

# MEETING THE CHALLENGES FACED BY GIRLS IN THE JUVENILE JUSTICE SYSTEM

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## HEARING

BEFORE THE

SUBCOMMITTEE ON HEALTHY  
FAMILIES AND COMMUNITIES

COMMITTEE ON

EDUCATION AND LABOR

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED ELEVENTH CONGRESS

SECOND SESSION

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HEARING HELD IN WASHINGTON, DC, MARCH 11, 2010

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**Serial No. 111-50**

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Printed for the use of the Committee on Education and Labor



Available on the Internet:

*<http://www.gpoaccess.gov/congress/house/education/index.html>*

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U.S. GOVERNMENT PRINTING OFFICE

55-181 PDF

WASHINGTON : 2010

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## **MEETING THE CHALLENGES FACED BY GIRLS IN THE JUVENILE JUSTICE SYSTEM**

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**Thursday, March 11, 2010  
U.S. House of Representatives  
Subcommittee on Healthy Families and Communities  
Committee on Education and Labor  
Washington, DC**

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The subcommittee met, pursuant to call, at 10:50 a.m., in room 2175, Rayburn House Office Building, Hon. Carolyn McCarthy [chairwoman of the subcommittee] presiding.

Present: Representatives McCarthy and Polis.

Also Present: Representative Murphy of Connecticut.

Staff Present: Tylease Alli, Hearing Clerk; Calla Brown, Staff Assistant, Education; Jody Calemine, General Counsel; Denise Forte, Director of Education Policy; Ruth Friedman, Senior Education Policy Advisor; David Hartzler, Systems Administrator; Sharon Lewis, Senior Disability Policy Advisor; Sadie Marshall, Chief Clerk; Bryce McKibbon, Staff Assistant; Meredith Regine, Junior Legislative Associate, Labor; Alexandria Ruiz, Administrative Assistant to Director of Education Policy; Melissa Salmanowitz, Press Secretary; Kim Zarish-Becknell, Policy Advisor, Subcommittee on Healthy Families and Communities; Stephanie Arras, Minority Legislative Assistant; Kirk Boyle, Minority General Counsel; Allison Dembeck, Minority Professional Staff Member; Ryan Murphy, Minority Press Secretary; Susan Ross, Minority Director of Education and Human Services Policy; and Mandy Schaumburg, Minority Education Policy Counsel.

Chairwoman MCCARTHY. By House and committee rules, two Members can constitute a quorum. No bipartisan requirement; two Members of same party will suffice.

A quorum is present. The hearing of the House Committee on Education and Labor, Healthy Families and Communities Subcommittee, on "Meeting the Challenges Faced by Girls in the Juvenile Justice System" will come to order.

Before we begin, I would like everyone to take a moment to make sure your cell phones and your BlackBerrys are on silence or off.

Also, joining this hearing we are expecting two of our colleagues, Representative Woolsey, who is a member of the full committee, and Representative Chris Murphy, to attend the hearing. I ask unanimous consent for them to sit on the dais, to listen to testimony, and to ask questions.

So ordered.

I now recognize myself, followed by Ranking Member Todd Platts. He is going to be detained a little bit, but as soon as he comes in, he will have his opening statement.

First, I would like to thank all the witnesses for being here today. We really do appreciate it. This is an important hearing. And I think what is also important is a lot of people don't actually know what is going on in some of our systems.

We have assembled a panel of folks who are just incredibly knowledgeable in juvenile justice issues that affect girls especially. They are bringing their personal experience and a wealth of information from research and work in the field.

Although we are focusing on the need for gender-specific juvenile justice reform, the issues we will cover, such as status offenses, valid court orders, confinement conditions, and mental health issues, have an impact on both young men and young women. We have decided to focus on young ladies today because, unfortunately, the number of girls in the system is on the rise and the juvenile justice system was developed around boys, in terms of policies, practices, and staff training.

We have not held any hearings on gender-specific challenges, and there can be a significant difference on how girls and boys wind up in the system and how they are handled once in the system. I believe these issues are important to explore as we move forward to reauthorization on the Juvenile Justice Delinquency Prevention Act, but I want to emphasize that each of the areas we will cover will affect young men and women.

Across the country in the 1980s and the 1990s, States largely abandoned the focus on juvenile justice rehabilitation and treatment in favor of an approach that responded to delinquent behavior with punished sanctions and institutional placement. Now, nearly 3 decades later, most practitioners, academics, policy-makers, and the public believe that that approach has failed us.

The current system does little to protect public safety or help youth become more productive, law-abiding citizens. And, in many cases, the youth that we are funneling into the juvenile system are the victims of trauma, have mental health issues, and have been accused of status offenses such as truancy or running away from home.

Under the valid court order exception of the JJDP, or VCO exception, runaway youth and other status offenders may be incarcerated. Specifically, the VCO exception allows status offenders to be locked up in their second and subsequent status offenses for violating the court's order not to commit another offense.

We know that once they are part of the juvenile system, their long-term outcomes become very bleak. To put a juvenile in detention for a status, nonviolent, noncriminal offense is, in my opinion, criminal.

Data has shown, in 2001, girls made up 19 percent of detained youth, but 24 percent of those were detained for technical violations, and 43 percent of those were detained for status offenses. Many young women, many of which are runaways, are often running away from an abusive home life. Some judges want to protect the runaway child from a chaotic household or from the streets,

and, if they feel they have no other options, they will put her in detention.

I believe we need to look closely at eliminating the VCO exception in the juvenile justice system. As we move forward with reauthorization, it is clear we do not want to be sweeping children into the juvenile system for minor, noncriminal offenses.

Confinement should be the last resort, reserved for those who pose such a serious threat no other solution would be there to protect the public safety. In all other cases, young people can be well-served and the public kept safe by community support. For those who do not need to be placed in a facility, the system should treat and rehabilitate them, not hurt and harden them.

Unfortunately, the DOJ report from this January indicates that confinement conditions in juvenile facilities can be horrible. Among other things, the DOJ report found an estimated 12 percent of youth in State juvenile facilities and large non-State facilities reported experiencing one or more incidents of sexual victimization. Most of these youth have been sexually abused before making it into the system.

I am glad the DOJ collected this data and brought this outrageous situation to our knowledge. I think that we need to do a much better job of collecting data in the JJ system, and that is especially true in mental health, sex, race, and ethnicity. Without timely, accurate data, we cannot make the appropriate policy decisions here. For both young women and young men, confinement conditions are often of quite poor quality.

Young ladies have particular health needs associated with pregnancy, childbirth, personal hygiene, mental health issues such as depression, trauma from previous sexual abuse, which are not being addressed and, in some cases, being exploited. We need to explore how to better screen young ladies who enter the system for mental health issues and how to treat young ladies once they are confined.

The problems with the juvenile justice system are many. We have our work cut out for us. I believe this hearing will help us understand the key issues that we will need to address during reauthorization, and I am eager to hear from our panel.

I want to thank all of you for being here, and I look forward to your testimony.

Pursuant to committee rule 7, any Members may submit an opening statement, in writing or at this point, which will be made part of the permanent record.

[The statement of Mrs. McCarthy follows:]

**Prepared Statement of Hon. Carolyn McCarthy, Chairwoman,  
Subcommittee on Healthy Families and Communities**

First, I'd like to thank all the witnesses for being here today.

We have assembled a panel of folks who are incredibly knowledgeable in juvenile justice issues that affect girls specifically.

They bring their personal experiences and a wealth of information from research and work in the field.

Although we are focusing on the need for gender specific juvenile justice reform, the issues we will cover, such as status offenses and valid court order rules, confinement conditions, and mental health issues, have an impact on both boys and girls in the system.

We have decided to focus on girls today because unfortunately the number of girls in the system is on the rise, and the juvenile justice system was developed around boys in terms of policies, practices and staff training.

We have not held any hearings on gender specific challenges and there can be significant differences in how girls and boys wind up in the system and how they are handled once they are in the system.

I believe these issues are important to explore as we move toward reauthorization of the Juvenile Justice Delinquency Prevention Act, or "J-J-D-P-A".

But I want to emphasize that each of the areas we will cover affect both boys and girls.

Across the country, in the 1980s and 1990s, states largely abandoned the focus on juvenile justice rehabilitation and treatment in favor of an approach that responded to delinquent behavior with punitive sanctions and institutional placement.

Now, nearly THREE decades later, most practitioners, academics, policymakers and the public believe this approach has failed.

The current system does little to protect public safety or help youth become productive, law abiding citizens.

And in many cases, the youth we are funneling into the juvenile system are the victims of trauma, have mental health issues, and have been accused of status offenses such as truancy, or running away from home.

Under the "valid court order exception," of the JJDP— or "VCO exception"—run-away youth and other status offenders may be incarcerated.

Specifically, the "VCO exception" allows status offenders to be locked up for their second and subsequent status offenses, for violating the court's order not to commit another status offense.

We know that once they are part of the juvenile system, their long term outcomes become very bleak.

To put a juvenile in detention for a status, non violent, non-criminal offense, is, in my opinion, criminal.

Data shows that in 2001, girls made up 19 percent of detained youth, but 24 percent of those were detained for technical violations and 43 percent of those were detained for status offenses.

For girls, many of which are runaways, they are often running away from an abusive home life.

Some judges want to protect the runaway girl from a chaotic household or from the streets, and if they feel they have no other options, they will put her in detention.

I believe we need to look closely at eliminating the "V-C-O exception" in JJDP as we move forward in reauthorization as we do not want to be sweeping children into the juvenile system for minor, non-criminal status offenses.

Confinement should be a last resort reserved for those who pose such a serious threat that no other solution would protect public safety.

In all other cases, young people can be well served and the public kept safe by community supports.

For those who do need to be placed in a facility, the system should treat and rehabilitate them, not hurt and harden them.

Unfortunately, a DOJ report from this January indicated that confinement conditions in juvenile facilities can be horrible.

Among other things, the DOJ report found an estimated 12 percent of youth in state juvenile facilities and large non-state facilities reported experiencing one of more incidents of sexual victimization.

Most of these youth have been sexually abused before making it into the system.

I am glad the DOJ collected this data and brought this outrageous situation to light.

I think that we need to do a much better job of collecting data in the juvenile justice system that is specific to mental health, sex, race and ethnicity.

Without timely, accurate data we cannot make the appropriate policy decisions. For both girls and boys, confinement conditions are often quite poor.

Girls have particular health needs associated with pregnancy and child birth, personal hygiene and mental health issues such as depression and trauma from previous sexual abuse which are not being addressed and in some cases are being exploited.

We need to explore how to better screen girls who enter the system for mental health issues and how to treat girls once they are confined.

The problems with the juvenile justice system are many.

We have our work cut out for us.



I believe this hearing will help us understand the key issues that we will need to address during reauthorization, and I am eager to hear from our extremely knowledgeable witnesses.

Thank you all for being here and I look forward to your testimony.

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Chairwoman MCCARTHY. When Mr. Platts, the ranking member on the Republican side, gets here, he will have his opening statement.

Without objection, all Members will have 14 days to submit additional materials or questions for the hearing record.

I would like to briefly introduce our very distinguished panel of witnesses here with us this morning. The complete bios of the witnesses will be inserted into the record.

Today we will hear from six witnesses, each of whom will focus on challenges to the young ladies in the juvenile justice system.

Again, I thank you all for being here.

In the interest of time, given the large number of witnesses today, I will keep my formal introductions short.

Our first witness is Professor Francine Sherman.

Welcome.

Professor Sherman is a professor at Boston College Law School, where she has been teaching juvenile justice for the last 20 years. She founded and directs the Juvenile Rights Advocacy Project, a law clinic helping juvenile clients. She is an ongoing consultant with the Annie E. Casey Foundation Juvenile Detention Alternative Initiative on strategies to reduce girls in detention nationwide. She authored a Casey Foundation report called "Detention Reform and Girls."

Welcome, Professor.

Our next witness is Rachel Carrión. Ms. Carrión is currently a board member of Community Connections for Youth, whose expertise on juvenile justice issues is shaped by the fact that she, herself, was in the JJ system. She first entered the juvenile justice system at the age of 15 when she was arrested for fighting with another girl. That began her experience in a system had failed to treat her underlying trauma and her substance abuse problems. Ms. Carrión currently serves as a board member at CCFY, which is a New York-based, youth-serving, nonprofit organization dedicated to promoting and developing alternatives to incarceration for youth.

Welcome. And we appreciate you being here to tell your story.

Our next witness is Judge Brian Huff. Judge Huff is a presiding juvenile judge for Jefferson County, Birmingham, AL. He was appointed to the bench in 2005 and, running as a Republican candidate, was elected in 2006. Judge Huff oversees Reclaiming Our Youth, a multiple-facet collaboration juvenile justice reform effort. Through his work, the juvenile incarceration rate in Jefferson County has been reduced by more than 70 percent—congratulations to you for that—while bringing millions of dollars back into the community through State grants. He brings his experience on the front lines of the juvenile justice system to the panel.

Welcome, Judge.

Our next witness is Professor Linda Teplin, professor of psychiatry and director of the Psycho-Legal Studies Program, North-

western University Medical School. Professor Teplin is currently conducting the Northwestern Juvenile Project, the first large-scale, longitudinal study of the health needs and outcomes of juvenile detainees. In this study, her team tracks and re-interviews almost 2,000 youth who were initially arrested and detained in the 1990s. Her published papers have addressed a variety of topics: psychiatric disorder, health services, death rates, child maltreatment, trauma, suicide, functional impairment, and HIV-AIDS risk behaviors.

Welcome, Professor. We are glad to have you here.

My colleague Mr. Platts was going to be introducing our next two witnesses, so if—I am going to take the privilege of introducing both of you.

Gary Ivory currently serves as the Southwest president of the Youth Advocate Programs, Incorporated, “YAP,” as well as national director of program development. In this capacity, he maintains oversight of several programs that provide a range of community-based services for children, youth, and families throughout the Southwest region. He has done pioneering work with juvenile street gangs in Fort Worth, Texas. This work was featured in several national publications, including Catalyst, a national newsletter of the National Crime Prevention Council, and a PBS series, “In Search of Law and Order.”

Welcome.

Ms. Romer is a graduate of Indiana University in Bloomington, Indiana. She majored in criminal justice and history. Prior to being employed as a juvenile justice probation officer, she was employed as a case manager for 2 years in a residential program for female adolescents, both dependent and delinquent. She is currently employed with the York County, PA, Juvenile Probation Department as an intensive aftercare officer. Her caseload includes female juvenile offenders that are in need of intense supervision and treatment. The service is designed to provide support for the family and child throughout placement and 6 months following their release from a residential facility.

Welcome.

Let me explain the lighting system in front of you. When you start speaking, a green light will go on. When the yellow light goes on, you have basically a minute. And we would kindly ask you if you could wrap up during that particular time. When the red light goes on, I will gently tap my gavel to tell you that it is time to cut off.

Professor Sherman, please.

**STATEMENT OF FRANCINE SHERMAN, J.D., CLINICAL PROFESSOR; DIRECTOR, JUVENILE RIGHTS ADVOCACY PROJECT, BOSTON COLLEGE LAW SCHOOL**

Ms. SHERMAN. Good morning, Chairwoman McCarthy and members of the committee. Thank you for inviting me to testify on the ways the justice system can respond to challenges faced by girls.

My testimony draws on 15 years as director of the Juvenile Rights Advocacy Project at Boston College Law School, as well as 10 years providing research and technical assistance to Annie E. Casey Foundation Juvenile Detention Alternatives Initiative juris-

dictions around the country on ways to reduce the inappropriate detention of girls and increase their success in communities.

Over the last 2 decades, girls remain a numerical minority in the juvenile justice system, but their proportion has steadily increased. Girls are 30 percent of juvenile arrests, 18 percent of detentions, and 13 percent of commitments.

Girls' presence in the justice system is closely linked to developmental and social factors unique to girls in either kind or degree. And increasing evidence shows that unintended consequences of juvenile justice system policies and practices are pulling girls into the system and keeping them there when another system or community-based agency would better serve them.

The impact of family chaos and trauma for girls in the juvenile justice system cannot be overstated. While boys and girls in the justice system likely come from distressed families, girls are more likely to have families characterized by chaos such as violence, incarceration of a parent, and residential instability. Research shows that girls are being criminalized for living in these chaotic households by being arrested for family-based assaults in situations that would have triggered family services intervention in a prior decade and by being detained for violating curfew and orders to follow rules of the house in status offenses cases.

JDAI, now in over 100 jurisdictions nationwide, is a 15-year effort to reduce the inappropriate detention of youth and shore up communities to help youth live successfully in their homes. Through JDAI, I see a constant link between family chaos and girls' detention.

For example, in 2006 Nevada law required that anyone arrested for domestic battery be securely detained for a minimum of 12 hours, making no distinction for the age of the offender. Under this law, police called about fights between a mother and daughter were much more likely to arrest the teenage daughter, leaving the mother to care for other children in the home, and triggering mandatory detention of the girl, which typically stretched beyond 12 hours. As a result, detention data from Washoe and Clark Counties showed that girls, who are up 25 percent of detentions overall, were an average of 42 percent of detentions for domestic battery.

Recently, Nevada amended its law to prohibit detention for domestic battery alone and put family crisis services in place as an alternative, so the girls are now provided with family services rather than being detained as victims of family chaos. Similar laws and policies exist around the country and have a disproportionate impact on girls who experience family violence at high rates.

Research shows that up to 73 percent of girls in the justice system have experienced sexual or physical victimization. Girls are more likely than boys to have experienced sexual assault, rape, or sexual harassment. And abuse histories in girls may be linked to mental health issues, such as depression and anxiety disorders.

Girls who have experienced sexual abuse are likely to engage in risky sexual behaviors themselves, risking their health and often triggering involvement in the juvenile justice system. Girls with histories of sexual victimization are more likely to become commercially sexually exploited, leading to arrest and detention for pros-

titution-related offenses and to lives marked by more abuse and trauma.

Victimization and trauma lead girls to run away from home, which is a frequent cause of their arrest. Girls' profound histories of victimization become pathways into the juvenile justice system in these numerous ways. But using detention and incarceration punishes and re-victimizes these girls and fails to provide States and localities with incentives to properly address girls' victimization in the public health, child and family services, and victim services systems.

As a January 2010 report by the U.S. Department of Justice made clear, sexual victimization is occurring at alarmingly high levels in juvenile facilities across country.

Because girls offending is often tied to chaotic families, victimization and mental health needs, girls in the juvenile justice system are typically involved with multiple systems. Girls I represent have contact with the child welfare system as a status offender or abused child; the juvenile justice system; the education system, often as a special education student; the public health system; and the mental health system. In these cases, wraparound services are critical, and States should be encouraged to find ways to work across traditional agency boundaries.

Although there are clear national patterns among girls in the juvenile justice system, the precise nature and mix of practices and programs needed to address challenges posed by girls will vary locally. Without data which is disaggregated by gender and cross-referenced by race and ethnicity, we cannot fully understand the challenges facing girls and which policies will be effective. In every jurisdiction I have worked with, detailed data collection and analysis disaggregated by gender and cross-referenced by race and ethnicity has been the key to understanding and designing effective solutions for girls.

Let me make four recommendations. To better understand and respond to the challenges posed by girls in the juvenile justice system, I recommend: requiring jurisdictions to collect and analyze juvenile justice system data disaggregated by gender and cross-referenced by race and ethnicity; eliminating the valid court order exception to the deinstitutionalization of status offender mandate to prevent criminalization as well as provide incentives for jurisdictions to develop appropriate programming and services; encouraging the use of community-based wrap-around services coordinated across agencies for girls with high social service and mental health needs rather than using detention; and additional research on girls and the system practices affecting them, particularly on the prevalence and needs of pregnant and parenting girls in the juvenile justice system and alternatives to juvenile justice involvement for commercially sexually exploited girls.

Thank you.

[The statement of Ms. Sherman follows:]

**Prepared Statement of Francine T. Sherman, Clinical Professor and Director, Juvenile Rights Advocacy Project, Boston College Law School**

Good Morning Chairwoman McCarthy and members of the Committee, and thank you for inviting me to testify today on the challenges faced by girls in the juvenile justice system and the ways our justice systems can best respond. In my testimony

I draw on my 15 years teaching juvenile justice, representing girls in the justice system and developing programming for them as Director of the Juvenile Rights Advocacy Project at Boston College Law School as well as 10 years providing research and technical assistance to Annie E. Casey Foundation Juvenile Detention Alternatives Initiative (JDAI) jurisdictions around the country on ways to reduce the inappropriate detention of girls and increase their success in their communities.

Over the last two decades, while girls remain a numerical minority in the juvenile justice system, their proportion has steadily increased; from 1999 to 2008 arrests of girls decreased less than their male counterparts in almost every offense category and for some crimes (such as assault) arrests of girls increased while those of boys decreased (Puzzanchera, 2009). In 2008 girls were 30% of juvenile arrests, and in 2006 they were 18% of detentions and 13% of commitments (Sickmund, Sladky, Kang & Puzzanchera, 2008).

- Who are these girls?
- What forces are moving them into the delinquency system?
- And is the delinquency system the right place for them?

Girls' presence in the justice system is closely linked to developmental and social factors unique to girls in either kind or degree and there is increasing evidence that unintended consequences of juvenile justice system policies and practices are pulling girls into the juvenile justice system and keeping them there when it is clear that another system or community-based agency would better serve them.

In 2008, girls comprised the majority of arrests for prostitution and running away; 44% of arrests for theft, and between 30-40% of arrests for non-index offenses such as liquor law violations, disorderly conduct, and curfew and loitering. With the exception of assaults, girls continue to comprise under 10% of arrests for violent crime (Puzzanchera, 2009). These trends in girls' arrests have been consistent over the past two decades.

#### *Family Chaos and Trauma*

For girls in the juvenile justice system you cannot overstate the impact of family chaos and trauma. While boys and girls in the justice system are likely to come from distressed families, data shows that female delinquents are more likely to come from families characterized by chaos such as violence, incarceration of a parent, death of a parent or sibling, poor family communication, and residential instability (Lederman, Dakof, Larrea, & Li, 2004; Bloom, Owen, Deschenes, & Rosenbaum, 2002; Acoca, 1999; Timmons-Mitchell, Brown, Schulz, Webster, Underwood, & Semple, 1997).

Moreover, there is strong evidence that girls are being criminalized for living in these chaotic households by being arrested for family based assaults in situations that would have triggered family services intervention in a prior decade (Zahn, et al, 2008), and by being detained for violating curfew and orders to obey "house rules" in status offense cases.

Recent research by the Girls Study Group concluded that the increase in assault arrests for girls is due in part to their arrests for home-based violence, as an unintended consequence of law enforcement practices that require arrest or detention in domestic disputes. They note that while the most common victim of boys' and girls' violence is a same sex peer, the second most common victim of girls' violence is a family member, reinforcing what we have always known, that girls' crime is closely linked to their relationships (Zahn, et al., 2008).

The Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI) is a 15-year effort to reduce the inappropriate detention of youth and shore up communities to help youth live successfully in their homes. JDAI is now in over 100 jurisdictions nationwide (Mendel, 2009). In my work with JDAI jurisdictions, we look closely at local data, always disaggregated by gender, race and ethnicity, to pinpoint ways that girls are disproportionately, unintentionally, or inappropriately detained when they would be served better and more successfully in their homes and communities. In that work the link between family chaos and girls' detention is a constant finding and was recently illustrated across JDAI sites in Nevada.

2006 detention data from Washoe and Clark Counties, Nevada (Reno and Las Vegas) showed that while girls comprised an average of 25% of detentions overall, they comprised an average of 42% of detentions for domestic battery. At that time Nevada law required that anyone arrested for domestic battery be securely detained for a minimum of 12 hours, making no distinction for the age of the offender. Similar laws and policies exist around the country. Girls, who experience family violence at high rates, were bearing the disproportionate impact of this well-intended law. When police were called about fights between a mother and daughter, they were much more likely to arrest the teenage daughter because the mother had responsibility for other children in the home. This would trigger mandatory detention, which

in most cases stretched beyond the 12 hours. In Nevada a coalition of rural and urban jurisdictions including juvenile justice systems, law enforcement and the domestic violence community worked with the state legislature, amending the statute to prohibit detention for domestic battery alone and put family crisis services in place as an alternative. Data from Washoe County now shows that girls arrested for domestic battery are provided family services, not detained, and not swept into the delinquency system for being victims of family chaos (Sherman, 2009).

Like detention for domestic violence, detention for violations of valid court orders in status offense cases, often criminalizes girls who are the victims of chaotic families. In 2006, technical probation violations and status offenses accounted for 25% of boys' detentions and 41% of girls' detentions (Sickmund, Sladky, Kang & Puzanchera, 2008). A technical violation of probation is a violation for curfew, failing to meet "house rules", failing to meet with a probation officer, failing to attend school or some other condition of probation which is not criminal in and of itself, but is in the nature of a status offense once a youth is on probation. The original probation may be for a status or delinquency offense, depending on the jurisdiction. Allowing detention to be used in these cases, which are at their core about girls' distressed families, criminalizes the victim, contributes to the instability in these girls' lives, and provides no incentive to jurisdictions to put community-based family supports in place.

#### *Victimization*

The research is unequivocal that a history of abuse and post-traumatic stress disorder affects a significant number of girls in the juvenile justice system and is often a catalyst for their entry into the delinquency system.

Although empirical findings as to the incidence of victimization vary, research shows that up to 73% of girls in the justice system have experienced sexual or physical victimization (Hayes, 2009). One study found that while males are more likely to have witnessed violence, females are more likely to have been the target of violence (Cauffman, 2008). Girls are more likely than boys to have experienced sexual assault, rape or sexual harassment (Zahn et al., 2008), and a history of abuse is probably a more powerful predictor of delinquent behavior for girls than for boys (Cauffman, 2008). Abuse histories in girls may be linked to mental health issues such as depression and anxiety disorders (Bloom, Owen, & Covington, 2003; Sherman, 2005; Goodkind, Ng, & Sarri, 2006), or may manifest in girls as externalizing disorders such as aggressive behavior (Sherman, 2005).

Girls who have experienced sexual abuse are likely to engage in risky sexual behaviors themselves (Hayes, 2009; Goodkind et al., 2006; Bloom et al., 2002; Kelly, Owen, Peralez-Dieckmann, & Martinez, 2007), risking their health and often triggering involvement in the juvenile justice system. Girls with histories of sexual victimization are more likely to become commercially sexually exploited teens, leading to arrests and detention for prostitution related offenses and to lives marked by more abuse and trauma (Farley & Kelly, 2000; Spangenberg, 2001). Abusive experiences in the past may also affect girls' emotional adjustment and their ability to trust others, and may be a factor in substance abuse, which can lead to arrest as well (Bloom et al., 2002). Victimization and trauma is also a major catalyst leading girls to run away from home, which, as discussed previously, is a frequent cause of their arrest (Chesney-Lind & Okamoto, 2001; Bloom & Covington, 2001).

Girls' profound histories of victimization become a pathway into the juvenile justice system in these numerous ways, but using detention and incarceration punishes and re-victimizes the victim and fails to provide states and localities with incentive to properly address girls' victimization in the public health, child and family services, and victim services systems. As a January 2010 report by the U.S. Department of Justice made clear, sexual victimization is occurring at alarmingly high levels in juvenile facilities across the country (Beck, Harrison & Guerino, 2010).

#### *Mental and Physical Health*

Generally speaking research shows that girls in the juvenile justice system are more likely than boys to have a mental health disorder and specifically to be diagnosed with internalizing disorders such as anxiety and depression (Teplin et al., 2002; Shufelt et al., 2006; Wasserman et al., 2005). Moreover, there are clear connections between the well-documented mental and behavioral health needs of girls in the juvenile justice system and their histories of trauma and victimization. Detention and the juvenile justice system are not designed to treat girls with mental health issues, who could be treated effectively in their homes using community mental health resources. When systems detain and incarcerate girls whose behavior is driven by significant mental health needs, they are punishing the victim, and relieving the mental and public health systems of their responsibility for these youth.

While the mental health of girls in the juvenile justice system has received considerable attention, girls' significant and increasing physical health needs warrant more attention. Rates of STDs among girls in the juvenile justice system are higher than for girls in the general population or boys in the juvenile justice system (Centers for Disease Control and Prevention, 2007). Moreover, their risky sexual behaviors and drug use puts them at risk for Hepatitis B and C and HIV (Elkington et al., 2008; Teplin, Mericle, McClelland, & Abram, 2003). Although further study of this issue is needed, pregnancy rates among girls in the juvenile justice system are higher than among girls in the general population (Gallagher, Dobrin, & Douds, 2007). These pregnancies are complicated by substance use, post-traumatic stress disorder, youth and complex family and personal circumstances (Braverman & Morris, in press). Given their many health challenges, continuous and seamless access to health care is critical for girls in the juvenile justice system and the next generation of children.

#### *Collaboration Across Systems and with Girls*

Because girls' offending is often tied to families, trauma histories, and mental health needs, girls in the juvenile justice system commonly have histories in the child welfare system or are simultaneously in the juvenile justice and other systems. The following catalogue of systems and services is typical among girls I represent: contact with the child welfare system as a status offender or abused child, the juvenile justice system including probation and/or a commitment agency, the education system often as a special education student, the public health system often for reproductive health issues such as sexually transmitted illness, and the mental health system. These multiple system involvements bring with them multiple case and social workers, courts and lawyers.

For girls, to whom development of strong consistent relationships is critical to a sense of security and identity, the lack of continuity of care and placement that results from so many different agency involvements is particularly frightening and traumatic. In all youth cases, but particularly in girls' cases typified by multiple system involvement, community-based, wrap-around services are critical and states should be encouraged to find ways to work across traditional agency boundaries to provide for the needs of the whole girl.

#### *Data by Gender, Race and Ethnicity*

Although there are clear national patterns among girls in the juvenile justice system and there are principles to be drawn from evidence-based practices that can be applied for girls across jurisdictions nationally, the precise nature and mix of practices and programs needed to address the challenges posed by girls in individual juvenile justice systems will vary locally. Systems are state created, agencies are state or county run, and girls' behavior is closely linked to their families and local communities. Without data that is disaggregated by gender and cross-referenced by race and ethnicity, we cannot fully understand the challenges facing girls and which policies will be effective.

JDAI jurisdictions are illustrative here as well. Local JDAI jurisdictions (juvenile justice systems) pinpoint ways in which girls are inappropriately detained by generating hypotheses based on national data and then always fully examining the operation of their system through data disaggregated by gender, race and ethnicity. The data is discussed and analyzed by a stakeholder group that represents the juvenile justice and other systems as well as community programs and constituencies relevant to girls' issues, to gather a full understanding of the issue and design revised practices and programs to better serve the girls (Sherman & Irvine, in press).

Without that detailed data Nevada jurisdictions would not have seen that girls were being disproportionately detained for domestic violence, and Missouri jurisdictions would not have seen that African American girls were disproportionately entering detention for failed foster care placements. In every jurisdiction I have worked with, detailed data collection and analysis, disaggregated by gender and cross-referenced by race and ethnicity has been the key to understanding girls' issues and designing effective solutions.

#### *"Grace's" Story*

Recently I have been working on a case study of a young woman, I'll call her "Grace", who is now 24 years-old and spent much of her childhood first in the foster care system in Massachusetts as an abused child and then in the delinquency system as a runaway girl. She was committed to the delinquency system for "disturbing a school assembly" when she was 15 years old, living in a foster home 2 hours away from her sisters and grandmother and suffering from depression. She has never been charged with another crime since. But she did run away from foster care frequently, cut herself and behaved in other ways that were dangerous to herself and

rightly caused concern on the part of the systems charged with her care. The systems however reacted by locking her in detention each time she failed in a placement or ran away. Like most juvenile justice systems, ours did not work well with child and family services and the mental health agency and, when confronted with the complex behavioral health issues presented by a girl with a childhood filled with loss and trauma, defaulted by placing her in detention over and over again.

During the two years from age 15 to 17, in the care of the delinquency and children's services agencies Grace was placed 44 times, in and out of emergency shelters, secure detention, foster care, kinship care and back to detention. She spent a total of 426 days in secure detention over 18 different detention placements, the longest of which was 65 days. For minor crime and running away, this girl with significant behavioral health issues, spent 54% of those two critical years of her life in locked detention, which is designed to hold kids, not to treat them.

A very bright young woman, Grace turned 18 without hope of a high school diploma, and with little education about how to negotiate an adult world and deal with her distressed family. An extremely resilient young woman, Grace now attends school and is raising her two children. She struggles everyday to cope with poverty, mental health issues, and a family that is both a support to her and a drain on her limited resources. She describes the fear, isolation and instability she felt as she moved in an out of detention and foster homes during her teen years in the systems this way:

You really do lose yourself through all the chaos, I say chaos because you're jumping from one place to another, one bed to another bed. Then you have you know, one [agency] to another [agency], one judge to another judge, one court system to another court system, and then you're locked up. You get dizzy. Have you ever been in a fight, and you don't even know who you're fighting, it's like a dizzy moment and it happened so quick, that's how it felt, my life. My life went so fast, and it could have went a little slower, if someone had stopped and slowed me down a little bit. (Sherman & Greenstone, in press)

#### *Gender-Specific Approaches*

Gender-specific or gender-responsive are terms used interchangeably in the literature and essentially describe services and systems that strive to satisfy girls' unique developmental needs, personal characteristics, and life circumstances including understanding girls' pathways into the justice system, the multiple risk factors associated with girls' system involvement, and how these factors interact with one another. Although there are a number of overlapping recommendations for how services and systems can be gender-specific, three broad principles are consistent. Gender-specific systems and services are:

- Emotionally and physically safe;
- Attentive to girls' relationships; and
- Collaborative, sharing power across systems and with girls in systems. (Sherman & Greenstone, in press).

#### *Recommendations*

Under current policies, girls' involvement in the juvenile justice system is closely linked to their histories of family chaos, trauma, victimization, and mental and physical health needs. These high need girls find that services in the juvenile justice system are poorly suited to their situations and that juvenile justice policies can play an active role in labeling them as delinquent youth, preventing them from getting the help they need. To better understand and respond to the challenges posed by these girls I recommend:

- Requiring jurisdictions to collect and analyze juvenile justice system data disaggregated by gender, and cross-referenced by race and ethnicity.
- Eliminating the Valid Court Order exception to the deinstitutionalization of status offender mandate to prevent criminalization as well as provide incentives for jurisdictions to develop appropriate programming and community services.
- Encouraging the use of community-based, wrap-around services coordinated across agencies for girls with high social service and mental health needs rather than use detention;
- Additional research on girls and the system practices affecting them, particularly on the prevalence and needs of pregnant and parenting girls in the juvenile justice system and alternatives to juvenile justice involvement for commercially sexually exploited girls, two areas of high need for girls, about which we have an incomplete understanding.

Again, thank you for this opportunity to testify and I would be happy to answer any questions you have as you move forward on re-authorization of the Juvenile Justice and Delinquency Prevention Act and consider its many implications for girls.



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Chairwoman McCARTHY. Thank you.  
Ms. Carrión?

**STATEMENT OF RACHEL CARRIÓN, FORMER DETAINED YOUTH, BOARD MEMBER, COMMUNITY CONNECTIONS FOR YOUTH**

Ms. CARRIÓN. Good morning. My name is Rachel Carrión, and I am here today to talk to you about my experience with the New York juvenile justice system. Thank you for this chance to tell my story.

When I was 15 years old, my mother passed away from breast cancer, and I began smoking marijuana to cope with the loss. I was also very angry, and as a result of my anger I got into a fight with a young woman and I was arrested. I was arrested and then sent to an ATD program, which is an alternative-to-detention program. At the ATD program, I could not keep a negative toxicology report, so they remanded me. And they remanded me to an out-of-city, up-state program center.

When I arrived on the campus, I walked into just violence—violence amongst the residents and peers, violence amongst the staff members and the residents. You know, it was really bad. I witnessed girls beating up each other and being sent to ICU, staff members physically fighting—like, not restraining, but fighting the youth to, I guess, try to keep them in control. Other incidents where I would try to leave the facility that I was in, I would try to go outside, and staff members would grab me by my hair and slam me to the floor. I am sure that wasn't protocol.

Another thing is, after a few months of being on the campus, I got into a sexual relationship with a male staff member, and I was about 15 years old and he was 30. Because of the relationship that I had with him, you know, he would bring me in drugs, he would bring me in cigarettes. Any kind of contraband I wanted I had, because I was sleeping with this man. He would also—after hours, I would go AWOL from the cottage I was in, and he would sneak

me off the campus and take me to local motels and drop me off right back on the campus while he went home. The staff member was fired but not because of our relationship. He was fired because the program did random drug screens on their employees and his came back positive.

So my stay in this program was very bad.

When I returned home, because my addiction to marijuana was never treated, you know, my behavior and my drug use just continued to worsen, and I began to solicit my body to support my drug habit. I ran away from home, I left home, and I was prostituting on the streets for drugs.

I wound up getting pregnant. And when I gave birth to my daughter, that is when I finally got in contact with my family. That was about a 6-month period of me being a runaway on the streets. When my family got to me, they put me into a treatment facility located on Long Island. It was called Teen Challenge. It was a faith-based program. And this is where the staff members actually tried to treat my addiction.

Because of child visitation, because of the courts, I could not stay on Long Island because my daughter was in Manhattan. So I was moved to a Bronx treatment center called Odyssey House. While I was in Odyssey House, I got one-on-one treatment with counselors. I stayed in group settings with other peers who went through the same or were going through the same that I was going through. Basically, these staff members really tried to help me instead of, you know, put me down. They gave me a lot of positive feedback. You know, they encouraged the girls, "You can do this. We can help you. Follow these 12 steps. You can stay clean. You don't have to use. There are other ways of coping with whatever trauma or whatever you have gone through."

So while I was in the Odyssey House, I obtained my GED. I got training as a home health aide. I am also a peer educator. I go out and I speak to young women about safe sex, you know, and how important it is because there are so many diseases out there.

I got full custody of my daughter. She is 3 years old, and she is a blessing. I am now an active board member of Community Connections and an advocate. And I plan on being a substance abuse counselor, so I am also enrolled in college.

This committee is responsible for working on the Juvenile Justice and Delinquency Prevention Act. Unfortunately, the current JJDP law does not have anything that protects youth in juvenile justice facilities from the conditions that I faced. I recommend that the committee include language in the JJDP law to make facilities safer for youth. I have attached recommendations on this issue from national juvenile justice organizations to my testimony.

In closing, I would like to thank you guys for listening to my story. I would like to encourage the committee to make sure that no other girls have to go through what I went through and to get the treatment and help that they need.

Thank you again for having me here today.

[The statement of Ms. Carrión follows:]

**Prepared Statement of Rachel Carrión, Former Detained Youth,  
Board Member, Community Connections for Youth, New York, NY**

Good afternoon. My name is Rachel Carrión and I am here today to talk about my experience with New York's juvenile justice system. Thank you for this chance to tell my story.

My experience with the system started when I was 15 years old. I was arrested for the first time when I got into a fight with another girl and was charged with assault. When I was arrested, I was having a rough time in my life—my mother had just passed away and I was very depressed. In order to deal with my depression and loss, I began smoking marijuana to ease the pain I was feeling.

After my arrest, I was first sent to an alternative-to-detention (ATD) program run by Probation. In this program, I had to report every day to a center, which I did. However, I could not stop using drugs and the drug screenings the center did every week kept coming back positive. I needed help addressing my addiction, but instead of providing treatment, the ATD program sent me back to Family Court for violating the conditions of my release. The judge remanded me to a secure juvenile detention center in New York City where I was detained for six months while my court case proceeded. Eventually I was adjudicated a juvenile delinquent and sentenced to 12 months in a placement center in upstate New York, where I was supposed to get help in dealing with my substance abuse issues.

When I first arrived at the center, I was greeted not by treatment opportunities, but by a culture of violence among my peers and staff members. During my stay, I—like many other young girls in the juvenile justice system—had some horrible experiences, which have left me scarred for life. I saw fights between girls in the facilities, including girls in the facility jumping other girls and fistfights. Some of the fights were so bad that staff had to take girls to the Intensive Care Unit at the local hospital. Staff did nothing to prevent these fights or to help girls feel safe. Staff also regularly used excessive force to keep control in the center. Once, when I wanted to go outside, a staff person grabbed me by the hair and yanked me to the ground for trying to leave without permission.

Other staff would become too friendly with the girls and would even bring in cigarettes, drugs, and other contraband to give or sell to girls in the facility. Some male staff members took advantage of girls as well. After a few months on campus, a male staff member on campus who was in his 30s initiated a sexual relationship with me in exchange for bringing me drugs. In order to meet up, the staff member would arrange for me to leave the campus and pick me up in his car down the road from the facility. He would then transport me off campus to a local hotel. These activities were never documented and or questioned and although the staff member who I had the relationship with was eventually fired, it was only because he screened positive for drugs—not because he was sexually exploiting me.

Because of these experiences in the center, I continued to have a lot of behavioral problems that affected my rehabilitation. Although my family cared a great deal about me, the distance from my home in New York City and the upstate placement center kept them from visiting me, or being meaningfully involved in my reintegration plan. My addiction had never been treated and on my return home, my behavior began to spiral out of control. I started using heavier drugs and then began soliciting my body to support my growing drug habit. It got so bad that I left home and lived on the street, being sexually exploited by adult men in exchange for money or drugs. Eventually I became pregnant with my daughter and I was arrested for prostitution.

Two days after giving birth to my daughter, with my family's help and support, I began my road to recovery by entering two private residential treatment programs: Teen Challenge and Odyssey House. Teen Challenge is a faith-based residential treatment program in Long Island that finally helped me to address my substance abuse issues. It was in Teen Challenge that I found my faith in God and the courage to start over in life. After beginning my treatment at Teen Challenge, I went to Odyssey House in the Bronx where I completed my treatment, obtained my GED, and received training to become a peer educator and a Home Health Aide. Being in a program close to my family let them visit me frequently, and they were very involved in my treatment. My brother and his wife took custody of my daughter and the Family Court allowed weekly supervised visits with my child with the goal of returning full custody to me if I completed my treatment. In this therapeutic community, I attended constant meetings and support groups, spoke to counselors and to my peers, and received positive feedback. This feedback helped me to learn to retrain my thinking so I know that I struggle with something that may never go away, but that can be maintained as long as I have support and am honest about how I'm feeling and continue to strive to complete my goals I have set for my self.

My experiences at the juvenile justice facility in and the treatment centers could not be more different. Not only did the juvenile justice system not address my underlying substance abuse issue and take me away from my family support system, but the experiences I had at the center actually made things much worse. It was when I came back to my community—close to my family and friends—that I had the support to make a positive change for myself.

By the grace of God, my hard work, and my family's dedication, I am now back on the right track. After completing the program, I got my daughter back and I am now raising her with the help and support of my brother and his wife. I am interested in pursuing a career as a substance abuse counselor to help those who struggle with addiction, and have been accepted as a student at Bronx Community College, where I hope to begin classes in the fall. I am actively involved in the Promised Land Church in the South Bronx where I encourage and support other young women who have been through similar experiences. I also joined Community Connections for Youth, a grassroots non-profit organization that promotes and develops community-based alternatives to incarceration for youth. I serve as a member of the organization's Board of Directors, speaking out on issues faced by youth in the juvenile justice system and making sure the organization's programs meet the needs of the youth it serves.

This Committee is responsible for working on the Juvenile Justice and Delinquency Prevention Act (JJDP). Unfortunately, the current JJDP law does not have anything that protects youth in juvenile justice facilities from the conditions that I faced. I recommend that the Committee include language in the JJDP to make facilities safer for youth. I have attached recommendations on this issue from national juvenile justice organizations to my testimony.

In closing, I would like to encourage the Committee to make sure that no other girl has to go through what I did to get the treatment and help that they need. Thank you again for having me here today.

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#### ACT 4 JUVENILE JUSTICE

*A Campaign of the Juvenile Justice & Delinquency Prevention Coalition  
www.act4jj.org*

What are the current JJDP provisions regarding protection of youth in juvenile detention and correctional facilities?

The JJDP currently does not address abusive conditions and practices in juvenile facilities. Traditionally, states have been responsible for institutional conditions and practices.

How should the JJDP be strengthened to protect youth in detention and correctional facilities?

New provisions should be added to the JJDP that:

- Require states to stop dangerous practices such as hog-tying and pepper spray that create an unreasonable risk of physical injury, pain, or psychological harm, and require states to assure that JJDP funds are not used for dangerous practices;
- Establish incentive grants for States to reduce or eliminate state-supported use of dangerous practices, unnecessary use of isolation and room time, and unreasonable use of restraints;
- Establish incentive grants for States to provide evidence-based mental health, substance abuse and rehabilitative services to youth in custody;
- Provide financial support for States to conduct necessary training for facility staff and to adopt best practices in programming, behavior management, and security;
- Establish community advisory groups to monitor all juvenile detention and correctional facilities and, where appropriate, seek to improve conditions in those facilities;
- Require the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to collect data from the states and report to the public on uses of dangerous practices, isolation and room time in the nation's juvenile detention, correctional and residential treatment facilities; and
- Make best practices available nationwide through research, training and technical assistance to improve dangerous conditions of confinement and reduce unnecessary use of isolation and room time.

Why are these changes needed?

Reports of widespread abuses in institutions across the country demonstrate the importance of updating the Act to ensure the safety of children in custody.

- In California, authorities failed to provide adequate medical and mental health treatment, and facility staff regularly used pepper spray on youth.<sup>i</sup>
- In Indiana, staff sexually assaulted youth in one facility, and failed to protect youth from violence in several juvenile facilities.<sup>ii</sup>
- In Mississippi, staff in state facilities hog-tied youth, put them in shackles, and stripped youth and put them in dark rooms for 12 hours a day.<sup>iii</sup>
- In Ohio, girls in a state facility were sexually assaulted by male staff.<sup>iv</sup>
- In Texas, youth filed hundreds of complaints over physical and sexual abuse and repeated use of pepper spray by staff in juvenile facilities.<sup>v</sup>
- In Maryland and Tennessee, youth were restrained on the ground by staff using dangerous methods; three youth died at two facilities in such restraints.<sup>vi</sup>

Youth should be safe when taken into custody; they should not leave the juvenile justice system worse off than when they entered. National experts agree that the best way to keep youth safe in custody is through a combination of adequate staffing; engaging programming; effective behavior management focused on positive youth development; and a clear system for responding to crises that incorporates effective de-escalation techniques and uses safe methods of physical restraint only as a last resort.

The federal government, through OJJDP, has an opportunity to improve the safety of incarcerated youth by requiring states to examine their staffing, programming and crisis response strategies in juvenile justice facilities and eliminate dangerous practices. States need more technical assistance and training in order to replace dangerous practices with safer approaches, and national data collection will support these efforts. Incentive grants can encourage innovation and develop more models of effective, safe care for youth in custody.

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Chairwoman MCCARTHY. Thank you, Ms. Carrión, for sharing that story with us. I am sure it is very difficult. We have an awful lot of young people here in this audience, and for them to hear your story, it took great courage on your part. We appreciate it.  
Judge Huff?

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<sup>i</sup>Rothfeld, Michael, "Juvenile Prison System Needs Reform Lawyers Say," Los Angeles Times, Feb. 18, 2008, <http://www.latimes.com/news/local/la-me-youth18feb18,0,5845357.story>; Boyd, Ralph, Investigative Findings Letter, U.S. Department of Justice, Civil Rights Division, April 9, 2003, <http://www.usdoj.gov/crt/split/documents/la-county-juvenile-findlet.pdf>.

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**STATEMENT OF THE HON. J. BRIAN HUFF, JUDGE,  
JEFFERSON COUNTY**

Judge HUFF. Thank you, Chairwoman McCarthy, and thank you, members of the committee, for inviting me to come and speak and for having an interest in this topic.

I am the presiding judge, like you said, of the Jefferson County Family Court in Birmingham, Alabama. And I am going to draw my testimony from my 15 years of experience as a lawyer and as a judge handling delinquency and dependency child abuse and neglect cases.

I am here to ask you specifically to reauthorize the JJDPa with an elimination of the VCO exception, because I believe it is morally wrong and I believe it is fiscally, with an "F," wrong.

A status offense, like you said, is an offense committed by a child which if committed by an adult would not be an offense. It is not a criminal offense. It is running away. It is truancy. It is things that children shouldn't do, but it is not a criminal offense.

Federal law already prohibits the incarceration of children for committing status offenses. However, there is a provision, there is an exception called the violation of the valid court order exception. I would typically take that type of a child, as a judge, and I would place that child on probation.

And, Chairwoman McCarthy, I might incarcerate that child for any violation of a court order, not just the commission of a new offense. I would oftentimes order a child to properly conduct themselves, whatever that means, and a violation of that order could result in incarceration. I know I am not the only judge out there who has done it. I know that it is rampant throughout the State of Alabama and throughout the country.

I would put those children in jail. Professor Sherman mentioned detention. And, Chairwoman, you mentioned detention. I think a better word is "jail." I have attached a couple of photographs to my written testimony, and I think that sums up what these children throughout the country face. They are sitting in a cell with cinderblock walls, with bars, with a stainless steel toilet with no lid, with a bed with a mattress that may be two or three inches thick. And that is a jail; that is not a detention center.

I want to mention one child in particular that I placed in a detention center, in a jail, and her name was Katie. Katie first came to me when she was about 11 years old. Her mother filed a beyond control petition, an ungovernable petition, because Katie had been drinking, Katie had been smoking, Katie had been doing some things that 11-year-olds shouldn't do. Well, in all of my infinite wisdom, I placed this child on probation and ordered her, among other things, to properly conduct herself. Well, Katie didn't properly conduct herself and subsequently spent 1 of the next 4 years, spent an entire year in a juvenile prison, in a juvenile correctional institution.

That didn't solve Katie's problems. What we found out after the fact was that when Katie's mother filed that petition, Katie was being sexually abused by her brother, stepbrother, who lived in the home with Katie and was currently abusing her. Katie's parents didn't do anything to stop the sexual abuse. My incarceration of

Katie didn't solve Katie's problems. I shouldn't have had that option, and it is that simple.

Katie doesn't just live in Alabama. Katie lives in New York, and she lives in New Hampshire, and she lives in Tennessee, and she lives in Texas, she lives in Pennsylvania and Illinois and Virginia and in every one of the 50 States. And in many of those 50 States, the judges have the authority to incarcerate those children under the valid court order exception.

What I am asking this committee and Congress to do is do what New York State has done, Chairwoman, and that is: Take that option off the table for us judges. Take away the easy way out. Don't let us incarcerate those children.

It costs approximately \$150 per day to incarcerate a child in a detention center in the State of Alabama. It costs closer to \$200 as a national average. It costs much less to use one of the alternative programs that the professors have talked about and will talk about, and you have better results.

Finally, I want to add that what I am discussing is 99 percent philosophy. We didn't make these changes because we were ordered to in Birmingham. We came to realize that what we were doing was wrong. Like I said, it was expensive, it was morally wrong, and it took a change in court philosophy. We realized that when we locked up those kids they met criminals when they were in that detention centers, and we realized that we reinforced the belief that they were worthless. We wanted to stop being part of the problem and start being part of the solution.

I would ask this committee to vote in favor of reauthorization with the elimination of the VCO. I would ask the committee to support improvement in the conditions of confinement for those kids who do have to be incarcerated. And I would ask the committee to support the collection and analyzation of data, because if we don't know what we are talking about, then we don't know what we need to do, and that can only be done with data.

Chairwoman, thank you for letting me run over.

[The statement of Judge Huff follows:]

**Prepared Statement of Hon. J. Brian Huff, Presiding Judge,  
Jefferson County Family Court, North Birmingham, AL**

Good morning. Chairwoman McCarthy and Members of the Committee, it is my distinct honor to speak with you today regarding needs and challenges faced by girls who come before the juvenile court. I am Brian Huff, the Presiding Judge of the Jefferson County Family Court in Birmingham, Alabama, where I hear, among other things, juvenile delinquency, "children in need of services," as well as child neglect and abuse cases. I was appointed to the bench in 2005 and elected in 2006.

I have helped to create and oversee Reclaiming Our Youth—a multi-faceted, collaborative, juvenile justice reform effort. The goal of the initiative is to improve the local juvenile justice system from intake to disposition by working with school officials, law enforcement, service providers and families to promote positive youth development, restorative justice and family involvement within their communities. The effort has reduced the juvenile incarceration rate in Jefferson County by more than 70% while returning millions of dollars back to the community through state grants. I have also led the Birmingham City Schools' Collaborative, which developed Birmingham's School Offense Protocol. The protocol established alternatives to incarceration for children who commit minor delinquent offenses within the school system. As a result, arrests of minors from the Birmingham City School System have fallen by more than half in the two years.

I am active in the Alabama Juvenile Judges' Association, and sit on the boards of directors for the Alabama Department of Youth Services and the Children's First



Foundation. I am also past chair of the Family Law Section of the Alabama State Bar and the Birmingham Bar Associations, an ongoing member of the National Council of Juvenile and Family Court Judges and the National Association of Drug Court Professionals, and an active participant in the Act-4 Juvenile Justice Campaign to inform a strong reauthorization of the federal Juvenile Justice and Delinquency Prevention Act (JJDP A).

*Girls Charged with Status Offenses*

My comments today are primarily drawn from my experience hearing dependency and delinquency cases involving children, youth and families. I will focus on girls that come before the court and, more specifically, girls who come before the court for status offenses.

Status offenses are those offenses considered by the delinquency court only because of the minor status of the child involved—in fact, these “offenses” would not be criminal matters at the age of adulthood. Such matters include truancy, violating curfew, running away from home, and behavior that may cause a parent or guardian to deem a child ungovernable.

I want to begin with a true story about a girl I will refer to as “Katie.” Katie is now 15-years-old. She first came to the attention of my court when she was 11. Her mother filed a complaint against her for being “ungovernable,” which is a status offense in most states. Her mother complained that Katie was smoking cigarettes, drinking alcohol and talking back. Years later, we learned that Katie’s troubles began when she was raped by her stepbrother—at age 11. Despite a doctor’s finding that Katie had contracted syphilis as a result of the rape, Katie’s parent did not take steps to protect her, and her stepbrother remained in the house for years.

When Katie’s mother first came to us, we didn’t ask the right questions. Instead, we simply accepted the complaint, and Katie was placed under a court order that essentially commanded her to behave in a manner that is fairly standard in these cases. It said, “the child shall properly conduct herself at all times.” Not surprisingly, Katie’s behavior did not change as a result of the court order. The only difference was that her misbehavior was now treated as a legal matter.

And so at age 11, Katie began her history with the juvenile justice system. Three years later, she has spent more than a year behind bars for failing to “properly conduct herself” and she is pregnant.

Today, our court’s approach to cases like Katie’s is fundamentally different. Rather than pushing the case through the normal process, we would instead talk with Katie and her mother and refer her to agencies and organizations that could figure out what was really happening. We now recognize that youth like Katie can and should be steered clear of further court involvement. My credo as a judge is much like the Hippocratic Oath, to “do no harm” in such cases. This is particularly critical with respect to girls, like Katie.

Many girls brought before the court for status offenses have been traumatized by abuse—sexual abuse, and neglect,<sup>i</sup> and judges are indeed in a position to guard against any further trauma. In fact, the National Institutes for Justice Study of girls in the juvenile justice system in South Carolina demonstrated that the vast majority of girls in the system had experienced multiple forms of victimization related to violence and sexual assault. In fact, fully 98% of the girls in this representative study reported victimization—nearly 70% were victimized by their caregivers prior to system involvement.<sup>ii</sup>

Placing girls who have committed status offenders in lock-ups is stigmatizing and counters all goals of rehabilitation. Detention and incarceration interrupt educational progress, pro-social relationships with peers, family and caring adults, and often also undercut job training and employment. Feelings of social isolation and hopelessness are exacerbated, not reduced—making it more likely that a young person will feel alienated.

Girls are disproportionately affected by exceptions to the Deinstitutionalization of Status Offenders core requirement. Girls are reported to account for 14% of youth in juvenile facilities for delinquency, but 41% of those in facilities for status offenses.<sup>iii</sup> Common sense and research tells us that imprisonment is not a positive approach to status offending behavior. Detention in general, and particularly for status offenders and other low-risk youth, has been widely shown to be destructive rather than productive, independent of poor conditions of confinement. Obviously, the damage and trauma inflicted by incarceration in a clean and safe facility are magnified when youth are held in overcrowded and abusive facilities, which are far too common. Yet, nearly 70% of detained youth are held in facilities operating above capacity, nationwide. Under such conditions, discipline can become unduly harsh; education and medical and mental health treatment are often meager. Among youth in crowded detention facilities, there is a high number of reports of suicidal behav-

ior, as well as stress-related and psychiatric illness. Sadly, too, youth of color—including girls of color—are more often detained than their white counterparts.<sup>iv</sup>

To be clear, as a juvenile judge, I am in a position to make life-changing decisions involving the lives of children. Alabama is one of 31<sup>v</sup> of the 56 U.S. states, territories and District of Columbia that allows secure detention as a sanction for status offenders who violate a valid court order. I, however, understand the risks and choose not to exert my authority in this way.

Some judges may find a young person to be difficult and frustrating when she challenges authority or violates a court order, and may believe it is justified to lock her up due to contempt of court or violation of an order. Yet, it is our job as judges to exercise our authority carefully and to serve the best interests of the child, family and community safety. All are better achieved through alternatives to detention or incarceration, in such cases.

*Family and Community Connected Alternatives to Detention*

I would like to take moment to share a photo, taken by Richard Ross, of a young girl in a detention facility in Harrison County, Mississippi—depicting a detention cell much like many in southern states. [Photo 1 of 2]. Until the recent settlement of a 2009 class action lawsuit by the Southern Poverty Law Center on behalf of confined children in this facility, it operated at more than double its lawful capacity; 70% of the youth there were nonviolent; and most of the girls at the Harrison County detention center were locked-up for non-delinquent acts and status offenses.<sup>vi</sup>

**Photo One: Biloxi, MS**

**© Richard Ross, 2010**



Attorney advocates for the children confined in this facility cite the case of a 12 year-old girl locked up at the Harrison facility for 60 days after her foster mother reported the child to the court for failing to take her medications. Because this young girl had come before the court previously for running away from her foster

placement, her failure to obey her foster mother's rules may have been deemed a "violation of a valid court order," permitting the judge to detain her.

Other facilities, including those in my home county, may be up to code and safe, as seen in this second photo by Ross, of a facility in Racine, Wisconsin, where cells are at least clean [Photo 2 of 2]. Whether in dingy and dangerous conditions or something better, I urge you to question the choice to spend hundreds of public dollars each day to lock-away non-delinquent, needy and troubled girls in cinderblock cells, rather than using more cost-efficient, proven methods of assisting them to achieve safety and stability at home, at school and in the community. In Jefferson County, we do not lock-up girls who are status offenders. We do not do so because it is plainly ineffective and further traumatizes youth who are already in distress.

Photo Two: Racine, WI

© Richard Ross, 2010



There is good reason to hesitate to jail parents or place children in foster care for truancy, staying out after curfew or running away. Removing the presence of a parent or for that matter the child from the school is typically counterproductive as a means of supporting school attendance and engagement. Where evidence exists, the threat of such sanctions—and the sanctions themselves—have not been shown to reduce or deter truancy.<sup>vii</sup>

I have worked hard and collaboratively to reform the system and to create home- and community based alternatives for children in need of protective custody and services—not lock-ups—in my home state of Alabama. For instance, in Alabama we are working statewide to institute the Juvenile Detention Alternatives Initiative (JDAI) of the Annie E. Casey Foundation.<sup>viii</sup>

*Recommendations**Remove the VCO Exception to the Core Requirement to Deinstitutionalize Status Offenders*

Right now, this Subcommittee and the whole of the House Education and Labor Committee are charged with reauthorization of the Juvenile Justice and Delinquency Prevention Act (JJDP). In place since 1974, the JJDP provides important safeguards and resources to assist troubled, vulnerable and court-involved girls.

A change to the JJDP that I believe is most critical to protect vulnerable and exploited girls has already been approved by the Senate Judiciary Committee this past December, in the form of an amendment to the JJDP's core requirement on Deinstitutionalization of Status Offenders. The amendment, which received bipartisan approval as part of S 678 in the committee, calls upon states to eliminate the "valid court order (or VCO) exception"—a loophole that allows judges to place status offenders in locked detention.

If passed into law, the court orders issued for Katie or the Mississippi 12-year-old that I described would no longer be allowable. Judges would no longer be able to lock-up non-delinquent girls out of frustration or a misguided sense of protectiveness. Furthermore, eliminating the VCO comports with law or practice in approximately two dozen states and territories already.

Testimony given at the time of the passage of the JJDP cited that status offenders should be "channeled away" from lock-ups and toward human service agencies and professionals to avoid creating greater social, emotional, family and/or peer-group upheaval among this highly vulnerable population. Yet, the JJDP law has not adequately addressed alternatives along a continuum of home and community-connected services that would more appropriately and effectively address the needs of status offenders and their families. In the 1980s, the VCO exception to the core protection to Deinstitutionalize Status Offenders (DSO) was included in the JJDP, but it left states to sort out the sanctioned judicial use of locked detention for status offenders. Researchers, legal scholars, as well as juvenile court professionals and advocates are seeking remedies to the problem of over-use of the valid court order (VCO) exception, as well as to problems that arise when federal and state law contradict.

Overall, as a result of the DSO core requirement, since 1974, there has been an overall decline in the use of secure detention for status offenders. Yet, each year nearly 40,000 status offense cases still involve locked detention.<sup>ix</sup> Of these, more than 30% or approximately 12,000 nationwide would be prohibited if the VCO exception is removed from law.<sup>x</sup> Troubled youth, children in need of protective services, runaways and many youth with behavioral health concerns wind up in detention, not because of worries about public safety, but because of a severe lack of community alternatives, a lack of system collaboration and a lack of knowledge among judges about what resources and effective approaches are available.<sup>xi</sup>

Although status offenders are not dangerous, any juvenile judge will tell you that they are among the most frustrating youth that come before us. And when a status offender comes under the jurisdiction of a juvenile court, the easiest and most common response is to place the child under a court order to try to control their behavior. When they do not change their behavior—and they often do not—the same misbehavior that has frustrated the child's parents is now an affront to the court's authority. Many courts take that affront personally. As a result, the VCO exception often becomes the exception that swallows the rule.

That has certainly been the case in Alabama. Until recently, my state incarcerated status offenders at a rate that far exceeded the national average. But in 2008, the Alabama Legislature voted unanimously to in the Alabama Juvenile Justice Act to take long-term confinement of status offenders off the table entirely. The Alabama Act also capped detention stays at 72 hours. This reform was championed by state and local leaders from both sides of the aisle and from every branch of government—including our Republican Governor and our Democrat Chief Justice.

In your state, Madame Chair, the Vera Institute's Center on Youth Justice has also made inroads in addressing status offenses by increasing objective decision-making in status offense processes. In 2002, New York State contracted with Vera to improve systems and services for status offenders and their families in 23 counties. As a result several counties took steps to refine their intake processes to incorporate more immediate crisis intervention, develop programmatic alternatives to non-secure detention and foster care placement, and provide more supportive services to status offenders and their families—especially truant—in lieu of court intervention. Momentum generated from these local reforms prompted the state to pass amendments to New York's Family Court Act in 2005 to enhance diversion require-

ments for status offenders and narrow the circumstances under which status offenders may lawfully be detained.<sup>xii</sup>

Scholars from the Vera Institute and the American Bar Association suggest that through the JJDPA reauthorization Congress do the following to assist girls and other status youth:

- promote increased use of social service agencies as first responders to status offense referrals, to assist with and promote pre-court diversion.
- remove the Valid Court Order exception so as to clear up the contradictory nature of the JJDPA requirement to deinstitutionalize with institutionalization pursuant to a VCO.

There are many alternatives to institutionalization/detention of status offenders—shown to create positive outcomes for youth and families—including reduction in court referrals, such as Functional Family Therapy and Cognitive Behavioral Therapy. Also effective are intensive case management, non-secure shelter care and temporary crisis care, and family interventions and support—all of which may be supported by the Formula Funds (Title II) program of the JJDPA.

*Generate Greater and Better Resources for Effective Implementation of Federal Juvenile Justice Policy*

Regarding use of federal funds under the JJDPA, Congress should strongly consider prohibiting the use of federal funds for ineffective and damaging approaches such as highly punitive models shown to increase, rather than decrease re-arrest and re-offense, including boot camps, excessive use of physical restraint, force and punishment, and the building of large residential institutions.<sup>xiii</sup>

When crafting State Three-Year Plans for delinquency prevention, the State Advisory Groups on Juvenile Justice, chartered and supported under the JJDPA, are in an ideal position to recommend the use of JJDPA funds for programs and practices that emphasize practices and policies that will benefit girls, such as ensuring gender-specific and competent prevention and community based services for girls, ensuring due process, effective assistance of counsel and case management, and providing alternatives to detention and incarceration—particularly for status youth. Congress should consider ways for the JJDPA funding streams to emphasize and elevate compliance with the core requirements of the JJDPA and initiatives that strive to limit a young person’s court involvement, out-of-home placement or any sort of confinement while ensuring community safety.

I also urge the Congress to consider ways to provide resources for field-based and field-strengthening research and evaluation that will refine and expand the array of best and evidence-based practices in delinquency prevention, intervention and treatment. Issues that states are hungry to address include the following, among others:

- effective approaches for girls, as well as for diverse cultural and linguistic groups;
- innovations to guard against bias and racial/ethnic disparities;
- proactive approaches to truancy prevention;
- ways to reduce school referrals to law enforcement;
- effective approaches for positive family engagement.

In addition, Congress should look to strengthen the implementation the JJDPA which addresses research, demonstration and evaluation and authorizes the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) administrator to “conduct, encourage, and coordinate research and evaluation into any aspect of juvenile delinquency, particularly with regard to new programs and methods which seek to strengthen and preserve families or which show promise of making a contribution toward the prevention and treatment of juvenile delinquency.”

Consider simple language changes in the JJDPA to state that the OJJDP administrator shall rather than may provide support for research, replication and high fidelity adaptation of evidenced-based practice models, across a wide range of racial, ethnic, geographic and societal circumstances—urban and rural, both in and outside of institutional settings for applications with many populations, girls, Native American youth, youth in the U.S. territories, Latino youth, African American youth, and others. Insist that the research and findings be made widely available to the public and backed-up with training and technical assistance to the parties principally charged with JJDPA implementation—state advisory group members and state juvenile justice specialists.

Since 2002, juvenile justice appropriations to the states that support important priorities under the JJDPA such as continuums of care; alternatives to detention; gender-sensitive and gender-specific services and effective prevention initiatives have fallen by more than 50%. Here, again, you have the opportunity to restore the research, evaluation, and funding resources, as well as training and technical assist-

ance resources needed to meet critical needs for girls and other children involved with the court.

You will find that these recommendations are in keeping with best practice and with the recommendations of the Coalition for Juvenile Justice—an association of the JJDP State Advisory Groups—as well as the broad-based Act-4-Juvenile Justice Campaign that includes more than 350 organizations in juvenile justice, law enforcement, youth and family service, child welfare, mental health and substance abuse treatment and representing the faith community, among others.<sup>xiv</sup>

In closing, I wish to avail myself to you should you have any further questions. Many thanks for the opportunity to speak before you today.

ENDNOTES

<sup>i</sup>Physicians for Human Rights, Health and Justice for Youth Campaign, “Unique Needs of Girls in the Juvenile Justice System,” 2006.

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<sup>iii</sup>Sickmund, Melissa, Sladky, T.J., and Kang, Wei. (2008) “Census of Juveniles in Residential Placement Databook.” Online. Available: <http://www.ojjdp.ncjrs.gov/ojstatbb/cjrp/>

<sup>iv</sup>Coalition for Juvenile Justice, “Unlocking the Future: Detention Reform in the Juvenile Justice System,” January 2004.

<sup>v</sup>Unpublished JJDP compliance monitoring data from the Office of Juvenile Justice and Delinquency (OJJDP), pertaining to 2007.

<sup>vi</sup>Per correspondence with the Southern Poverty Law Center, 2010.

<sup>vii</sup>National Center for Mental Health Promotion and Youth Violence Prevention (NCMHPYVP), Prevention Brief, 2006.

<sup>viii</sup>See: [www.JDAIHelpDesk.org](http://www.JDAIHelpDesk.org).

<sup>ix</sup>National Center for Juvenile Justice: [www.ncjj.org](http://www.ncjj.org).

<sup>x</sup>Unpublished JJDP compliance monitoring data from the Office of Juvenile Justice and Delinquency (OJJDP), pertaining to 2007.

<sup>xi</sup>Schwartz, I., Barton, W., “Reforming Juvenile Detention: No More Hidden Closets,” 1997

<sup>xii</sup>See: [www.verainstitute.org](http://www.verainstitute.org).

<sup>xiii</sup>Mendel, Richard A. and American Youth Policy Forum, “Less Hype, More Help: Reducing Juvenile Crime, What Works—and What Doesn’t,” 2000 and “Less Cost, More Safety: Guiding Lights for Reform in Juvenile Justice,” 2001.

<sup>xiv</sup>See: [www.juvjustice.org](http://www.juvjustice.org) and [www.act4jj.org](http://www.act4jj.org).

Chairwoman MCCARTHY. Thank you, Judge. And I have to say that I am hearing from and I have spoken to judges around the country that understand that the system that is in place is not working. And, hopefully, when we reauthorize down the road, hopefully this year, we could make some good changes.

Professor Teplin?

**STATEMENT OF LINDA TEPLIN, PH.D., PROFESSOR; DIRECTOR, PSYCHO-LEGAL PROGRAM, NORTHWESTERN UNIVERSITY**

Ms. TEPLIN. Thank you, Chairwoman, for inviting me to speak today.

I very much appreciated your comments, Judge Huff, on the need for data, because my purpose here today is to share findings from the Northwestern Juvenile Project, a very large-scale study of delinquent kids. We have been following them since 1995. And the findings of our study will provide the scientific basis for recommendations on how we can address problems in the juvenile justice system.

On an average day, 14,000 girls are in detention. Many of these girls get into trouble because they have mental disorders. For example, they may have depression, they may self-medicate with drugs, they may then get into trouble with the law.

We found in our study that three-quarters of girls in detention, a typical detention center in Cook County, in Chicago, had one or more psychiatric disorders. And their disorders are very different, their patterns are so different than boys, because girls have higher rates of depression, higher rates of anxiety disorders, higher rates

of some substance abuse disorders, especially use of hard drugs such as cocaine and amphetamines. And when I am speaking of disorder with drugs, I am speaking of disorder, not just use—addiction.

I also want to highlight that 55 percent of the girls that we interviewed had more than one disorder. We call that comorbidity in the field. And that is critical, because treating kids with comorbid disorders is so much more difficult than treating kids who only have one disorder.

I also want to highlight that adverse life events are a fact of life for these girls. We found that 85 percent of our girls had one or more traumatic life event, such as having been attacked physically or beaten badly; 15 percent had full-blown post-traumatic stress disorder; nearly 30 percent of the girls had ever committed suicide; nearly one-third of girls reported sexual victimization with force.

And the dire situation here is that very few of these kids receive services. We found that only about 40 percent of girls with major mental disorders, meaning major depressive episodes, manic episodes, psychosis, only about 40 percent received treatment in the detention center, and even fewer, 12 percent, received any treatment after they left detention.

How do these kids fair when they leave detention? In a word, very poorly or not at all. We found in our study of nearly 2,000 kids that the likelihood of premature, violent death is extremely high. To date, as of today, of the 660 girls in our study, 22 of them died, all violently.

So what can we do to address this dire, dire situation? Our research provides the scientific basis for some of my recommendations. Let's talk about each of these points.

Before detention, we have to increase diversion, because so many of these kids with mental health problems don't need to be in detention. At intake, we need to screen systematically for disorders, improve the technology for screening, and make sure that every kid gets screened so that they can be referred for treatment.

During detention, we need gender-specific services, because, as I mentioned, girls have different mental health needs than boys. Girls have greater comorbid disorders, a higher rate of comorbid disorders, more than one disorder, than boys.

We need gender-specific treatment during detention. We also need gender-based treatments because we know that girls, as said by the other witnesses, they have worse family situations than boys. They are more likely to have been abused and exploited. These are all key risks for continuing psychiatric disorders. Now, recognizing this, the specific needs, Federal agencies have established programs designed for girls, and these must be continued and expanded.

We also have to address release from detention and what happens then, because we need to make sure that treatments that begin in detention continue when those girls go back into the community. So, at the Federal level, OJJDP can use its authority to conduct research, to provide training and technical assistance to improve the circumstances of detained youth with mental disorders.

Now, we need to make these investments. It will not be inexpensive. But without making these investments, this group—which, by the way, is disproportionately poor, disproportionately minority—faces dire outcomes: school failure, long-term unemployment, reliance on public assistance during their life, continued trouble with the legal system, which also has its attendant costs, and premature, violent death.

Making these investments also is necessary to promote community safety and to increase the likelihood that these young people, these young women will be successful in school, avoid recidivating, and contribute economically to the society.

I want to add one vignette here. I mentioned this is a longitudinal study. We interviewed the kids initially when they were ages 10 to 17. The first follow-up interview was when they were ages 13 to 20. Many of these girls were interviewed in their homes. Almost invariably, these girls, ages 13 to 20, were pregnant, holding an infant, and had a couple of toddlers also running around. So we need to make these investments not just for this generation, but to prevent the cycle of disorder.

Thank you so much.

[The statement of Ms. Teplin follows:]

**Prepared Statement of Linda A. Teplin, Ph.D., Professor;  
Director, Psycho-Legal Program, Northwestern University**

My name is Linda A. Teplin. I am the Owen L. Coon Professor of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine, Northwestern University. I am also Director of the Psycho-Legal Studies Program, a research group that studies people who “fall between the cracks” of the mental health system into the criminal justice net.

Since 1983, my research group has studied detained populations—adults and juveniles. We are currently conducting the Northwestern Juvenile Project, the first large-scale longitudinal study of mental health needs and outcomes of juvenile detainees. We are studying 1829 youth (657 girls and 1172 boys) randomly sampled as they entered Cook County Juvenile Temporary Detention Center in Chicago, from 1995 to 1998. We chose to study youth in Cook County because Chicago is a typical big city, with typical big-city problems. Since they were enrolled, we continue to track and re-interview our participants. To date, findings have been published in journals that are widely read and broadly distributed: *Pediatrics*, *Archives of General Psychiatry*, *American Journal of Public Health*, *Journal of the American Academy of Child and Adolescent Psychiatry*, *Journal of Consulting and Clinical Psychology*, and *Psychiatric Services*.<sup>1 16</sup>

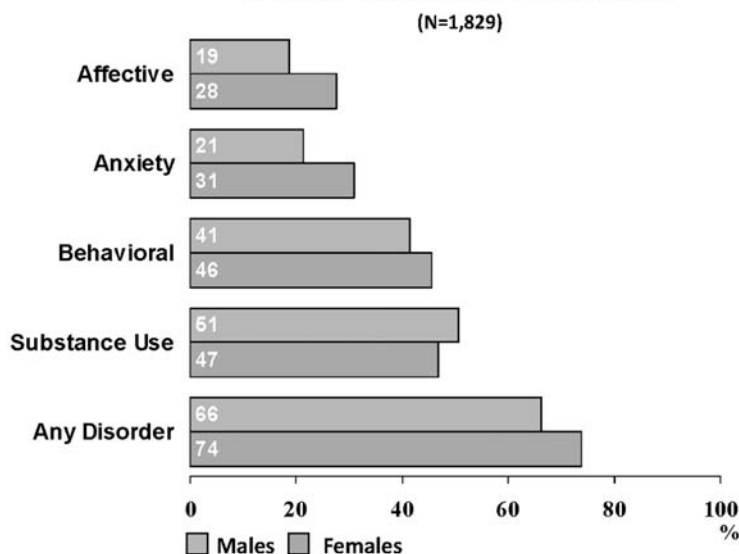
I am here to present key findings from the Northwestern Juvenile Project, all of which illustrate the dire mental health needs and poor outcomes of juvenile detainees overall, as well as the unique problems of girls. Based on our empirical findings, I will also recommend how the juvenile justice system can address their mental health needs.

I am here to speak about some of the nation’s most vulnerable and troubled youth. Without significant investments, this group faces serious risks of school failure, long-term unemployment and reliance on public assistance, continued trouble with the legal system, and premature death. Moreover, making such investments is necessary to promote community safety and to increase the likelihood that these young people will be successful in school, avoid recidivating, and contribute economically.

How common are psychiatric disorders in girls and boys in detention? Our study shows that youth with psychiatric disorders pose a challenge for the juvenile justice system and, after their release, for the larger mental health system. At intake, nearly three-quarters of girls and two-thirds of boys have 1 or more psychiatric disorders, rates 3 to 4 times that of the general population younger than age 18. Girls have significantly higher odds than boys of having any disorder.<sup>1</sup> Substance use disorders are the most common type of disorder, affecting about half of girls and boys (see Figure 1).



**Figure 1.**  
**Prevalence of Psychiatric Disorders**  
**at the Baseline Interview**



How are the mental health needs of girls different from those of boys? The mental health needs of girls are substantially different than those of boys. For example, girls have significantly higher odds than boys of having affective disorders (such as major depression), any anxiety disorder, and some substance use disorders (using “hard drugs” such as cocaine and amphetamines). Note that these prevalence rates refer to fully developed disorders, not merely symptoms of anxiety or use of substances.

What proportion of detained youth has more than 1 disorder? Many juvenile detainees have more than 1 disorder, referred to as comorbid disorders. Significantly more girls (56.5%) than boys (45.9%) have comorbid disorders. Significantly more girls (22.5%) than boys (17.2%) also have 3 or more types of disorders. In addition, more than one-fifth of girls have 2 or more substance use disorders—most often alcohol and marijuana use disorders. Among girls with an alcohol use disorder, 4 out of 5 also have 1 or more drug use disorder.<sup>6</sup>

I highlight these facts because youth with comorbid disorders are far more difficult to treat and have much poorer outcomes than youth with only 1 disorder. In short, girls are not only more likely than boys to have psychiatric disorders but also more likely to have more complex and intractable problems.

Adverse life events are a fact of life for delinquent girls. Nearly 85% of girls report 1 or more traumatic life event, such as having been attacked physically or beaten badly; 15% meet criteria for post-traumatic stress disorder (PTSD) in the past year.<sup>10</sup> Significantly more girls (27.1%) than boys (9.8%) have ever attempted suicide. Nearly one-third of girls report sexual victimization with force, compared with less than 5% of boys.<sup>10</sup> Such traumatic events in childhood are risk factors for poor psychological and social outcomes.

Do youth who need services receive them? Despite their obvious need for mental health services, few receive them. Among youth with a major mental disorder, fewer than 40% of girls receive any evaluation or treatment in the detention center. Ironically, fewer girls are treated in the community (12.4%) than in the detention center. From the youth’s point of view, there are substantial barriers to receiving services. For example, more than 40% of girls report they are unsure about how to access help.

How do youth fare when they leave detention? Three years after detention, approximately 1 of every 5 youth have markedly impaired functioning, indicating a

”need for interventions that are more intensive than standard outpatient care would provide.”<sup>17</sup> These youth struggle to occupy age-appropriate social, occupational, and/or interpersonal roles. Among youth with marked global impairment, nearly two-thirds are severely impaired in 3 or more areas of functioning. For example, these youth may have been expelled from school, engaged in serious violations of the law, and had drug addictions. These findings underscore the ongoing costs to youth and society of the failure to provide effective rehabilitation services during detention and after release.

Impairment at follow-up varies by sociodemographic characteristics. Consistent with patterns of mental health needs among detained youth and youth in the general population, females are more likely than males to be impaired in moods and emotion, self-harm, and substance use.

One of our articles, published in *Pediatrics*, analyzed death rates of the 65 (3.8%) youth who died as of March 2004;<sup>4</sup> 95.5% of these youth died from homicide or legal intervention (e.g., killed by police). Among homicides, 93.0% were from gunshot wounds. Mortality among girls is nearly 8 times that of general population rates; in contrast, mortality among boys is about 4 times general population rates.<sup>4</sup>

Since that article was published, 35 more youth have died. As of today, March 11, 2010, 100 of our original 1829 participants have died: 22 girls and 78 boys.

Implications for Juvenile Justice Policy: The US Department of Justice estimates that more than 14,000 girls are held in detention centers on an average day.<sup>18</sup> Extrapolating from our findings, we estimate that as many as 10,000 girls in detention have 1 or more psychiatric disorders.

By law, youth with serious mental disorders should receive mental health treatment while incarcerated.<sup>19-21</sup> Federal courts have affirmed that detainees with serious mental disorders have a right to receive needed treatment as part of the state’s obligation to provide needed medical care under the U.S. Constitution’s Eighth Amendment (barring cruel and unusual punishment) and Fourteenth Amendment (right to substantive due process for youth in the juvenile justice system) (e.g., *Estelle v Gamble*, 1976;22 *Ruiz v Estelle*, 1980;23 *Madrid v Gomez*, 1995;24 *Bowring v Godwin*, 1977;25). Despite the legal mandate, recent reports issued by the Surgeon General<sup>26</sup> and the President’s New Freedom Commission on Mental Health<sup>19,27</sup> suggest that juvenile detainees are a profoundly underserved population.

Advocacy groups, researchers, and public policy experts are concerned that the juvenile justice system has become the only alternative for treatment for many poor and minority youth with psychiatric disorder. Reports from the Government Accountability Office and the U.S. House Committee on Government Reform demonstrate that a portion of those in juvenile detention are not facing any delinquency charges and remain in these settings only as they await community mental health services.<sup>28,29</sup>

Most delinquent youth experience substantial barriers to services. Youth in the juvenile justice system are disproportionately minority, poor, poorly educated, and have few social networks—all characteristics known to limit the type and scope of mental health services that are provided.<sup>30,31</sup> Girls who are pregnant or are already mothers face additional barriers due to childcare needs. The Surgeon General reports that, compared with non-Hispanic whites, racial and ethnic minorities have less access to mental health services, are less likely to receive needed care, and are more likely to receive poor-quality care.<sup>32</sup> Moreover, poor minority youth rarely have private insurance.<sup>33,34,35,36,37,38</sup> Many are ineligible for Medicaid.<sup>34,36</sup>

Youth with comorbid disorders—common among detained youth—are particularly underserved. A recent report to Congress<sup>39</sup> and the Surgeon General’s Report<sup>26</sup> on children’s mental health highlighted the paucity of mental health services available to youth with comorbidity. Because the fragmented public mental health system has little to offer,<sup>40</sup> youth with comorbidity may “fall between the cracks” into the juvenile justice net.

Despite the fact that youth with mental and behavioral health needs are over-represented in juvenile justice, these agencies never were intended to serve as the main point of access for mental health or substance abuse services. Moreover, they are hamstrung by shortages in administrative capacity, funding, and staffing and they also lack sufficient staff training. In many, if not most, cases, other child-serving agencies are better suited to address a youth’s mental and behavioral health needs.

The President’s New Freedom Commission on Mental Health<sup>19</sup> and the Surgeon General<sup>26</sup> stress the need to improve mental health treatment for youth in the juvenile justice system. Yet, without continued leadership from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), services are not likely to improve. Based on our findings, we recommend that the juvenile justice system provide for

the mental health needs of detained youth—and for the specific needs of girls—at each point in the juvenile justice system and hope that Congress will give strong consideration to these issues in the reauthorization of the Juvenile Justice and Delinquency Prevention Act.

*1. Before detention:*

Increase diversion. Whenever possible, youth with major mental health problems should be diverted to treatment programs or facilities instead of being detained. Most detained youth are charged with nonviolent offenses<sup>41</sup> and could be placed in community-based programs. Effective diversion services require a mental health evaluation following arrest or during judicial review. With collaboration from mental health professionals, juvenile courts can detect and refer many youth, avoiding unnecessary detention.

*2. At intake:*

Improve screening for psychiatric disorders. The most recent national survey of juvenile justice facilities found that more than 70% provided screening for mental health problems,<sup>42</sup> a substantial improvement over the 24% found in 1983.<sup>43</sup> Although there are promising screening tools,<sup>44,45</sup> additional studies are needed to document their validity. Moreover, we need to improve how we detect comorbid disorders, which are more common among girls than boys. Comorbid mental and substance use disorders are particularly difficult to detect because intoxication and withdrawal can mask or exacerbate psychiatric symptoms (and vice versa).<sup>46,47,48</sup> Yet, failure to accurately diagnose complex conditions will lead to ineffective care and clinical deterioration.

We must focus especially on detecting conditions common among girls, such as trauma and PTSD. The Surgeon General's report on children's mental health suggests that emergency medical providers must address the mental health needs of youth who have experienced trauma.<sup>26</sup> Post-traumatic stress disorder is frequently overlooked even in the best psychiatric settings.<sup>49,50</sup> Because PTSD frequently co-occurs with other psychiatric disorders,<sup>51,52</sup> it can be difficult to detect without systematic screening.

*3. During detention:*

Avoid retraumatizing youth. The conditions of confinement often exacerbate symptoms of mental disorder.<sup>53</sup> Youth with significant mental and emotional disorders can be vulnerable to abuse and exploitation by others while incarcerated and are more prone to experience adverse consequences of confinement.<sup>53</sup> This may help explain the disturbing information that came from a January 2010 Department of Justice report on sexual victimization in juvenile facilities. They reported that an estimated 12% of youth in state juvenile facilities and large non-state facilities reported experiencing 1 or more incidents of sexual victimization by another youth or staff.<sup>54</sup>

Detention centers must also reduce the likelihood that youth will be retraumatized during routine processing. For example, symptoms of PTSD may be exacerbated by such common practices as handcuffs and searches.<sup>55,56</sup> In detention centers, psychiatric crises are often handled by isolating and restraining symptomatic detainees. These practices can trigger or escalate symptoms of PTSD (e.g., severe anxiety, aggression, numbing of emotions).<sup>55,56</sup> Well-trained mental health professionals can help to develop strategies to manage emergencies more humanely, and ultimately more cost-effectively.

Provide gender-specific services. There is a growing awareness that girls need services designed to address their special needs. Our study shows that girls have greater and different mental health problems than boys. In addition, compared with delinquent boys, girls have worse family situations<sup>57-59</sup> and are more likely to have been abused or exploited.<sup>60,61,62,63</sup> These are key risk factors for psychiatric disorders. Recognizing delinquent girls' special needs, federal agencies have established programs designed for them.<sup>64,65-69</sup> These must be continued and expanded.

*4. After release from detention:*

Ensure linkage to community treatment after release. Most juveniles do not remain in detention for long. The responsibility for their care typically falls to the public mental health system on their release. Treatment in detention will not be successful unless detainees are linked to services in the community. So-called "linkage" services are relatively inexpensive because they can often be managed by paraprofessionals, and the service has tremendous potential to interrupt the criminalization of mentally ill girls and boys. Simply ensuring that a first appointment is made and kept maximizes the chance of successful linkage to services.<sup>70</sup>

Improve services for victims of trauma. Exposure to trauma is a serious public health problem among high-risk youth. Yet, services are insufficient.<sup>71</sup> Timely interventions may avert subsequent and often chronic social problems common among traumatized youth.<sup>72,52,73</sup> To the extent that PTSD is correlated with subsequent violent perpetration, effective treatment is also a matter of public safety.<sup>74,75,76</sup> I greatly appreciate the intent of the OJJDP to focus more on this area of critical need.

Two final notes: First, providing effective screening, evaluation, planning, diversion, and treatment for detained youth in need will not be easy. OJJDP could enhance state and local efforts by providing more extensive training and technical assistance to the many stakeholders. Second, we strongly encourage OJJDP to continue supporting research studies that provide the empirical basis for changes in juvenile justice policy.

### Conclusion

The Surgeon General reports that, despite their need for mental health treatment, insufficient services are available for delinquent youth in detention centers and after they return to their communities.<sup>26</sup> To reduce delinquency, improve community safety, and, indeed, the nation's public health, we must redress this omission. For example, treating youth who have behavioral or substance use disorders may reduce their risk of victimization by curtailing the high-risk lifestyles associated with these disorders.<sup>77</sup> Treating youth who have substance use or mood disorders may decrease suicidal risk.<sup>78</sup> Improving mental health services can reduce recidivism.<sup>79</sup> These investments will benefit individuals and communities and provide substantial returns on public expenditures.

Girls have unique mental health needs. They arrive in detention particularly vulnerable, with histories of abuse and exploitation, school failure, multiple home transitions, and childcare needs. Although studies document the high rates of PTSD and depression among girls in detention, mental health screening and treatment are often unavailable or of poor quality; overcrowding worsens an already bad situation. Yet, because girls are underrepresented in the justice system, they often have no access to services that address their special needs.

The challenge to the public health system is to provide accessible, innovative, and effective treatments to a population that is often beyond the reach of traditional services. The challenge to the federal government is to continue supporting efforts and innovation in more and meaningful ways at the state and local levels that provide the right incentives, guidance, and technical assistance. The challenge to us all is in protecting the needs and safety of our young people and our communities.

Thank you for your time today. I greatly appreciate the opportunity to discuss and work with the Committee on these critically important issues.

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Chairwoman MCCARTHY. Thank you.  
Mr. Ivory?

**STATEMENT OF GARY IVORY, SOUTHWEST PRESIDENT AND  
NATIONAL DIRECTOR OF PROGRAM DEVELOPMENT, YOUTH  
ADVOCATE PROGRAMS**

Mr. IVORY. Good morning, Chairwoman McCarthy, Ranking Member Platts, and members of the Subcommittee on Healthy Families and Communities. Thank you for inviting me to testify today.

I am the national director of program development for Youth Advocate Programs, Inc., which is a nonprofit organization founded in 1975 by Tom Jeffers.

YAP began by helping to return youthful felony offenders from a place called Camp Hill Prison near Harrisburg, Pennsylvania, back to their communities and homes of origin. The program provided then and it provides now intensive supervision, 24/7 support, up to 30 hours per week face-to-face contact for each youth who is referred to our program. For those youth who have received services, approximately 78 percent did not recidivate and experienced positive gains in education and employment.

The core of the model is very simple: Hiring paid advocates from communities, from the neighborhoods where kids live, to be positive adult role models. Advocates are familiar with neighborhood conditions, they speak the language of the young people, and they are familiar with the culture and the background of the young people that we serve.

The mission of Youth Advocate Programs—or I will refer to it as “YAP” for short—is to develop community-based alternatives to incarceration or institutionalization, whether that is jails, detention centers, psychiatric treatment centers, group homes, et cetera. YAP provides a safe, cost-effective alternative for many jurisdictions nationally. Nationally, we serve 10,000 youth and families on any given day and also operate about 120 individual programs.

Today briefly I will describe what we are doing in our Clark County, Las Vegas, Nevada, program. This program is serving a large number of female offenders who have been adjudicated delinquent. YAP is under contract with the Department of Juvenile Justice Services and the juvenile court to keep these young women from re-offending.

YAP started the program in Las Vegas almost 5 years ago. We were charged with helping to reduce the number of female offenders that were housed at the Clark County Department of Juvenile Justice Services detention facilities and to develop alternatives to out-of-home placement. YAP helped to demonstrate that delinquent youth can improve their educational and vocational outcomes in the community without jeopardizing public safety.

Since 2006, each of these goals have been accomplished. To date, we have achieved an 80 percent or higher success rate, and we are also helping to reduce recidivism rates, preventing out-of-home removal whenever possible, and in helping young women to successfully complete the terms and conditions of their probation.

We find the following characteristics or at least the following components or elements of programs are very important in working

with female offenders: an individualized approach to working with females based on their needs, including recruiting female staff who have sometimes been through the juvenile justice system as role models. We have found that a family-centered approach rather than just focusing on the needs of the young women is important; that unconditional caring and support and a never-give-up attitude, that a holistic approach, a wraparound approach that addresses multiple life domain areas and that they are addressed simultaneously is important; that 24/7 availability in the community; that a wraparound approach where services are across different systems, because many of the young women are involved in multiple systems, as some of the other presenters have mentioned; that a form of what we call supported work or subsidized employment is important, especially when it is an area of their interest; flexible funds used to address emergency needs such as clothing, housing, fees for programs, et cetera; and a never-give-up approach.

A key ingredient of our success in Las Vegas has been our supported work program. The model is a form of subsidized employment where we pay the wages of young women to work at places of employment within their community. And YAP actually pays their salaries while they are working from 10 to 20 hours per week.

In January this past year, I was visiting our program and met a young woman who worked in our supported work program. She had been arrested and put on probation due to prostitution. She had been gang-raped. She had a young daughter. And, as a result, after she had been in our program for a while, we connected her with our supported work program. I visited her while she was working and asked her what made a difference in her life, and she had mentioned having another woman who had a similar experience, the fact that she was able to get a job in an area of her interest, and the fact that she had someone who was there to listen to her and support her was vital to her overcoming these obstacles in her life.

Lastly, I would like to mention the cost savings of this model and similar models and the outcomes associated with those cost-benefits.

On a national basis, programs like YAP cost about \$60 per day, sometimes a little bit less and sometimes a little bit more. The cost of secure detention ranges from \$150 per day, as the judge mentioned, and oftentimes much higher. The cost savings for YAP and similar programs to secure detention, correctional and residential placement are substantial.

In addition, the outcomes are far better. For example, the recidivism rate for youth returning from correctional placement is often 50 percent or higher. YAP has demonstrated through 10 external evaluations that the outcomes are 80 percent or higher working with adjudicated delinquent young people.

I hope my testimony today has shed some light on the YAP model as well as on other similar models and challenges faced in working with female offenders. Thank you again for inviting me to participate.

[The statement of Mr. Ivory follows:]



**Prepared Statement of Gary Ivory, National Director,  
Program Development, Youth Advocate Programs, Inc.**

Chairwoman McCarthy, Ranking Member Platts and Members of the Subcommittee on Healthy Families and Communities, thank you for inviting me to testify today. My name is Gary Ivory. I am the National Director of Program Development for Youth Advocate Programs, Inc. (YAP). YAP is a national non-profit organization founded in 1975 by Tom Jeffers. YAP began by helping to return felony youthful offenders in Camp Hill Prison (near Harrisburg PA) back to their homes and communities of origin. The program provided intensive supervision and 24/7 support, up to 30 hours per week, for each youth and his/her family. For those youth that received services, approximately 78% did not recidivate and experienced positive gains in education and employment. The core of the model then, and now, is the recruitment of paid "advocates" as positive adult role models. Advocates are recruited from the neighborhoods in which the youth whom they serve reside. Advocates are familiar with neighborhood conditions and resources. Advocates also are able to relate to the culture and language of the youth and family that they serve.

The mission of YAP is to develop home and community-based alternatives for youth and adults who are at high-risk of being institutionalized (jails, detention centers, group homes, psychiatric hospitals, etc.). YAP provides a safe, cost-effective alternative for many jurisdictions nationally. Currently, YAP operates over 120 programs in seventeen states, including Washington, DC. YAP serves over 10,000 youth and families annually. We have over 2,300 full and part time staff.

Today, I will present on some of the great work that YAP is doing in Clark County (Las Vegas) Nevada. This program is serving a large number of female offenders who have been adjudicated delinquent. YAP is under contract with the Department of Juvenile Justice Services and the Juvenile Court to keep from re-offending.

YAP started the program in Las Vegas almost five years ago. YAP was charged with helping to reduce the number of female offenders that were housed at the Clark County Department of Juvenile Justice Services detention facilities and to develop alternatives to out-of-home placement. YAP helped to demonstrate that delinquent youth can improve their educational and vocational circumstances in the community without jeopardizing public safety. Since 2006, each of these goals has been accomplished. To date, the program has achieved an 80% or higher success rate. We define success by measuring the following: reducing youth recidivism rates; preventing out-of-home removal and helping youth successfully complete the terms and conditions of their probation.

Over many years, we have observed some specialized needs of female offenders that are very different from their male counterparts:

- Most have been sexually abused at some point in their lives
- Their needs and support systems are very different and often go unmet in programs that are geared towards working with males
- Many programs are geared to working with males, not females (staffing patterns often reflect this)
- Females who are involved in "sexual trafficking" often have significant safety issues and fear of reprisal/safety is paramount
- Placements out of the home (detention, correctional placements, foster care) tend to be less tailored to meet their needs and they are often abused in these settings

Some key program components of YAP that we find work well with female offenders include the following:

- Individualized approach to working with females based on their needs, including recruiting female staff who have sometimes been through the juvenile justice system as role models
- Family-centered approach, rather than just focusing on the needs of the youth
- Unconditional caring/support; a never give up attitude
- Holistic approach: multiple needs are addressed simultaneously
- 24/7 availability
- Wraparound approach where services and supports are literally wrapped around the youth and her family
- Supported Work (subsidized employment) in an area of interest
- Flexible funds to address emergency needs (clothing, housing, fees for programs)
- Never give up approach!

A key ingredient to our success in Las Vegas has been our Supported Work Program. Supported work is a form of subsidized employment. Based on a youth's interest, YAP finds a local employer who will employ the youth 10-20 hours per week. The employer agrees to provide a safe work environment for the youth and provide direction and support. The youth is paid at minimum wage, although some employ-

ers add to their salary to increase their hourly wage. Employers often hire youth once their 3-4 month Supported Work Program ends. In Las Vegas, we currently have 15 youth working through our Supported Work Program. In addition to helping with a legal source of income, it helps young women with a career track, marketable job skills and as an alternative to the underground economy, especially gangs and prostitution. This also helps them to pay fees and restitution that might be owed to the Court.

In January of this year, I was in Las Vegas visiting our program. One of the young women in our Supported Work Program was referred to YAP because of teenage prostitution. She had been gang raped. After assigning her an advocate to work with her, we helped her with a job through our Supported Work Program. I visited her while she was working at a job site. She has a young child and the job is helping her pay the bills and help in developing a career track. She is now working in a restaurant and is finishing her high school diploma and will be attending community college. YAP will be assisting her with a \$1,000 scholarship through our YAP Endowment Fund. She is doing very well because of the unconditional support and care that we have provided her. She has had no contact with the juvenile justice system for over a year.

Lastly, I would like to mention the cost savings of YAP and our outcomes. The cost of operating YAP averages \$60 per day nationally. The cost of secure detention ranges from \$150 per day, or often much higher. The cost savings for a YAP program versus secure detention, correctional and residential placement are substantial. In addition, YAP outcomes are far better. For example: the recidivism rates for youth returning from correctional placements is often 50% or higher. YAP has over ten (10) external evaluations on our programs. Those outcome studies demonstrate YAP's impact on the youth we serve. Again, our outcomes indicate that 80% of youth are positively discharged from our programs and YAP also has shown positive outcomes working with female offenders.

I hope my testimony has shed some light on the YAP model and some challenges faced working with female offenders. Thank you again for inviting me to participate in the hearing today, I am happy to answer any questions that you may have.

Chairwoman MCCARTHY. Thank you.  
Officer Romer?

**STATEMENT OF CAMERON ROMER, PROBATION OFFICER**

Ms. ROMER. Good morning, Chairwoman McCarthy and committee members. I would like to thank you for having me testify today.

I am employed as a York County juvenile probation officer in Pennsylvania. Through my experience, I have been afforded the opportunity to supervise female juvenile offender populations that are court-ordered to residential treatment facilities.

York County currently has eight females in out-of-home placements that are considered long-term placements. There are currently 125 juvenile male juvenile offenders in placement. All of our female juvenile offenders have been placed as a result of an adjudication of delinquency, ranging from misdemeanor offenses to felony offenses.

The primary concerns of each of the female clients are typically the mental health issues and substance abuse issues that emerge as a result of post-traumatic stress disorder. Each client that I currently have in placement that is a female has been assigned the diagnosis of post-traumatic stress disorder, as well as other diagnoses.

My experience finds that each female has a history of sexual abuse and/or is a victim of physical abuse. They have never been afforded treatment as a result of that abuse, which has resulted in the juvenile being placed in the delinquency system. The offender has not learned healthier, positive coping skills to deal with the

trauma. The female has then resorted to using substances and has difficulty controlling her behaviors in a community setting. Additionally, family issues emerge as a result of the female's acting out in a negative way.

A major obstacle to effectively treating the female offenders in York County is the lack of services that are offered. The residential facilities that offer quality treatment are not as prevalent for females as they are for males. For example, there is not one facility in the State of Pennsylvania that is designed specifically to treat a female adolescent that has been found to have committed a sexual offense.

To date, York County has two or three providers that have proven to be somewhat effective in treating the post-traumatic stress disorder and substance abuse issues in adolescent females. Programs do offer rigorous treatment components for the above-mentioned issues; however, it is a slow healing process for any child that is dealing with trauma. This results in a length of stay being anywhere from 6 months to over a year.

My program has been implemented throughout York County as an intensive program that offers a family worker and a case worker for each one of my children that go into placement. The idea is that the services begin at disposition and the family work begins at disposition throughout the treatment process for this child, and there is more support put in place for both the offender as well as the family.

Additionally, juvenile female offenders who are in placement usually have significant mental health issues. These need to be stabilized prior to even addressing the substance abuse issues, the family relationship problems, and the history of abuse.

It has been my experience that female clients entering residential placements also struggle in the educational setting. They typically are behind in their education. This is largely attributed to truancy issues; however, juvenile probation in York does not place a female offender due to truancy. It has also been determined that female offenders have not been able to focus in the educational setting as a result of mental health disorders and symptoms of post-traumatic stress disorder. The school districts often overlook this and do not want to deal with these children.

The transition for any female from placement back into the community has become a significant factor in preventing recidivism. The focus needs to be that the aftercare for a child begins at disposition and that all parties need to be involved in the treatment and planning of each child throughout placement. This includes the juvenile probation department, the residential facility, the family, the school districts, and any other agency involved with the child. It needs to become a team approach in order to allow for a smooth transition back into the juvenile community.

The emphasis has been on the continuity of care rather than discharging a female offender without any services already in place. This includes a solid educational plan, counseling services, medication management, designated support system, and employment opportunities for the child prior to release from placement. It is significant also to monitor the female offender on a regular basis in order to ensure compliance with probation conditions, as well as to

determine that the female is not displaying any signs of returning to negative behaviors. That way, they can be caught before it is too late or before the child runs away.

It is in my opinion that prior to discharging the female from placement family counseling should be facilitated. This will address the issues that resulted in the child being removed from the home and will also provide the primary caretaker the opportunity to learn the different and more effective ways of managing the child's issues. The child will also be able to see the effect that her behavior has had on a family as a result of the counseling session. It is helpful to have a relapse prevention plan in place as well as a defined set of rules for each of these children.

I would offer that intensive programs can be implemented on a county level. Numbers are on the rise for female youth who are being adjudicated delinquent. However, it is hopeful to see that there is more work being done on gender-specific issues.

Once again, thank you for allowing me to testify today.

[The statement of Ms. Romer follows:]

**Prepared Statement of Cameron Romer, Probation Officer,  
York County, PA**

My duties as a York County Juvenile Probation Officer have afforded me the opportunity to supervise the female juvenile offender population that are Court ordered to a residential facility. York County currently has eight females in out of home placements that are considered long term placements. There are 125 male juvenile offenders in placement. All female juvenile offenders have been placed as a result of an adjudication of delinquency ranging from Misdemeanor Offenses to Felony Offenses. The primary concerns for each female client are the mental health issues and substance abuse issues. Each of the 8 females currently in placement have been diagnosed with Post Traumatic Stress Disorder. My experience finds that each female has a history of sexual abuse (victim) and has never been offered treatment as a result of that abuse. The juvenile offender have not learned healthy or positive coping skills to deal with the trauma. As a result, the female has resorted to substance abuse and has severe difficulty controlling her behaviors. Additionally, family issues emerge as a result of the female acting out in a negative manner.

A major obstacle to effectively treating female offenders in York County is the lack of services for females. The residential facilities that offer quality treatment are not as prevalent as they are for males. For example, there is no facility in Pennsylvania designed to treat a female adolescent that has been found to committed a sexual offense. To date, York County has two to three providers that have proven to be effective in treating PTSD and substance abuse issues in adolescent females. The programs offer rigorous treatment for the above-mentioned issues; however, it is a slow healing process for any child dealing with trauma. This results in a length of stay being anywhere from 6 months to over a year. Additionally, female juvenile offenders who are in placement usually have significant mental health issues that need to be stabilized prior to addressing the substance abuse issues and family relationship problems. It has been my experience that female clients entering residential placements also struggle to succeed in an educational setting. Females are typically behind in their education. This is largely attributed to truancy issues. It has also been determined that the female offenders have not been able to focus in an educational setting as a result of mental health disorders and symptoms of PTSD. This often is overlooked by school districts.

The transition for any female from placement back in to the community is a significant factor in preventing recidivism. The focus needs to be that aftercare begins at disposition and all parties need to be involved in the treatment planning of each child. This includes Juvenile Probation, Residential Facility, Family, School Districts, and any other agency involved. It needs to be a "team approach" in order to allow for a smooth transition back in to the community. The emphasis has been on continuity of care rather than discharging a female offender without any services already in place. This includes a solid educational plan, counseling services, medication management, designated support system, and employment opportunity. It is significant to monitor the female offender on a regular basis in order to ensure com-

pliance with probation conditions as well as to determine that the female is not displaying any signs of returning to negative behaviors.

It is my opinion that prior to discharging a female from residential placement, it is imperative that family counseling is facilitated. This will address the issues that resulted in the child being removed from the home and will also provide the primary caretaker the opportunity to learn different and/or more effective ways of managing the child's issues. The child will also be able to see the effect that her behavior has had on the family as a result of the counseling sessions. It is also helpful to have a relapse prevention plan in place as well a defined set of rules for each child.

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Chairwoman MCCARTHY. Thank you very much.

Thank you, everyone, for the testimony.

We have your full testimony, you know, which goes into the record. As you heard the bells, we actually have six votes, which means it would be over an hour being out on the House Floor.

I am going to ask my colleague, Mr. Murphy, if he would like to ask a question.

Mr. MURPHY. Thank you very much, Madam Chair. And thank you for allowing me to sit on this panel. This is an issue I care very, very deeply about.

And I will ask my one question on the valid court order exception. Really pleased to hear strong testimony for the removal of that exception in the reauthorization of the act. We did it in Connecticut, and despite a lot of protests from prosecutors and judges that it was going to result in catastrophe and, you know, dangerous kids wandering the street, that did not happen. And it put pressure on Connecticut to very quickly ramp really up our community-based placement models.

So I might just ask that question—I will direct it to Professor Sherman and Judge Huff—as to what your experiences have been in States that have removed the valid court order exception and the kind of things that judges need in order to find alternatives.

Ms. SHERMAN. Yes, thank you for the question. I am actually from Massachusetts, and we are another State that does not have the valid court order exception as a matter of State law.

I think what has happened, and Judge Huff testified to it, is that judges and—it has basically caused child and family services agencies to step up and provide alternative placements and services in the community and not criminalize this behavior.

And it has also caused the system to look behind the behavior. Very often, in my experience, girls who run away are running away from something; there is another situation. There are family issues. There is sexual victimization. And it has really caused people not to default for an easy option, which is to put the girl into detention, and really look at the family situation and provide services directed at that.

Judge HUFF. Thank you for the question.

I think there is a mistake that judges need something. Oftentimes, the best thing a judge can do is to stay out of it. Because we get involved, we—I will speak for myself—I believe that I am all powerful, and I believe that I can solve the family's problems. And when they don't do exactly what I want them to do, I get mad and I put them in jail.

What the court needs are people who handle these intakes who recognize that, when judges actually do get the cases, the most

beneficial thing that these families and these children can receive is some sort of counseling.

What we do in Birmingham, before we ever take an ungovernable complaint, we require that these families attend counseling, and we give them recommendations of counselors who may see them on a sliding scale. That keeps me from getting involved and being hot-headed and putting these people in jail.

The communities can stand to have programs such as YAP, like Mr. Ivory spoke about, like the Strong Girls program that we have in Birmingham, that works with the child and works with the family from a holistic approach that involves not only counseling but also involves activities in the arts, some self-discovery. But those are programs that I think are best used outside of the court system.

I tell people oftentimes that the court system is a horrible service delivery system, and it really is, especially when it comes to youth. We deal with teenagers, and we all know—I know how a teenager can be. I was a teenager once, and I didn't do everything that my parents wanted me to do. I could become, you know, a little unruly at times. I stayed out when I wasn't supposed to be out. I probably did some things I shouldn't have done.

And I wasn't being sexually abused at home. I didn't have a parent or both parents who were addicted to alcohol or some other substance. I didn't have a father who was incarcerated, or living in a foster home.

What we have to do is recognize that kids are kids and that adolescent brain development shows that the adolescent brain doesn't complete its development until about age 25. And when you pour the other issues that—what I call “our kids” on top of it, that that makes matters worse.

That is a roundabout way of saying sometimes, Congressman, the best thing that judges can do is recognize they need to stay out.

Mr. MURPHY. Thank you.

Chairwoman MCCARTHY. Thank you.

As I said, we are in a vote. It is a little frustrating to me, sitting here, because I have an awful lot of questions.

But, Ms. Carrión, I actually want you to speak a little bit. Whenever we have these kind of panels, and certainly a number of the issues that come in front of my committee, I always try to have a young person that was impacted one way or the other so that—we have the data, we have the judges, we have the correctional officers, we have those that want to help you, but it is still your voice that needs to be heard on some of the things that happened to you, especially the sexual abuse, and how you got back to being who you want to be today and who you are not going back to.

So if you could just say, what do you think could help young women and young boys the best way?

Ms. CARRIÓN. Well, you know, I think that—because I was in two different kind of programs. I was a nonsecure detention center. That is when I got remanded. And then, because of my addiction, you know, I went into a therapeutic community.

When I went into the therapeutic community, I was already 18 years old, and the girls in there were 14 and 15 years old. And I can remember telling them, you know, if I had this program, if

they would have sent me to this program when I first got arrested and couldn't stop smoking weed, you know, I think I would have had a better chance, a better fighting chance. You know what I am saying?

Because the way that they had the program organized and how they just had one-on-one, direct care with these people, with these young girls, you know—like, they actually had a psychiatrist and all that on site. And I just believe that counseling really helps them. When they have an outlet—“Listen, I am mad at my mother, and I am mad at my father, and this is what they did to me. And my mother is a dope fiend.” And if they don't have that outlet, all they have is, you know, okay, you have me in a place with a whole bunch of people who are angry, because all these teenagers are angry or depressed or something. You know? And the ones who are not angry, they are so highly medicated that they don't even know what is going on in the world. All they have is violence. That is all they have.

And then, on top of that, I don't want to be here, so I am going to do whatever I can to get out of here. And if they didn't get anything treated while they are there, they leave there, and they are all just really messed up in the head and they feel lost. You know?

So I think that counseling can play a big role. And keeping the youth, you know, whatever family they do have, to keep them attached to their families. Taking them totally out of the community is very hard on them. I didn't see my family—I saw my family twice while I was upstate. I saw them twice. And when I was in Odyssey House, I saw them every other weekend, and that gave me hope, like, “Okay, I can do this. I can do this. My family got my back.” You know? There is still some type of relationship there and I am not breaking all ties.

So I think family support and keeping whatever programs that they do have—because there needs to be alternative programs. You can't just keep sticking kids in a box and expect them to rehabilitate. I don't believe that that is the way to go.

Chairwoman MCCARTHY. Well, you know, I came to Congress without any kind of a political background. Nassau County, where I live, we have a very large facility for juveniles, and all I ever heard for the last 13 years were from the correction officers: “These kids shouldn't be here.” And that is coming from a corrections officer.

But, again, you know, for so many years, it was told to all of us throughout this Nation that we have to be tough on crime, you have to be tough on the offenders. Which, I think we all agree, for those that should have those kind of punishments, they should be punished.

But with all the data and all the work that all of you have been doing, you know, people are starting to become enlightened. They are nowhere near where they should be. And we will work as hard as we can on this committee to have the choices for judges, to have the money for the programs that need to be out there.

My background was a nurse. I still feel I am a nurse. I am a nurse. And I also know what preventative care means. And, as you said, Judge, we all did stupid things when we were 13, 14, and 15 years old. And a lot of people don't realize that we probably were

lucky that nothing happened to us. We didn't get into the wrong groups. Some kids aren't as lucky as we were.

But we need to have the services, so young women like you—and you have pulled your life together, and we are all so proud of you. But we want to give that chance to a lot of young people, because the young people here in the audience—and many times I feel very frustrated that we do not look out for the future leaders of this Nation.

And as we look forward in the competition worldwide, every young child, every young adult could be a future leader. And we have to do whatever we can to give that child, to reach the full potential of what they need to be. We can do a better job. We must do a better job.

And it is a whole—believe me, I work—there is a big battle going on right now about earmarks, you know, that we as Members of Congress get earmarks. Let me tell you where my earmarks go.

They go to nonprofit organizations back in my district. They go to organizations that are helping kids get out of gangs. They are helping my local police have more of a relationship with the community. They go into programs that are helping young men and women fight drugs and addiction. Those are my earmarks. And the majority of Members in this Congress, that is what they are doing in their community.

So, whatever happens with that—and we will have a vote sometime this week—I will be voting against it, because I believe I know my community and where the money needs to go for the most help.

So, with that, I am unfortunately going to have to end this. I think I have already missed one vote. This is better than having a vote at this particular time.

So what I will say to you is—I am going to skip my concluding remarks. I think I have said what I needed to say. But I want to say thank you to each and every one of you. You have done a great job. We will try and get you the support that you need to continue the job.

Data is extremely important. This is Kim. Kim and I love data. We love data. It might be boring to some people, but there are a lot of answers in that.

As previously ordered, Members will have 14 days to submit additional materials for the hearing record. Any Member who wishes to submit follow-up questions in writing to the witness should coordinate with the majority staff within the requested time.

Without objection, this hearing is adjourned. Thank you again.  
[The statement of Mr. Platts follows:]

**Prepared Statement of Hon. Todd Russell Platts, Senior Republican  
Member, Subcommittee on Healthy Families and Communities**

Good morning. I would like to welcome you all to our hearing today.

As we explore our existing juvenile justice system, it is ever important that we also examine the unique experiences faced by girls who enter the system. Today we will hear from a well-regarded group of witnesses who will be able to provide insight to the challenges and characteristics of female offenders.

Although recent studies have provided us with more information regarding the involvement of females in the juvenile justice system, there is still much we have yet to learn. According to the Girls Study Group—a group of scholars and practitioners convened by the Office of Juvenile Justice and Delinquency—by 2004, girls ac-



counted for 30 percent of all juvenile justice arrests. Despite the fact that this figure is higher than previous decades, the group found that girls have not necessarily become more violent, but that changes in the enforcement of domestic dispute laws and zero-tolerance school policies may attribute to an increasing percentage of female delinquency rates.

As we deal with the changing environment of the juvenile justice system, we must ensure that these girls are treated in a way that is both safe and constructive to their rehabilitation. As such, it is critically important that we meet today to hear from individuals who have front-line experience. I want to especially note the attendance of Cameron Romer, an Intensive Aftercare Officer, from York County, Pennsylvania in my home district. I am particularly grateful for Ms. Romer sharing her knowledge of working with females who require intensive supervision and treatment.

I look forward to hearing the testimony of all of our witnesses today, and am confident that will be able to address the unique needs of girls in our juvenile justice system. Thank you, Chairwoman McCarthy.

[Additional submissions of Mrs. McCarthy follow:]

**Prepared Statement of Dory Magasis Escobar, Director of Healthy Communities, St. Joseph Health System—Sonoma County, CA**

Madam Chairwoman Carolyn McCarthy, Ranking Member Todd Platts and members of the Committee on Education and Labor Subcommittee on Healthy Families:

Female involvement in Sonoma County's juvenile justice system in the 1990's was on a steady course upward—as juvenile male involvement in delinquency proportionately declined; with data on female juvenile delinquency putting Sonoma County, CA well above the state average for juvenile arrests, offenses/misdemeanors, substance abuse, sexual activity, suicide, and involvement in gang activity, including the recruitment of girls into existing and emerging gangs. Traditionally, youth criminal behavior has been addressed by the juvenile justice system and academic sociologists and not as a community health concern.

What we now know implores us to address these issues in a healthy community context. In response to this critical information regarding how badly girls were doing in Sonoma County, St. Joseph Health System—Sonoma County (SJHS-SC), a ministry of St. Joseph Health System, facilitated community focus groups and assessments to inform key stakeholders and garner their feedback on potential action. As a result of that work, Project E.S.C.A.P.E., better known as Circle of Sisters (COS), was developed in 2000 to provide a forum, training, and model for schools and communities to address societal and familial issues that tend to impact girls negatively, by focusing on strengths and individual, family and community assets, by providing positive peer and adult support, and by offering girls information that expands their decision making abilities.

COS is one of several Healthy Communities initiative of St. Joseph Health System—Sonoma County (SJHS-SC), comprised of Santa Rosa Memorial and Petaluma Valley Hospitals, as well as other local facilities. COS provides gender-responsive and developmentally appropriate community-based programming for girls in grades 4 through 8 (ages 9—14 years). Research shows that the majority of juvenile crime and victimization occurs between the hours of 3 and 6 p.m., indicating the importance of after-school programs. The COS after-school program uses prevention-oriented, risk-reduction strategies, which are designed to prevent and reduce female juvenile delinquency, crime, and victimization; and was founded on the principles of the Search Institute's "40 Developmental Assets for Youth."

As shown in the 1999 study sponsored by SJHS-SC and authored by Constance U. Battle, M.D., Developmental Pediatrician from Washington, D.C., "A Summary of Growth in Adolescent Girls: A Reference and Resource Guide—The Developmental Stages of Body, Mind and Spirit in End of Middle Childhood Ages and Early Adolescence Ages," developmentally girls experience many different life transitions during middle childhood and early adolescence. The goal of COS is to help girls navigate these developmental stages successfully, by providing prevention and risk reduction programming and opportunities to maximize their positive developmental assets and develop resiliency. This summary of gender specific research has been at the core of the Circle of Sisters program and curriculum development. The program's curriculum includes specific strategies that reflect this research and instructs program facilitators on how to best meet the girl's developmental needs, providing girls ages 9-14 with developmentally appropriate and gender specific information about the physical and emotional changes they are experiencing.

Circle of Sisters provides participants with the opportunity to develop internal and external assets through specific program activities. The program is structured to develop the essential life skills, values, experiences, resources and support that will enable girls to make positive present and future life choices. COS Program components include: Journaling, Circle Time, and Life Learning Tracks (fun experiential activities tied into the daily theme/topic). Sample topics include: Self-esteem, tolerance and understanding, health and nutrition, peer pressure, and conflict resolution.

The program emphasizes the identification and enhancement of individual strengths, or “assets” through positive feedback, leadership opportunities, and role modeling. COS has eight target participant outcomes focused on participants being able to demonstrate: 1) An ability to resolve conflicts; 2) An ability to communicate appropriately and effectively; 3) An ability to resist negative external influences and victimization; 4) Age appropriate health practices; 5) An ability to solve problems and make healthy decisions; 6) An ability to develop healthy relationships; &) Appropriate expression of personal values, talents, and skills; 8) Meaningful interaction with their community.

Circle of Sisters programs targets young girls living in affordable housing complexes and/or attending schools that have a high representation of Latino and/or a high number of children who qualify for federally funded free and reduced lunch programs. The housing complexes are located in high crime areas where families struggle with issues of persistent poverty, lack of community support, limited literacy and English skills, prevalence of gang participation and substance abuse among youth. Current research documents that: 1) Latinas report lower self-esteem, higher levels of depression and highest level of suicide than other adolescents; 2) Adolescent Latinas experience significantly more negative life events than young Latinos and report a higher incidence of abuse and violence than their white counterparts; 3) For young Latino and African American girls, low economic status correlates with high stress and depression, domestic violence, physical and sexual abuse and low self-esteem. COS is free to all participants and provides on-site programming in order to address the transportation issues that are inherent in an after-school program for youth.

During its critical formative stage, Circle of Sisters (Project E.S.C.A.P.E.) received over 3 years of funding from the Office of Juvenile Justice Delinquency Prevention in order to expand number of girls served, develop lesson plans aligned with the Search Institute’s 40 Developmental Assets for Youth and evaluate the programs impact. These objectives were successfully met, with a increase in program participants from 20 girls enrolled at 1 site in 2000, to 269 girls enrolled in 2010 with 12 different sites and 15 different groups.

Over the past 10 years, 1256 girls have participated in Circle of Sisters at 28 different sites with a total of 102 groups, and COS has employed 37 different group facilitators, 230 community volunteers, 7 full-time AmeriCorps Promise Fellow volunteers, 4 Masters of Social Work interns and collaborated with over 60 community partners. A COS program curriculum was also developed; including the creation, testing and revision of 80 age-appropriate skill and asset building lesson plans.

Program participants and family members have stated the following about the Circle of Sisters program: “Brianna’s respect level has risen a lot since joining Circle of Sisters. I am very happy with the personal growth. Thank you all very much.”—Parent, “I have boosted my personality, self-confidence and have made more friends. I feel that COS helps me open my feelings and I am able to express myself much more”—13 year old girl, COS helps me by talking about my problems that I have and how to fix them. They also help me by be there for me when I’m sad”—10 year old girl.

Girls develop through relationships. During the latency/early adolescent stage in life peers become more important and girls are more likely to be prey to peer pressure and the awkwardness of developmental body changes. All people want to fit in, they want a place to belong, people to trust and care for them, power to have control over some aspects of their lives and a sense of purpose or meaning in their lives. St. Joseph Health System—Sonoma County’s Circle of Sisters program is a model program for female violence prevention where the need for positive relationships and the core COS principle of having “Place, People, Power, Purpose” is met.

#### **Prepared Statement of Just Detention International (JDI)**

Just Detention International thanks the Subcommittee on Healthy Families and Communities for holding this important hearing on challenges faced by girls in the juvenile justice system. As a recent report by the Bureau of Justice Statistics makes clear, detained girls are at grave risk for sexual abuse, both by perpetrating staff

and by other detainees. The rising number of girls in the juvenile justice system makes even more apparent the urgency with which the issue must be addressed.

Just Detention International (JDI) is the only U.S. organization exclusively dedicated to ending sexual violence in detention. JDI works to ensure government accountability for prisoner rape; to transform illinformed public attitudes about sexual violence in detention; and to promote access to resources for those who have survived this form of abuse. JDI's efforts are guided by the expertise of men, women, and children who have endured sexual violence behind bars and who courageously have shared their experiences with us.

JDI led a diverse coalition of advocates who worked closely with politicians on both sides of the aisle to help secure the passage of the U.S. Prison Rape Elimination Act (PREA) in 2003. PREA calls for the development of national standards addressing prisoner rape, the gathering of nationwide statistics about the problem, the provision of hearings with the best and the worst performing corrections facilities. As a result of PREA, corrections officials can no longer deny that sexual violence is a problem in their facilities, and leading agencies are developing best practices to improve inmate safety. Sadly, however, most juvenile facilities are dangerously lagging behind in efforts to address sexual abuse in their facilities—and the minimal actions taken so far have largely focused on male detainees.

### *I. Sexual Violence Against Girls in Detention*

In January, the Bureau of Justice Statistics (BJS) released a report on its first-ever national survey of youth in juvenile detention. Based on this survey, the BJS found that a shocking 12.1 percent—almost one in eight—of youth reported being abused at their current facility in the past year alone.<sup>1</sup> In the worst facilities, the rate was well over 30 percent.<sup>2</sup>

More than nine percent of girls who participated in the survey reported forced sexual activity with other youth, a rate that was more than four times that reported by surveyed boys. An estimated 4.7 percent of girls reported sexual activity with staff.<sup>3</sup>

The BJS survey confirmed that certain types of youth are disproportionately targeted for abuse. In particular, juvenile detainees with a history of abuse were more than twice as likely to be sexually abused while incarcerated as their peers.<sup>4</sup> This risk than 90 percent of girls in the juvenile justice system experienced physical, sexual or emotional abuse prior to their detention.<sup>5</sup>

Like in adult prisons and jails, youth who identify as lesbian, gay, bisexual, transgender or questioning (LGBTQ) are also exceptionally vulnerable.<sup>6</sup> In particular, transgender girls are often tormented by constant sexual harassment, as they tend to be placed in boys' facilities, in accordance with their birth gender. Cyryna Pasion, a transgender girl who was repeatedly sexually assaulted and harassed by other wards while in the boys' unit of a Hawaii youth facility described her ordeal as "the most damaging and emotionally devastating treatment of [her] life."<sup>7</sup> Dr. Robert Bidwell, a pediatrician at the Hawaii Youth Correctional Facility, testified that he believed that an institutional antiLGBTQ sentiment was among the most critical factors in creating such a dangerous environment and that national standards addressing the treatment of LGBTQ youth was urgently needed.<sup>8</sup>

Perpetrating staff in girls' facilities often target youth known to have a history of prostitution.<sup>9</sup> The policy of allowing officers of the opposite sex to work in all areas of a staff sexual misconduct.<sup>10</sup>

Survivors of sexual violence in detention who wish to file a formal complaint face multiple serious barriers, including fear of stigma and further assaults. Young survivors face additional obstacles, such as a relative lack of experience in corrections settings and a common fear of adult authority figures. All too often, detained youth are abused by staff members whose job it is to keep them safe.<sup>11</sup> Such blatant abuse of power further discourages reporting, and underscores the difficulty detained youth face when seeking to identify safe ways to report abuse.

Moreover, detainees in juvenile facilities are often afforded less access to legal resources than inmates in adult facilities.<sup>12</sup> While they generally do not complain about abuse and are especially unlikely to file lawsuits, detained youth are still subject to the harsh requirements of the Prison Litigation Reform Act, which creates special pleading requirements and other procedural hurdles for incarcerated individuals who seek to have civil rights violations addressed in court.

### *II. Increasing Safety for Incarcerated Youth through the PREA Standards*

The BJS study confirms what JDI has long known: young detainees constitute an especially vulnerable population that needs special protections, and the unique dynamics in girls' facilities require urgent attention. In its final report, the National Prison Rape Elimination Commission (Commission) noted that the increasing num-

ber of girls in facilities, which were traditionally designed to meet the needs of boys  
\* \* \*<sup>13</sup>

In accordance with its mandate under PREA, the bipartisan Commission developed national standards to prevent, detect, respond to, and monitor sexual violence in detention. Recognizing the particular dynamics of different types of facilities, the Commission developed separate sets of standards for adult prisons and jails, juvenile facilities, lockups, and community corrections as well as supplemental standards for facilities housing immigration detainees. These standards were the product of five years of hearings, deliberation, and review. They address core detention management issues that directly affect the levels of sexual abuse in a facility, such as staff training, inmate education, housing, and investigations in the aftermath of an assault.

If enacted, specific provisions in the Commission's standards would substantially improve safety for detained girls. For example, the BJS survey found that youth-on-youth abuse is particularly common in girls' facilities; the Commission's standards mandate that information about risk factors be obtained from youth and be taken into account when making housing and programmatic decisions, so that vulnerable youth are effectively separated from likely perpetrators without being subject to additional punishment. Additionally, basic privacy measures regarding cross-gender supervision are especially important for youth, who are still developing physically and emotionally; the standards limit the extent to which staff may search youth of the opposite sex or observe youth of the opposite sex while they are in states of undress.

The standards are now with U.S. Attorney General Eric Holder, who by law has until June 23, 2010 to codify final standards based on the Commission's year to certify their compliance, or they will lose a portion of their federal corrections-related funding.

### III. Recommended Congressional Action

Swift ratification of the Commission's standards has the potential to save thousands of girls from the devastation of rape. Nonetheless, it is already clear that Attorney General Holder will not meet his deadline. The Department of Justice has convened an internal PREA Working Group to review the standards. The Working Group coordinators have projected that its work may not be completed until 2011. This delay is due, in large part, to a problematic cost projection study based on corrections administrators' own estimations of how much implementing each standard may cost. This study does not take into consideration the tremendous benefits of implementing the standards, nor does it encourage participating administrators to think creatively about low or no-cost options for implementation.<sup>14</sup>

Congress should urge Attorney General Holder and the PREA Working Group to ratify strong standards without undue delay by deferring to the expertise that informed the Commission's standards.

Congress should also encourage the Attorney General to establish a mechanism for effective oversight of standards compliance, which goes beyond the certifications of detention administrators and the auditors with whom they contract. The compliance (OJJDP) provides a useful framework. OJJDP has a compliance monitor in every state to visit facilities and ask questions, ensuring that every system meets the four core requirements of the Juvenile Justice and Delinquency Prevention Act (JJDP). This external oversight has been a key component of JJDP efforts to hold noncompliant administrators accountable, to identify problems that even an outstanding official within a system may overlook, and to provide information about best practices from other jurisdictions. Implementation of the standards under PREA will need strong, external oversight that takes into account information from detainees, parents of youth in detention, advocates, and other stakeholders, along with the assessment of corrections insiders.

In addition to demanding full implementation of PREA and the standards, Congress should take other measures to improve the safety of detained girls. Specifically, the Prison Litigation Reform Act (PLRA) should be amended. The Prison Abuse Remedies Act, H.R. 4335, introduced by Rep. Bobby Scott addresses the various problems with the PLRA while retaining its effective provisions. One of that bill's key provisions is to exempt juveniles from the PLRA. While not the primary focus of the law, young inmates have been drastically affected by the PLRA.

Finally, the Juvenile Justice and Delinquency Prevention Act (JJDP) must be reauthorized and strengthened. A 2005 BJS study of sexual abuse reported in adult prisons and jails found that young inmates were at heightened risk for abuse in these facilities as well.<sup>15</sup> With these alarming data in mind, it is clear that use of the adult criminal justice system to prosecute juveniles should be minimized and, even when convicted in the adult system, youth should only be detained with other juveniles.

### III. Conclusion

The widespread sexual abuse of girls in detention is not inevitable; it is the result of poor corrections management, bad policies, and dangerous practices. In 2003, Congress took the pivotal step of unanimously passing the Prison Rape Elimination Act. To ensure that the full intent of that pivotal law is realized, JDI urges Congress to demand that the Attorney General ratify strong standards, without undue delay, and to provide additional legislative protections through the reauthorization of the JDDPA and reform of the PLRA.

#### ENDNOTES

<sup>1</sup>ALLEN BECK, PAIGE HARRISON & PAUL GUERINO, BUREAU OF JUSTICE STATISTICS, SEXUAL VICTIMIZATION IN JUVENILE FACILITIES REPORTER BY YOUTH 2008-2009 1 (2010).

<sup>2</sup>Id. at 1. The three facilities with the highest rates of sexual victimization were: Pendleton Juvenile Correctional Facility, a boys' facility in Indiana (36.2%); Samarkand Youth Development Center, a girls' facility in North Carolina (33.3%); and Corsicana Residential Treatment Center, a co-ed facility in Texas (32.4%).

<sup>3</sup>Id. Among boys who participated in the survey, two percent reported sexual activity with another youth; 10.8 percent reported sexual activity with staff. Id.

<sup>4</sup>BECK, HARRISON & GUERINO, *supra* note 1, at 11.

<sup>5</sup>Physicians for Human Rights, Unique Needs of Girls in the Juvenile Justice System, available on-line at <http://physiciansforhumanrights.org/juvenile-justice/factsheets/girls.pdf> (last visited March 9, 2010).

<sup>6</sup>Id. at 1. For more information about the severe danger of sexual abuse facing LGBTQ detainees, see JDI Fact Sheet, LGBTQ Detainees Chief Targets for Sexual Abuse in Detention (October 2007).

<sup>7</sup>Ms. Pasion's testimony is available on-line at <http://www.cybercemetery.unt.edu/archive/nprec/20090820160300/>; <http://nprec.us/docs/boston-survivortestimony-pasion.pdf>

<sup>8</sup>Dr. Bidwell's testimony is available on-line at <http://www.cybercemetery.unt.edu/archive/nprec/20090820160337/>; <http://nprec.us/docs/boston-natureofproblembidwell.pdf>

<sup>9</sup>HUMAN RIGHTS WATCH & THE AMERICAN CIVIL LIBERTIES UNION (ACLU), CUSTODY AND CONTROL: CONDITIONS OF CONFINEMENT IN NEW YORK'S JUVENILE PRISONS FOR GIRLS 63-64 (2005).

<sup>10</sup>Id. at 6371.

<sup>11</sup>BECK, HARRISON & GUERINO, *supra* note 3, at 1.

<sup>12</sup>See, e.g., *Alexander v. Boyd*, 876 F. Supp. 773, 790 (D.S.C. 1995) (holding that juvenile detainees had no constitutional right to a law library).

<sup>13</sup>National Prison Rape Elimination Commission, Final Report at 147-48.

<sup>14</sup>Just Detention International is working with three jurisdictions—the California Department of Corrections and Rehabilitation, the Oregon Department of Corrections, and the Macomb County (Michigan) Sheriff's Office—to bring their facilities into compliance with the Commission's standards before they are required to do so. Recognizing the fiscal limitations of these agencies and their counterparts around the country, this work has focused on low and no-cost measures, such as amending existing training curricula and consolidating staff responsibilities.

<sup>15</sup>ALLEN J. BECK & PAIGE M. HARRISON, BUREAU OF JUSTICE STATISTICS, SEXUAL VIOLENCE REPORTED BY CORRECTIONAL AUTHORITIES, 2005 (2006).

### **Prepared Statement of Malika Saada Saar, Executive Director; Kathleen Shakira Washington, Policy Director, Rebecca Project for Human Rights**

The Rebecca Project for Human Rights is honored by the opportunity to submit written testimony for the "Meeting the Challenges Faced by Girls in the Juvenile Justice System" hearing held by the House Education and Labor Committee Subcommittee on Healthy Families and Communities. The Rebecca Project for Human Rights is a national legal and policy organization that advocates for public policy reform, justice and dignity for vulnerable families. The Rebecca Project strives to reform child welfare, criminal justice, and substance abuse policies that impact the lives of vulnerable families. We frame the pervasiveness of violence against women and girls, the draconian conditions that too often characterize maternal incarceration, and the dearth of access to health and healing for mothers and their children, as fundamental human rights violations.

The Rebecca Project applauds Chairwoman McCarthy and the subcommittee's leadership in addressing the challenges faced by girls who are involved in juvenile justice system. We are especially concerned about the unique pathways of girls into the legal system, the impact of traditional models of detainment, and the profound dearth of gender specific, trauma informed and strength-based alternative programming for girls.

#### *Current status of girls in the juvenile justice system*

The past two decades has witnessed a decline in the number of youth involved in the juvenile justice system. Data has shown that between 1994 and 2003, overall

juvenile arrest rates declined by 18%.<sup>1</sup> However, the proportion of female juvenile offenders has steadily increased with an unprecedented number of girls entering the juvenile justice system. In 2007, female offenders accounted for 29% of the 2.18 million juvenile arrests<sup>2</sup>—a dramatic increase from 2001 when girls accounted for 19% of arrested youth.<sup>3</sup> Further, when comparing girls' involvement in the criminal justice system to that of boys, between 1985 and 2002, the overall delinquency caseload for females increased by 92% compared to only 29% for males.<sup>4</sup>

Most often juvenile female offenders are arrested for status offenses. Status offenses are “noncriminal offenses” or offenses that are illegal for underage persons, but not for adults.<sup>5</sup> Such offenses include curfew violations, incorrigible or ungovernable behavior, running away, truancy, and underage drinking.<sup>6</sup> While current legislation prohibits the detainment of youth arrested for status offenses, far too often the practice of “bootstrapping” or violations of court orders based on the original status offense, and lack of alternatives to detention faced by most courts often result in detainment of female juvenile offenders. For example, in 2005 only 15% of all arrest of female juveniles involved physical violence (e.g., violent crimes—3% and simple assault—12%) with status offenses (e.g., running away, liquor laws, curfew violations, and loitering) and property crimes accounting for the remaining 85% of arrest.<sup>7</sup> Further, girls disproportionately represented 58% of all runaway arrest even though they only accounted for 29% of all detained youth.<sup>8</sup> Last, recent investigations into the causes of increasing rates of female juvenile arrest have found that rates of crime among female juvenile populations are not increasing, but girls are being arrested more often due to stricter, no-tolerance policies and practices of schools, the police, social welfare agencies, and the juvenile justice system.<sup>9</sup>

#### *Pathways of female adolescents to detention*

There are a variety of characteristics associated with youth who are involved in the juvenile justice system including school failure and family stress and chaos.<sup>10</sup> However, one characteristic or factor that is distinct and most salient for girls is that of sexual and physical abuse. While it is estimated that approximately 73% of all girls involved in the juvenile justice system report histories of extreme sexual and physical abuse, various studies have reported findings as high as, if not higher, than 90%.<sup>11</sup> For example, a California based study found that 92% of the girls interviewed had suffered some form of abuse. Of this group, 81% of the girls had been physically abused and 56% reported one or more forms of sexual abuse.<sup>12</sup> Further, a study conducted by the Oregon Social Learning Center on chronically delinquent girls found that the average age of first sexual encounter among girls was approximately 7 years of age and that 78% of girls had documented histories of physical abuse as compare to 3% of boys.<sup>13</sup>

When considering policies and programs that address youth involved in the juvenile justice system, it is imperative that such decisions take into account the high rates of trauma due to physical and sexual abuse among adolescent female offenders. There is a wealth of information suggesting that exposure to traumatic events may be linked to delinquent behavior and that delinquent acts may be a direct or indirect reflection of past victimization.<sup>14</sup> For example, a longitudinal study found that girls and women with histories of childhood abuse or neglect were 73% more likely than females without abuse histories to be arrested for property, alcohol, drug, and misdemeanor offenses such as disorderly conduct, curfew violations, or loitering.<sup>15</sup> Studies have found that youth who were victims of sexual abuse coupled with physical abuse and neglect were more likely to run away from home than children who experienced other forms of maltreatment<sup>16</sup>—with estimates of that between 33—75% of girls who are in runaway homes or in the juvenile justice system were victims of sexual violence.<sup>17</sup> Further, girls hurt by sexual violence are 3 times more likely to develop psychiatric disorders or alcohol/drug abusing behaviors in adulthood, compared to girls who are not sexually abused.<sup>18</sup> Studies have found that 75% of girls involved with the juvenile justice system report being regular users of alcohol and/or drugs, with another 34% being diagnosed with a substance abuse disorder.<sup>19</sup>

Once detained, many girls suffer further victimization. The 2006 National Report of the Office of Juvenile Justice and Delinquency Prevention reported that there were 2,821 allegations of youth-on-youth (59%) and staff-on-youth (41%) acts of sexual violence in juvenile facilities in 2004. Within the youth-on-youth incidents, 2 of every 3 were nonconsensual sexual acts and within the staff-on-youth incidents, 3 of every 4 were staff sexual misconducts.<sup>20</sup> Of these allegations, girls made up only 11% of the state-operated facilities population, but accounted for 34% of the victims of sexual violence in these facilities<sup>21</sup> and in local or privately owned facilities, girls made up only 17% of the total population, but accounted for 37% of the victims of sexual violence.<sup>22</sup>

While these numbers are daunting, it is important to remember that sexual and physical abuse often goes unreported or underreported.<sup>23</sup> Given this fact, one can only assume that current statistics regarding the extent of physical and sexual abuse of girls involved in the juvenile justice system are more than likely an underestimation of the actual rates among this vulnerable population.

*Mental health and victimization of girls in the juvenile justice system*

It has been estimated that one in five adolescents involved in the juvenile justice system has a serious mental health problem.<sup>24</sup> For females involved in the juvenile justice system, the estimated prevalence of mental health disorders has been reported as high as 84%—a rate similar to that of physical and sexual abuse among detained female juveniles.<sup>25</sup> In one study of detained youth in Cook County from 1995 to 1998, study outcomes found that girls had higher rates of psychiatric disorders and rates of depression and anxiety, with anxiety disorders being particularly high among girls participating in the study.<sup>26</sup> Further, the Oregon Social Learning Center found that over three-quarters of adolescent female study participants met the criteria for three or more DSM IV Axis 1 diagnoses.<sup>27</sup>

This data is significant in that numerous studies have found that exposure to trauma affects girls differently than boys. Studies have found that among those who are exposed to trauma, females are more likely than males to develop mental health problems as a result of this exposure.<sup>28</sup> In particular, female juvenile delinquents are six times more likely than male juvenile delinquents to suffer from posttraumatic stress disorder at the point of detention and at some time in their lives than the general population.<sup>29</sup>

Left untreated mental health disorders, such as depression and posttraumatic stress are expressed through a variety of behaviors that include suicidal tendencies, phobic/avoidant behaviors, affective numbing, nightmares, and repetitive/inappropriate sexual behaviors.<sup>30</sup> Trauma has also been associated with a variety of other anti-social behaviors that place victims at increased risk for detention. Data has suggested that youth exposed to trauma are more “emotionally overactive” and more likely to engage in coercive and noncompliant behaviors and will display a variety of emotions that are associated with problem behavior including lack of empathy, impulsivity, anger, acting-out, resistance to treatment, and high risk sexual behavior.<sup>31</sup>

An example of the impact of trauma on the lives of girls is exemplified in a study that examined the relationship between gender, trauma, delinquency and mental health in a cohort of delinquent offenders. Of the 96 participating females in the study, 74% of the girls reported being “badly hurt or in danger of being hurt”, 76% reported “witnessing someone severely injured or killed” and 60% reported “being raped or in danger of being raped.” This study also found that boys were more likely to be traumatized as observers of violence as compared to girls who were more likely to be traumatized as direct victims, and participating girls were 50% more likely to exhibit current symptoms of posttraumatic stress as compared to boys participating in the study.<sup>32</sup>

While detention is often viewed as a protective measure for troubled youth, most often conditions of detainment exacerbate untreated mental health issues. There have been numerous reports as well as lawsuits that have shed a glaring light on the deplorable conditions under which detained youth are required to reside. The most comprehensive national study on the conditions of juvenile detention facilities titled *Conditions of Confinement: Juvenile Detention and Corrections Facilities* (1994) noted the existing deficiencies in the system that included inadequate living space due to overcrowding, lack of appropriate security, the lack of basic personal hygiene supplies, the use of restraints and isolation, as well as emotional, physical and sexual abuses by staff and detainees.<sup>33</sup> Lawsuits have also focused specifically on the failure to provide “adequate medical and mental healthcare, including screening, emergency services, and ongoing services, as well as allegations of insufficient staffing, poor staff qualifications and lack of training, and inadequate protection for youth at risk of suicide.”<sup>34</sup>

Since the 1990s, a number of actions have been taken to address the dearth of mental health services provided through the juvenile justice system. For example, the National Commission on Correctional Health Care (NCCHC) published standards of care for juvenile facilities, the Office on Juvenile Justice and Delinquency Prevention (OJJDP) conducted a survey of juvenile justice facilities to assess the extent to which facilities were meeting treatment standards, and standardized screening instruments and protocols have been developed. However, as noted in a recent report by the Annie E. Casey Foundation,

“Though research identifies extensive mental health needs among detained and incarcerated girls, few girls’ detention units address girls’ mental health comprehen-

sively and appropriately. Adequate mental health screening is not common, nor is mental health treatment, and temporary detention is disruptive to community mental health treatment and to treatment through medication.”<sup>35</sup>

#### *Alternatives to detention for female adolescents*

In a recent report published by the Justice Policy Institute, it was estimated that states spend approximately \$5.7 billion each year to detain and imprison youth.<sup>36</sup> Further, this report noted that several states such as California, Illinois, Ohio, New York and Pennsylvania are turning to more effective yet less expensive alternatives to detention as a solution to escalating cost associated with youth delinquency and to address the growing body of evidence regarding the detrimental long-term effects of detainment and incarceration of youth. For example, in Ohio, outcome measures of the “RECLAIM Ohio” program has found a 42% decline in the number of youth committed to secure state care and “for every dollar spent on the RECLAIM program, the state save(d) \$11 to \$45 in commitment and processing cost, depending on the risk level of the youth.”<sup>37</sup>

Given that the majority of girls enter the juvenile justice system for non-violent, status offenses, that between 70-90% of girls have a history of extreme victimization, and that upwards to 80% suffer from mental health disorders, alternatives to detainment would be a safe and cost effective alternative to the detainment of girls involved in the juvenile justice system. As a minimum, these programs should incorporate the following elements to be considered gender-responsive:<sup>38</sup>

- Comprehensive—weaving family, community and systems together for girls;
- Safe—promoting healing from trauma caused by physical and psychological abuse;
- Empowering—addressing needs while encouraging leadership and the development of girls’ strengths;
- Community and Family Focused—based in the community, fostering health family relationships and sustainable community connections; and
- Relational—supporting continuous, positive relationships for girls with older women, family, and peers.

Examples of programs that are gender-responsive, trauma-informed and strength-based include the following:

- Juvenile Justice Fund (GA)
- PACE Center for Girls (FL)
- Center for Young Women’s Development (CA)
- National Crittenton Foundation (National)
- Girls Mentoring and Education Services (NY)
- Wings for Life (TX)
- Multidimensional Treatment Foster Care (OR)
- Hawaii Girls Court (HI)

Unfortunately, these strength-based, gender-specific, trauma-responsive programs are severely limited in capacity, relegating girls to the juvenile justice system as a default approach. The phenomenon of girls in detention by default, especially girls with histories of physical and sexual abuse, because of the absence of alternative strength-based, gender-specific, and trauma-responsive programs is unacceptable. The Rebecca Project for Human Rights therefore urges for the scaling up of these programs and systems as a needed and effective alternative to the senseless detention of vulnerable girls.

#### *Recommendations*

- Eliminate the use of “violation of court orders (VCOs)” as a means of detaining status offenders
- Develop gender-specific assessment tools and protocols that address sexual/physical victimization and mental health status of girls
- Develop community-based referral systems that address the unique needs and circumstances of girls that are trauma informed yet build on the strengths of girls
- Increase the number of available gender responsive, trauma informed and strength-based programs that are available as alternatives to detention for girls

#### ENDNOTES

<sup>1</sup> Snyder, Howard N., and Sickmund, Melissa. (2006) *Juvenile Offenders and Victims: 2006 National Report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

<sup>2</sup> OJJDP. *Statistical Briefing Book*. 2007 (Accessed 9/4/09. <http://ojjdp.ncjrs.org/crime/qa05101.asp?qaDate=2007>.)

<sup>3</sup> Sherman FT. *13 Pathways to Juvenile Detention Reform: Detention Reform and Girls—challenges and solutions*. The Annie E. Casey Foundation, Baltimore, MD. 2005.

<sup>4</sup> OJJDP, 2007.



<sup>5</sup>Legal Dictionary. Accessed 9/09. <http://miscellaneous.legaldictionaries.org/SBB-Glossary/Status-offense>.

<sup>6</sup>Legal Dictionary, 2009.

<sup>7</sup>Federal Bureau of Investigation. Uniform Crime Reports for the United States: 2005. Washington, DC: U.S. Government Printing Office. 2005.

<sup>8</sup>Federal Bureau of Investigation, 2005

<sup>9</sup>Goodkind S, Ng I, Sarri RC. The impact of sexual abuse in the lives of young women involved or at risk of involvement with the juvenile justice system. *Violence Against Women*, 2009. 12(5):456-477.

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<sup>11</sup>Sherman FT, 2005.

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[Whereupon, at 11:52 a.m., the subcommittee was adjourned.]

