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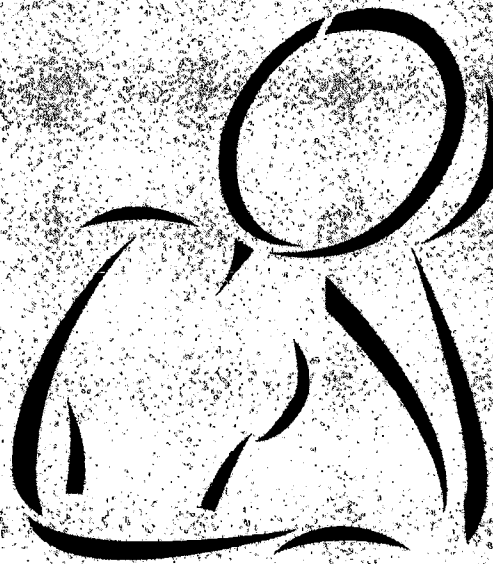
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ABSTRACT

This report describes practical policy and program development processes and promising program models for preventing and treating female delinquency. The report also provides a profile of female juvenile offenders, the problems they present, their needs, and the need to address them. More girls are entering the juvenile justice system, and it appears that the most promising solution is not to squeeze them into a system designed for boys or merely to separate delinquents according to gender. Chapter 1 outlines the urgent need for programming for girls. Chapter 2 describes the planning involved in creating gender-specific programs, and chapter 3 provides an in-depth look at the key elements and features of programs designed to serve the specific needs of girls. An appendix describes 16 promising programs currently offering gender-specific services to girls in both residential and community-based settings. (Contains 2 figures and 90 references.) (SLD)

GUIDING PRINCIPLES FOR PROMISING FEMALE PROGRAMMING

An Inventory of Best Practices



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The Office of Juvenile Justice
and Delinquency Prevention

October 1998

Guiding Principles for Promising Female Programming

An Inventory of Best Practices



The Office of Juvenile Justice and Delinquency Prevention

Prepared by Greene, Peters, & Associates, 1018 16th Avenue, North, Nashville, Tennessee

in collaboration with the Northwest Regional Educational Laboratory, 101 S.W. Main, Suite 500, Portland, Oregon

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FOREWORD

For too long, the needs of female juvenile offenders have been virtually forgotten. But the growing numbers of delinquent girls demonstrate that our juvenile justice system can afford neither to neglect their needs nor to treat them as an afterthought.

In the past, most girls who came into contact with juvenile courts did so for non-violent status offenses such as curfew violations and running away from home. Today, those trends are changing. Girls are entering the justice system at younger ages and for more violent offenses. Although girls still commit far fewer crimes than boys—they constitute about two out of eight juvenile offenders—violent crime has increased nearly four times as much among girls (16.5 percent) than among boys (4.5 percent) during the past decade.

This increase demands that we acknowledge the fact that girls travel different developmental pathways to delinquency than boys. Accordingly, programs rooted in their experiences are best suited to preventing and treating female delinquency. To assist communities in developing such programs, this report describes practical policy and program development processes and promising program models.

The report also provides a profile of female juvenile offenders, the problems they present, their needs, and our need to address them. If we remember the lessons learned in these pages and apply them in our communities, female juvenile offenders will no longer be forgotten and their problems will be effectively addressed.

Shay Bilchik
Administrator





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This report was made possible by the collaborative efforts of many people dedicated to making comprehensive, gender-specific services available to at-risk girls and female juvenile offenders in all communities.

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EXECUTIVE SUMMARY


For decades, girls who have broken the law have entered a juvenile justice system that was designed to help someone else. Boys commit the overwhelming number of juvenile crimes, and their offenses tend to be more violent and dangerous than the status offenses most girls commit. It's no wonder, then, that female delinquents have been overlooked and neglected by a system engineered to help troubled boys become law-abiding men.

Two important trends are changing this picture.

First, more girls are getting into trouble. While girls still constitute only about one-fourth of all juvenile arrests, their numbers are increasing at an alarming pace. More girls are entering the juvenile justice system, and many at younger ages. While status offenses such as running away still make up most of the cases, some girls are committing more violent crimes such as assault. A small number are involved in gangs previously thought to be male turf. This tells us that we have a bigger problem with girls than we realized.

Second, researchers in fields such as psychology, sociology, and education are looking specifically at how girls develop into women. A new body of scholarly work describes the developmental pathways females travel during adolescence. Researchers now have a better understanding of the risk factors girls face because of their gender which can derail or delay their healthy development. For example, girls are three times as likely as boys to have experienced sexual abuse, which is often an underlying factor in high-risk behaviors that lead to delinquency. Researchers also have identified the protective factors most likely to shield girls from delinquency. This new understanding of female adolescent development points to solutions for helping the increasing number of girls who are engaging in delinquent or risky behaviors.

The most promising solution isn't to continue squeezing girls into a justice system designed for boys, or to separate juvenile delinquents according to gender. Rather, gender-specific programming for girls is a comprehensive approach to female delinquency rooted in the experience of girls. It aims to help girls already in trouble, while preventing future delinquency among girls who are at risk. It bridges theory-into-practice by combining female adolescent theory with juvenile justice practices.



This monograph outlines the promising practices in programming for girls who are already involved in the juvenile justice system or those who are at risk of delinquency. Its purposes are to:

- Provide a comprehensive review of the most relevant theoretical and research studies focusing on the gender-specific needs of at-risk adolescent girls
- Delineate the risk and protective factors affecting at-risk adolescent girls who may become juvenile delinquents
- Present effective gender-specific programming strategies for girls, both within the juvenile justice system and in community settings

Our goal is to provide practical information to practitioners and policymakers on how to design and implement gender-specific programs for girls. Promising and innovative strategies are being implemented nationwide in diverse communities serving a variety of adolescent girl populations. We offer an overview of these programs and hope these practical examples will encourage others to put gender-specific strategies into practice.

Chapter 1 outlines the urgent need for programming for girls. It offers a statistical look at female delinquency, provides a summary of female adolescent theory, and addresses the risk factors girls face because of gender. Chapter 2 describes the planning involved in creating gender-specific programs. It cites the policies that encourage gender-specific programming for girls and presents reports from states that have taken groundbreaking steps on behalf of girls. It defines gender-specific programming and provides an overview of the elements programs need to offer girls. Chapter 3 provides an in-depth look at the key elements and features of programs that are designed to serve the specific needs of girls. An appendix describes 16 promising programs currently offering gender-specific services to girls in both residential and community-based settings.

Throughout this document, we have also included comments from girls who have participated in gender-specific programs. They often describe the experience as life-changing. Many have found new hope as a result of these programs. We encourage others to find hope in these gender-specific strategies, which are intended to embrace the adolescent girl and help her find her way to a positive future.

Sheila R. Peters, Ph.D.
Senior Project Manager
Greene, Peters and Associates

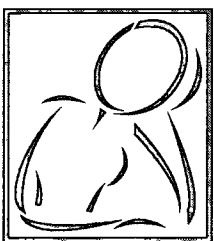
Chapter I

FEMALE JUVENILE DELINQUENTS

- *Who are they?*
- *What is the magnitude of the problem?*
- *Why are girls' needs different?*
- *Why address their needs now?*

AT A GLANCE

A number of interconnected risk factors contribute to adolescent girls being at risk of delinquency. Statistics show that more girls are becoming involved in the justice system, at a younger age, and some for more violent offenses. Minorities are disproportionately represented, and female delinquents have fewer placement options than their male peers in the juvenile justice system. Although research about female delinquents has been scarce, a growing body of research is beginning to identify developmental pathways most likely to lead girls to delinquency.




WHO ARE THEY?

Vanessa, 16, grew up with her mother and three younger siblings in an inner-city housing project. She never knew her father. Her mother was often angry and physically abusive. Vanessa can never remember feeling safe – not at home, not in school, not on the city streets where gunshots and violence have always been within earshot. She can't imagine a life without danger. She's been carrying a gun since she joined a gang a year ago.

* * *

Courtney, now 15, thinks she was about five when her father began calling her "Princess" and fondling her. He raped her the first time when she was 10, and continued sexually abusing her until she ran away from home a year ago. She was living on the streets, trading sex for food and drugs, until she met an older boyfriend who invited her to move in with him. He's 22 and shares his drugs with Courtney.



* * *

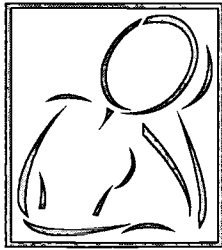
When she was in elementary school, Juanita loved to learn. Since she started middle school two years ago, though, her grades have been falling fast. Her parents always seem to be on her case. She's overheard other girls gossiping behind her back. They think she's stupid, but Juanita suspects they're just jealous. At 13, she already has a woman's body. She often cuts class to party with her friends. They get loaded and make out. Lately, her boyfriend has been pressuring her to have sex.

No single path leads girls to trouble. Rather, as these composite stories illustrate, a combination of factors may collide just as a girl is hitting adolescence, leaving her at risk of delinquency. Although girls constitute about one-fourth of the juvenile offender population, their problems are profound and reflective of wrenching social issues such as poverty, racism, and family dysfunction.

The factors most likely to put girls at risk of delinquency are being identified by researchers, social service providers, and agencies that work with juvenile female offenders. Although every girl in trouble is unique, she is likely to share elements of this profile with other female juvenile delinquents:

- She's now 14 to 16 years old, although she may have started acting out a few years earlier
- She's poor and has grown up in a neighborhood with a high crime rate
- She's likely to belong to an ethnic minority group (50 percent of female juveniles in detention are African American, 13 percent are Hispanic, 34 percent Caucasian)
- She's had a history of poor academic performance and may be a high school dropout
- She's been a victim of physical, sexual, and/or emotional abuse or exploitation
- She has used and abused drugs and/or alcohol
- She has gone without attention for medical and mental health needs
- She feels that life is oppressive and lacks hope for the future

These risk factors do not always lead to delinquency, and not every girl in trouble has the same background. Some resilient girls survive these early life challenges without running afoul of the law (Basic Behavioral Science Task Force of the National Advisory Mental Health Council, 1996). But as statistics on female delinquency show, an increasing number do fit this profile. Although girl offenders have been called "the forgotten few" (Bergsmann, 1989), they are fast becoming too numerous—and their problems too serious—to ignore.



WHAT IS THE MAGNITUDE OF THE PROBLEM?

When gunshots ring out on a schoolyard or young gangsters terrorize a neighborhood with drive-by shootings, the young perpetrators are probably male. Boys in trouble tend to lash out. They set fires. They get into fights. They carry guns. They look dangerous. They inspire fear. They get attention.

Girls get into trouble more quietly. In most cases, they were victims themselves before they became offenders (Prescott, 1997; Girls Inc., 1996; Davis, Schoen, Greenburg, Desroches, & Abrams, 1997). When girls are angry, frightened, or unloved, they are more likely to strike inward. They may hurt themselves by abusing drugs, prostituting their bodies, starving, or even mutilating themselves (Belknap, 1996). Because girls in crisis are more likely to threaten their own well-being, they may not seem dangerous to society. As a result, their needs have been overlooked and undertreated (Chesney-Lind, 1988). Girls in trouble have been the afterthought of a juvenile justice system designed to deal with boys (Bergsmann, 1989; Miller, Trapani, Fejes-Mendoza, Eggleston, Dwiggin, 1995).

Overall, girls do pose a smaller problem than male delinquents. They commit far fewer crimes than boys. In 1995, girls accounted for about one-fourth of juvenile arrests (25.5 percent of those under 18 arrested in 1995 were female, according to the 1996 *Sourcebook*) (Maguire & Pastore, 1997). Girls who break the law may not be perceived as a danger to society because, traditionally, they have come into contact with the courts for nonviolent status offenses such as curfew violations, running away, or unruly behavior (Chesney-Lind, 1988). Theft cases account for nearly one-fourth of girls' arrests (Bergsmann, 1994). In 1995, 23.5 percent of arrests of girls under 18 were for larceny-thefts, according to the FBI Uniform Crime Report. During the same year, 32.5 percent of all juvenile theft arrests involved girls.

These trends appear to be changing. During the decade from 1983 to 1993, arrests of female juveniles increased by 31 percent (compared to 21 percent for boys). (See Table 1, Page 4.) Between 1989 and 1993, the relative growth in juvenile arrests involving females was 23 percent, more than double the 11 percent growth for males (Poe-Yamagata & Butts, 1996).

During the last decade, violent crime among girls has increased faster (16.5 percent) than for boys (4.5 percent) (Bergsmann, 1994). Females were responsible for 17 percent of the growth in juvenile arrests for Violent Crime Index offenses between 1989

Table 1: Female Proportion of Juvenile and Adult Arrests, 1983, 1988, and 1993

Most Serious Offense	Female Proportion of Arrests of Persons Under Age 18			Female Proportion of Arrests of Persons Age 18 or Older		
	1983	1988	1993	1983	1988	1993
All Arrests*	21%	22%	24%	16%	17%	19%
Violent Crime Index	11	11	13	11	11	13
Murder/nonnegligent manslaughter	11	7	6	14	13	10
Forcible rape	1	2	2	0	1	1
Robbery	7	7	9	8	9	9
Aggravated assault	16	15	18	13	13	15
Property Crime Index	20	20	24	24	26	27
Burglary	7	7	10	7	9	10
Larceny-theft	27	26	31	31	32	33
Motor vehicle theft	11	10	14	8	10	10
Arson	10	10	12	14	16	17
Weapons offense	6	7	8	8	8	8
Drug abuse offense	16	12	11	14	16	17

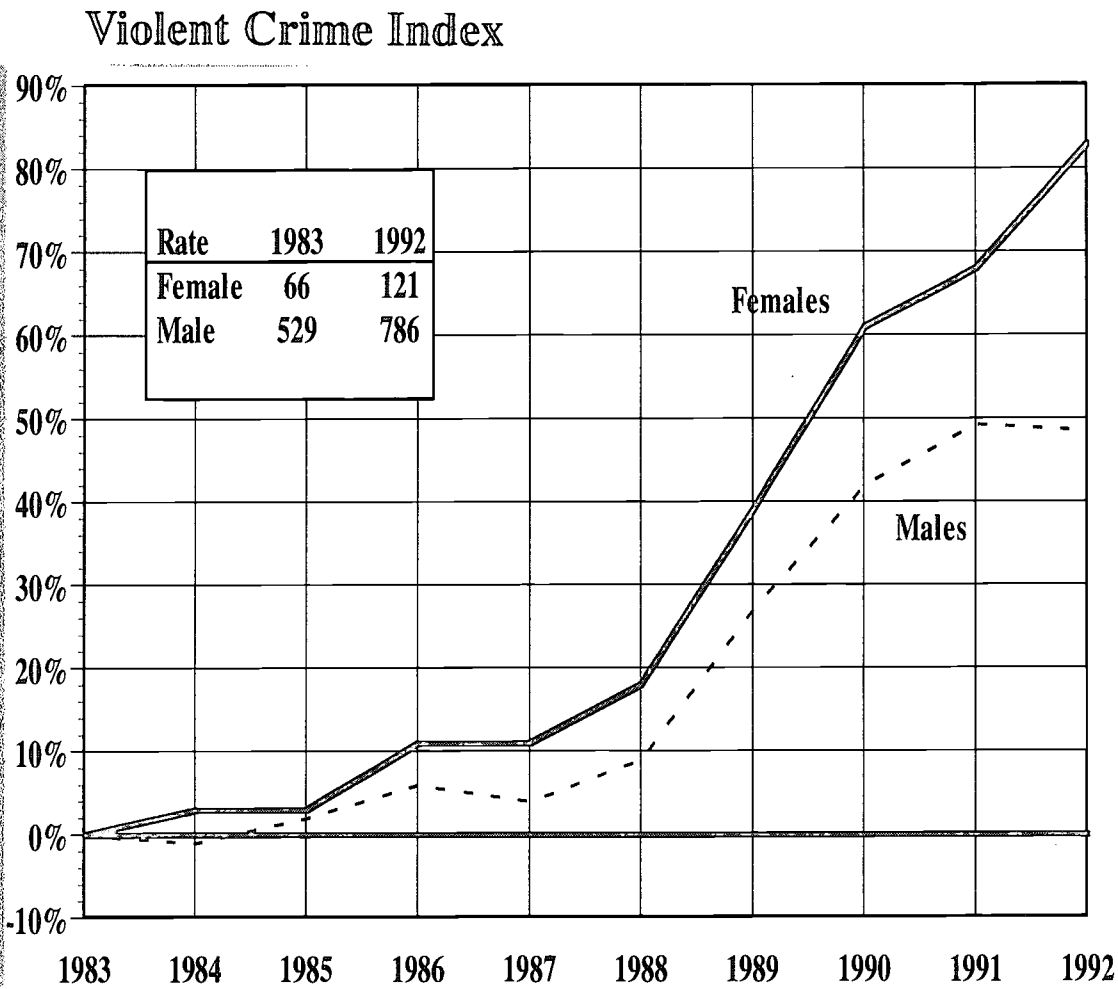
* Includes offenses not detailed below.

Data Sources: Federal Bureau of Investigation. *Crime in the United States 1983*. *Crime in the United States 1988*, and *Crime in the United States 1993*. From Poe-Yamagata & Butts, 1996

and 1993 (Poe-Yamagata & Butts, 1996). (See Figure 1, Page 5.) During the same years, juvenile arrests for Violent Crime Index offenses increased by 55 percent for females compared to 33 percent for males (Poe-Yamagata & Butts, 1996). (See Figure 1, Page 5.) While status offenses continue to account for the bulk of cases involving girls, females are now more likely to be arrested for robbery, assault, drug trafficking, and gang activity – juvenile crimes only recently considered the exclusive domain of young males (Poe-Yamagata & Butts, 1996; Calhoun, Jurgens & Chen, 1993). Just between 1994 and



Figure 1: Percent Change in Juvenile Arrest Rates by Sex, 1983-1992



Data Source: Federal Bureau of Investigation. *Age-Specific and Race-Specific Arrest Rates for Selected Offenses, 1965-1992*. From Poe-Yamagata & Butts, 1996.

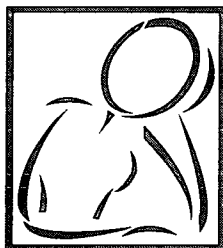
1995, girls' arrests increased 3 percent for aggravated assault (vs. a decline of 4.5 percent for boys); increased 7.7 percent for other assaults (vs. 1.8 percent increase for boys); increased 26.6 percent for drug abuse violations (vs. 16.7 percent for boys), according to Uniform Crime Reports.

Nationwide, girls are becoming involved with the justice system at a younger age. From 1987 to 1991, the number of 13- and 14-year-old girls in juvenile court increased by 10 percent (Bergsmann, 1994). One in five girls in secure confinement is now aged

14 or younger.

Ethnic minorities are disproportionately represented in the female offender population (Bergsmann, 1989; Campbell, 1995; Community Research Associates, 1997). African American girls comprise nearly half of all those in secure detention and Hispanics 13 percent (Bergsmann, 1994). Although 65 percent of the population is Caucasian, only 34 percent of girls in detention are Caucasian. Seven of every 10 cases involving white girls are dismissed, compared to three of every 10 cases dismissed for black girls.

Although their offenses are typically less violent, girls who break the law are sometimes treated more harshly than boys who offend (Davidson, 1982). There are fewer community-based services for girls. As a result, girls are twice as likely to be detained, with detention lasting five times longer for girls than boys (Girls Incorporated, 1996). In addition, girls are detained for less serious offenses. In 1987, 9 percent of girls in training schools were committed for status offenses, compared to 1.5 percent of boys.



WHY ARE GIRLS' NEEDS DIFFERENT?

Adolescence is a difficult passage for many girls, even those who have a strong safety net of support at home and in school. The physical changes of puberty coincide with enormous emotional and psychological challenges (Brooks-Gunn & Reiter, 1990). During the teen years, girls begin to separate from their families, assert their own identity, identify with their peers, redefine their relationships with nurturing adults, explore their sexuality, develop their own moral and ethical sense, and prepare for the responsibilities and challenges of adulthood. It's seldom a smooth or easy metamorphosis.

Persistent sexism makes adolescence more confusing for girls by projecting mixed messages about the worth and role of women in society. Girls may measure their own looks against media images of "perfect" female beauty, for example. A lack of female role models may make their dreams of future careers in male-dominated fields seem unrealistic. The culture of adolescence "demands that while young women may achieve, they should be careful not to look too smart or they will not get a boyfriend" (Maryland Department of Juvenile Justice, 1995). Girls may react by silencing their own feelings and turning to others for validation (Taylor, Gilligan, & Sullivan, 1995; Brown, 1991). A growing body

of research documents the drop in self-esteem and lowered confidence of many teenage girls (Miller, et al., 1995; Girls Incorporated, 1996; Albrecht, 1994).

Only recently have researchers focused specifically on female adolescent development.


Dr. Carol Gilligan of the Harvard Graduate School of Education has enriched the understanding of this field by pointing out that classic psychological models, such as Erickson's view of identity formation, were based almost entirely on studies of boys. Gilligan's groundbreaking studies of female development illustrate the importance of relationships in girls' lives. For example, the formation of a girl's mature identity cannot be based solely on separation from her parents, but must also include her enduring relationships with adults. (Acoca, 1995). A parent, teacher, counselor, probation officer or other adult who demonstrates ongoing commitment and caring plays an essential role in a girl's development. Conversely, the lack of a close, caring adult during adolescence could interrupt or delay a girl's development. Without a close adult, and without confidence in her own judgment or abilities, she may be more likely to turn to her peers for support and validation.

When other risk factors are added to the already daunting developmental tasks of female adolescence, the results can be overwhelming, pushing some girls into delinquency. Although research about delinquency among girls is still scarce, some researchers are focusing on a "developmental pathway to delinquency" (Belknap & Holsinger, 1998). Just as girls and boys develop in different ways physically and emotionally during adolescence, their pathways to delinquency are often gender specific, too.

The problems faced by girls and young women can be viewed as part of a developmental continuum linking early problems (such as family dysfunction, abuse, loss of a primary caregiver, and other traumas) to later behavioral problems (Oregon Commission on Children and Youth Services, 1990). During the teen years, when girls are transitioning to adulthood, unresolved issues from earlier stages of their development may come to a head. Incomplete bonding in infancy, sexual abuse in childhood, failed relationships with adults, and other problems can result in an inability to form positive relationships, lack of self-respect, ignorance of physical health and sexuality issues, and low self-image (Oregon Commission on Children and Youth Services, 1990). Substance abuse at a young age can also interrupt a girl's psychosocial development. As one researcher observed, "It is not

"Here we learn that we as women are as capable as men to achieve, and that gives me the strength to succeed. I now see being a woman as a strength and not a setback."

-Participant, Harriet
Tubman Residential Center



unusual to have a 16-year-old check into a residential drug treatment program with both her 'works' (needle and syringe) and a well-worn stuffed animal hidden in her backpack." (Acoca, 1995).

In understanding the developmental pathways that can lead girls to delinquency, it may help to consider what girls need for healthy development while also recognizing the challenges that may put them at greater risk of delinquency. For example:

- Need for physical safety and healthy physical development
 - Challenged by poverty, homelessness, violence, inadequate health care, inadequate nutrition, substance abuse
- Need for trust, love, respect, validation from caring adults to foster healthy emotional development and form positive relationships
 - Challenged by abandonment, family dysfunction, poor communication
- Need for positive female role models to develop healthy identity as a woman
 - Challenged by sexist, racist, homophobic messages, lack of community support
- Need for safety to explore sexuality at own pace for healthy sexual development
 - Challenged by sexual abuse, exploitation, negative messages about female sexuality
- Need to belong, to feel competent and worthy
 - Challenged by weakened family ties, negative peer influences, academic failure, low self-esteem

Several specific factors put girls at greater risk of becoming juvenile delinquents. Seldom, however, do these factors occur in isolation. More typically, risk factors are interconnected like a web, with each risk potentially both cause and consequence of the others. Risks of special concern to girls include:

◆ **Sexual and/or physical abuse:** Girls are three times as likely to have been sexually abused as boys (U.S. Department of Health and Human Services, 1996). Among female delinquents, an estimated 70 percent have a history of sex abuse (Calhoun, Jurgens, & Chen, 1993). In some detention facilities, the incidence of girls who have been abused is closer to 90 percent. Most often, abuse is perpetrated by family members or close family friends who are perceived as trusted adults (Davis, et al., 1997). Sexual abuse can have a profound impact on a girl during adolescence, resulting in lessened self-esteem, inability to trust, academic failure, eating disorders, teen pregnancy, and other serious concerns. If sexual abuse is not addressed, girls may run away or turn to alcohol or other drugs to numb their emotional pain. (Acoca, 1998b) A few lash out at their perpetrators violently.




◇ **Substance abuse:** Substance abuse exacerbates the other problems that might put a girl at risk of delinquency. Many girls, for instance, report being intoxicated or under the influence of illegal substances while committing criminal acts (Sommers & Baskin, 1994). If a girl runs away from an abusive or dysfunctional family and winds up on the street, she is more likely to become involved in drug use and/or drug trafficking. Alcohol and other drugs may lessen her inhibitions, leading her to take risks that may result in unplanned pregnancy and/or exposure to sexually transmitted diseases. Research shows that among female populations, substance abuse coexists with other problems such as mental illness and academic failure at a significantly higher rate than among males (Rotheram-Borus, 1993).

◇ **Teen pregnancy:** Female juvenile offenders engage in sexual activity at an earlier age than non-offenders, putting them at higher risk of sexually transmitted diseases and unwanted pregnancy. For many young women, teen pregnancy is a virtual guarantee of poverty and long-term reliance on welfare. Most teen mothers drop out of high school and remain single most of their young adult years. They earn an average of \$5,600 annually, less than half the poverty-level income. More than 60 percent of African-American and half of all Hispanic teen mothers are concentrated in poor, racially segregated neighborhoods that have poor housing, high crime rates, and inadequate schools. Many teen mothers have been victims of sexual abuse. Adolescent mothers are more likely to raise a child who goes to prison than mothers who delay having children until their early 20s (Robin Hood Foundation, 1996).

◇ **Poor academic performance:** The most significant risk factor relating to early onset of delinquency is poor academic performance (Dryfoos, 1990; Yoshikawa, 1994; Greenwood, et al., 1996). A disproportionate number (26 percent) of female juvenile offenders have learning disabilities (U.S. Department of Justice, 1994). By the time they enter the system, they may be at least a grade level behind their peers. They may have developed a negative attitude about learning and lack self-confidence about their own ability to master academic skills (Bergsmann, 1994; Girls Incorporated, 1996).

Girls who are juvenile offenders may have reacted to academic challenges in the past by skipping school or dropping out altogether (Bergsmann, 1994; Hugo & Rutherford, 1992). Or, if they stayed enrolled in schools which did not meet their needs, they may have “shut down” in the classroom, internalizing their frustration and assuming they “could not learn.” Boys experiencing learning difficulties are more likely to be disruptive, externalizing their frustration (American Association of University Women, 1991). Once they enter the juvenile justice system, these girls find themselves back in the classroom. They may perform well behind grade level. Some girls who have a history of academic failure may respond with defiance or anger if forced back into the classroom. Because



academic failure is so closely linked to underemployment and unemployment, it is a risk factor that must be addressed for female delinquents if they are to avoid a life of impoverished opportunities.

◆ **Mental health needs:** Girls who are coping with such serious issues as sexual abuse, substance abuse, family dysfunction and/or academic failure may experience depression, eating disorders, and other mental health concerns. More than half of young women in training schools have reported attempting suicide; of those, 64 percent have tried more than once to kill themselves (Bergsmann, 1994).

◆ **Societal factors:** Girls and boys don't get into trouble for the same reasons, in the same ways, or at the same rate. Nor are they treated the same by a juvenile justice system designed to deal with boys. Because community-based resources for girls are scarce and the juvenile justice system perceives the need to "protect" girls, a disproportionate number of girls are committed to state training schools, often for status offenses.

Ethnic minority female offenders are treated more harshly than white girls. For boys and girls alike, black offenders are more likely than white offenders to receive a more severe disposition at their arrest, intake hearings, and in court (Bergsmann, 1994; Chesney-Lind, 1997; Belknap, 1996; Lindgren, 1996). African-American, Asian, and Latina girls who are poor and addicted are more likely to be incarcerated than referred to treatment (Girls Incorporated, 1996; Sarri, 1983). African-American girls make up almost 50 percent of all girls in secure detention, and Latinas make up 13 percent (Bergsmann, 1994). White girls are more likely to be referred to mental health facilities than juvenile justice facilities (Federle & Chesney-Lind, 1992).

In addition to the risk factors affecting many young female offenders, some girls have additional special needs, including:

◆ **Pregnancy/parenting teens:** Teen pregnancy, often the outcome of early sexual experimentation, creates special needs for both the adolescent mother and her child (Maynard & Garry, 1997). For the young mother, parenthood at an early age may interfere with the normal challenges of adolescence, such as identity development (Corley & Chase-Lansdale, 1998; Apfel & Seitz, 1996). Teen mothers are more likely to drop out of high school, limiting their future chances for employment and increasing the likelihood they will live in poverty (Robin Hood Foundation, 1996). Additionally, at least half of first-time teen mothers become pregnant again within a year of their first birth. The child of a teen parent is vulnerable to abuse and neglect. Children of teen mothers are twice as likely to become victims of child abuse and neglect as children of adult mothers (Robin Hood Foundation, 1996). Because at least 70 percent of girls in the justice system have a his-

tory of abuse themselves, this becomes an issue that spans generations. Finally, the sons of teen mothers are 2.7 times more likely to be incarcerated than the sons of adult mothers (Maynard & Garry, 1997).

◇ **Gang membership:** Because boys and young men have long dominated the gang culture, researchers have been slow to consider why girls become involved in gangs and what risks they face because of gang membership. Researchers have seen females as playing a primarily sexualized role or one of only peripheral importance in relation to male gang members (Chesney-Lind & Brown, in press). Although the number of girls involved in gangs remains relatively small (3.6 percent of youth identified by law enforcement agencies as gang members are female) (Chesney-Lind & Brown, in press), gangs do pose specific risks for young females (Family and Youth Services Bureau, 1993; Spergel, 1992).

Girls seem to be attracted to gangs out of a desire for safety or power, and a sense of belonging (Molidor, 1996; Campbell, 1990). Studies of female gang members show that many have come from homes with a high incidence of sexual abuse, domestic violence, and family dysfunction (Molidor, 1996). Growing up in poverty, isolated from the economic mainstream, marginalized because of race, class, and academic failure, girls most likely to affiliate with gangs tend to feel hopeless about their future (Bjerregaard & Smith, 1993).

Far from offering girls a safe haven, however, gang membership puts adolescent girls at an increased risk of victimization and violence. Girls are often treated as the sexual property of male gang members. During initiations, girls may be beaten, sexually assaulted, or gang raped. As gang members, girls face increased risks of unsafe sex, sexual abuse, teen pregnancy, substance abuse, and suicide (Morris, Harrison, Knox, Tromanhauser, Marques, & Watts, 1995; Family and Youth Services Bureau, 1993). In addition, gang involvement complicates or interferes with a girl's ability to complete the developmental tasks of adolescence (Chesney-Lind & Brown, in press). Staying in the gang may require that a girl tolerate ongoing physical or sexual abuse, suppressing her anger, resentment, humiliation, and shame. Some girls eventually become perpetrators of violence themselves.

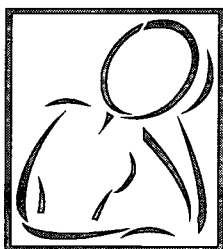
◇ **Early onset of puberty:** Girls who hit puberty earlier than the norm may feel awkward, alienated, or "different" from the peers with whom they want to belong. Some may act out by engaging in early sexual experimentation, substance abuse, or delinquent

“PACE has opened a new door in my life. I’ve accomplished many things at PACE, one of which is learning to be a productive member of society.”

-Tomeiko, graduate of PACE program

behavior (Caspi, Lynam, Moffitt & Silva, 1991).

◆ **Alternative lifestyle:** The issues facing lesbian girls within the juvenile justice system have not been adequately researched (Savin-Williams, 1995). However, the limited research that is available suggests that lesbian, gay, and bisexual youth are vulnerable to mental health problems (D'Augelli & Dark, 1994; Rotheram-Borus & Fernandez, 1995). Additionally, lesbian girls may feel ostracized because of their sexual orientation, at a time in their adolescent development when they have a need to belong and to be accepted. They are at increased risk of substance abuse and suicide. Risk of suicide for lesbian adolescents is three times greater than for their heterosexual peers (Gibson, 1989; Women's Action Coalition, 1993). Some girls who are open about their sexual orientation report increased conflict at home and at school (Rofes, 1994). Some girls run away or are forced to leave by family members who disapprove of their lifestyle. Lesbian girls who become delinquent also report feeling alienated within the justice system. In addition, they are vulnerable to hate crimes or other violence because of their orientation (Savin-Williams, 1995; D'Augelli & Dark, 1994; Herek, 1989).



WHY ADDRESS THEIR NEEDS NOW?

For too long, delinquent girls have been punished for being victims, for not being boys (and, as a result, not melding into existing programs), and for being misunderstood because girls' development does not mirror that of boys.

Over the last decade, an increasing number of juvenile justice agencies and systems have begun to look at the needs of girls separate from those of boys. A research base now exists that describes how girls develop, what they need, who they are, and what risks they face because of gender. Taking this information, gleaned primarily from the educational and mental health arenas, juvenile justice practitioners have developed principles of gender-specific programming and "best practices" for working with girls. The Office of Juvenile Justice and Delinquency Prevention has supported planning grants and technical assistance to implement gender-specific programming in a variety of agencies and jurisdictions.

Like female juvenile delinquents, women who commit crimes have been an invisible minority whose needs, histories, and issues have gone largely undocumented (Belknap, 1996). Women offenders account for only about 6 to 8 percent of the U.S. prison population, a number many researchers have considered too small or insignificant to warrant

in-depth study. However, a recent increase in the female crime rate is drawing more attention to this population, just as increases in arrests of juvenile females are drawing attention to young female offenders.

The emerging profile of women offenders bears strong resemblance to the profile of female delinquents, with many of the same risk factors impacting women's and girls' lives. More than four in 10 female adult inmates report a history of physical or sexual abuse. Nearly six in 10 grew up in a household with at least one parent absent. Minorities are disproportionately represented among the adult female offender population. Women prisoners are likely to be poor, undereducated, and single parents. About 20 percent of adult female offenders also served a sentence as a juvenile (Snell, 1994; Belknap, 1996). (See Figure 2, Page 14.)

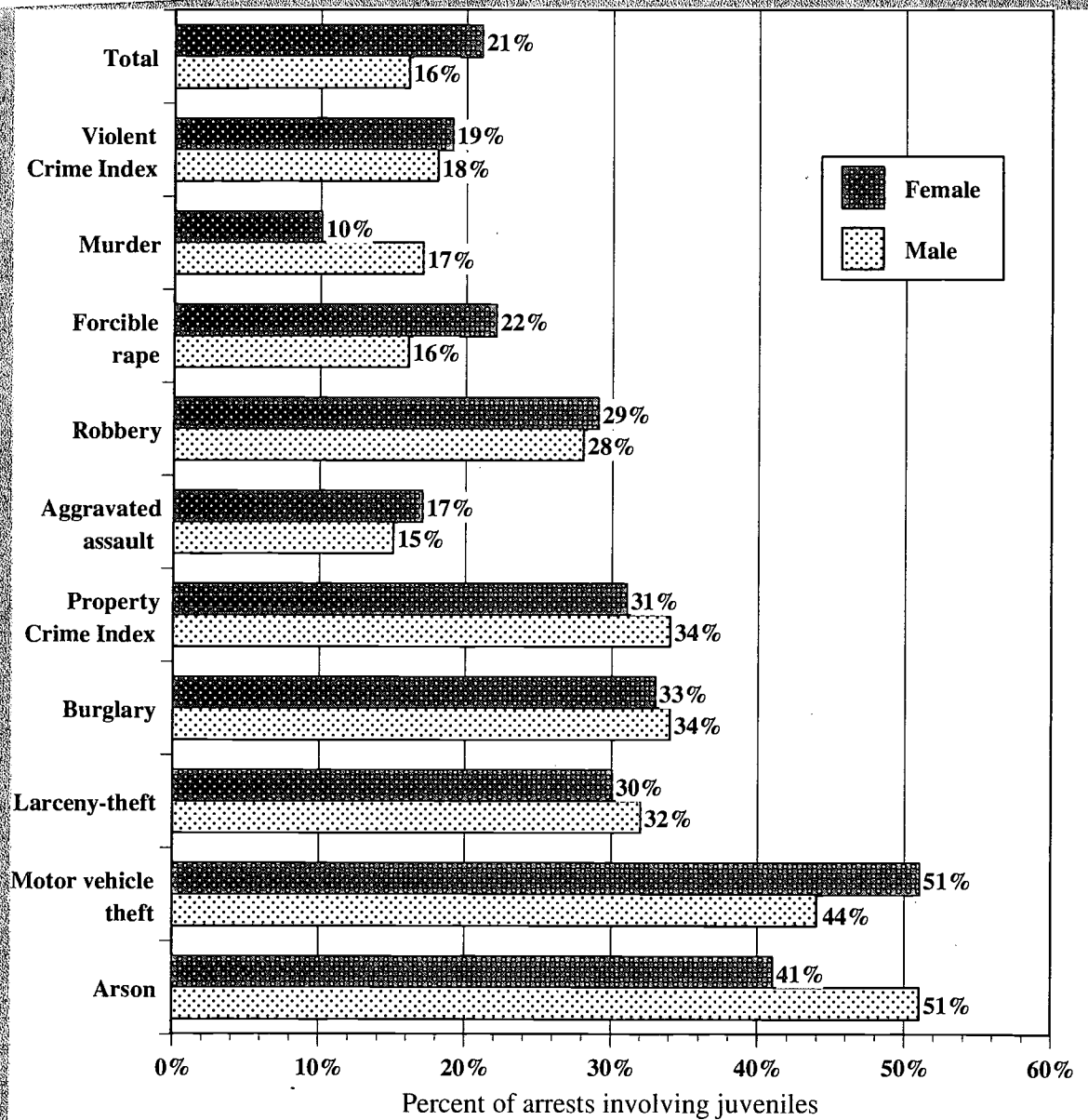
Although research on the causes of criminal behavior in women remains scarce, many women currently serving sentences report that they can see a link between their adult offense and their history of sexual victimization, drug abuse, and prostitution (Belknap, 1996). For many of the women currently housed in prisons, these issues have gone unaddressed and untreated since childhood.

Gender equity in juvenile justice programming is an important focus of the Juvenile Justice and Delinquency Prevention Act, reauthorized in 1992. Under the Act, states may receive challenge grants for "developing and adopting policies to prohibit gender bias in placement and treatment of young offenders," and for "establishing programs to ensure that female youth have access to the full range of health and mental health services, treatment for physical or sexual assault and abuse, self-defense instruction, education in parenting, education in general, and other training and vocational services." (Juvenile Justice and Delinquency Prevention Act, 1992)

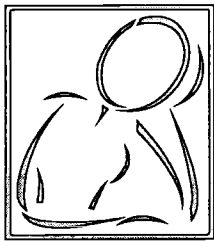
The needs of females in the juvenile justice system have not kept pace with societal changes in the roles and goals of women. While women have made great strides, for instance, in the educational, political, and occupational spheres, breaking into professional and technical fields once dominated by men, many programs for young females reflect an earlier era, training girls for lower-paying, low-skill jobs. In reauthorizing the Act, lawmakers have attempted to address these discrepancies. The Act encourages states to empower young women to defend themselves, assert their rights, overcome abuse, aspire to rewarding and lucrative careers, and lead healthy, independent lives.

The reasons to focus on girls' issues are compelling, especially as the number of females involved in the justice system continues to grow. Researchers have achieved an increased understanding of the developmental pathways that may be leading girls to delinquency. Practitioners have a better knowledge of the best practices for working with girls in the juvenile justice system. The combination of these factors makes the timing appropriate

Figure 2: Juvenile Proportion of Arrests by Sex, 1993



Data source: Federal Bureau of Investigation. *Crime in the United States 1993*. From Poe-Yamagata & Butts, 1996



to focus specifically on the needs of the girls of today, who will become the women of tomorrow.

SUMMARY

Because female delinquents are outnumbered by boys in the juvenile justice system, and because girl offenders may seem less dangerous to society, the needs of girls have gone largely unaddressed. However, more girls are entering the system. Some are committing more violent offenses, such as assault. By focusing specifically on girls, researchers are gaining a better understanding of female adolescent development and the factors that put girls at risk of delinquency. Gender-specific programming offers a way to tailor juvenile justice services specifically to the needs of girls.

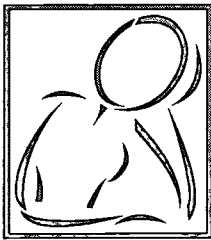
Chapter 2

POLICY AND PROGRAM DEVELOPMENT FOR SERVING FEMALE JUVENILE DELINQUENTS

- *What is the process for developing gender-specific policies?*
- *What is the process for program development?*
- *What does gender-specific programming look like in practice?*

AT A GLANCE


Programs rooted in the experience of girls offer the most promising approach to treating and preventing female delinquency. National policy encourages the development of gender-specific programming, designed to get and keep adolescent girls on a positive developmental track. Development of such programs at the state and local level involves high-level administrative commitment and a plan to address girls' specific needs. Comprehensive programs provide a continuum of gender-specific services, while also encouraging protective factors that make girls more resilient.



WHAT IS THE PROCESS FOR DEVELOPING GENDER-SPECIFIC POLICIES?

Girls travel a different path to delinquency than most of their male counterparts. After years of struggling to squeeze girls into programs designed for boys (Albrecht, 1994), some agencies that work with girls are seeking solutions that are gender-specific. This does not mean giving girls the same programs as boys, or isolating offenders according to gender. Instead, the most effective programs are rooted in the experience of girls and incorporate an understanding of female development.

Gender-specific programming refers to program models and services that comprehensively address the special needs of a targeted gender group, such as adolescent girls.



Such programs foster positive gender identity development. Gender-specific programs recognize the risk factors most likely to impact the targeted gender group and the protective factors that can build resiliency and prevent delinquency.

At the national, state, and local levels, there is a movement to use gender-specific programming to create programs intended to help at-risk delinquent girls. These programs incorporate promising practices meant to help girls get back on a positive developmental track and avoid future delinquent behavior (Community Research Associates, 1997). For a girl already in trouble or at high risk of delinquency, programs that incorporate gender-specific practices offer reason to hope for a positive future.

Policies that Encourage Gender-Specific Programming

The 1992 reauthorization of the Juvenile Justice and Delinquency Prevention Act of 1974 required states to apply for federal formula grant dollars to examine their juvenile justice systems and identify gaps in their ability to provide services to juvenile female offenders. The Act now requires states to include in their analysis of juvenile crime problems: “an analysis of gender-specific services for the prevention and treatment of juvenile delinquency, including the types of such services available and the need for services for females; and a plan for providing needed gender-specific services for the prevention and treatment of juvenile delinquency.” (Juvenile Justice and Delinquency Prevention Act, 1992)

The reauthorized act encourages states to examine how they deal with girls, and also to make changes in their overall programming for girls. Approximately 25 states have developed plans or established programs to address the needs of female juvenile offenders within their systems (Community Research Associates, 1997). The remaining 25 states and the District of Columbia are in the process of examining the issue of gender-specific programming, or debating the need for it. Those states still addressing this issue can look to states that have taken groundbreaking steps to assist female delinquents. The following examples highlight the steps that a variety of jurisdictions have followed to develop and implement policies for serving girls.

MINNESOTA

In 1978, Minnesota formed its first statewide task force to look at the needs



of women offenders. In the two decades since then, the state has continued to expand programming not only for women offenders, but also for juvenile females.

Mary Scully Whitaker, Minnesota's director of planning for female offenders, oversees efforts to improve gender-specific services for all female offenders, regardless of age. It's no accident that planning for girls is handled by the same office that plans for adult women. "Developmentally, girls are a lot more like women than they are like boys or men," Scully Whitaker explains.

In Minnesota, the following steps have been key to improving services for girls:

Planning for equity: The 1978 task force on women offenders resulted three years later in a statute on parity for women offenders and the creation of a permanent Advisory Task Force on the Woman Offender in Corrections. After the statute on parity was amended to include juvenile girls, the task force evolved to become the Advisory Task Force on Adult and Juvenile Female Offenders in Corrections. A subcommittee of the task force focuses on adolescent females.

Addressing special needs of girls: A state corrections report published in 1989 ("State Plan for the '90s") cited glaring gaps in services for girl offenders. As a first step to improve services, a statewide conference was planned to train corrections staff on how to work with young female offenders. "We were going to do one conference," Scully Whitaker recalls. "We wanted all those people who work with girls, from across a variety of disciplines, to tell us what works, and why."

The first conference, in 1991, drew about 200 attendees. It was so successful that it has become an annual event (the Minnesota Conference on Adolescent Females), and is now a cornerstone of gender-specific programming efforts. The conference has grown to include more than 400 attendees from across the state, as well as representatives from other states and national agencies. In 1998, conference topics varied widely, including the impact of sports and physical activity on the lives of adolescent girls, successful teen relationships, media images of female adolescents, and girls and their economic futures.

Seeking creative solutions: The annual conference encourages and inspires creative problem-solving in working with girls. From the beginning, the conference has been designed to draw in participants across disciplines and from a variety of agencies, so that they can learn from one another. In addition to lectures and discussion groups, presentations at the conference have involved dance, ethnic music, mask making, and other multicultural presentations "that appeal to the creative person in each of us," Scully Whitaker explains. "It's our belief that we have to be creative in the ways we work with girls." In 1998, for instance, the conference included a play about AIDS written by a female high

████████████████████

“Before, I didn’t care. I wasn’t sociable. I was rude and tough and always getting into fights. I thought the world was supposed to revolve around me. Now I know it doesn’t.”

-PACE participant, interviewed in Tallahassee Democrat (June 9, 1996)

████████████████████

school student, a rap music performance, and a workshop on using literary and musical resources for facing loss and grief.

Encouraging girls’ voices: The theme for the annual conference was “Promoting Voices, Increasing Choices.” To promote voice during adolescence, panels of girls are invited to speak to attendees. “We need to hear what these girls know – what’s helped them, what they still need,” Scully Whitaker says. Although girls who have been involved in the justice system are typically on the panels, the conference also invites

participation from girls who have avoided delinquency. They might address questions such as, “What has helped promote your self-esteem?” Or, “What masks do girls wear in public?”

Planning across disciplines: Planning for the annual conference involves input from those who work with girls in a variety of contexts (private therapists, community mental health staff, corrections workers, county and local agency representatives, staff from private organizations, and others). Leadership for the conference involves both familiar faces, for consistency, and new faces, to encourage fresh ideas and creative thinking. Typically, conference planners serve for two years so that there is an overlap of experienced and new leadership. Scholarships are offered to further expand participation.

Encouraging model programs: Since 1993, Minnesota has awarded model program grants to community-based programs that provide gender-specific services. The grants help fund programs that serve underserved populations, especially girls living in culturally specific communities and in rural areas. “Rather than being too prescriptive, we want to encourage programs that deliver what girls in local communities need,” Scully Whitaker says. For example, some model programs have focused on fostering stronger bonds between mothers and daughters, while others have helped girls leave prostitution. Some of the programs that began with state grants have since become self-sustaining.

Building allies: Recognizing that girls need allies, the task force subcommittee that deals with adolescent issues has started a grassroots effort to enlist support from citizens. As Scully Whitaker explains: “We’re starting to maintain a list of people we call our ‘allies and angels.’ These are people who may not have time to serve on committees, but they share a passion about helping girls. They might be moms and dads, teachers, or other community members. When an issue comes up—whether it’s testifying before the legisla-



ture or responding to advertisements that promote a negative image of women—we can count on them for support.”

Overcoming obstacles: Educating policymakers about the need for gender-specific programming is an ongoing challenge in Minnesota. Some policymakers who have long fought for gender equality, for example, may be resistant to hearing that girls’ needs are different than boys’. Others may not perceive young female offenders as being as “dangerous” as boys, and therefore not as needy of services. A new emphasis on program outcomes is expected to help focus attention on the elements of successful programs for girls. “In the meantime,” Scully Whitaker acknowledges, “we continue to face challenges because we (girls and women in corrections) are a minority.” Delivering gender-specific services, she adds, often means “people have to think differently.”

MARYLAND


Asking questions: “What were we doing to serve girls?”

That fundamental question about gender-specific services was posed statewide in Maryland in 1992 by a task force empanelled to focus attention on the needs and issues of female juveniles.

Marian Daniel, area director for Baltimore City Department of Juvenile Justice, had previous field experience working with young female delinquents. She knew firsthand that girls had specific needs to address, especially around the general subject of sexuality. As a female probation officer, Daniel had organized informal groups for the girls she supervised. Daniel also knew from experience that many probation officers considered girls’ cases difficult to handle because they often involved emotional and relationship issues. Many girls in trouble react by running away, a tendency that makes their cases harder to manage, Daniel notes.

Reorganizing caseloads: Daniel proposed reorganizing the juvenile caseload in Baltimore, so that all girls on probation would be supervised by a single unit. Their probation officers would be trained to work exclusively with juvenile females. By sending out a “want ad” about the program to her staff of 200, Daniel recruited 10 probation officers interested in forming the new unit, which was named the Female Intervention Team (FIT).

The next step was to reassign cases to the new team. Daniel made an enticing offer to her entire staff. She told them, “I will give you 10 boys for every girl you transfer to the new unit.” Many probation officers were so eager to be rid of girls’ cases, they



willingly expanded their caseloads with boys' cases. No additional funding was required to launch the program, because it involved reassigning existing staff.

Connecting girls with existing services: With staff and clientele in place, Daniel recalled, the next step was to figure out, "What are we going to do with these girls?" She and the FIT staff contacted Baltimore area service programs that were already working with girls. The Urban League, for example, had established programs designed to promote self-esteem. The local health department was running groups for adolescents. A local physician had a one-year grant to prevent teen pregnancy. These program providers and others were invited to work with the girls and staff involved in FIT.

Training staff to work with girls: Since FIT began, both staff training and program development have been ongoing. The program continues to evolve as the factors that put girls at risk of delinquency become better understood and documented by research. The statewide task force, for instance, conducted assessments of girls in institutions and documented a high incidence of sexual abuse, sexually transmitted disease, and teen pregnancy. That information has helped the FIT staff understand patterns in delinquent girls' behavior, and has guided program development.

Remaining flexible: Rather than channeling girls through a highly structured program, FIT remains flexible to better meet individual girls' needs and respond to changes in the population of girls on probation. For example, girls can become involved in groups that specifically address:

- Teen parenting issues
- Sexual abuse
- Pregnancy prevention and family planning (incorporating a prop called "Baby Think It Over," a lifelike doll which girls have to nurture and feed to gain a sense of the responsibility involved in parenting)
- Infant and toddler care, including developmental assessment
- Substance abuse education

Building positive gender identity: FIT offers a "rites of passage" program designed to help girls make a positive transition to womanhood. The program builds cultural and spiritual awareness, celebrating girls' passage to womanhood with symbols and rituals. Because the clientele is predominately African American, program elements incorporate culturally specific themes and include African-American role models. "Rites of passage" typically involves girls in a community service project, such as volunteering at a nursing home where they can have positive interactions with elders. The program culminates in a



graduation ceremony, which Daniel stresses is an important way for a girl to say, "I was successful."

FIT also works with the Girl Scouts to provide girls with positive recreational activities and promote social learning.

Developing career and job skills: As FIT continues to evolve, new program components are being added to help girls prepare for careers and develop job skills. For example, a college intern developed a program to foster academic and career enrichment. Female role models, working in traditional and nontraditional career fields, meet with the girls and talk about career choices. The girls receive training on how to prepare for work, including how to interview for a job and how to dress appropriately on the job. Another program uses computers to teach girls technical skills. Computers are also used to prepare girls for GED or SAT tests.

Some program components are more informal. For example, FIT took a group of girls on a one-day field trip to Harlem, where they toured museums and theaters. For many of the girls, Daniel said, it was their first trip out of the city (except, perhaps, for detention in a state facility).

Involving families: In addition to the programs for girls, FIT also conducts groups for the parents of participants. Many of the parents were themselves teen mothers and may also share other risk factors that have impacted their daughters' lives, such as a history of sexual abuse. Parent groups offer a forum for discussing issues that often span generations.

Creating a female-friendly environment: The physical space that houses FIT is designed to be friendly to females, including girls who are teen parents. The office includes child-sized tables and chairs where toddlers can play or hear a story. Even the posters on the walls are chosen to deliver a positive message to girls. (One, for example, lists "100 ways to say no to sex.")

Daniel highlights several steps taken in Baltimore that she believes would be helpful in other communities interested in providing gender-specific programs:

- Train staff to understand the special needs of girls
- Understand the role of relationships in girls' lives
- Build success components into the program, so that girls achieve a sense of accomplishment
- Be flexible to meet the needs of the girls being served

Currently, FIT has a staff of 13 probation officers and a supervisor. Approximately



375 girls within the city of Baltimore are being served by the program.

OREGON

Sharing concerns: In 1987, a group of social service providers began meeting to discuss the lack of coordinated services for Oregon's girls and young women involved, or at risk of becoming involved, in juvenile justice or welfare systems. The group recognized that changes in state detention laws and the use of close custody secure placements had had a significant impact on delinquent girls. Before 1983, adolescents could be placed in secure detention for their protection and to prevent them from destructive behavior. This practice was frequently used, for example, to hold female status offenders with histories of running away. While providing at least a temporary solution to the problem of secure housing for female runaways, the practice had resulted in an inequitable use of detention or training school commitment between girls and boys. Girls were typically placed for less serious offenses and held longer. Changes mandated by the state legislature in 1983 had resulted in a dramatic reduction in the total number of girls held in close custody facilities. Meanwhile, specialized programs serving at-risk girls were limited in number and served girls only in metropolitan areas. (Oregon Commission on Children and Youth Services, 1990)

Formalizing a study group: The group evolved to become the "At-Risk Girls and Young Women's Study Group," which served as a subcommittee to the Juvenile Justice Advisory Committee (JJAC). Its mission was to study the apparent lack of programs specifically designed to deal with the problems girls and young women face.

Initial findings and recommendations: The study group recognized the cyclical nature of problems facing at-risk girls, such as teen pregnancy, child and sexual abuse, domestic violence and later dependency on welfare systems. The group sought to develop a system of services that could respond effectively to these gender-specific problems. The group's initial recommendations to improve services to girls and young women included:

- ◆ Developing a solid funding base for a coordinated system of services designed to meet the needs of girls
- ◆ Establishing education and training activities and materials to increase public awareness and assist agencies in serving at-risk females
- ◆ Developing strategies to promote policy and system reform to assure adequate services for female juveniles and to reduce the number of girls at risk in Oregon
- ◆ Developing regional, coordinated planning efforts to further study the needs of at-risk girls and young women in Oregon's communities



First-year projects: State funding was authorized for four regional projects in 1988-89. The projects shared a common goal of increasing local and statewide awareness of the problems facing at-risk girls and young women and the issues that affect service delivery to these populations. Reports from these initial projects identified gaps in services for at-risk girls.

Second-year project: Funding for a second-year project followed in 1989-90. The Oregon Commission on Children and Youth Services involved three regional organizations to work on:

- ◇ A statewide planning process, including a county-by-county assessment to gather information about at-risk girls across the state
- ◇ Detailed information-gathering about current services to identified target populations
- ◇ Research on model programs serving girls in Oregon
- ◇ Development of service-specific recommendations based on the findings of the project


Identifying target populations: The individual county assessments (both urban and rural) consistently identified four target subpopulations of at-risk girls and young women:

- Drug and alcohol abusing girls
- Pregnant and parenting teens
- Abused girls
- Homeless/ "throwaway" adolescent females

Identifying these four target populations (and recognizing that some girls have multiple needs) helped to focus planning efforts. For each target population, recommendations were made for developing and delivering services.

Identifying model programs and key features: Model programs serving the four target populations in communities throughout the state were identified. Features of effective programs for girls were identified as:

- ◇ Coordination of services in the local community to maximize effectiveness
- ◇ Use of case management to assure that an appropriate continuum of care is provided
- ◇ Formal or informal support groups
- ◇ Advocacy on behalf of girls
- ◇ Individual, group, and family counseling

- 
- ◆ Encouragement of self-sufficiency through educational activities, living skills components, and other exercises
 - ◆ Creating safe environments for learning and socializing
 - ◆ Gender-specific treatment approaches

Working for equity: The Oregon Commission on Children and Youth Services assisted in the passage of legislation to provide equity for females. The legislation requires “equal access for both males and females under 18 years of age to appropriate facilities, services and treatment...through all state agencies providing or funding human services and juvenile corrections programs for children and adolescents.” (Wood, 1994)

COOK COUNTY, ILLINOIS

In 1994, a group of individuals within the Cook County juvenile justice system convened to conduct research on girls in the juvenile justice system; to assess the system and its effect on girls; and to advocate gender-specific programming for girls. From this group of individuals, a steering committee was formed. Included are representatives from more than 20 public and private agencies throughout Cook County that work with girls involved in the juvenile justice system.

With support from a planning grant from the Office of Juvenile Justice and Delinquency Prevention, the steering committee accomplished the following gender-specific initiatives:

Developing gender-specific assessment tools: With the assistance of the National Council on Crime and Delinquency (NCCD), two gender-specific assessment tools were developed for use with girls in the juvenile justice system. The Risk Assessment Instrument objectively classifies a girl's risk of re-offending and can help decisionmakers and service providers in targeting limited resources. The Strengths/Needs Assessment Instrument helps service providers to plan and deliver gender-specific interventions. The Cook County Juvenile Probation Department, in cooperation with GIRLS LINK (see below), has contracted with NCCD to develop policies, procedures, and classification systems for standardizing the use of the Risk Assessment Instrument and the Strengths/Needs Assessment Instrument. In addition, the Juvenile Probation Department now has a Female Offender Unit that will use these gender-specific assessment tools.

Publishing a resource directory: A resource directory of gender-specific programs for girls in the juvenile justice system was developed and distributed to agencies throughout

Cook County. The directory includes programs addressing teen pregnancy and parenthood, physical and sexual abuse, substance abuse, and gang involvement.

Coordinating training programs: Training programs have been coordinated for individuals working within the Cook County juvenile justice system, including community-service providers. The focus is to provide training on issues affecting girls and the value of gender-specific programming for girls. These training programs cover the latest gender-specific research and provide both resource materials and technical assistance necessary to expand the continuum of services for girls involved in or at risk of involvement in the juvenile justice system.

Piloting a gender-specific case-management model: A pilot gender-specific case-management model that addresses continuum-of-care issues was implemented in January 1998 in two Chicago police districts. The model links a case manager with a girl, beginning from initial police contact and continuing through release from the Department of Corrections. The case manager travels into the girl's community and builds a trusting relationship that helps foster effective intervention. Plans are being developed to expand the model into other geographic areas.


Establishing a mission, goals, and new initiatives: In October 1997, the steering committee formally adopted the name GIRLS LINK and the following mission statement:

"GIRLS LINK, together with decisionmakers, service providers, and the community, will develop a systemic culture that recognizes the importance of increasing resources designed to meet the special needs of girls who are involved in or at risk of becoming involved in the Cook County juvenile justice system."

Four standing committees were developed to provide the leadership to accomplish the four major goals of GIRLS LINK: advocacy, education, policy development, and programming. The advocacy committee advocates on behalf of GIRLS LINK for political, moral, financial, and practical support of the organization. The policy committee develops policy, standards, and guidelines for gender-specific programming for girls in the juvenile justice system. The program committee is responsible for the development, oversight, and refinement of the GIRLS LINK case-management model. The education committee identifies training needs, as well as developing, coordinating, and implementing gender-specific training with an emphasis on implementation of the case-management model.

“Gender-specific programs let me know that even in a ‘man’s world,’ a lot can be accomplished by women, and someday it might not be a man’s world.”

-Participant, Harriet
Tubman Residential Center



GIRLS LINK is developing plans to expand its efforts on behalf of girls on a national level by collaborating with other states. GIRLS LINK has appointed an executive director and has outlined goals for collaboration with the state of Connecticut in planning and developing systemic changes in female programming. In return, Connecticut will share its graduated continuum of sanctions, services, and prevention interventions with Cook County. GIRLS LINK is also adding a new component that will advocate specialized services for pregnant and/or parenting girls in the juvenile justice system. These new initiatives are also funded by the Office of Juvenile Justice and Delinquency Prevention.

OHIO

In 1995, the Ohio Office of Criminal Justice Services developed a work group made up of professionals from diverse fields across the state. Their mission was to gather information on existing justice services for girls. Their report to the governor recommended focus groups across the system. Five focus groups were conducted with professionals working within the system. Six focus groups were conducted with girls. The focus groups highlighted the following concerns, which are being used to guide program development within the state (Belknap, Holsinger & Dunn, 1997):

- ◆ Lack of facilities for female delinquents
- ◆ Insufficient funding
- ◆ Lack of parental involvement
- ◆ Girls' perceived lack of respect from staff
- ◆ Girls' concern that males had more privileges, more space, more equipment, and better treatment

Common Steps in Policy Development

The impetus to develop a policy for serving girl delinquents can originate from a number of different sources, such as governors' offices, state legislatures, state agencies, community organizations, juvenile courts, and others. Rather than being all-inclusive, the steps highlighted below are given as examples of those steps that have proven useful in states that have already developed policies for serving girls.

✓ **Get organized.** Many states have developed policies to better serve girls by forming a task force or working group to focus attention and gather information on the specific needs of girls in the juvenile justice system. Accurate information on the scope and



nature of the problems girls face within a particular state or region will guide the development of gender-specific policies. In some states, a formal task force or legislative study group has grown out of a more informal network of service providers who work firsthand with delinquent girls. In other instances, committees addressing the issues of women offenders or community services have expanded their scope to include delinquent girls.

✓ **Define mission, vision, goals and objectives.** Answer such questions as, What is the purpose of the task force or other planning group? How will the mission be accomplished? Who will be involved in the process?

✓ **Gather information that presents the scope and nature of problems girls face within a particular state.** Some states, such as Oregon, have undertaken a county-by-county assessment to obtain an accurate picture of girls and availability of programs in urban, rural, and suburban communities. Town meetings, focus groups, and grassroots meetings are all useful forums for gathering information about girls and defining their problems in local communities.


✓ **Disseminate findings.** Once information has been gathered, an information campaign can advance understanding of the unique problems girls face, highlight the lack of services available to them, and obtain public support for gender-specific programs. Such campaigns can make the “invisible” population of girl offenders more visible. In Oregon, for example, a quarterly newsletter (“Oregon Girls Advocate”) was published in 1991-92 to promote awareness of the problems and needs of girls and young women related to physical and sexual abuse, alcohol and drug abuse, homelessness, and teen pregnancy.

✓ **Lobby for legislation and conduct ongoing advocacy to address needs of girls in juvenile justice and secure funding for gender-specific programming.** Engage support from likely allies, such as other agencies or community groups that serve girls.

✓ **Plan for implementation.** What actions need to be taken? What individuals and agencies should be involved in the process? What resources are available? What are the estimated costs and timetables for implementation? For example, in Minnesota, the task force decided to implement an annual statewide conference to train corrections staff on gender-specific approaches to working with girl offenders.

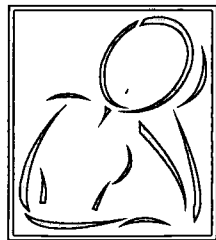
✓ **Overcome barriers.** In some states, task forces have also had to overcome impediments to policy development. Common impediments include:

- Inadequate funding to create and enhance programs specifically for girls
- Insufficient knowledge of effective programming for females (i.e., misunderstanding that all-girl programs that merely isolate offenders by gender are not the same as comprehensive, gender-specific programs)

- 
- Lack of awareness of the magnitude of the problem
 - Lack of commitment by legislature and/or staff
 - Concern that gender-specific programming for girls would constitute reverse discrimination (i.e., by shortchanging programs for boys, or moving away from equity)

A more detailed look at the steps involved in developing and implementing policy is provided in the *Community Planning Manual: The Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders* (Community Research Associates, in press). An overview of the steps outlined for developing a community action plan includes:

- ◆ Getting organized (enlisting the support of key community leaders, establishing a planning or vision group, developing leaders, developing a budget, and identifying resource needs)
- ◆ Establishing vision, mission, goals and objectives
- ◆ Conducting community assessments to assess factors that place youth and families at risk and identify the services and programs that currently exist to serve them
- ◆ Developing a community action plan which addresses key questions: What are we going to do? Why are we doing to do it? How are we going to do it? Who is going to do it? When are we going to do it, and how long will it take? How does the plan relate to our vision and goals? Do we need to rethink our goals and objectives?
- ◆ Program development
- ◆ Budgeting and fundraising
- ◆ Overcoming barriers to implementation
- ◆ Advocacy
- ◆ Community education/awareness



WHAT IS THE PROCESS FOR PROGRAM DEVELOPMENT?

Whether a program for girls is conceived on the local or state level, it is essential that it begin with a realistic assessment of an organization's or system's capacity and desire to provide an effective gender-specific program. Comprehensive programs, while generally the most effective, tend to be costly. Key questions to address at the beginning of program development include:

- What are the agency's or organization's capabilities and limitations?
- What resources and expertise are available for planning and staff training, and how can existing resources be redirected at little or no cost?
- How much can an organization afford to invest in a program for girls?


An effective program clearly defines its target population. No one program model will be effective for all girls, and not every community faces the same issues or has the same population. Program planning should include:

✓ **Vision and mission statements that guide program direction.** What behaviors can the program systematically address? What risk factors can the program address in a gender-specific framework? What are the program's targeted issues and concerns? Who is the program designed to serve? What does the program hope to achieve?

✓ **Program goals:** Program goals clearly state the intended results of the program. For example, a program that incorporates gender-specific programming for girls should foster positive gender identity development during adolescence, enhance those protective factors likely to build resiliency, curb negative behaviors, nurture girls' personal and social competence and enhance their self-esteem.

✓ **Program objectives:** Objectives are specific, concrete statements of what needs to be accomplished to implement a goal. Programs that focus on measurable, clear, and focused objectives (i.e., reducing teen pregnancy rates in targeted population) will have more impact than a program with an overly broad goal, however admirable (i.e., "helping girls feel good").

✓ **Organization and management:** Planning should address how the organization is to be structured, what type of personnel should comprise management, and issues related to staff training and expertise. The importance that girls place on relationships needs to be kept in mind during program design and planning. Gender-specific programs create opportunities for girls to build healthy, positive relationships with staff. All staff,

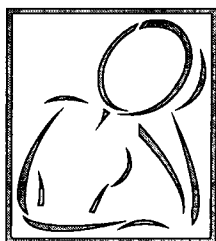


including those involved in non-counseling roles such as transportation or food service, should have opportunities to form positive relationships with girls. In addition, organizational plans that encourage teamwork and cooperation by staff will give girls a chance to observe mutual cooperation between adults. (Girls who have grown up in dysfunctional family settings may never have seen models for this behavior.)

✓ **Program elements:** Program planning should remain flexible to address each individual girl's needs. Even if planning has targeted one age group, for example, individuals within that group may differ greatly in their emotional, physical, social, and academic development.

✓ **Staff development and training:** In the past, delinquent girls have been fit into a justice system designed primarily to serve boys' needs. As a result, even experienced staff may not have received gender-specific training. Program planning should include preservice and ongoing inservice training for staff.

✓ **Evaluation strategy:** Given the lack of research in this area, new programs for girls need to be evaluated not only to enhance program implementation but also to increase knowledge in the field. Evaluation is not an afterthought. It needs to be addressed during the program planning stage and be ongoing. Evaluation can help work out the "nuts and bolts" of a new program and indicate needed adjustments.



WHAT DOES GENDER-SPECIFIC PROGRAMMING LOOK LIKE IN PRACTICE?

COMPREHENSIVE, NOT PIECEMEAL. Just as the problems and risks facing girls tend to be interrelated and complex, effective solutions cannot be fragmented or offered on a piecemeal basis.

A comprehensive approach deals with behavior in context, enabling each girl to focus on her individual needs, to understand how risk factors have shaped her development, and to address issues that arise in her relationships with others (Lindgren, 1996; Valentine Foundation, 1990), including family, peers, community, and society.

Comprehensive program models have a dual purpose of reducing numbers of female delinquents and serving those girls already involved in the juvenile justice system. By preventing problems before they occur, intervening early to change risky behaviors,



and providing follow-up care after treatment to reinforce new skills and prevent recidivism, comprehensive programs provide girls with a continuum of services. Within this continuum:


- Primary prevention aims to eliminate or minimize behaviors or environmental factors that increase girls' risk of delinquency (Center for Substance Abuse Prevention, 1993). Primary prevention focuses on helping girls to develop the knowledge, skills, and experiences that will promote health and resiliency. All girls can benefit from primary prevention
- Early intervention (also known as secondary prevention) provides early detection and treatment to reduce problems caused by risky behaviors and prevent further development of problems (Center for Substance Abuse Prevention, 1993; Mulvey & Brodsky, 1990). Examples of interventions for girls in the juvenile justice system include educational and vocational training, family-based interventions, and diversion to community-based programs (Mulvey & Brodsky, 1990)
- Treatment and aftercare (also known as tertiary prevention) arrest the progression of problems caused by risky behaviors. Residential and secure incarceration may be utilized to help girls develop perspective, interrupt high-risk behavior patterns, and learn skills to address the normal developmental tasks which their life experiences have not allowed them to master. Aftercare is included in the treatment model to prevent recidivism. (Altschuler & Armstrong, 1994)

GENDER-SPECIFIC. Gender-specific programming goes beyond simply focusing on girls. It represents a concentrated effort to assist all girls (not only those involved in the justice system) in positive female development. It takes into account the developmental needs of girls at adolescence, a critical stage for gender identity formation. It nurtures and reinforces "femaleness" as a positive identity with inherent strengths.

Gender-specific programming provides girls with decisionmaking and life skills that will assist their development into womanhood. Given the importance that girls place on relationships, gender-specific programming teaches positive relationship-building skills. Empowerment teaches girls to use their voice, to speak for themselves, and to recognize that they have choices.

Gender-specific programming also recognizes the dangers and risks that girls face because of gender. This means acknowledging that the lives of girl offenders may have been affected by:

- Sexism, which means less power and fewer options for females in society
- Victimization, including sexual abuse, child pornography, prostitution, and other forms of exploitation

- 
- Poverty, which affects teen mothers in disproportionate numbers and also increases girls' vulnerability to dropping out of school, joblessness, health problems, and delinquency
 - Racism, which may affect placement of female juvenile offenders (Federle and Chesney-Lind, 1992)

The Valentine Foundation (1990) has articulated the essential elements of effective gender-specific programming for adolescent girls. These benchmarks include:

- Space that is physically and emotionally safe, and removed from the demands for attention of adolescent males
- Time for girls to talk, for girls to conduct emotionally "safe," comforting, challenging, nurturing conversations within ongoing relationships
- Opportunities for girls to develop relationships of trust and interdependence with other women already present in their lives (such as friends, relatives, neighbors, church members)
- Programs that tap girls' cultural strengths rather than focusing primarily on the individual girl (i.e., building on Afrocentric perspectives of history and community relationships)
- Mentors who share experiences that resonate with the realities of girls' lives and who exemplify survival and growth
- Education about women's health, including female development, pregnancy, contraception, diseases and prevention, along with opportunities for girls to define healthy sexuality on their own terms (rather than as victims)
- Opportunities to create positive changes to benefit girls on an individual level, within their relationships, and within the community
- Giving girls a voice in program design, implementation, and evaluation
- Adequate financing to ensure that comprehensive programming will be sustained long enough for girls to integrate the benefits
- Involvement with schools so that curriculum reflects and values the experience and contributions of women

In addition to these key features of gender-specific programs, additional elements have been identified by other researchers. A report by Girls Incorporated (1996) stresses the importance of valuing, celebrating, and honoring "the female perspective" in program planning and design. The Ms. Foundation (1993) makes a case for programs to target girls before they reach adolescence, and also encourages gender-specific programs to

“address racism, sexism, classism, heterosexism, and other identified isms.” Community Research Associates (1997) promotes the least restrictive programming environment for girls, and also encourages placement of delinquent girls in programs located as close to home as possible. Leslie Acoca, director of the Women and Girls Institute at the National Council on Crime and Delinquency, lists these hallmarks of a female-friendly facility: a humane living environment; small scale, which allows for innovation; respectful interactions between staff and residents; and a positive atmosphere to encourage positive change. (Acoca, 1998b).


In order to effectively implement systemic change through the infusion of gender-specific programming for girls, there is a need for courageous advocacy for gender-specific programming. Albrecht (1994) has adapted a leadership model by Kouzes and Posner (1987) in outlining steps to gender-specific programming advocacy. This model promotes the following critical steps:

1. **Challenging the process.** The juvenile justice system needs to be challenged regarding its gender bias. Girls have been overlooked for too long.
2. **Inspiring a shared vision.** The juvenile justice system can help promote the empowerment of girls by advancing a vision of appropriate and gender-specific services for females. In order for a system to reach consensus on such a shared vision, individuals must engage in a process of reexamining their values about girls and women if they are to advance gender-specific programming for girls.
3. **Enabling others to act.** Through collaboration and coalition building, diverse groups can develop a common working ground in which cultural, gender, and ethnic differences can be valued in the promotion of gender-specific programming.
4. **Modeling the way.** Effective leadership in the advocacy process needs to model change rather than doing "business as usual." Systemic change occurs when countless small changes coalesce. Those small changes can be effectively modeled by leaders who exhibit courage by changing their old behaviors and doing things differently. Making girls a priority before their numbers increase to the level of male juvenile delinquents represents a proactive rather than reactive way of addressing the problem.
5. **Encouraging the heart.** By recognizing the need for taking small steps, making changes in values, and connecting with others within the system at the individual value level, employees are encouraged to feel and act compassionately about the needs of girls in the juvenile justice system.

“Before I came here, I thought it was the woman’s fault she got abused. Now I know that it’s never her fault.”

-Participant, Harriet Tubman Residential Center







Because a majority of girl offenders have experienced sexual, emotional and/or physical abuse during childhood, gender-specific programming within the juvenile justice system makes treating the issues related to abuse a priority in all aspects of care. In designing programs, this means:

- Girls need to develop an understanding of their victimization and how they may continue to view themselves as victims
- Girls need to begin to understand that they can accept the power to not participate in abusive situations in the future
- Girls need opportunities to address their feelings of anger and frustration that might have contributed to their involvement in criminal activity
- Girls need opportunities to systematically explore their reluctance to trust others
- Girls need opportunities to learn how to develop and maintain appropriate, healthy boundaries in relationships

ADDRESSING RISK AND RESILIENCY FACTORS. A comprehensive program addresses the risks and dangers girls face, and also encourages those protective factors that can help girls in the juvenile justice system.

Specific risks addressed in comprehensive program models include those explained in more detail in Chapter 1, namely:

- 
- ◆ Poverty
 - ◆ Ethnic membership
 - ◆ Poor academic performance
 - ◆ Teen pregnancy
 - ◆ Substance abuse
 - ◆ Victimization
 - ◆ Health and mental health concerns
 - ◆ Gang membership
- 

Resilient girls, who avoid delinquency despite exposure to risks, tend to have a close relationship with at least one caring, trusted adult. Their teachers and parents tend to express high expectations for them, helping them look positively toward the future. They are given opportunities to meet positive role models and mentors through their neighborhood and community life.



The following protective factors, which can be targeted in comprehensive programs, help girls change their negative behavior:

—Gender identification: Persistent messages about sex roles hit many girls hard at adolescence, resulting in a well-documented drop in self-confidence and hope during the early teens. Research by Carol Gilligan and others has shown that many girls feel as if they lose their “voice” at adolescence, and revert to silence and passivity in place of assertiveness and strength (Taylor, Gilligan & Sullivan, 1995). Gender-identity development counters this trend and helps girls see their maturity to womanhood as a hopeful future.

—Interpersonal relations: Relationships are of particular importance to girls, who are socialized from a young age to listen to others and to value emotional exchanges (Archer, 1985; Lobeber & Hay, 1997; Streitmatter, 1988). Positive relationships, including girls’ informal communities of friends and their relationships with adults, can be a strong protective factor. Relationship skill building will help girls recognize potentially damaging relationships and develop healthy ways of interacting with others. Interactions between girl offenders and juvenile justice staff provide a context for girls to participate in healthy relationships. These interactions need to be fostered in a positive, ongoing, therapeutic manner. In residential settings, girls need to develop healthy ways of interacting with all staff responsible for their care. Some relationships will be close, interpersonal, and lasting, while others will be respectful but limited to the roles of student and staff.

—Self-esteem: Girls’ self-esteem is particularly vulnerable at adolescence. Low self-esteem can be a precipitating factor in delinquency, depression, suicide, eating disorders, substance abuse, teen pregnancy, and school failure (Albrecht, 1994). Enhanced self-esteem can mitigate against these behavioral risks (American Association of University Women, 1991).

—Individualism: During adolescence, girls struggle to balance feelings of self-importance with connection to others. They face the developmental task of defining themselves on their own terms, and not relying on adults for approval or determination of self-worth (Ms. Foundation, 1993; Mitten, 1995). Having a strong sense of themselves as individuals helps them set appropriate boundaries, make good decisions, and form healthy relationships. Developing this sense of self becomes more difficult if they have experienced abuse, family dysfunction, or other situations in which trust was violated (Knudson-Martin, 1994).

—Future orientation: An orientation toward the future serves as a protective factor by allowing girls to see beyond immediate life circumstances, such as poverty. Girls who value and aspire to educational achievement tend to have a compelling sense of the



future (Benard, 1991).

—Physical development: During puberty, a greater number of physical, emotional, psychological, and social changes occur simultaneously than at any other developmental stage. Girls who enter puberty close to the time of their immediate peer group are most likely to master this transition successfully (Brooks-Gunn & Reiter, 1990). Delaying sexual activity offers girls a protective factor against unwanted pregnancy and other risks that could lead to delinquency.

—Family-school-community support: Youths who have a strong bond with a family member or a trusted adult outside the family are less likely to engage in delinquent behaviors. Families foster positive development in girls by providing a nurturing home environment; setting clear limits; teaching cultural identity; communicating expectations; and monitoring the whereabouts of their children. Schools provide more protective factors by setting clear policies and high expectations; providing health education that may prevent girls from engaging in risky behaviors (such as early sexual experimentation or substance abuse); teaching problem-solving and communication skills; identifying learning disabilities; and offering early remediation to keep academic development on track. Similarly, communities can help build resilient girls by fostering positive identity development, including strong cultural or ethnic identities. By working together, families, schools, and communities can provide a network of support for girls (Benard, 1991).

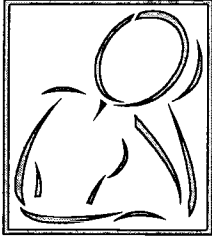
Gender-specific programs are designed with an understanding of the connection between risk factors girls face at adolescence and protective factors that can help them avoid delinquency.

Risk Factors

- Early sexual experimentation
- Academic failure
- History of sexual abuse
- Low self-esteem
- Dysfunctional family system
- Racism
- Sexism
- Substance abuse

Protective Factors

- Delay of sexual experimentation
- Academic success/progress
- Positive sexual development
- Positive self-esteem
- Positive family environment
- Positive minority identity
- Positive gender identity
- Prosocial skills and competence
- Prosocial skills and competence



SUMMARY

Encouraged by national policy, a number of states have taken groundbreaking steps to assist female delinquents by planning for gender-specific programs. Gender-specific programming keeps the specific needs of girls and an understanding of female adolescent development in focus throughout the planning process. Gender-specific programs are comprehensive, providing services across a continuum of care. Programs are designed to recognize the risks and dangers girls face because of gender, especially a history of abuse or other forms of victimization. They encourage resiliency factors and life skills that help girls make a positive transition to womanhood and prevent future delinquency.

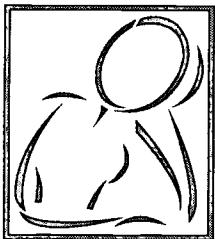
Chapter 3

COMPREHENSIVE, GENDER-SPECIFIC SERVICES

- *What is the best overall approach?*
- *What are the elements and features of promising programs?*

AT A GLANCE

Gender-specific programs encourage healthy attitudes, behaviors, and lifestyles, and promote social competence in girls. Key program elements and intervention strategies aim to help girls within the juvenile justice system by addressing issues in the context of their relationships to peers, family, school, and community.




WHAT IS THE BEST OVERALL APPROACH?

Just as no one path leads a girl to trouble, there is no single solution to female delinquency. Effective programs work with girls in all sorts of ways and in a variety of settings and share some common wisdom about what adolescent females need to overcome the challenges that can interfere with healthy development.

Delinquency prevention for girls is proactive. It focuses on creating healthy attitudes, behaviors, and lifestyles. It gives individuals the power to meet the challenges of life events and transitions, and skills to help them realize their potential (Girls Incorporated, 1996). By providing activities that promote social competence, programs give girls needed opportunities to safely explore their strengths and recognize their weaknesses in a variety of contexts.

Gender-specific programming works to boost girls' confidence at the critical point of adolescence, when their self-esteem is at risk of plummeting. A gender-specific approach deliberately introduces, models, and reinforces strong, positive messages about being female. These messages teach girls that they have options in life, challenging persistent sex-role stereotyping that would have them believe otherwise.



A gender-specific program promotes the health of the girl and her community. When prevention works to uplift an individual girl, her increased health, vibrancy, and competence benefit her larger community. Delinquency prevention at the community level extends these positive, proactive messages and fosters change that will benefit all girls.

Gender-specific strategies include:

—Providing information: Girls need accurate, honest, and timely information to help them understand the consequences of high-risk behavior and make healthier life choices (Center for Substance Abuse Prevention, 1993; Tobler, 1992). Information that speaks directly and effectively to delinquent girls can puncture the denial, myths, and false rationalizations that may have sustained their risky behaviors. Good information is delivered with respect and in a manner that girls can understand. It motivates them to listen—and to act (Glenn, 1996; Rothman & David, 1985). Reaching the target audience may require the involvement of messengers from outside the program, such as crisis workers, teachers, counselors, peer educators, or members of the media (National Institutes of Health, 1989).

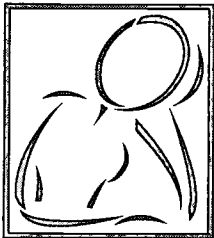
—Delivering education: Educating delinquent girls involves more than teaching them the rudiments of reading and math. It means educating girls to be able to meet the complex challenges of life. Intervention strategies teach girls how to get along in life, including specific skills such as decisionmaking, problem solving, negotiation, anger and stress management, and assertive communication (Newman & Newman, 1995; Botvin & Botvin, 1992). Preventive programs prepare girls to be competent by teaching vocational and job-seeking skills, money management, and literacy. Girls who have a history of academic failure may need help to overcome their learning deficits or cope with learning disabilities (Hodges, J., et al., 1994). Alternative learning approaches may be helpful in serving girls who have failed to thrive in mainstream classroom settings.

—Providing alternatives: Intervention strategies are designed to help delinquent girls make major changes in their lives. For many girls, this may mean giving up specific behaviors or ending relationships that are now perceived as risky or unhealthy. Effective programming will provide replacements for these “missing pieces” of a girl’s life. Alternatives to delinquent behavior can include volunteer activities, extracurricular programs such as sports or the arts, urban or rural exploration, or any other activities that build positive life skills (Center for Substance Abuse Prevention, 1993; Fisher & Harrison, 1997).

—Mobilizing community and professional support: Community resources can greatly expand the network of support for delinquent girls. Adult mentors who understand prevention strategies can be powerful allies and positive role models for girls.

Mobilizing community support involves: outreach efforts to draw adults into a program; orientation and training to educate them about prevention strategies; monitoring to ensure that adult volunteers and girls maintain active and healthy relationships (Center for Substance Abuse Prevention, 1993; Caliber Associates, 1995).

—Providing group and individual activities: Comprehensive programming addresses behavior in context. As a result, programs deliver services to match each individual girl's needs, geared to her developmental level, while also providing group activities.




WHAT ARE THE ELEMENTS AND FEATURES OF PROMISING PROGRAMS?

The specific elements and features of gender-specific programs vary, depending upon such factors as the specific needs of the population being served, the size and scope of the program, and the goals of the sponsoring agency. Promising programs, however, share most of the following elements and features:

- 1. ORGANIZATION AND MANAGEMENT:** Gender-specific programs are organized to create an environment in which girls can make positive life changes. Cohesion and cooperation among staff, for example, can counter chaotic and pathological family experiences many girls bring into treatment (Acoca, 1995). Managing by teamwork gives girls a chance to see adults modeling cooperation, respect, and good communication skills. A case management approach serves girls' needs for connection with a caring adult; consistency; and networking to plan for coordination of services across a continuum of care.
- 2. STAFFING PATTERN:** In reviews of promising programs conducted for this report, the single most favorable aspect was invariably identified as a charismatic or "authentic" program staff. Staff who had "been there" themselves, who "walked the talk," seemed to have a better understanding of the issues girls were facing in their own lives. Girls expressed respect for the real-life experiences of staff members who could communicate on a level the girls could understand. Girls noted their relationships with specific staff members as key factors in their program participation and successful progression.

When possible, staffing should reflect the diversity of the population being served to foster ethnic identity. Many gender-specific programs hire all female staff. Women staff members are important in providing good role models and modeling healthy relationship



skills. However, male staff can also provide effective treatment to girls, and both male and female staff will have unique life experiences that can be used positively in their interactions with girls. Many girls may not have had positive experiences with men in the past, especially if they were sexually abused or exploited by males, or if they grew up in households headed by women. In addition to offering positive role models, male staff can provide frank but clear feedback on how some men might perceive females.

3. STAFF TRAINING: For some staff members, gender-specific programming will be a completely new concept. All staff, both male and female, may have preconceived ideas or biases about female issues. Their preconceptions about the juvenile justice system may be based solely on experiences with young males. Effective staff training allows for staff to share a common set of understandings about girls and to convey consistent messages to program participants. Gender-specific staff training focuses on:

—Program understanding: All staff, including those in non-counseling roles, should understand the vision, mission, program goals, and objectives of gender-specific programming.

—Adolescent female development: If staff understand adolescent female development, then they can allow girls the freedom to act age appropriately. For example, girls are more likely than boys to question rules and to ask for explanations to their questions. Staff need to recognize this as a desire for verbal engagement, not as a display of insubordination or lack of compliance. (Acoca, 1998b). They should also understand that females are more likely to request and accept help.

—Risks and resiliency: Staff need to understand the importance of risk factors and protective factors in girls' lives. Because a history of sexual and physical abuse is widespread among girl offenders, for example, girls in secure residential facilities may feel revictimized if asked to submit to strip searches, searches of their personal belongings, or pelvic examinations to determine the extent of their sexual activity. Staff can be sensitized to focus on girls' strengths, such as the courage that has helped them survive victimization, or their willingness to pursue positive changes. (Acoca, 1998b)

—Training also provides an opportunity for staff to explore their own personal developmental history, such as recalling their own self-image and life experiences during adolescence. Male staff will be made aware of issues unique to girls, for example, the high incidence of sexual abuse among this population. Informed staff who have addressed their personal issues will be better equipped to provide guidance and direction to these girls. For example, staff who have experienced physical, sexual, or emotional abuse in their own lives need to address these issues. Otherwise, their ability to work effectively with girls may be compromised. (Acoca, 1998b)

—Knowledge of culture: Cultural sensitivity should be addressed during staff training, so that staff are familiar with the cultures, heritages and languages of the specific populations being served. In gender-specific programs, staff value diversity and participate in an ongoing examination of stereotypes regarding race and culture.


—Assessment: Training teaches staff to anticipate and respond to the needs of individual girls and make appropriate referrals. For example, staff may be expected to evaluate whether a girl's health complaints merit medical attention. Additionally, they need to be trained to distinguish between behaviors that may be related to mental disorders and those signifying disciplinary problems (Acoca, 1998b). Staff are trained to identify, assess, and treat female victims of physical and sexual abuse and neglect.

4. INTAKE PROCESS: Beginning with their intake into a gender-specific program, girls should be treated as individuals. Assessment and orientation are opportunities for the staff to learn more about each girl and the path that has brought her into contact with the juvenile justice system. Girls in detention facilities need to receive comprehensive assessments that will assist providers in determining the girls' programming needs both within and outside the context of the detention facility. Intake in gender-specific programs includes:

—Assessment and orientation: Like triage in a health-care setting, intake provides an opportunity to assess and rank the girl's needs according to seriousness and to make decisions about the care and network of services needed to put her on the path to wellness. The process should include assessments of risks and resiliency factors to gain a picture of the "whole child" (Acoca, 1998b). A thorough assessment will screen for substance abuse; physical, sexual and/or emotional abuse; wellness; medical and mental health history and any other concerns that are population-appropriate. Case managers assess and rank girls' needs, paying particular attention to information relevant to gender and culture.

Girls who have experienced violations of trust in the past may express resentment, fear, or hostility at intake. Orientation is an opportunity to deliver the message that each girl will be treated with respect by trustworthy adults who will not abuse their power. Staff should be trained to listen closely to what the girls say and how they say it. It's also important to listen for what they do not say. Their omissions can be just as significant as the information they do share.

—Culturally relevant information: Girls from minority groups may benefit from working with intake staff who share their cultural or racial heritage or who understand their culture.



—Service plan: Assessment is used to develop a network of services and a treatment plan unique to the specific issues of the individual girl. Specifically, treatment plan should address issues of victimization, low self-concept, poor identity formation, and ineffective decisionmaking skills.

5. EDUCATION: Education in gender-specific programs addresses the needs of the whole person, including her academic, social, and life skills.

—Academic: Girls who have struggled with school, who have dropped out, or who have a history of truancy will need help to get back on track academically and develop the higher-level skills (in math, science, and technical fields, for example) that will help prepare them for economic self-sufficiency. Girls may need special help or alternatives to traditional classroom instruction to cope with learning disabilities, overcome learning deficits, or change negative attitudes about their ability to learn and the value of education. Because girls tend to value relationships, they may benefit from cooperative learning environments in which problem solving is a group task.

Academic assessment at entry into a program creates a baseline against which the girl can measure her increased competencies in such areas as math, English (written and spoken), and computer literacy (Acoca, 1998b). A complete academic history should include the girl's perception of her own academic strengths, weaknesses, and areas of special interest. Assessment should include screening to detect any learning and/or perceptual disabilities and help the girl recognize her own best learning style (how she uses auditory, visual, and kinesthetic functions to understand, process, and express information). When disabilities are detected, girls need to know that learning disabilities are unrelated to intelligence. Ideally, a specialist will help her to overcome or compensate for any learning disabilities, and also recognize her own academic strengths. For example, if a girl has difficulty processing information visually, she may find it easier to learn using audiotapes.

Specific program components may include preparation for higher education, career development, vocational training, high school completion or GED diploma, or English as a Second Language (ESL) instruction.

—Women's history and culture: Curriculum uses materials that speak to the girls' heritage and life experiences. Planning celebrations in honor of Women's History Month, African-American and Hispanic history months, for example, can add to girls' appreciation of their identity and heritage.

—Life skills: Real-world educational opportunities help girls understand how learning relates to life skills. Effective programs help girls make connections between what they study in the classroom and what they will need to know to thrive in the real world.

Mentoring programs, guest speakers and visits to worksites enable girls to make personal connections with women who are successful in the world of work.

—Women's issues: Research shows that girls may not be aware of how they have been impacted by sex-role messages. A focus on women's issues offers an opportunity for girls to see how their lives have been shaped by economic disparity and poverty; victimization; relationship dynamics; and lack of positive role models. Education should point out the possible links between such issues as child abuse and substance abuse.

—Arts-based curriculum: Effective programs offer girls a chance to overcome patterns of silence or passivity. Alternative modes of expression, such as those incorporated into an arts-based curriculum, offer girls a way to find their voice and express themselves creatively. Arts-based curriculum programming may include visual arts, dance, drama, music, creative writing, or a combination of art forms.

—Physical development: Effective programs teach girls to understand what is happening to their bodies during puberty as a positive, normal aspect of becoming a woman. Girls who have matured earlier than their peers may need special attention to overcome feelings of alienation or peer-group rejection, which can put them at greater risk of delinquency.

—Sexual behavior: Because early sexual experimentation puts girls at increased risk of delinquency, sexuality education is a component of effective programs. Gender-specific educational programs teach girls that their bodies belong to them; that they have choices about how and when to explore their sexuality; and that they have power to set limits in relationships. Because so many girls who become delinquent have a history of sexual abuse, sexuality education can also help them separate past abuse from healthy sexual relating.

6. SKILLS TRAINING: Effective programs help girls discover their strengths and adopt prosocial skills. Specific program components may include:

—Self-defense training, which teaches girls to define and recognize danger. Victims or witnesses of past abuse or violence benefit from learning practical ways to defend themselves in the future. They also learn to see themselves as survivors, rather than as victims.

"I've been at the (residential) program for four months. I'm beginning to build a better relationship with my mom and sisters and brothers. And, I'm learning to live with emotions and express myself. I'm a good person."

-Participant in panel discussion at 1994 Juvenile Female Offenders Conference in Chicago

—Assertiveness training, which helps girls who have felt victimized or passive find their voice, express choices, explore options, and set limits in relationships.

—Self-esteem enhancement, which teaches girls to appreciate and respect themselves, rather than relying on others for validation. Giving girls opportunities to be successful and to master new skills will give them a greater sense of their own value and competency.

—Empowerment training, which teaches girls to set and reach goals, recognize their own capabilities and strengths, and develop leadership skills. Giving girls the opportunity to help design, implement, and evaluate programs teaches them leadership skills. Victimization treatment empowers them to choose not to be a victim in the future.

—Physical training, which develops girls' sense of physical competency and strength. Programs may incorporate obstacle or challenge courses that involve positive risk-taking, teamwork skills, and personal commitment to reaching goals.


7. PROMOTE POSITIVE DEVELOPMENT: Effective programs teach girls that development is a life process. If they have gotten off a positive developmental track due to life challenges or risky behaviors, they can make changes and get back on track. A variety of program elements promote positive development, including those that address:

—Problem solving: By learning to solve problems in a variety of contexts (such as academics, group activities, and community projects), girls develop confidence in their own skills and increase their self-esteem. By learning effective decisionmaking and problem-solving skills, girls develop alternatives to risky or unhealthy behavioral practices.

—Positive relationship skills: Girls who have grown up in dysfunctional families may not have seen positive relationship skills modeled by adults. In addition, they may feel responsible for the family's problems if they have internalized blame. Effective programs give girls an opportunity to learn positive relationship skills and recognize negative consequences that can result from unhealthy relationship dynamics.

—Community-based initiatives: Programs that involve girls in community projects enable them to develop skills while promoting positive development. In such programs, girls typically work in teams to choose, research, plan, and implement projects. They hone leadership skills, practice effective communication and problem-solving skills, interact with adult role models, and have an opportunity to contribute to the life of their communities.

—Development to womanhood: Effective programs present girls with a positive model of being female that counters negative or narrow sex-role stereotypes. Programs such as "rites of passage" celebrations honor a girl's development to womanhood as a



positive life event. These program elements encourage positive gender identity development, and are based on an understanding of girls' development as it relates to self-concept, self-esteem, physical development, and sense of social competency.

—Discovery of strengths and abilities: Preventive programming encourages girls to engage in self-discovery and personal growth. Effective programs offer girls a variety of outlets to discover and affirm their strengths and abilities, without regard to narrow gender stereotypes. Given options, girls may discover they excel at sports, art, music, dance, academics, vocational, or technical fields. Girls who are already mothers need encouragement and role models to discover their capacity to be a strong, nurturing parent.


8. RELATIONSHIP BUILDING: Effective programs don't attempt to compete with girls' need for relationships. Instead, programs address girls' behavior in context by focusing on the choices they have made (both positive and negative) as a result of relationships. Activities to build healthy relationship skills include:

—Women's issues groups, which build on girls' tendency to listen to and nurture others in interpersonal relationships. Group settings provide opportunities for girls to explore such issues as how females are socialized to be passive and without voice; gang membership, which offers girls a sense of sisterhood and affiliation within a negative context; relational aggression, in which girls may deliberately inflict harm on a relationship by engaging in "backstabbing" or "triangulated" relationship dynamics (in which, for example, a girl may feel she has to "put down" or reject one friend in order to become closer to another).

—Group therapy. Effective programs use therapy groups because this delivery method offers specific benefits to girls, not because groups are more time efficient or cost-effective than individual therapy. In particular, group therapy settings provide a safe, secure place for girls to address painful experiences related to family dysfunction, sexual abuse, substance abuse, or other situations in which they may have felt isolated, ashamed, or at fault. In group work, girls discover they are not alone in dealing with these issues. They can safely break their silence and express themselves openly.

9. CULTURALLY RELEVANT ACTIVITIES: —Valuing diversity: Programs that value diversity work to counter negative stereotypes about race and culture that some girls may have internalized. Diversity activities promote individual pride, teach respect for the ethnicity of others, and stress similarities to the major culture.

—Dynamics of cultural interaction: Program staff need to be aware that girls bring different cultural patterns to their interactions. These patterns may involve different perspectives on space and time, ways of solving problems, and styles of interacting.



“The Parole Board sent me to (residential treatment). At first, I didn’t follow the rules but finally figured out it was OK to be there. Then I started to change. I wanted to change but was scared when I knew I’d be going back to the streets. I’ve been taking all the garbage out of me. I feel like I’m a better person now.”

-Participant in panel discussion at 1994 Female Offenders Conference in Chicago

—Language use: Program providers’ language use and fluency can affect a program’s credibility with minority populations. Effective programs communicate in the home language of a girl and her family. This may require bilingual/bicultural services, interpreter banks, and outreach efforts to overcome language barriers and connect girls with appropriate community resources. This would also apply when working with girls whose native language is English, but who speak in a vernacular that is not understood by those English speakers not living in the same community.

—Protective factors: Effective programs recognize and reinforce those racial and ethnic family systems that promote resiliency in girls. Such family patterns may include kin help arrangements, which promote strong family bonding; messages encouraging women to be self-reliant and self-sufficient; involvement in churches and belief in spiritual values; strong work ethic; and promotion of community connection and identity.

—Curriculum adaptation: Incorporate curricula and materials that emphasize active student involvement such as cooperative learning groups, project-oriented tasks, and the use of manipulatives, visual aids, and models. Incorporating some or all of the following strategies will help to maximize the participation of all girls. Creating a learning environment that is open to diverse perspectives improves learning for all students.

- Have a bilingual group leader or co-leader or use bilingual assistants when programs include girls with limited English-speaking skills.
- Incorporate the contributions of original and non-Western cultures. For example, some American Indians used willow bark to treat fevers. Willow bark contains salicin, a key ingredient of aspirin. Many mainstream U.S. Americans are unaware of the contributions of the indigenous peoples of North, Central, and South America to agriculture, astronomy, mathematics, geology, botany, and nutrition.

Sensitivity to these differences will help address the diverse needs of all girls. Girls of different cultural backgrounds (including those with disabilities) may have communication styles that conflict with the preferred modes present in mainstream culture. This will require flexibility and cultural sensitivity to differences on the part of staff. For example, some cultures do not place the same importance on direct eye contact or have different standards for appropriate speaking volume.

—Language use: Program providers’ language use and fluency can affect a program’s credibility with minority populations. Effective programs communicate in the home language of a girl and her family. This may require bilin-

- In introducing concepts, ask girls: “What is the history of the concept? Who first discovered it?” This opens the discussion to the cultural dimensions of a topic.
- Provide contact with culturally appropriate role models.
- Provide information about past culturally appropriate role models.
- Challenge students’ and other people’s attitudes or stereotypes about traditional occupations for women.

—Ethnic identity: Ethnicity can play an important role in positive identity formation. In addition, because girls tend to value relationships, they may be protected by seeking membership in a group defined by race or ethnicity. If a girl relates positively to others like herself, she comes to appreciate that part of herself that is defined by ethnicity.

—Adaptation of service delivery: Program activities need to be scheduled so that they do not conflict with family responsibilities, such as the need to care for younger siblings. In addition, competitive, informal and often noisy environments may cause problems for girls who are used to more formal, quiet, or structured environments, or for girls who prefer group-oriented, cooperative environments.

10. CAREER OPPORTUNITIES: Effective programs encourage girls to explore and prepare for careers. Role models from career fields women have not traditionally pursued, such as math and science, can counter subtle messages about which fields are open to or appropriate for women. Professional-technical training helps girls see how their interests, abilities, and skills mesh with real-world job opportunities, and reinforces the message that education is a critical life tool.

11. HEALTH SERVICES: Effective programs provide girls with comprehensive health services, promoting physical and mental wellness. Many adolescent girls have a history of unmet health needs, especially those who have been runaways, homeless, or living in poverty. Screenings offer an opportunity to detect health concerns; plan for appropriate treatment, monitoring, and follow-up; and provide individualized health education. Screenings should include a complete health history, including anemia, pregnancy, sexually transmitted diseases (including HIV), eating disorders, substance abuse, hearing and vision problems, infectious and communicable diseases, and mental health issues such as depression and anxiety. Medical staff should be aware of the health problems more likely to affect girls of color, who are disproportionately represented in the juvenile justice system. Diabetes, for instance, appears with greater frequency among African Americans (Acoca, 1998a).

Medical staff also need to be aware of other issues that may be affecting an individual girl’s health. A history of victimization, for example, indicates a need to screen for emotional concerns, such as flashbacks to the abuse, suicidal thoughts, and other possible



“If I didn’t come, she [the counselor] would be on the phone, calling me: ‘Why aren’t you here?’ I’d come up with some lame excuse, and she’d say, ‘You get in here. You need this education.’ Yeah, it worked.”

-PACE graduate, interviewed in Florida Times-Union (May 21, 1995)

symptoms of post-traumatic stress disorder (Acoca, 1998a). Symptoms such as irritable bowel syndrome, an outbreak of herpes, or stomach cramps may reflect a physical response to stress or crisis (Reed, 1994). Some girls may have a dual diagnosis of both substance abuse and a co-occurring psychiatric disorder (Acoca, 1998a), such as an eating disorder or a tendency to self-mutilate. Both issues will need to be addressed in treatment.

Programs that focus on wellness promote good nutrition, exercise, reproductive health, disease prevention, and stress management. Health care also teaches girls to value and respect their bodies.

12. RECREATIONAL ACTIVITIES: Effective programs provide recreational activities that give girls challenging, positive experiences. Recreational activities are especially valuable as alternatives to delinquent behaviors (acknowledging the counseling adage, “If you take something away, there better be something to replace it.”) Participation in sports, arts, volunteer activities, or a variety of extracurricular programs affords opportunities to end isolation, develop new skills, explore interests, relax, develop self-confidence, make friendships, feel creative, and replace self-destructive behavior with positive, life-affirming experiences.

13. RESPONSIVE SERVICES: In dealing with hard-to-reach ethnic populations, programs may need to seek outside support and services. Involving individuals who are familiar with a particular culture, such as trained lay therapists, paraprofessionals, or peer counselors, may help bridge the gap between service providers unfamiliar with ethnic customs, beliefs, and practices, and families in need of resources to help their daughters avoid or overcome delinquency.

14. MENTORING: Effective programs give girls a chance to interact with females who have mastered life challenges of their own. In particular, girls benefit from programs that incorporate:

—Gender-based role models. Strong, capable women provide girls with positive role models. They demonstrate the positive aspects of womanhood and counter negative or narrow messages about women. Programs should recruit mentors not only from the professional world but also from the girls’ community.



—Role modeling: Older girls who have developed positive social skills benefit from opportunities to act as mentors to younger girls. Mentoring programs can be mutually beneficial. The older adolescent gains a chance to be nurturing and caring. The younger girl can identify with her mentor as a female who has overcome her own challenges.

15. PEER ACTIVITIES: Effective programs recognize the importance of peers to adolescent girls. Although negative peer pressure may have been a factor in a girl's delinquency (i.e., involvement in girl gangs), positive peer relationships can be a protective factor to prevent delinquency.


—Positive peer relationships: Adolescent female groups offer girls social support from within their own peer group. Group programs provide a chance for girls to develop positive relationship skills and create a positive sense of "sisterhood" and affiliation with their peers.

16. FULL FAMILY INVOLVEMENT: Effective programs build positive family support for girls. Parents are involved in the treatment plan. Program elements that strengthen and uplift families include:

—Discussion groups: Parents working to address dysfunctional family issues benefit from a chance to talk with other parents who are facing similar challenges. Discussion groups give parents a chance to learn and reinforce the positive skills that their daughters are developing. Psycho-educational groups focus on female development and female identity formation.

—Home visits: When a girl is to be returned to the family setting after her confinement in a residential program, home visits are especially important. Family dysfunction may have been a major contributing factor to her delinquency, and family intervention may be necessary before she is released. Home visits enable case managers to make assessments and develop a network of support services to assist the family.

—Mother-daughter bond: By reaching out to involve a girl's mother or another significant female family member (such as a grandmother or an aunt), effective programs strengthen the bond between mother and daughter. Research indicates that a strong, loving mother-daughter bond builds a girl's self-esteem and can help her resist peer pressure to engage in risky behavior. Programs may involve mothers and daughters in working together on community projects, or provide cultural opportunities (such as arts-related field trips or ethnic celebrations) for mother and daughter to experience together. Similar activities for fathers and daughters are provided when feasible.



17. COMMUNITY INVOLVEMENT: By involving girls in their communities in positive ways, programs help girls see themselves as contributing members of society. Projects teach girls that they have real power to make changes in their neighborhoods and communities. Community involvement offers opportunities for:

—Community activities, service projects, field trips, all of which enable a girl to explore the world around her in a positive context

—Leadership skills, giving girls responsibility to organize groups to research and create projects

—Recreational activities, giving girls chances to have fun with their peers in positive ways

—Career exploration, exposing girls to new career fields and introducing them to role models in the workplace

18. SPECIFIC TREATMENT CONCERNS: Delinquent girls may need specific treatment to address serious issues that may have long-term consequences. Gender-specific programs use a combination of individual and group therapy to help girls address and overcome personal issues that have interfered with positive development during adolescence. Issues may be interwoven and complex. Specific issues that may require treatment include:

—Substance abuse, which may be both cause and consequence of delinquency. Treatment needs to address underlying issues related to substance abuse, such as a girl's history of sexual abuse, or substance abuse and co-dependency within her family. Effective programs include highly structured phases linked to clearly defined tasks, privileges, and consequences (Acoca, 1995). In gender-specific programs, these phases are based on an understanding of female adolescent development. An individual treatment plan should be developed for each girl and her family. Treatment should be integrated with medical care, especially for girls dually diagnosed (experiencing substance abuse and co-occurring psychiatric problems). Case management can help girls receive the ongoing care they need both during and after treatment.

—Prenatal and postpartum care: Comprehensive programming addresses the needs of both the teenage mother (or mother-to-be) and her baby. For the mother, prevention focuses on wellness during pregnancy and postpartum; parenting skills to reduce the likelihood of child abuse; and reduction of risky behaviors that could lead to another unplanned pregnancy before she reaches adulthood. Whenever possible, the father should be included in programming.

—Well baby and day care: Programs serving teen parents need to include comprehensive health care for babies and toddlers. Day care allows teen mothers time to focus



on their personal issues, such as education and therapy. Involving mothers in day-care programs also offers them an opportunity to practice parenting skills in a safe, structured environment, while maintaining a strong bond between mother and child.


19. RE-ENTRY INTO COMMUNITY: Effective programs prepare girls for re-entry into the community with support designed to help them avoid repeating risky behaviors. Treatment plan includes assessing and developing resources to assist girls with re-entry, including mental and physical health care, educational, and vocational services. Re-entry services aimed at reducing recidivism among female juvenile delinquents may include:

—Aftercare: Effective programs provide a seamless continuum of care that does not end when girls return to the community. Keys to aftercare are “graduated support” (a gradual withdrawal of services rather than an abrupt end) and long-term monitoring by an aftercare worker. A structured program for helping girls return successfully to the community includes discussions, presentations, and counseling to prepare them for re-entry. A series of short furloughs can ease the transition by reintroducing girls to the community a little at a time. Aftercare workers—who help develop the girls’ overall service plan and stay informed of their progress throughout their stay in the program—spend time with the girls before they leave the program in order to build trust and rapport. (Milan, 1996; Cowles, Castellano, & Gransky, 1995).

Chances for successful re-entry are best when aftercare includes placement in employment or an educational program, with ongoing links to appropriate social services, including health care, mental health services, and services that strengthen the family. Girls with histories of sexual abuse and/or substance abuse may need intensive ongoing treatment.

For youths with a high likelihood of repeat offenses, the Intensive Aftercare Program model developed with the Office of Juvenile Justice and Delinquency Prevention supports five principles to cut the risks of recidivism (Altschuler & Armstrong, 1995):

- Preparing the youth for progressively increased responsibility and freedom in the community
- Facilitating the involvement of and interaction between the youth and the community
- Working with both the offender and community support systems, including families, peers, schools, and employers, on the qualities needed for constructive interaction and a youth’s successful community adjustment
- Developing new resources and support
- Monitoring and testing the youth and the community on their ability to deal with each other productively



20. EVALUATION: Effective evaluations help demonstrate which approaches are most useful in working with girls. Evaluations also expand the body of knowledge in this under-researched field, and can help communities and policymakers implement effective, cost-efficient, comprehensive services to help girls (Fetterman, 1996). Evaluation strategy should be built into programming from the earliest planning stages, throughout implementation, and on through the life of the program. As a management tool, evaluation gives information back to the program for the purpose of changing it, improving it, and renewing it (Community Research Associates, 1997).

Evaluation includes a number of benefits, including:

- Knowledge of where to focus energy for program improvements
- Help in determining when a program is falling behind schedule and when to make mid-course adjustments
- Knowledge of and ability to document program success
- Documented evaluation results to use in fundraising efforts
- Knowledge among staff that they are making a difference
- Ability to report success to program board, staff, funders, and policymakers (Community Research Associates, 1997)

Gender-specific program evaluations are logical. They follow a feasible plan to solve identifiable problems. Typically, researchers and service providers jointly examine the risks facing adolescent girls, then list the protective factors that minimize risks of delinquency. Through discussion and problem-solving, service providers and evaluators determine which interventions will be attempted by the program. These interventions are then linked to measurable objectives.

—Goals, strategies, components: How much improvement does a program aim to accomplish? What resources are available to meet those goals? These questions lead to the setting of specific program goals. Then, strategies are developed to reach those goals. Program staff typically implement the intervention strategies.

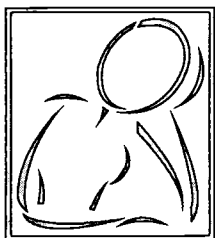
—Process and outcome evaluations: Process evaluation assesses what a program does on a day-to-day basis (i.e., What actually happened? Who received the service? What were the interventions? How often did they receive service? Who provided the intervention? How was a continuum of services developed?). Outcome evaluation assesses the impact of the program over time (i.e., Is the program effective? Does it work? Is the program supporting female offenders in making positive change and preventing girls from entering the juvenile justice system?). Outcome evaluations may require a significant commitment of time, resources, and support (Community Research Associates, 1997).



Most evaluations will assess intermediate outcomes rather than long-term impact (Linney & Wandersman, 1991). Intermediate outcomes are short-term goals that must be accomplished to have an impact on the number of girls entering the juvenile justice system.

—Feedback: Feedback provides information to those who can solve problems and redirect the organization. It's part of the learning process that evaluation provides. An evaluation plan should address how feedback will be communicated and to whom (Nadler, 1977).

More research is needed to determine the onset and course of female juvenile delinquency, and to draw conclusions about the effectiveness of gender-specific program models. Community-based programs serving this population may lack the evaluation resources to determine program effectiveness. College or university researchers may be able to provide these services in exchange for access to research populations. Creating links between service providers and researchers can provide an important mechanism for advancing gender-specific research and, eventually, helping to reduce the number of female delinquents.



SUMMARY

Gender-specific programs for female delinquents share key elements that boost girls' confidence and skills at the critical point of adolescence, allow them to get their development back on track if it's been interrupted or delayed by risk factors, and prepare them for a positive transition to womanhood. All staff who work with girls in juvenile justice settings need to share an understanding of the goals and philosophy of gender-specific programming. Each girl involved in a gender-specific program needs an individual assessment and treatment plan that will integrate services and put her on the path to wellness.



APPENDIX: PROMISING PROGRAMS

ELECTION PROCESS. In an effort to learn about promising programs serving female delinquents or girls at risk of delinquency, Greene, Peters and Associates (GPA) pursued an ambitious selection process. They mailed nomination forms to more than 500 persons who have demonstrated an interest in juvenile justice issues. In addition, they met with representatives of the National Juvenile Justice Coalition and contacted organizations that serve adolescents across the country.

Nominations were received from 212 programs. After GPA requested information from each of them regarding program design and implementation, 87 programs responded. Of those, 14 were eliminated from consideration once GPA determined they did not meet minimum criteria for gender-specific programming. The remaining 73 programs were reviewed by GPA staff. Evaluation focused on the following areas:

General program criteria

- Appropriate intake assessment
- Use of intake assessment as basis for service/treatment plan or case management
- Family intervention/involvement
- Preparation for transition/reentry
- Cultural competency
- Follow-ups with agencies to which referrals are made to ensure accountability
- Formal, institutional interagency linkages
- Gender-specific program criteria
- Relevant to female development
- Issues of gender-specific programming are implicit in program goals, objectives, and/or mission
- Provide empowerment strategies (i.e., skill training, academic development, career/vocational training)
- Assessment and treatment of sexual abuse and related issues
- Ongoing gender-specific victimization training

After this review, 25 programs were identified as potential finalists. Independent consultants also reviewed some of top programs using the same criteria. This two-tiered review process identified 16 programs as having promising, gender-specific components



for serving adolescent female populations. From these 16 finalists, GPA requested additional information, such as program curriculum, staffing patterns, staff training, annual reports, and program goals. During site visits, GPA interviewed program staff, participants and, when available, girls' parents.

Girls' observations

The majority of girls interviewed believed that their participation in a particular program had a positive, significant effect on their lives. Some girls said the program was "exactly what they needed" during a critical period in life.

Girls who participated in the program on a voluntary basis (typically, prevention and early-treatment programs) often expressed an appreciation for the opportunity to be together with girls who were like themselves. They tended to value group activities and individual attention from staff.

Not surprisingly, girls who had been involuntarily placed in programs (intervention and residential care) reacted differently. Many at first responded negatively to both the facility and the staff. They may have reacted with fear and anger to their loss of freedom. However, once they felt safe and comfortable with their new surroundings, and realized the program existed to help them, many girls changed their attitudes and behaviors.

Many of the girls were insightful about themselves and the value of gender-specific programs. They cited their participation in these programs as one of the main reasons they were not in more serious trouble, or even dead. They also understood that their personal growth would continue after they left a program. Because of their involvement with a gender-specific program, they understood that they now had a chance to reach their highest potential.

Of the 16 programs listed in this appendix, the first seven directly address the needs of the female juvenile offender population. The remaining nine, described in less detail, tend to be community-based programs aimed at keeping girls out of trouble. At a minimum, each program offers at least one promising component for effective gender-specific programming for adolescent females. Together, these 16 promising programs are increasing girls' options in a variety of settings. (See the following table for a quick look at the elements and features that characterize each program.)

Programs at a Glance

PROGRAM	LOCATION	PROGRAM SETTING	AGE GROUP/ETHNICITY	SPECIFIC GENDER RELATED PROGRAMMING	OTHER SPECIFIC TARGETED FACTORS
Alternative Rehabilitation Communities (ARC)	Harrisburg, Pennsylvania Contact: Daniel Elby (717) 238-7101	Residential Continuum of care	Ages 15-18 Predominantly African American	<ul style="list-style-type: none"> Relationship building Victimization Non-traditional vocational training 	<ul style="list-style-type: none"> Parenting training Female sex offenders
Staff-Secured Detention Program for Female Juvenile Offenders, Boys Town USA	Philadelphia, Pennsylvania Contact: Dawn Weeks (215) 739-3742	Detention	Ages 11-18 African American, Caucasian, and Latina	<ul style="list-style-type: none"> Relationship building Staff training Life skills Victimization 	
Caritas House	Pawtucket, Rhode Island Contact: Susan Wallace (401) 722-4644	Residential	Ages 13-17 Caucasian	<ul style="list-style-type: none"> Sexual abuse Victimization Relationship building Staff training 	<ul style="list-style-type: none"> Alcohol and drug treatment facility
Life Givers	Fairbanks, Alaska Contact: Valerie Naquin (907) 452-1274	Residential	Ages 13-18 Native American Pregnant and Parenting adolescents	<ul style="list-style-type: none"> Prenatal-postpartum care Well baby care & day care Staff training 	<ul style="list-style-type: none"> Alcohol and drug treatment facility Positive ethnic identity
PACE Center for Girls	Headquarters Jacksonville, Florida Contact: Lawanda Raviola (904) 358-0555	Day Treatment	Ages 12-18 Caucasian and African American	<ul style="list-style-type: none"> Relationship building Staff training Life skills Positive gender identity 	<ul style="list-style-type: none"> Small all-girls classes Community service
Pulaski County Juvenile Court, Volunteer Probation Officer-Teen Parenting Program	Little Rock, Arkansas Contact: Judge Rita Gruber (501) 340-6700	Probation	Ages 12-17 Teen parents African American	<ul style="list-style-type: none"> Parenting skills Relationship building Matches teens & probation officers by gender 	<ul style="list-style-type: none"> Requires parental involvement
Harriet Tubman Residential Center	Auburn, New York Contact: Ines M. Nieves-Evans (315) 255-3481	Residential	Ages 15-18 Caucasian, African American, Latina	<ul style="list-style-type: none"> Relationship building Staff training Women's studies curriculum Victimization Self-empowerment skills Positive gender identity 	

PROGRAM	LOCATION	PROGRAM SETTING	AGE GROUP/ETHNICITY	SPECIFIC GENDER RELATED PROGRAMMING	OTHER SPECIFIC TARGETED FACTORS
City of Phoenix Parks and Recreation At-Risk Youth	Phoenix, Arizona Contact: Cynthia D. Peters (602) 262-7370	Community-based	Ages 10-18 African American Latina/Hispanic Caucasian	<ul style="list-style-type: none"> Relationship building Nontraditional career opportunities Female development curriculum 	<ul style="list-style-type: none"> Rites of passage program Sports Leadership Development program Collaborative
Diinegwashii	Fairbanks, Alaska Contact: Valerie Naquin (907) 456-6306	Community-based	Ages 12-18 Alaska Native/American Indians	<ul style="list-style-type: none"> Family management skills 	<ul style="list-style-type: none"> Positive ethnic identity Alcohol and drug prevention
G.I.R.L.S. on the move!	Boston, Massachusetts Contact: Zahid Vides (617) 265-7040	Community-based	Ages 10-16 African American Latina/Hispanic	<ul style="list-style-type: none"> Relationship building Mentoring program Life skills 	<ul style="list-style-type: none"> Alcohol and drug prevention Entrepreneur program
Learning For Life	Nashville, Tennessee Contact: Susan Dixon (202) 628-8080	Community-based	Ages 9-14 African American	<ul style="list-style-type: none"> Relationship building Life skills 	<ul style="list-style-type: none"> Rites of passage program Positive ethnic identity Arts-based curriculum
Naja Project	Washington, DC Contact: Jerveada Dixon-Addison (202) 610-3780	Community-based	Ages 10-14 African American	<ul style="list-style-type: none"> Relationship building Life skills Leadership development 	<ul style="list-style-type: none"> Alcohol and drug prevention Positive ethnic identity
Nuevo Dia	Salt Lake City, Utah Contact: Debbie Gutierrez (801) 521-4473	Community-based	Ages 11-15 Latina/Hispanic	<ul style="list-style-type: none"> Emphasizes mother/daughter bonding Life skills Study of Hispanic/Latina women Positive gender identity 	<ul style="list-style-type: none"> Positive ethnic identity School dropout prevention
Project Chrysalis	Portland, Oregon Contact: Stevie Newcomer (503) 916-5840	School-based	Ages 14-15 Predominantly Caucasian child abuse victims	<ul style="list-style-type: none"> Victimization Relationship building Staff training 	<ul style="list-style-type: none"> Self-defense training Alcohol and drug prevention Leadership skills

PROGRAM	LOCATION	PROGRAM SETTING	AGE GROUP/ETHNICITY	SPECIFIC GENDER RELATED PROGRAMMING	OTHER SPECIFIC TARGETED FACTORS
Thank Goodness I'm Female	Philadelphia, Pennsylvania Contact: Inez Love (215) 851-1867	Community-based	Ages 10-14	<ul style="list-style-type: none"> • Mentoring • Life skills 	<ul style="list-style-type: none"> • Rites of passage program • Alcohol and drug prevention • Positive ethnic identity
Urban Women Against Substance Abuse	Hartford, Connecticut Contact: Marlene Berg (860) 278-2044	School-based	Ages 9-11 African American, Caribbean, Puerto Rican, Hispanic	<ul style="list-style-type: none"> • Staff training • Emphasizes mother/daughter bonding • Relationship building 	<ul style="list-style-type: none"> • Alcohol and drug prevention • Use of arts curriculum



PROGRAMS

PROGRAMS SERVING JUVENILE FEMALE OFFENDERS

Alternative Rehabilitation Communities (ARC)

Harrisburg, Pennsylvania


At a glance

Staff-secure residential treatment facility offering a continuum of care for girls ages 15 ½ to 18 years; capacity, 15 girls; funded by individual counties and school districts

ARC, founded in 1975 to serve delinquent adolescents, opened Zimmerman Home for Girls in 1981 after the Department of Probation indicated a lack of resources or options for girls in the juvenile justice system. The girls' program is housed in a two-story, family-style home in a residential neighborhood. The bedrooms, on the second floor, accommodate up to four girls each.

ARC's program philosophy is focused on results: "If the outcome of our behavior, actions, and attitude is good for our students, then it is worth doing. If the outcome of our behavior, actions, and attitude is not good for our students, then it is not worth doing. We are the role models for our students. Therefore, our behavior, actions, and attitude must always be presented positively." Far from being a "whatever works" strategy, the philosophy emphasizes "choice theory." This reality-based approach reminds girls that they have control over their behavior and that they can choose positive and beneficial behaviors.

The all-female staff (approximately 75 percent African-American and 25 percent Caucasian) reflects the racial diversity of the participants. Staff training is intensive and ongoing. Full-time staff receive a minimum of eight weeks of training prior to working with girls. Part-time staff receive 32 hours of training by shadowing a senior staff person. Experienced staff share their expertise in formal training sessions and by serving as "peer



coaches” with their colleagues. Teachers receive an additional two to four weeks of training, including observation of a current teacher. Gender-specific staff training includes discussion of such topics as, “What does it mean to be female?” and “Females and emotions.” Staff positions include teachers, teacher’s aides, counselors, and a counselor supervisor.

Girls are referred to the program by the Children and Youth Services Agency or the Department of Corrections. Their juvenile records vary, but many girls have been convicted of assault. They have faced serious risk factors such as educational difficulties, substance abuse, dysfunctional families, involvement with older males, gang affiliation, codependency, physical and sexual abuse, lack of self-esteem, and repeated running away. Codependency and sexual abuse are the most prominent factors.

Before being admitted to the Zimmerman Home, girls must complete an interview during which staff assess their willingness and readiness to work with the program. Once they become enrolled in the program, girls are encouraged to participate in the planning of their own treatment.

The staff at Zimmerman Home takes a holistic treatment approach, addressing issues related to the individual, family, and school. At intake, girls are evaluated for academic placement and receive an individual educational plan. Specific treatment needs are assessed, followed by development of an individualized treatment plan. A home visit is scheduled as soon as a girl is admitted to the program, to help parents understand how the program works and learn how they can help their daughter succeed. Parents are invited to attend their daughter’s treatment plan meetings, and supervised weekly visits are permitted onsite for immediate family members.

A variety of life skills are targeted for development. Academic skills are addressed in onsite education. Classes have no more than 14 students. Each girl works at her own pace. Curriculum includes women’s history and cultural programming. Recreational activities include aerobics, basketball, and field trips.

ARC contracts with vocational and technical schools to provide girls with twice-weekly career training in a variety of fields (including both female-dominated fields such as cosmetology and non-traditional fields such as auto repair). In addition, an onsite culinary arts program teaches job skills and offers certification.

The program encourages development of positive interpersonal skills. Positive relationships are modeled and nurtured by staff. Girls are encouraged to form positive relationships with staff members and with one another. Girls are also encouraged to help their peers make decisions that will keep them on the right track. If a participant violates a rule, the other participants are encouraged to attempt correcting her prior to involving a staff

person. Specifically, ARC emphasizes the development of skills to enhance conflict resolution, parenting (for expectant teen mothers), assertiveness, decisionmaking, values clarification, and self-esteem. A program component called "Self-Awareness from Girl to Woman" promotes personal hygiene, emotional development, and self-acceptance of one's body. It gives girls a chance to explore female roles such as daughter, mother, and sister.

Treatment includes group and individual counseling to address issues such as victimization, substance abuse, and parenting. Because sexual abuse is one of the most prominent risk factors facing this population, ARC provides a specialized treatment component for survivors of rape and sexual and physical abuse. Offender treatment is provided for female sex offenders and abusers. Case management is supervised by a staff psychologist, and each girl also has a personal counselor with whom she generally has daily contact.

As girls progress through the program, they work with staff to plan for a smooth reintegration into the community. Three home/community visits are conducted. Specific aftercare plans depend on each girl's individual needs, but can range from community reintegration to foster care.


Boys Town USA

Staff-Secure Detention Program for Female Juvenile Offenders
Philadelphia, Pennsylvania

At a glance

Staff-secure detention with individualized treatment plans and programming for girls ages 11 to 18 years who are awaiting placement by juvenile court: capacity, 18 girls; funded by the city of Philadelphia, private donations, and a national endowment

Boys Town, which began serving homeless and delinquent boys more than 80 years ago (as Father Flanagan's Boys' Home), has evolved to become a multidimensional treatment agency for children and families. In 1979, Boys Town began serving girls. In 1988, Boys Town began to implement gender-specific programming to meet the unique needs of girls. In 1996, the Boys Town Detention Center for Girls was opened in Philadelphia in response to the city's request for a detention facility for female delinquents. It



is housed in a three-story refurbished convent, with seven large bedrooms. The warm, colorful environment includes both classical art and more contemporary works celebrating ethnic minorities and women.

The philosophy at the girls' facility in Philadelphia is consistent with the organization's overall vision: "to change the way America takes care of her at-risk children" through "old-fashioned love and respect and new-fashioned science." Girls are encouraged to learn about themselves in relation to others.

The staff is overwhelmingly female and racially diverse (more than 90 percent ethnic minorities, predominately African Americans with two Hispanics). By policy, male staff members never spend time alone with female clients. New staff members spend 120 hours in preservice training, one-third of which focuses on gender-specific issues such as attention deficit disorder and hyperactivity in girls, sexual acting out, female hygiene, sexually transmitted diseases, pregnancy prevention, and eating disorders. Inservice training is ongoing, with meetings held at least weekly. Staff positions include youth care workers, senior youth care workers, case manager, staff supervisor, coordinator, interventionist, and site director.

Girls are referred to the program by the courts. More than 90 percent are members of minority groups; 87 percent are from single-parent homes; the average age is 15. Many girls face multiple charges, often including person offenses or probation violation. Most girls have encountered a host of risk factors, including physical and sexual abuse, substance abuse, risk of pregnancy, truancy, school dropout, history of aggressive or violent behavior, history of mental problems, attempted or contemplated suicide, developmental disabilities, and lack of adult supervision. Staff consider lack of adult supervision to be the most prominent risk factor, and also the factor likely to lead to all the other risk factors.

Although girls may stay at the center for only a brief time, Boys Town attempts to treat the whole child. Holistic treatment begins at intake, when each girl receives a comprehensive assessment and an individual treatment plan that is based on her specific issues and needs. Assessments follow girls to all subsequent placements. Individual treatment plans focus on long- and short-term goals, life skills, and inhibiting behaviors. Individual plans incorporate group and individual counseling, which may focus on specific female issues such as victimization and self-esteem. Girls also complete an individualized "treatment workbook." At intake, each girl is paired with a "buddy" from the staff who helps her become acclimated to the program.

Community reintegration is a key focus of treatment and programming. A girl's family is assessed soon after she enters the program, and treatment involves her family or



guardian. Sessions with the "family interventionist" focus on specific issues and incorporate problem solving and behavioral counseling. As a result of meetings with the girl and her family or guardian, probation officer, and program staff, the interested parties agree to a contract about their expectations for the girl and her family or guardian's participation in proposed aftercare.

Life skills targeted for development are those deemed most likely to assist girls in making a smooth transition after leaving the program. They include communication, social skills, personal hygiene, independent living, goal setting, problem solving, anger management, and self care. The program also promotes alternatives to negative behaviors. Staff encourage positive behaviors through the practice of "teaching," in which they give girls feedback on their behavior throughout the day. Girls also participate in academic classes and career counseling. Onsite recreation and field trips are offered as rewards for personal achievement.

Aftercare is provided for up to six months after discharge.

Caritas House


Pawtucket, Rhode Island

At a glance

Long-term residential treatment center with gender-specific services for female substance abusers, ages 13 to 17 years; capacity, 16 girls; funded by Rhode Island Department of Health, supplemented by fundraising and sliding-scale fees

Caritas House, founded in 1971 by Susan D. Wallace to serve adolescent female substance abusers, is the oldest gender-specific residential drug treatment facility in the country. It is housed in a residential neighborhood. Wallace opened Corkery House, to serve young male substance abusers, in Richmond, Rhode Island, in 1994.

Although Caritas House targets girls who are seriously abusing alcohol and other drugs, the program views the whole person in the dynamic context of total life circumstances. The underlying psychosocial model looks at the girl in terms of self and her relationship to family and the larger community. The program philosophy rewards hard work, commitment, and attainment of manageable goals, and fosters the development of social-competence skills.



Onsite staff are females (except for one male administrator), and are predominantly Caucasian. New staff are provided with a program overview, then receive six weeks of individualized on-the-job training, with special attention to gender-specific issues. Ongoing training is provided in weekly meetings. Staff positions include an executive director, assistant director, therapists, counselors, and a quality-assurance manager.

Most of the girls at Caritas House are Caucasian; about 20 percent are African American. Girls are typically referred by the Department of Children and Youth Services or juvenile court, although there is an open referral process. Substance abuse is the risk factor that is specifically targeted at Caritas House, but most girls face additional and related risks. Sexual abuse is the most prominent factor. Girls may also be the children of substance abusers, have a history of emotional and psychological abuse, lack adult supervision, or have a lesbian orientation.

Treatment begins with assessment and orientation. At this stage, many girls express resistance and denial of problems. Once a girl has acknowledged her problem and becomes accustomed to the structured environment of Caritas House, she begins to progress through the three stages of treatment (awareness, transition, and community living). She can advance by setting manageable, incremental goals for herself and reaching them. Girls earn rewards only through their own hard work, commitment, dedication, and goal setting. They are also taught to recognize and appreciate their own resilience and strengths.

Girls who have been substance abusers may need to fill gaps in their development. The program targets skills that are significant in substance-abuse recovery, especially social skills. Girls are taught to communicate their needs, to settle differences, to form healthy relationships, and to appreciate "helping" skills that will enable them to connect in a positive way with others in their family and the larger world. Staff members model these skills, and girls who have progressed in therapy are also encouraged to act as positive peer mentors.

Caritas House has found group therapy to be especially useful in working with adolescent girls, who are more likely than boys to share their feelings and relate with one another in group settings. Daily therapy sessions focus on such gender-specific issues as sexual abuse, eating disorders, sexuality, family issues, and self-esteem, as well as substance abuse.

Families are encouraged to participate in treatment. In the early stages of treatment, when a girl may not yet be internally motivated to stop abusing drugs and alcohol, the family can provide external motivation to put her on the path to recovery. As treatment progresses, family counseling may focus on issues underlying the girl's drug and



alcohol use. With her family, she discusses how to keep her commitment to recovery, how to deal with relationships and responsibilities, and how to avoid or rebound from relapse as she prepares to leave the program. Siblings become involved in treatment to provide them with substance abuse education and primary prevention.

Caritas House provides structured aftercare and follow-up support as a girl makes the transition to community living.

Life Givers

Fairbanks, Alaska


At a glance

Residential treatment program for Native American girls, ages 13 to 18, who are pregnant or parenting and also recovering from substance abuse (primarily alcoholism); capacity, seven girls and their infants and toddlers; funded by Center for Substance Abuse Treatment and the State of Alaska

Operated by the Fairbanks Native Association under the umbrella of Women's and Children's Services, Life Givers was founded in 1994 in response to increasing teen pregnancy rates among Alaska Native girls (one in five Alaska Native girls becomes pregnant each year). In addition to serving teen parents, the program also attempts to improve outcomes for their infants by preventing Fetal Alcohol Syndrome and Fetal Alcohol Affect. Life Givers shares a new facility—including living quarters, gym, nursery, classrooms, and conference rooms—with an assisted-living program for elders. All areas incorporate Native American décor.

Life Givers is guided by the theory that culture is healing. Native culture and history provide girls with a life philosophy, a support system, and a lens through which they can view the world. The holistic program encourages girls' strength and resiliency, and promotes their physical, mental, emotional, and spiritual health. Fathers are encouraged to participate in treatment.

The all-female staff is predominately Native American (53 percent). Prior to providing services, staff members are required to complete a nine-month self-study course on addictions. In-house training continues weekly on issues related to female adolescence, child care, substance abuse, parenting, and other topics. Staff positions include program



director, data specialist, teacher, treatment coordinator, counselor, nurse educator, child-care specialist, night monitor, and mental health specialist.

Girls who enter the program are Native American and pregnant or already parenting (no more than three years). Girls are referred by the state department of youth services, adoption agencies, mental health clinics, and other sources. Most have substance-abuse problems, and many also have a history of sexual abuse or other victimization. Girls must be positively motivated to participate in the program. Their length of stay can range from three months to one year.

Intake begins with an assessment (including detoxification, if necessary). Girls then move at their own pace through four program phases, each of which is imbued with Native values and traditions. New Beginnings is a journey from chemical misuse and abuse to recovery. Balancing focuses on holistic health, including proper nutrition and mental, physical, and spiritual wellness. Family and Community Connections integrates the father of her child and other members of the girl's family into the treatment process. Sobriety Support incorporates planning and support for long-term sobriety and relapse prevention.

Throughout their stay, girls regularly meet with Alaskan Native Elders to build intergenerational relationships and learn more about their culture. As they move through the four program phases, girls focus on cultural history, cultural awareness, cultural diversity, and cultural integration.

Skills specifically targeted for development include parenting skills; personal responsibility; time management; goal setting and planning skills; social, life, and vocational skills; and health education (including sexuality, relationships, and family planning). Each girl has a personal counselor with whom she typically has daily contact. Individual and group counseling are provided weekly, and case management is ongoing. Health care includes prenatal and postpartum care. Education is provided onsite.

The girls' infants and toddlers receive comprehensive care, including developmental assessment, individual development planning, health screening, well-baby care, and day care.

Family involvement is encouraged. As soon as a girl enters the program, a home visit is scheduled to help her parents understand the program and learn how they can help their daughter succeed. Extensive aftercare services are provided to prevent relapse, and follow-up continues for one year.

PACE Center for Girls

Jacksonville, Florida

At a glance


Day treatment program offering comprehensive prevention, early intervention, and high school education to adolescent girls, ages 12 to 18, who are considered at risk of delinquency; total capacity, 1,820 girls at 12 centers located throughout Florida (optimal size per center is 40 girls); funded primarily by the Department of Juvenile Justice, with additional resources from school boards and private donations

Started by five community volunteers dedicated to making changes in the juvenile justice system, PACE (Practical Academic Cultural Education) opened its doors in 1985 as an alternative to institutionalization or incarceration for delinquent girls. The organization that began with \$100 in a bank account and a borrowed room in a Jacksonville church has grown to include 12 centers across Florida, each one offering a fully accredited high school program. Expansion plans are underway to operate PACE centers in all 15 juvenile justice districts in Florida by the end of 1998.

PACE aims to improve the lives of girls at risk of delinquency by enabling them to further their education and become productive citizens. Education is considered the key to helping girls develop self-esteem, envision a positive future for themselves, and overcome life challenges and family dysfunction.

The majority of PACE staff members are female, although each site typically employs at least one man. Staff members at each center tend to reflect the local community's ethnic composition. New staff spend two weeks in training, often in the form of job shadowing. During their first year, employees must participate in 120 hours of training. Inservice training is ongoing and provided at least monthly. Gender-specific topics make up about 60 percent of staff training, and even general topics are presented with special emphasis on how they relate to adolescent girls. Each PACE Center employs an executive director, administrative assistant, program manager, social services manager/clinician, teacher advisers, and social workers.

An open referral procedure means that girls can be referred to PACE by juvenile court, family members, teachers, or others. They must meet minimum criteria to be considered, and most centers have long waiting lists. The typical girl at a PACE center has not thrived in a traditional school setting because of a myriad of social and emotional



issues. She is either behind in school or has been expelled. Seventy-five percent of the girls live at the poverty level; 45 percent are from single-parent homes; 61 percent have committed status offenses. Most have been exposed to a number of risk factors for delinquency, including physical or sexual abuse (60 percent), and drug or alcohol use (65 percent).

Once a girl enters the program, she undergoes a thorough needs assessment, including an initial home visit. Individual plans are developed to outline each girl's educational needs and address treatment concerns. Home visits are scheduled at least once each month, and families are encouraged to participate in the client's treatment. Each student is assigned a primary advisor who is on-call 24 hours a day.

Girls attend PACE classes for six hours a day, four or five days each week. In addition, they may participate in counseling, group therapy, and community service projects. The curriculum, known as SMARTGIRLS! (Students Making A Right Turn), consists of six academic modules that encourage positive life choices. Girls learn the importance of using correct language; are taught to appreciate cultural differences; study career awareness and planning; learn to make healthy choices regarding sexual activity, nutrition, drugs, and alcohol; identify the cycle of violence; and learn to solve problems peacefully. Finally, students serve as peer counselors to teach others in their school and in their community about healthy choices. Throughout the curriculum, girls develop self-esteem, learn decisionmaking skills, and build positive relationships.

Girls complete the PACE program either by completing their high school education or becoming ready to return to traditional school. Transitional services and support continue for up to three years after girls leave the PACE program.



Pulaski County Juvenile Court

Volunteer Probation Officer-Teen Parenting Program

Little Rock, Arkansas


At a glance

Early intervention/probation program that uses volunteer probation officers to supervise first-time and nonviolent offenders who are also teen parents; capacity, 15 girls; funded by grant from OJJDP as part of larger volunteer probation officer supervision program

When Pulaski County Circuit Judge Rita Gruber noticed that many first-time offenders were “falling through the cracks” of juvenile court due to the heavy case loads of probation officers, she established a Volunteer Probation Officer (VPO) program to better supervise minor offenders and prevent future delinquency. Based on a model in Shelby County, Tennessee, Pulaski County’s VPO program began operating in 1992. Because of a high rate of teen pregnancy among girls on probation, and the special risks facing both teen mothers and their children, a gender-specific component was later added to supervise female offenders who are pregnant or parenting. Supervision and parenting education takes place through visits and phone calls to the girls’ homes.

The Volunteer Probation Officer program addresses teen pregnancy as an issue that spans three generations—the juvenile, her parents, and her child. The program not only aims to prevent teen pregnancy among offenders who are on probation, but also to increase the competency of those teens who are pregnant or already parenting. The in-home education and support provided to participants fits with the juvenile court’s philosophy of rehabilitating juveniles through the least restrictive means.

Because this program relies on volunteers to serve as probation officers, staffing is dependent on the success of recruitment efforts. Typically, the program operates with a staff of 120 Volunteer Probation Officers, of whom 10 to 15 have undergone extra training to work with teen parents. (All VPOs receive 10 hours of initial training; those in the teen parenting program receive an additional two hours of training focusing on parenting skills and female development.) Girls are supervised by female volunteers. Frequently, girls and their VPO are of the same race or share an ethnic background. The program employs an in-home facilitator, who is a licensed social worker, and a volunteer supervisor.



The majority of girls in the teen parenting program were born to teen mothers themselves. Seventy-four percent of the girls are African American, 26 percent Caucasian. Their most common offenses include shoplifting, battery, or status offenses. Many of the probationers have received poor or inadequate parenting and little adult supervision. They may have been exposed to parental substance abuse, personal substance abuse, and domestic violence (as witnesses or victims). Many have experienced chronic school failure and may have learning disabilities. Staff believe that many of the girls are seeking attention, love, and acceptance in negative ways.

The first stage of programming, after a girl is referred by Juvenile Court or Children and Family Services, involves 10 weekly home visits by the "in-home facilitator." Each visit, lasting from one to two hours, offers parenting education and positive skill development to the girl and her family. The girl's parents are required to attend at least the last four weekly sessions, when the topics include: limit setting; supervision; birth control; and sexuality. After the first 10 weeks, follow-up supervision is conducted by a VPO who makes home visits or phone contact every week. Each girl also has an individual needs assessment and service plan, which helps connect her with other community resources.

The program enables girls to bond with a caring adult who provides a positive role model. Relationship building is a major emphasis of the program.

Harriet Tubman Residential Center

Auburn, New York

At a glance

Residential "step-down" facility (between secure and group home) for girls ages 15 to 18 years who are considered minor or first-time offenders; capacity, 25 girls; funded by New York State Division for Youth with additional support from volunteers

The Harriet Tubman Center, opened in 1994, was one of seven new juvenile facilities built in New York with Title IV grant funding. Director of the Tubman Center, Inez Nieves-Evans, developed the multicultural curriculum which highlights the rich history of women in the state of New York. The center is located on state grounds and includes three buildings: residential facility (with a private bedroom for each girl), gym/media center, and work shed. The walls are decorated with portraits of famous women.




With a goal of enabling delinquent girls to return to their homes as productive members of society, the Tubman Center delivers a unique blend of education and therapy. By learning about the accomplishments of women in history, girls come to understand that they have many options in life, and that they possess the self-determination to set and reach their own goals.

The staff includes both men and women (currently three male and nine female staff members), who receive 10 hours of gender-specific training before delivering services. At least 120 hours of additional training is required during the first year of employment and 40 hours each subsequent year. Staff positions include a director, assistant director, youth-division aides (levels I-III), youth-division counselors, special-education teachers, and an education coordinator.

Girls are referred to the Tubman Center by juvenile court. Typically, girls are first-time offenders, status offenders, or have committed minor assaults. The most prominent risk factors the girls face include unstable home environments, lack of care, and poor bonding. Additionally, many girls have experienced substance abuse or physical, sexual, or emotional abuse. Other risk factors relate to poor academic performance, domestic violence, negative peer relationships, family substance abuse, and family history of criminal involvement. Some girls have attempted or contemplated suicide. The population is racially diverse (the composition changes, but is currently 25 percent Hispanic, 35 percent Caucasian, and 40 percent African American).

Girls progress through a structured program at Tubman Center. When they arrive, they are granted few privileges and are under close supervision. They progress by learning and exhibiting self-control, positive decisionmaking, and relationship-building skills. Gradually, as girls set and reach personal goals, they earn more freedom and move from a highly structured environment to one that relies on the individual girl's internal control and problem-solving skills. In the final stage before release, girls are involved in planning, researching, and making decisions about their own future. Throughout the program, girls receive group and individual counseling, case management, and peer support. Treatment is individualized.

Women's studies are incorporated throughout the program in an effort to expand girls' awareness of opportunities available to them as females. A resource center stocked with videos, books, and more than 1,000 biographical files teaches girls about resourceful, inspirational women of diverse cultures who have overcome obstacles and social resistance throughout history. The curriculum teaches girls to take pride in their gender, and to develop the determination and self-esteem to overcome sexist messages they may have heard throughout their lives.



A curriculum component called “Adelante” addresses victimization issues, promoting abuse awareness, prevention, and personal empowerment. Other targeted skills include conflict resolution, time management, anger management, stress management, and independent living skills.

As girls prepare to leave the Tubman Center, their families are involved in after-care planning. Staff also help girls locate resources in their home communities to provide follow-up support and services.

Community-based Intervention/Prevention Programs

City of Phoenix Parks and Recreation At-Risk Youth Division Phoenix, Arizona

Among the many city-funded programs that operate from community centers in Phoenix, several target preteen and adolescent girls with gender-specific programming designed to help them find positive personal and social fulfillment. Programs for girls include: a women’s-issues group, designed to give African-American girls a positive peer group and opportunity to discuss such issues as substance abuse, relationships, rape and date rape, and sexually transmitted diseases; “rites-of-passage” groups, designed to help girls of varied cultural backgrounds make a positive transition from adolescence to adulthood; “Plan It,” a program in which players from a professional women’s basketball team (Phoenix Mercury) teach basketball skills to high school girls, who then operate a league for elementary school girls; “Girls Break Troupe” and “Activities Group,” two dance troupes that also develop life skills and foster positive relationships.



Diineegwashii

Fairbanks, Alaska

Diineegwashii, funded by the Center for Substance Abuse Prevention, is a substance-abuse prevention program targeting Alaska Native girls. The philosophy is based on native cultural values, and most staff members (89 percent) are American Indian or Alaska Native. The program uses home visits and case management to strengthen bonds between the adolescent girl and her family and confront profound risk factors facing many Alaska Native girls (teen pregnancy rate of 20 percent for Alaska Native girls ages 15 to 19; school dropout rate of 12.6 percent; high incidence of sexual and/or physical abuse, substance abuse, runaways). Home visits teach life skills, cultural awareness, and family management skills to teen girls and their mothers. The program also includes field trips, success ceremonies, and family and community gatherings. During the program's first four years, none of the 77 girls enrolled became pregnant; only 2.5 percent dropped out of school; substance abuse dropped significantly; and girls and their parents accomplished important personal goals.

G.I.R.L.S. *on the move!*

Boston, Massachusetts

Girls Identifying Resources and Life Skills (G.I.R.L.S.) *on the move!* targets adolescent girls, ages 10 to 16 years, in a Boston-area public-housing project who are considered vulnerable to risky behaviors. Funded by the Center for Substance Abuse Prevention, the program serves a low-income population of African-American and Hispanic girls, most of whom live in female-headed households. Programming teaches positive life skills to help girls develop resistance to crime and delinquency, substance abuse, risky sexual behavior, and academic failure. Program components include skill-building classes, career education, discussion circles, role modeling and mentoring by women, and parent groups.

Learning for Life

Nashville, Tennessee

Learning for Life, created by Learning Systems Group Inc. and funded by the Center for Substance Abuse Prevention, uses an arts curriculum to help preadolescent African-American girls resist drugs and alcohol and embrace positive, creative, social activities. The program works with 45 girls from local middle schools and two housing projects on self-discovery activities involving drama, dance, music, and visual arts. Throughout the school year, girls use an arts curriculum to explore questions of identity and community such as, "Who am I?" and "With whom do I belong?" Role playing and skits enable them to practice assertiveness and refusal skills. The program celebrates Afrocentric holidays, incorporates field trips, and gives girls a chance to meet female community leaders and role models. Families are encouraged to participate in activities and reinforce positive attitudes and behaviors. Girls are rewarded for their participation in a community prevention project.

Naja Project

Washington, D.C.

Naja, a Kiswahili word meaning "safe," is a rites-of-passage/prevention program for African-American girls, ages 10 to 14 years, who live in one of the nation's poorest neighborhoods. The girls are older sisters of children enrolled in Head Start. The two-and-a-half-year program, funded by the Center for Substance Abuse Prevention, recruits 100 girls who are divided into smaller units called "jamaas," or "families." Adults provide initial direction, then prepare girls to assume leadership roles. Girls progress through three levels of programming, focusing on positive relationship skills; healthy values and perceptions of themselves, their gender, and their race; and effective communication, conflict-resolution, and critical-thinking skills.

Nuevo Dia

Salt Lake City, Utah

Nuevo Dia, founded by Centro de la Familia, a community-based nonprofit agency, targets Latina girls ages 11 to 15 years who are school dropouts or at risk of dropping out. The program encourages academic skill building for the girl and her mother, and helps strengthen the mother-daughter bond. Mothers provide positive role models and gain new skills that enable them to help their daughters succeed in school. The 15-month program serves 25 mother-daughter pairs. Program focus includes academic skills, life skills, role modeling, sexuality, gender bias, assertiveness training, and relationship skills. Cultural awareness classes and field trips help connect mother-daughter pairs with their community and build positive ethnic identity.

Project Chrysalis

Portland, Oregon

Project Chrysalis, funded by the Center for Substance Abuse Prevention, is a two-year program for high school girls, 14 to 15 years old, who have been victims of sexual, emotional, and/or physical abuse. Many girls also face additional risk factors (including substance abuse, academic failure, and economic disadvantage). Program components include: weekly support groups and workshops focusing on life skills, self-esteem, drug education, and relationships; "Girls Empowerment," self-defense and assertiveness training, which teaches girls to define danger, practice street safety, differentiate between flirting and sexual harassment; and a one-day challenge course (held in a gym and offering group and individual physical challenges) designed to teach leadership skills, cooperation, positive risk-taking, persistence, and personal responsibility. High school staff serve as case managers. In addition to the 328 girls in Project Chrysalis, another 297 girls with similar backgrounds comprise a research comparison group.

Thank Goodness I'm Female (T.G.I.F.)

Philadelphia, Pennsylvania

T.G.I.F., created by the Greater Philadelphia Urban Affairs Coalition and the Philadelphia Anti-Drug/Anti-Violence Network and funded by the Center for Substance Abuse Prevention, targets African-American adolescent girls living in high-risk city neighborhoods. Program components include mentoring, life-skills education, and a rites-of-passage ceremony. Girls receive "Individualized Female Plans" that emphasize positive goals and ways to achieve them. Classes and presentations teach conflict resolution, problem-solving skills, hygiene, and etiquette, and address issues related to peer pressure, substance abuse, male-female relationships, and risky sexual behavior. Girls use their new skills to plan and implement their own rites-of-passage ceremonies. They also participate in community service activities. Volunteer mentors help the girls plan and achieve goals.

Urban Women Against Substance Abuse

Hartford, Connecticut

Urban Women Against Substance Abuse (UWASA) aims to strengthen bonds between preadolescent girls and their mothers or significant female relatives to increase girls' self-esteem and prevent their involvement in high-risk behaviors. Funded by the Center for Substance Abuse Prevention and under the aegis of the Institute for Community Research, the program targets girls who are predominately African-American, Caribbean, Puerto Rican, and Hispanic, and who are living in economically deprived urban neighborhoods. Program runs in nine-month cycles, serving 40 girls and their mothers or other significant female relative ("other mothers"). Groups for girls and the adult women address issues of identity, critical thinking, problem solving, communication, substance abuse, and risky sexual behavior. The program culminates in a community substance-abuse prevention project led by the girls, who are assisted by their mothers/other mothers. The project integrates arts curriculum, with artists and community activists acting as mentors and role models.

REFERENCES

Acoca, L. (1995). Breaking the cycle: A developmental model for the assessment and treatment of adolescents with alcohol and other drug problems. *Juvenile & Family Court Journal*, 46(4), 1-45.

Acoca, L. (1998a). Defusing the time bomb: Understanding and meeting the growing health care needs of incarcerated women in America. *Crime & Delinquency*, 44(1), 49-69.

Acoca, L., & National Council on Crime and Delinquency (1998b). *Understanding and working effectively with women offenders*. Boise, ID: Department of Corrections.

Albrecht, L. (1994). Understanding juvenile female offenders: There is a difference. *1994 Juvenile Female Offenders Conference: A time for change* (pp. 15-46). Lanham, MD: American Correctional Association.

Altschuler, D. M., & Armstrong, T. L. (1994). *Intensive aftercare for high-risk juveniles: A community care model*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Altschuler, D. M., & Armstrong, T. L. (1995). *Challenge activities program areas—Challenge Activity 1*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

American Association of University Women. (1991). *Shortchanging girls, shortchanging America: A nationwide poll to assess self-esteem, educational experiences, interest in math and science, and career aspirations of girls and boys ages 9-15*. Washington, DC: Author.


Apfel, N., & Seitz, V. (1996). African American adolescent mothers, their families, and their daughters: A longitudinal perspective over twelve years. In B.J.R. Leadbeater & N. Way (Eds.), *Urban girls: Resisting stereotypes, creating identities* (pp. 149-170). New York: New York University Press.

Archer, S. L. (1985). Career and/or family: The identity process for adolescent girls. *Youth and Society*, 16(3), 289-313.

Basic Behavioral Science Task Force of the National Advisory Mental Health Council. (1996, January). Basic behavioral science research for mental health: Vulnerability and resilience. *American Psychologist*, 51, 22-28.

Belknap, J. (1996). *The invisible woman: gender, crime and justice*. Belmont, CA: Wadsworth Publishing Company.

Belknap, J., Holsinger, K., & Dunn, M. (1997). Understanding incarcerated girls: The results of a focus group study. *The Prison Journal*, 77(4), 381-404.



Belknap, J., & Holsinger, K. (1998). An overview of delinquent girls. In R. T. Zaplin (Ed.), *Female offenders: Critical perspectives and effective interventions*. Gaithersburg, MD: Aspen Publishers.

Benard, B. (1991). *Fostering resiliency in kids: Protective factors in the family, school, and community*. Portland, OR: Northwest Regional Educational Laboratory.

Bergsmann, I. R. (1989, March). The forgotten few: Juvenile female offenders. *Federal Probation*, 53(1), 73-78.

Bergsmann, I. (1994). Establishing a foundation: Just the facts. 1994 *Juvenile Female Offenders Conference: A time for change* (pp. 3-14). Lanham, MD: American Correctional Association.

Bjerregaard, B., & Smith, C. (1993). Gender differences in gang participation, delinquency, and substance use. *Journal of Quantitative Criminology*, 9(4), 329-355.

Botvin, G. J., & Botvin, E. M. (1992). School-based and community-based prevention approaches. In J. H. Lowinson, P. Ruiz, R. B. Millman, & J. G. Langrod (Eds.), *Substance abuse: A comprehensive textbook* (2nd ed.) (pp. 910-927). Baltimore: Williams & Wilkins.

Brooks-Gunn, J., & Reiter, E. O. (1990). The role of pubertal processes in the early adolescent transition. In S. S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent*. Cambridge, MA: Harvard University Press.

Brown, L. M. (1991). A problem of vision: The development of voice and relational knowledge in girls ages seven to sixteen. *Women's Studies Quarterly*, 19(1-2), 52-71.

Calhoun, G., Jurgens, J., & Chen, F. (1993, Summer). The neophyte female delinquent: A review of the literature. *Adolescence*, 28(110), 461-471.

Caliber Associates (1995). *Title V delinquency prevention program: Community self-evaluation workbook*. Fairfax, VA: Authors.

Campbell, A. (1990). On the invisibility of the female delinquent peer group. *Women's Criminal Justice*, 2(1), 41-62.

Campbell, J. R. (1995, February). Conference focuses on issues facing female juvenile offenders. *Corrections Today*, 57(1), 72.

Caspi, A., Lynam, D., Moffitt, T. E., & Silva, P. A. (1993). Unraveling girls' delinquency: Biological, dispositional, and contextual contributions to adolescent misbehavior. *Developmental Psychology*, 29(1), 19-30.

Center for Substance Abuse Prevention. (1993). *Prevention primer*. Rockville, MD: National Clearinghouse on Alcohol and Drug Information.



Chesney-Lind, M. (1988). Girls and status offenses: Is juvenile justice still sexist? *Criminal Justice Abstracts*, 20(1), 144-165.

Chesney-Lind, M. (1997). *The female offender: Girls, women, and crime*. Thousand Oaks, CA: Sage Publications.

Chesney-Lind, M., & Brown, M. (in press). Girls and violence: An overview. In D. J. Flannery & C. R. Huff (Eds.), *Youth violence: Prevention, intervention, and social policy*. Washington, DC: American Psychiatric Press.

Community Research Associates. (1997). *Juvenile female offenders: A status of the states report*. Northglenn, CO: Author.

Community Research Associates. (in press). *Community planning manual: The comprehensive strategy for serious, violent and chronic juvenile offenders*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Corley, R. L., & Chase-Lansdale, P. L. (1998). Adolescent pregnancy and parenthood: Recent evidence and future directions. *American Psychologist*, 53(2), 152-166.

Cowles, E. L., Castellano, T. C., & Gransky, L. A. (1995). "Boot Camp" drug treatment and aftercare interventions: An evaluation review. Washington, DC: U.S. Department of Justice, National Institute of Justice.

D'Augelli, A. R., & Dark, L. J. (1994). Vulnerable populations: Lesbian, gay and bisexual youths. In L. D. Eron, J. H. Gentry, & P. Schlegel (Eds.), *Reason to hope: A psychosocial perspective on violence and youth*. Washington, DC: American Psychological Association.

Davidson, S. (1982). *Justice for Young Women*. Tucson, AZ: New Directions for Young Women.


Davis, K., Schoen, C., Greenberg, L., Desroches, C., & Abrams, M. (1997). *The Commonwealth Fund survey of the health of adolescent girls*. New York: Commonwealth Fund.

Dryfoos, J. G. (1990). *Adolescents at risk: Prevalence and prevention*. New York: Oxford University Press.

Family and Youth Services Bureau. (1993). FYSB youth gang prevention program update. *Connections*. Bethesda, MD: U.S. Department of Health and Human Services.

Federle, K. H., & Chesney-Lind, M. (1992). Special issues in juvenile justice: Gender, race and ethnicity. In I. M. Schwartz (Ed.), *Juvenile justice and public policy: Toward a national agenda* (pp. 165-195). New York, NY: Maxwell-Macmillan International.

Fisher, G. L., & Harrison, T. C. (1997). *Substance abuse: Information for school counselors, social workers, therapists and counselors*. Boston: Allyn & Bacon.



Gibson, P. (1989). Gay male and lesbian youth suicide. *Report of the Secretary's Task Force on Youth Suicide* (DDHS Publication No. ADM 89-1623). Washington, DC: U.S. Department of Health and Human Services.

Girls Incorporated. (1996). *Prevention and parity: Girls in juvenile justice*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Glenn, M. (1996). Getting started on a communications campaign. *New Designs for Youth Development* [Special edition], 7-13.

Greenwood, P. W., Model, K. E., Rydell, C. P., & Chiesa, J. (1996). *Diverting children from a life of crime: Measuring costs and benefits*. Santa Monica, CA: Rand Corporation.

Herek, G. M. (1989). Hate crimes against lesbians and gay men: Issues for research and social policy. *American Psychologist*, 44(6), 948-955.

Hodges, J., Giuliotto, N., & Porpotage, F. M. (1994, October). Improving literacy skills of juvenile detainees. *Juvenile Justice Bulletin*. Washington, DC: U.S. Department of Justice.

Hugo, K. E., & Rutherford, R. B., Jr. (1992). Issues in identifying educational disabilities among female juvenile offenders. *Journal of Correctional Education*, 43, 124-127.

Kouzes, J.M., & Posner, B.Z. (1987) *How to get extraordinary things done in organizations*. San Francisco: Jossey-Bass Publishers.

Knudson-Martin, C. (1994). The female voice: Applications to Bowen's family system theory. *Journal of Marital and Family Therapy*, 20(1), 35-46.

Lindgren, S. J. (1996). Gender-specific programming for female adolescents. Unpublished masters thesis, Augsburg College, Minneapolis, MN.

Linney, J. A., & Wandersman, A. (1991). *Prevention Plus III: Assessing alcohol and other drug prevention programs at the school and community level: A four-step guide to useful program assessment*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, Office for Substance Abuse Prevention.

Loeber, R., & Hay, D. (1997). Key issues in the development of aggression and violence from childhood to early adulthood. *Annual Review of Psychology*, 48, 371.

Maguire, K., & Pastore, A.L. (Eds.). (1997). *Sourcebook of criminal justice statistics 1996*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Martin, E. (1994). Programming for girls in juvenile correctional and detention facilities. *1994 Juvenile Female Offenders Conference: A time for change* (pp. 47-56). Lanham, MD: American Correctional Association.



Maryland Department of Juvenile Justice. (1995). *Female population task force, 1995 Annual Report*. Baltimore, MD: Author.

Maynard, R. A., & Garry, E. M. (1997). *Adolescent motherhood: Implications for the juvenile justice system* (The Office of Juvenile Justice and Delinquency Prevention Fact Sheet 50). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Milan, M. A. (1996). *Working in institutions*. In C. R. Hollin & K. Howells (Eds.), *Clinical approaches to working with young offenders*. Chichester, England/New York: John Wiley & Sons.

Miller, D., Trapani, C., Fejes-Mendoza, K., Eggleston, C., & Dwiggin, D. (1995). Adolescent female offenders: Unique considerations. *Adolescence*, 30(118), 429-435.

Mitten, D. (1995). The value of feminist ethics in experiential education teaching and leadership. *23rd annual conference proceedings manual* (Nov. 9-12, 1995) (pp. 175-181). Boulder, CO: Association for Experiential Education.

Molidor, C. E. (1996). Female gang members: A profile of aggression and victimization. *Social Work*, 41(3), 251-257.

Morris, R. E., Harrison, E. A., Knox, G. W., Tromanhauser, E., Marques, D. K., & Watts, L. L. (1995). Health risk behavioral survey from 39 juvenile correctional facilities in the United States. *Journal of Adolescent Health*, 117, 334.

Ms. Foundation for Women. (1993). *Programmed neglect: Not seen, not heard*. New York: Author.

Mulvey, E. P., & Brodsky, A. E. (1990). *Secondary prevention of delinquency: More than promises from the past?* Paper presented at the 98th Annual Convention of the American Psychological Association. (ERIC Document Reproduction Service No. ED 325 794)


Nadler, D. (1977). *Feedback and organization development: Using databased methods*. Reading, MA: Addison Wesley.

National Institutes of Health. (1989). *Making health communications programs work: A planner's guide*. Bethesda, MD: Author.

Newman, B. M., & Newman, P. R. (1995). *Development through life: A psychological approach* (6th ed.). Pacific Grove, CA: Brooks/Cole Publishing Co.

Office of Juvenile Justice and Delinquency Prevention. (1995). *Title V delinquency prevention program: Community self-evaluation workbook*. Washington, DC: Author.

Oregon Commission on Children and Youth Services. (1990). *Oregon girls advocacy project final report*. Salem, OR: Author.



Poe-Yamagata, E., & Butts, J. A. (1996). *Female offenders in the juvenile justice system: Statistics summary*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Prescott, Laura, (1997). *Adolescent girls with co-occurring disorders in the juvenile justice system*. New York: Policy Research, Inc.

Reed, J. (1994). Sugar and spice and everything nice: Medical care for girls in residential programs. *1994 Juvenile Female Offenders Conference: A Time for Change* (pp. 57-74). Lanham, MD: American Correctional Association.

Robin Hood Foundation. (1996). *Kids having kids: A special report on the cost of adolescent childbearing*. New York: Author.

Rofes, E. E. (1994). Making our schools safe for sissies. *High School Journal*, 77, 37-40.

Rotheram-Borus, M. J. (1993). Multicultural issues in the delivery of group intervention. *Special Service in the Schools*, 8(1), 179-188.

Rotheram-Borus, M. J., & Fernanadez, M. I. (1995). Sexual orientation and development challenges experienced by gay and lesbian youths. *Suicide and Life-Threatening Behavior*, 25 (Suppl.), 26-34.

Rothman, J., & David, T.G. (1985). *Status offenders in Los Angeles County: Focus on runaway and homeless youth: A study and policy recommendations*. Los Angeles, CA: School of Social Welfare, Bush Program in Child and Family Policy.

Sarri, R. (1983). Gender issues in juvenile justice. *Crime and Delinquency*, 29(3), 381-397.

Savin-Williams, R. C. (1995, January). An exploratory study of pubertal maturation timing and self-esteem among gay and bisexual male youths. *Developmental Psychology*, 31, 56-64.

Snell, T. (1994). *Women in prison: Survey of state prison inmates, 1991*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Sommers, I., & Baskin, D. R. (1994). Factors related to female adolescent initiation into violent street crime. *Youth and Society*, 25(4), 468-488.

Spergel, I. A. (1992). Youth gangs: An easy review. *Social Service Review*, 66(1), 121-140.

Streitmatter, J. L. (1988). Ethnicity as a mediating variable of early adolescent identity development. *Journal of Adolescence*, 11(4), 335-346.

Taylor, J. M., Gilligan, C., & Sullivan, A. M. (1995). *Between voice and silence: Women and girls, race and relationship*. Cambridge, MA: Harvard University Press.



Tobler, N. S. (1992). Drug prevention programs can work: Research findings. *Journal of Addictive Diseases*, 11, 1-28.

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. (1994). *State summary: Survey of conference participants*. Gender-specific services training and technical assistance workshop, Minneapolis, MN: Author.

U.S. Department of Health and Human Services. (1996) *National incidence study of child abuse and neglect*. Washington, DC: Author.

Women's Action Coalition. (1993). *WAC stats: The facts about women* (2nd ed.). New York: New Press.

Wood, G. (1994). Models for change. *1994 Juvenile Female Offenders Conference: A time for change* (p. 113). Lanham, MD: American Correctional Association.

Valentine Foundation & Women's Way. (1990). *A conversation about girls*. Bryn Mawr, PA: Valentine Foundation.

Yoshikawa, H. (1994). Prevention as cumulative protection: Effects of early family support and education on chronic delinquency and its risks. *Psychological Bulletin*, 115(1), 28-54.



ADDITIONAL RESOURCES

Agnew, R., & Brezina, T. (1997). Relational problems with peers, gender, and delinquency. *Youth and Society*, 29(1), 84.

Aponte, J. F., Rivers, R. Y., & Wohl, J. (Eds.). (1995). *Psychological interventions and cultural diversity*. Boston: Allyn & Bacon.

Association of State and Territorial Health Officials. (1992). *ASTHO bilingual health initiative: Report and recommendations: State health agency strategies to develop linguistically relevant public health systems*. Washington, DC: Author.

Bartollas, C. (1993). Little girls grow up: The perils of institutionalization. In C. C. Culliver (Ed.), *Female criminality: The state of the art* (pp. 469-482). New York: Garland.

Benard, B. (1993). *Turning the corner: From risk to resiliency*. Portland, OR: Northwest Regional Educational Laboratory.

Berry, J. W., & Kim, U. (1998). Acculturation and mental health. In P. R. Dasen, J. W. Berry, & N. Sartorius (Eds.), *Health and cross-cultural psychology: Toward applications* (pp. 207-236). Newbury Park, CA: Sage Publications.

Burt, M. R., Resnick, G., & Matheson, N. (1992). *Comprehensive service integration programs for at-risk youth*. Washington, DC: The Urban Institute.

Catalano, R. F., Arthur, M. W., Hawkins, J. D., Berglund, L., & Olson, J. J. (1998). Comprehensive community and school-based interventions to prevent antisocial behavior. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions*. Thousand Oaks, CA: Sage Publications.

Cernkovich, S., & Giordano, P. (1979). A comparative analysis of male and female delinquency. *Sociological Quarterly*, 20, 131-145.

Chesney-Lind, M., & Shelden, R. G. (1992). *Girls, delinquency, and juvenile justice*. Pacific Grove, CA: Brooks/Cole.

Coffey, O. D., & Gemignani, M. G. (1994). *Effective practices in juvenile correctional education: A study of the literature and research 1980-1992*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Coll, C. G., Lamberty, G., Jenkins, R., McAdoo, H. P., Crnic, K., Wasik, B. H., & Garcia, H. V. (1996). An integrative model for the study of developmental competencies in minority children. *Child Development*, 67(5), 1891-1914.

Crick, N. R., & Grotpeter, J. K. (1995). Relational aggression, gender, and social-psychological adjustment. *Child Development*, 66(3), 710-722.



Crick, N. R. (1997). Engagement in gender normative versus nonnormative forms of aggression: Links to social-psychological adjustment. *Developmental Psychology*, 33(4), 610-617.

Davis, P. T., & Windle, M. (1997). Gender-specific pathways between maternal depressive symptoms, family discord, and adolescent adjustment. *Developmental Psychology*, 33(4), 657-668.

Desmond, S. M., & Price, J. H., et al. (1989, October). Black and White adolescents' perceptions of their weight. *Journal of School Health*, 59(8), 353-358.

Egan, J. (1997, July 27). A thin red line. *New York Times Magazine*, 20-48.

Fetterman, D. M. (1996). Empowerment evaluation: An introduction to theory and practice. In D. M. Fetterman, S. J. Kaftarian, & A. Wandersman (Eds.), *Empowerment evaluation: Knowledge and tools for self-assessment and accountability*. Thousand Oaks, CA: Sage Publications.

Fordham, S. (1993). "Those loud black girls": (Black) women, silence, and gender "passing" in the academy. *Anthropology and Education Quarterly*, 24(1), 3-32.

Garcia, J. G., & Zea, M. C. (Eds.). (1997). *Psychological interventions and research with Latino populations*. Boston: Allyn & Bacon.

Garmezy, N. (1993). Children in poverty: Resilience despite risk. *Psychiatry*, 56, 127-136.

Ge, X., Conger, R. D., & Elder, G. H. (1996). Coming of age too early: Pubertal influences on girls' vulnerability to psychological distress. *Child Development*, 67(6), 3386-3400.

Gfroerer, J. C. (1996, August). *Preliminary estimates from the 1995 National Household Survey on Drug Abuse* (Advance Report No. 18, pp. 1-99). Rockville, MD: U.S. Department of Health and Human Services, Office of Applied Studies, Substance Abuse and Mental Health Services Administration.


Girls Incorporated. (1992). *Past the pink and blue predicament: Freeing the next generation from sex stereotypes*. New York, NY: Author.

Grayson, J., & Bartlette, D. (1992). Child abuse and developmental disabilities. *Virginia Child Protection Newsletter*, 37, 1-16.

Greene, L. W., Smith, M. S., & Peters, S. R. (1995). "I Have a Future": Comprehensive adolescent health promotion program: Cultural considerations in program implementation and design. *Journal of Health Care for the Poor and Underserved*, 6(2), 267-281.

Guthrie, B. J., Rotheram, M. J., & Genero, N. (In press). *Female adolescents' substance use: Gender and ethnic considerations for prevention and treatment policy*. Washington, DC: Center for Substance Abuse Prevention.

Issacs, M. R., & Benjamin, M. P. (1991). *Towards a culturally competent system of care: Vol. 2*. Washington, DC: Child and Adolescent Service System Program.



Jenson, J. M., Howard, M. O., & Jaffe, J. (1995). Treatment of adolescent substance abusers: Issues for practice and research. *Social Work in Health Care*, 21, 1-18.

Jessor, R., Van Den Bos, J., Vanderryn, J., Costa, F. M., & Turbin, M. S. (1995). Protective factors in adolescent problem behavior: Moderator effects and developmental change. *Developmental Psychology*, 31(6), 923-933.

Joe, K. A., & Chesney-Lind, M. (1995). "Just every mother's angel": An analysis of gender and ethnic variations in youth gang membership. *Gender and Society*, 9(4), 408-431.

Johnston, L., O'Malley, P. M., & Bachman, J. G. (1994). *National survey results on drug use from the Monitoring the Future Study, 1975-1993*. Rockville, MD: U.S. Department of Health and Human Services, National Institute on Drug Abuse (NIH Publication No. 94-3809). Washington, DC: U.S. Government Printing Office.

Joiner, G. W., & Kashubeck, S. (1996). Acculturation, body image, self-esteem, and eating-disorder symptomatology in adolescent Mexican American women. *Psychology of Women Quarterly*, 20(3), 419-435.

Kessler, D. T., & Klein, M. A. (1995). Drug use patterns and risk factors of adolescents with physical disabilities. *International Journal of Addictions*, 30, 1243-1270.

Kielwasser, A. P., & Wolf, M. A. (1994). Silence, difference and annihilation: Understanding the impact of mediated heterosexism on high school students. *The High School Journal*, 77, 58-79.

Kim, S., Coletti, S. D., Williams, C., & Hepler, N. A. (1990). Substance abuse prevention involving Asian/Pacific Islander American communities. In G. J. Botvin, S. Schineke, & M. A. Orlandi (Eds.), *Drug abuse prevention with multiethnic youth*. Thousand Oaks, CA: Sage Publications.

Kim, S., McLeod, J. H., & Shantzis, C. (1995). A short-term outcome evaluation of the "I'm Special" drug abuse prevention program: A revisit using SCAT inventory. *Journal of Drug Education*, 20(2), 127-138.

Lauderback, D., Hansen, J., & Waldorf, D. (1992). Sisters are doin' it for themselves: A Black female gang in San Francisco. *The Gang Journal*, 1, 57-72.

Leadbeater, B.J.R., & Way, N. (Eds.) (1996). *Urban girls: Resisting stereotypes, creating identities*. New York: New York University Press.

Leck, G. (1994). Politics of adolescent sexual identity and queer responses. *High School Journal*, 77, 186-192.

Levey, J. C., & Lagos, V. K. (1994). Children with disabilities. In L. D. Eron, J. H. Gentry, & P. Schlegel (Eds.), *Reason to hope: A psychosocial perspective on violence and youth*. Washington, DC: American Psychological Association.



Lowry, R., Holtzman, D., Truman, B. I., & Kann, L. (1994). Substance use and HIV-related sexual behaviors among U.S. high school students: Are they related? *American Journal of Public Health*, 84(7), 1116-1120.

Mann, C.R. (1993). *Unequal Justice: A question of color*. Bloomington, IN: Indiana University Press.

Mann, C.R. (1994). *Female crime and delinquency*. Tuscaloosa, AL: University of Alabama Press.

Miller, J. (1996). Race, gender and juvenile justice: An examination of disposition decision-making for delinquent girls. In M. D. Schwartz & D. Milovanovic (Eds.), *Race, gender and class in criminology: The intersection* (pp. 219-246). New York: Garland.

National Institute on Drug Abuse. (1995). *Drug use among racial/ethnic minorities* (NIH Publication No. 95-3888). Rockville, MD: U.S. Department of Health and Human Services, National Institute on Drug Abuse.

President's Council on Physical Fitness and Sports under the Direction of the Center for Research on Girls and Women in Sport, University of Minnesota. (1997). *Physical activity and sport in the lives of girls: Report: Physical and mental health dimensions from an interdisciplinary approach*. Washington, DC: Author.

Pumariega, A. J. Acculturation and eating attitudes in adolescent girls: A comparative and correlational study. *Journal of the American Academy of Child Psychiatry*, 25(2), 276-279.

Reynolds, A. J. (1998). Resilience among black urban youth: Prevalence, intervention effects, and mechanisms of influence. *American Journal of Orthopsychiatry*, 68(1), 84-100.

Rhodes, J. E., & Fischer, R. K. (1993). Spanning the gender gap: Gender differences in delinquency among inner-city adolescents. *Adolescence*, 28(112), 879-890.

Rodriguez, M., & Brindis, C. (1995). *Violence and Latino youth: Prevention and methodological issues*. Public Health Reports, 110(3), 260-267. Washington, DC: Department of Health and Human Resources.

Roscoe, M., & Morton, R. (1994). Disproportionate minority confinement (The Office of Juvenile Justice and Delinquency Prevention Fact Sheet 11). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Rotheram-Borus, M. J., Dopkins, S., Sabate, N., & Lightfoot, M. (1996). Personal and ethnic identity, values, and self-esteem among Black and Latino adolescent girls. In B.J.R. Leadbeater & N. Way (Eds.), *Urban Girls: Resisting Stereotypes, Creating Identities* (pp. 35-52). New York: New York University Press.

Schultz, D. L. (1991). *Risk, resiliency, and resistance: Current research on adolescent girls*. Ms. Foundation for Women National Initiative. New York: National Council for Research on Women.



Shelden, R. G., & Chesney-Lind, M. (1993). Gender and race differences in delinquent careers. *Juvenile & Family Court Journal*.

Signorile, M. (1993). *Queer in America: Sex, the media and the closets of power*. New York: Random House.

Simons, J. M., Finlay, B., & Yang, A. (1991). *The adolescent & young adult fact book*. Washington, DC: Children's Defense Fund.

Snell, T. (1994). *Women in prison: Survey of state prison inmates, 1991* [Bureau of Justice Statistics Special Report]. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Snyder, H. N., Sickmund, M., & Poe-Yamagata, E. (1996). *Juvenile offenders and victims: 1996 update on violence*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Tucker, J., & Wolfe, L. R. (1997). *Victims no more: Girls fight back against male violence*. Washington, DC: Center for Women Policy Studies.

Wright, K. N., & Wright, K. E. (1994). *Family life, delinquency, and crime: A policymaker's guide* [Research summary]. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Ward, J. V., & Robinson, T. (1991, September). A belief in self far greater than anyone's disbelief: Cultivating resistance among African American female adolescents. *Women and Therapy*, 11(3-4), 87-104.

Weiss, F. L., Nicholson, H. J., & Cretella, M. M. (1996). *Prevention and parity: Girls in juvenile justice*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Wells, R. H. (1994). America's delinquent daughters have nowhere to turn for help. *Corrections Compendium*, 19(11), 4-6.

Werner, E. E., & Smith, R. S. (1989). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: Adams, Bannister, Cox.

Williams, L. M., Finkelhor, D., & Kendall-Tackett, K. A. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113, 164-180.

Zantal-Weiner, K. (1987). *Child abuse and the handicapped child*. Reston, VA: Clearinghouse on Handicapped and Gifted Children. (ERIC Digest No. 446)



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