Girls With Mental Health Needs in the Juvenile Justice System: Challenges and Inequities Confronting a Vulnerable Population

Mary Magee Quinn and Jeffrey M. Poirier
American Institutes for Research
Washington, District of Columbia

Lili Garfinkel
PACER Center
Minneapolis, Minnesota

Recent trends show noticeable increases in the involvement of girls in the juvenile justice system. A disproportionately high number of these girls have co-occurring mental health diagnoses that are related in part to their victimization through sexual, physical, and emotional abuse. Many girls also come from unstable families, whereas others are homeless, and a significant number have substance abuse problems, posttraumatic stress disorder, depression, and anxiety disorders. Not surprisingly, they have complex school histories, and they are at high risk for school failure and dropping out. In this article we discuss the unique challenges of girls with co-occurring disorders as they come into contact with systems that are not prepared to meet their needs. Further, concerns regarding inequity are discussed from the perspective of this vulnerable population: The persistent disconnect between the treatment needs of girls and the services provided in the juvenile justice system draws attention to the inequity of this system.

Recent research reveals that youth with disabilities are disproportionately represented in the U.S. juvenile justice system, with most having either a learning disability or emotional disturbance as their primary disability (Quinn, Rutherford, Leone, Osher, & Poirier, in press). Understanding why this imbalance exists is a challenge for future research; however, a potential starting point in addressing the issue of providing services to these youth may be the examination of the types of disabilities they have and the services available in juvenile justice facilities. It is critically important to examine the difference between the needs of girls and boys with disabilities in this system as well.

Requests for reprints should be sent to Mary Magee Quinn, American Institutes for Research, 1000 Thomas Jefferson Street NW, Washington, DC 20007. E-mail: mquinn@air.org
We know that girls enter the juvenile justice system through strikingly different pathways than do their male counterparts, much as they do in the case of classes for emotionally or behaviorally disordered children. Boys tend to display more externalizing behaviors, and girls show internalizing behaviors. The same is true in the juvenile justice system. In fact, recent research shows that, unlike boys who commit serious offenses such as murder and arson, girls are more likely to be detained for status offenses (i.e., violations of law only if committed by a person under the age of 18) such as truancy, underage drinking, curfew violation, running away from home, or defying parental or caretaker control (Boesky, 2002; Snyder & Sickmund, 1999). Furthermore, many girls involved in the juvenile justice system share one common characteristic: They are victims of physical, psychological, or sexual abuse. Acoca and Dedel (1998) found that as many as 92% of girls in the juvenile justice system in California reported being the victim of emotional, sexual, or physical abuse. Comorbidity of mental health disorders with substance abuse among incarcerated girls is an astonishing 99% (Randall, Henggeler, Pickrel, & Brondino, 1999).

Girls who experience abuse often develop mental health disorders such as anxiety disorders, including posttraumatic stress disorder, sleep disorders, major depression, and borderline personality disorders (Timmons-Mitchell et al., 1997) as a result of the abuse. Because many of these disorders go undiagnosed or untreated, these girls often engage in self-protective behaviors such as self-medication (e.g., abusing alcohol or illegal drugs) or avoidance (e.g., running away from home or defying parents or caregivers) to manage the effects of trauma. Paradoxically, the very behaviors that these girls use to escape or avoid further abuse often put them at risk for involvement in the juvenile justice system. As Simkins and Katz (2002) argued, this begins the process of “criminalizing abused girls” (p. 1474). Compounding their victimization is the fact that the juvenile justice system, designed for boys, is ill-prepared to address the significant and unique assessment and treatment needs of these girls (Veysey, 2003).

Yet another factor adding to the complexity of addressing the needs of girls in the juvenile justice system is the prevalence of mental health disorders in the incarcerated female population. Researchers have determined that approximately 74% of girls in juvenile detention facilities have at least one mental disorder (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002) and that comorbidity of mental disorders among incarcerated girls is as high as 82% (Ulzen, Psych, & Hamilton, 1998). Whether or not these conditions are the result of their abuse, the need for mental health services of so many girls surpasses the capacity of the justice system by a wide margin.

Before solutions can be addressed, it is important to acknowledge and better understand the link between abuse, disability, and delinquency for girls. The percentage of girls and young women arrested has increased significantly. Whereas the overall number of arrests among youth younger than 18 has declined consistently over the last 7 years, “arrests of females for various offenses are increasing more (or decreasing less) than arrests of males” (Snyder, 2003, p. 1). For example, the arrest rate for drug abuse has increased by 201% for girls, curfew violations and loitering arrests are up by 66%, liquor law violations are up 38%, and arrests for running away increased 21% between 1992 and 2001 (Snyder, 2003). It is a serious problem that the juvenile justice system is not prepared to equitably address the mental health needs of girls who enter it. An increase in
the number of arrests of girls logically translates to an increase in the number of girls in detention and correction facilities. Therefore, if the juvenile justice system is to be successful in treating and reintegrating these girls back into their communities, it is necessary to understand the factors contributing to their delinquency and, most important, address their mental health needs.

“While it is true that some girls need to be in secure, confined settings, the vast majority of delinquent girls can be more appropriately dealt with in culturally competent, gender-specific programs that are developmentally sound” (American Bar Association and the National Bar Association, 2001, p. 26). In this article we discuss the co-occurrence of juvenile delinquency among girls with mental health concerns, precipitated by family instability, physical or sexual abuse, homelessness, and substance abuse. Considerations for changes to the current system, including prevention, treatment, and transition and aftercare are identified. Finally, we examine juvenile justice through the lens of equity and argue that the system must provide gender-specific programming if it is to equitably meet the needs of the girls it is charged to serve. Equitable services are an intensely salient issue for girls with disabilities because they are particularly vulnerable and at risk.

GIRLS IN THE JUVENILE JUSTICE SYSTEM

Girls who are delinquent present a unique challenge for the juvenile justice system. Until very recently, research and information about correctional programming, as well as much of the research in mental health, has focused primarily on the needs of boys. As more is understood about girls’ developmental needs and the reasons why girls are engaging in more delinquent and criminal behavior, it is becoming clearer that the interventions in place in the juvenile justice system are ineffective and often cause greater harm. The justice system is inequitable because of its continued practice of imposing on girls treatment approaches designed for boys rather than gender-specific programming known to be effective.

The Girls’ Pipeline to Corrections

Girls who enter the juvenile justice system do so because of a number of interrelated and intergenerational risk factors, including histories of repeated sexual and physical violence, educational failure, incarcerated family member(s), their living in conditions of poverty and dangerous neighborhoods, and substance abuse (Acoca, 1998, 1999; Prescott, 1997; Sharp & Simon, 2004). Having one or two of these risk factors is daunting in and of itself, but the accumulation of risk factors that are not mitigated by positive influences can and often result in mental health problems and exacerbate existing disorders.

Girls frequently experience multiple out-of-home placements, whether in foster care or in residential treatment. Typically, they have difficulties in transitioning to each setting, and they run away, at which point they may be placed in a different home or facility. Finding acceptable placements for girls who have been abused is notoriously difficult, as
most of the girls are understandably mistrusting and have difficulty bonding. In one study it was shown that delinquent girls had an average of 16 transitions (Klein, 2004).

**Sexual and Physical Abuse**

For girls, a history of emotional, sexual, and physical abuse within their families or with a significant person in their lives can ultimately result in depression, suicide attempts, posttraumatic stress syndrome, eating disorders, running away, pregnancy, sexually transmitted diseases, prostitution, and violence (Cauffman, Feldman, Waterman, & Steiner, 1998; Sharp & Simon, 2004). Many of these symptoms or behaviors that result from abuse are considered delinquent in our society and often lead to the placement of girls in juvenile or adult correction facilities. In fact, Widom (2000) stated that girls who have been neglected or abused are nearly 2 times more likely to be arrested for violent crimes than girls who have not experienced neglect or abuse. Ironically, 72% of the girls who are reported to the authorities for delinquent behaviors are referred by their parents, who may also be the perpetrators of their abuse (Sharp & Simon, 2004). In many instances, the girls are reported to the police for incorrigibility, or stated differently, aggressively reacting to their abuse.

Moreover, many of the women in corrections have histories of relationships with abusive, controlling men who use them in criminal behaviors and are responsible for their addiction to drugs and involvement in prostitution (Chesney-Lind, 1989; Widom, 2000). Of interest, many young women have troubling relationships with adult women, including their mothers or teachers. “Failed female relationships appear to be a discriminating factor in the histories of social dysfunction of female offenders” (Fejes-Mendoza, Miller, & Eppler, 1995, p. 319). The absence of positive and nurturing relationships in girls’ lives has a significant impact on how they define themselves and relate to others. Developmentally, girls depend on relationships in forming their identity (Simkins & Katz, 2002). Without strong positive models, it is impossible for girls to understand and learn positive behaviors and to form lasting and secure relationships (Klein, 2004; Simkins & Katz, 2002). Compounded with the prevalence of sexual and physical abuse, girls also experience school failure and cognitive disorders that are often not treated.

**Cognitive Disorders and School Failure**

Studies of girls in the juvenile justice system consistently show that they have histories of poor academic performance (e.g., grade repetition, histories of expulsion and suspension) and dropping out of high school (Simkins & Katz, 2002). Prescott (1997) found that girls with patterns of inconsistent grades in middle school had more violent behaviors than those with consistent grade patterns. These girls also reported that teachers generally ignored them and did not address their obvious learning or emotional needs (Acoca, 1999).

Along these same lines, although it is suspected that a large number of girls in the regular population have attention deficit hyperactive disorder (ADHD), most studies focus on boys. Girls tend to be underidentified and untreated (Biederman et al., 1999). Some research has shown that girls with ADHD are at higher risk for behavior disorders, including
conduct disorder and oppositional defiant disorder, depression and bipolar disorder, anxiety disorders, and substance use disorder (Biederman et al., 1999). In addition to emotional and behavioral disorders, many incarcerated youth (of both genders) also have learning difficulties such as a learning disability or emotional disturbance (Quinn et al., in press).

Girls who experience abuse often demonstrate lower reading scores and IQ scores than those who have not been abused or neglected (Widom, 2000). These outcomes may be a result of injury through abuse or of developmental delays stemming from neglect, nutritional deficiencies, and other complications (Widom, 2000). School failure and difficulty attending classes often lead many of these girls to drop out of school. Some girls report that they drop out of school because of frustration and hopelessness; others drop out because they are pregnant and need to care for the child. If girls who are pregnant leave school, it is difficult for them to return because there are few programs geared to young mothers and their children. If these girls do not have a support system that can help them, they may turn to riskier behaviors such as crime and prostitution to survive on the streets (Klein, 2004; Simkins & Katz, 2002).

If not addressed during the girls’ incarceration, the aforementioned problems continue to trouble them after they are released from juvenile facilities. Prescott (1997) found that girls with patterns of school failure and truancy were almost five times more likely to recidivate; further, girls with a history of poor grades, pregnancy, and gang membership were twice as likely to recidivate.

### Mental Health Diagnoses

Although research long ago made the connection between the prevalence of mental illness among the corrections population, until recently there were very few large-scale studies that identified differences in the mental health needs of girls and boys. However, one extensive longitudinal study of young offenders using variables such as gender, ethnic background, and age found that 74% of girls met the standard for one or more psychiatric disorders including substance abuse, disruptive disorders, mood disorders, anxiety disorders, and ADHD (Teplin et al., 2002). The rates of each individual disorder were higher among girls, especially older adolescent girls. This study further reinforced what is already known about girls involved in the juvenile justice system: Their ineffective or inappropriate behaviors continue past adolescence and impact their relationships and families, they have poor long-term outcomes, and they are at higher risk for pregnancy and sexually transmitted diseases due to early sexual activity (Teplin et al., 2002). The study also found that Hispanic and African American youth are overrepresented in the justice system; however, the highest prevalence of mental health diagnoses was found among non-Hispanic Whites.

### LBTQ Girls in the Juvenile Justice System

Girls who are lesbian, bisexual, transgender, or questioning their sexuality (LBTQ) are an invisible, troubling subset of girls within the justice system (Feinstein, Greenblatt, Hass, Kohn, & Rana, 2001). LBTQ girls may be victimized by abuse and homophobia and are disproportionately homeless (National Center for Lesbian Rights, n.d.). They
may experience hostility and shame at home and be rejected and thrown out by their families. This places them at greater risk for depression, substance abuse, suicide, and mental health problems. “Many LGBT [lesbian, gay, bisexual, and transgender] youth who are harassed or rejected by peers and/or family members develop serious mental health problems, stemming from severe self-esteem issues and feelings of isolation” (Feinstein et al., 2001, p. 14). LBTQ girls are also at much greater risk for dropping out of school (Lambda Legal Defense and Education Fund, 2001). A national survey of LGBT students in 2001 found that 83% had been verbally harassed at school because of their sexual orientation, almost 66% had been sexually harassed, 42% had been physically harassed (e.g., shoved), and 21% had been assaulted (e.g., punched or injured with a weapon); significantly, 69% felt unsafe at school because of their sexual orientation (Lambda Legal, 2002).

Given that few juvenile justice facilities have policies that prohibit discrimination based on sexual orientation or gender identity and few provide appropriate training to staff, it is no surprise that abuse continues in the justice system, where LBTQ youth are harassed and abused by both staff and other youth because of their sexual orientation or gender identity (National Center for Lesbian Rights, n.d.). Disciplinary committees rarely address these incidents, and when LGBT girls are harassed or discriminated against, facilities often respond by isolating or moving them to another more restrictive facility (National Center for Lesbian Rights, n.d.). Further, some LGBT youth have “been inappropriately detained as ‘sex offenders’ for engaging in consensual, age-appropriate same-sex conduct” (p. 2); may be subjected to conversion therapy to try to change their sexual orientation; and are more likely to be sentenced to lockdown programs due to the justice system’s lack of awareness of their needs (National Center for Lesbian Rights, n.d.).

This lack of awareness was one conclusion made by researchers who conducted systematic interviews of those involved with New York’s juvenile justice system (Feinstein et al., 2001). Prior to 2001, no study had extensively examined issues that LGBT youth confront in the juvenile justice system (Feinstein et al., 2001). Among other concerns, Feinstein et al. found (a) a scarcity of sentencing options and services appropriate for LGBT youth; (b) that the safety of these youth is in jeopardy; (c) that professionals lack expertise and training in sexual orientation and gender identity issues; and (d) that policies regarding how to handle issues of gender identity or sexual orientation are nonexistent, whereas general policies are unevenly enforced (e.g., policies punishing the use of slang by staff or youth may not be enforced in the case of anti-LBTQ slang).

### CHALLENGES TO THE SYSTEM

Girls represent only about 23% of all juvenile arrests for delinquent behavior (Poe-Yamagata & Butts, 1996; Snyder & Sickmund, 1999) and 13% of all juveniles in detention or corrections programs (Sickmund, 2004). Because they represent a small

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1Researchers interviewed community activists, facility staff, government officials, judges, lawyers, LGBT youth who had a history of involvement with the juvenile justice system, mental health experts, service providers, and social workers.
proporportion of these populations, they are often excluded from large-scale juvenile justice studies. In addition, their lack of a presence in the system has translated into a lack of specialized policy and programming. Fortunately, there is a burgeoning interest in justice-involved girls, and researchers, policymakers, and practitioners are beginning to identify the essential components of effective programs and practices. Generally speaking, these programs take a holistic view of the girl and provide culturally sensitive services designed to enable these young women to develop the necessary protective factors that will allow them to realize their full potential. However, many of these specialized programs are so new that there is a lack of long-term empirical data to validate their effectiveness (Covington, 1998). In this section, we discuss this emerging information and how it translates into special considerations for gender-specific prevention, treatment, and transition programming.

Prevention

Gender-specific prevention must focus on addressing those behaviors that are common in justice-involved girls, or specifically, what it is we are trying to prevent. We know that in general we are preventing behavior that is different from that of justice-involved boys. For example, girls tend to use drugs rather than sell them, and they steal because they need money to support themselves or their children (Bloom & Covington, 1998). Therefore, it is important to functionally assess the offenses of girls to determine why they are likely to occur. For example, most young girls who engage in prostitution have run away from home (many from abusive homes) and feel they have no other means to support themselves (Bloom & Covington, 1998). If systems were more effective in protecting girls who live in situations in which they need to self-medicate or escape, many of the delinquent behaviors would be prevented. However, this is no easy task.

Prevention of delinquent behavior requires a commitment to multiagency collaboration, especially when addressing the special issues of justice-involved girls. Instead of criminalizing girls for trying to escape or survive abusive environments, policies and programs should be developed with missions that enable stakeholders to identify and treat the girls. Educators must be able to identify the signs and symptoms that girls might be experiencing abuse and not be afraid to take action. School systems must develop programs that support pregnant and mothering girls and encourage them to continue their education and/or vocational training. The mental health system must take a leadership role in treating girls who commit status offences as a result of behaviors brought on by abuse. The child welfare system must strive to ensure that all girls in America live in a safe environment where they are not physically, emotionally, or sexually abused. Public health systems must be prepared to identify girls who have been abused and provide medical interventions for girls who abuse substances, have sexually transmitted diseases, or become pregnant. Professionals can no longer condone the policy of returning young women to the very problematic situation that they were trying to avoid or escape—their homes. Finally, families must not minimize reports of abuse and must seek treatment for girls who have been abused.

Given that all of the systems involved in protection, treatment, mental health care, and education are beset by financial limitations, which in turn impact access to training, research, and development, it is understandable that implementation of any systemwide
change is not realistic at this time. However, based on cost benefit analyses, we do know that timely interventions directed at fostering collaboration, addressing risk factors, providing supports, and promoting positive behavioral changes work and are cost effective. It is also important to recognize how policies such as the Personal Responsibility and Work Reconciliation Act, enacted by Congress in 1996, are in some ways antiprevention. As part of the reform of the welfare system, this act requires that benefits be denied to parents under 18 who do not live with an adult or stay in school: This places a particular burden on single mothers who have dropped out of school due to their disabilities and parental responsibilities and those who have fled abusive homes (Acoca, 1999).

Treatment

The traditional juvenile justice system is designed to meet the needs of its overwhelmingly male population. However, in its current state, this system will not meet the needs of girls; in fact, many of the standard operating procedures in juvenile justice facilities will serve to retraumatize girls who have been sexually or physically abused. For instance, being subdued or observed by male staff, especially at night, can bring back painful memories of sexual abuse. Typically, girls who have been abused often confuse authority figures with their aggressor and act defiantly toward those in charge (Simpkin & Katz, 2002). In a correctional setting these behaviors may lead to more charges or, at the very least, to extending the youth’s stay until she completes a rehabilitation program. In addition, the methods that juvenile facilities use to restrain and/or search girls is very invasive and may also re-create experiences of both physical and sexual abuse. With 81% of girls who enter the system reporting a history of trauma (Sharp & Simon, 2004), these are procedures that must be re-evaluated and changed.

The health care systems in juvenile facilities also must address gender-specific problems. Girls who have been sexually abused or who have prostituted themselves to survive may have sexually transmitted diseases, including HIV/AIDS. They may also be pregnant. Sobriety and drug abuse is another important issue for girls. Whereas boys in the justice system are also likely to have problems involving substance abuse, girls involved in the justice system often abuse alcohol or drugs for markedly different reasons—as a means of self-medicating or escaping their harsh circumstances. Teaching girls the skills they will need to remain sober upon release is necessary for long-term or permanent change. For that to happen, they need support systems, a safe environment, possibly medication, and resources that are easily accessed. Mental health disorders and related somatic symptoms (e.g., headaches, fatigue, and stomachaches, often by-products of severe abuse and neglect) also present very important gender-specific treatment needs. Staff must be trained to recognize mental health and substance abuse needs, and programs must be available for both group and individual treatment. Further, because most of these girls will return or be returned to the families where their abuse occurred, family counseling is necessary to prevent the behaviors from recurring and to repair destroyed relationships.

All youth who are parents suffer when separated from their children through incarceration. Girls, however, tend to experience more guilt and mental health problems as a result of this separation (Boesky, 2002). In addition, the guardians of the children of girls in juvenile facilities often cannot (because of distance and transportation problems) or do
not bring the children to visit with their mothers, making the guilt and depression more pronounced. Justice facilities must develop policies that enable young girls who are mothers to be a part of their children’s lives because maternal separation has lifelong consequences for children’s emotional and intellectual development (Bloom & Covington, 1998). This effort not only represents provision of more and longer visitations but also includes teaching the young girl how to be a loving, nurturing parent. Far too many justice-involved girls lack positive role models, and left untreated, they will not develop such skills on their own.

We also know that justice-involved youth have higher-than-average rates of educational disabilities (Quinn et al., in press). In addition to the learning disabilities and emotional disturbances that are common to these youth, girls often have missed a great deal of school because of depression, substance abuse or pregnancy, and the responsibility of caring for their child or their younger siblings. Even if these girls did attend school, many develop academic problems related to their inability to concentrate because of trauma caused by abuse. They have not developed the most basic academic skills, making further education and transition into schools or employment more difficult. In addition to academic goals, educational programs must address the special vocational training and skill development necessary for adolescent women who will not succeed in traditional school settings but may succeed in skill-based alternative forms of technical and vocational education.

The goal of the treatment program provided for girls must be to empower them to be independent and to learn about healthy relationships. This includes recognizing and setting healthy boundaries in their interpersonal relationships and knowing how to effectively deal with violence and conflict in their families and dating relationships. Mentors who have been “in their shoes” and have learned to use these skills to make permanent changes in their lives should be included in treatment programs. When girls learn how to use these skills, it will greatly improve their self-esteem and enable them to lead healthier lives, thereby reducing their risk for recidivism.

Transition and Aftercare

Transition and aftercare are important components in the prevention of recidivism among juveniles involved in the juvenile justice system (see Baltodano, Mather, & Rutherford, 2005/this issue). Although girls need some of the same transition and aftercare services afforded to boys involved in the justice system, there are often special issues that complicate transition. One very major concern is the postrelease placement of girls who have been abused. As mentioned previously, the homes that abused girls came from are not safe environments for them to reenter. In these instances, it is imperative that aftercare staff either examine the home environment for safety or locate a placement that will provide safety, security, and support to the girl. Simply treating and returning these girls to the environment that precipitated the delinquent behaviors will increase the likelihood of recidivism.

Within most communities there is a dearth of services that are targeted to meet the unique needs of girls transitioning from the juvenile justice system. Successful reentry into the community in many cases will require support from mental health, drug, and alcohol abuse programs; counseling services for survivors of physical or sexual abuse; fi-
nancial assistance; child care and other services for their children; education services that are capable of addressing their mental health and educational disabilities and delays; and vocational or employment services that will enable them to support themselves and their children (Covington, 2003). Unfortunately, communities that are prepared to provide these services and support the development of strong women who are in control of their lives are rare.

It is not our intention to assert that prevention, treatment, and transition and aftercare services should be completely different for girls and boys involved in the juvenile justice system. Yet girls bring unique experiences, challenges, and needs that justice programming must consider in order for girls to have similar outcomes as boys within the justice system. We have identified some inherent implications to the juvenile justice system for effectively meeting the needs of girls. To create systems that are equitable, these implications must be addressed.

AN INEQUITABLE SYSTEM

In the simplest terms, the concept of equity requires a value judgment about fairness, resulting in multiple definitions of what is equitable (Berne & Stiefel, 1984, 1999). Why is equity relevant to girls in the juvenile justice system? Foremost, in the United States there is a strong tradition of supporting equal opportunity and the notion that opportunity should be improved or equalized so that all youth have an equal chance to succeed (Berne & Stiefel, 1999). Historically the principle of equity has often been evoked when examining or discussing disparities in the U.S. educational system. Within this frame of reference, many view equity as an effort to counteract disadvantages that may hinder or preclude youth from functioning fully within communities—whether economically, politically, or socially (Berne & Stiefel, 1999). Equity is a particularly important, relevant, and useful concept to apply to issues related to girls in the juvenile justice system because they tend to have experiences that do not provide an equal opportunity for treatment and rehabilitation.

In the context of education, equity has been used to examine funding. The basic tenets of the Berne and Stiefel framework, a seminal work on educational equity, can be applied to gender-based equity concerns in the juvenile justice system. This framework consists of two core equity principles: horizontal equity, or the equal treatment of youth who are equally situated, and vertical equity, the appropriate differential treatment of youth who are differently situated (Berne & Stiefel, 1984, 1999). Because girls and boys do not enter the justice system with the same needs, the principle of vertical equity is more relevant than horizontal equity to this discussion.

To improve vertical equity in a given system, additional resources should be targeted to a particular group so that the system is made less discriminatory. In the case of jus-

2Further, educational equity has been approached from four perspectives: the distribution of inputs (e.g., funding or number of teachers); process, such as the types of courses students take; outputs (e.g., student performance on standardized tests, graduation rates); and long-term outcomes, such as income level (Berne & Stiefel, 1984). For the purpose of this article, outputs and outcomes are used interchangeably.
tice-involved girls, this might be accomplished by creating a gender-responsive environment that, through site selection, content, and other program characteristics, is responsive to girls’ experiences, needs, and strengths (Covington, 2001). A gender-responsive environment would promote equity because unique inputs (i.e., gender-specific treatment programs) are necessary for girls to attain similar outcomes (e.g., successful treatment and transition back to the community) as boys. Because girls are much more likely than boys to experience various types of abuse and related trauma, they require additional supports to achieve the same outcomes as male juvenile offenders. Currently, the juvenile justice system seems to be vertically inequitable due to the paucity of services targeting justice-involved girls and the fact that girls are one of the least served populations in the justice system (Acoca, 1999; Bloom & Covington, 2001). It is certainly inequitable from the perspective of LBTQ girls for whom few if any basic programs and services exist.

It is important not to oversimplify equity; it is a contentious issue that is rife with contrasting opinions about what is or is not fair as well as the challenge of measuring fairness (e.g., how much funding should be used to support gender-specific programming before it becomes unfair for justice-involved boys). It is no doubt difficult to identify exactly which—and how many—resources girls need. To support similar outcomes for boys and girls, the outcomes (i.e., goals) must be identified and the necessary resources invested in appropriate programming and services.

We know, though, that the juvenile justice system was designed to address the needs of delinquent boys and uses a male-oriented approach to treatment and rehabilitation; gender-specific programming for girls has been neglected (Bloom & Covington, 2001). What works best for boys may not—and often does not—work for girls; as previously discussed, girls confront unique challenges in life that require special supports and are compounded by girls’ mental health needs (Council of State Governments, 1999). Likewise, what works for heterosexual girls may not be best for LBTQ girls, who may or may not also have mental health needs.

Therefore, it is important to create or identify and implement particular services, supports, and accommodations that will lead to improved outcomes for all girls, such as recognizing the differences between justice-involved boys and girls and connecting services for girls with broader societal issues (Shepherd, n.d.). Gender-competent programs should target the needs of girls while helping to build protective factors that provide girls with resilience and strength (Sharp & Simon, 2004). It is critical to question what government and juvenile justice staff and policy can do to provide more gender-specific programming and avoid gender bias, especially given rising delinquency rates for girls.

As Shepherd (n.d.) further pointed out, equity in programming for girls does not mean equal access to existing services designed for boys. Rather, an equitable juvenile justice system should be gender responsive on multiple fronts: prevention, treatment, and transition/aftercare. Services should be individualized by meeting the unique educational, emotional, family, and health needs of girls. Gender-based discriminatory practices must be changed and gender responsiveness supported.

Gender responsiveness requires that each step of the juvenile justice process be assessed for its impact on girls. It requires attention to the needs of girls so that programs and policies can
address girls’ development and help them to establish and sustain consistent, supportive relationships. Gender responsive programming provides girls with a safe opportunity to heal from trauma without fear that disclosure and discussion will carry negative consequences (Sherman, n.d., p. 7).

The American Probation and Parole Association (1996) advocates that service systems should be built on principles that reflect the individual growth and development of youth and that agency decisions should demonstrate equity. This and other advocacy efforts (e.g., the Girls’ Justice Initiative, a national collaboration of organizations dedicated to promoting equity and justice for girls involved in the juvenile justice system) are essential to keep gender-based equity concerns on the agenda of policymakers. These efforts will help bring further change to a system that must evolve to fully meet the needs of girls. Gender bias must also be challenged. Girls are disproportionately charged with status offenses, experienced higher rates of detention usage between 1988 and 1997, and are detained for less serious offenses such as public disorder than boys; girls are more likely to be sent back to detention after release because they are more likely to be cited for contempt and technical violations of probation (American Bar Association and the National Bar Association, 2001).

Few gender-competent programs for girls exist (Sharp & Simon, 2004). Lipsey’s study in 1990 (as cited in Bloom & Covington, 2001) found that of 443 delinquency program evaluations, about one third served boys only, whereas another 43% primarily served boys. Although much is yet to be accomplished, public policy in the United States has not completely ignored gender-based equity concerns within the juvenile justice system. Beginning in 1992 with an amendment to the Juvenile Justice Delinquency Prevention Act, the Office of Juvenile Justice and Delinquency Prevention began requiring states to report on efforts to improve programming for girls. For example, Cook County in Illinois obtained a grant from the Office of Juvenile Justice and Delinquency Prevention to develop an instrument that allows staff to assess the needs of individual girls within the county’s system and to train more than 400 staff on sensitivity to issues related to girls (Council of State Governments, 1999). At the state level, Illinois, Maryland, New York, and Ohio have made significant progress in creating gender-specific programming for young female offenders (Council of State Governments, 1999).

The development of gender-specific assessment tools is one strategy for ameliorating an inequitable juvenile justice system. Other programmatic approaches followed by a number of states include public education, training, pilot projects, gender research, and program evaluation (Budnick & Shields-Fletcher, 1998). There are a small number of successful programs designed for girls, however (Acoca, 1999; Sharp & Simon, 2004). For example, the Baltimore juvenile justice system has a Female Intervention Team composed of probation officers who plan and oversee treatment for all delinquent girls, and the Practical, Academic, and Cultural Education Center for Girls provides gender-specific services to girls ages 12 to 18 who are in or at risk of entering the justice system (Sharp & Simon, 2004).

More is needed, however. To improve equity in the juvenile justice system, there must be equal access to resources, high-quality staff, and high-quality facilities (Sherman, n.d.). Programs, treatment, and opportunities should not be the same; instead, equity “is about providing opportunities that mean the same to each gender” (Bloom & Covington,
2001, p. 5). Such opportunities need to reflect the distinct needs of nonheterosexual girls as well as address prejudice that LBTQ girls might face in the justice system: refusal to recognize that they exist, insensitive and discriminatory treatment, and violence (Lambda Legal, 2001). Further, efforts must be made to diminish gender bias as girls are processed and served by the juvenile justice system.

CONCLUSION

As we have explained, girls enter the juvenile justice system by quite different pathways than do boys. These paths usually include some type of abuse (either sexual or physical) and trauma. This abuse, usually untreated or undertreated, precipitates behaviors that put girls at risk for delinquent behaviors, even though from their perspective these behaviors allow them to escape the abuse. Most of these behaviors, symptoms of mental health, substance abuse, and educational problems, pose threats to the safety and well-being of the girls themselves and their children rather than to public safety. Because these pathways are so different from those of boys, the needs of these girls in terms of prevention, treatment, and aftercare are very different. To be effective and provide an equitable system to the youth it serves, juvenile justice must be prepared to address the needs of girls in a gender-specific, culturally competent manner.

A truly compassionate and informed approach to the issue of providing effective services to girls who engage in delinquent behaviors will require significant overlapping of services from multiple agencies such as child welfare, mental health, health, education (including special education), and juvenile justice. This can be supported by Part C of the recently reauthorized Juvenile Justice and Delinquency Prevention Act, which funds Juvenile Delinquency Prevention Block Grants for “programs that focus on the needs of young girls at-risk of delinquency or status offenses” (p. 126). We hope that these grants will support demonstration sites from which other states and communities can learn. In addition, the act mandates states to develop “a plan for providing needed gender-specific services for the prevention and treatment of juvenile delinquency” (p. 118). With such plans mandated, policy change at the facility and community level should not be far behind. However, the next step is to conduct research to identify the necessary components of these programs and to examine the long-term outcomes of gender-specific programs. Efforts must then be made to broadly disseminate those findings.

For far too long we as child-serving agencies (mental health, child welfare, education and health) have ignored the often silent pleas of abused girls, allowing them to enter the juvenile and criminal justice systems as a final means of escape from their abusers. We have further neglected and abused them through a denial of both their problems (abuse, cognitive disorders and mental illness) and effective nonpunitive treatment programs. We have allowed them to feel blame for their abuse and to believe that it is they who are “flawed, defective, and undeserving of love” (Boesky, 2002, p. 296). Strong, well-educated, professionally and emotionally successful women are a valuable resource that we can no longer neglect. Greater efforts are needed to support an equitable, just justice system and approaches to prevention that strive to improve outcomes for girls who become delinquent—especially those with histories of abuse and mental illness and those who are LBTQ. These young women are part of our future.
REFERENCES


Juvenile Justice and Delinquency Prevention Act, 42 U.S.C. 5601. §101 et seq.


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