

Violent Female Juveniles: Recommendations for Effective Treatment Programs

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Date: 5/22/2020

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University of Wisconsin-Platteville

Seminar Research Paper

Criminal Justice 7920

May 16, 2020

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Acknowledgements:

I would not be achieving my Masters in Criminal Justice without the support and guidance of my family and friends. Special shoutout to Jon Bopes and Melissa Osman Tabor, who were there for me in the late nights with encouraging words to get me through and everlasting support that pushed me to do the best I could in my program. I would also like to thank my parents and brother for all of their love and support during this journey and for setting the bar high about the importance of higher education. A huge Thank-you to Dr. D Cody Gaines for his guidance and support on my thesis and his patience with me.

Abstract

Violent female juveniles are an underserved population in the justice system. There are limited treatment programs that effectively address the needs of violent female juveniles in the justice system. Mental health, trauma, and criminogenic needs all need to be addressed for treatment to be effective for female juveniles. More data is needed on this population so that effective programs can be created for violent female offenders.

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I. Introduction and Statement of Problem

The population of female juveniles in detention centers for violent crimes committed have increased. Juvenile females are more likely to be placed in detention centers due to lack of appropriate mental health services in the community and their stays are significantly longer than juvenile males (Hipwell & Loeber, 2006). Many of those violent females in juvenile detention centers have a mental illness or disorder. Females who have been diagnosed with a mental health disorder involving impulse control or aggression are 11 times more likely to commit a criminal offense (Barrett, Ju, Katsiyannis, & Zhang, 2013). Female juvenile delinquency rates are increasing for crimes traditionally associated with males; addressing the needs of females in the juvenile system has presented a challenge that has unsolved solutions. Studies have shown that mental health disorders are an important factor in female juvenile crime (Barrett et al, 2013). Delinquent girls are known to have higher rates of mental health problems, as when compared to boys (Hipwell & Loeber, 2006). More importantly, current female juvenile detention centers lack or have ineffective treatment programs for mental illnesses. Although the population of females in the juvenile justice system is increasing, there are few evidence-based models that have been evaluated and implemented with girls in the system. Despite the growing population of female juveniles in the justice system, addressing female delinquency in the system has been a challenge (Barrett et al, 2013). Few treatment approaches have been effective in reducing criminal violence in serious adolescent offenders (Caldwell & Van Rybroek, 2013).

Purpose of the Study

The purpose of this research is to address the increasing problem of violent female juveniles in detention and the lack of effective programming. The goal of my research is to offer recommendations for effective components for an ideal detention treatment program for violent, mentally ill females. Recommendations that include a mental health component, engaging

activities that teach them skills for the future, along with gender specific Risk and Needs assessments, and a focus on risk factors that are unique to females.

Limitations

One limitation is that not many studies have been conducted on the violent juvenile population. A major difficulty when studying violent juveniles is that these juveniles are often placed in secure custody and/or often excluded from treatment, either because they have been removed from the juvenile justice system entirely and placed in adult institutions or for security reasons they are considered unsafe to participate in treatment activities. Another limitation is that much of the current research is not specific to violent juvenile females. Many findings on programs that are currently being used with violent juveniles have not been done in a systematic way and therefore may not be successful if replicated in other areas. Studies have been poorly constructed with weak to no effect on recidivism (Caldwell & Rybroek, 2013).

Contribution to the field

This paper will compare and contrast current mental health programs to see which one best fits what research has recommended works best for juvenile females in detention centers. The purpose of the study is to provide the best practices and recommendations for the treatment and programming for violent juvenile females. This paper will analyze current programming strategies that have been useful in other settings such as with juvenile males and adult sex offenders. This paper will highlight the need for female-focused programming and that there are key differences between female juveniles and other populations. Research states that evidence for effective interventions with violent adolescent offenders is very limited as there is little evidence that anything works (Caldwell & Rybroek, 2013).

II. Literature Review

When looking at female delinquency, it is important to understand that females respond to risk factors differently than delinquent males do. A unique risk factor for females is early puberty paired with family conflict, poverty, unemployment, and single parent families. Girls are more likely to fight with family members than with non family members. Females are also prone to emotional, physical, or sexual abuse which is a linked to delinquency. Females are often more likely to be arrested for status offenses than males (Barrett et al., 2015). Female juveniles who have been placed in foster care are twice as likely to be delinquent than those who have not been placed. One third of formerly delinquent females have either a family court record or have had children placed outside the home due to neglect or abuse. Research also shows that adverse outcomes in adulthood such as poor physical and mental health, substance abuse, and increased likelihood of arrests and criminal activity can be linked to problem behaviors among females. Hipwell and Loeber found that delinquent females are at a higher risk for involvement in violent or dysfunctional intimate relationships, too (2006).

Antisocial behaviors such as physical aggression, conduct disorders, and disruptive, covert, oppositional and defiant behaviors are often found in the history of serious juvenile offenders. Early conduct problems are the best indicators of antisocial adolescent behavior. Youth live in layered and complex environments that contain multiple risk factors at different levels. Serious antisocial behavior begins by age 15 in most youth. Antisocial behavior is rarely the result of a single risk factor (Wasserman, Miller, & Cothorn, 2000).

The strongest predictor of female delinquency is a mental health diagnosis related to a disorder of aggression (Barrett et al, 2015). Although boys are two to three times more likely than girls to qualify for a diagnosis of conduct disorder, studies have shown that girls display more severe behavior problems than boys when diagnosed with conduct disorder (Hipwell & Loeber, 2006). Females diagnosed with an aggression disorder are 11 times more likely to be delinquent than those without such diagnoses. The gap between males and females committing

crimes as juveniles is not as big as it once was. In 2009, the male rate was 4 times greater than females, which is down from 1980, when the gap was males 8 times greater than females (Barrett et al, 2015).

Overall, youth crime is down compared to 20 years ago and has changed over that time. One of the differences is that of female delinquency. In the last 20 years, female juvenile crime has increased significantly, especially in more violent crimes, such as aggravated assault. Another area of female juvenile crime that has increased is drug abuse violations. Research suggests that the rise in female crimes is due to the change in arrest patterns and procedures. Some examples of these changes are “zero-tolerance” practices within schools and mandatory and pro-arrest policies (Gross, 2009).

Gross (2009), found females raised in a dysfunctional family and an impoverished neighborhood who experience early puberty have an increased risk of delinquency. Sexual abuse is a known risk factor of both male and female juveniles becoming delinquents. Females with sexual abuse in their past have a greater impact on delinquency than it does for males. A mental health diagnosis poses a higher risk for females to become delinquent than males with a diagnosis. Research has found that females who have an actively caring adult in their lives or succeed in school or value religion are less likely to commit crime (Gross, 2009). Female adolescents are at a higher risk to experience traumatic life events, which have an enduring impact on their way of living and are likely to contribute to the development of offending throughout their lives.

Female juvenile offenders often exhibit interpersonal difficulties, such as relational aggression, which make them more difficult to treat than male juveniles. Relational aggression involves any behavior used to damage another person’s social relations and is common in the peer relations of girls due to the greater emphasis that girls place on relationships (Taylor & Borduin, 2014). Females may be more emotionally impacted by unhealthy relationships, which can increase their involvement in the justice system (Selph, Ast, and Dolan, 2014). Females

exhibit low levels of readiness to change, do not bond with staff as well and are overall less engaged in treatment. These areas of engagement then become challenging to treat. That is why female adolescents in juvenile residential treatment facilities are more likely to externalize reasons for antisocial behavior than males in the same setting and consider their placement unfair (Van Damme, Fortune, Vandevlde, & Vanderplasschen, 2017).

Female juvenile offenders present a challenging and vulnerable minority and are a severely understudied population in the criminal justice system. Due to female juvenile offenders being a minority in the criminal justice system, there are no effective programs set up to efficiently meet the needs of females in the system (Van Damme et al, 2017). Very few programs focus on female juvenile offenders, let alone violent females. Interventions for girls are often ones that have been developed for the behavioral problems of boys, even though research shows girls need different interventions (Hipwell & Loeber, 2006). An analysis of interventions and treatment programs for juvenile delinquents found that 91% “exclusively or primarily” served boys compared to 5.9% that “primarily” served girls and only 2.3% of interventions and treatment programs served girls “exclusively” (Gross,2009). Overall, there is limited research on effective programming for female juvenile offenders. One thing has been made clear, mental health needs to be addressed in relation to female juvenile offenders. Programming for females should teach and empower them in decision-making, assertiveness, and leadership (Gross, 2009).

According to Hipwell and Loeber (2006), delinquent girls are known to have higher rates of mental health problems compared to boys, which poses a problem as the juvenile justice system is not set up to provide comprehensive treatment for youth with mental health disorders. It is important to pay attention to the treatment of females in the juvenile justice systems for several reasons. One of those reasons are the long term and wide ranging adverse consequences for the females themselves, their families and the next generation. The mental

health and juvenile justice system struggle to meet the needs of disruptive and delinquent girls (Hipwell & Loeber, 2006).

III. Methods

Beginning with the Karrmann Library search system, this analysis consulted peer-reviewed studies published during the last decade, with some allowance made for depth of research and including articles dated in 2006. In order to gain a comprehensive understanding of current practices, initial research was focused on articles during the last decade. When work specific to this topic was sparse, further sources, dated prior to 2006, were considered to explain other practices that could be helpful with working with violent female offenders such as multisystemic therapy. Initial search criteria of general “violent juvenile offenders” revealed an emphasis on study of male juveniles and treatment programming, highlighting a need to study the female juvenile offender and possible treatment options. Upon narrowing the search exclusively to female juvenile offenders, the core argument apparent in research work is the need to incorporate study of mental health and the impact of trauma in treatment of female juvenile offenders. Of particular aid to this analysis were Hipwell and Loeber in “Do We Know Which Interventions are Effective for Disruptive and Delinquent Girls?” which argued that current programming falls short of the female juvenile offender population’s need for trauma-informed practices (2006).

Many studies discussed the difficulty inherent in studying the female juvenile offender population due to a trend toward disengagement with treatment and a lack of understanding of trauma and environmental circumstances that female juvenile offenders uniquely face. With much of the current literature highlighting a need for further research and targeted programming, this analysis studies available writing in a way that comprehensively identifies current systemic inadequacies and suggests future programming practices.

IV. Current Programming

The Good Lives Model of offender rehabilitation

Good Lives Model (GLM) is a positive psychological approach originally developed for adult sex offenders to explain offending behavior. GLM has been applied to a wider range of offender groups. GLM is a strength-based approach and has a dual focus of the realization of offenders' primary goods and the reduction of their risk to offend. GLM urges providers not to overlook that "offenders want better lives, not simply the promise of less harmful ones". What makes GLM a 'strength-based' approach is that it addresses capabilities, values and aspirations, besides risks, deficits and problems making (Van Damme et al., 2017). GLM is considered empowering as it aims to increase individuals' agency so that they can take action to improve their own lives. Etiological assumptions of GLM pertain to the offender's past and their way of living at the time of offending, and pathways to offending. For example, physical, emotional abuse and neglect, inappropriate discipline and inconsistent parenting can all be highly influential in contributing to an individual's development of offending. Inappropriate discipline and inconsistent parenting are believed to be influential in whether or not a child becomes part of the juvenile justice system. Internal and external factors play a role in one's achievement of primary goods. When juveniles have limited support and poor emotional regulation, it is likely to affect their ability to achieve inner peace (Van Damme et al., 2017). Another example would be the use of drugs/alcohol to gain temporary sense of relief from inner turmoil going on in their lives. GLM's holistic and relational approach has enhanced females' positive view of themselves and optimism about their future (Van Damme et al, 2017).

Power Within Me and IAM Mediation

This program is a mediation class that focuses on integrating movement, breathing and visualization in order to assist with reducing stress. This program is used at Cuyahoga Hills Juvenile Correctional Facility in Ohio with minimum to medium risk level offenders. The Power Within Me program was developed to target specific mental health and behavioral problems

related to juvenile offenders. The Power Within Me program combines mindfulness yoga and meditation techniques to facilitate relaxation, stress management and emotional regulation with cognitive behavioral therapy (CBT). CBT's focus is on replacing negative cognitions and emotions with an optimistic outlook. Incorporating yoga and mindfulness with CBT teaches participants to be less reactive to incoming and environmental stimuli. Participants learn to observe their thoughts and emotions without judgment. The participants learn breathing techniques to allow a deep connection to develop between the body and emotions for better self-regulation. Mindfulness practices allow the participants to learn not to act immediately on impulse but to pause and consider the consequences of a potential action or high-risk behavior.

The key focus of the Power Within Me curriculum is on socio-emotional themes, such as identity, power, happiness, and patience through integrating the nonviolent and compassion for living principles of yoga. This program met weekly and the focus of the yoga was on mindfulness as opposed to physical fitness. Being mindful means to be fully present in the moment and to be judgment free. This technique teaches juveniles how to regulate their emotions and physiological states through mindfulness techniques and awareness of the body and breathing. Through this program, youth learn to pay attention to themselves and their surroundings differently than they have in the past. This program also teaches them that their thoughts and emotions are linked to their behaviors and actions.

Power Within Me helps them to become more aware of their emotions and thoughts so that they can change their behaviors and actions. In turn, this makes the juveniles better at making positive decisions in the future. Yoga is found to have not only benefits to one's physical health, but also one's emotional health as well. Some emotional benefits of yoga have been reduced anxiety and depression as well as decreased insomnia. When youth finished this program, they reported to have lower levels of anxiety and depression (Williams, 2016).

Social Skill Training

Effective Practices in Community Supervision (EPICS) is a program created by the University of Cincinnati that emphasizes the importance of targeting higher-risk offenders. This model teaches officers how to target criminogenic needs using a structured manner during meetings with clients adhering to a cognitive-behavioral approach. The purpose of EPICS is to teach probation officers how to apply the principles of effective interventions to community supervision practices. EPICS helps translate the risk, needs and responsivity principles into practice (Smith & Lowenkamp, 2014).

Officers follow a structured approach to their interactions with their caseload. Each session includes four components. The first component is the check-in is used to identify any crisis the client is currently experiencing. Also, check-in is used to build rapport and discuss any compliance issues. The second component is the review focuses on skills that have been previously taught in prior sessions and how they have applied those skills. Review also discusses any problems that have come up with the clients using these skills. The third component is the intervention where the officer identifies areas of needs based on trends in problems the clients has experienced in the past. They then teach skills to target that need and identify problematic thinking through techniques the program has identified that help promote change talk and thinking. The fourth and final component is the homework. The Officer role plays the skill and then has the client practice that skill. The client is then given that skill to practice in real life situations before their next visit.

EPICS utilizes the time that officers spend with offenders and ensures that offenders receive a consistent message while working on the following skills: relationship, behavioral modification, motivational and cognitive behavioral. Primary focus of EPICS sessions is identifying and changing the antisocial attitudes of high-risk offenders. Evidence has linked antisocial attitudes to criminal behavior. Recent studies have shown that officers trained in EPICS are more likely to consistently use core correctional practices than officers not trained.

Lower recidivism rates have been shown in offenders supervised by EPICS-trained officers (Labrecque, Smith, Schweitzer, & Thompson, 2013).

Multisystemic Therapy

Multisystemic Therapy (MST) as defined by VanBuren and Wienclaw (2019), is an intensive family- and community-based treatment program designed to make positive changes in various social systems that contribute to the serious antisocial behaviors of children and adolescents who are at risk for out-of-home placement. MST was created to focus on juvenile offenders presenting with serious antisocial behaviors and who were at risk for out-of-home placement. The program has shown to be effective with violent juvenile offenders. MST is a program that is usually housed in community-based mental health organizations. Their focus is more rehabilitative than punitive. MST makes individualized interventions in accordance with the nine MST treatment principles for each youth referred to the program. The nine MST treatment principles are as follows;

- 1) The initial visit with the family is to assess the family. The therapist and family then work together to identify and prioritize problems to be targeted for change. The assessment is gradually updated until the family has reached its goals and is functioning independently.
- 2) Therapeutic contacts emphasize the positive and should use systemic strengths as levers for change.
- 3) Interventions are designed to promote responsible behavior and decrease irresponsible behaviors among family members.
- 4) Interventions are focused on the present and action oriented, targeting specific and well-defined problems.
- 5) Interventions should target sequences of behavior within and between multiple systems that maintain the identified problem.
- 6) Interventions are developmentally appropriate and fit the needs of the youth.
- 7) Interventions are designed to require daily or weekly effort by family members.

- 8) Intervention effectiveness is evaluated continuously from multiple perspectives with providers assuming accountability for overcoming barriers to successful outcomes.
- 9) Interventions are designed to promote treatment generalization and long-term maintenance of multiple systemic contexts.

MST is a four to six month intensive therapeutic program that provides services in the family's home, at other locations, or wherever the family is most comfortable. MST staff have flexible scheduling, and delivery of services in the home, which allows the family and MST staff to build a trusting relationship that will help the family maintain changes in antisocial behaviors. MST is able to provide intensive services because their caseloads are small and they have multiple contacts with the family during the week. Once families are getting ready for discharge of treatment the contact is less with the MST staff (VanBuren & Wienclaw, 2019).

Schaeffer and Borduin's study of MST found that youths' criminal activity during adolescence and early adulthood was reduced by participating in MST (2005). Wasserman et al., found that juveniles who participated in MST had a 22 percent recidivism rate compared to juveniles who only had individual therapy whose rate was 71 percent recidivism rate (2000). Evaluating the effectiveness of MST preventing long-term criminal activity among serious juvenile offenders is important as they are the greatest risk for committing additional serious crimes. Serious juvenile offenders who participated in MST were significantly less likely to be arrested than those who only participated in individual therapy (Schaeffer and Borduin, 2005).

In the past, mental health services for juvenile offenders have either been inaccessible or haven provided interventions that have little bearing on the natural ecology of youths. MST is not only accessible to youth, the delivery of services is in the natural ecology of the youth. This provides many advantages, such as the promotion of family cooperation and the ability to have more accurate data regarding identified problems and the results of treatment interventions. MST not only shows improved life outcomes for juveniles but also societal benefits such as

reduced incidents of crime in communities and public savings in incarceration and probation costs (Schaeffer & Borduin, 2005).

Trauma Informed Practices

Trauma-informed juvenile justice embraces society's responsibility to respond to the trauma suffered by children who present as offenders. Children in the juvenile justice system are deserving of trauma-focused responses to their offending (Buckingham, 2016).

Psychological trauma as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) is the result of a single or chronic experience that is perceived as a threat to an individual's physical or emotional safety, thereby detrimentally impacting their well-being (Crosby, 2016) There are multiple types and ranges of trauma. Trauma can include being the victim of physical or sexual abuse, observing violence against someone close to you, or being involved in a car accident. Trauma can be a single event or repeated exposures. Sometimes when trauma goes untreated or is not properly identified, trauma sufferers can respond violently to even simple events in their lives (Buckingham, 2016).

Further delinquency and perpetration of violence can be linked to previous traumatic experiences. As research has shown, youth who experience abuse exhibit delinquent behaviors at an earlier age and come in contact with the criminal justice system more often over their lifetime (Crosby, 2016). When trauma is identified and treated appropriately with trauma-specific methods, youth trauma sufferers can find healing and grow in positive ways. The effects of trauma can detriment individuals' without proper coping mechanisms and ability to regulate their emotions. These individuals are at a higher risk of misperceiving their surroundings and reacting violently which can cause them to enter the criminal justice system. Trauma-informed practices allow the juvenile justice system to provide appropriate individualized and needs based treatment (Buckingham, 2016).

V. Recommendations

Female juvenile offenders are a challenging population due to the above explained factors. There is a great need for more programs that are exclusively for female juvenile offenders. The above programs have shown promise with other offender populations. The major weakness of the current programming is that most programs are based on the needs of males in the juvenile system (Gross, 2009). Due to female adolescents significantly lower levels of self-worth and self-esteem, GLM may provide them with the techniques they need to be successful in the future as it focuses on needs, goals, aspirations, as well as expected behaviors and problems they are having. GLM is inherently motivational and helps providers to create a positive and engaging context for change. When used correctly, GLM gets the offender engaged in their treatment and connected with staff, which is usually a struggle when working with female juvenile offenders (Van Damme et al, 2017). Power Within Me is empowering youth to take control of their emotions and in turn their decision making by being mindful and present with breathing techniques. EPICS is eliciting behavior changes through cognitive-behavioral approaches. Having the juvenile justice system recognize trauma and its effects that it can have on an individual will help females' needs be better addressed in programming as research has shown females are more likely to experience a traumatic event. Available studies recommend the provision of treatment programs that included a multidimensional, systemic and gender-responsive component when working with females in the juvenile system (Van Damme et al, 2017).

Most programs that showed significant long-term reduction in violent criminal behavior offered parent management training, social competence training and support for academic skills to increase the child's attachment to school. Families have a significant influence on youth, though most programs for adolescents are less likely to involve families. MST combines family therapy, parent management techniques for older children, and problem-focused interventions in peer and school settings in an intensive family preservation treatment program. MST

specifically targets serious juvenile offenders and has shown to reduce recidivism and drop-out rates (Wasserman et al., 2000).

Youth in the juvenile justice system have a higher rate of mental health disorders than the general population youth. Three-quarters of the females who have entered the juvenile justice system have met the criteria for at least one mental health disorder. Growing evidence that mental health issues are linked directly and indirectly to later offending behavior indicates the importance of understanding how mental health disorders affect juvenile's ability to receive effective treatment in the juvenile justice system. The prevalence of mental health disorders within the juvenile justice system emphasizes the need for specialized treatment for the different levels of mental health (Underwood & Washington, 2016). Research reveals adolescent criminal behavior is multi-determined. Therefore, treatment must have a capacity to address a comprehensive array of risk factors these females are exposed to (Taylor & Borduin, 2014). Successful approaches to prevention must incorporate components directed at more than one type of risk factor. Programs that involve family will be more effective than those that do not. More powerful, long-range effects happen when programs identify and refer to treatment for children with mental health disorders (Wasserman et al., 2000). Programs that address both mental health and criminogenic risk factors of female juveniles is desperately needed in the justice system.

VI. Weaknesses

There have been no studies exclusively for violent female offenders. Therefore, the recommendations and conclusions of these studies are biased toward juvenile male and adult behaviors and thinking patterns, not those of female juvenile offenders. Also, the studies that are available are for the most part outdated, and society norms and behaviors have dramatically changed in the last decade. Another weakness is that I have not conducted any studies of my own and so I had no control over the selection of the control groups used for the studies. The lack of understanding of what makes female juveniles prone to the system and their unwillingness to then participate in treatment was also a weakness. In addition, some of the research, while highlighting the practice at the time of writing, fails to incorporate updated understanding of the juvenile population. Overall, more programming that is designed for the female juveniles and research on that programming is needed to understand what works and what does not work for treatment of female juvenile offenders.

VII. Future Research

The juvenile justice system is ill-equipped to accurately assess youth for behavioral health problems and therefore it lacks appropriate treatment of female offenders (Krestschmar, Butcher, Canary, & Devens, 2015). Future research is needed in this area as violent female juvenile offenders are a difficult population to understand as there are still many gaps in our knowledge about this population. Research needs to be conducted to see how interventions for delinquency as on mental health issues (Hipwell & Loeber, 2006). Data needs to be collected on this population to accurately define female delinquency and to develop strategies to address their experiences of trauma (Selph et al., 2014). Current research is limited to programs that address lowering recidivism and do not meet specific trauma and needs that female offenders face. Therefore, future research should focus on the risk factors that are unique to female juvenile offenders.

VIII. Conclusion

Due to lack of research and appropriate programming for females within the juvenile justice system, females are being held in treatment programs and detention centers for longer periods of time than males. Female juveniles are an overlooked population and to reduce recidivism, the juvenile justice system needs to provide effective treatment specific to females. The system also needs to be a place for violent juvenile offenders to feel safe if they share their trauma rather than a place where the revelation results in removal from their home, Department of Human Services involvement, or threat of further prosecutions.

Data needs to continue to be collected on this population to effectively define what is a female offender and how trauma affects the way they receive treatment. Female juvenile offenders have a higher risk of mental health disorders, which leads many females into the juvenile justice system. Mental health disorders affect their ability to think rationally and need to be taken into consideration when creating effective treatment programs for females in the future. It is important to remember that serious juvenile offenders experience significant personal problems, such as reduced educational and occupational opportunities and their criminal activity has extremely detrimental emotional, physical, and economic effects on their communities (Henggeler, Melton, & Smith, 1992). That is why the juvenile justice system needs to place a great emphasis on mental health needs when addressing justice-involved youth as the system was set up to rehabilitate and not punish (Kretschmar et al., 2015).

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