Specific services for delinquent girls vary across prevention, detention, and probation programs.* (Report No. 05-56). Tallahassee, FL: The Florida Legislature.

Office of Program Policy Analysis and Government Accountability (OPPAGA) (2005). *Gender-Specific services for delinquent girls vary across programs, but help reduce recidivism.* (Report No. 05-13). Tallahassee, FL: The Florida Legislature.

Office of Program Policy Analysis and Government Accountability (OPPAGA) (2003). *More Youth are Admitted for Less Serious Offenses, in Part to Meet Treatment Needs*. (Report No. 03-76) Tallahassee, FL: The Florida Legislature.

Snyder, H.N. (2004). Juvenile Arrests 2002, *Juvenile Justice Bulletin*, 1-12, Washington, DC: Office of Juvenile Justice and Delinquency Prevention (OJJDP).

Winokur, K. (1999). *Facing the Challenge: A Profile of Florida's Female Juvenile Commitment Programs.* Florida Department of Juvenile Justice, Florida Delinquent Girls Research Project, Bureau of Data and Research. Tallahassee: Florida.

Wordes, M., and Nunez, M. (2002). *Our vulnerable teenagers: Their victimization, its consequences, and directions for prevention and intervention.* Oakland, CA: National Council on Crime and Delinquency.

Appendix 1: Residential Programs by Level and Type

LOW-RISK
WHITE FOUNDATION Group Treatment Homes
STEP II (12 AVERAGE)(F)
FIRST STEP ADOLESCENT Group Treatment Homes (F)
VISION QUEST LOW RISK-Warrington Program

MODERATE RISK
BRIDGES ACADEMY (F)
SAWMILL ACADEMY
ALACHUA JUV RESIDENTIAL FACILITY
WILSON YOUTH ACADEMY (F)
FIRST STEP GIRLS JUV RES FAC
LIVE OAK GIRLS RESIDENTIAL FACILITY
BOWLING GREEN (F) JUV RES FACILITY
YMCA CHARACTER HOUSE (F)
WINGS FOR LIFE
PINES JUV RES FACILITY (F)
CAMP E NINI HASSEE
VISION QUEST MOD RISK

MODERATE RISK-Substance Abuse
BOWLING GREEN FEMALE SUBSTANCE ABUSE
FRANCIS WALKER

MODERATE RISK- Mental Health
MILTON GIRLS JUV RES FAC
LAKE ACADEMY (F)
HOPE (F)
LIGHTHOUSE JUV RES FACILITY

HIGH RISK
VERNON PLACE (F)
MONTICELLO NEW LIFE (F)
ORANGE Halfway House
UMATILLA GIRLS ACADEMY

HIGH RISK-Mental Health
DESOTO DUAL DIAG COR FAC FEMALE

MAXIMUM RISK
DESOTO MAXIMUM RISK FEMALE

Appendix 2: Percent of Girls with Each Factor (Need) by DJJ Program Risk Level

The graphs and tables below provide a snapshot of the primary needs, supervision strategies, and risk of re-offending levels within DJJ program levels.

Major Factors Contributing to Juvenile Delinquency for Girls by DJJ Program Levels

Other Factors Contributing to Juvenile Delinquency for Girls by DJJ Program Levels

Distribution of Girls within JAIS Supervision Strategy Groups, by DJJ program level
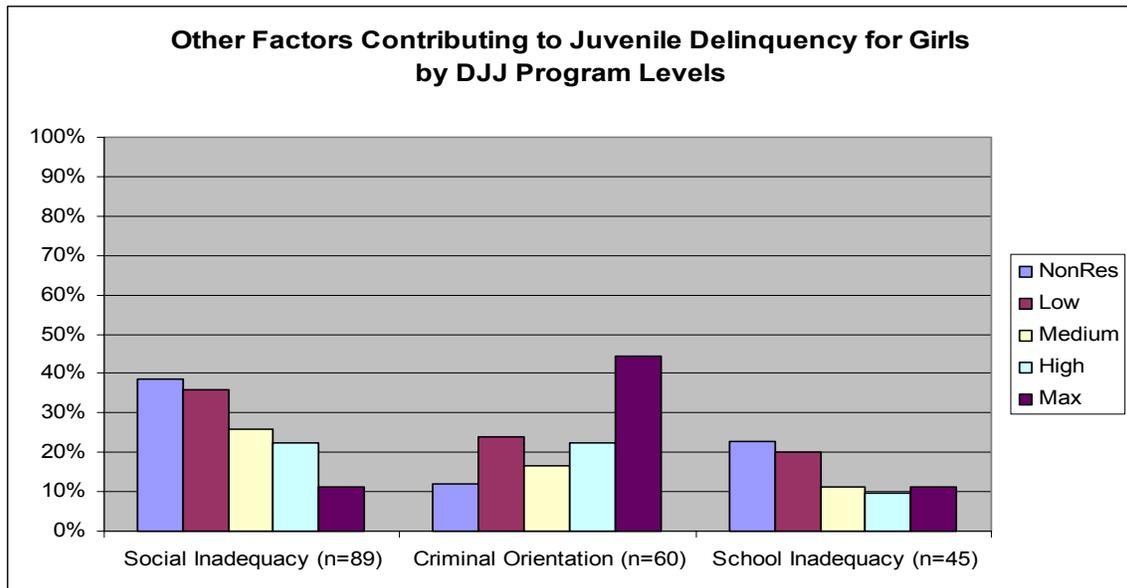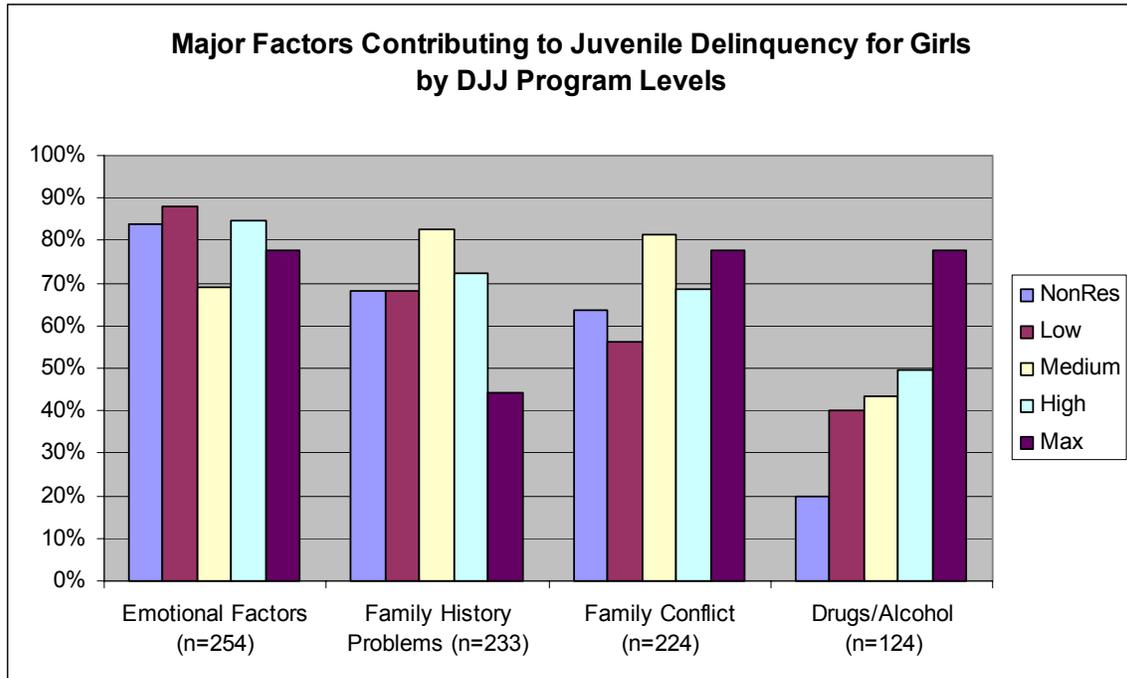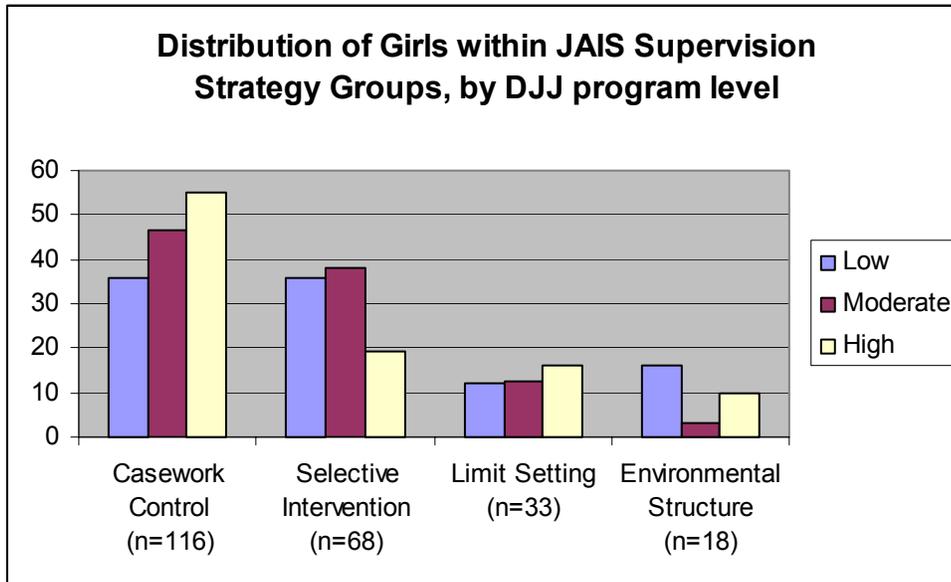
Distribution of Risk of Reoffending Levels by DJJ Program Level

DJJ Program Level	Low Risk of Reoffense	Medium Risk of Reoffense	High Risk of Reoffense
DJJ Low Security Program (n=25)	4%	68%	28%
DJJ Moderate Security Program (n=97)	8%	55%	37%
DJJ High Security Program (n=113)	10%	41%	49%

Appendix 3: JAIS Supervision Categories

NOTE: The JAIS assessment tool is specifically designed to include multiple components (needs, risks, and supervision strategies). The assessments offer overall guidelines and probability of what strategies will work best given the youth's characteristics. Even within a strategy group, no two youth are alike. Professionals are advised to consider all of the components of JAIS as well as their professional judgment for individualized case planning. The combination of the needs, risk, supervision strategies, and the professional judgment of the staff/team members who are directly working with the youth are critical ingredients to appropriately meeting the needs of the youth and balancing public safety concerns.

The following analysis gives a brief description of the JAIS supervision strategy categories, distribution for each, and implications at the system level.

Casework Control (CC) was recommended for almost half (49%) of the sample. They are characterized by their general instability (e.g. family problems, chemical dependency), negative self-concepts and, often, self-defeating behavior. They can be a very frustrating group to treat because they are very needy, have problems with authority, and have frequent crises. Generally, offenses for these girls follow inconsistent patterns and may include both felonies and misdemeanors of various types.

Implication: Casework Control girls need intense mental health and substance abuse treatment in highly therapeutic environments that addresses the interconnectedness of victimization and trauma they may have experienced. These girls need experienced staff who can help increase stability and help them recognize self-defeating behavior. Symptomatic behavior may be further escalated in highly restrictive environments. Alternative, less-restrictive therapeutic programs may be a more effective option for these girls.

        <u>CC Group Differences</u>
➢ Most impulsive behavior
➢ More likely than other groups to be drinking/drugs while committing offenses
➢ Frequent/chronic drug abuse/addiction

- Most offenses are directed towards family and have parent conflict and family history problems.
- Excessive truancy
- Self-defeating behaviors (self-mutilation, suicide attempts)
- Physically aggressive when angry
- Most likely to have experienced many changes/moves in family residence
- Most likely to have been abused by parents and/or non-parents, parents reported to DCF, and placed in an out-of home placement.

Selective Intervention (SI) was recommended for 28% of the sample. These are girls who are generally pro-social but have experienced an abrupt onset of misbehavior that is in response to an external stressor (e.g. death/divorce/incarceration of parent(s), traumatic experience) or to an internal, neurotic need. There may be a rapid decline in school attendance and/or achievement. There may also be a marked shift in peer attachment from pro-social to problematic. These girls and their families are not likely to understand the criminal justice system and may feel they do not belong there. These girls can generally navigate the system better with adults/staff than their peers.

Implication: For the selective intervention group, identifying and addressing the precipitating event is crucial before girls begin to internalize their "criminal" behavior. Appropriate programming for this population is a great opportunity for the state because adolescents in the SI group are often more readily able to return to their former patterns of pro-social adjustment. Focus should be on resolving the stressor or establishing a way to cope with it differently and returning back home. Piloting specific intervention for trigger offense (e.g., domestic battery) would not only be cost effective for the state by freeing up resources, but also very beneficial for the girls who staff may even agree do not warrant placement in that environment.

SI Group Differences
- More likely than other groups not to have been in trouble before or in a previous DJJ program
- Impulsive behavior

- Least likely to have academic or discipline problems in school
- Least likely to have friends in legal trouble
- More likely to have the least number of needs

Limit Setting (LS) was recommended for 15% of the sample. These girls have a fair degree of comfort with a criminal lifestyle and can display a callous disregard for the rights and welfare of others. They have a strong self-concept, often take leadership roles and can be very sophisticated/street smart. They may have a history of long-term involvement in criminal activities and are often motivated by control, material gain, and/or the need for excitement.

Implication: Because limit setting girls are more comfortable with a criminal orientation and value system, innovative and challenging opportunities must be available within programs to provide satisfying alternatives to a criminal lifestyle for this group of girls. Treatment needs are often secondary to the youth's attitude and value problems. Enhanced vocational programming and non-traditional education may benefit these girls.

LS Group Differences
- Higher criminal offense histories/delinquency
- More likely to commit offenses for material reasons than other groups
- More likely to plan offenses and have criminal orientation
- Drug use is part of criminal lifestyle
- Most likely to have experienced first arrest before age of 12

Environmental Structure (ES) was recommended for 7% of the girls. These girls often lack social skills and may behave badly as a result of their weak ability to solve problems correctly and their social gullibility. They may not be able to weigh the consequences of their behavior for themselves or for others and will often act impulsively. They are motivated by acceptance. They are easily manipulated by more sophisticated individuals and have low assertiveness skills.

Implication: Although environmental structure is not a predominant supervision strategy group for the girls in the Florida juvenile justice system, these girls need extra

support and structure (e.g. improve social survival skills, increase impulse control). Staff should watch for exploitation by others. It is possible that the system (e.g. Department of Education) has created a safety net to divert girls who are developmentally delayed from entering the juvenile justice system. Upon release, these girls need strong transitional/aftercare services.

ES Group Differences

➢ Less likely to admit responsibility for offenses than other groups

➢ More likely to have problems in school due to intellectual capacity or learning deficiency

➢ Trouble expressing anger or avoids expression

Appendix 4: Breakdown of Supervision Categories and Implications for Programming: A guide for staff

	Limit Setting (LS)	Casework Control (CC)	Environmental Structure (ES)	Selective Intervention (SI)
Behavior	Behavior often okay. Adjust well to familiar setting. Able to manipulate the environment to get good jobs, etc. Able to exploit others.	Multiple problems. Bad attitude toward authority and other residents.	Tend to collect the most infractions. Can be due to misunderstanding of rules or being set up by more sophisticated residents. May also misbehave to avoid release if comfortable in the setting.	May encounter initial problems due to lack of familiarity with rules and routine. Usually adjust well over time.
Relationship with Staff	Will test and use; prey on weaker staff for fun and to maintain control. They do respect power when used fairly. Staff should be consistent, and communicate all expectations clearly, in writing when appropriate.	Generalized authority problems. May pick one staff person to antagonize. Can be frustrating and demanding.	Dependent. Will attach to anyone who will accept them – staff or residents. Eager to please. Need a lot of explanation. Staff should be concrete, offer praise for small steps, repeat instructions.	Prosocial values. May identify more with staff than other residents. Staff may expect too much of them as a result.
Security Issues	Set and enforce reasonable limits. Staff should be consistent and monitor off –grounds activities carefully.	Due to authority problems, may rebel at any attempts to control. May use and engage in drug trafficking.	Not leaders and not malicious, but do get used and can be dangerous if acting out of loyalty to others. Staff should watch for exploitation by others. May be sexually vulnerable.	Fewest management problems. Usually truthful.

(cont'd)	Limit Setting (LS)	Casework Control (CC)	Environmental Structure (ES)	Selective Intervention (SI)
Housing Issues	Leaders. Will complain about menial jobs. Will want the best available accommodations and perks. Will use and manipulate to get them.	Many problems, especially when sharing a room. Never satisfied, will never admit to being wrong or at fault. Demands unearned privileges.	Vulnerable to manipulation. Best housed under close supervision of staff or with an SI resident.	Other residents may see SI as "better" than the rest, therefore may see some isolation. This might be ok with the SI, but initially may see depression and withdrawal.
Reintegration/ Transitional Consider-ations	Will often return to same setting, same subculture. Will need strict monitoring. Enforce accountability; assure public safety.	Will minimize problems; claim that all are solved. Stress need for stability in housing, relationships, etc.	Need support and structure, especially at first. Sheltered settings, sheltered jobs are good. Volunteers and mentors often helpful.	Plan for continuity of service. Offer considerable support. Return to community and family may be stressful.
Peers	Will use and manipulate others. Limit contact with ES and other vulnerable youth.	Can be antagonistic to other residents or inappropriately clingy and intimate. Must moderate extremes in attachments.	Often isolated, seen as slow and different. Can be difficult if they attach to negative peers. Better to allow them to attach to staff or SI residents.	May see initial isolation and withdrawal, but usually adjust well over time.

Appendix 5: Girls Summit –Residential Programming Recommendations

The number of creative and viable strategies and solutions proposed by participating staff at the Girls Summit (2006) speak to the level of care, commitment, dedication, and understanding they bring to the field and their programs. Those high priority and specific recommendations to enhance and improve services to girls included below:

1. **Administrative Recommendations**
   - Increase funding.
   - Immediately assess and appropriately place girls according to their level and need.
   - Implement more intense psychological testing before placement.
   - Require collaboration between DJJ, DCF, courts and programs.
   - Train judges on effects of committing girls with misdemeanors/ probation violations and develop a position to monitor movement deeper into the system.

2. **Create a Therapeutic Community**
   - Address mental health issues and create more beds for those with intensive needs.
   - More mental health professionals on site.
   - Require family therapy when possible and provide adequate space and support for family visits.
   - Provide opportunities for spiritual services.

3. **Gender-Responsive Placements and Services**
   - Require comprehensive services and programs for pregnant and parenting girls.
   - Create viable alternatives, day treatment programs and step-down options.
   - Pilot a program for girls with domestic violence offenses.
   - Create gender-specific curricula for programs to follow.

4. **Improve Training and Professional Development Processes**
   - Hire primarily female staff but provide girls with the opportunity to interact appropriately with male figures.

✦ Require training and completion of hours in gender-specific topics.

✦ Create a Gender Responsive Coordinator position.

5. **Create a Educational Vocational Continuum**

✦ Address GED and school needs before transition.

✦ Foster program involvement directly with schools and allow girls back into school after the completion of their program.

✦ Provide computer-aided instruction and interactive GED computer program.

✦ Post job boards and provide vocational programs and job placement at every site.

✦ Create a college campus environment and make online college courses available.

6. **Improve Transition and After-Care Services**

✦ Create alternatives such as independent living programs for girls who do not have a safe place in which to return.

✦ Allow for seamless access to community mental health services (including receiving needed prescriptions) after transition.

✦ Provide a safety net for girls after completing the program.