

**YOUTH IN TRANSITION: A COMPARATIVE STUDY
OF ADOLESCENT GIRLS IN
COMMUNITY-BASED AND RESIDENTIAL PROGRAMS**

ROSEMARY SARRI, MSW, PHD.
MARY RUFFOLO, MSW, PHD.
SARA GOODKIND, MSW
CHERI ALBERTSON, MSW
JOSEPHINE ALLEN, MSW, PHD

INSTITUTE FOR SOCIAL RESEARCH
UNIVERSITY OF MICHIGAN
ANN ARBOR, MI 48106-1248

APRIL, 2003

225000

**YOUTH IN TRANSITION: A COMPARATIVE STUDY
OF ADOLESCENT GIRLS IN
COMMUNITY-BASED AND RESIDENTIAL PROGRAMS**

ROSEMARY SARRI, MSW, PHD.
MARY RUFFOLO, MSW, PHD.
SARA GOODKIND, MSW
CHERI ALBERTSON, MSW
JOSEPHINE ALLEN, MSW, PHD

INSTITUTE FOR SOCIAL RESEARCH
UNIVERSITY OF MICHIGAN
ANN ARBOR, MI 48106-1248

APRIL, 2003

The University of Michigan
Institute for Social Research

This report is funded by a grant from the Office of Juvenile Justice and Delinquency Prevention (2000-JR-VX-0008) to study and compare characteristics and behaviors of young women delinquent and at risk of entering the juvenile justice system, in three types of programs.

The content, information and recommendations in this report are those of the authors and do not necessarily represent the views of the Office of Juvenile Justice and Delinquency Prevention.

EXECUTIVE SUMMARY

There has been an increase in the number of adolescent girls entering the juvenile justice system, but because that system was modeled on male offenders, it does not meet the needs of young women for rehabilitation. It is not clear that the behavior of adolescent girls has fundamentally changed despite the increased processing, but it is evident that programs in the community are needed for at-risk and delinquent young women rather than relying so heavily on residential placement. This research was implemented to understand more about the behavior, experiences, and attitudes of these young women in three types of programs, including programs serving girls living at home, community-based residential, and secure residential.

Adolescent girls in the juvenile justice system often share certain characteristics (American Bar Association & National Bar Association, 2001):

- Experiences of physical, psychological, and sexual abuse
- Family fragmentation due to serious and multiple stressors such as poverty, violence, and incarceration
- Serious mental and/or physical health problems
- Poor education along with suspension/expulsion and dropping out
- Institutional biases in the processing and handling of their cases and placement in programs that do not serve their needs or risks
- Vulnerability to abuse in programs

The primary research questions for this study include:

- To what extent are community-based programs effective in reducing delinquency and other risk behavior of adolescent females during their program placement and in the post-program period?
- To what extent are these programs meeting the identified needs of and supporting the development of protective factors for the adolescent females placed in their programs?
- Are the programs providing appropriate gender-specific services relative to the characteristics and needs of adolescent females placed in their programs?
- To what extent are community-based programs effective in reducing placement in institutional facilities?

National and state policy toward youth in the justice system shifted markedly toward greater emphasis on accountability and negative sanctions. These changes influenced the initial goals for this project, which included:

- To empirically test program models for adolescent female offenders in terms of their impact on risk and protective factors.

- To involve the community in the research project.
- To foster collaborative relationships among researchers, practitioners, policy makers, community residents, and youth in Wayne County.
- To enhance the ability of community-based programs to monitor their organizational processes and outcomes.

Community Context

The structure of juvenile justice services in Michigan underwent major changes in the 1990s, including statutory provisions governing juvenile behavior, the structure of services and a reorganization of the Circuit Court Family Division. In 1999, the Juvenile Court, as it had existed up to that point, was incorporated as a part of the Family Division that is responsible for abused and neglected children and domestic relations matters. In addition, in 2000 the Court decided to divert first-time status offenders to community agencies rather than formally charge them with delinquency. Most were diverted to youth assistance programs for youth and parents.

Under special state legislation, the Wayne County Department of Community Justice (WCDCJ) was authorized to provide services to juveniles for detention, assessment, treatment, and aftercare through five Care Management Organizations (CMOs). The managed care organizations were assigned to specific “catchment” areas of the county. The mission of the Department was to “strengthen community safety by providing a range of prevention and treatment services to juveniles and their families, that balance the needs of the community, juvenile offender and the victim” (WCDCJ Overview, 2002).

A Female Services Advisory Committee was organized including some 30 public and private agencies that serve females, including the Health Department, Court, Family Independence Agency, CMO and WCDCJ staff and approximately 20 private agencies. This committee was mandated to develop gender-specific services for female delinquents and at-risk youth. The community response was significant and led to many new services for adolescent females.

Knowledge of the risk characteristics for adolescent females in Wayne County is important for understanding the requirements for community-based programs for females in this county. Poverty rates for children are far above the state average (29% vs. 19%). Also above state averages were the incidence of sexual and physical abuse, need for mental health services, teen birth rates, rates of out-of-home placement of females, substance abuse, and incidence of suicide attempts.

The five agencies in which the young women were studied included three types of programs: (1) home-based services, (2) community-based residential, and (3) closed residential. All of the agencies had had longstanding experience in working with at-risk adolescent females.

The Findings

A sample of 204 delinquent, diverted, and at-risk young women were interviewed in the three types of agencies. Their median age was 15.81 years; 75% were youth of color; 56% of their families had been on welfare; and, most parents were in low-income service and manufacturing occupations. Eighty percent were enrolled in school, but 74% had been suspended one or more times. The most frequent delinquent behaviors were status offenses, theft, and fighting/assault. More than half had experienced sexual abuse and sexual assault. Many had family members who had been incarcerated – 28% of their mothers, 50% of their fathers, and 34% one or more siblings.

Among the young women surveyed, no differences were observed by program type for the following: experiences with discrimination, positive peer relationships, interpersonal competency skills, use of rational coping skills, parenting efficacy, and many delinquent acts. Differences noted were primarily between those in the closed residential facility and the other two groups. The young women in the closed facility had more negative life events, higher depression scores, had experienced more sexual abuse and family stress, more barriers to services, more negative peer interactions, and more peer pressure. They used more harmful, acting out and withdrawal coping behaviors, and had experienced more out-of-home placements.

Individual characteristics of youth, regardless of program, highlighted the importance of sexual abuse as a predictor of depression, discrimination, negative life events, barriers to service, negative coping behavior and numbers of out-of-home placements. Having an incarcerated parent, especially a mother, was predictive of more sexual abuse, family stress, more out of-home placement, and overall more negative life events. Young women who reported engaging in theft also reported more negative life events, more barriers to service, higher family stress, more negative peer activities, and more out-of-home placements. Similar patterns were observed for those who reported using illegal substances. Somewhat unexpected was the observation that those who reported having more female friends were younger, had more friendship-building skills, had fewer negative life events, more rational coping behaviors, lived in supportive family environments, and engaged in positive peer activities.

Longitudinal data analysis across Waves 1, 2 and 3 indicated that at over time young women were less likely to be depressed, have experienced recent negative life events, use withdrawal or acting out coping behaviors, to have recently engaged in physical fights or hurt someone. However, they also were less likely to report that the program was helping, even though at Wave 1 those in community programs found the program helpful. They also reported decreases in number of school days missed, binge drinking, discrimination experiences, negative life events, and in theft and fighting.

Those contacted in Wave 3 reported decreases in the number of school days missed, in binge drinking, in use of withdrawal and acting out coping behavior, in numbers of negative life events, and in theft and fighting delinquency. Increases were reported in conflict manage skills and in the use of rational coping behavior.

If effective community-based programs are to exist on a stable basis, there are several implications for policy at federal, state, and local levels for the design and implementation of services.

Policy Implications

1. The insecure funding and inadequate resource base for most community-based services needs to be drastically improved.
2. Criteria for evaluation of recidivism regarding clients of community-based programs should not be more stringent than for residential programs.
3. The structural barriers that continue to result in overrepresentation of youth of color in the justice system, both in terms of numerical overrepresentation and in terms of their greater probability of residential rather than community placement, need to be addressed.
4. The “toxic” nature of high school for young women results from a poor curriculum that is often irrelevant for contemporary careers, and exacerbates high suspension and dropout rates, and the long-term negative effect on youth well-being from inadequate education in the justice system. This population has educational needs that must be addressed.
5. The state must assume responsibility for the adequate funding of community mental health, as well as general health care, for this high-risk population.
6. A systematic examination of apprehension policies and practices at all levels in the justice system is needed because the numbers of both young women and men apprehended by the system continue to increase although the crime rate by juveniles has dropped substantially and continuously since 1995, to the level of 1980 in most instances.
7. Diversion and other less restrictive community-based programs for female and male delinquents can be successfully offered through such mechanisms as Youth Assistance Programs. Isolation of deviant and delinquent youth for extended periods have long term negative effects.

Service System Implications

1. Programming for young women must address the gendered assumptions upon which services are based. Most of the programs studied in this research indicated that they address the gender-specific needs of their participants, but there was insufficient evidence that most had explored assumptions about gender and the ways to counter these assumptions with sensitivity for youth of color and of working class backgrounds.
2. Programs for girls must meet the needs of adolescent parents. About one-third (32%) of the young women in this research had at least one child. All of the agencies attempted to

meet the special needs of this population of mothers and daughters, but found it nearly impossible because of the financial constraints of the federal welfare law, lack of available housing meeting necessary standards, poor health care services, and insufficient resources to address needs and responsibilities of fathers as well as mothers.

3. Program model specification is necessary to enable assessment of the relationship between the program as it is designed and that which is delivered, and to evaluate its outcomes. Staff training must be provided to support implementation of those requirements.
4. Substance abuse remains an under-addressed issue. Few of the programs adequately addressed education and treatment regarding use and abuse of drugs, although it was a problem evident throughout the community.
5. Responsible sexual behavior, including knowledge of HIV/AIDS/STDs needs to receive more comprehensive education in view of the high incidence of new cases in this age group and their lack of knowledge of these illnesses and how they might be prevented.
6. Programs need to incorporate training in life skills and career planning, including help with employment, financial management, household management, dealing with discrimination, social skills, and interpersonal competencies so that these young women are prepared to cope with the instability many may experience.
7. The high rate of staff turnover in most of the participating agencies appears to be linked to low salaries, minimal staff benefits, and unstable funding. Community-based agencies need more assurance of stable funding.

One of the major social changes that has occurred in the United States in the past quarter century has been growing inequality and separation among groups by age, gender, race and ethnicity, class, and income or resources. For young people at risk, one of the consequences is that increasing numbers of adult professionals and persons in authority find these adolescents problematic and thus they respond with control, punishment and exclusion in closed residential programs. However, these programs are far more expensive than community-based programs and seldom effective. Yet, almost all of our funding is allocated to secure custodial programs. This pessimistic view of young women and men must be changed since they will be needed to serve this society as effective adults. For young women, especially the future majority population of women of color, equality in all phases of life is an imperative. Community-based programs address problems as they emerge in the usual environment of youth, thus avoiding the need for expensive reintegration efforts along with other secondary consequences of isolation.

Table of Contents

List of Tables

List of Figures

Acknowledgements

Chapter 1:	Young Women in the Juvenile Justice System: Framing the Problem	1
Chapter 2:	Research Design and Methods	13
Chapter 3:	The Organization of Juvenile Justice Services For Females in Wayne County 1999-2003	27
Chapter 4:	Young Women in Community-based and Residential Programs: The Findings	41
Chapter 5:	Conclusions and Recommendations	75
References	88
Appendix A	93
Appendix B	145
Appendix C	147

List of Tables

Table 2.1	Agencies Participating in the Research	22
Table 4.1	Selected Characteristics of Delinquent, Diverted, and High Risk Youth	46
Table 4.2	Means, Standard Deviations, and Analysis of Variance Results by Program Type - At Baseline	50
Table 4.3	Group Differences Between Young Women Who Reported Having Experienced Sexual Abuse and Young Women Who Did Not Report Experiencing Sexual Abuse - At Baseline	56
Table 4.4	Group Differences Between Older and Younger Participants - At Baseline	57
Table 4.5	Group Differences Between Young Women who Experienced Having a Parent in Prison or Jail and Young Women who had not Experienced Having a Parent in Prison or Jail - At Baseline	58
Table 4.6	Group Differences Between Young Women Who Had Children and Young Women Who Did Not Have Children - At Baseline	60
Table 4.7	Group Differences Between Young Women Reported Theft Behavior and Young Women Who Did Not Report Theft Behavior - At Baseline	61
Table 4.8	Group Differences Between Young Women who had Used Substances and Young Women Who Had Not Used Substances - At Baseline	62
Table 4.9	Group Differences on Peer Relationships - At Baseline	64
Table 4.10	Selected Means and Standard Deviations - Baseline	70
Table A.1	Instruments Utilized in the Study of Adolescent Females	94
Table A.2	Instruments Utilized In the Study of Adolescent Females: References ...	97
Table A.3	Reliabilities for the Current Sample	99

List of Figures

Figure 2.1	Model for Data Collection	19
Figure B.1	Wayne County Department of Community Justice Service Delivery Process for Children and Families Case Management Pathways and Service Activities	146
Figure C.1	The OJJDP Study Findings	252

ACKNOWLEDGEMENTS

This study of young women was only possible because of the cooperation, support and interest of many people. The young women and the staff of the five agencies deserve our special gratitude because we impinged on their lives and work on many occasions. The agencies are not identified because they were assured confidentiality. Staff from the Wayne County Department of Community Justice, the Third Circuit Court, Family Division and the Female Services Advisory Committee all provided counsel and assistance. In particular, we benefited from the support of Jeriel Heard, Director of the Wayne County Department of Community Justice, C. Jane Varner and Sherry Dobbyn-Berman of the Third Circuit Court, Family Division, and Kelly Ruffing and Margaret Warner of the Michigan Family Independence Agency.

We acknowledge the Office of Juvenile Justice and Delinquent Prevention whose grant No. 2000-JR-VX-0008 made the research possible. We are also appreciated the guidance and assistance of Anne Bergen, our program officer at the Office of Juvenile Justice and Delinquency Prevention. This research was undertaken to examine changes in the behavior, experiences and attitudes of adolescent at-risk and delinquent in community-based versus residential programs. The content, information and recommendations in this report are those of the authors and do not necessarily represent the views of the U.S. Department of Justice.

We also acknowledge the invaluable assistance of our consultants, Dr. Josephine Allen of Cornell University and Suzanne Southon, program planner and evaluator in Wayne County, and Dr. Carol Boyd, director of the University of Michigan Substance Abuse Center. There were many research associates and assistants who performed many of the essential tasks, including Sara Goodkind who assumed a major role in data management, analysis and editing, and Cheri Albertson who provided the major administrative support, assisted in the supervision of part-time staff and much of the word processing for the final report. Other research assistants were graduate students in social work and community social workers including Valerie Durkalski, Diane Miller, Tiffany Moore, Jo Chih Soh, Irene Ng, Francine Farmer, Anna Phillips, Andrea Beebe, Emily Woltmann, and Kenya Brown. Administrative support from Joanne Lound and Kristi Klein of the Institute for Social Research was always available when we needed it. We are grateful to all who have assisted us. Responsibility for the contents of the report, however, rests with the authors.

Mary Ruffolo

Rosemary Sarri, Co-Directors

CHAPTER 1

YOUNG WOMEN IN THE JUVENILE JUSTICE SYSTEM: FRAMING THE PROBLEM

One of the principal provisions of the *Juvenile Justice and Delinquency Prevention Act* of 1974 mandated that community-based alternatives be developed to reduce the institutionalization of juvenile delinquents, especially those charged with status and misdemeanor offenses. Later, in 1992, the reauthorization of this act introduced an emphasis on gender-specific programming. This provision was particularly important for young women who have long been ignored in the justice system or treated with the same approach as males. Although some degree of success has been achieved in developing gender-specific programming during subsequent years, these successes have not overcome the shift back to the preference for institutionalization, implemented under federal and state priorities in the 1980s. The latter changes have placed greater emphasis on strict law enforcement, accountability, and negative sanctions, often with little regard for the type of delinquent act the person has committed.

The steady decline in the juvenile crime rate since 1995, coupled with growing reservations about the increasing cost and ineffectiveness of institutional intervention, has created a revived interest in the development of community-based intervention alternatives. This change has been particularly beneficial for young women for whom community-based alternatives have been less well developed. Although the use of risk and needs assessment instruments has indicated that most female offenders could be successfully placed in community-based programs, the traditional value of “protecting” young women continues to lead to residential placements, based on the belief that young women might runaway or otherwise get into trouble if left in an open community placement. Little thought has been given to the unanticipated negative consequences

of institutionalization, especially in programs that are primarily custodial and fail to prepare young women for successful adult careers.

This study was designed to assess the attitudes and behavior of young women in community-based programs that also offer gender-specific services. Community-based alternatives were selected because they have been shown:

- To be as effective as residential placement in reducing recidivism;
- To enable the intervening agency to address directly the problems faced by the young women in their community;
- To be less restrictive in terms of living conditions for the young women;
- To be less stigmatizing than an out-of-community residential program; and
- To be less costly than residential programs, primarily because of custodial costs versus the lower costs of treatment services (Chesney-Lind, 2000).

Attitudes and behaviors of young women in closed residential settings were also assessed. These young women in closed residential settings served as a control group for comparison at baseline.

Societal Context of Programming for Young Women in the Justice System

Essential to the success of any intervention program for at-risk and delinquent adolescent females is recognition of the problematic behavior of these youth and situations that they encounter. These problems have changed substantially in the last two decades due primarily to significant changes in society at large. Since 1990, many events have occurred in the United States that have had significant negative effects on the population of at-risk and delinquent adolescent females. Events that have resulted in the marginalization of many of these youth include the following:

- Statutes governing the processing of juveniles for status offenses and crime, similar to those governing abused and neglected juveniles, have been broadened in Michigan

and in most other states, resulting in higher rates of out-of-home placement (Shook, et al., 2001). Many of these young women drift from the child welfare system to the juvenile justice system when reaching adolescence. Victims of abuse are particularly vulnerable for entry into the juvenile justice system rather than the mental health system, which is better designed to meet their immediate needs (Tyler, et al., 2000; Lipschitz, et al., 2000; Kelly, 2002; Hillis, et al., 2002).

- After peaking in 1994-5, crime by juveniles has declined substantially, to levels last observed in the 1980s. Although female juvenile crime has increased from 23 to 28 percent of total juvenile arrests between 1990 and 2000, the profile of female crime has changed only slightly (Snyder and Sickmund, 2000). The majority of arrests of female juveniles continue to be for status and low-level misdemeanors offenses. In the past quarter century, female arrests have varied between 25 and 30 percent of total juvenile arrests.
- Much of the increase in juvenile female crime can be attributed to changes in arrest policies and practices. Young women are charged in family conflict with assault or domestic violence assault whether they are the victim or the perpetrator. Overuse of secure detention continues, thus increasing the likelihood of further involvement in the justice system. (American Bar Association and National Bar Association, 2001).
- In Michigan, female juveniles have far less access to community-based facilities as contrasted with training schools and other types of residential facilities. Out-of-home placement of females in Michigan has continued to increase and has been proportionately higher than that of males, when controlling for offenses. Many of these placements have involved long periods in detention.
- Overrepresentation of females of color in all stages of processing continues to increase, with rates in Michigan exceeding those of males (Hammons, 1998).

- The dramatic increase in the number of incarcerated parents has had an unintended effect on their children. Many of these children also become involved in the justice system and report that they believe this outcome is inevitable (Sarri, 2003).
- Zero tolerance policies in schools have resulted in high rates of suspension, increased numbers of dropouts, inadequate preparation of young women for subsequent and future occupational and family careers, and increased justice system involvement.
- Welfare changes in 1996 under PRWORA terminated entitlements and the eligibility of pregnant and parenting adolescents for financial and other assistance unless they live at home and attend school full-time. Evaluations of the impact of welfare changes in 1996 indicate that the most negative effects have been experienced by adolescent females (Brooks, et al., 2002; Gennetian, et al, 2002; Tout, Scarpa, & Zaslow, 2002).
- Overall, public expenditures at the federal and state levels have shifted away from social benefits towards social control, resulting in serious declines in public assistance, education, child welfare, and mental health services (Beckett and Western, 2001; Gordon, 2001). The consequences have been particularly severe for at-risk adolescent females, many of whom are pregnant or parenting, have been abused, or have been involved in substance abuse and therefore are in need of mental health and social services. This approach also focuses attention on the individual as responsible for their problems rather than on the political and social causes for social problems.
- Although the feminist movement has resulted in many benefits for middle-class white women, it is doubtful that youth of color have benefited similarly. Many young working-class women of color do not readily define themselves as feminists. Gender-specific services for adolescent females must become and remain cognizant of intersections of gender, race/ethnicity, and class (See Goodkind, Appendix C; Chesney-Lind, 2000).

Cultural conceptions of childhood and adolescence have changed significantly, blurring the distinctions between childhood and adulthood (Aries, 1962; Nybell, 2001). These changes along with those in the political, social, and economic structures have influenced developments in the juvenile justice system for females as well as males. Today the entire notion of childhood is being challenged, in the justice, mental health, educational, and social welfare systems (Finn, 2002). Writers such as Jencks (1996) speak of the “death of childhood” while Kotlowitz (1994) says, in reference to the inner city of Chicago, “there are no children here.” Adolescence has been defined as a universal stage of biosocial development characterized by “normal turbulence and identity struggles” as precursors to adulthood (Burman, 1994). However, it is probable that this conception is based on studies of Anglo-American middle-class youth. In contrast, street children, youth gangs, school dropouts and poor children experiencing this “turbulence” are often identified as dangerous persons who contaminate the environment, and, therefore, should be segregated.

The professional perception held today, of many youth as complex and so dangerous that they must be isolated from the mainstream, results in the placement of ever-increasing numbers of youth into custodial institutions for extended periods (Nybell, 2002; Finn, 2002). Thus, these youth are viewed as problems rather than as resources to be educated and cared for. Developing a policy for strict punishment is not difficult within this prevailing attitude. Likewise, zero tolerance policies in schools have excluded thousands of students, but in most cases little attention has been directed to the need for effective alternative education. Dohrn (2002) points out that teachers and administrators refer their problems to the justice system, thereby excluding difficult youth from the very education that is their primary hope.

Many young women today face great challenges as they grow up in poverty-ridden and often violent anomic communities. They are marginalized by age, race/ethnicity, and gender. They experience victimization through sexual assault and abuse, structural inequity, and institutionalized racism in education, employment, and family support. Over 60 percent of girls in the justice system have experienced physical and/or sexual abuse. Many of these young women develop mental health problems and are depressed and suicidal (ABA & NBA, 2001; Obeidallah & Fels, 1999; Chesney-Lind, 2000).

Also significantly impacting working class juveniles are the declining employment opportunities within “blue collar” industries. Paralleling this decreased opportunity is a continuing decline in expenditures for education, mental health, and social welfare. Preliminary evaluation reports from the welfare changes of 1996 highlight its negative consequences, particularly for adolescent females (Gennetian, et al., 2002; Brooks, et al., 2002). Many urban neighborhoods continue to be areas that lack economic opportunity and reinforce substance abuse and the associated violence, resulting in a prevailing sense of hopelessness (Newman, 1988; Wilson, 1996). For many urban communities, declines in educational opportunities have resulted in fewer than 50 percent of their youth graduating from secondary school.

These same communities experience rising numbers of “neglected” or “abused” children, increased numbers of terminated parental rights, and children placed in foster care for extended periods or until they are adults. In Wayne County, Michigan, the site of this study, 50 percent of children in foster care are from families where parental rights have been terminated (Moore, 2003). It is not surprising therefore that many of these young people enter young adulthood with very distorted views of family life that well may be replicated in their own generation. Many young women within the justice system are products of both societal and family neglect. They

are in need of mental health and social services that are almost wholly lacking. The broad social response to this situation has been to increase the structures of control. It is doubtful, however, that this will produce a generation of adults able to assume adult responsibilities successfully. This, then, is the context facing juvenile justice programs for girls in the 21st century.

The Processing of Young Women in the Justice System

If effective rehabilitation programs for youth involved in the justice system are to be planned and implemented at the community level, we need to understand how, why, and which female youth are being processed in ever-increasing numbers. Gendered differences existing in processing ultimately have programmatic consequences. Initially, female youth are more likely to be referred to courts by parents than are males, usually for incorrigibility, domestic violence, running away, and irresponsible sexual behavior. Consequently, females charged with status offenses are more likely to be detained and formally charged. (Bishop and Frazier, 1992; Dembo, et al., 1993; Holsinger, et al, (1999). When adjudicated, these same youth are often committed to institutional placements with little effort directed toward resolving family conflict, even when parents suggest they did not want their child removed, but instead wanted help in handling the situation (Sarri, Goodkind, & Albertson, et al., 2002).

Race and ethnicity indirectly influence processing in that youth of color are more often charged as minor misdemeanants while their white counterparts may be charged as status offenders and diverted to community-based programs such as Youth Assistance (See Albertson, Appendix C). Family poverty influences processing in that poor young women are less likely to have adequate legal representation (MacDonald & Chesney-Lind, 2000). As a result they often plead guilty when other outcome alternatives are not explored. This action is particularly evident in youth who have been abused and subsequently “act out” following their victimization. Bishop

and Frazier (1992) reviewed a large number of cases referred to juvenile justice intake units and observed that females, more often than males, were given contempt citations because of “improper” behavior in court. Moreover, females referred for contempt were more likely than other charged females to be petitioned to court. They were also more likely to be detained than males referred to intake for contempt.

Only in the past few decades has recognition been given to the need to examine theories of delinquency with respect to their applicability to females versus males. Most theories of delinquency have largely ignored gender with the result that much research focused on testing theories on the majority male population (Shoemaker, 2001). Findings were then generalized to all adolescent delinquents. Critics such as Belknap, Winter and Cady (2002) have pointed to the insufficient attention given to the importance of physical and sexual abuse as precursors to delinquency and the differences in sex role orientation. Cernovich and Giordano (1975) have emphasized the latter and also gender differences in group behavior of males and females. Others have noted the consequences of sexual inequality in society and the differential responsibility for parenthood that affects adolescent females, often for a lifetime (Maynard, 1999; Hoyt and Scherer 1998).

Theoretical Framework: Risk, Needs, and Protective Factors

Risk factors and behaviors

The theoretical framework for this research is derived from the work of Hawkins and Catalano (1992) showing that effective interventions for juvenile offenders include control of risks, meeting physical and psychological needs, and enhancing protective factors so that future delinquency can be prevented. Additionally, it is necessary to consider these factors in relation to the particular characteristics of adolescent females. Effective gender-specific programming

must include knowledge of risks, needs, and protective factors specific to adolescent females, as well as those factors mutually shared with males.

Hawkins and Catalano (1992) identify risk factors as situations or conditions that are less amenable to individual control and require policy, community, or organizational level intervention. They include variables such as poverty, welfare policy, crime and disorganization in a neighborhood, racism, sexual abuse and assault, and lack of housing (Elliott, et al., 1996). Risk behaviors refer to those behaviors that are likely to precipitate individual problems, such as delinquency. They include irresponsible sexual behavior and pregnancy, running away, substance abuse, and poor school performance and dropout. The profile of female delinquents who have all or many of these characteristics requires specialized intervention approaches, including needs that cannot be met only within the justice system.

Needs and use of services

Provision and access to material and social services are critical needs to be met if risk factors and behaviors are to be reduced or eliminated. Females whose objectively defined "need" may be deemed the greatest (e.g., homeless, delinquent, runaway, mentally ill, or abused youth) may not receive services because they do not meet specific policy eligibility requirements or they fail to conform to agency requirements. The situation may be exacerbated in juvenile justice programs when females are treated as objects rather than subjects who must participate in decision-making regarding intervention. All too often, programming lacks developmental and gendered structure compromising both their motivation and conformity. When challenges of this turmoil combine with the struggle for identity clarification, adults working with these adolescents must be able to simultaneously acknowledge and diffuse this conflict to circumvent the typical reaction of total withdrawal or violence. Without this understanding, adolescent

responses may provoke further control by staff, inducing resentment and triggering the continuous, vicious cycle of negative action and negative response. Belknap, Winter and Cady (2002) provide an excellent example of a strategy for assessing needs through the series of focus groups that they completed with adjudicated and pre-adjudicated young women and with staff in several communities in Colorado.

Raviv and his colleagues (2000) studied help-seeking behavior of adolescents and concluded that females were more receptive to seeking help with personal problems than were males, but that both were more likely to refer a friend with a problem to peers or to help the friend themselves, unless the problem was serious. Adolescents tended to prefer informal help from friends or mentors and sometimes from family. Acceptance of services to meet needs may require that the individual seek the service, but if there are bureaucratic barriers, they may resist.

Rhodes and Fischer (1993) observed wide variations in service usage, noting that frequent, moderate, and inconsistent users varied in their social supports and psychological functioning. One area of considerable need is for services to cope with stress and crises that are experienced and for which these young women have few resources. Lipschitz and colleagues (1997) and Wang-Ning, Whitbeck and Hoyt (2000) note that at-risk and impoverished adolescent females experience serious and frequent crises. They observe deaths in their neighborhoods, have a family member who dies, are seriously assaulted, or have problems of serious substance abuse among their family or friends. When compared with other teens, these young women are also likely to experience suicide ideation or other mental health problems, particularly depression related to the crises in their lives (Ahulwalia, McGruder, Zaslow and Hair 2000; Aube, et al., 2000). Promptly delivered and appropriate modalities of mental health services can meet the

needs of many of these youth and help in skills development that can aid in resisting and managing future problems.

Protective factors

Because at-risk and delinquent females may lack protective factors that allow them to avoid crime, they require resources that foster the development of protective factors. For example, for a substance abuser to become drug free requires education and treatment relating to the use and abuse of drugs (Chou, 1998). Belknap (1996) states that programs must focus on relationships and offer young women ways to control their lives while keeping relationships intact. Protective factors include access to strong social supports, knowledge of and easy access to services, integration in normative communities, strong social supports, and improvement in educational performance and career planning.

Social support appears to be a key factor related to outcomes for adolescent females. According to Camarena and colleagues (1998) aspirations and goals are critical and when accompanied by support from family and friends are key components of resilience. Females who were “focused” on goals compared with those who were “resigned” to their situation had strong social support and were “pushed” to achieve. Adequate health care is an important protective factor that is increasingly difficult for adolescents to obtain in the United States. Females who are sexually active and become pregnant or those who contract a sexually transmitted disease often find that they have no access to health care (Noell, et al., 2001; O’Leary and Howard, 2001).

Integration in normative communities is an important protective factor in avoiding delinquency. Those with stable housing and with access to peer and community groups that provide positive opportunities for their lives will have the ability to succeed. Programs should be

evaluated to assure that they are culturally specific as well as gender specific, because young women of color may have different experiences than white young women. Likewise communities differ in the cultural resources that are available. Horowitz (1995) suggests that successful programs develop a community of women who are interdependent and support each other. Having clear prosocial standards of behavior that are positively reinforced in programs along with opportunities for active participation in the development of those program offers young women a stake in their achievement. Improvement in educational performance and career planning are important protective factors for young women who may come from severely deprived backgrounds.

With the implementation of programs to enhance protective factors, delinquency prevention and reductions in recidivism can be expected, both in the short and long term. Protective factors lead to reduced recidivism because young women have alternative roles and capabilities in normative spheres. In this study, we examine programs designed to improve and increase protective factors for young women involved in and at risk of involvement with the juvenile justice system, comparing those in community-based programs with those in a closed residential facility. We explore the relationships among risk, needs, and protective factors in order to better understand how young women can be assisted both within and outside of the juvenile justice system.

CHAPTER 2

RESEARCH DESIGN AND METHODS

This study examines characteristics and outcomes for at-risk and delinquent females in five programs with the following three contrasting service delivery approaches: a community-based non-residential model for youth residing at home that primarily emphasizes prevention and education services; a community based, open residential model that includes prevention, crisis intervention, gender-sensitive education, treatment and transition services; and, a closed residential model that provides traditional treatment and education services. The latter was considered the control group for comparison with the two types of community-based services. All of these agencies placed primary emphasis on rehabilitation, which has long been the primary goal of the juvenile justice system, but they varied in the extent to which they provided gender-sensitive programming for adolescent females. Three of the programs provided a continuum of care that included individual counseling, family and parenting programs, community outreach, peer leadership and educational services.

The primary research questions for this study included the following:

1. To what extent are these programs effective in reducing delinquent and other risk behavior of adolescent females during their program placement and in the post-program period?
2. To what extent are these programs meeting the identified needs of and supporting the development of protective factors for the adolescent females placed in their programs?
3. Are the programs providing appropriate gender-specific services relative to the characteristics and needs of adolescent females placed in their programs?

4. To what extent are community-based programs effective in reducing placement in institutional facilities?

Juvenile justice research since the late 1990s has been profoundly influenced toward greater emphasis on the study of accountability and the impact of negative sanctions because of shifts in both national and state policy toward youth. These shifts also affected this particular study design, as we shall note. In this chapter we describe the original goals and the design developed to achieve these goals. This is presented with reference to the environmental and legal changes that influenced the research design. The initial goals for the project included:

1. Empirically test program models for adolescent female offenders in terms of their impact on several risk and protective factors.
2. Involve the community in the project.
3. Foster collaborative relationships among researchers, practitioners, policy makers, community residents, and youth in Wayne County.
4. Enhance the ability of community-based programs to monitor their organizational processes and outcomes.

Through the period of the study we were able to accomplish all of the goals to a substantial extent, although our ability to rigorously test the alternative program models was jeopardized by changes in the Wayne County Family Court and Department of Community Justice. In 1999-2000, just before the study began, the following changes occurred affecting the research design:

- a. Juvenile justice jurisdiction became the responsibility of the Wayne County Family Division of the 3rd Circuit Court following changes in the structure of the Michigan courts by legislative act in 1997. The juvenile court, as it had existed up to that point, was incorporated as a part of the Family Division which serves abused and neglected youth as well as delinquents, and it also is the domestic relations court.

- b. Effective January 1, 2000 all first-time status offenders were diverted from the court to community agencies, primarily Youth Assistance Programs operated at the local community level with active participation of schools, police, social service agencies and parents. Participation in the community agency was voluntary. One particular advantage of the Youth Assistance Program is that the parents are involved weekly in a complimentary education program related to adolescent development, school performance, substance use, sexual behavior and crime prevention. This shift initially had a pronounced impact on females because prior to this action, more than half of the female cases processed were for females charged with status offenses or minor misdemeanors. Many of these young women ended up in the state training school or private residential agencies for extended periods of time. A special office was established to implement the diversion program, but follow-up was difficult because diverted youth did not have an official record and their participation in diversion programs was voluntary.
- c. In 1999, Wayne County was granted the authority to establish its own Department of Community Justice for detention, assessment, and treatment of all juveniles within its jurisdiction. Only if adjudicated for a capital crime is it required that a youth be committed to the State of Michigan for placement. In addition, youth charged as adults for a select list of crimes are transferred to the Adult Division for processing as adults. In the case of females, the change resulted in fewer than five are committed to the state from Wayne County within one year. The county established and operates all of the local programs through Care Management Organizations (CMOs). These organizations are private non-profit organizations with whom the county contracts. Each of the five CMOs serves a distinct "catchment" area. Youth are assessed at a county-wide Juvenile Assessment Center (JAC) and then assigned to a CMO with specific recommendations regarding the type of programming that is to be followed. Funding for programs comes from the state childcare fund, as well as federal and local programs.

With respect to the first goal “to empirically test program models for adolescent female offenders in terms of their impact on risk and protective factors,” we had hoped to be able to randomly assign youth to the participating agencies. However, because of the above changes in the Court and the Department of Community Justice, random assignment of females to programs was not possible. Since these services were new and each of the agencies served a smaller clientele, it was not possible to secure 70 participants in a single program. Moreover, many programs often operated both open-residential and non-residential programs. As a result, we focused on five agencies that are described in Chapter 3. The sample included girls active in each program at a specific point in time, rather than randomly assigned as would be preferred. It would have been impossible to do otherwise.

The second goal of the project was to “involve the community” and that did occur extensively in three of the programs. Moreover, representatives of the agencies actively participated in the Wayne County Female Services Advisory Committee (FSAC) – a committee comprised of service providers, county juvenile justice professionals, academics, parents, and young women in the juvenile justice system working to promote a full continuum of gender-responsive services for girls involved with or at risk of involvement with the juvenile justice system in Wayne County. This resulted in the development of a variety of county-wide programs for at-risk and delinquent females. The FSAC continues to be active and has made a measurable difference in programming for female adolescents in Wayne County. The research project staff have been actively involved in data gathering for planning and evaluation purposes with the County.

A third goal for the study was to “foster collaborative relationships among researchers, practitioners, policy makers, and community residents in Wayne County.” This goal was

accomplished through a variety of activities: collaboration with the FSAC, periodic feedback and focus group sessions with practitioners and youth in the participating agencies, and workshops for gender-responsive programming in the community and at one program site. Evaluation methods for this goal included participant observation, interviewing, feedback groups and presentation of research findings in a user-friendly manner.

The fourth goal was “to enhance the ability of community-based programs to monitor and evaluate their organizational processes and outcomes.” Through consultation and sharing with key staff of the Court, the Department of Community Justice, and the participating agencies, mechanisms have been put in place for on-going monitoring of services to adolescent females. The County has developed a good management information system that permits efficient assessment of processing and of some outcomes.

Conceptual Framework

Much research about at-risk and delinquent adolescent females has focused primarily on their characteristics and behavior rather than on the environment in which they have lived or currently reside. Our research builds on the framework developed by Hawkins and Catalano (1992) and Howell (1998) to identify risk factors and behaviors that are correlated with delinquency and protective factors that prevent delinquency. We add specific emphasis on the differences in experiences and outcomes for female youth involved in community-based and residential programs and on the status of gender-sensitive programming in these interventions.

We address both risk and protective factors. Risk factors refer to situations and conditions that are less amenable to the individual’s control and require intervention at the family, organizational or community levels. They include variables such as poverty, welfare programs, homelessness, crime and disorganization in a neighborhood, racism, quality of schools, sexual

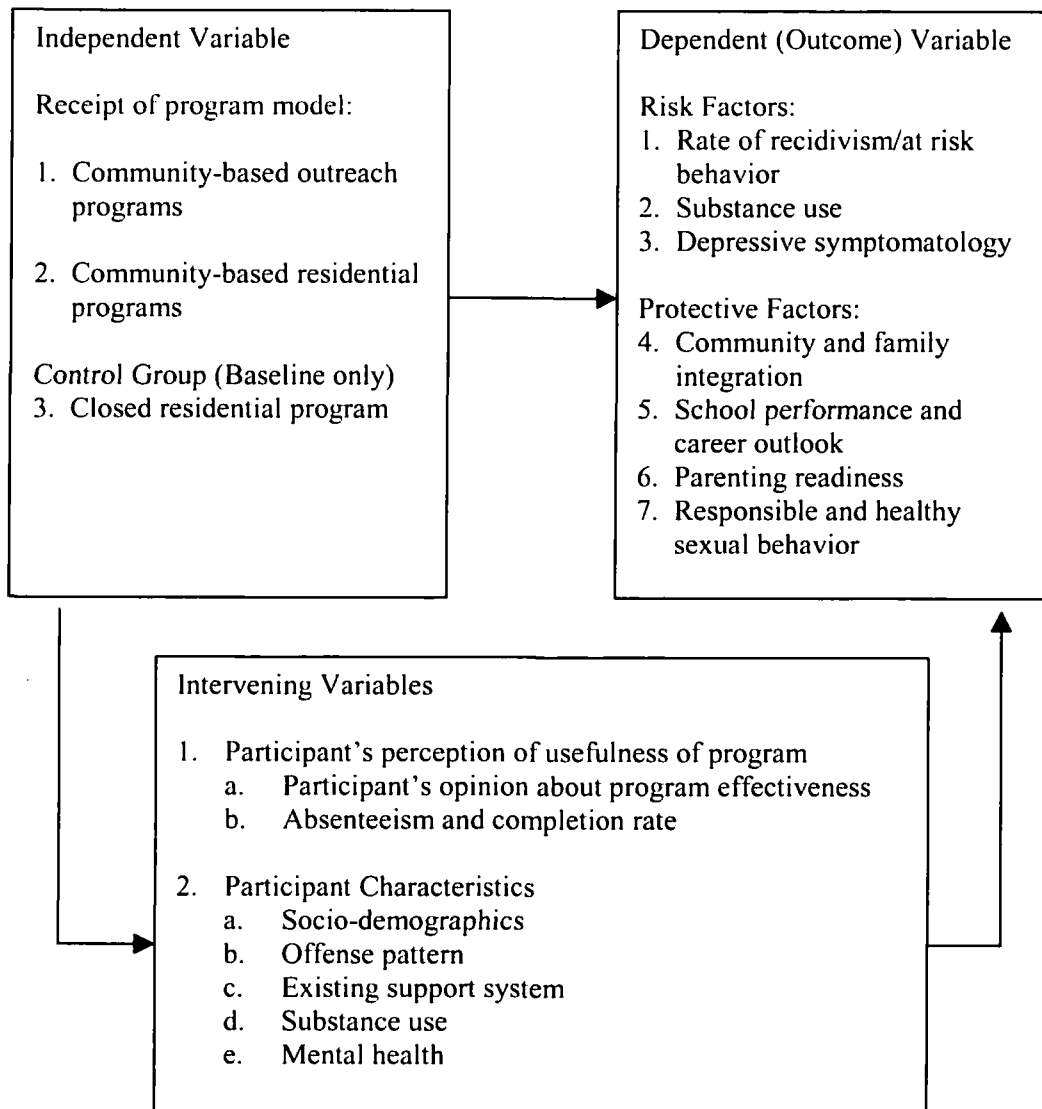
behavior policy, and access to health and social services. These factors are likely to precipitate individual problems such as delinquency, mental illness, sexual acting out, truancy, substance abuse, family conflict, and poor school performance.

Successful intervention for adolescent females must incorporate opportunities to develop protective factors so that risks for delinquency can be avoided or reduced. Protective factors include family and community support, school support and success, and rational coping methods. For young women, this also includes those protective factors that can be more specific to them, such as responsible sexual behavior, support for parenting, and access to health care, including mental health treatment.

Figure 2.1 predicts that involvement in the community-based programs will influence both risk and protective factors for female youth. It is expected that adolescents in the community-based home/family programs and the community-based, open residential programs studied would demonstrate a reduction in risk factors and an increase in protective factors over time. Both of these outcomes will be mediated by intervening variables that relate to individual level and family experiences. Thus, for example a young woman who is depressed and who fails to receive mental health treatment may not have reduced risks or increased protective factors regardless of the intervention strategy to which she is exposed.

Figure 2.1

Model for Data Collection



Sample and Site Selection

The study was confined to Wayne County, Michigan, which contributes the majority of female delinquency cases processed in the state and the overwhelming majority of those in out-of-home placement. Wayne County, in which Detroit is located, is the most populous county in Michigan. Fifty-one percent of the youth in the county are persons of color, but in the city of Detroit that percentage is 89.5%, making it one of the most segregated counties in the U.S. Its school system is also considered one of the most segregated in the United States. The city has a far higher poverty rate for children (46%) than that of the overall county (23%)(Wayne State University College of Urban, Labor and Metropolitan Affairs and the Skillman Center for Children, 2002).

Approximately 55% of adjudicated females recommended for community placement in 1998 (on the basis of risk and security level assessment) ended up in institutional placements. In May 1999, of the 739 young women committed as offenders, half were status or minor misdemeanants, but only 33% of them were in community-based programs (Hammons, M. Michigan Family Independence Agency, A Study of Residential Placements of Females in the Juvenile Justice System, January 1998). At this time, two in five young women were in residential facilities in Michigan or out-of-state (38%), 14% were in group homes or independent living, and 13% were in detention awaiting placement. Only two explicitly gender-specific programs existed for juvenile female offenders at this time.

Risk assessments completed by the court staff indicated that the majority of adjudicated females could be placed in low-security community-based programs, but because of the lack of such placements, the majority of female delinquents were placed in institutions, many out of the county. Michigan Public Act 109 in 1997 required the Family Independence Agency to develop

community-based alternatives for youth in placement who were adjudicated for misdemeanors and status offenses. It was in this context that the Wayne County Department of Community Justice (WDCJ) encouraged local non-profit agencies to develop placement opportunities for at-risk and female delinquents, and the opportunity for evaluation of these programs arose.

Table 2.1 summarizes key characteristics of the five programs studied. The sample number of participants in each agency reflects the size of the population served in programs that met the research criteria. The agencies vary in their longevity from one that has been in existence since 1920 to one begun in 1998.

Data Collection

The project began in September 2001; however, the research team had completed some preliminary work with the participating agencies, including:

- a. Securing approval from the agency partners for their participation;
- b. Interviewing key agency staff about their participation and their suggestions for information that they would like to receive; and
- c. Clearance of procedures for data collection with the court and WDCJ.
- d. The primary data source was a self-administered questionnaire.

We also obtained administrative records from the Court and WDCJ and conducted interviews with staff and focus groups with participating youth.

Table 2.1: Agencies Participating in the Research

Agency	No. of Participants	Age Range	Client Eligibility	% Youth of Color	Year Agency Founded	Programs	Foci
A	43	15-20	Delinquent Homeless At-risk Teen Parent Court referral	94%	1987	<ul style="list-style-type: none">• Individual & Family Services• Young Women's Leadership• Safe Choices• Volunteer Mentors• Neighborhood-bound Prevention• Shelter/transition	Continuum of Care: <ul style="list-style-type: none">• Crisis intervention• Prevention• Street Outreach• Shelter• Peer leadership• Counseling & case management• Substance abuse
B	18	11-16	At-risk Delinquent Living at home School problems	100%	1998	<ul style="list-style-type: none">• Open residential treatment• Substance abuse• Violence prevention• Family education	<ul style="list-style-type: none">• Violence reduction• Peer leadership• Mental health• Parent education & support group services• Life skills training• Mentoring
C	66	13-20	Homeless Delinquent At-risk Pregnant/parenting Abuse/neglect Court referral	82%	1920/1966	<ul style="list-style-type: none">• Community-based group home• Supervised independent living• Teen parent mentoring	<ul style="list-style-type: none">• Substance abuse• Transition & independent living• Group services• Employment & training• Mentoring• Mental health• Tutoring

Table 2.1 cont.

Agency	No. of Participants	Age Range	Client Eligibility	% Youth of Color	Year Agency Founded	Programs	Foci
D	32	13-19	At-risk Delinquent Pregnant/parenting	100%	1972	<ul style="list-style-type: none"> • Teen parent • Continuum of service • Foster care • Group home • Independent living 	Continuum of Care: <ul style="list-style-type: none"> • Crisis intervention • Home-based services • Community involvement • Transitional living • Male outreach • Cultural enrichment • Day care • Job readiness & employment
E	44	11-20	Commitment by Community Justice or Court Delinquent Abused/neglect	61%	1948	<ul style="list-style-type: none"> • Residential Services • Assessment and detention Services • Home & Community Based Services 	Residential services in a 9-12 month non-medical, structured program: <ul style="list-style-type: none"> • Group homes • Integrated group therapy • Structural family therapy • Educational services • Diversified recreational programs • Spiritual development services

Instrument Design and Development

One year prior to the beginning of this research, we completed a study of 100 at-risk pregnant and parenting teens in Wayne County. In that study, we piloted some of the scales that were utilized in this study to measure depression, substance use, delinquency, negative family events, trauma, peer relations, school performance, abuse, sexual behavior, and parenting. That experience was very useful in designing the instrument for use in this study.

After securing approval for human subjects' participation, the instrument was pre-tested in two agencies, and some modifications were made. Following careful explanations about confidentiality, we presented the instrument to small groups of girls in each of the agencies. The survey was self-administered with at least two research staff present to insure the best possible completion of the questionnaire and to help with any having difficulty in reading. However, the latter was seldom a problem. Questions about physical and sexual abuse usually provoked questions because many indicated that they had experienced abuse, but were hesitant to report it for fear that siblings or parents would be placed in jeopardy, as we had informed the participants that we were obliged to report to FIA any instances of abuse that they reported.

Appendix A contains a copy of the instruments used in this research along with the questionnaire, the name of the scales employed and their sources.

Problems in Data Collection

Because most of the agencies included in this research did not receive their clients on a single day, it was not possible to obtain a baseline measure when all of them entered the program. The first survey was completed for young women as soon as was possible after their entrance into the agency. However, this pattern required several different administrations because youth arrived in small numbers rather than in block groups. The second survey was administered 6-10 months

after the first, and the third survey within a year after youth were terminated from the program. All of the latter interviews were conducted by telephone because of the obstacles in doing in-person interviews. Participants for the second and third surveys declined in number because youth left placements and families moved out of the county or state with their children. We also learned in the telephone interviews that a number of the young women were living on their own or with friends and were encountering many survival problems because they had very few resources. Problematic situations were particularly serious for young women with children. They were not eligible for financial assistance from the government until their eighteenth birthday and, even then, they encountered much resistance from welfare department staff. Frequent concerns were raised about the difficulty in obtaining Medicaid and food stamps.

Data Analysis

The survey data were analyzed a number of ways, both cross-sectionally and over time and both by program type and by youth characteristics and experiences. To address the first and second research questions about to what extent these programs are effective in reducing delinquent and other risk behaviors and in promoting the development of protective factors for their participants, we used paired samples t tests to look for changes between the baseline and second interviews and used multi-level modeling (with both Proc Mixed and Mixreg software) to examine change over all three time points. Multi-level modeling was particularly valuable as it allowed us to include participants who were missing data at one or more time points. We examined change over time in delinquent and other risk and protective behavior measures by program type and by controlling for key participant characteristics (e.g., level of depression, experiences with sex abuse, welfare receipt, and substance use). The third question about whether the programs provide appropriate gender-specific services relative to the characteristics

and needs of adolescent females placed there was addressed through qualitative interviews with the directors of the four community-based programs, through feedback sessions with the female youth surveyed, and through a few open-ended questions in the surveys at each time point. The fourth question about to what extent community-based programs are effective in reducing placement in institutional facilities could not be addressed. This was because the county changed their policy just prior to the beginning of the study in an attempt to reduce placement of youth in institutional facilities through the adoption of a community-based approach to service delivery.

Despite the fact that some elements of the research design had to be modified because of our inability to control local conditions, this situation aptly reflect the conditions that arise when research is completed in natural settings with organizations that are undergoing significant change. At the same time because the research was completed in this environment, many of the findings are being accepted and implemented by the participating agencies.

CHAPTER 3

THE ORGANIZATION OF JUVENILE JUSTICE SERVICES FOR FEMALES IN WAYNE COUNTY 1999-2003

The structure of juvenile justice services in Michigan underwent major changes in the 1990s including statutory provisions governing juveniles, the structure of court services and the establishment of a new organization for the provision of services to juveniles in the most populous county in the state, Wayne. All of these changes affected females as well as males. Prior to 1999, nearly 50% of the adjudicated females in this county were committed to the state for out-of-home placement. That number equaled 56% of the females in the state system, with 70% committed for status or minor misdemeanors versus 26% of males so committed. Court judges and referees frequently overrode recommendations for community placement because these were lacking or were thought to be inadequate. The traditional perspective of “protecting girls” was often reported as the reason for the overrides. Thus, the situation was ready for major changes to community-based services for female delinquents (Wayne County DCJ. Juvenile Justice Services Overview, 2002)

Briefly, the changes that were effected between 1998 and 2002 included the following:

1. In 1997 Michigan reorganized its court structure by removing the juvenile court from the Probate Court to the Family Division of the Circuit Court, moving its location to a court of higher jurisdiction. The overall effect of this change was to move all family-related matters to one Family Division of the Circuit which has exclusive jurisdiction over any juvenile under the age of 17 who violated any municipal ordinance or state law unless the youth is waived to the adult court in accordance with relevant transfer provisions. As a further change in 2000 the Wayne County Family Division of the Court decided to divert first-time status offenders to

community agencies, rather than their being formally charged or otherwise processed. Although the youth participated in the community programs on a voluntary basis, there was limited follow-up. A special effort was made to involve parents in the programs, and that helped to sustain participation (See paper by Cheri Albertson in Appendix C.) The county provided financial support for the local programs for diverted youth.

2. Under special state legislation the Wayne County Department of Community Justice was authorized to provide services to juveniles through five Care Management Organizations (CMO's) in the county while receiving 50% reimbursement from the state for those services through the state Child Care Fund. These CMO's were private non-profit organizations each of which served a designated "catchment" area with a range of community-based, residential and foster care services from in-home treatment to reintegration and independent living. Centralized assessment was provided by the Juvenile Assessment Center (JAC) after which youth were referred to their respective CMO. The mission of DCJ was "to strengthen community safety by providing a range of prevention and treatment services to juveniles and their families, that balances the needs of the community, the juvenile offender and the victim." (Wayne County DCJ Overview, 2002). Appendix B presents the organizational and service structure that was developed for juvenile services under the aegis of the Department for Community Justice.

3. A Female Services Advisory Committee was organized including some 30 public and private agencies that serve girls, including the Health Dept., Court, CMO staff, Community Justice and approximately 20 private agencies. This committee was mandated to develop gender-specific services for female delinquents and at-risk youth. The community response was significant and the committee has completed a number of projects enhancing services for females, including an agency directory, guidebooks for youth and parents involved in the justice

system, a county-wide conference of youth and adults, and a training program for staff regarding gender-specific services.

Appendix B provides further information about the system of care that was developed by the Department for Community Justice. The model that it has developed was unique in the state of Michigan and particularly important for Wayne County because up to that point, historically the county had committed two-thirds of the youth in state youth correctional facilities despite the fact that it had only 25% of the population and about the same proportion of youth arrests.

The Community Context

Although the reorganization of juvenile justice services for females in Wayne County has significant impact in the past five years, enormous challenges remain because of risk characteristics of the adolescent female population. We have already noted the challenges attributed to poverty, community disorganization, poor housing and transportation, substandard schools, and racial segregations. But, there also are individual risk characteristics:

1. An estimated 53% to 77% of girls in the juvenile justice system in Michigan have mental health problems.
2. Approximately 70% of Michigan girls committed to out-of-home placement in juvenile justice have experience physical and/or sexual abuse.
3. 27% of females in out-of-home placement in Michigan have attempted suicide.
4. Over 25% of Michigan girls committed to out-of-home placement in the juvenile justice system are pregnant or parenting, but separated from their children.
5. 39% of the females have engaged in a physical fight, 14% carried a weapon, and approximately 30% have used alcohol before age 13, and 20% use marijuana (Skillman Center, 2002).

Thus, this group is in need of comprehensive services because of both community and individual factors. In the next section we will describe the goals and programs of the five sample agencies that participated in this research.

The Sample Agencies

The program of each of the five agencies that participated in the research is described below, from the information provided by each through interviews, observations, and written materials. Although we did not evaluate these programs systematically, the contextual information is useful when examining and analyzing the responses from the young women served in each of the agencies.

Agency A

Agency A has been serving girls and young women for more than 15 years in one of the poorest and most culturally, racially and ethnically diverse areas of Detroit. It is a community based non-profit agency largely supported by private and public grants along with the efforts of more than 250 volunteers. For many years Agency A operated out of a church and several storefronts. With substantial community and business support it was able to construct a new building that enabled it to enhance services to adolescent females and their families.

Agency A's mission is to help homeless and high-risk girls and young women

- avoid violence, teen pregnancy and exploitation,
- explore and access support services, resources, and opportunities necessary to be safe,
- build the foundations for trust, responsibility, and success and to make positive choices in their lives. Its motto is "the power of positive choices" and it is

explicit about its effort to provide gender-sensitive programming for a culturally diverse population.

Agency A serves a broad age range from 5 to 20 years with its varied continuum, and in addition it provides innovative outreach serves to girls and women in a high-risk neighborhood.

There are five key program areas:

- (1) Neighborhood-based Prevention Services for girls aged 5-13 who are at risk for dropping out of school, abusing drugs or alcohol, engaging in risky sexual behavior, engaging in gang activities, and becoming involved in an abusive relationship. Led by volunteers small groups meet weekly to discuss problems and issues, to do community service, and to engage in cultural and recreational activities. They report that 100% of the girls in these groups have not become pregnant and have remained in school despite the fact that 88% of their parents have not completed high school.
- (2) Young Women's Leadership Services for at-risk women 13-20 years. The program includes experiential and educational opportunities to develop interpersonal and problem-solving skills, analytical thinking, and practical knowledge and leadership capacity. It provides group services to other girls in this agency and in other agencies. Youth can become peer educators learning how to conduct workshops and outreach to other young women throughout the city. Many of the peer educators have engaged in high-risk activities such as being involved in the juvenile justice system, having problems in school, family or community, experimenting with high-risk sexual behavior and substance abuse. Their own experience base helps them to be particularly effective in helping at-risk females.
- (3) Crisis Line/Shelter/Transition to Independent Living program serves homeless females 15-20 not served by other systems. During the 30-45 day residential stay and continuing for up to 18 months thereafter, trained staff assist young women to complete a structured life skills education program. Individual guidance and group programs help clients to develop independent living skills, obtain and maintain employment, re-enter school, secure stable housing and enhance parenting. Six months after they leave the program 97% reported living in a stable and safe environment. Many of the young women have successfully completed college courses.
- (4) Safe Choices is a program for young women ages 13-20 who engage in high-risk behavior such as prostitution, substance abuse, and truancy. The program helps them take steps toward healthier and safer lives. The goals are to immediately reduce the harm related to negative activities, strengthen their ability to engage in safer alternatives, develop leadership skills, self-esteem and access to in-depth services. The agency operates a van as a mobile base with trained volunteers and staff patrolling the streets, offering food, clothing, shelter, transportation for medical

services, and other emergency resources. Special programs are offered to help females exit sex work. They also utilize trained peer educators to conduct street outreach with adults.

- (5) Individual and family services are offered to young women as well as their families in the form of crises intervention service referral, housing placement and counseling. Centralized intake, on-going support and aftercare follow-up services provide individuals and families with the support they need to handle presenting problems and achieve their personal and program goals.

Agency A is primarily funded by grants from the Michigan Family Assistance Agency, United Way, and the City of Detroit, private foundations and individual contributions.

Agency B

Agency B is part of an umbrella organization that provides a variety of social services to children, youth, families, ex-offenders and the elderly. Its juvenile justice services are part of residential and non-residential services for at-risk families in the community. Its mission is to empower families and assist them to effectively utilize community resources. It also emphasizes providing academic support, housing, life skills training, mental health and substance abuse services.

- (1) **Prevention Now.** A community-based prevention program for at-risk girls focuses on substance abuse, gang-related behavior, delinquency, academic failure and family violence issues. Its primary objective is to provide community-based intervention services proven to be effective so that young women between the ages of 11-19 years can live drug- and violence-free lives. The program is open to girls in the metro area who exhibit at least two of the following behaviors: delinquency, addictive behavior, sexually abused and/or active, school problems, mental health issues, truancy and running away and gang affiliation. It receives referrals from schools, parents and juvenile court diversion. It hosts a series of classes that educate while reinforcing positive behaviors. They target families underserved by the traditional agencies. It operates at five different sites with a six-month program consisting of life skills training, conflict management, educational assistance and mentorship, personal wellness/hygiene and peer-led leadership development.

- (2) A residential group home for young women in the juvenile justice and child welfare systems serves about 20 young women who are referred by the Court, FIA, juvenile detention and the CMO's. They also accept educable developmentally disabled young women as well as abused, neglected, and delinquent. They provide respite care for foster care transfers when there is a gap between placements. They are classified as low to medium security level. The program includes individual, family and group therapy, using rational behavioral therapy. The young women attend community public schools. All young women are assigned mentors from the community and they also help them connect with local churches. The average length of stay is 10 months with some reintegration/transition service provided.
- (3) A co-ed after-school tutorial and recreation program provides academic assistance and recreational opportunities to young people at a number of sites in the metro Detroit area. Young women from this program were not included in the present study.

Agency C

Agency C is a non-profit agency providing residential care to delinquent and/or abused/neglected females since 1966. In recent years it has expanded its services to include independent and transitional programs, services to adolescent parents, job training, housing and mentoring. The agency is located in a very poor and high crime area of Detroit where teenage girls may often be at great risk for assault and substance related crimes. The adolescents who participated in this study were from three specific agency programs in this multi-service agency for adolescent females; a community-based residential facility, teen parent program and transitional housing programs.

The mission of the agency is to provide an environment for adolescent females that include a variety of treatment services to prepare them for adult life. Their objective is to maximize the youth's potential so they can be positive contributors to the community. The specific programs include the following:

- (1) Teen Parent residential and community program. The agency has a special group home program serving teen parents for up to 2 years, and also a transitional program including independent living, employment and child care. Efforts are made to provide extended services to teen parents who encounter difficulties in employment, education, or childcare.

- (2) A low security residential facility for up to 28 delinquent and abused/neglected girls between the ages of 12 and 17 years. The average length of stay is for 12-18 months, but if no home can be located for a young woman and she cannot reside with relatives, she may remain up to two years and then move into the supervised independent living program if she is 16 or older. Programs include comprehensive assessment, individual and group counseling, mental health referral, substance abuse, daily living and social skills to enhance relationships and coping strategies, academic and vocational education career planning and recreational services to encourage appropriate use of community resources.
- (3) Teen Parent supportive outreach and housing referral services have been provided for up to 250 young mothers between 14 and 20 years. These young families reside in the larger community in which the agency is located.
- (4) Employability skills and financial management training program provides job readiness and financial management skills for 15-20 year old youth, female and male. The 9-week long program is a collaboration with the Detroit Entrepreneurship Institute.
- (5) Transitional and Supervised Independent Living services are provided to youth 16-19 whom demonstrate a willingness to attend school, work part-time and are socially responsible. The program combines comprehensive assessment with counseling, academic and vocational education, and training in daily living and social skills.

Funding for the above programs are provided from a number of sources that gives them flexibility in programming: City of Detroit Neighborhood Opportunity. Michigan Family Independence, United Way, HUD, the Michigan Housing Authority, and the Department for Community Justice. Other sources include grants and private foundations and companies.

Agency D

Agency D is a non-profit community-based agency that provides a continuum of care programs including prevention, home-based, education, foster care, day care, and residential programs. Its stated mission is:

- To provide services that promote the well-being of children and youth and enable pregnant and parenting adolescents and other at-risk young adults to become self-sufficient individuals and responsible parents
- To provide permanent and secure homes for children and youth who are in out-of-home placements; to provide safe affordable housing for young low-income families, homeless, disabled and senior citizens.

The specific programs include:

- 1) Information and referral along with 24 hour emergency services
- 2) Supportive outreach provides activities that include crises responses, substance abuse prevention, and violence reduction. Middle and high school students are the primary targets. Services are provided to males and well as females. A prevention program aimed at K-12 students attempt to facilitate parent-child communication relating to human sexuality and related matters.
- 3) Family-centered assessment and development of comprehensive service plans and case management where needed.
- 4) In-home and center services for teen parents and infants include counseling, parenting education, and concrete services when needed. The program aims to mitigate "risk factors" that lead to abuse, neglect, infant mortality, poverty and homelessness. A specialized intervention team provides services.
- 5) Educational placement and planning is primarily accomplished through counseling and referral.
- 6) Intensive foster care services for teen mothers and other at-risk and delinquent teens.
- 7) Residential services for homeless pregnant and parenting teens 12- 19.
- 8) Job readiness and employment assistance
- 9) Transition and supervised independent living for female parents 16-21 years is provided in two group home facilities where teen parents are unable to live with their parents. Services include individual and group counseling, and life skills training. Additional transition services for at-risk and delinquent young women who needed specialized assistance in gender-specific programs.

- 10) Collaborative community projects for teen parents. This project provides intensive community outreach, assessment, referral and linkage services for youth at risk who are difficult to engage through normal service delivery methods. Services are provided in homes, schools, employment sites, and churches.

Agency D is a non-profit agency financed by resources from the City of Detroit, Michigan Family Independence Agency, HUD and the Michigan Housing Authority, United Way, and grants from Foundations.

Agency E

Agency E is a large, non-profit agency that provides several residential, community-based, and transition programs at multiple sites throughout the state. Most of the clients that it services are adolescent males, but they have several small residential facilities for females. It is subdivided into three service groups: 1) Residential Services; 2) Home and Community-based services; and 3) Assessment and Detention. This organization served as the control site for the closed residential sample in this study.

- (1) In the residential services component the agency provides a range of residential and family services for males and females ages 12-17. The 9-12 month program is designed for youth who have multiple needs and who require a non-medical, structured program. The treatment delivery system in the residential programs includes: integrated group therapy, structural family therapy, on-site educational services, diversified recreational services and spiritual development services. The organization also has a specialized program for sexual offenders and educable mentally impaired (EMI) male youth.
- (2) The Home and Community-based services offers specialized foster care, supervised independent living, day treatment programs, in-home treatment, Parent's Aid programs and Families First programs for youth at risk.
- (3) The Assessment and Detention alternatives include assessment and detention centers for males ages 12-17 and non-secure detention foster care for males and females ages 12-17.

Community Planning for Gender-Specific Services by the Female Services Advisory Committee (FSAC)

In late 1996 under provisions of the Personal Responsibility and Work Opportunity Act (PRWORA) policies, financial aid and social services assistance to pregnant and parenting teens was eliminated unless they lived at home, with an approved adult and attended school full-time. Prior to the change, teen parents had been eligible for financial assistance, Medicaid, food stamps, WIC and other programs. The consequences of this change were very dire for hundreds of pregnant and parenting teens in Wayne County. Most of these young women were poverty-stricken, many came from homes where they were unable to live because of abuse/neglect or because they were “pushed out” by their parents once the pregnancy was discovered. As a response, a consortium of public and private agencies came together to develop ways of serving this population more effectively. All five of the target agencies participating in this research served on this committee. Soon thereafter, it was observed that a number of these young women were ending up in the justice system because of homelessness, petty crime and family violence. The Wayne County Female Services Advisory Committee (FSAC) was formed in 1999 in response to concerns of the Wayne County Circuit Court Family Division, the Department of Community Justice and members of the Teen Parent Consortium. This group received funding from the Michigan Advisory Committee on Juvenile Justice and the McGregor Fund. It stated its mission to identify, develop and coordinate integrated gender-specific services and advocate for a juvenile justice system that is responsive to the needs of young women and their families.

Specific goals include:

- a. Assess community needs and resources and increase the capacity of the community to provide gender-responsive services;

- b. Ensure that young women receive equal justice in the Wayne County Juvenile Justice system;
- c. Increase awareness of issues related to service availability and service needs for “at-risk” young women; and,
- d. Increase the ability of young women, their parents, and agencies to advocate effectively for gender-specific services and necessary resources for these services.

FSAC organized a working subcommittee on: female programming, community assessment to identify community needs and resources, model program design for gender-specific services, assessment tools for adolescent females, data and evaluation for planning, and a cultural committee to address issues related to diversity and pluralism. In years two and three the committee developed a very successful county-wide conference for young women and a community capacity-building committee that prepared a directory of female service agencies, guide books for parents and girls regarding the justice system, and housing assistance information.

Among the other projects completed by FSAC include an analysis of the policies and procedures of the Wayne County Juvenile Justice system with recommendations regarding how it might be more responsive to females; two surveys of community agencies to obtain services information; focus groups of females and their parents about their shared experiences, resulting in specific client-focused recommendations for the justice system; design of a Young Women’s Leadership program funded by the State of Michigan, and preparation of several data-driven reports to provide a basis for strategic planning.

As result of the work of the FSAC, there is now county-wide recognition of the specific need for gender-responsive services heretofore lacking for young women in the justice system. The FSAC has provided support for the target agencies that are the focus of this study. Likewise, information from the surveys of the girls in these agencies has been provided to the FSAC to assist in their planning. FSAC has also conducted a "Train the Trainer" project for committee members to prepare them for providing gender-specific services. As a result of the work of FSAC and the policies of the Wayne County Department for Community Justice there was a dramatic reduction in out-of-county placements of female juvenile offenders.

Feedback to Target Agencies

In the third year of the research, data feedback sessions were planned and conducted with three of the five agencies, and the remaining two will be done in the future. These feedback sessions were conducted for staff, adolescent clients, volunteers and in some cases for agency board members. The response of the agencies was very positive and many reported on actions that they were taking to utilize the information in their program planning and development. The young women were particularly interested in what other young women, similar to themselves, were experiencing. Some had asked research staff at the time of the several surveys whether or not they would receive reports from their own and other agencies.

In the case of Agency E the data were also presented to area directors and supervisors as well as to their Research and Policy Advisory committee. Based on these sessions, the organization held a one-day workshop for supervisors and line staff on gender responsive programming for female youth in residential programs, conducted by a member of our research team.

Agency staff were also provided with copies of the several instruments utilized in the study and were told that they were free to use them for on-going monitoring and evaluation – one of the goals of this project.

The data were also presented to the Female Service Advisory Committee and to staff of the Department for Community Justice on several occasions so that it was readily available to them for assessment and planning. At the time of writing this report in early 2003 some of their efforts have been seriously constrained by budget cuts experienced at both the county and state level. Nonetheless, most remain enthusiastic about developing and extending gender responsive programming for delinquent and at-risk young women.

CHAPTER 4

YOUNG WOMEN IN COMMUNITY-BASED AND RESIDENTIAL PROGRAMS: THE FINDINGS

A non-random sample of 204 delinquent, diverted, and high-risk young women in three types of juvenile justice service settings in a large urban community comprised the sample population. The juvenile justice service settings included the following three types: 1) home-based services, 2) community-based, open residential services and 3) closed residential services. The young women ($n = 44$) in the closed residential services served as the control group for this study.

The average age of the young women in the study was 15.81 years ($SD = 2.31$). A majority of the young women identified as Black/African American (75%). Over half the young women lived in families that received welfare (56%) and many had a parent or sibling who had been in prison or jail (50% of the fathers, 28% of the mothers and 34% of the siblings). For almost half of the young women (46%), their living situation changed in the six months prior to entering services. Many had experienced living in out-of-home care before entering services (29% foster care, 30% juvenile detention facility, 36% group homes and 10% a shelter/group home for pregnant or parenting teens).

Most of the young women (80%) were enrolled in school or working on a GED. Only 5% of the young women had dropped out of school and 15% had graduated from high school or earned a GED. Approximately three-fourths of the young women (74%) reported being suspended from school at least once and 20% indicated that they had been expelled from school at least once. In terms of their view of the future, 82% projected that they would be likely to get a full-time job, 69% wanted to graduate from a 4-year college program, 38% wanted to join the armed forces, and 73% felt it was likely that they would attend a technical or vocational school. Almost half of

the young women (49%) wanted to be a full-time stay at home mom, but they did not view that as incompatible with compensated work.

In terms of role models, the young women reported their mothers (49%), their friends (47%), their siblings (43%) and their counselor/youth workers (31%) as important role models. When examining young women who lived with their fathers ($n = 26$) with those who did not live with their father there was a significant difference in their view of their father as a role model ($p < .001$). Over half of the young women (62%) who did not live with their fathers viewed their fathers as role models while only 38% who lived with their fathers indicated they viewed their fathers as role models.

Prior to entering their current program, many of the young women had used a variety of social services. The most common service used by the young women was school-based services (63%). They also reported using recreational services (47%), health and pregnancy services (41%), and youth services (57%), but about a third or less reported using family and children's services (38%), emergency housing and housing assistance (36%), mental health services (28%) and substance abuse services (21%). Organized religious organizations were very important for 61% of the young women.

Our initial bivariate analyses showed that young women who had lived in a foster home ($X^2 = 5.64, p < .05$), experienced family members using drugs ($X^2 = 4.94, p < .05$), experienced family members using alcohol ($X^2 = 6.01, p < .05$), or had fought with their parents ($X^2 = 4.10, p < .05$) were significantly more likely to have used school-based services. In addition, young women who had lived in a foster home ($X^2 = 4.61, p < .05$), been detained in a juvenile detention center ($X^2 = 8.17, p < .01$), experienced sexual abuse ($X^2 = 6.30, p < .05$), had a father in jail ($X^2 = 6.58,$

$p < .05$), or had a close friend die ($X^2 = 4.56$, $p < .05$) were significantly more likely to have used mental health services.

A majority of the young women had consumed alcohol (63%) and smoked cigarettes (57%) in their lifetimes. In addition, almost half of the young women (48%) had used marijuana/hashish. About a quarter of the young women (24%) had consumed alcohol in the previous 30 days and almost one third (32%) had smoked cigarettes in the previous 30 days.

Over 75 percent of the young women had had sex and most had a family member who has been a teen parent (86%). Of the young women who reported having had sex, 60 percent reported that the first time they willingly had sex they were 14 years of age or younger. The mean age of their partners the first time they had sex was 17.5 years (ranging from 12 to 40 years old). A majority of the young women reported having many close male friends/associates (74%) and less than half reported having many close female friends/associates (48%).

About one third of the young women (30%) had been arrested or taken to a police station for something they had done and 27 percent had been arrested or taken to the police station more than 4 times. The most common delinquent acts reported by the young women included getting into a serious fight in school or at work (31%), taking part in a fight where a group of their friends were against another group (32%), shoplifting (30%), being in a gang (31%), using a knife or gun to get something from a person (17%), and trespassing (18%). A majority of the young women reported having fought with parents (69%). Almost one third indicated that they had experienced being beaten up (31%) and 32 percent hurt someone badly enough to need bandages or a doctor.

When examining interpersonal competencies, a majority of the young women (66%) reported that they were good at making someone feel better when they were unhappy, that they were good

at showing that they really care when someone talks about problems (60%) and that they were good at carrying on conversations with new people that they would like to know better (53%). Less than half of the young women (42%) felt that they were good at resolving disagreements in ways that make things better instead of worse. Only one-quarter of the young women indicated that they were good at telling people personal things about themselves.

A majority of the young women (65%) reported feeling depressed in the previous week, 30 percent had at one time seriously considered attempting suicide and 27 percent had actually attempted suicide. Many of the young women (38%) had experienced a family member getting killed and/or a parent dying (19%). Young women were significantly more likely to report being depressed if:

- their living situation had changed in the past 6 months ($X^2 = 5.47, p < .05$),
- they had considered suicide ($X^2 = 11.28, p < .01$),
- they had a suicide plan ($X^2 = 11.80, p < .01$),
- they had a family member on drugs ($X^2 = 10.47, p < .01$),
- they had been threatened by guns ($X^2 = 4.14, p < .05$),
- they had a family member killed ($X^2 = 4.19, p < .05$),
- they had experienced sexual abuse ($X^2 = 9.84, p < .01$),
- they had a family member with alcohol problems ($X^2 = 7.73, p < .01$),
- they had been involved with a gang ($X^2 = 6.89, p < .01$),
- their family had been on welfare ($X^2 = 15.92, p < .001$),
- they had a close friend die ($X^2 = 4.61, p < .05$),
- they had a parent die ($X^2 = 5.93, p < .05$),
- they had a brother or sister die ($X^2 = 3.97, p < .05$),

- they had friends who had been killed ($X^2 = 13.85$, $p < .001$), or
- they identified as Caucasian ($X^2 = 4.23$, $p < .05$)

When exploring their experiences with discrimination, a majority of the young women reported several types of discrimination in their day-to-day lives. Most of the young women reported being treated with less courtesy than other people (65%), being treated with less respect than other people (68%), receiving poorer service than other people at restaurants or stores (53%), people acting as if they were not smart (69%), people acting as if they were afraid of them (67%), people acting as if they thought they were dishonest (66%), people acting as if they were better than them (79%), being called names or insulted (72%), and being threatened or harassed (54%). **Table 4.1** highlights the key characteristics of the total sample of delinquent, diverted and high-risk young women ($N = 204$) at baseline.

**Table 4.1: Selected Characteristics of Delinquent, Diverted and High-Risk Youth
(N = 204) at Baseline)**

Demographic Items	N	Valid Percentages
Age	Mean = 15.81 years	SD = 2.31
Black/African American	128	75%
White/Anglo American	25	15%
Hispanic/Latina	2	1%
Mixed Racial	11	6%
Other racial/ethnic group	5	3%
Family received welfare	95	56%
Living situation changed in the 6 months before youth came to program	84	46%
Lived in a foster home	53	29%
Lived in a group home	66	36%
Lived in a shelter/group home for pregnant or parenting teens	18	10%
Lived in a juvenile detention facility	55	30%
School Issues	N	Valid Percentages
In school/working on GED	149	80%
Dropped out of school	10	5%
Graduated	18	10%
Have GED	10	5%
Been Suspended from School	137	74%
Been Expelled from School	40	20%
School is quite or very important	160	80%
Future Plans	N	Valid Percent
Likely to get a full time job	156	82%
Want to be a full time stay at home mom	86	49%
Want to graduate from a 4 year college program	116	69%
Want to join armed forces	66	38%
Want to attend technical/ vocational school	130	73%
Role Models	N	Valid Percent
Mother is a role model	96	49%
Father is a role model	42	21%
Grandparent is a role model	55	28%
Sister or brother is a role model	85	43%
Friend is a role model	91	47%
Counselor/youth worker is a role model	60	31%
Teacher is a role model	37	19%
Service Use Prior to Entering Current Program	N	Valid Percent
Used recreational service	81	47%
Used youth service	103	57%

**Table 4.1: Selected Characteristics of Delinquent, Diverted and High-Risk Youth
(N = 204) at Baseline)**

Used family and children's services	66	38%
Used school based services	106	63%
Used emergency housing and housing assistance	61	36%
Used mental health services	49	28%
Used substance abuse services	36	21%
Used health and pregnancy services	73	41%
Religion	N	Valid Percent
My church/mosque/ synagogue is very important to me	109	61%
Substance Use	N	Valid Percent
Drank alcohol in the past 30 days	43	23%
Ever drank alcohol	101	63%
Ever used marijuana/hashish	84	48%
Ever smoked cigarettes	99	57%
View of Current Program-Helping You	N	Valid Percent
Yes, a lot	82	45%
Yes, some	49	27%
Yes, a little	25	14%
No, not at all	27	15%
Family Experience with the Justice System	N	Valid Percent
Mother has been in prison/jail	47	28%
Father has been in prison/jail	85	50%
Siblings have been in prison/jail	58	34%
Experienced friends/family getting into gangs	70	38%
Sexuality/Pregnancy	N	Valid Percent
Have had sex	136	78%
Family member has been a teen parent	143	86%
Of those sexually active, number using birth control/protection every time have sex	45	33%
Have children	51	31%
Have been forced or pressured to have sex when did not want to	57	35%
Of those that had sex, age at first time having sex	14 years or younger=83 15 years=28 16 years=14	60% 20% 10%
Age of partner the first time had sex	Mean age=17.5 years	Range (12 years to 40 years old)
Peer Relations	N	Valid Percent
Have many close female friends	90	48%
Have many close male friends	138	74%
Delinquency in past year	N	Valid Percent
Been arrested and taken to a police station	60	30%

**Table 4.1: Selected Characteristics of Delinquent, Diverted and High-Risk Youth
(N = 204) at Baseline)**

Gotten into a serious fight in school or at work	63	31%
Taken part in a group fight	66	32%
Hurt someone badly	64	32%
Fought with parents	129	63%
Taken something from a store without paying for it	61	30%
Theft under \$50	45	22%
Theft over \$50	37	18%
Arson	24	12%
Gone into some house or building when you weren't supposed to be there	36	18%
Selected Interpersonal Competencies	N	Valid Percent
Good at making someone feel better when they are unhappy	112	66%
Good at resolving disagreements in ways that make things better instead of worse	77	42%
Good at carrying on conversations with new people that you like to know better	97	53%
Good at showing that you really care when someone talks about problems	105	60%
Good at telling people personal things about yourself	46	25%
Mental Health	N	Valid Percent
Past week, I felt depressed	112	65%
Experienced a parent dying	35	19%
Experienced a family member getting killed	72	38%
Seriously considered attempting suicide	59	30%
Attempted suicide	51	27%
Discrimination	N	Valid Percent
Treated with less courtesy than other people	124	65%
Treated with less respect than other people	131	68%
Receive poorer service than other people at restaurants or stores	102	53%
People act as if you are not smart	131	69%
People act as if they are afraid of you	125	67%
People act as if they think you are dishonest	126	66%
People act as if they're better than you	163	79%
Called names or insulted	139	72%
Threatened or Harassed	105	54%

Baseline Comparisons by Program Type

When comparing the young women at baseline by program type (home-based services, community-based, open residential services, or closed residential juvenile justice programs) using analysis of variance, several significant differences were found. There were significant differences by program type in the following areas: experiences with negative life events; level of depression; experiences with sexual abuse, family stress, and physical and emotional abuse; the total number of barriers perceived to accessing services; the age of the youth; engagement with negative/delinquent peers; experiences with peer pressure; acting out coping behaviors; use of avoidance/harmful coping behaviors; use of withdrawal coping behaviors; engaging in theft behaviors; the number of types of out-of-home placements; and the total number of out-of-home placements that the young women experienced. **Table 4.2** summarizes the means, standard deviations and analysis of variance results by program type at baseline. Using post-hoc analyses to better understand the differences by program type, we found the following:

- Young women in the closed residential settings had significantly higher rates of *negative life events* than did young women receiving home-based services ($p < .001$) and young women living in community-based, open residential settings ($p < .01$).
- Young women in closed residential settings scored significantly higher on the *depression* scale than those receiving home-based services ($p < .001$) and those in community-based, open residential settings ($p < .05$).
- Young women in closed residential settings had experienced significantly more *sexual abuse* than did young women receiving home-based services ($p < .001$) and young women living in community-based, open residential settings ($p < .001$). Young women living in community-based, open residential settings experienced significantly more sexual abuse than did young women receiving home-based services ($p < .05$).

Table 4.2: Means, Standard Deviations, and Analysis of Variance Results by Program Type at Baseline

Variable	<i>Home-Based Services</i>		<i>Community-Based, Open Residential</i>		<i>Closed Residential Juvenile Justice</i>		F
	Mean	SD	Mean	SD	Mean	SD	
Negative Life Events (possible score 0-26)	7.73 _a	5.66	9.60 _a	6.63	13.27 _b	5.05	11.58***
Depression (CESD) (possible score 0-60)	19.93 _a	11.53	22.98 _a	12.78	28.76 _b	11.90	6.94***
Discrimination (possible score 8-45)	21.42	9.13	23.06	8.26	24.82	9.12	2.15
Child Trauma – supportive family environment (possible score 1-5)	3.43	1.17	3.13	1.06	3.65	1.10	2.81
Child Trauma-sexual abuse (possible score 1-5)	1.49 _a	.78	1.96 _b	.99	2.88 _c	1.47	23.53***
Child Trauma-family stress (possible score 1-5)	1.65 _a	.73	2.22 _a	.79	2.62 _b	1.26	16.82***
Child Trauma-physical and emotional abuse (possible score 1-5)	1.94 _a	1.04	2.33 _{a,b}	1.69	2.48 _b	1.13	3.84*
Total number of barriers to services (possible score 0-16)	4.50 _a	4.19	5.56 _{a,b}	3.79	6.91 _b	3.05	5.49**
Age	15.31 _a	2.12	16.54 _b	2.75	15.49 _a	1.33	6.21**

* $p < .05$ ** $p < .01$ *** $p < .001$

Note: Means in a row with different subscripts are significantly different.

Table 4.2: Means, Standard Deviations, and Analysis of Variance Results by Program Type at Baseline (cont.)

Variable	<i>Home-Based Services</i>		Community-Based, Open Residential		Closed Residential Juvenile Justice		F
	Mean	SD	Mean	SD	Mean	SD	
Positive Peer Relationships (possible score 1-5)	2.99	.99	2.75	.91	2.83	.91	1.08
Negative/Delinquent Peer Relationships (possible score 1-5)	2.04 _a	.75	2.15 _a	.72	2.99 _b	1.02	20.45***
Peer Pressure (possible score 1-5)	1.53 _a	.69	1.51 _a	.52	1.88 _b	.94	3.97*
Emotional Support Skills (possible score 1-5)	3.47	1.16	3.45	1.07	3.69	.99	.48
Assertiveness Skills (possible score 1-5)	3.41	.93	3.49	.98	3.58	.95	.76
Friendship Building Skills (possible score 1-5)	3.07	1.13	3.02	1.05	3.38	1.07	.42
Conflict Management Skills (possible score 1-5)	3.08	1.13	3.01	1.07	3/04	1.19	1.54
Willingness to Self Disclose (possible score 1-5)	2.82	1.13	2.71	1.17	2.80	1.18	.06
Overall Adolescent Interpersonal Competency (possible score 1-5)	3.17	.93	3.14	.92	3.30	.91	.48

*p < .05 **p < .01 ***p < .001

Note: Means in a row with different subscripts are significantly different.

Table 4.2: Means, Standard Deviations, and Analysis of Variance Results by Program Type at Baseline (cont.)							
Variable	<i>Home-Based Services</i>		Community-Based, Open Residential		Closed Residential Juvenile Justice		F
	Mean	SD	Mean	SD	Mean	SD	
Coping-Rational (possible score 1-5)	2.83	.95	2.99	.81	3.22	.96	2.52
Coping-Acting Act (possible score 1-5)	2.12 _a	.93	2.42	.87	2.72 _a	1.27	5.02 ^{**}
Coping-Avoidance/Harm (possible score 1-5)	1.67 _a	.79	2.08 _b	.88	2.81 _c	1.31	18.84 ^{***}
Coping-Withdrawal (possible score 1-5)	2.30 _a	1.30	2.60 _{a,b}	1.28	3.20 _b	1.39	6.27 ^{**}
Physical Fighting (possible score 1-5)	.44	.5	.46	.5	.64	.48	2.43
Theft (possible score 1-5)	.36 _a	.48	.34 _a	.48	.63 _b	.49	5.62 ^{**}
Trespassing (possible score 1-5)	.17	.37	.17	.38	.26	.44	.82
Vandalism (possible score 1-5)	.21	.41	.21	.41	.23	.43	.06
Number of Types of Out-of-home Placements	.82 _a	1.19	1.56 _b	1.27	2.50 _c	1.50	24.33 ^{***}
Total Number of Out-of-home Placements	1.41 _a	3.18	2.18 _a	2.37	5.89 _b	5.74	21.04 ^{***}
Parenting Efficacy Scale (possible score 1-5)	3.63	1.13	3.72	.69	3.68	.87	.13

* $p < .05$ ** $p < .01$ *** $p < .001$

Note: Means in a row with different subscripts are significantly different.

- Young women in the closed residential settings experienced significantly more *family stress* than did young women receiving home-based services and young women living in community-based, open residential settings ($p < .001$).
- Young women in the closed residential settings reported experiencing significantly more *physical and emotional abuse* than did young women receiving home-based services ($p < .05$).
- Young women in the closed residential settings indicated significantly more *barriers to service access* than did young women receiving home-based services ($p < .01$).
- Young women living in community-based, open residential settings were significantly *older* than youth receiving home-based services ($p < .01$) and young women in the closed residential settings ($p < .05$).
- Young women in closed residential settings reported significantly more *negative/delinquent peer interactions* than did young women receiving home-based services ($p < .001$) and young women living in community-based, open residential settings ($p < .001$).
- Young women in the closed residential settings indicated significantly more *peer pressure* than did young women receiving home-based services and young women living in community-based, open residential settings ($p < .05$).
- Young women in closed residential settings were significantly more likely to use *acting out coping behaviors* than young women receiving home-based services ($p < .01$).
- Young women in the closed residential settings were significantly more likely to use *avoidance or harmful coping behaviors* than young women receiving home-based services and young women living in community-based, open residential settings ($p < .001$). Further, young women living in community-based, open residential settings were significantly more likely to use avoidance or harmful coping behaviors than young women receiving home-based services ($p < .05$).
- Young women in the closed residential settings reported significantly more *withdrawal coping behaviors* than did young women receiving home-based services ($p < .001$).
- Young women in the closed residential settings reported significantly more *theft* behaviors than did young women receiving home-based

services ($p < .01$) and young women living in community-based, open residential settings ($p < .01$).

- Young women receiving home-based services experienced significantly fewer *types of out-of-home placements* than did young women living in community-based, open residential settings ($p < .01$) and young women in the closed residential settings ($p < .001$). Young women living in community-based, open residential settings experienced significantly fewer types of out-of-home placements than did young women in the closed residential settings ($p < .001$).
- Young women in the closed residential settings experienced significantly more *out-of-home placements* than did young women receiving home-based services ($p < .001$) and young women living in community-based, open residential settings ($p < .001$).

No significant differences were found between young women based on program type at baseline in the following areas:

- experiences with discrimination
- supportive family environment
- positive peer relationships
- adolescent interpersonal competency skills including emotional support, assertiveness, friendship building, conflict management, and self disclosure skills
- use of rational coping skills
- other delinquent behaviors (physical fighting, trespassing and vandalism)
- parenting efficacy skills

Baseline Comparisons by Youth Experiences

In addition to looking at differences among the young women based on program type, we also used t tests of independent sample means to examine differences in the baseline sample based on a number of other factors – including having experienced sexual abuse, age of the youth at the time of the survey, having experienced a parent in jail or prison,

having children, engaging in delinquent behavior, substance use, and relationships with male or female friends or associates.

Experienced Sexual Abuse. Young women at baseline who had experienced sexual abuse had significantly higher scores than those who had not on depression ($p < .001$), experiences with discrimination ($p < .01$), number of negative life events ($p < .001$), number of barriers to service use ($p < .001$), negative coping behaviors (acting out ($p < .01$), avoidance/harmful ($p < .001$), withdrawal ($p < .001$)), family stress ($p < .001$), physical and emotional abuse ($p < .001$), number of types of out-of-home placements ($p < .001$) and total number of out-of-home placements ($p < .001$). Those youth experiencing abuse were also significantly more likely to live in unsupportive family environments ($p < .001$). **Table 4.3** summarizes these findings.

Age Differences. Young women at baseline who were older were significantly more likely to use assertiveness skills ($p < .01$) and coping behaviors of avoidance and harm ($p < .05$) than younger youth. These older young women were also significantly less likely to use rational coping behaviors ($p < .05$) and acting out coping behaviors ($p < .01$) or to engage in vandalism ($p < .05$). **Table 4.4** highlights these results.

Experienced Having a Parent in Prison or Jail. Young women at baseline who had experienced a parent in prison or jail reported significantly more negative life events ($p < .05$). Young women who reported having had a mother in prison or jail experienced significantly more sexual abuse ($p < .01$), more family stress ($p < .001$), more physical and emotional abuse ($p < .01$), more types of out-of-home placements ($p < .01$) and more total out-of-home placements ($p < .05$). These findings are located in **Table 4.5**.

Table 4.3: Group Differences Between Young Women Who Reported Having Experienced Sexual Abuse and Young Women Who Did Not Report Experiencing Sexual Abuse, at Baseline

Measure	No Sexual Abuse		Experienced Sexual Abuse		t
	Mean	SD	Mean	SD	
Depression (CESD) (possible score 0-60)	19.99	11.84	26.71	11.81	-6.72***
Negative Life Events (possible score 0-26)	8.21	5.32	12.20	6.50	-3.98***
Barriers to Service Use (possible score 0-16)	4.51	3.52	7.17	3.82	-2.67***
Coping Factor - Acting Out (possible score 1-5)	2.22	0.95	2.67	1.10	-.45**
Coping Factor - Avoidance/Harmful (possible score 1-5)	1.88	0.95	2.51	1.17	-.63***
Coping Factor - Withdrawal (possible score 1-5)	2.35	1.20	3.13	1.41	-.79***
Supportive Family Environment (possible score 1-5)	3.62	1.14	3.0	1.03	.62***
Family Stress Environment (possible score 1-5)	1.75	0.86	2.49	0.97	-.74***
Physical/Emotional Abuse (possible score 1-5)	1.78	0.96	2.81	1.05	-1.04***
# of Types of Out-of- Home Placements	1.23	1.48	1.97	1.33	-.74***
Total # of Out-of-Home Placements	2.00	3.70	4.32	4.74	-2.32***

** p < .01, *** p < .001

Table 4.4: Group Differences Between Older and Younger Participants, at Baseline

	Younger Participants		Older Participants		
Measure	Mean	SD	Mean	SD	t
Assertiveness Skills (possible score 1-5)	3.27	0.86	3.68	0.99	-2.95**
Coping Behavior: Avoidance/Harm (possible score 1-5)	1.91	1.05	2.22	1.03	-2.00*
Coping Behavior: Rational (possible score 1-5)	3.15	0.93	2.85	0.88	1.18*
Coping Behavior: Acting Out (possible score 1-5)	2.64	1.14	2.15	0.86	3.19**

* $p < .05$, ** $p < .01$

Table 4.5: Group Differences Between Young Women who Experienced Having a Parent in Prison or Jail and Young Women who had not Experienced Having a Parent in Prison or Jail, at Baseline

Measure	Mean	SD	Mean	SD	t
	Father Not in Prison or Jail		Father in Prison or Jail		
Negative Life Events (possible score 0-26)	8.45	6.09	11.21	5.96	-2.38*
	Mother Not in Prison or Jail		Mother in Prison or Jail		
Negative Life Events (possible score 0-26)	8.42	5.64	12.57	6.14	-3.88***
Child Trauma: Experienced Sexual Abuse (possible score 1-5)	1.74	1.06	2.40	1.33	-2.89**
Child Trauma: Family Stress (possible score 1-5)	1.81	0.82	2.50	1.02	-4.06***
Child Trauma: Physical/Emotional Abuse (possible score 1-5)	1.96	0.94	2.48	1.23	-2.59*
Types of Out-of-home Placements	1.26	1.30	1.98	1.48	-2.79**
Total # of Out-of-home Placements	2.27	3.28	3.93	5.24	-1.94*

* $p < .05$, ** $p < .01$, *** $p < .001$

Children. At baseline, young women who reported having one or more children were significantly older ($p < .001$) and less likely to have had out-of-home placements ($p < .01$) than those without children. Young women with children were less likely to have experienced physical or emotional abuse ($p < .05$). **Table 4.6** summarizes these results.

Delinquent Behavior. Young women at baseline who reported engaging in theft behaviors were significantly more likely than those who had not stolen to experience negative life events ($p < .01$), report barriers to service use ($p < .01$), engage in acting out coping behaviors ($p < .01$), engage in avoidance/harmful coping behaviors ($p < .01$), live in high family stress environments ($p < .05$), have experienced physical or emotional abuse ($p < .01$), engage in trespassing or vandalism acts ($p < .001$), to report negative/delinquent peer activities ($p < .001$), and to have experienced more types of out-of-home placements ($p < .01$) and more total number of out-of-home placements ($p < .05$). These results can be found in **Table 4.7**.

Substance Use. Young women at baseline who indicated that they used substances (alcohol, cigarettes, or marijuana/hashish) were significantly more likely to experience negative life events ($p < .001$), report barriers to service use ($p < .01$), use avoidance/harmful or withdrawal coping behaviors ($p < .001$), have experienced physical or emotional abuse ($p < .05$), report negative/delinquent peer activities ($p < .001$), experience peer pressure ($p < .05$), have experienced more types of out-of-home placements and to have had more total out-of-home placements ($p < .01$) than those who did not use substances. See **Table 4.8** for these results.

Table 4.6: Group Differences Between Young Women who had Children and Young Women who did not have Children, at Baseline					
	No Children		Children		
Measure	Mean	SD	Mean	SD	t
Age	15.32	1.9	16.96	2.79	-3.83***
Total # of Out-of-home Placements	3.44	4.91	1.95	1.94	3.68**
Child Trauma: Physical/ Emotional Abuse (possible score 1-5)	2.18	1.07	1.91	0.82	2.46*

Table 4.7: Group Differences Between Young Women Reported Theft Behavior and Young Women who did not Report Theft Behavior, at Baseline

Measure	No Theft Behavior		Theft Behavior		t
	Mean	SD	Mean	SD	
Negative Life Events (possible score 0-26)	8.57	5.99	11.01	6.31	-2.57**
Barriers to Service Use (possible score 0-16)	4.76	3.78	6.50	3.83	-3.01**
Coping – Acting Out (possible score 1-5)	2.17	.97	2.65	1.03	-3.16**
Coping – Avoidance/ Harmful (possible score 1-5)	1.91	.99	2.34	1.11	-2.69**
Child Trauma: Family Stress (possible score 1-5)	1.93	.87	2.26	1.09	-2.12*
Child Trauma: Physical/Emotional Abuse (possible score 1-5)	1.99	1.08	2.48	1.13	-2.89**
Negative/Delinquent Peer Activities (possible score 1-5)	2.11	0.83	2.58	0.93	-3.46***
Types of Out-of-home Placements	1.21	1.30	1.86	1.60	-2.93**
Total # of Out-of-home Placements	2.09	2.87	3.74	5.36	-2.39*

*p < .05, ** p < .01 ***p < .001

Table 4.8: Group Differences Between Young Women who had Used Substances and Young Women who had not Used Substances, at Baseline

	No Substance Use		Used Substances		
Measure	Mean	SD	Mean	SD	t
Negative Life Events (possible score 0-26)	6.33	5.76	11.10	5.98	4.66***
Barriers to Service Use (possible score 0-16)	4.33	3.61	5.93	3.85	2.45**
Coping: Avoidance/ Harmful (possible score 1-5)	1.48	.73	2.34	1.09	5.79***
Coping: Withdrawal (possible score 1-5)	2.02	1.21	2.87	1.35	3.92***
Child Trauma: Physical/ Emotional Abuse (possible score 1-5)	1.85	1.09	2.31	1.12	2.38*
Negative/Delinquent Peer Relationships (possible score 1-5)	1.97	0.65	2.44	0.95	3.54***
Peer Pressure (possible score 1-5)	1.40	0.62	1.67	0.73	2.42*
Types of Out-of-Home Placements	0.91	1.09	1.70	1.52	6.43**
# of Out-of-Home Placements	1.40	2.31	3.32	4.61	6.58**

*p < .05, ** p < .01 ***p < .001

Peer Relationships. When looking at peer relationships, young women at baseline who reported having many close female friends were more likely to be younger ($p < .05$), have more friendship building skills ($p < .05$), experience fewer negative life events ($p < .05$), use more rational coping behaviors ($p < .01$), use fewer avoidance or harmful coping behaviors ($p < .001$), live in supportive family environments ($p < .05$) and engage in positive peer activities ($p < .001$). Young women who reported at baseline that they had many close male friends were more likely to engage in negative/delinquent peer activities ($p < .001$), live in high family stress environments ($p < .05$) and use less assertiveness skills ($p < .05$). **Table 4.9** captures these results.

Comparisons of Baseline and Wave 2 Samples

Wave 2 interviews occurred approximately 6 to 7 months after the baseline interviews. From the initial sample, 124 young women were eligible for Wave 2 interviews. Of those eligible, a total of 58 young women were re-interviewed at Wave 2 and 66 were not. Of the 66 eligible young women who were not re-interviewed, most were unable to be located after several attempts. The agencies where these young women received services did not have up-to-date information on these youth and the contact numbers the youth provided at the baseline interview were not fruitful. It is important to note that several of the young women at the time of the initial baseline interview did not have people they could identify that would know where they would be in six months and some were unable to give complete address and telephone information for family members who might know where they would be in six months.

Table 4.9: Group Differences on Peer Relationships, at Baseline					
Measure	Mean	SD	Mean	SD	t
	Few Close Female Friends		Many Close Female Friends		
Age	16.14	2.45	15.40	2.07	2.24*
Friendship Building Skills (possible score 1-5)	2.98	1.10	3.31	1.02	-2.08*
Negative Life Events (possible score 0-26)	10.89	6.56	8.73	5.58	2.38**
Coping: Rational (possible score 1-5)	2.80	0.78	3.21	0.96	-3.11**
Coping: Avoidance/ Harmful (possible score 1-5)	2.37	1.07	1.81	0.97	3.66***
Child Trauma: Supportive Family (possible score 1-5)	3.25	1.10	3.60	1.14	-2.03*
Positive Peer Relationships (possible score 1-5)	2.55	0.83	3.30	0.88	-5.77***
	Few Close Male Friends		Many Close Male Friends		
Negative/ Delinquent Peer Relationships (possible score 1-5)	1.94	0.84	2.46	0.87	-3.59***
Child Trauma: Family Stress (possible score 1-5)	1.81	0.75	2.19	1.05	-2.56*
Assertiveness Skills (possible score 1-5)	3.24	0.90	3.61	0.93	-2.42*

* $p < .05$, ** $p < .01$, *** $p < .001$

When comparing the young women who were re-interviewed with the young women who did not complete a Wave 2 interview, using t-tests for independent means, significant differences were found in the following areas:

- Re-interviewed young women were *younger* than young women not re-interviewed at Wave 2.
- Re-interviewed young women were *more likely to live at home* than young women not re-interviewed at Wave 2.
- Re-interviewed young women were *less likely to live in high family stress environments* than young women not re-interviewed at Wave 2.
- Re-interviewed young women were *more likely to have been suspended from school* than young women not re-interviewed at Wave 2.
- Re-interviewed young women were *less likely to have had a change in their living situation* in the previous 6 months than young women not re-interviewed at Wave 2.
- Re-interviewed young women reported *less cigarette use* than young women not re-interviewed at Wave 2.
- Re-interviewed young women were *less likely to have had sex* than young women not re-interviewed at Wave 2.

No significant differences were found between those re-interviewed and those not on initial levels of depression, interpersonal competencies, experiences of discrimination, negative life events, barriers to service use, coping behaviors, supportive family environment, experiences of sexual, physical, and emotional abuse, delinquent behaviors, peer pressure, positive or negative peer activities, number of school days missed in the previous month or year, whether they had been expelled, feelings about school and the importance of school learning, social service satisfaction, how much they thought their current program was helping them, suicidal feelings or attempts, feelings about life overall, alcohol, marijuana, and other drug use, age at first sex, condom and birth control

use, whether or not they have children, and whether their families had ever received welfare or were currently receiving welfare. As these analyses demonstrate, the primary differences between those we were able to interview again and those who could not be interviewed are related to stability of the home environment and living situation. On most other variables, the two groups were extremely similar.

Comparisons of Baseline and Wave 2 Measurements

Using paired samples t tests, baseline and Wave 2 means were compared. At the time of the second interview, young women were significantly less likely than they were initially:

- to be depressed
- to have recently experienced negative life events
- to be using withdrawal coping behaviors
- to be using acting out coping behaviors
- to report that their program was helping them
- to have recently engaged in physical fights or hurt someone

Change over Time using Baseline, Wave 2 and Wave 3 Measurement Points

Wave 3 survey interviews were completed by 19 young women. The difficulties in locating the young women at one year after the initial baseline interview were similar to the issues raised regarding Wave 2.

In order to examine change over time, we used multi-level modeling. Both PROC MIXED and MIXREG statistical programs were utilized. These statistical approaches permit one to include in the analysis young women who are missing one or more data points. Significant changes over time for young women in this study included the following:

- Decrease in the number of days of school missed

- Decrease in binge drinking
- Increased skills in conflict management
- Decrease in withdrawal and acting out coping behaviors
- Increase in rational coping behaviors
- Decrease in discrimination experiences
- Decrease in negative life events
- Decrease in two delinquent behaviors – theft & fighting

We found no other significant changes over time for these young women, whether or not we controlled for specific youth characteristics or experiences.

Research Questions 1 and 2 Results

1. *To what extent are these programs effective in reducing delinquent and other risk behaviors of adolescent females during their program placement and in the post-program period?*
2. *To what extent are these programs meeting the identified needs of and supporting the development of protective factors for the adolescent females placed in their programs?*

Significant changes were noted between baseline and Wave 2 measurement points for some key risk and protective factors. Delinquent behaviors that decreased significantly between baseline and second interview are physical fighting and causing physical injury to others. Other risk factors that decreased significantly between these two time points include depression scores, experiences of discrimination, negative life events, and the use of acting out and withdrawal coping behaviors. Further, multi-level modeling showed significant decreases over time in school truancy, binge drinking, and theft. Multi-level modeling also demonstrated some significant increases in protective factors over time, including conflict management skills and rational coping behaviors.

Table 4.10 shows selected means and standard deviations for key scales by measurement point. It is important to note that there was a significant decrease in the

youths' perceptions of the helpfulness of the programs in which they were enrolled from baseline to the Wave 2 measurement point.

Research Questions 3 and 4 Results

3. *Are the programs providing appropriate gender-specific services relative to the characteristics and needs of the females placed in their programs?*
4. *To what extent are community-based programs effective in reducing placement in institutional facilities?*

For research question three, the findings from the qualitative data obtained from agency interviews and sessions with staff and the young women are reported in an earlier discussion (Chapter 3). Please refer to that section for the results.

As noted earlier, we were unable to address research question four since the community where this study was being conducted had changed their policy around female placement in institutional facilities. The new policy was intended to reduce placement in institutional facilities and to increase the number of community-based options for young women involved with the juvenile justice system.

Discussion of Findings

It is difficult to compare our findings with studies of the general population of young women because we used a non-random sample and we only surveyed young women who were identified as "high risk" or delinquent. Our sample is comprised of predominately young women of color (85%) who have been living in urban, impoverished communities. It is apparent from our findings that our sample of young women experienced a substantially higher number of negative life events, higher rates of sexual abuse, more frequent out-of-home placements, higher levels of depression, more high-risk sexual and delinquent behaviors, and more negative family environments than one would expect to find in the general population of young women. We focus our discussion on what we

have learned about the life experiences of these young women and their experiences with their current programs.

Table 4.10: Selected Means and Standard Deviations Baseline (<u>n</u> = 124), Wave 2 (<u>n</u> = 58), Wave 3 (<u>n</u> = 19)						
Variable	Baseline		Wave 2		Wave 3	
	Mean Score	SD	Mean Score	SD	Mean Score	SD
Negative Life Events (possible score 0-26)	8.59	6.14	4.98	3.42	3.32	3.16
Depression (CESD) (possible score 0-60)	21.16	12.18	17.05	14.27	17.78	13.39
Discrimination (possible score 5-45)	22.00	8.97	18.30	8.38	16.57	6.61
Barriers to Service Use (possible score 0-16)	4.62	3.89	3.65	2.97	5.61	4.02
Coping-Rational (possible score 1-5)	2.90	.89	3.04	.74	2.99	.72
Coping-Avoidance/Harm (possible score 1-5)	1.78	.83	1.64	.59	1.51	.62
Coping-Withdrawal (possible score 1-5)	2.42	1.31	1.98	1.01	1.68	.87
Coping-Acting Out (possible score 1-5)	2.50	.94	1.86	.81	1.72	.94
Conflict Management Skills (possible score 1-5)	3.05	1.09	3.05	1.11	3.24	.98
Assertiveness Skills (possible score 1-5)	3.47	.96	3.63	.86	3.43	1.07
Friendship Skills (possible score 1-5)	3.03	1.09	3.23	.94	3.40	.89
Emotional Support Skills (possible score 1-5)	3.49	1.13	3.46	1.03	3.61	1.06
Self Disclosure Skills (possible score 1-5)	2.75	1.12	2.65	1.03	2.87	.99

Our findings suggest that the young women who live in more negative family environments due to family stress, sexual abuse, physical or emotional abuse or having had a parent in prison or jail will most likely be in more restrictive juvenile justice placements. These young women also report more risky sexual behavior, higher levels of depression, and less use of positive coping skills. These family and interpersonal factors appear to determine program or placement in the juvenile justice system more than the young women's delinquent behaviors. Living instability and personal adverse life events appear to influence the pathway to juvenile justice services for these young women. Walrath et al. (2003) reported similar findings from the national evaluation of the system of care community mental health services for female adolescents with a history of juvenile justice involvement.

Initially, the young women in the community-based home and open residential program options reported that they found their current program to be helpful but over time there was a significant decrease in their appraisal of the helpfulness of the program. When we examine the changes that were occurring in the various community-based home and open residential program options, we note that for many of these programs there was high staff turnover and minimal follow-up with the young women post program. These factors may have contributed to the negative appraisal of the usefulness of the program over time for the young women. It is also important to note that for the follow-up interviews at Wave 2 and 3, the young women who were older and not living at home were more difficult to locate and this may have impacted on this result.

Most of the young women in our sample had experienced being suspended from school but they still reported being enrolled in school or working on a GED. It is clear that a majority of the young women want to complete high school and even a 4-year

college degree. For many of these youth receiving services is linked to school attendance since over half of the young women had received school-based services at some point in their lives.

These young women are not unknown to the service systems and many had been involved in receiving a variety of services prior to their current program involvement. One question that surfaces for us is whether current community and school-based services are comprehensive enough to meet the complex needs of young women who are living in negative home environments. This also raises a question regarding the intensity and effectiveness of these community and school services in changing the pathway to juvenile justice involvement for these young women.

While many of the young women in the study reported alcohol, cigarette and marijuana use, few had received any treatment for their substance use. In the feedback sessions with the young women, a majority indicated that substance use contributed to getting them into their current program.

It is interesting to note that most of the young women reported some mild to moderate levels of depression. From our data, young women at baseline living in closed residential settings reported the highest levels of depression and young women living at home reported the lowest levels of depression. The young women in closed residential settings may have reported increased levels of depression due to being placed outside their home or due to the fact that these youth experienced more negative life events. Teplin et al. (2002) found in a randomized study of youth in detention centers that 74 percent of the young women had at least one mental health disorder and that young women were significantly more likely than young men to have multiple disorders.

Involvement in a program over time seemed to increase the young women's positive coping skills and definitely decreased their delinquent behaviors. However, the young women continued to engage in risky sexual behavior and reported having more male friends than female friends. It appears that having close female friends is related to living in a supportive family environment, engaging in positive peer relationships, and having experienced fewer negative life events. Having close male friends for these young women is related to negative or delinquent peer relationships as well as to living in high stress family environments.

Having a mother who had been in prison or jail appears to have a greater negative impact on the young women than did having a father who had been in prison or jail. Young women whose mother who had been in prison or jail were more likely to have been sexually abused, had more out-of-home placements, and experienced more negative life events. This finding is consistent with the literature (e.g., Kerpelman & Smith, 1999; Calhoun et al., 1993).

Our qualitative data suggests that current programs to meet the gender-specific needs of young women have varying degrees of success with these youth. Many of the programs do not document their program outcomes or monitor these youth post program involvement. The most common factors for not following youth post program have to do limited administrative resources and the high turnover rate of staff. It is difficult to know what is being delivered to each young woman beyond some general program categories or to measure the current fidelity to the program model. While many of these community-based home and open residential programs are open to taking youth referred from juvenile justice, direct referrals are minimal. Although the policy change that promotes community-based alternatives for young women has been in effect for the past

three years, there needs to be an increased focus on moving resources from the institutional track to the community-based track for these young women.

CHAPTER 5

CONCLUSIONS AND IMPLICATIONS FOR ACTION

A very high proportion of urban adolescents in the United States, female and male, are marginalized and at-risk for involvement in the justice system today. For many, the long-term consequences of that involvement are more negative than positive, despite the fact that rehabilitation is still acknowledged as a goal of the juvenile justice system. This study was implemented to examine the status and experiences of young women in community-based programs, as compared with closed residential programs, to ascertain whether the former were more effective in meeting their needs and addressing the risks that were posed by these young women. The study focused on a sample of 204 females between the ages of 13-20 in a single urban Midwestern community characterized by the following: child poverty, high child morbidity and mortality, poor educational performance, crime, racial, ethnic and class discrimination, family instability, unemployment, substance abuse, violence and neighborhood disorganization, lacking and unavailable mental health and social services, and a widespread sense of hopelessness. It was not surprising therefore that the sample studied manifested many of these attributes. The agencies studied include: (1) one providing services to females living at home, (2) community-based residential, and (3) a closed residential program.

Summary of Findings

The findings presented in Chapter 4 document the risks and needs of these young women along with some of the protective factors that were beneficial to them. Many of the youth who were interviewed for the second and third contacts demonstrated that they had reduced problematic behavior, but a large number could not be contacted because of lack of adequate information of their residence after they left their placement agency.

Among the young women at the three types of agencies, no differences in results were observed for the following: family environment, experiences with discrimination, positive peer relationships, adolescent interpersonal competency skills, use of rational coping skills, parenting efficacy, and many delinquent acts. Areas where differences were noted primarily applied to those youth in the closed residential facility. They had more negative life events, higher depression scores, had experienced more sexual abuse and family stress, more barriers to services, more negative peer interactions, and more peer pressure. They used more harmful, acting out and withdrawal coping behaviors, and had experienced more out-of-home placements.

Individual characteristics of youth, regardless of program, highlighted the importance of sexual abuse as a predictor of depression, discrimination, negative life events, barriers to service, negative coping behavior and numbers of out-of-home placements. Having an incarcerated parent, especially a mother, was predictive of more sexual abuse, family stress, more out of-home placement, and overall more negative life events. Young women who reported engaging in theft also reported more negative life events, more barriers to service, higher family stress, more negative peer activities, and more out-of-home placements. Similar patterns were observed for those who reported using illegal substances. Somewhat unexpected was the observation that those who reported have more female friends were young, had more friendship building skills, had fewer negative life events, more rational coping behaviors, lived in supportive family environments, and engaged in positive peer activities.

Longitudinal analysis across Waves 1, 2 and 3 indicated that over time young women were less likely to be depressed, have experienced recent negative life events, use withdrawal or acting out coping behaviors, to have recently engaged in physical fights or

hurt someone. However, they also were less likely to report that the program was helping, even though at Wave 1 those in community programs found the program helpful to them. They also reported decreases in number of school days missed, binge drinking, discrimination experiences, negative life events, and in theft and fighting. Increases over time included skills in conflict management and in the use of rational coping behaviors.

Those contacted in Wave 3 reported decreases in the number of school days missed, in binge drinking, in use of withdrawal and acting out coping behavior, in numbers of negative events, and in theft and fighting. Increases were reported in conflict management skills and in the use of rational coping behavior.

The Structure of County Services for At-risk and/or Delinquent Females

Although the individual agencies had the greatest direct impact on these youth, the reorganization of juvenile justice services in Wayne County had an important, if indirect effect, in that far fewer young women were placed in closed residential facilities in 2002 than had been the case in 1998, prior to the assumption of county responsibility for the provision of juvenile justice services. There were problems in the implementation of the new structures because the courts were also reorganized on a statewide basis during that same period. The juvenile court was incorporated into a new family court structure. In addition, the limited and declining resources provided constant reminders of the difficulties in implementing comprehensive community-based programs. Nonetheless, first-time status offenders and some minor misdemeanants were diverted from the court to local youth assistance programs prior to their being processed by the court. If the youth had no further charges the diversion was the end of court action.

During the implementation of the new structures in this county it became apparent that mental health services for adolescents were almost non-existent at a time when the

need was growing rapidly among at-risk adolescents. Similarly, after-school services were needed if much late afternoon delinquency was to be prevented. School tutoring, employment, recreation, sports, and arts programs were needed to meet the needs of low-income and poor parents lack the resources to provide such programming for their children. Increasingly fees are charged for special programs and even for textbooks that parents cannot afford. Creativity of the county agency director led to securing Medicaid funding for mental health services while a special federal grant was secured for after-school programming. The youth assistance programs were funded by special county and local dollars. Implementation of these programs resulted in a reduction in residential placements of females.

The structure of the care management organizations through which youth were processed did allow greater responsiveness to needs of different regions of the county, but judgment is still out regarding the effectiveness of this managed care approach. Some of these organizations continued to express a preference for closed residential rather than community-based programming, perhaps because of tradition and past experience, while lack of adequately trained staff for creative community programming remained an issue. Small non-profit community-based organizations demonstrated that they could effectively provide services, but their long-term effectiveness remained an obstacle because of unstable and inadequate resources. Both the court and the Department of Community Justice were concerned about the tendency for adolescent females to run away from placement or from their homes. In order to reassure the public and themselves, there was pressure to detain these young women in closed secure facilities rather than challenge open community agencies to provide comprehensive services that would motivate these young women not to run away.

The establishment of the Female Services Advisory Committee provided many initiatives for the development of new gender-specific programs for young women, to provide training for staff, to develop guidebooks and other mechanisms for parents and community agencies. The collaboration of some 30 agencies in this organization over a five-year period has provided a model for the development of collaboration among community agencies serving at-risk adolescent girls.

Agency Feedback to Staff and Young Women

One of the goals for this research was to assist participating agencies and the county Department of Community Justice to develop mechanisms for on-going monitoring of the characteristics of youth in programs and of changes in their behavior and attitudes over time. Data from the first phase of the survey were provided to staff and to young women in separate sessions. A special summary of the data was prepared for each group so that they had information that they could review and then could provide their own comments and reactions. In addition, a "speak out" session was held at the Female Services Advisory Committee conference for many of the young women who participated in this research. A copy of the data feedback brochure, "The OJJDP Study Findings," that was prepared for the young women is included in Appendix C.

Young Women. From these feedback sessions and the speak out, the following discussion illustrates issues raised by the young women:

1. Family relationships, including those with extended family, were very important to them although many of these young women had experienced severe trauma in their families, such as loss of a parent, being thrown out when they became pregnant, or having relatives who were heavy drug users. Many stated that they would have benefited from intensive family-based services.

2. With respect to peers, many were aware of the risks of friendship with youth in trouble, but they appeared to have difficulty in establishing positive peer relationships, especially with females. One girl said, *"It is hard to say no to drugs, sex, gangs, when all your friends are doing that stuff. If it weren't for this program, I would not be here today."* Many agreed that there needed to be more opportunities for girls to learn to help and work with others regardless of race or physical appearance. Physical appearance was an expressed concern of many in that they thought that they were rejected because of their appearance.
3. Young women requested that agencies provide more help with career planning, since little guidance was available in school and many of their parents were in low-skill service or manufacturing occupations or were unemployed.
4. Nearly everyone stated that education was important, but they did not think that their high school curriculum was adequate and often textbooks and other materials were not provided. Many of their parents had not completed high school and were unable to provide the guidance and supervision that they needed. *"I wouldn't have been able to get an education if I weren't in this program and now I am starting community college,"* said one young woman.
5. Self-esteem was frequently mentioned as an important goal. Girls resented the fact that some girls "put others down" and noted that it had a very negative effect. One commented, *"The workshop was really important, especially the self-esteem workshop. I learned how to be unique, attractive and important."*
6. Many girls commented that they needed more professional help in dealing with the effects of sexual abuse. They acknowledged that it often caused drug use and suicide as well as prostitution. Concerns about sexual abuse and its impact on them arose throughout the research project in our contacts with young women. Since few of these young women are ever going to receive intensive individual treatment, alternative treatment methodologies are urgently needed. Control responses that they experience in some justice system programs are likely to exacerbate their problems.

7. Many young women expressed the desire for more active involvement in leadership roles in their agencies, schools, and community, but they lacked the opportunity to participate. They often stated that their negative behavior, especially verbal behavior arose from the fact that few would ever listen to them. Some said they ran away from home, placement, or school because they could not tolerate the pressure to conform and defer to adults when no one would listen to them. One young woman stated, *"I ran away and had to live in shelters and with friends, but that was better, because at least I could make some decisions for myself."* On the other hand, some young women who ran away succumbed to pressures from older men who subsequently exploited and abused them.

Staff. The response of staff to data feedback was very positive and provoked much discussion at the several sessions that were held. A general concern expressed by staff was that female adolescents were a very difficult population with which to work because of their verbal aggressiveness, emotionality, unpredictability, and lack of trust. Many commented on the importance of relationship building motivating self-esteem. Staff found it particularly useful to have information from the results of several standardized instruments so that they could compare the characteristics of their clients with other populations. They saw implications from some of the results about career planning, male/female friendship patterns, negative life events, and trauma experienced by the young women, and young women's concern about their family even when they may have had many negative family experiences. The need for mental health and substance abuse treatment was frequently mentioned.

Some of the agencies plan to use parts of our instrument for assessing new clients coming to their agencies. Many were interested in systematic monitoring and evaluation, but they found it very difficult to obtain funding for such evaluation. Concern about

agency financial resources was constantly expressed because instability resulted in high staff turnover, inability to hire professionally trained staff in the numbers that were needed, and a shortage in the amount of time and effort that was required to raise outside funding for ongoing programming. Staff also expressed particular concern about the lack of mental health services as well as the lack of access to other health care for this high-risk population. During the past decade, the state government has almost wholly eliminated mental health services for adolescents despite the obvious need for them.

Research Implications

Similar to the findings from many other recent studies of at-risk and delinquent youth, our conclusions have both policy and service system implications (Belknap, Winter and Cady, 2002; Brooks-Gunn, et al., 1993; Horowitz, 1995; Duncan and Brooks-Gunn, 1997; Chesney-Lind and Okamoto 2000; Federal Interagency Forum, 2001). Service system improvements cannot be implemented independent of policy and funding changes since local governments are constrained by federal and state policies.

Policy Implications

Policy changes at the federal, state, and local levels are required if effective community-based programs are to flourish.

1. The insecure funding and inadequate resource base for most community-based services needs to be drastically improved. Although these programs typically are far less costly than residential programs, they encounter much difficulty in securing adequate and stable funding.
2. Criteria for evaluation of recidivism regarding clients of community-based programs should not be more stringent than for residential programs, but they often are.
3. The structural barriers that continue to result in overrepresentation of youth of color in the justice system, both in terms of numerical overrepresentation and

- in terms of their greater probability of residential rather than community placement, need to be addressed. The drift from the child welfare foster care system to juvenile justice is increasing for many youth of color (Kelly, 2002).
4. The “toxic” nature of high school for young women that results from a poor curriculum that is often irrelevant for contemporary careers, their high suspension and dropout rates, and the long-term negative effect on their well-being from inadequate education in the justice system needs to be addressed. These young women need the best education if they are to avoid becoming “dependent” as adults or forced into “deviant” life styles.
 5. The state must assume responsibility for the adequate funding of community mental health, as well as general health care, for this high-risk population. It is unlikely that the state alone can provide adequate funding, and, therefore, on-going federal funding is also required. Few of these young women were able to secure monies through CHIP, the national children’s health care program although all were eligible. Far too many youth in need of mental health and substance abuse services are ending up in the justice system rather than in health care. (See Appendix C for paper “Study of delinquent, diverted and high-risk girls: Implications for mental health prevention and intervention.”)
 6. A systematic examination of apprehension policies and practices at all levels in the justice system is needed because the numbers of both young women and men apprehended by the system continue to increase although the crime rate by juveniles has dropped substantially and continuously since 1995, to the level of 1980 in most instances (Snyder and Sickmund, 2000).
 7. Diversion and other less restrictive community-based programs for female and male delinquents have been underdeveloped for many years despite their emphasis in the original Juvenile Justice and Delinquency Prevention Act of 1974. Youth assistance programs in the communities have been known to be successful program options for many years. They involve group work with youth on a weekly or even more frequent basis along with weekly intervention with the parents so that they are prepared and trained to address more appropriate relationships with their adolescent children. Cheri Albertson

presents information in Appendix C from a sample of programs in Wayne County to which young women were referred for voluntary participation following their diversion from the Court for a status offense charge. Characteristics of those youth were similar in attitudes, behavior, and experiences to those of youth who were more formally processed. Of particular significance was the active involvement of parents, which has been difficult in the more traditional agencies. Youth assistance is a secondary prevention program that perhaps has the least potential for negative secondary consequences for youth and their parents.

Service System Implications

There are numerous implications from this research for the design and implementation of services.

1. Programming of services must address the gendered assumptions upon which services are based. Most of the programs studied in this research indicated that they address the gender-specific needs of their participants, but there was insufficient evidence that most had explored assumptions about gender and the ways to counter these assumptions with sensitivity for youth of color and of working class backgrounds. Sara Goodkind in Appendix C explores in detail the assumptions about gender, race, class, age and sexuality on which services are based. She offers a critical framework for reviewing programs to highlight opportunities for developing programs that assist young women in their growth without reifying socially constructed gender differences or engaging in actions that perpetuate social inequalities. She also points to the importance of diversity within gender and to the fact that it has different meanings in relation to other socially constructed identities.
2. Programs for girls must meet the needs of adolescent parents. About one-third (32%) of the young women in this research had at least one child. All of the agencies attempted to meet the special needs of this population of mothers and daughters, but found it nearly impossible because of the financial constraints of

the federal welfare law, lack of available housing meeting necessary standards, poor health care services, and insufficient resources to address needs and responsibilities of fathers as well as mothers. Thus, they ended up perpetuating a major source of gender inequality while not intending to do so. Phillips and Sarri present some of the particular needs of teen mothers in their paper in the Appendix C. Although the data for this paper were based on a pilot study of teen mothers, it is clear that in many ways their situation was similar to that of teen mothers in the justice system. Perhaps the major difference occurs in the separation of children from their mothers if the mother was placed in a residential correctional facility. Such separation jeopardizes the bonding between young mothers and their children.

3. Program model specification is necessary to enable assessment of the relationship between the program as it is designed and as delivered and to evaluate its outcomes. Staff training must be provided to support implementation of those requirements.
4. Substance abuse remains an under-addressed issue. Few of the programs adequately addressed education and treatment regarding use and abuse of drugs, although it was a problem evident throughout the community.
5. Responsible sexual behavior, including knowledge of HIV/AIDS/STDs was addressed by the community-based programs, but not by the residential program. Josephine Allen reports in Appendix C that large percentages of the young women did not have accurate knowledge about their risks despite the fact that African American females 13-19 years of age make up the largest group of new HIV/AIDS cases.
6. Programs need to incorporate training in life skills and career planning, including help with employment, financial management, household management, dealing with discrimination, social skills, and interpersonal competencies so that these young women are prepared to cope with the instability many may experience. Life skills training should also include specialized training regarding personal, as well as community, violence. Almost all of the young women in this research experienced repeated violence. Perhaps the most frequent charges for which young women are brought to court today pertain to incorrigibility, domestic

violence, or sexual assault, but they often lack the skills for handling these situations more appropriately.

7. Improve the salaries and benefits for staff in community-based programs. The high rate of turnover in most of the participating agencies appears to be linked to low salaries, minimal staff benefits, and unstable funding. This high turnover impacts negatively on the connections that young women make with the programs. The lack of stable funding has been one of the key difficulties for community-based programs for many years.

Conclusion

One of the major social changes that has occurred in the United States in the past quarter century has been growing inequality and separation among groups by age, gender, race and ethnicity, class, and income or resources. For young people at risk, one of the consequences is that increasing numbers of adult professionals and persons in authority find these adolescents problematic, so they respond with control, punishment, and exclusion. Adolescence is constructed as pathology, as both Finn (2002) and Nybell (2002) have suggested. Youth are then not prepared adequately for successful adulthood as effective workers, citizens, and parents.

Viewing youth as problems rather than as resources is widespread. The media speaks of teenagers as the worst generation ever. It has been predicted that among young males we would have a great increase in “super-predators,” while the pejorative terms for young women are “welfare brats” or “teen moms.” Males (1999) notes that it is a myth that teen mothers are the primary cause of poverty, but the stereotype persists. Delinquents have long been viewed as moral threats needing strict control. Secure custodial programs continue to be utilized for minor offenders despite their known ineffectiveness. We know that primary and secondary prevention programs have been shown to be more effective

than closed residential programs that are far more expensive and seldom effective. Yet, almost all of our funding is allocated to secure custodial programs.

This pessimistic view of young women and men must be changed since they will be needed to serve this society as effective adults. The changing demographics of our society, especially growth in the aging population while the child population declines as a proportion of the total, means that young people today will be urgently needed in the future. Therefore, we cannot afford to “waste” them. For young women, especially the future majority population of women of color, equality in all phases of life is an imperative. This research indicates that our approach today requires drastic changes in the quality of programs that we provide, in greater opportunities for active participation by adolescents in critical decision-making, and in substantial increases in the levels of resources for social benefits.

References

- Ahuwalia, S. K., McGroder, S. M., Zaslow, M. J., & Hair, E. C. (2001). Symptoms of depression among welfare recipients: A concern for two generations. Child Trends Research Brief.
- American Bar Association, & National Bar Association. (Washington, D.C.). Justice by Gender: The Lack of Prevention, Diversion and Treatment Alternatives for Girls in the Justice System. May, 2001.
- Aries, P. (1962). Centuries of Childhood. Translated; R. Baldick. London: Jonathan Cape.
- Aube, J., Fichman, L., & Saltaris, C. (2000). Gender differences in adolescent depressive symptom logy. Journal of Social and Clinical Psychology, 19(3), 297-313.
- Beckett, K. & W. J. (2001). Governing social marginality: welfare, incarceration and the transformation of state policy. Punishment and Society, 3(1), 43-59.
- Belknap, J. (1996). The Invisible Woman: Gender, Crime, and Justice. Thousand Oaks: Sage.
- Belknap, J., Winter, E. J., & Cady, B. (2001). Assessing the needs of committed delinquent and pre-adjudicated girls in Colorado: A focus group study. Presented to The Colorado Division of Youth Corrections.
- Bishop, D., & Frazier, C. (1992). Gender bias in the juvenile justice system: implications of the JJDP Act. The Journal of Criminal Law and Criminology, 82(4), 1162-1186.
- Brooks-Gunn, J. D. G., Klebenov, P. K., & Sealand, N. (1993). Do neighborhoods influence child and adolescent development? American Journal of Sociology, 99, 353-395.
- Brooks, J., Hair, E., & Zaslow, M. Welfare Reform's Impact on Adolescents: Early Warning Signs. Washington D.C.: Child Trends.
- Burman, E. (1994). Deconstructing Developmental Psychology. London: Routledge.
- Calhoun, G., Jergens, J. & Chen, F. (1993). The neophyte female delinquent. A review of the literature. Adolescence 28, 461-471.
- Camarena, P. M., Minor, K., Melmer, T., & Ferrie, C. (1998). The nature and support of adolescent mothers' life aspirations. Family Relations, 47(2), 129-137.
- Chesney-Lind, M. (1997). The Female Offender: Girls, Women and Crime. Thousand Oaks, CA: Sage.
- Chesney-Lind, M. (1998). What to do about girls? Promising perspectives and effective strategies. University of Hawaii at Manoa: Meda Chesney-Lind and ICCA.

- Chesney-Lind, M., & Okamoto, S. K. (2000). Gender Matters: patterns of girl's delinquency and gender responsive programming. *Journal of Forensic Psychology Practice*.
- Chou, C.-P., Montgomery, S., Pentz, M. A., Rohrbach, L. A., Johnson, A., Flay, B. R., & MacKinnon, D. P. (1998). Effects of a community-based prevention program on decreasing drug use in high-risk adolescents. *American Journal of Public Health*, 88(6), 944-948.
- Dembo, R., Williams, L., & Schmeidler, J. (1993). Gender differences in mental health service needs among youth entering a juvenile detention center. *Journal of Prison and Jail Health*, 12(2), 73-101.
- Dohrn Bernardine. (2002). The school, the child, and the court. In M. K. Rosenheim, F. E. Zimring, D. S. Tanenhaus, & B. Dohrn (Eds.), *A Century of Juvenile Justice* (pp. 267-309). Chicago, IL: University of Chicago Press.
- Duncan, G. & Brooks-Gunn, J. (1997). *Consequences of Growing Up Poor*. New York: Russell Sage.
- Elliott, D. S., Wilson, W. J., Huizinga, D., Sampson, R. J., Elliot, A., & Rankin, B. (1996). The effects of neighborhood disadvantage on adolescent development. *Journal of Research in Crime and Delinquency*, 33, 389-426.
- Federal Interagency Forum on Child and Family Statistics. (2001). *America's Children: Key National Indicators of Well-being 2001*. Washington, D.C.; U.S. Government Printing Office: Federal Interagency Forum on Child and Family Statistics.
- Finn, J. (2002). Text and turbulence: representing adolescence as pathology in the human services. *Childhood*, 8(2), 167-191.
- Foucault, M. (1977). *Discipline and punish: The birth of the prison*. New York: Vintage Books.
- Garland, D. (2001). *The culture of control*. New York: Oxford University Press.
- Gennetian, L. A., Duncan, G. J., Knox, V. W., Vargas, W. G., Clark-Kauffman, E., & London, A. S. (2002). *How Welfare and Work Policies for Parents Affect Adolescent*.
http://www.mdrc.org/Reports2002/ng_adolescent/ng_adolescentsynthesis_overview.htm: MDRC (Manpower Demonstration Research Corp.).
- Hammons, M. L. (1998). *A Study of Residential Placements of Females in the Juvenile Justice System: Report to the Michigan Legislature, Section 520, Public Act 109 of 1997*. Lansing, MI: Family Independence Agency.
- Hawkins, J. D., & Catalano, R. F. (1992). *Communities That Care*. San Francisco, CA: Jossey-Bass.

- Hirschi, T. (1969). Causes of Delinquency. Berkeley: University of California Press.
- Holsinger, K., Belknap, J., & Sutherland, J. (1999). Assessing the gender specific program and service needs for adolescent females in the juvenile justice system. Presented to the Office of Criminal Justice Services. Columbus, OH: Office of Criminal Justice Services.
- Horowitz, R. (1995). Teen Mothers: Citizens or Dependents? Chicago, IL: University of Chicago Press.
- Hoyt, S., & Scherer, D. G. (1998). Female juvenile delinquency: misunderstood by the juvenile justice system, neglected by social science. Law and Human Behavior, 22(1), 81-107.
- Jencks, C. (1996). Childhood. London: Routledge.
- Keller, K. J. (2002). Abuse/Neglect and Delinquency: Dually Involved Minors in the Juvenile Court. Chicago, IL: Presented at the American Society of Criminology, November 15, 2002.
- Kerpelman, J. & Smith, S. (1999). Adjudicated adolescent girls and their mothers: examining identity perceptions and process. Youth and Society 30(3), 313-347.
- Kotlowitz, A. (1991). There Are No Children Here. New York: Doubleday.
- Lipschitz, D. S., Rasmusson, A. M., Anyan, W., Cromwell, P., & Southwick, S. M. (2000). Clinical and functional correlates of posttraumatic stress disorder in urban adolescent girls at a primary care clinic. Journal of the Academy of Child and Adolescent Psychiatry, 39(9), 1104-1111.
- MacDonald, J., & Chesney-Lind, M. (2000). Gender bias and juvenile justice revisited: a multiyear analysis. Crime & Delinquency, 47(2), 173-195.
- Moore, E. (2003). Report on Children in Foster Care in Michigan. Detroit, MI: Skillman Center, Wayne State University.
- Newman, K. S. (1988). Falling From Grace: The Experience of Downward Mobility in the American Middle Class. Los Angeles: University of California Press.
- Noell, J., Rohde, P., Ochs, L., Yovanoff, P., Alter, M. J., Schmid, S., Fullard, J., & Black, C. (2001). Incidence and prevalence of Chlamydia, Herpes, and Viral Hepatitis in a homeless adolescent population. Sexually Transmitted Diseases, 4-10.
- Nybell, L. (2001). Meltdowns and containments: constructions of children at risk as complex systems. Childhood, 8(2), 213-230.
- O'Leary, C., & Howard, O. (2001). The Prostitution of Women and Girls in Metropolitan Chicago. Chicago, IL: Center for Impact Research.

- Obeidallah, D. A., & Earls, F. J. (1999). Adolescent girls: The role of depression in the development of delinquency. National Institute of Justice Research Preview.
- Raviv, A., Sills, R., & Wilansky, P. (2000). Adolescents' help-seeking behaviour: the difference between self-and other-referral. Journal of Adolescence, 23, 721-740.
- Rhodes, J. E., & Fischer, K. d. (1993). Spanning the gender gap: gender differences in delinquency among inner-city adolescents. Adolescence, 28(112), 879-889.
- Sarri, R. (2003). Children of Incarcerated Parents: The Ultimate Victims. 20.
- Sarri, R., Goodkind, S. and Albertson, C. (2002) Parents Experiences with the Juvenile Justice System. Ann Arbor, MI: University of Michigan, Institute for Social Research. Also available on the Skillman Center for Children web site: <http://www.skillmancenter.culma.wayne.edu>
- Sarri, R., Shook, J., Ward, G., Creekmore, M., Albertson, C., Goodkind, S., & Soh, J. C. (2001). Decision Making in the Juvenile Justice System: A Comparative Study of Four States; Chapter 2. Ann Arbor, MI: University of Michigan, Institute for Social Research.
- Snyder, H. N., & Sickmund, M. (2000). Juvenile Arrests 1999. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.
- Teplin, L., Abram, K.M., McClelland, G.M., Dulcan, M.K. & Mericle, A.M. (2002). Psychiatric disorders in youth in juvenile justice detention. Archives of General Psychiatry 59(12), 1133-1143.
- Tout, K., Scarpa, J., & Zaslow, M. (2002). Children of current and former welfare recipients: Similarly at risk. Child Trends Research Brief.
- Tyler, K. A., Hoyt, D. R., & Whitbeck, L. B. (2000). The effects of early sexual abuse on later sexual victimization among female homeless and runaway adolescents. Journal of Interpersonal Violence, 15(3), 235-250.
- United States Department of Justice, F. (1997). Special Study of Juvenile Female Offenders. Washington, D.C.
- Walrath, C., Ybarra, M., Holder, E.W., Manteuffel, B., Santiago, R. & Leaf, P. (2003). Female offenders referred for community-based mental health service as compared to other service referred youth: correlates of conviction. Journal of Adolescence 26, 45-61.
- Wang-Ning, B., Whitbeck, L. B., & Hoyt, D. R. (2000). Abuse, support, and depression among homeless and runaway adolescents. Journal of Health and Social Behavior, 41(4), 408-420.
- Wayne County Department for Community Justice. (2002).

Wayne County Female Services Advisory Committee. (2001). Annual Report 2000.
Detroit, MI: Female Services Advisory Committee.

Wilson, W. J. (1996). *When Work Disappears: The World of the New Urban Poor*. New
York: Knopf.

APPENDIX A

	Page
Instruments Utilized in the Study of Adolescent Females	94
Instruments Utilized in the Study of Adolescent Females – References	97
Reliabilities for the Current Sample	99
Survey Instrument – Wave 1	100
Survey Instrument – Wave 2 and 3	127

Table A. 1: INSTRUMENTS UTILIZED IN THE STUDY OF ADOLESCENT FEMALES

Outcome Variable	Instrument & question numbers	Corresponding Items from Original Instruments	Reliability
Part 1) Housing situation Q1-3	Own items: (Q1-3)		
Part 2) School & work performance and aspirations Q1-30	Own items: (Q1, 2, 3, 9, 10, 11, 12, 13, 21, 24, 28, 29, 30)		
	From Monitoring the Future: (Q4, 5, 6, 7, 8) (Q14, 15, 16, 17, 18, 19, 20, 22, 23) (Q25, 26)	Monitoring the Future 2000: (Base Year Form 2-6 - Part C: Q15, 14, 23, 20,18) (Base Year Form 1 - Part D: Q1, 3, 4, 8, 6, 9, 10, 13, 14) (Base Year Form 2-6 - Part C: Q21, 22)	
	From Experiences of Discrimination Scale: (Q27)	Experiences of Discrimination Scale: (Poverty Center Form: E11)	Cronbach's Alpha .93
Part 3) Knowledge and usage of social services Q1-5	Own items (Q1, 2, 3, 4)		
	From SACA: (Q5)	Service Assessment for Children and Adolescents	
Part 4) Social Services Q1-4	Own items: (Q1, 2, 3, 4)		
Part 5) Community Support Q1-6	Experiences of Discrimination Scale: (Q1, 2, 3, 4, 5)	Experiences of Discrimination Scale: (Poverty Center Form: E9, E13, E14, E15, E16)	Cronbach's Alpha .93
	Own item: (Q6)		
Part 6) Emotional Well-being Q1-3	CES-D Scale: (Q1)	Center for Epidemiological Studies – Depression Scale	Cronbach's Alpha for entire scale: .85
	From CDC Youth Risk Behavior Survey: (Q2) Own item: (Q3)	CDC Youth Risk Behavior Survey: (Q23, 24, 25, 26)	Cronbach's Alpha Total Scale .85 community: .85 psychiatric: .90

Table A. 1: INSTRUMENTS UTILIZED IN THE STUDY OF ADOLESCENT FEMALES

Outcome Variable	Instrument & question numbers	Corresponding Items from Original Instruments	Reliability
Part 7) Substance Use Q1-8	From Monitoring the Future (Q1, 2, 4) (Q6) (Q7, 8)	Monitoring the Future 2000 (BX Forms 1, 2 – Part B: Q5, 6, 8a) (BX Form 1 – Part D: Q12) (Base Year: Form 1 – Part B: Q99, 98)	
	Own items: (Q3, 5)		
Part 8) Peer Support Q1-6 a. peer pressure b. peer relations c. competency/ leadership	a. Peer Characteristics Scale (Q1)	Peer Characteristics Scale	Cronbach's Alpha Total Scale .86-.91 Five dimensions .77-.87
	Own items (Q2, 3)		
	b. Peer Involvement Scale (Q4) Own item re: physical activity (Q5)	Peer Involvement Scale	
	c. AICQ: (Q6)	Adolescent Interpersonal Competency Questionnaire	
Part 9) Experiences Q1-7 a. Self-report delinquency b. Family support c. Life events/stress	a. Self-report Delinquency (Q1)	Elliot's Self-report Delinquency Scale	
	Own items: (Q2, 3, 4, 5)		
	b. Child Trauma Questionnaire (Q6)	Child Trauma Questionnaire – Short Form	Cronbach's Alpha Total Scale .91 Subscales: Physical neglect- .59 Physical abuse- .69 Emotional abuse-.83 Sexual abuse- .94
	c. Life events/stress scale (Q7)	Detroit Family Study – MSU and The Skillman Foundation	
Part 10)	Own Items: (Q1-18)		

Table A. 1: INSTRUMENTS UTILIZED IN THE STUDY OF ADOLESCENT FEMALES

Outcome Variable	Instrument & question numbers	Corresponding Items from Original Instruments	Reliability
Coping Q1-31	From Youth Coping Index: (Q19) (Q20) (Q21, 22, 23, 24, 25, 26) (Q27, 28, 29, 30, 31)	Youth Coping Index: (Q2) (Combination of Qs 4, 10, 30) (Q9, 11, 12, 14, 17, 18) (Q24, 19, 28, 29, 31) (Items on YCI not included in our coping scale: 1, 3, 5, 6, 7, 8, 13, 15, 16, 20, 21, 22, 23, 25, 26, 27)	Cronbach's Alpha .86
Part 11) Reproductive Health Q1-26	From Teen Smart Reproductive Health Questionnaire: (Q1, 2, 3, 4, 9, 10, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24)	Teen Smart Reproductive Health Questionnaire: (Q6, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 27, 29, 35, 36)	
	Own items: (Q1c, 5, 6, 7, 8, 11, 25, 26)		
Part 12) Parenting Competency Q1-3	Own items: (Q1, 2)		
	Maternal Self-Efficacy Scale (Q3)	Maternal Self-Efficacy Scale	
Part 13) Demographic Information Q1-9	Own Items (Q1-9)		

Table A.2: INSTRUMENTS UTILIZED IN THE STUDY OF ADOLESCENT FEMALES: REFERENCES

Instrument	Full Citation
Adolescent Interpersonal Competency Questionnaire (AICQ) (Survey instrument – pp. 16 – 17)	Buhrmester, D.; Furman, W.; Wittenberg, M.T. (1988) Five domains of interpersonal competence in peer relationships Journal of Personality and Social Psychology; 55, 991-1008
CDC Youth Risk Behavior Survey (Did not use in survey instrument)	Center for Disease Control and Prevention (1999) http://www.cdc.gov/nccdphp/dash/yrbs/survey99.htm
Center for Epidemiological Studies – Depression Scale (CES-D) (Survey instrument – pp. 11 – 12)	Radloff, L. S.; Locke, B. Z. (1977) The CES-D scale: A self-report depression scale for research in the general population. Applied Psychological Measures, (1) 385-401,
Child Trauma Questionnaire (Survey instrument – pp. 18 – 19)	Bernstein, David P.; Fink, Laura; Handelsman, Leonard; Foote, Jeffrey; et al (1994) Initial reliability and validity of a new retrospective measure of child abuse and neglect American Journal of Psychiatry; 151(8); Aug 1994; 1132-1136
Self-Report Delinquency Scale (Survey instrument – p. 17)	1) Elliott, Delbert; Huizinga, David (1986) Reassessing the reliability and validity of self-report delinquency measures Journal of Quantitative Criminology; 2(4), 293-327 2) Vinter, R., Newcomb, T., Kish, R. (1976). Time Out: A National Study of Juvenile Correctional Programs, Ann Arbor, MI, NAJC, p. 42.
Experiences of Discrimination Scale (Survey instrument – pp. 9 – 10)	Williams, David R.; Yan Yu; Jackson, James S.; Anderson, Norman B. (1997) Racial differences in physical and mental health Journal of Health Psychology; 2(3); 335-351
Life Events Stress Scale (Survey instrument – p. 19)	Bynum, Tim; Wordes, M.; Corley, C. (1993) Disproportionate representation in juvenile justice in Michigan: Examining the influence of race and gender East Lansing, MI; Michigan State University School of Criminal Justice
Maternal Self-Efficacy (Survey instrument – p. 24)	Teti, Douglas M.; Gelfand, Donna M. (1991) Behavioral competence among mothers of infants in the first year: The mediational role of maternal self-efficacy Child Development; 62(5) Oct , 918-929
Monitoring the Future 2000 – Substance Abuse (Survey instrument – pp. 13 – 14)	University of Michigan, Institute for Social Research

Table A.2: INSTRUMENTS UTILIZED IN THE STUDY OF ADOLESCENT FEMALES: REFERENCES	
Peer Characteristics and Relationships (Survey instrument – pp. 14 – 15)	Eccles, J. (1995) Youth Construct, MacArthur Study Family Survey in Prince Georges County, Maryland
Peer Involvement and Relationships (Survey instrument – p. 15) (7 of 13 items included)	Eccles, J. (1995) Youth Construct, MacArthur Study Family Survey in Prince Georges County, Maryland
Service Assessment for Children and Adolescents Manual (SACA) (Survey instrument – p. 8)	Williams, S.; Hoagwood, K.; Stiffman, A.; Summerfelt, T & Weisz, J. (1998) Reliability of the Services Assessment for Children and Adolescents Psychiatric Services: Special Issue; 52(8) Aug 2001, 1088-1094
TeenSMART Reproductive Health Questionnaire and University of Michigan Teen Parent Survey 2000 (Survey instrument – pp. 2-3 – selected items)	TeenSMART Program (1995) California Office of Family Planning
Youth Coping Index (Survey instrument – pp. 20 - 21)	McCubbin, H. I.; Thompson, A. I.; McCubbin, M.A. (1997) Family Assessment: Resiliency, Coping, and Adaptation. In Inventories for Research and Practice. Madison, WI., University of Wisconsin Publishing

Table A.3: RELIABILITIES FOR THE CURRENT SAMPLE		
Instrument		Reliability
CES-D: - Center for Epidemiological Studies Depression Scale		.88
AICQ: - Adolescent Interpersonal Competency Questionnaire	Total	.95
AICQ	Emotional support subscale	.88
AICQ	Conflict Management subscale	.82
AICQ	Assertiveness subscale	.82
AICQ	Friendship subscale	.85
AICQ	Self-disclosure subscale	.89
CTQ: - Child Trauma Questionnaire	Overall With positive items reversed	.91
CTQ	Supportive family environment subscale	.93
CTQ	Sexual abuse subscale	.89
CTQ	Family stress subscale	.78
CTQ	Physical and emotional abuse subscale	.84
Discrimination: - Experiences of Discrimination Scale	Total	.88
Coping Factors: - Youth Coping Index		
Coping factor	Rational coping	.87
Coping factor	Acting out	.78
Coping factor	Withdrawal	.72
Coping factor	Avoidance/harmful	.78
Peer Scales: - Peer Characteristics and Relationships Peer Involvement and Relationships		
	Positive peer activities	.87
	Negative peer activities	.78
	Peer pressure	.74
Delinquency scales: - Self-Report Delinquency Scale		
	Fighting	.79
	Theft	.85
	Vandalism	.73



Your Thoughts & Experiences



Female Adolescent

Survey 2000

Institute for Social Research

University of Michigan

Wave 1



Part I - Housing

1. We would like information about where you live.

	(a) Where are you living now?	(b) Place you lived or stayed before (a)?
With parent(s) and/or stepparents	()	()
With grandparent(s)	()	()
With aunt/uncle	()	()
With brother/sister	()	()
With your partner or partner's family	()	()
With friend	()	()
In Youth Home/Detention	()	()
In Foster Care	()	()
In Group home or other institution	()	()
In Independent living or transitional housing	()	()
Homeless/kicked out/had to leave	()	()
Other (please specify):	()	()

2. Did your living situation change in the six months before you started this program?

₁[] Yes ₂[] No

3. Have you ever lived in any of the following out of home placements? If yes, please tell us how many times

	Yes	If yes, how many times?	No
a. Homeless shelter	() ₁		() ₂
b. Runaway shelter	()		()
c. Safe house or domestic violence shelter	()		()
d. Foster home	()		()
e. Mental health residential facility	()		()
f. Drug treatment center	()		()
g. Group home	()		()
h. Shelter/group home for pregnant or parenting teens	()		()
i. Juvenile detention center.	()		()
j. Training school for delinquents	()		()
k. Private institutional facility.	()		()

Part 2 - School and Work Information

Even if you are no longer in school, please read and answer each question as best you can.

1. What grade are you in (circle one)? If you are no longer in school, what was the last grade you completed? 6th 7th 8th 9th 10th 11th 12th Graduated₁

2. Are you or have you been in Special Ed? ₁ ☐ Yes ₂ ☐ No

3. What is your current school status?

- ₁ ☐ I am in school or working on a GED
- ₂ ☐ I have dropped out of school
- ₃ ☐ I have graduated from high school
- ₄ ☐ I have earned a GED

4. Which of the following best describes your present school program?

- ₁ ☐ Middle school or junior high school
- ₂ ☐ General high school
- ₃ ☐ Alternative High School
- ₄ ☐ Vocational, technical, or commercial high school
- ₅ ☐ College prep/advanced placement high school
- ₆ ☐ GED program
- ₇ ☐ College

5. When are you most likely to complete high school/your GED?

- ₁ ☐ End of this school year
- ₂ ☐ End of next school year
- ₃ ☐ More than 2 years away
- ₄ ☐ I don't expect to complete high school/my GED
- ₅ ☐ I have already completed high school/my GED

6. How many hours per week do you usually work in a paid job during the school year?

- ₁ ☐ None
- ₂ ☐ 5 or less hours
- ₃ ☐ 6 to 10 hours
- ₄ ☐ 11-20 hours
- ₅ ☐ More than 20 hours
- ₆ ☐ Am not in school and work part time (less than 35 hours a week)
- ₇ ☐ Am not in school and work full time (35 hours a week or more)

7. In your last year of school, what were your grades?

mostly A's	mostly B's	mostly C's	mostly D's	mostly F's
() ₁	() ₂	() ₃	() ₄	() ₅

8. In the last FOUR WEEKS of school, how many days did you miss in total?

None	1 or 2 days	3-5 days	6-10 days	More than 10 days
() ₁	() ₂	() ₃	() ₄	() ₅

9. In your last YEAR of school, how many days did you miss in total?

Less than three About a week About a month More than a month
()₁ ()₂ ()₃ ()₄

10. During your last year in school, what were the reasons that you missed school? (check all that apply)

- | | | |
|---|---|---|
| 1[] I was sick | 5[] I had family obligations | 9[] I had to go to court/I had a medical appointment |
| 2[] I missed the bus/ couldn't get to school | 6[] Too late to enroll | 11[] Expelled or suspended |
| 3[] I didn't want to go to school (was too tired or too bored to go) | 7[] I didn't feel safe getting there or once I was there | 12[] Running Away |
| 4[] I had to work | 8[] I was in detention or was in a shelter | 10[] Other reasons (please specify) _____ |

11. During your last year in school, how often did you miss school due to using substances (alcohol and/or drugs) or due to having a hangover?

Never	1 or 2 times	3 to 5 times	6 to 10 times	More than 10 times
() ₁	() ₂	() ₃	() ₄	() ₅

12. Have you ever been suspended from school? 1[] Yes 2[] No

12a. How often have you been suspended from school?

Never	1 or 2 times	3 to 5 times	6 to 10 times	More than 10 times
() ₁	() ₂	() ₃	() ₄	() ₅

13. Have you ever been expelled from school? 1[] Yes 2[] No

13a. If yes, how many times? _____

14. Some people like school very much. Other's don't. How do you feel about school?

- | | |
|--------------------------------|------------------------------------|
| 1[] I like school very much | 4[] I don't like school very much |
| 2[] I like school quite a lot | 5[] I don't like school at all |
| 3[] I like school some | |

15. How interesting have most of your courses been to you?

- | | | |
|------------------------------------|--------------------|------------------|
| 1[] Very exciting and stimulating | 3[] So-so | 5[] Very boring |
| 2[] Pretty interesting | 4[] Pretty boring | |

16. Do you think the things you've learned in school are important for your later life?

Very important	Quite important	Fairly important	Slightly important	Not at all important
() ₁	() ₂	() ₃	() ₄	() ₅

17. How often do your friends encourage you to do things that your teachers wouldn't like?

Never Seldom Sometimes Often Almost always
()₁ ()₂ ()₃ ()₄ ()₅

18. How do you think most of the students in your class would feel if you cheated on a test?

They would dislike They would They would not They would They would like
it very much dislike it care like it it very much
()₁ ()₂ ()₃ ()₄ ()₅

19. Have you ever been in a work-study program –a program where you work on a job as part of your schooling?

Yes, for more Yes, for about Yes, for about a Yes, for a half No, not ever
than two years two years year year or less ()₅
()₁ ()₂ ()₃ ()₄

20. How many times over your last year in school did you see a guidance counselor?

More than 10 times Between 5 and 10 3 or 4 times Once or twice No times
()₁ ()₂ ()₃ ()₄ ()₅

21. How many times over your last year in school did you see a school social workers?

More than 10 times Between 5 and 3 or 4 times Once or twice No times
()₁ 10 times ()₃ ()₄ ()₅
()₂

22. How helpful have your sessions with a counselor/social worker been to you?

1[] Extremely helpful 3[] Somewhat helpful 5[] Not at all helpful
2[] Quite helpful 4[] A little helpful 7[] Did not see a counselor

23. How much counseling would you have liked in each of these areas in your last year of school?

	Much less	A little less	About right	A little more	Much more
a. Choosing what courses to take	1	2	3	4	5
b. Discussing problems with coursework	1	2	3	4	5
c. Discussing any trouble you've gotten into	1	2	3	4	5
d. Discussing military plans	1	2	3	4	5
e. Discussing education or training plans	1	2	3	4	5
f. Discussing career plans or job choice ...	1	2	3	4	5
g. Discussing personal problems	1	2	3	4	5

24. What career do you plan to have? _____

25. How likely is it that you will do each of the following things after leaving high school?

	Definitely will	Probabl y will	Probabl y won't	Definitely won't
a. Get a full-time job	1	2	3	4
b. Attend a technical or vocational school	1	2	3	4
c. Serve in the armed forces	1	2	3	4
d. Graduate from a two-year college program	1	2	3	4
e. Graduate from college (four-year program)	1	2	3	4
f. Attend graduate or professional school after college	1	2	3	4
g. Be a full-time stay-at-home mom	1	2	3	4

26. Suppose you could do just what you'd like and nothing stood in your way. How many of the following things would you WANT to do?

- | | | |
|---|----------|---------|
| a. Get a full-time job | 1[] Yes | 2[] No |
| b. Attend a technical or vocational school | [] Yes | [] No |
| c. Serve in the armed forces | [] Yes | [] No |
| d. Graduate from a two-year college program | [] Yes | [] No |
| e. Graduate from college (four-year program) | [] Yes | [] No |
| f. Attend graduate or professional school after college | [] Yes | [] No |
| g. Be a full-time stay-at-home mom | [] Yes | [] No |

27. In your last year of school, do you think you were unfairly discouraged by a teacher or advisor from continuing your education? 1[] Yes 2[] No

27a. If yes, why do you think this was so? (Check all that apply)

- | | |
|------------------------------|--------------------------------------|
| ____ your ethnicity | ____ your religion |
| ____ your gender | ____ your physical appearance |
| ____ your race | ____ your sexual orientation |
| ____ your age | ____ your income level/social class |
| ____ your delinquency status | ____ your mental or physical ability |
| ____ other (specify): _____ | |

28. Do you use a computer? 1[] Yes 2[] No

28a. If yes, where do you use a computer (check all that apply)?

____ at home ____ at school ____ at library ____ at community center

28b. If yes, what do you use a computer for (check all that apply)?

____ to check e-mail ____ to use the internet/surf web ____ for homework
 ____ to play games ____ to go to chat rooms ____ for instant messaging

29. How important are each of the following to you in your life?

	Not important	Somewhat important	Quite important	Extremely important
a. Being successful in my line of work	1	2	3	4
b. Having a good marriage and family life.....	1	2	3	4
c. Having lots of money	1	2	3	4
d. Having plenty of time for recreation and hobbies	1	2	3	4
e. Having strong friendships	1	2	3	4
f. Being able to find steady work	1	2	3	4
g. Making a contribution to society	1	2	3	4
h. Being a leader in my community	1	2	3	4
i. Being able to give my children better opportunities than I had	1	2	3	4
j. Living close to parents and relatives	1	2	3	4
k. Getting away from this area of the country.....	1	2	3	4
l. Working to correct social and economic inequalities ..	1	2	3	4
m. Discovering new ways to experience things ...	1	2	3	4
n. Finding purpose and meaning in my life.....	1	2	3	4

30. Is there a person in your life that you think of as a role model or mentor? Someone you talk over your future with? Check all that apply.

☐ Mother ☐ Sister or brother ☐ Teacher
☐ Father ☐ Friend ☐ Other Family Member
☐ Grandmother/ ☐ Counselor/ ☐ Other _____
☐ Grandfather ☐ youth worker

Part 3 – Knowledge & Usage of Community Services

1. Most communities have services that young people can take advantage of. Look at the following list of agencies and organizations in your community. Please tell us if you are familiar with these types of programs, if you have ever used these types of programs, and whether you would ever contact these types of programs for services.

	Are you familiar with this type of program?	Have you ever used this type of program?	If you needed these services, would you contact this type of program?
a. Recreational Programs - For example Police Athletic League (PAL), Detroit Recreation Dept., Boys/Girls Clubs, Girls Scouts, YMCA/YWCA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Youth Services - For example Youth Assistance Program, church groups, neighborhood groups	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Family & Children's Services - For	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

example , Family Service of Wayne County, Latino Family Services, Family & Neighborhood Services, Catholic Social Services, Lutheran Social Services, Crisis hot line.	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No
d. Emergency Housing & Housing Assistance For example , Denby House, 1-800-Shelter, Crises Hotline, Alternative for Girls, Common Ground, Cass Community Center, COTS	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No
e. Neighborhood or Community Centers For example , Dexter-Elmhurst, Franklin Wright Settlement, Butzel Center	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No
f. School-based Services - For example school-based health clinic, school counselor, school social worker	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No
g. Mental Health Services - For example Clinic for Child Study, Children's Center, Northeast Guidance Center, New Center Community Mental Health, Starfish, Downriver Guidance Clinic, Development Center	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No
h. Substance Abuse Treatment - For example BAPACO, Boniface, Alateen, Black Family Development, Growth Works	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No
i. Residential Services - For example Vista Maria, Federation of Children's Services, Barat House, Lula Belle Stewart, Boysville, Foster Home, Cabrini House, Adrian Training School	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No
j. Employment Services - For example Job Connection, Michigan Works, Job Service, Man Power	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No
k. Health & Pregnancy Services - For example Neighborhood and school clinics, Planned Parenthood, The Family Place, Teen Parent Empowerment Program, Hutzel Hospital, Lula Belle Stewart, Marillac Health Center	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No

2. Of the programs you used, which were helpful to you? (you may check more than one)

- | | |
|---|--|
| <input type="checkbox"/> Recreational Programs | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Youth Services | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Family & Children's Services | <input type="checkbox"/> Residential Services |
| <input type="checkbox"/> Emergency Housing & Housing Assistance | <input type="checkbox"/> Employment Services |
| <input type="checkbox"/> Neighborhood or Community Centers | <input type="checkbox"/> Health & Pregnancy Services |
| <input type="checkbox"/> School-Based Services | <input type="checkbox"/> None |

3. Of the programs you used, which **were not** helpful to you? (you may check more than one)

- | | |
|---|--|
| <input type="checkbox"/> Recreational Programs | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Youth Services | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Family & Children's Services | <input type="checkbox"/> Residential Services |
| <input type="checkbox"/> Emergency Housing & Housing Assistance | <input type="checkbox"/> Employment Services |
| <input type="checkbox"/> Neighborhood or Community Centers | <input type="checkbox"/> Health & Pregnancy Services |
| <input type="checkbox"/> School-Based Services | <input type="checkbox"/> All |

4. Which type of program would have been helpful?

- | | |
|---|--|
| <input type="checkbox"/> Recreational Programs | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Youth Services | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Family & Children's Services | <input type="checkbox"/> Residential Services |
| <input type="checkbox"/> Emergency Housing & Housing Assistance | <input type="checkbox"/> Employment Services |
| <input type="checkbox"/> Neighborhood or Community Centers | <input type="checkbox"/> Health & Pregnancy Services |
| <input type="checkbox"/> School-Based Services | <input type="checkbox"/> Other _____ |

5. Please tell us if any of these reasons might have kept you from getting additional services.

- | | | |
|--|---------------------------------|--------------------------------|
| a. I thought my problems were not so serious? | 1[<input type="checkbox"/> Yes | 2[<input type="checkbox"/> No |
| b. I decided I could handle my problems on my own..... | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| c. Help cost too much money | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| d. Services were too inconvenient to use | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| e. I had a bad experience with program staff | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| f. I was afraid of what my family, friends, acquaintances, associates would say... | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| g. I was afraid I would be taken away from my family | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| h. I thought the services would not help | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| i. The people I trusted most did not recommend these services? | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| j. I did not know who to trust for advice | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| k. I didn't know where to go | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| l. I had no way to get there | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| m. I had to wait a long time to get services | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| n. I did not want to go | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| o. Agency has a bad reputation | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| p. It was not safe to go where the service was located. | [<input type="checkbox"/> Yes | [<input type="checkbox"/> No |
| q. Any other reason? _____ | | |
-

Part 4 - Social Services

1. Please check all of the programs or services that you are currently receiving.

- | | |
|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> FIA or FIP(TANF) Checks |
| <input type="checkbox"/> Teen Parent Empowerment | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> WIC | <input type="checkbox"/> MI Child Health Insurance |
| <input type="checkbox"/> Food stamps | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Focus Hope/Emergency Food | <input type="checkbox"/> Employment |
| | <input type="checkbox"/> Other (specify) _____ |

2. If you were turned down for any of these programs, please tell us which ones turned you down and why. _____

3. In general, how satisfied are you with the social services provided to you and your family?

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
() ₁	() ₂	() ₃	() ₄	() ₅

4. Concerning the program you are presently involved with...

4a. How did you get into this program?

4b. When did you arrive here? _____

4c. What do you expect to receive from this program?

4d. In your opinion, is this program helping you?

Yes, a lot	Yes, some	Yes, a little	No, not at all
() ₁	() ₂	() ₃	() ₄

4e. If yes at all, in what ways?

Part 5 – Community Support

We'd now like to ask you about your experiences over in the community/communities in which you have lived.

1. Do you think you have been unfairly stopped searched, questioned, physically threatened or abused by the police? ₁ ☐ Yes ₂ ☐ No

1a. If yes, why do you think this was so? Check all that apply.

☐ your ethnicity ☐ your delinquency status ☐ your income level/social class
☐ your gender ☐ your religion ☐ your mental or physical ability
☐ your race ☐ your physical appearance
☐ your age ☐ your sexual orientation
☐ other (specify): _____

2. Have you ever moved into a neighborhood where neighbors made life difficult for you or your family? ₁ ☐ Yes ₂ ☐ No (If you checked No, skip to #3)

2a. If yes, why do you think this was so? (Check all that apply)

☐ your ethnicity ☐ your delinquency status ☐ your physical appearance
☐ your gender ☐ your mental or physical ability ☐ your sexual orientation
☐ your race ☐ neighborhood conflict ☐ your income level/social class
☐ your age ☐ your religion ☐ other (specify): _____

2b. Was it so bad that you moved out? ₁ ☐ Yes ₂ ☐ No ☐ N/A

3. If you ever felt you were treated unfairly, how did you usually respond? Did you accept it as a fact of life or did you try to do something about it?

☐ accepted it ☐ tried to do something

3a. Did you talk to other people about it or did you keep it to yourself?

☐ talked to others ☐ kept it to myself

3b. Did you lose your temper? ☐ yes ☐ no ☐ sometimes

4. In your day-to-day life how often have any of the following things happened to you?

	Never	Hardly ever	Not too often	Fairly often	Very often
a. You are treated with less courtesy than other people	1	2	3	4	5
b. You are treated with less respect than other people	1	2	3	4	5
c. You receive poorer service than other people at restaurants or stores	1	2	3	4	5
d. People act as if they think you are not smart	1	2	3	4	5

e. People act as if they are afraid of you	1	2	3	4	5
f. People act as if they think you are dishonest	1	2	3	4	5
g. People act as if they're better than you	1	2	3	4	5
h. You are called names or insulted	1	2	3	4	5
i. You are threatened or harassed	1	2	3	4	5

5. Regarding question # 4, what do you think are the reasons for these experiences?

(Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> your ethnicity | <input type="checkbox"/> your age | <input type="checkbox"/> your physical appearance |
| <input type="checkbox"/> your gender | <input type="checkbox"/> your delinquency status | <input type="checkbox"/> your sexual orientation |
| <input type="checkbox"/> your race | <input type="checkbox"/> your religion | <input type="checkbox"/> your income level/social class |
| | | <input type="checkbox"/> your mental or physical ability |
| <input type="checkbox"/> other (specify): _____ | | |

6. For each of the following, please indicate how you feel about the neighborhood you have lived in for the last year.

	Strongly disagree	Disagree	Neither Agree nor disagree	Agree	Strongly Agree
a. I think my neighborhood is a good place for me to live	1	2	3	4	5
b. I care about what my neighbors think of my actions	1	2	3	4	5
c. If there is a problem in this neighborhood, people who live here can get it solved ...	1	2	3	4	5
d. My church/mosque/synagogue is very important to me	1	2	3	4	5
e. I participate in many school or neighborhood activities	1	2	3	4	5
f. People in this neighborhood get along with each other	1	2	3	4	5

Part 6 – Emotional Well-being

1. We are interested in knowing how you have been feeling lately. Below is a list of the ways you might have felt or acted. Please tell us how often you have felt this way **during the past week**.

...felt this way during the past week .	Rarely or Never (less than 1 day)	A Little of the Time (1-2 days)	Occasionally (3-4 days)	Most or All of the Time (all week)
a. I was bothered by things that usually don't bother me.	() ₁	() ₂	() ₃	() ₄
b. I did not feel like eating; my appetite was poor	()	()	()	()
c. I felt that I could not shake off the blues even	()	()	()	()

	Rarely or Never (less than 1 day)	A Little of the Time (1-2 days)	Occasionally (3-4 days)	Most or All of the Time (all week)
...felt this way during the past week.				
with help from my family and friends.				
d. I felt that I was just as good as other people. .	()	()	()	()
e. I had trouble keeping my mind on what I was doing.	()	()	()	()
f. I felt depressed.	()	()	()	()
g. I felt that everything I did was an effort.	()	()	()	()
h. I felt hopeful about the future.	()	()	()	()
i. I thought my life had been a failure.	()	()	()	()
j. I felt fearful.	()	()	()	()
k. My sleep was restless.	()	()	()	()
l. I was happy.	()	()	()	()
m. I talked less than usual.	()	()	()	()
n. I felt lonely.	()	()	()	()
o. People were unfriendly.	()	()	()	()
p. I enjoyed life.	()	()	()	()
q. I had crying spells.	()	()	()	()
r. I felt sad.	()	()	()	()
s. I felt that people dislike me.	()	()	()	()
t. I could not get "going."	()	()	()	()

The next four questions ask about suicidal feelings and attempted suicide. Sometimes people feel so depressed about the future that they consider ending their own life.

2a. Have you ever seriously considered attempting suicide?

1[] Yes 2[] No

2b. Did you ever make a plan about how you would attempt suicide?

1[] Yes 2[] No

2c. How many times have you actually attempted suicide?

0 times 1 time 2 or 3 times 4 or 5 times 6 or more times
()₁ ()₂ ()₃ ()₄ ()₅

2d. Did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or a nurse?

1[] Yes 2[] No [] N/A

3. Which of the following best describes how you feel about your life overall? (check one)

Very unhappy	Very happy					
() ₁	() ₂	() ₃	() ₄	() ₅	() ₆	() ₇

Part 7 – Substance Use

Next we want to ask you about your experiences with alcohol and drugs. Alcoholic beverages include beer, wine, wine coolers, and hard liquor. We still have a lot to learn about the actual experiences of people your age. We hope you can answer all questions, but if you find one which you feel you cannot answer honestly we would prefer that you leave it blank. Remember that your answers will be kept strictly confidential. They will not be connected to your name.

1. On how many occasions have you had alcoholic beverages to drink? (Check only one box for each line)

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
a. During the last 30 days?	() ₁	() ₂	() ₃	() ₄	() ₅	() ₆	() ₇
b. During the last 12 months?	()	()	()	()	()	()	()
c. In your lifetime?	()	()	()	()	()	()	()

2. Think back over the last two weeks. How many times have you had five or more drinks in a row? (A 'drink' is any alcoholic beverage, like a bottle of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.) (Check the one that applies to you)

None	Once	Twice	3 to 5 times	6 to 9 times	10 or more times
() ₁	() ₂	() ₃	() ₄	() ₅	() ₆

3. On how many occasions have you smoked cigarettes? (Check only one box for each line)

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
a. During the last 30 days?	() ₁	() ₂	() ₃	() ₄	() ₅	() ₆	() ₇
b. During the last 12 months?	()	()	()	()	()	()	()
c. In your lifetime?	()	()	()	()	()	()	()

4. On how many occasions have you used marijuana or hashish? (Check only one box for each line)

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
a. During the last 30 days?	() ₁	() ₂	() ₃	() ₄	() ₅	() ₆	() ₇
b. During the last 12 months?	()	()	()	()	()	()	()

c. In your lifetime? | () | () | () | () | () | () | () |

5. On how many occasions have you used any other drugs? (Check only one box for each line)

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
a. During the last 30 days?	() ₁	() ₂	() ₃	() ₄	() ₅	() ₆	() ₇
b. During the last 12 months?	()	()	()	()	()	()	()
c. In your lifetime?	()	()	()	()	()	()	()

6. When (at what age) did you **FIRST** do each of the following things? Don't count anything you took because a doctor told you to. (Check only one box for each line)

	Years of age						
	Never	12 or younger	13	14	15	16	17 or older
a. Smoke cigarettes daily?	() ₁	() ₂	() ₃	() ₄	() ₅	() ₆	() ₇
b. Try an alcoholic beverage more than just a few sips?	()	()	()	()	()	()	()
c. Try marijuana or hashish?	()	()	()	()	()	()	()
d. Try any other drug?	()	()	()	()	()	()	()
e. Sniff glue or other substance? ..	()	()	()	()	()	()	()

7. Have you ever received any kind of professional counseling or substance abuse treatment because of your use of alcohol or drugs? (Check only one)

- ₁[] No, never
₂[] Yes, but not in the past 12 months
₃[] Yes, sometime in the past 12 months

8. Have you ever attended a treatment program for alcohol or drug abuse where you stayed overnight? (Check only one)

- ₁[] No, never
₂[] Yes, but not in the past 12 months
₃[] Yes, sometime in the past 12 months

Part 8 – Peer support

1. Think about your friends, acquaintances and associates in the past year, that you spend most of your time with.

How many of your friends, acquaintances, associates:	None of them	A few of them	About half of them	Most of them	All of them
a. Do well in school?	1	2	3	4	5
b. Plan to go to college?	1	2	3	4	5

	None of them	A few of them	About half of them	Most of them	All of them
How many of your friends, acquaintances, associates:					
c. Have broken into a vehicle or building to steal something?	1	2	3	4	5
d. Are involved in school activities or school sports?	1	2	3	4	5
e. Have stolen something worth more than \$50?	1	2	3	4	5
f. Go to church or other religious services regularly?	1	2	3	4	5
g. Think that having expensive clothes and other things is very important?	1	2	3	4	5
h. Think working hard to get good grades is a waste of time?	1	2	3	4	5
i. Are in youth or street gangs?	1	2	3	4	5
j. Work for pay?	1	2	3	4	5
k. Do community or volunteer work?	1	2	3	4	5
l. Skip school without an excuse?	1	2	3	4	5
m. Put pressure on you to drink?	1	2	3	4	5
n. Put pressure on you to have sex?	1	2	3	4	5
o. Cheat on school tests?	1	2	3	4	5
p. Go to school regularly/think it is important to go to school?	1	2	3	4	5
q. Like to talk about the things you've learned at school?	1	2	3	4	5
r. Put pressure on you to use drugs?	1	2	3	4	5

2. Do you have many close female friends? ₁[] Yes ₂[] No

3. Do you have many close male friends? ₁[] Yes ₂[] No

4. Consider the friends, acquaintances, associates you hang out with in answering these questions:

	Very little	Not too much	Some	Quite a bit	A great deal
e. How much do you care if your friends include you in their activities?	1	2	3	4	5
f. How much do you care that you have a boyfriend or partner?	1	2	3	4	5
g. How much stress or pressure are you under to have a partner/boyfriend?	1	2	3	4	5
h. How much support and encouragement do you receive from your friends?	1	2	3	4	5
i. How much loyalty do you and your friends have for one another?	1	2	3	4	5
j. How much do you want to be like your closest friends?	1	2	3	4	5
k. How much of the time do you and your friends share the same activities?	1	2	3	4	5

5. Do you or have you participated in any of the following activities? How often do you participate?

	Yes	1 or more times per week	Less than once a week	Never
How often do you participate in...?				
Individual sports - such as (swimming, biking, tennis)	()	()	()	()
Team sports - such as (softball, basketball, volleyball)	()	()	()	()
Physical fitness - such as (aerobics, jogging)	()	()	()	()
Dance - such as (African, modern, step, tap)	()	()	()	()
Music - such as (vocal, instrumental, band, drill team)	()	()	()	()
Dramas - such as (plays)	()	()	()	()

	Poor at this	Fair at this	Okay at this	Good at this	Extremely good at this
6. How good are you at:					
a. Asking someone new to do things together, like go to a movie?	1	2	3	4	5
b. Making someone feel better when they are unhappy or sad?	1	2	3	4	5
c. Getting people to go along with what you want?	1	2	3	4	5
d. Telling people personal things about yourself?	1	2	3	4	5
e. Resolving disagreements in ways that make things better instead of worse?	1	2	3	4	5
f. Going out of your way to start up new friendships?	1	2	3	4	5
g. Being able to make others feel like you understand their problems?	1	2	3	4	5
h. Taking charge?	1	2	3	4	5
i. Letting someone see your sensitive side?	1	2	3	4	5
j. Dealing with disagreements that makes both people happy in the long run?	1	2	3	4	5
k. Carrying on conversations with new people that you would like to know better?	1	2	3	4	5
l. Helping people work through their thoughts and feelings about important decisions?	1	2	3	4	5
m. Sticking up for yourself?	1	2	3	4	5
n. Telling someone embarrassing things about yourself?	1	2	3	4	5
o. Introducing yourself to people for the first time?	1	2	3	4	5
p. Helping people handle pressure or upsetting events?	1	2	3	4	5
q. Getting someone to agree with your point of view? ...	1	2	3	4	5
r. Opening up and letting someone get to know everything about yourself?	1	2	3	4	5
s. Dealing with disagreements in ways so that one person	1	2	3	4	5

6. How good are you at:	Poor at this	Fair at this	Oka y at this	Goo d at this	Extremely good at this
does not always come out the loser?					
t. Calling new people on the phone to set up time to get together to do things?	1	2	3	4	5
u. Showing that you really care when someone talks about problems?	1	2	3	4	5
v. Deciding what should be done?	1	2	3	4	5
w. Sharing personal thoughts and feelings?	1	2	3	4	5
x. Going places where there are unfamiliar people in order to get to know people?	1	2	3	4	5
y. Voicing your desires and opinions?	1	2	3	4	5
z. Telling someone things that you do not want everyone to know?	1	2	3	4	5
aa. Getting over disagreements quickly?	1	2	3	4	5

Part 9 - Experiences

1. During the last 12 months, how often have you done ANY of the following?
(Check only one box for each line)

...during the last 12 months how often have you done any of the following?	Never	Once	2 Times	3-4 Times	5 or more times
a. Verbally argued with either of your parents.	() ₁	() ₂	() ₃	() ₄	() ₅
b. Had a physical fight with either of your parents	()	()	()	()	()
c. Hit an instructor or supervisor.	()	()	()	()	()
d. Gotten into a serious physical fight in school or at work.	()	()	()	()	()
e. Taken part in a fight where a group of your friends were against another group.	()	()	()	()	()
f. Hurt someone badly enough to need bandages or a doctor.	()	()	()	()	()
g. Used a knife or gun or some other thing (like a club) to get something from a person.	()	()	()	()	()
h. Taken something not belonging to you worth under \$50.	()	()	()	()	()
i. Taken something not belonging to you worth over \$50.	()	()	()	()	()
j. Taken something from a store without paying for it.	()	()	()	()	()
k. Used a car that didn't belong to someone in your family without permission of the owner.	()	()	()	()	()
l. Taken things from a car without permission of the owner.	()	()	()	()	()
m. Gone into some house or building when you weren't supposed to be there.	()	()	()	()	()

...during the last 12 months how often have you done any of the following?	Never	Once	2 Times	3-4 Times	5 or more times
n. Set fire to someone's property on purpose.	()	()	()	()	()
o. Damaged school property on purpose.	()	()	()	()	()
p. Damaged property at work on purpose.	()	()	()	()	()
q. Been arrested and taken to a police station.	()	()	()	()	()

2. Have you ever had to go to court because of something you did? [] Yes [] No

2b. If yes, how many times?

1 – 3 times () 4 – 6 times () More than 6 times ()

3. Has your mother ever been in prison or in jail? 1[] Yes 2[] No [] Don't know

4. Has your father ever been in prison or in jail? 1[] Yes 2[] No [] Don't know

5. Have any of your brothers or sisters ever been in prison/jail? 1[] Yes 2[] No [] Don't know

6. The following questions ask about some of your experiences growing up. For each question, circle the number that best describes how you feel. Although some of these questions are personal, please try to answer as honestly as you can. Your answers will be kept confidential.

When I was growing up . . .	Never true	Rarely true	Some-times true	Often True	Very often true
a. There was someone in my family that I could talk to about my problems.	1	2	3	4	5
b. I didn't have enough to eat.	1	2	3	4	5
c. People in my family showed confidence in me and encouraged me to succeed.	1	2	3	4	5
d. I lived in a group home or in a foster home.	1	2	3	4	5
e. I knew that there was someone to take care of me and protect me.	1	2	3	4	5
f. People in my family called me things like "stupid," "lazy," or "ugly."	1	2	3	4	5
g. My parents were too drunk or high to take care of the family.	1	2	3	4	5
h. People in my family got into trouble with the police.	1	2	3	4	5
i. There was someone in my family who helped me feel important or special.	1	2	3	4	5
j. I had to wear dirty clothes.	1	2	3	4	5
k. I lived with different people at different times (like different relatives or foster families).	1	2	3	4	5
l. People in my family hit me so hard that it left me with bruises or marks.	1	2	3	4	5

When I was growing up . . .	Never true	Rarely true	Some- times true	Often True	Very often true
m. I had sex with an adult or with someone who is a lot older than me (someone at least 5 years older than me).	1	2	3	4	5
n. There was someone in my family who wanted me to be a success.	1	2	3	4	5
o. People in my family said hurtful or insulting things to me.	1	2	3	4	5
p. I felt loved.	1	2	3	4	5
q. I spent time out of the house and no one knew where I was.	1	2	3	4	5
r. People in my family felt close to each other.	1	2	3	4	5
s. Someone tried to touch me in a sexual way or tried to make me touch them.	1	2	3	4	5
t. Someone threatened to hurt me or tell lies about me unless I did something sexual with them.	1	2	3	4	5
u. People in my family looked out for each other.	1	2	3	4	5
v. I was frightened of being hurt by someone in my family.	1	2	3	4	5
w. Someone in my family hated me.	1	2	3	4	5
x. I believe that I was emotionally abused.	1	2	3	4	5
y. Someone tried to make me do sexual things or watch sexual things.	1	2	3	4	5
z. Someone molested me.	1	2	3	4	5
aa. Someone in my family believed in me.	1	2	3	4	5
bb. I believe that I was sexually abused.	1	2	3	4	5
cc. My family was a source of strength and support.	1	2	3	4	5

7. The following questions are about events that may have happened to you. Please read each line and check whether or not this event has happened to you.

...has this happened to you?	Has this happened?	
	Yes	No
a. Friends, acquaintances, associates getting into gangs...	1[] Yes	2[] No
b. Family members getting on drugs.....	[] Yes	[] No
c. Teachers hassling you.....	[] Yes	[] No
d. Getting picked on by police.....	[] Yes	[] No
e. Friends, acquaintances, associates getting on drugs	[] Yes	[] No
f. Family having money problems.....	[] Yes	[] No
g. Other people trashing you.....	[] Yes	[] No
h. Being threatened with guns.....	[] Yes	[] No
i. Friends, acquaintances, associates getting pregnant	[] Yes	[] No

...has this happened to you?	Has this happened?	
	Yes	No
j. Family members getting killed.....	[] Yes	[] No
k. Friends, acquaintances, associates getting locked up	[] Yes	[] No
l. Arguing or physically fighting with family members	[] Yes	[] No
m. Being in a gang.....	[] Yes	[] No
n. Boyfriend/partner trying to control you.....	[] Yes	[] No
o. Friends, acquaintances, associates getting killed	[] Yes	[] No
p. Family members not accepting your friends, acquaintances, associates	[] Yes	[] No
q. Getting caught in drug raids.....	[] Yes	[] No
r. A parent dying.....	[] Yes	[] No
s. Brother or sister dying.....	[] Yes	[] No
t. Close friend dying.....	[] Yes	[] No
u. Partner/boyfriend beating you up.....	[] Yes	[] No
v. Parents getting divorced or separated.....	[] Yes	[] No
w. Family member having trouble with alcohol.....	[] Yes	[] No
x. Getting very sick	[] Yes	[] No
y. Getting beat up.....	[] Yes	[] No
z. Parent or relative getting very sick.....	[] Yes	[] No

Part 10 – Coping

When you are experiencing stress, how often do you:	Never	Almost never	Some-times	Often	Most of the time
1. Sleep too much.	1	2	3	4	5
2. Eat.	1	2	3	4	5
3. Spend money/Shop.	1	2	3	4	5
4. Play with/take care of pet.	1	2	3	4	5
5. Write in diary.	1	2	3	4	5
6. Throw something or hit something.	1	2	3	4	5
7. Hit someone.	1	2	3	4	5
8. Take something that doesn't belong to you.	1	2	3	4	5
9. Pick a fight.	1	2	3	4	5
10. Get drunk/Get high.	1	2	3	4	5
11. Take off.	1	2	3	4	5
12. Criticize yourself/blame yourself.	1	2	3	4	5
13. Withdraw/not talk to anyone.	1	2	3	4	5
14. Plan something good/nice for yourself.	1	2	3	4	5

When you are experiencing stress, how often do you:	Never	Almost never	Some-times	Often	Most of the time
15. Have sex.	1	2	3	4	5
16. Focus on your hair and nails.	1	2	3	4	5
17. Stand up for yourself.	1	2	3	4	5
18. Quit/drop out.	1	2	3	4	5
19. Talk to a youth worker or other adult about what bothers you.	1	2	3	4	5
20. Work hard on schoolwork, projects or hobbies.	1	2	3	4	5
21. Get angry and yell at people/tell someone off.	1	2	3	4	5
22. Pray.	1	2	3	4	5
23. Try, on your own, to figure out how to deal with your problems or tensions.	1	2	3	4	5
24. Go to church.	1	2	3	4	5
25. Go along with rules when you don't really want to.	1	2	3	4	5
26. Blame others for what's going wrong.	1	2	3	4	5
27. Watch TV or movie/play video games, etc.	1	2	3	4	5
28. Tell yourself the problem is not important.	1	2	3	4	5
29. Talk to a friend, acquaintance, associate about how you feel.	1	2	3	4	5
30. Try to see the good in a difficult situation.	1	2	3	4	5
31. Exercise/play sports/do a strenuous physical activity.	1	2	3	4	5

Part 11 – Reproductive health

We'd like to ask you about your experiences with and honest feelings about sex, sexually transmitted diseases (STDs), birth control, & pregnancy.

1. Have you ever had sex? (check all that apply)

No Yes, with male Yes, with female
 ()² ()¹ ()¹

1a. If no, are you

¹[] Waiting until much later to have sex?

²[] Thinking about having sex soon? (Now SKIP to question 13)

1b. If yes, how old were you the first time you willingly had sex?

14 or younger 15 16 17 18 or older
 ()¹ ()² ()³ ()⁴ ()⁵

- 1c. How old was your partner the first time you had sex? _____
2. During the past 6 months, how many people did you have sex with? _____
3. In the past 6 months, how often did you use drugs or drink alcohol when you had sex?
- | | | | |
|------------------|------------------|------------------|------------------|
| Never | Some of the time | Most of the time | Always |
| () ₁ | () ₂ | () ₃ | () ₄ |
4. The last time you had sex, did you and your partner use a condom?
- 1[] Yes 2[] No
5. When you have sex, how often do you use a condom to prevent HIV/AIDS and other sexually transmitted diseases?
- | | | | | |
|-----------------------|------------------|---------------------|------------------|------------------|
| Every time I have sex | Most of the time | About half the time | Sometimes | Rarely or never |
| () ₁ | () ₂ | () ₃ | () ₄ | () ₅ |
6. Has your boyfriend/partner ever refused to use a condom?
- 1[] Yes 2[] No
7. When you have sex, how often do you use birth control/protection? (Include condoms.)
- 1[] Every time I have sex
- 2[] Most of the time
- 3[] About half the time
- 4[] Sometimes
- 5[] Rarely or never
8. What birth control methods/protection have you used to prevent getting pregnant? (Check all that apply)
- [] Condom
 - [] Cream, jelly, foam, suppository, or vaginal film
 - [] Diaphragm or cap
 - [] Pill
 - [] Morning after pill
 - [] Birth control shot (Depo Provera)
 - [] Implants (Norplants)
 - [] IUD
 - [] Natural method (please specify: _____)
 - [] Sex only during the safe time of the month (rhythm method)
 - [] Withdrawal (pulling out)
 - [] Washed out after sex (douche)
 - [] Having oral sex (penis in mouth, mouth on vagina)
 - [] Having anal sex (penis in anus)
 - [] Other _____
 - [] Nothing
 - [] Abstinence

9. How old were you the first time you used a birth control method/protection? Include condoms_____

10. In the past year, how many times did you think you were pregnant? _____ number of times

11. Are you currently pregnant? 1[] Yes 2[] No 3[] Don't know

12. How many times have you been pregnant (including miscarriages)?

Never	1 time	2 or more times	Not sure
()	()	()	()

13. Have you ever had an STD (like genital warts, HIV, chlamydia, herpes, gonorrhea)?

Yes	No	Not sure
() ₁	() ₂	() ₃

14. How likely do you think it is that you will get an STD in the next year?

Won't happen	Not very likely	Maybe	Very likely	Definitely will
() ₁	() ₂	() ₃	() ₄	() ₅

15. Have you ever been forced or pressured to have sex when you did not want to?

2[] No 1[] Yes

16. How easy is it for you to talk about sex and birth control/protection with your boyfriend or partner?

(check one)

1[] Always very easy	4[] Not very easy
2[] Most of the time it's easy	5[] I can't do it
3[] Sometimes it's easy	6[] Don't have a boyfriend/partner

17. When you have questions about sex or birth control/protection, who do you talk with?

(check all that apply)

1[] Friends	7[] Friend's mother
2[] Boyfriend/partner	8[] Teacher, counselor, or youth worker
3[] Sister or brother	9[] Pastor, priest or rabbi
4[] Mother or father	10[] Other _____
5[] Other adult relative	11[] I don't have anyone to talk to about it
6[] Health care professional	

18. Do you want to be pregnant now?

3[] No
2[] Not sure
1[] Yes

19. Does your boyfriend/partner want you to be pregnant now?

- 3[] No
- 1[] Yes
- 2[] Not sure
- 4[] Don't have a partner

20. How likely is it that you will get pregnant in the next year?

- 1[] Won't happen
- 2[] Not very likely
- 3[] Maybe
- 4[] Very likely
- 5[] Definitely will
- 6[] I am currently pregnant

21. How would you feel if you got pregnant now? If you are pregnant now, how do you feel about it? (check one)

- 1[] Very happy
- 2[] OK about it
- 3[] Not sure
- 4[] A little upset
- 5[] Terrible

22. Do any of your friends have children now? 1[] Yes 2[] No

23. Has anyone in your family ever been a teen parent? 1[] Yes 2[] No

24. How old do you want to be when you have your first or next child? (Check only one)

- 1[] 17 years old or younger 6[] I don't plan to have any/other children in my life
- 2[] 18 or 19 years old
- 3[] 20 to 24 years old
- 4[] 25 years or older
- 5[] Not sure

25. How would you rate your overall health?

- 1[] Very good
- 2[] Good
- 3[] Poor
- 4[] Very Poor

26. How honestly have you answered the questions in this section?

- 1[] Very honestly
 - 2[] Somewhat honestly
 - 3[] Dishonestly
-

Part 12 – Parenting

1. Do you have any children? 1[] Yes 2[] No

1a. If yes, how many? _____

2. Have you attended any parenting classes? 1[] Yes 2[] No

2a. If Yes, were they helpful? 1[] Yes 2[] No [] N/A

3. We are trying to get a general idea of how you would handle different situations with your child. Even if you do not have a child, please tell us how you think you would respond in each situation.

Very Hard (1)	Somewhat Hard (2)	Neither Hard nor Easy (3)	Somewhat Easy (4)	Very Easy (5)			
a. When your baby is upset, fussy, or crying, how hard do you think it will be to soothe him or her?			1	2	3	4	5
How easy will it be to understand what your baby wants or needs? (For example, will you know when your baby needs to be changed, or wants to be fed?)			1	2	3	4	5
How easy will it be for you to make your baby understand what you want him or her to do?			1	2	3	4	5
How hard will it be for you to get your baby to pay attention to you?			1	2	3	4	5
How easy will it be for you to get your baby to have fun with you? (For example, will you be able to get your baby to smile and laugh with you?)			1	2	3	4	5
How hard will it be for you to know what activities your baby will enjoy? (For example, will you know what games and toys your baby would like to play with?)			1	2	3	4	5
How hard will it be for you to keep your baby occupied when you need to do other things?			1	2	3	4	5
How hard will it be for you to change, feed, and bathe your baby?			1	2	3	4	5
How easy will it be for you to get your baby to show off for visitors? (For example, will you be able to make your baby smile or laugh for people who visit?)			1	2	3	4	5
j. In general, how easy will it be for you to be a good mother to your baby?			1	2	3	4	5

Part 13 - Demographic Information

1. Please tell us the month and year of your birthdate: _____ / _____ / _____
Month Day Year

2. What school do you go to/what is the name of the last school you attended?

3. What race/ethnicity are you? (check one)

1[] Black/African-American

2[] White/Anglo-American

3[] Hispanic/Latina

4[] Asian/Asian-American

5[] Native American

6[] Mixed-racial

7[] Other (please specify) _____

4. Who do you mostly live with?

1[] Mother

2[] Father

3[] Step-parent/parent's partner

4[] Other relative

5[] Brother or sister

6[] Friend

7[] Foster parent

9[] Group Home

10[] Independent Living

8[] Other _____
(please specify)

5. What does the head(s) of the household, where you mostly live, do for a living? (e.g. waitress, store clerk, factory worker, secretary, truck driver, salesperson, construction worker, disabled, unemployed, homemaker) _____

6. Has your family ever received welfare? (TANF, SSI) 1[] Yes 2[] No [] Don't know

7. Does your family receive welfare now? (TANF, SSI) 1[] Yes 2[] No [] Don't know

8. What is your religion? _____

9. Please share with us any additional comments or thoughts that you feel might be helpful to us in order to better understand your situation or the situations of young women like yourselves:



Your Thoughts & Experiences



Female Adolescent

Survey 2000

Institute for Social Research

University of Michigan

Wave 2 & Wave 3



We are meeting with you for this follow-up questionnaire to see how things have changed and how they've stayed the same for you since we last met with you about 6 months ago. Although some of the questions in this follow-up questionnaire are different, many are the same as the first one you filled out. We'd like you to think mostly of what has happened **in the last 6 months** since we last saw you when you are answering these questions.

Part I - Housing

1. We would like information about where you live.

	(a) Where are you living now?	(b) Place you lived or stayed before (a)?
With parent(s) and/or stepparents	()	()
With grandparent(s)	()	()
With aunt/uncle	()	()
With brother/sister	()	()
With your partner or partner's family	()	()
With friend	()	()
In Youth Home/Detention	()	()
In Foster Care	()	()
In Group home or other institution	()	()
In Independent living or transitional housing	()	()
Homeless/kicked out/had to leave.....	()	()
Other (please specify):	()	()

2. How many times did your living situation change in the last six months? _____

Part 2 - School and Work Information

Even if you are no longer in school, please read and answer each question as best you can.

1. What grade are you in (circle one)? If you are no longer in school, what was the last grade you completed? 6th 7th 8th 9th 10th 11th 12th Graduated₁₃

2. What is your current school status?

- 1[] I am in school or working on a GED 3[] I have graduated from high school
2[] I have dropped out of school 4[] I have earned a GED

3. Which of the following best describes your present school program?

- 1[] Middle school or junior high school 5[] College prep/advanced placement high school
2[] General high school 6[] GED program
3[] Alternative High School 7[] College
4[] Vocational, technical, or commercial high school

4. Over the last six months, how many hours per week did you work in a paid job during the school year?

- 1[] None 5[] More than 20 hours
2[] 5 or less hours 8[] Am not in school and work part time (less than 35 hours a week)
3[] 6 to 10 hours 9[] Am not in school and work full time (35 hours a week or more)
4[] 11-20 hours

5. In the last FOUR WEEKS of school, how many days did you miss in total?

- None 1 or 2 days 3-5 days 6-10 days More than 10 days
()₁ ()₂ ()₃ ()₄ ()₅

6. In your last 6 MONTHS of school, how many days did you miss in total?

- Less than three About a week About a month More than a month
()₁ ()₂ ()₃ ()₄

7. During the last 6 months in school, what were the reasons that you missed school? (check as many as apply)

- 1[] I was sick 3[] I didn't want to go to school(was too tired or too bored to go)
2[] I missed the bus/ couldn't get to school 7[] I didn't feel safe getting there or once I was there
4[] I had to work 8[] I was in detention or was in a shelter
5[] I had family obligations 9[] I had to go to court/I had a medical appointment
6[] Too late to enroll 12[] Running Away
11[] Expelled or suspended 10[] Other reasons (please specify)
-

8. During the last 6 months in school, how often did you miss school due to using substances (alcohol and/or drugs) or due to having a hangover?

- Never 1 or 2 times 3 to 5 times 6 to 10 times More than 10 times
()₁ ()₂ ()₃ ()₄ ()₅

9. In the last 6 months, were you suspended from school? 1[] Yes 2[] No

12a. How often were you suspended?

- Never 1 or 2 times 3 to 5 times 6 to 10 times More than 10 times
()₁ ()₂ ()₃ ()₄ ()₅

10. In the last 6 months, were you expelled from school? 1[] Yes 2[] No

13a. If yes, how many times? _____

11. How do you feel about school?

- 1[] I like school very much 3[] I like school some 5[] I don't like school at all
 2[] I like school quite a lot 4[] I don't like school very much

12. Do you think the things you've learned in school are important for your later life?

- Very important Quite important Fairly important Slightly important Not at all important
 ()₁ ()₂ ()₃ ()₄ ()₅

13. In the last 6 months, have you started a work-study program – that is, a program where you work on a job as part of your schooling? [] Yes [] No

14. How many times in the last 6 months of school did you see a guidance counselor?

- More than 10 times Between 5 and 10 times 3 or 4 times Once or twice No times
 ()₁ ()₂ ()₃ ()₄ ()₅

15. How many times in the last 6 months of school did you see school social workers?

- More than 10 times Between 5 and 10 times 3 or 4 times Once or twice No times
 ()₁ ()₂ ()₃ ()₄ ()₅

16. How helpful have your sessions with a counselor/social worker over the last six months been to you?

- 1[] Extremely helpful 3[] Somewhat helpful 5[] Not at all helpful
 2[] Quite helpful 4[] A little helpful 7[] Did not see a counselor

17. What career do you plan to have? _____

18. How likely is it that you will do each of the following things after leaving high school?

	Definitely will	Probably will	Probably won't	Definitely won't
a. Get a full-time job	1	2	3	4
b. Attend a technical or vocational school.	1	2	3	4
c. Serve in the armed forces	1	2	3	4
d. Graduate from a two-year college program	1	2	3	4
e. Graduate from college (four-year program)	1	2	3	4
f. Attend graduate or professional school after college	1	2	3	4
g. Be a full-time stay-at-home mom	1	2	3	4

19. In the last 6 months of school, do you think you were unfairly discouraged by a teacher or advisor from continuing your education? 1[] Yes 2[] No

19a. If yes, why do you think this was so? (Check all that apply)

☐ your race/ethnicity ☐ your physical appearance ☐ your mental or physical ability
☐ your gender ☐ your sexual orientation ☐ your income level/social class
☐ your age ☐ your delinquency status
☐ your religion ☐ other (specify): _____

20. Is there a person in your life that you think of as a role model or mentor? Someone you talk over your future with? (Not just in the last six months). Check all that apply.

☐ Mother ☐ Sister or brother ☐ Teacher
☐ Father ☐ Friend ☐ Other Family Member
☐ Grandmother/Grandfather ☐ Counselor/ youth worker
Other

Part 3 – Knowledge & Usage of Community Services

1. Please tell us what services you wanted over the last six months and what services you actually received.

Over the last six months...	Wanted this service? (circle one)		Received this service in last 6 months? (circle one)	
	Yes	No	Yes	No
a. Job/career skills	Yes	No	Yes	No
b. Learning to have good relationships	Yes	No	Yes	No
c. Sports, health, and/or fitness training	Yes	No	Yes	No
d. Learning how to live on my own	Yes	No	Yes	No
e. Anger management training	Yes	No	Yes	No
f. Learning how to be a better student	Yes	No	Yes	No
g. Individual counseling	Yes	No	Yes	No
h. Problem-solving skills training	Yes	No	Yes	No
i. Family counseling	Yes	No	Yes	No
j. General health education	Yes	No	Yes	No
k. Sex education	Yes	No	Yes	No
l. Help with depression/mental health problems	Yes	No	Yes	No
m. Learning how to parent	Yes	No	Yes	No
n. Drug/alcohol education/treatment	Yes	No	Yes	No
o. Emotional abuse counseling	Yes	No	Yes	No
p. Sexual abuse counseling	Yes	No	Yes	No
q. Physical abuse counseling	Yes	No	Yes	No
r. Treatment for sexual offending	Yes	No	Yes	No
s. Leadership training	Yes	No	Yes	No
t. Dating violence prevention	Yes	No	Yes	No

Over the last six months...	Wanted this service? (circle one)		Received this service in last 6 months? (circle one)	
u. Self defense training	Yes	No	Yes	No
v. Reproductive health services	Yes	No	Yes	No
w. Other	Yes	No	Yes	No
x. Other	Yes	No	Yes	No

2. Please tell us if any of these reasons might have kept you from getting additional services over the last six months.

- r. I thought my problems were not so serious 1[] Yes 2[] No
- s. I decided I could handle my problems on my own..... [] Yes [] No
- t. Help cost too much money [] Yes [] No
- u. Services were too inconvenient to use [] Yes [] No
- v. I had a bad experience with program staff [] Yes [] No
- w. I was afraid of what my family, friends or acquaintances would say. [] Yes [] No
- x. I was afraid I would be taken away from my family [] Yes [] No
- y. I thought the services would not help [] Yes [] No
- z. The people I trusted most did not recommend these services? [] Yes [] No
- aa. I did not know who to trust for advice [] Yes [] No
- bb. I didn't know where to go [] Yes [] No
- cc. I had no way to get there [] Yes [] No
- dd. I had to wait a long time to get services [] Yes [] No
- ee. I did not want to go [] Yes [] No
- ff. Agency has a bad reputation [] Yes [] No
- gg. It was not safe to go where the service was located. [] Yes [] No
- Any other reason? _____

Part 4 - Social Services

1. Concerning the program you are/were involved with...

1a. What have you gained from this program? _____

1b. What did you expect to receive from this program? _____

1c. In your opinion, is this program helping you?

Yes, a lot

Yes, some

Yes, a little

No, not at all

()₁

()₂

()₃

()₄

1d. If yes at all, in what ways?

2. Please check all of the programs or services that you are currently receiving.

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> SSI | <input type="checkbox"/> FIA or FIP(TANF) Checks |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Head Start | <input type="checkbox"/> MI Child Health Insurance |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Teen Parent Empowerment | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Food stamps | <input type="checkbox"/> Focus Hope/Emergency Food | <input type="checkbox"/> Employment |
| | | <input type="checkbox"/> Other (specify) _____ |

3. In general, how satisfied are you with the social services provided to you and your family?

		Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
Very satisfied	Satisfied			
() ¹	() ²	() ³	() ⁴	() ⁵

Part 5 – Community Support

We'd now like to ask you about your experiences over the last 6 months in the community/communities in which you have lived.

1. In the last 6 months, do you think you have been unfairly stopped searched, questioned, physically threatened or abused by the police? ₁ ☐ Yes ₂ ☐ No

1a. If yes, why do you think this was so? Check all that apply.

_____ your race/ethnicity	_____ your delinquency status	_____ your income level/social class
_____ your gender	_____ your religion	_____ your mental or physical ability
_____ your age	_____ your physical appearance	_____ your sexual orientation
_____ other (specify): _____		

2. Over the last 6 months, if you felt you were being treated unfairly, how did you usually respond? Did you accept it as a fact of life or did you try to do something about it?

_____ accepted it _____ tried to do something

2a. Did you talk to other people about it or did you keep it to yourself?

_____ talked to others _____ kept it to myself

2b. Did you lose your temper?

_____ yes _____ no _____ sometimes

3. In your day-to-day life over the last 6 months, how often have any of the following things happened to you?

Has this happened?	Never	Hardly ever	Not too often	Fairly often	Very often
a. You are treated with less courtesy than other people	1	2	3	4	5
b. You are treated with less respect than other people	1	2	3	4	5
c. You receive poorer service than other people at restaurants or stores	1	2	3	4	5

d. People act as if they think you are not smart	1	2	3	4	5
e. People act as if they are afraid of you	1	2	3	4	5
f. People act as if they think you are dishonest	1	2	3	4	5
g. People act as if they're better than you	1	2	3	4	5
h. You are called names or insulted	1	2	3	4	5
i. You are threatened or harassed	1	2	3	4	5

4. Regarding question # 3, what do you think are the reasons for these experiences?

(Check all that apply)

☐ your race/ethnicity ☐ your physical appearance ☐ your mental or physical ability
☐ your gender ☐ your sexual orientation ☐ your income level/social class
☐ your age ☐ your delinquency status
☐ your religion ☐ other (specify): _____

Part 6 – Emotional Well-being

1. We are interested in knowing how you have been feeling lately. Below is a list of the ways you might have felt or acted. Please tell us how often you have felt this way **during the past week**.

...felt this way during the past week .	Rarely or Never (less than 1 day)	A Little of the Time (1-2 days)	Occasionally (3-4 days)	Most or All of the Time (all week)
a. I was bothered by things that usually don't bother me.	() ₁	() ₂	() ₃	() ₄
u. I did not feel like eating; my appetite was poor.	()	()	()	()
v. I felt that I could not shake off the blues even with help from my family and friends.	()	()	()	()
w. I felt that I was just as good as other people. ...	()	()	()	()
x. I had trouble keeping my mind on what I was doing.	()	()	()	()
y. I felt depressed.	()	()	()	()
z. I felt that everything I did was an effort.	()	()	()	()
aa. I felt hopeful about the future.	()	()	()	()
bb. I thought my life had been a failure.	()	()	()	()
cc. I felt fearful.	()	()	()	()
dd. My sleep was restless.	()	()	()	()
ee. I was happy.	()	()	()	()
ff. I talked less than usual.	()	()	()	()
gg. I felt lonely.	()	()	()	()
hh. People were unfriendly.	()	()	()	()

...felt this way during the past week.	Rarely or Never (less than 1 day)	A Little of the Time (1-2 days)	Occasionally (3-4 days)	Most or All of the Time (all week)
ii. I enjoyed life.	()	()	()	()
jj. I had crying spells.	()	()	()	()
kk. I felt sad.	()	()	()	()
ll. I felt that people dislike me.	()	()	()	()
mm. I could not get "going."	()	()	()	()

2. Which of the following best describes how you feel about your life overall? (check one)

Very unhappy Very happy

←-----→

()₁ ()₂ ()₃ ()₄ ()₅ ()₆ ()₇

The next 4 questions ask about suicidal feelings and attempted suicide. We will need to let your staff know how you have been feeling if you answer yes to any of these questions.

3a. Over the last six months, have you seriously considered attempting suicide?

1[] Yes 2[] No

3b. Over the last six months, did you ever make a plan about how you would attempt suicide?

1[] Yes 2[] No

3c. Over the last 6 months, how many times did you actually attempt suicide?

0 times 1 time 2 or 3 times 4 or 5 times 6 or more times

()₁ ()₂ ()₃ ()₄ ()₅

3d. Did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or a nurse?

1[] Yes 2[] No [] N/A

Part 7 – Substance Use

We hope you can answer all questions, but if you find one which you feel you cannot answer honestly we would prefer that you leave it blank. Remember that your answers will be kept strictly confidential. They will not be connected to your name.

1. On how many occasions have you had alcoholic beverages to drink?

(Check only one box for each line)	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
a. During the last 30 days?	() ₁	() ₂	() ₃	() ₄	() ₅	() ₆	() ₇
b. During the last 6 months?	()	()	()	()	()	()	()

2. Think back over the last two weeks. How many times have you had five or more drinks in a row? (A 'drink' is any alcoholic beverage, like a bottle of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.) (Check the one that applies to you)

None	Once	Twice	3 to 5 times	6 to 9 times	10 or more times
() ₁	() ₂	() ₃	() ₄	() ₅	() ₆

3. On how many occasions have you smoked cigarettes?

(Check only one box for each line)	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
a. During the last 30 days?	() ₁	() ₂	() ₃	() ₄	() ₅	() ₆	() ₇
b. During the last 6 months?	()	()	()	()	()	()	()

4. On how many occasions have you used marijuana or hashish?

(Check only one box for each line)	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
a. During the last 30 days?	() ₁	() ₂	() ₃	() ₄	() ₅	() ₆	() ₇
b. During the last 6 months?	()	()	()	()	()	()	()

5. On how many occasions have you used any other drugs?

(Check only one box for each line)	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40+
a. During the last 30 days?	() ₁	() ₂	() ₃	() ₄	() ₅	() ₆	() ₇
b. During the last 6 months?	()	()	()	()	()	()	()

6. In the last 6 months, did you receive any kind of professional counseling or substance abuse treatment because of your use of alcohol or drugs?

1[] Yes 2[] No

7. In the last 6 months, did you attend a treatment program for alcohol or drug abuse where you stayed overnight?

1[] Yes 2[] No

Part 8 – Peer support

1. Do you have many close female friends? ☐ Yes ☐ No

2. Do you have many close male friends? ☐ Yes ☐ No

3. Have you participated in any of the following activities over the last 6 months? How often?

How often do you participate in...?	1 or more times per week	Less than once a week	Never
Individual sports - such as (swimming, biking, tennis)	()	()	()
Team sports - such as (softball, basketball, volleyball)	()	()	()
Physical fitness - such as (aerobics, jogging)	()	()	()
Dance - such as (African, modern, step, tap)	()	()	()
Music - such as (vocal, instrumental, band, drill team)	()	()	()
Dramas - such as (plays)	()	()	()

4. How good are you at:	Poor at this	Fair at this	Okay at this	Good at this	Extremely good at this
a. Asking someone new to do things together, like go to a movie?	1	2	3	4	5
b. Making someone feel better when they are unhappy or sad?	1	2	3	4	5
c. Getting people to go along with what you want? ...	1	2	3	4	5
d. Telling people personal things about yourself?	1	2	3	4	5
e. Resolving disagreements in ways that make things better instead of worse?	1	2	3	4	5
f. Going out of your way to start up new friendships?	1	2	3	4	5
g. Being able to make others feel like you understand their problems?	1	2	3	4	5
h. Taking charge?	1	2	3	4	5
i. Letting someone see your sensitive side?	1	2	3	4	5
j. Dealing with disagreements that make both people happy in the long run?	1	2	3	4	5
k. Carrying on conversations with new people that you would like to know better?	1	2	3	4	5
l. Helping people work through their thoughts and feelings about important decisions?	1	2	3	4	5
m. Sticking up for yourself?	1	2	3	4	5
n. Telling someone embarrassing things about yourself?	1	2	3	4	5
o. Introducing yourself to people for the first time?	1	2	3	4	5
p. Helping people handle pressure or upsetting events?	1	2	3	4	5
q. Getting someone to agree with your point of view?	1	2	3	4	5
r. Opening up and letting someone get to know everything about yourself?	1	2	3	4	5
s. Dealing with disagreements in ways so that one	1	2	3	4	5

4. How good are you at:	Poor at this	Fair at this	Okay at this	Good at this	Extremely good at this
person does not always come out the loser?					
t. Calling new people on the phone to set up time to get together to do things?	1	2	3	4	5
u. Showing that you really care when someone talks about problems?	1	2	3	4	5
v. Deciding what should be done?	1	2	3	4	5
w. Sharing personal thoughts and feelings?	1	2	3	4	5
x. Going places where there are unfamiliar people in order to get to know people?	1	2	3	4	5
y. Voicing your desires and opinions?	1	2	3	4	5
z. Telling someone things that you do not want everyone to know?	1	2	3	4	5
aa. Getting over disagreements quickly?	1	2	3	4	5

Part 9 - Experiences

1. During the last 6 months, how often have you done ANY of the following? (Check only one box for each line)

	Never	Once	2 Times	3-4 Times	5 or more times
a. Verbally argued with either of your parents.	() ₁	() ₂	() ₃	() ₄	() ₅
b. Had a physical fight with either of your parents. ...	()	()	()	()	()
c. Hit an instructor or supervisor.	()	()	()	()	()
d. Gotten into a serious physical fight in school or at work. .	()	()	()	()	()
e. Taken part in a fight where a group of your friends were against another group.	()	()	()	()	()
f. Hurt someone badly enough to need bandages or a doctor.	()	()	()	()	()
g. Used a knife or gun or some other thing (like a club) to get something from a person.	()	()	()	()	()
h. Taken something not belonging to you worth under \$50.	()	()	()	()	()
i. Taken something not belonging to you worth over \$50.	()	()	()	()	()
j. Taken something from a store without paying for it.	()	()	()	()	()
k. Used a car that didn't belong to someone in your family without permission of the owner.	()	()	()	()	()
l. Taken things from a car without permission of the owner...	()	()	()	()	()
m. Gone into some house or building when you weren't supposed to be there.	()	()	()	()	()

	Never	Once	2 Times	3-4 Times	5 or more times
n. Set fire to someone's property on purpose.	()	()	()	()	()
o. Damaged school property on purpose.	()	()	()	()	()
p. Damaged property at work on purpose.	()	()	()	()	()
q. Been arrested and taken to a police station.	()	()	()	()	()

2. In the last 6 months, have you had to go to court because of something you did?

[] Yes [] No

2b. If yes, how many times?

1 - 3 times () 4 - 6 times () More than 6 times ()

3. In the last six months, has this happened to you?	Has this happened?	
	Yes	No
a. Friends/family getting into gangs.....	1[] Yes	2[] No
b. Family members getting on drugs.....	[] Yes	[] No
c. Teachers hassling you.....	[] Yes	[] No
d. Getting picked on by police.....	[] Yes	[] No
e. Friends, acquaintances, associates getting on drugs.....	[] Yes	[] No
f. Family having money problems.....	[] Yes	[] No
g. Other people trashing you.....	[] Yes	[] No
h. Being threatened with guns.....	[] Yes	[] No
i. Friends, acquaintances, associates getting pregnant.	[] Yes	[] No
j. Family members getting killed.....	[] Yes	[] No
k. Friends, acquaintances, associates getting locked up.	[] Yes	[] No
l. Arguing or fighting with family members.....	[] Yes	[] No
m. Being in a gang.....	[] Yes	[] No
n. Boyfriend/partner trying to control you.....	[] Yes	[] No
o. Friends, acquaintances, associates getting killed.	[] Yes	[] No
p. Family members not accepting your friends, acquaintances, associates.	[] Yes	[] No
q. Getting caught in drug raids.....	[] Yes	[] No
r. A parent dying.....	[] Yes	[] No
s. Brother or sister dying.....	[] Yes	[] No
t. Close friend dying.....	[] Yes	[] No
u. Partner/boyfriend beating you up.....	[] Yes	[] No
v. Parents getting divorced or separated.....	[] Yes	[] No
w. Family member having trouble with alcohol.....	[] Yes	[] No
x. Getting very sick	[] Yes	[] No

3. In the last six months, has this happened to you?	Has this happened?	
	Yes	No
y. Getting beat up.....	[] Yes	[] No
z. Parent or relative getting very sick.....	[] Yes	[] No
aa. Being forced/pressured to have sex when did not want it.	[] Yes	[] No
bb. Learning that someone you know has HIV/AIDS.	[] Yes	[] No

Part 10 – Coping

When you experienced stress during the last 6 months, how often did you:	Never	Almost never	Some-times	Often	Most of the time
1. Sleep too much.	1	2	3	4	5
2. Eat.	1	2	3	4	5
3. Spend money/Shop.	1	2	3	4	5
4. Play with/take care of pet.	1	2	3	4	5
5. Write in diary.	1	2	3	4	5
6. Throw something or hit something.	1	2	3	4	5
7. Hit someone.	1	2	3	4	5
8. Take something that doesn't belong to you.	1	2	3	4	5
9. Pick a fight.	1	2	3	4	5
10. Get drunk/Get high.	1	2	3	4	5
11. Take off.	1	2	3	4	5
12. Criticize yourself/blame yourself.	1	2	3	4	5
13. Withdraw/not talk to anyone.	1	2	3	4	5
14. Plan something good/nice for yourself.	1	2	3	4	5
15. Have sex.	1	2	3	4	5
16. Focus on your hair and nails.	1	2	3	4	5
17. Stand up for yourself.	1	2	3	4	5
18. Quit/drop out.	1	2	3	4	5
19. Talk to a youth worker or other adult about what bothers you.	1	2	3	4	5
20. Work hard on schoolwork, projects or hobbies.	1	2	3	4	5
21. Get angry and yell at people/tell someone off.	1	2	3	4	5
22. Pray.	1	2	3	4	5
23. Try, on your own, to figure out how to deal with your problems or tensions.	1	2	3	4	5
24. Go to church.	1	2	3	4	5
25. Go along with rules when you don't really want to.	1	2	3	4	5
26. Blame others for what's going wrong.	1	2	3	4	5

When you experienced stress during the last 6 months, how often did you:	Never	Almost never	Some-times	Often	Most of the time
27. Watch TV or movie/play video games, etc.	1	2	3	4	5
28. Tell yourself the problem is not important.	1	2	3	4	5
29. Talk to a friend, acquaintance, associate about how you feel.	1	2	3	4	5
30. Try to see the good in a difficult situation.	1	2	3	4	5
31. Exercise/play sports/do a strenuous physical activity.	1	2	3	4	5

Part 11 – Reproductive health

Please answer these questions concerning your experiences over the last 6 months.

- During the past 6 months, how many people did you have sex with? _____
(Note: If you haven't had sex in the last 6 months, skip to question 9)
- The last time you had sex, did you and your partner use a condom? ☐ Yes ☐ No
- In the past 6 months, how often did you use drugs or drink alcohol when you had sex?

Never	Some of the time	Most of the time	Always
() ₁	() ₂	() ₃	() ₄
- When you had sex in the last 6 months, how often did you use a condom to prevent HIV/AIDS and other sexually transmitted diseases?

Every time I had sex	Most of the time	About half the time	Sometimes	Rarely or never
() ₁	() ₂	() ₃	() ₄	() ₅
- In the past 6 months, did your boyfriend/partner ever refused to use a condom?
1[] Yes 2[] No 3[] Not applicable
- When you had sex in the last 6 months, how often did you use birth control/protection? (Include condoms.)

1[] Every time I have sex	3[] About half the time	5[] Rarely or never
2[] Most of the time	4[] Sometimes	

7. In the last 6 months, what birth control methods/protection have you used to prevent getting pregnant? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Condom | <input type="checkbox"/> Cream, jelly, foam, suppository, or vaginal film |
| <input type="checkbox"/> Pill | <input type="checkbox"/> Washed out after sex (douche) |
| <input type="checkbox"/> IUD | <input type="checkbox"/> Natural method (please specify:_____) |
| <input type="checkbox"/> Diaphragm or cap | <input type="checkbox"/> Sex only during safe time of the month (rhythm method) |
| <input type="checkbox"/> Morning after pill | <input type="checkbox"/> Having oral sex (penis in mouth, mouth on vagina) |
| <input type="checkbox"/> Implants (Norplants) | <input type="checkbox"/> Having anal sex (penis in anus) |
| <input type="checkbox"/> Withdrawal (pulling out) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Birth control shot (Depo Provera) | <input type="checkbox"/> Nothing |
| | <input type="checkbox"/> Abstinence |

8. In the past 6 months, how many times did you think you were pregnant? _____ times.

9. Are you currently pregnant? 1[] Yes 2[] No 3[] Don't know

10. In the last six months, have you had an STD (like genital warts, HIV, chlamydia, herpes, gonorrhea)?

Yes	No	Not sure
() ₁	() ₂	() ₃

11. How likely do you think it is that you will get an STD in the next year? -

Won't happen	Not very likely	Maybe	Very likely	Definitely will
() ₁	() ₂	() ₃	() ₄	() ₅

12. How often do you worry about getting an STD?

1[] Never worry	3[] Often worry
2[] Worry sometimes	4[] Worry constantly

13. How often do you worry about getting HIV/AIDS?

1[] Never worry	3[] Often worry
2[] Worry sometimes	4[] Worry constantly

14. How often do you worry about someone you care about getting HIV/AIDS?

1[] Never worry	3[] Often worry
2[] Worry sometimes	4[] Worry constantly

15. Do you want to be pregnant now? 3[] No 2[] Not sure 1[] Yes

16. Does your boyfriend/partner want you to be pregnant now?

3[] No	2[] Not sure
1[] Yes	4[] Don't have a partner

17. How likely is it that you will get pregnant in the next year?

- 1[] Won't happen 3[] Maybe 5[] Definitely will
2[] Not very likely 4[] Very likely 6[] I am currently pregnant

18. How would you feel if you got pregnant now? If you are pregnant now, how do you feel about it? (check one)

- 1[] Very happy 3[] Not sure 5[] Terrible
2[] OK about it 4[] A little upset

19. How old do you want to be when you have your first or next child? (Check only one)

- 1[] 17 years old or younger 4[] 25 years or older 7[] Once I am married
2[] 18 or 19 years old 5[] Not sure
3[] 20 to 24 years old 6[] I don't plan to have any/other children in my life

20. How often do you worry about getting pregnant?

- 1[] Never worry 3[] Often worry
2[] Worry sometimes 4[] Worry constantly

21. How would you rate your overall health?

- 1[] Very good 3[] Poor
2[] Good 4[] Very Poor

22. How honestly have you answered the questions in this section?

- 1[] Very honestly 2[] Somewhat honestly 3[] Dishonestly

23. Now we'd like to ask you some questions to find out what you know about HIV (the cause of AIDS) and how HIV is transmitted. **Please circle only one.**

a. Can a person who has HIV infect someone else during sexual intercourse (sex, going all the way)?	Yes	No	Don't know	Don't understand the question
b. Do people get HIV infection from sharing needles used to inject (shoot up) drugs?	Yes	No	Don't know	Don't understand the question
c. Can teens get tested for HIV infection without their parent's permission?	Yes	No	Don't know	Don't understand the question
d. Can people <u>lower</u> their chances of getting infected with HIV by using birth control pills, Norplant, or Depo-Provera?	Yes	No	Don't know	Don't understand the question
e. Is using a latex condom during sex the best way to prevent HIV infection?	Yes	No	Don't know	Don't understand the question
f. Can a person get HIV infection from oral sex?	Yes	No	Don't know	Don't understand the question
g. Do people <u>lower</u> their chances of getting infected with HIV by having anal sex (sex in the but)?	Yes	No	Don't know	Don't understand the question

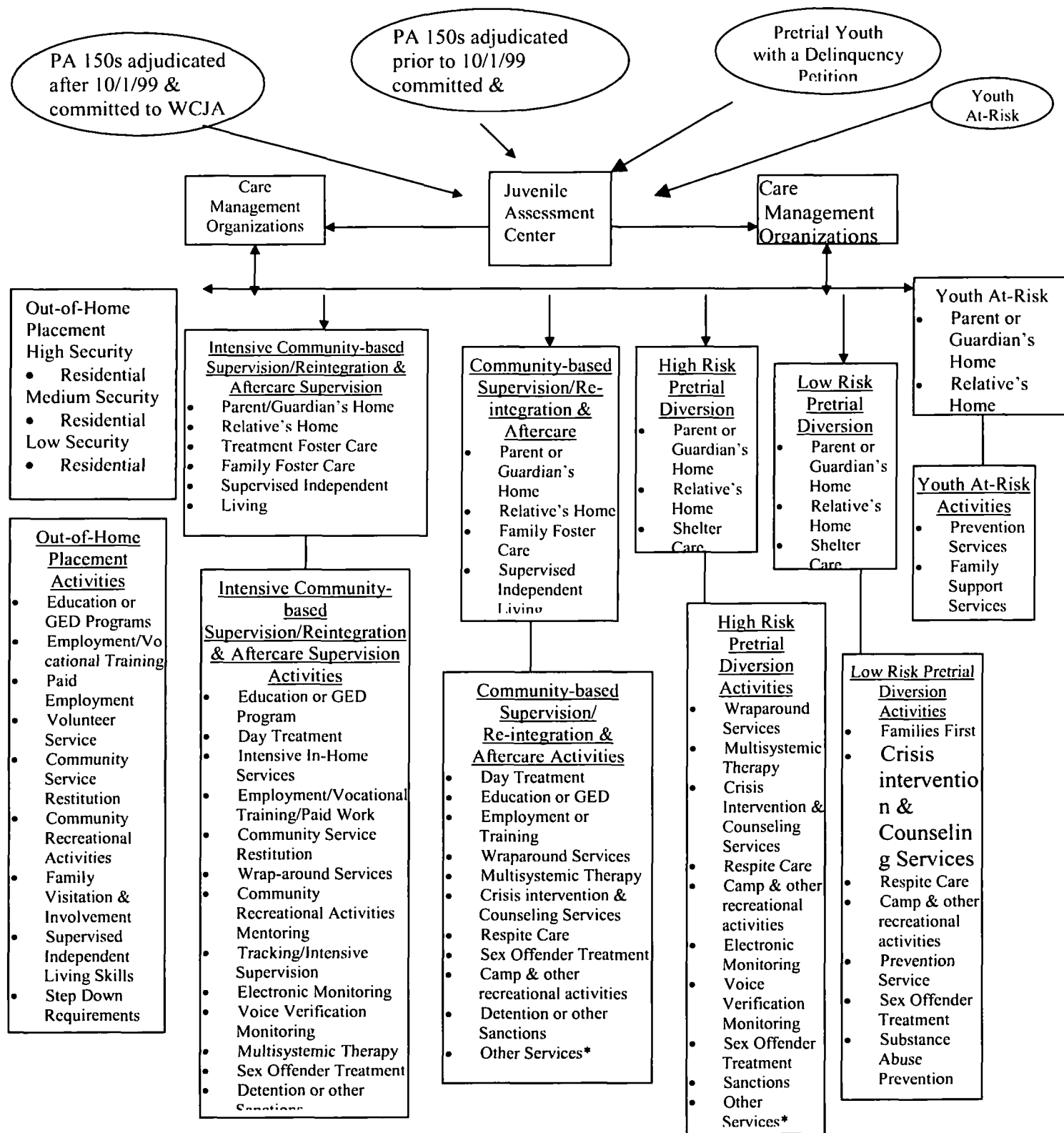
- [illegible]

APPENDIX B

**WAYNE COUNTY DEPARTMENT OF COMMUNITY JUSTICE
ORGANIZATIONAL STRUCTURE FOR JUVENILE SERVICES**

Figure B.1: PHASE I

Wayne County Department of Community Justice Service Delivery Process for Children and Families Case Management Pathways and Service Activities



*All youth regardless of their service path should receive medical & behavioral health services, mentoring, tutoring, & educational services. employment skills training. transportation & recreation services. & specialty services such as parent education.

APPENDIX C

Title	Page
Study of Delinquent, Diverted and High-Risk Adolescent Girls: Implications for Mental Health Prevention and Intervention	148
Programming for Young Women in the U.S. Juvenile Justice System: A Critical Examination of "Gender-Specific" Services	165
A Study of Youth Assistance Programs in Wayne County, Michigan	191
Needs and Access to Health and Social Services by Pregnant and Parenting High Risk Teens	211
Community Programs for African American Female Youth: Sexual Activity and Behavioral Risk Factors	239
OJJDP Study Findings	252

**Study of Delinquent, Diverted and High-Risk Adolescent Girls:
Implications for Mental Health Prevention and Intervention**

Mary C. Ruffolo

Rosemary Sarri

Sara Goodkind

University of Michigan
Institute for Social Research
Ann Arbor, Michigan 48106-1248

An earlier version of this paper was presented at the Social Work Research: Moving Forward Meeting, NIMH Division of Services and Intervention Research, Bethesda, MD, June 10-11.
This study is supported by OJJDP (2000JRVX0008).

STUDY OF DELINQUENT, DIVERTED AND HIGH-RISK ADOLESCENT GIRLS: IMPLICATIONS FOR MENTAL HEALTH PREVENTION AND INTERVENTION

Abstract

Building on a risk-focused approach (Hawkins et al., 1995; Pollard et al., 1999), this study examines risk and protective factors for delinquent, diverted, and high-risk adolescent girls in order to inform the development of effective mental health prevention and intervention programs. Using written surveys, we explored the experiences of delinquent, diverted, and high-risk adolescent girls ($N = 159$) involved or at risk of involvement with the juvenile justice system within a large urban setting. Girls from three types of programs were surveyed: home based, community-based open residential, and closed residential. A majority of the girls reported moderate to severe depression (CES-D mean score = 23), although only about one-third of these youth had received mental health specialty services. Girls in the closed residential settings had significantly higher levels of depression, experienced more negative life events, reported more sexual abuse, more often had special education status, were more likely to come from families who received welfare, had more disruptions in living situations (e.g., foster home placements), exhibited more delinquent behavior (e.g., theft and physical fighting), and utilized more negative coping behaviors than did the girls in the other program types. Implications for mental health prevention and intervention programs focusing on building resilience through risk reduction and protective factor enhancement are presented.

Key words: Juvenile justice, girls, mental health, prevention, intervention

STUDY OF DELINQUENT, DIVERTED AND HIGH-RISK ADOLESCENT GIRLS: IMPLICATIONS FOR MENTAL HEALTH PREVENTION AND INTERVENTION

In the United States, there has been a significant increase in the number of adolescent girls involved in the juvenile justice system in the past decade (American Bar Association (ABA) and National Bar Association (NBA), 2001). However, most of this increase can be attributed to changes in arrest policies and practices – such as charging girls involved with family conflicts with assault and increasing arrests for curfew, loitering, and drug abuse violations – rather than to changes in girls' offense patterns (ABA and NBA, 2001). Despite this troubling trend, many girls in the justice system have mental health problems and need services (Petrila, 1998). Adolescent girls of color living in impoverished conditions are disproportionately represented in the juvenile justice system (ABA and NBA, 2001). This article presents results from a survey of 159 girls, the majority of whom are African American and low income, in three types of placements for girls in the juvenile justice system or at risk of involvement with it, focusing on risk and protective factors to inform the development of mental health services.

Background

The incidence of mental disorders in youth in the juvenile justice system is two to three times higher than it is in the general population (Lexcen & Redding, 2000; Petrila, 1998). About 73 percent of these youth report mental health problems at the time of intake (Cocozza & Skowyra, 2000), and many have multiple mental health problems (Lexcen & Redding, 2000). In a randomly selected, stratified sample of 1829 youth arrested and detained in Cook County, Illinois, Teplin, Abram, McClelland, Dulcan, and Mericle (2002) found that two-thirds of the boys and three-fourths of the girls met diagnostic criteria for one or more psychiatric disorders. Almost half the girls in this study had a substance use disorder and rates for many disorders were higher among girls and older adolescents. Youth with mental health problems enter the juvenile justice system at earlier ages and report significant family problems at the time of admission (Dembo, Pacheco, Schmeidler, Ramirez-Garmica, Guida & Rathman, 1998). According to the NMHA/GAINS Study (1999) and Coalition for Juvenile Justice (2000), mental health services for youth in the juvenile justice system are fragmented and inadequate. In addition, there is a serious lack of community-based programs for adjudicated girls (ABA and NBA, 2001).

Conceptual Framework

Building on a risk-focused approach (Hawkins, Arthur and Catalano, 1995; Pollard, Hawkins and Arthur, 1999), this study looks at balancing risk and protective factors for adolescent girls across multiple system levels (individual, family, school, and community) to prevent delinquency by eliminating, reducing, or mitigating its precursors (Hawkins, Catalano and Miller, 1992). A risk factor in this study is defined as any influence that "increases the probability of onset, digression to a more serious state or maintenance of a problem condition" (Fraser, 1997, pp. 10-11). A protective factor is an internal or external force that helps girls resist or ameliorate risk (Fraser, 1997). In this study, individual, family, school, and community risk and protective factors are examined from adolescent girls' perspectives to determine what factors may have placed these girls at greater risk for involvement in the juvenile justice system.

In addition, we examine differences in these girls' risk and protective factors based on program placement. Previous studies have primarily focused on adolescent girls who were incarcerated or in detention settings. By including not just adjudicated girls but also diverted and

high-risk girls, this study can help to identify potential areas where mental health prevention and intervention programs might make a difference for these youth and help to prevent involvement with the juvenile justice system. "Delinquent" girls are those that have been adjudicated through the juvenile justice system. "Diverted" girls have engaged in behaviors that have brought them to the attention of the juvenile justice system, but, instead of being adjudicated, these girls are referred to community-based services. "High-risk" girls are not currently involved with the juvenile justice system, but may have had past involvement and are engaging in behaviors (e.g., running away, truancy) that place them at risk for involvement with the juvenile justice system.

Method

Over a 9-month time period, 159 delinquent, diverted, and high-risk adolescent girls in a large urban community were interviewed using a self-administered, structured interview survey. The girls were involved in one of three types of programs (home-based, community-based open residential, or closed residential). The home-based programs involved primarily high-risk and diverted adolescent girls who were living at home. They were receiving individual, family, group, and/or other diversion services. The community-based open residential programs involved high risk, diverted and adjudicated adolescent girls, many of whom had children. Many of these girls attended school, worked, or participated in work training programs. The closed residential programs were group home or residential settings where adjudicated girls were considered a medium-security risk and their activities monitored and controlled by program staff.

Recruitment of the adolescent girls was conducted following informed consent procedures approved by the University of Michigan Institutional Review Board. In addition to the youth assent, parental/guardian consent was obtained in a written consent procedure. Participation in the study was voluntary and confidential. Only a few parents (less than ten) of the adolescent girls refused to have their daughters participate in the study. The structured surveys of the adolescent girls were conducted in small groups with trained research staff available to assist youth with reading or learning challenges in completing the surveys. The survey included questions about the girls' socio-demographic characteristics, risk factors (e.g., delinquent behavior, substance use, teen pregnancy/risky sexual behavior, poverty, truancy/school failure and dropout, abuse and neglect, and emotional disturbance/mental illness) and protective factors (e.g., interpersonal competencies, being drug free, mental and social health, integration in the community, prevention of pregnancy, and educational performance and career outlook). The survey took approximately one to two hours to complete.

Sample

The sample ($N = 159$) was comprised of adolescent girls from three primary service settings (68 girls lived with their families and were involved in home-based services, 47 girls lived in community-based open residential programs, and 44 girls lived in closed residential juvenile justice programs). The mean age of the girls was 15.8 years. Seventy-five percent were Black/African American, fifteen percent White/Anglo-American, and eight percent racially mixed. Over two-thirds of the girls lived in families that received welfare (68%) and many changed their living situation in the six months prior to entering their current program (45%). More than half the girls indicated that their father had been or currently was in prison or jail (52%) and 28 percent indicated that their mother had been or currently was in prison or jail. Over one-third of the girls reported having lived at least once in a foster home. A majority of the girls had been suspended at least once from school (79%), 22 percent had been expelled, and 19

percent were or had been in special education programs. The adolescent girls in all program types used a variety of social services prior to their current program involvement. School-based services were used by over half the girls (60%). Less than one third of the girls had used mental health services (30%) and only 22 percent had used substance abuse services. Over half of the girls reported that these programs in general did not help them and most dropped out of services. Most of the girls had tried alcohol (67%) and more than half (60%) had tried cigarettes. A majority of the girls in all programs reported having had sex (78%) and 25 percent had children. Table 1 provides a summary of the characteristics of the adolescent girls who participated in this study, both for the total sample and by program type.

Measures

The adolescent girls' risk and protective factors were assessed using several standardized instruments. The survey instrument included primarily closed ended questions, and was pilot tested at one program site to determine if the questions were clear and understandable to the girls. Feedback from the pilot testing resulted in some minor item changes for clarity. *Delinquent behavior* was measured using the Self Report Delinquency Scale (Elliot, Huizinga, & Morse, 1985). This scale asks respondents to self report the frequency (on a scale of 1 to 5, where 1 represents never and 5 represents five or more times) of delinquent behaviors (such as vandalism, assault, trespassing, and theft) that they have engaged in during the past 6 months. Sixteen items constituted the overall scale, on which there was a possible score of 16 to 80 ($M = 25.83$; $SD = 10.02$; $\alpha = .88$). *Substance use* (including alcohol, tobacco, marijuana, and other drugs) and *school experiences* (including truancy, suspension, expulsion, and dropout, as well as positive school experiences) were measured using items from the Monitoring the Future Study (Institute for Social Research, 2000). *Teen pregnancy* and *sexual behavior* were assessed using items from the Center for Disease Control Youth Risk Behavior Survey (1999) and Teen SMART Reproductive Health Questionnaire (California Office of Family Planning, 1995).

Discrimination was measured using the Experiences with Discrimination Scale developed by Kessler, Michelson, and Williams (1999), which assesses perceived day-to-day discrimination and has a possible score of 8 to 45 ($M = 22.75$; $SD = 9.21$; $\alpha = .88$). *Negative life events* were measured using the Life Events/Stress Scale from the Detroit Family Study (Bynum, 1995), on which participants indicated which of 26 negative experiences they have had and the items were summed ($M = 10.05$; $SD = 5.93$). *Experiences with abuse and neglect* and *family stress and support* were assessed using the Child Trauma Questionnaire (Scher, Stein, Asmundson, McCreary & Forde, 2001), on which participants indicated how often they experienced a number of items on a 5-point likert scale. A mean score was calculated with the positive items reverse coded ($M = 2.22$; $SD = 0.77$; $\alpha = .91$). Subscales used were sexual abuse ($M = 1.95$; $SD = 1.22$; $\alpha = .89$), physical and emotional abuse ($M = 2.19$; $SD = 1.13$; $\alpha = .84$), family support ($M = 3.45$; $SD = 1.16$; $\alpha = .93$), and family stress ($M = 2.07$; $SD = 1.02$; $\alpha = .78$).

Depression was measured using the Center for Epidemiological Studies-Depression Scale (CES-D) (Eaton, 2001), which assesses depressive feelings during the previous week and has a possible range of 0 to 60 (with scores above 16 indicating some level of depression) ($M = 22.32$; $SD = 12.44$; $\alpha = .88$). *Considering suicide* was measured dichotomously, while *suicide attempts* were measured on a 5-point scale with 1 representing no attempts and 5 representing six or more ($M = 1.52$; $SD = 1.02$). *Relationships with peers* were measured with the Peer Characteristics Scale (Eccles, 1995), which includes items asking how many friends engage in certain positive or negative behaviors, or pressure them to engage in negative behaviors, as assessed with 5-point

Likert scales. These items were used to construct three subscales: peer pressure ($M = 1.61$; $SD = 0.73$; $\alpha = .74$), positive peer activities ($M = 2.88$; $SD = 0.97$; $\alpha = .87$), and negative peer activities ($M = 2.35$; $SD = 0.93$; $\alpha = .78$).

The Adolescent Interpersonal Competency Questionnaire (AICQ) (Buhrmester, Furman, Wittenberg & Reis, 1988) was used to measure *interpersonal skills* overall ($M = 3.16$; $SD = 0.89$; $\alpha = .95$) by asking participants to rate how good they are at certain behaviors on a 5-point Likert scale. It also includes subscales in conflict management ($M = 3.01$; $SD = 1.11$; $\alpha = .82$), assertiveness ($M = 3.46$; $SD = 0.95$; $\alpha = .82$), self-disclosure ($M = 2.72$; $SD = 1.13$; $\alpha = .89$), friendship building ($M = 3.10$; $SD = 1.08$; $\alpha = .85$), and emotional support ($M = 3.52$; $SD = 1.08$; $\alpha = .88$). *Coping behaviors* were assessed using primarily the Youth Coping Index (McCubbin, Thompson, and McCubbin, 1996), which assesses the frequency (on a 5-point Likert scale) with which participants engage in specific behaviors when they are experiencing stress. Factor analysis was used to create a number of coping scales, including rational coping ($M = 2.97$; $SD = 0.90$; $\alpha = .87$), avoidance and harmful coping ($M = 2.11$; $SD = 1.10$; $\alpha = .75$), acting out ($M = 2.37$; $SD = 1.06$; $\alpha = .78$), and withdrawal ($M = 2.67$; $SD = 1.36$; $\alpha = .72$). In addition, information was collected that addressed the adolescent girls' socio-demographic characteristics, service use, and living situations, as detailed in Table 1.

Analysis and Results

One-way analysis of variance (ANOVA) was used to examine and compare the girls' experiences by their type of program. Ten key dependent variables linked to risk and protective factors were utilized. Table 2 reports the means, standard deviations, and one-way ANOVA results for these key dependent variables (depression/mental health, negative life events, discrimination, child trauma, peer relations, self-reported delinquency, interpersonal competencies, out-of-home placements, special education, and age) by program type (home-based, community-based open residential, and closed residential). Based on these initial analyses, we did some further analysis to better understand the relationships between mental health and other risk and protective factors, which we report in the text.

Depression and Mental Health. While on average the girls in all program types reported mild to moderate levels of depression, over 80 percent of the girls in closed residential juvenile justice placements had a CES-D depression score of 16 or higher, indicating depressive symptomatology. Adolescent girls living in closed residential settings were significantly more depressed than girls involved in the home-based programs ($p < .01$). Almost one-third of the total sample (31%) reported having considered suicide. Adolescent girls in the closed residential programs had actually attempted suicide more than girls in the home-based programs ($p < .05$). Girls in closed residential programs were also more likely to have received mental health services than those receiving home-based services ($p < .05$). Depression (dichotomized based on the cutoff score of 16) was positively associated with having lived in a foster home ($X^2 = 6.11$, $p < .05$); having been expelled from school ($X^2 = 11.05$, $p < .01$); having considered suicide ($X^2 = 11.20$, $p < .01$); having experienced a friend getting killed ($X^2 = 15.76$, $p < .001$); having family members who use alcohol ($X^2 = 11.19$, $p < .01$); having family members who use drugs ($X^2 = 8.29$, $p < .05$); substance use ($X^2 = 10.72$, $p < .01$); and having experienced sexual abuse ($X^2 = 26.13$, $p < .001$). Mental health service use was related to having lived in a foster home ($X^2 = 6.17$, $p < .05$); having been in a detention center ($X^2 = 10.03$, $p < .01$); having received school based services ($X^2 = 8.81$, $p < .01$); and having a father in prison or jail ($X^2 = 6.31$, $p < .05$), but not correlated with depression or considering suicide.

Negative life events. Over three-quarters of the total sample reported experiencing five or more negative life events. These negative life events included such items as friends and family members getting killed, a parent dying, being involved in gangs, sexual abuse, living in foster care and friends and family members getting on drugs. Adolescent girls in closed residential juvenile justice programs had experienced a significantly greater number of negative life events in their lifetime when compared to the girls in the other program types ($p < .001$).

Discrimination. While the adolescent girls in all program types experienced discrimination there was not a significant difference by program type. On average, the girls reported a moderate level of discrimination. The most common forms of discrimination reported by the girls included being treated with less courtesy than other people, being called names or insulted, people acting as if they were not smart, and people acting as if they were afraid of them.

Child Trauma. On the overall measure of child trauma, adolescent girls in closed residential juvenile justice programs had significantly higher scores than girls in the home-based programs ($p < .01$). Adolescent girls in the closed residential juvenile justice programs experienced significantly more sexual abuse than girls in the home-based programs or community-based open residential programs ($p < .001$), while girls in the home-based programs experienced significantly less family stress than the girls in the other two program types ($p < .001$). There were no significant differences by program type in the subscale that focused on experiences of physical and emotional abuse or in the subscale measuring family support.

Peer Relations. Adolescent girls in the closed residential juvenile justice programs reported significantly more negative peer involvement ($p < .001$) and significantly higher levels of peer pressure ($p < .05$) than did girls in the other program types. There were no significant differences between groups on positive peer involvement.

Delinquent Behavior. A majority of the girls reported engaging in delinquent activities such as physical fighting, theft, trespassing, vandalism, and fighting with parents. On the overall self-reported delinquency measure, girls in closed residential juvenile justice programs were significantly more involved in delinquent activities than those in the other two groups ($p < .001$). Girls in closed residential juvenile justice programs had significantly more fights with their parents than those in home-based programs ($p < .01$), reported more physical fighting and assault than those in community-based open residential programs ($p < .05$), and reported more theft behavior than those in both other groups ($p < .01$). There were no significant differences between groups on trespassing or vandalism.

Interpersonal Competencies. The girls reported moderate levels of interpersonal competencies (overall and on the subscales for emotional support, assertiveness, friendship, conflict management, and self disclosure) across program types. There were no significant differences based on program type in relation to interpersonal competencies. Providing emotional support to others, being assertive, and being able to make friends were interpersonal competencies that the girls rated positively for themselves. Interpersonal competencies in the areas of self-disclosure and conflict management were rated lower by girls in all program types.

Coping. Adolescent girls in the closed residential juvenile justice programs reported more frequent use of avoidance and harmful coping behaviors when compared to both other groups of girls, and those in community-based open residential programs reported more than

those in home-based programs ($p < .001$). Girls in the closed residential programs also used more acting out ($p < .05$) and withdrawal ($p < .01$) coping behaviors than those in the home-based programs. No significant differences were found between groups on rational coping.

Out-of-home Placements. Adolescent girls in the closed residential juvenile justice programs had more previous out-of-home placements than the girls in the other two types of programs ($p < .001$). Further, girls in the closed residential programs were also more likely than those in the other two groups to have been in foster care ($p < .001$).

Welfare Receipt. Girls in both the closed residential and community-based open residential programs were more likely to come from families who had received welfare than girls in the home-based services ($p < .001$).

Special Education. Adolescent girls in the closed residential juvenile justice programs were more likely to be or have been in special education than the girls in the home-based or community-based open residential programs ($p < .01$).

Age. Adolescent girls receiving home-based services and adolescent girls in closed residential programs were significantly younger than adolescent girls in the community-based open residential programs ($p < .01$).

Discussion

This study of the experiences of adjudicated, diverted and high-risk adolescent girls identified individual, family, and community conditions that bring these youth into contact with the juvenile justice system. Many of these girls live in impoverished conditions and have limited family support. Girls in this study experienced high levels of negative life events, family disruptions due to sexual abuse and parental incarceration, and moderate to high levels of depression. Adverse life events are well-documented risk factors of psychological dysfunction in adolescents (Tiet, Bird, Davis, Hoven, Cohen, Jensen & Goodman, 1998). Girls in the most restrictive programs (closed residential) reported significantly higher levels of depression, a greater degree of family disruption, more sexual abuse, higher levels of negative life events, more welfare receipt, and greater involvement in special education programs than girls in diversion or less restrictive programs. They also reported more delinquent behaviors, including physical fighting and theft, and negative coping behaviors, including acting out, avoidance and harmful behaviors, and withdrawal. Thus, the girls experiencing the greatest number of risk factors in their family and community environments were in the most restrictive program placements. Therefore, it appears that program placement decisions for these adolescent girls reflect appropriate appraisal of the severity of need. However, the fact that many of these risk factors were present long before their adolescent years highlights the need for earlier assistance from other social service systems and delinquency prevention programs.

Adolescent girls across the juvenile justice system are at high risk for mental health problems. The girls in our study, regardless of program type, reported moderate to high levels of depression, which is consistent with the findings of Teplin (2002), Hoyt & Scherer (1998), Lewis et al. (1991) and McCabe et al. (2002). Depression for these adolescent girls is linked to family and community environment factors, such as family members using alcohol or drugs, being placed in foster care, being placed in a closed residential facility, and having friends getting killed, rather than just individual factors. Adolescent girls who reported experiencing sexual

abuse also reported higher levels of depression. These links lead us to believe that at least some of their depression could have been prevented with earlier intervention.

A key finding in the study is that most of the adolescent girls used a variety of youth, health, and school-based services prior to entering their current program. These youth were known to the social service system. However, the service network did not target the needs of this population adequately since many of these youth dropped out of services. It is also important to note that neither the level of depression adolescent girls reported nor considering suicide were correlated with receiving mental health services, although girls in the closed residential program were more likely than those living at home to have received mental health services. School-based services were the most frequently cited service used by adolescent girls. However, since a majority of these girls had been suspended and many expelled, linking mental health services to schools may not always be helpful for this population.

This study has several limitations. First, we used a one-time measurement of a convenience sample of adolescent girls across different programs. Also, we relied on self-report data alone which means that the results may be vulnerable to recall and reporting bias. Finally, the sample consisted primarily of youth of color, which may call into question the generalizability of this study to other adolescent girls. However, it is well documented that youth of color are overrepresented in the juvenile justice population (ABA and NBA, 2001).

Implications for Mental Health Prevention and Intervention Programs

Understanding factors that promote resilience and well being in adolescent girls is an important component in the development of effective mental health prevention and intervention programs. Effective interventions should be aimed at developing adolescent girls' internal resources and skills and, equally importantly, at changing their family, school, and community environments to ameliorate environmental risk factors and further promote resilience. Interventions that help adolescent girls learn how to manage and engage the risk setting (e.g., peer group, family, or community) can further lead to successful coping and foster resilience.

From this study, it appears that several risk factors may predispose adolescent girls to behavioral, emotional, and developmental challenges that increase the likelihood that they will be involved in the juvenile justice system. Living in impoverished conditions, having unstable family systems, living in multiple out-of-home placements and experiencing child maltreatment, especially sexual abuse, are risk factors that contribute to these adolescent girls entering the juvenile justice system. Having a supportive family, engaging in positive peer relationships and rational coping methods, and having strong interpersonal competencies are known protective factors, although it is unclear why we found no differences between girls on these factors by program type. Perhaps those girls with more of these protective factors were not involved in these programs. This is certainly an area deserving of further study, perhaps with a more diverse sample of girls and/or including comparison groups of girls from this community (or others like it) not involved in these programs.

Mental health prevention and intervention programs for this population should focus on building resilience through risk reduction and protective factor enhancement. Facilitating the development of nurturing environments for these adolescent girls may minimize the negative impact of family abuse, depression, poverty, and discrimination. Mental health prevention and intervention programs that are family, school, and community based need to be intensive and

penetrate the various systems that create prolonged risk for these youth. Simply targeting their depressive symptoms on an individual level or with medication will not eliminate the environmental factors related to their depression. Further, the problems of abuse, poverty, and discrimination must be addressed at the structural level, or individual interventions will have limited effectiveness. The potential power of supportive relationships, stable and safe living conditions, and economic security need to be addressed to assist this population in preventing depression and reducing involvement with the juvenile justice system. Developing interventions to enhance these protective factors may improve outcomes for high-risk girls.

Additional research is needed to address mental health prevention and intervention development that targets prolonged risk factors and builds protective factors in the environments of these adolescent girls. In addition, more longitudinal studies of family, school, and community-based mental health interventions need to be conducted to understand if these programs change the pathways into the juvenile justice system for these high-risk adolescent girls. Our study, which highlights the multiple individual and environmental risk factors facing low-income, African American girls from an early age and their links to depression, demonstrates the urgency of these tasks.

References

- American Bar Association & National Bar Association (2001). Justice by gender: the lack of appropriate prevention, diversion, and treatment alternatives for girls in the juvenile justice system. Washington, DC: Authors.
- Buhrmester, D., Furman, W., Wittenberg, M. & Reis, H. (1988). Five domains of interpersonal competence in peer relationships. *Journal of Personality and Social Psychology* 55/6, 991-1008.
- Bynum, T. (1995). *Detroit Family Study*. Michigan: Michigan State University and the Skillman Foundation.
- California Office of Family Planning (1995). *Teen Smart Reproductive Health Questionnaire*. CA: Author.
- Center for Disease Control (1999). *CDC Youth Risk Behavior Survey*.
<http://www.cdc.gov/nccdphp/dash/yrbs/survey99.htm>
- Coalition for Juvenile Justice (2000). *Annual Report: Handle with Care: Serving the Mental Health Needs of Young Offenders*.
- Cocozza, J.J. & Skowrya, K.R. (2000). Youth with mental health disorders: issues and emerging responses. *Juvenile Justice*. 7/1, 3-13.
- Dembo, R., Pacheco, K., Schmeidler, J., Ramirez-Garmica, G., Guida, J. & Rahman, A. (1998). A further study of gender differences in service needs among youth entering a juvenile assessment center. *Journal of Child and Adolescent Substance Abuse*. 7/4, 49-77.
- Eaton, W. (2001). Center for Epidemiological Studies Depression Scale-Revised (CESD-R). *Innovations in clinical practice: a sourcebook* Vol. 19. Sarasota, FL; Professional Resource Press/Professional Resource Exchange 295-297.
- Eccles, J. (1995). *Peer Characteristics Scale*. Ann Arbor, MI: Author.
- Elliot, D., Huizinga, D. & Morse, B. (1985). *The dynamics of deviant behavior: a national survey progress report*. Boulder, CO: Behavioral Research Institute.
- Hawkins, J.D., Arthur, M.W. & Catalano, R.F. (1995). Preventing substance abuse. In M. Tonry & D. Farrington (Eds), *Crime and justice: a review of research: building a safer society: strategic approaches to crime prevention*. 19, 343-427. Chicago: University of Chicago Press.
- Hawkins, J.D., Catalano, R.F. & Miller, J. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychological Bulletin* 112/1, 64-105.
- Institute for Social Research (2000) *Monitoring the Future Study*. MI; Author.

- Kessler, R., Mickelson, K. & Williams, D. R. (1999). The prevalence, distribution and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behavior* 40/3, 208-230.
- Lexcen, F. & Redding, R. (2000). Mental health needs of juvenile offenders. *Juvenile Justice Fact Sheet*. Charlottesville, VA: Institute of Law, Psychiatry & Public Policy, University of Virginia.
- McCubbin, H.I., Thompson, A. & McCubbin, M.A. (1996). *Family assessment: resiliency, coping and adaptations: inventories for research and practice*. Madison, WI: University of Wisconsin.
- NMHA/National GAINS Center for People with Co-occurring Disorders in the Justice System (1999). *Justice for juveniles: how communities respond to mental health and substance abuse needs of youth in juvenile justice system*. Providence, RI: NMHA Mental Health Weekly.
- Petrila, J. (1998). Prevalence rates in juvenile justice systems. *Mental Health Weekly*. 11/23, 2.
- Pollard, J.A., Hawkins, J.D. & Arthur, M.W. (1999). Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research* 23/3, 154-158.
- Scher, C., Stein, M., Asmundson, G., McCreary, D. & Forde, D. (2001). Childhood trauma questionnaire in a community sample: psychometric properties and normative data. *Journal of Traumatic Stress* 14/4, 843-857.
- Tiet, Q., Bird, H., Davies, M., Hoven, C., Cohen, P., Jensen, P. & Goodman, S. (1998). Adverse life events and resilience. *Journal of the Academy of Child and Adolescent Psychiatry* 37/11, 1191-1200.
- Teplin, L., Abram, K., McClelland, G., Dulcan, M. & Mericle, A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry* 59, 1133-1143. Table 1: Selected Characteristics of Delinquent, Diverted and High-Risk Adolescent Girls for the Total Sample (N = 159) and by Program Type

Table 1: Selected Characteristics of Delinquent, Diverted and High-Risk Adolescent Girls for the Total Sample (N = 159) and by Program Type

<i>Characteristic</i>	<i>Total Sample <u>N</u> = 159</i>	<i>Home-Based Services <u>n</u> = 68</i>	<i>Community-Based Open Residential <u>n</u> = 47</i>	<i>Closed Residential <u>n</u> = 44</i>
Age (in years)	Mean=15.84	Mean=15.28	Mean=17.28	Mean=15.50
White/Anglo American	14%	5%	5%	32%
Black/African American	75%	86%	83%	38%
Mixed Racial	8%	5%	5%	14%
Family Received Welfare	68%	48%	77%	85%
Living Situation Changed	45%	26%	67%	50%
Suspended from School	79%	82%	68%	86%
Expelled from School	22%	20%	14%	33%
Involved in Special Education Programs	19%	15%	9%	35%
Used Recreational Services	48%	50%	34%	59%
Used Youth Services	58%	56%	62%	60%
Used Family and Children's Services	40%	30%	46%	48%
Used School-Based Services	60%	57%	53%	71%
Used Specialty Mental Health Services	30%	20%	30%	43%
Used Substance Abuse Services	22%	10%	13%	45%
Used Health and Pregnancy Services	39%	33%	59%	31%
Used Alcohol	67%	61%	65%	80%
Tried Smoking Cigarettes	60%	45%	62%	83%
Used Marijuana	53%	39%	57%	73%

Father ever in Prison or Jail	52%	45%	54%	57%
Mother ever in Prison or Jail	28%	20%	34%	32%
Ever been sexually abused	35%	22%	27%	57%
Ever lived in a foster home	37%	20%	31%	54%
Ever had sex	78%	65%	90%	85%
Have children	25%	31%	38%	6%

Table 2: Means, Standard Deviations, and Analysis of Variance Results by Program Type

Note: Within each row, means with different subscripts are significantly different at $p < .05$, using Games-Howell (when variances are not equal) or Tukey (when variances are not significantly different) paired comparison tests. $+p < .10$; $*p < .05$; $**p < .01$; $***p < .001$

Variable	Home-Based Services		Community-Based Open Residential		Closed Residential Juvenile Justice		F
	Mean	SD	Mean	SD	Mean	SD	
Depression (CES-D) (possible score 0-60)	21.10 _a	12.15	24.22 _{a,b}	11.69	29.76 _b	11.89	6.53**
Suicide Attempts (1 = none; 5 = 6 or more)	1.32 _a	0.72	1.52 _{a,b}	0.98	1.85 _b	1.37	3.57*
Mental Health Service Use (1 = yes; 0 = no)	0.20 _a	0.40	0.29 _{a,b}	0.46	0.43 _b	0.50	3.45*
Negative Life Events (possible number 0-26)	7.72 _a	5.28	11.08 _a	6.02	13.21 _b	5.00	14.26***
Discrimination (possible score 8-45)	21.38	9.61	23.08	8.32	24.81	9.11	1.93
Child Trauma (possible score 1-5)	2.00 _a	0.71	2.29 _{a,b}	0.69	2.52 _b	0.84	6.38**
Sexual Abuse (possible score 1-5)	1.47 _a	0.78	1.78 _a	0.99	2.89 _b	1.47	22.56***
Physical and Emotional Abuse (possible score 1-5)	1.97	1.06	2.24	1.19	2.48	1.13	2.64
Supportive Family Environment (possible score 1-5)	3.44	1.22	3.24	1.13	3.65	1.10	1.31
Stressful Family Environment (possible score 1-5)	1.65 _a	0.76	2.19 _b	0.83	2.62 _b	1.26	14.04***

Table 2: Means, Standard Deviations, and Analysis of Variance Results by Program Type

Note: Within each row, means with different subscripts are significantly different at $p < .05$, using Games-Howell (when variances are not equal) or Tukey (when variances are not significantly different) paired comparison tests. $+p < .10$; $*p < .05$; $**p < .01$; $***p < .001$

Negative Peer Involvement (possible score 1-5)	2.08 _a	0.76	2.13 _{a,b}	0.77	3.00 _b	1.02	17.42***
Positive Peer Involvement (possible score 1-5)	3.04	0.96	2.68	1.03	2.83	0.91	1.82
Peer Pressure (possible score 1-5)	1.54 _a	0.68	1.45 _a	0.46	1.88 _b	0.95	4.40*
Self-Reported Delinquency (possible score 16-80)	19.43 _a	7.03	19.10 _a	6.40	25.44 _b	11.39	8.30***
Theft (1 = yes; 0 = no)	0.39 _a	0.49	0.30 _a	0.47	0.63 _b	0.49	5.36**
Fighting/Assault (1 = yes; 0 = no)	0.45 _{a,b}	0.50	0.37 _a	0.49	0.64 _b	0.49	3.40*
Fighting with Parents (1 = yes; 0 = no)	0.55 _a	0.50	0.72 _{a,b}	0.45	0.83 _b	0.38	5.18**
Vandalism (1 = yes; 0 = no)	0.21	0.41	0.16	0.37	0.23	0.43	0.33
Trespassing (1 = yes; 0 = no)	0.15	0.36	0.12	0.32	0.26	0.44	1.67
Adolescent Interpersonal Competency (possible score 1-5)	3.10	0.88	3.15	0.84	3.31	0.90	0.72
Coping (Acting Out) (possible score 1-5)	2.16 _a	0.94	2.34 _{a,b}	0.90	2.72 _b	1.27	3.76*

Table 2: Means, Standard Deviations, and Analysis of Variance Results by Program Type

Note: Within each row, means with different subscripts are significantly different at $p < .05$, using Games-Howell (when variances are not equal) or Tukey (when variances are not significantly different) paired comparison tests. $+p < .10$; $*p < .05$; $**p < .01$; $***p < .001$

Coping (Avoidance/Harmful) (possible score 1-5)	1.67 _a	0.82	2.09 _b	0.90	2.81 _c	1.31	16.77***
Coping (Withdrawal) (possible score 1-5)	2.32 _a	1.34	2.67 _{a,b}	1.22	3.20 _b	1.39	5.64**
Coping (Rational) (possible score 1-5)	2.84	0.93	2.91	0.76	3.22	0.96	2.40
Out-of-home Placements (total #)	1.52 _a	3.39	2.24 _a	2.36	5.89 _b	5.74	17.38***
Foster Care (1 = yes; 0 = no)	0.17 _a	0.38	0.27 _a	0.45	0.57 _b	0.50	11.75***
Welfare Receipt (1 = yes; 0 = no)	0.48 _a	0.51	0.77 _b	0.43	0.85 _b	0.36	8.25***
Special Education (1 = yes; 0 = no)	0.15 _a	0.36	0.09 _a	0.29	0.35 _b	0.48	5.74**
Age	15.28 _a	2.11	17.28 _b	2.13	15.50 _a	1.33	15.85***

Programming for Young Women in the U.S. Juvenile Justice System:
A Critical Examination of “Gender-Specific” Services

Sara Goodkind

University of Michigan
Institute for Social Research
Ann Arbor, Michigan 48106-1248

Introduction

The involvement of young women in the U.S. juvenile justice system has recently received increased attention. A report by the U.S. Department of Justice (1999) indicates that their involvement has risen sharply in the last two decades, increasing 58 percent between 1987 and 1996 alone. However, there is disagreement over whether this growth is a reflection of increased offending by girls or rather of changing school, police, social welfare, and juvenile justice policies. Nevertheless, this attention has led to a proliferation of “gender-specific” interventions intended to meet a 1992 federal mandate (Public Law 102-586) that correctional facilities and programs for adolescent offenders provide gender-specific services, which has been interpreted to mean services designed specifically for young women.

Given that young women have long been absent from the discussion and have been receiving services in programs designed with young men in mind, attention to girls in the juvenile justice system is long overdue. However, this attention raises a number of concerns. First, there is evidence that girls’ increased rates of involvement are more the result of changes in system practices than of changes in girls’ actual behavior (American Bar Association and National Bar Association, 2001). Further, when juxtaposed with the increase in boys’ involvement, this framing exaggerates the issue; although boys’ rate of involvement does not indicate as sharp of an increase, the increase in the total number of boys concerned is far greater than that of girls since young men have always been involved at much higher levels.

In addition, there is a danger inherent in focusing programs on the axis of gender. To design programs to meet girls’ needs, “girls’ needs” must be defined – a task which runs the risk of essentializing gender, reifying categories of gender, race, class, and sexuality, and reinforcing gender norms. Unspoken assumptions about gender have influenced this endeavor, resulting in the development of program protocols and recommendations that seem to be based more upon the activation of gender stereotypes than on an analysis of the way in which gender relations, as well as race and class relations, are uniquely manifested in young women’s “delinquency.” Current approaches also neglect the historical role of the juvenile justice system in controlling young women and defining what it means to be a young woman, and thus miss the significance of how the juvenile justice system has served to construct and perpetuate gender norms.

This article reviews the literature on “gender-specific” services for young women in the juvenile justice system. The review is motivated by the following two questions: (1) What types of interventions and services are recommended for young women in the juvenile justice system? (2) What are the assumptions about gender, race, class, age, and sexuality on which these recommendations are based? I adopt a critical framework for this review, both to provide a guiding structure and to call attention to the risks inherent in current approaches. At the same time, my approach is constructive, so that I do not deconstruct current efforts to the point of paralysis, but rather highlight opportunities for developing programs that assist young women (and men) without reifying socially constructed differences and perpetuating social inequalities.

This article is centered around four primary critiques of the literature on services for girls in the juvenile justice system: (1) that rising levels of arrests and incarcerations are taken as

“real” indicators of a rise in young women’s crime and delinquency, with a lack of attention to how changing policies and practices – rather than behaviors – may be contributing to this rise and how crime and delinquency are themselves socially constructed; (2) that an essentialized notion of gender is employed, serving to reify gender and neglecting intersections with other socially constructed categories such as race/ethnicity, class, age, and sexuality; (3) that most work locates the “problem” in the individual, to the exclusion of solutions that focus on changes in the system or social structure; and (4) that attention to the victimization of young women perpetuates dichotomous views of women as either victims or “sluts,” obscuring their agency – and the fact that they continue to be punished for behaviors that are acceptable among boys. I introduce these critiques separately and then locate and integrate them in a broader analysis. Based on this critical review, I conclude with a number of principles to guide the development and implementation of services for young women in the U. S. juvenile justice system.

Theoretical Framework

Critical theory – both feminist and social constructionist – provides a relevant frame for assessing “gender-specific” programs and interventions. This approach is instrumental in revealing the social construction of young women’s “delinquency,” as well as the constructed nature of centrally implicated social categories, including gender, race/ethnicity, class, and age. I argue that current understandings of girls’ (and boys’) needs and experiences limit the development of effective interventions. Given that an intervention aimed at a specific problem is based on how that problem is defined (as well as for whom it is a problem and why), this theoretical perspective further allows for a consideration of how the “problem” of young women’s “delinquency” is defined and understood.

I situate this examination within feminist theory, as it provides an important grounding for understanding the history of services for girls in the juvenile justice system. Many of the changes in the treatment of young women, including the current call for gender-specific services, reflect changing ideas about and conceptions of gender itself and how best to combat gender inequity. Much of feminism’s form since its “first wave” in the nineteenth century (and before) has been termed liberal feminism (Weedon, 1999). Liberal feminism, which predominated until the late 1960s, stems from the Enlightenment belief in individual rights, freedoms, and choice and argues that women deserve equality with men on the basis of their sameness. This tactic necessitated a minimizing of differences between men and women and advocated including women within the current social structure by having “gender-blind” standards and treating men and women the same ways (Young, 1990). Yet, such an approach did nothing to question Western notions of the individual, freedom, or choice, nor did it challenge or attempt to change associated social structures (Weedon, 1999).

Radical and cultural feminisms¹ developed in the 1970s and contested liberal feminism’s attempts to assimilate women into what was seen as a problematic social structure in which notions of the rights-bearing individual were based on a (white, heterosexual, middle-class) male standard (Weedon, 1999). Instead, they promoted a celebration and valuing of women as different from men. This perspective stems from a critique of current social structures as rooted

¹ While there are differences between radical and cultural feminisms, for the purpose of brevity I do not detail them here.

in and inextricably connected with patriarchy and a concomitant devaluation of women (see, for example, MacKinnon, 1989; Rich, 1977; Rubin, 1975). Radical and cultural feminists exposed the fact that men were considered the “norm” and women an aberration. The call for the celebration of difference caused a crisis in feminism, instigating what many have termed the “equality versus difference” debate.² As Joan Scott explains the dilemma, “When equality and difference are paired dichotomously, they structure an impossible choice. If one opts for equality, one is forced to accept the notion that difference is antithetical to it. If one opts for difference, one admits that equality is unattainable” (Scott, 1990, p. 142).

Critical theory, in a number of forms, has been the source of multiple critiques of both sides of the equality versus difference debate, as well as of some constructive solutions. Critical theory has been variously defined. Iris Young (1990) defines it against positivist social theory, which “separates social facts from values” and “claims to be value-neutral” (p. 5). Mullaly (1997) contends that critical theory locates sources of oppression in social practices, offers an alternative vision for oppression-free configurations, and makes this understandable to those experiencing oppression. While critical theory takes a variety of forms, all can be seen as part of an epistemological shift from a positivist approach that purports to describe an objective reality and alleges to be value-neutral to an interpretivist approach that focuses on history, context, positionality, and making overt one’s prescriptive beliefs about how the world should be.

I draw on two types of critical theories as sources of both critique and resolution for the equality versus difference debate – social constructionist and feminist.³ Constructionist approaches assert that there is no “objective” reality nor universal or essential truths; rather they view knowledge of the social world as historically and contextually constructed (e.g., Ainsworth, 1991; Berger & Luckmann, 1966). This framework has been used to show how social categories such as gender and race are socially constructed, as well as to demonstrate how social problems are constructed (e.g., Hilgartner & Bosk, 1988; Nathanson, 1991).⁴

Similarly, feminist poststructuralists focus on how understandings of the social world are constructed through discourse. Weedon explains that “[p]oststructuralist theory has challenged all theories of sexual and gender difference which appeal to the fixed meanings of bodies. The basis for this challenge is the assumption that there is no such thing as natural or given meaning in the world” (1999, p. 102). From this perspective, meanings are produced through culturally and historically specific discourses and are fluid, multiple, and perpetually changing. Poststructuralists have focused on binary oppositions and their deconstruction. It is in this way that Scott critiques the equality versus difference debate, stating that “fixed oppositions conceal the extent to which things presented as oppositional are, in fact, interdependent – that is, they derive their meaning from a particularly established contrast rather than from some inherent or

² While there was some dispute among first-wave feminists about whether to base claims for women’s rights on notions of equality with men or difference from them, I focus on the current form of debate.

³ In fact, there is much overlap between social constructionist and some feminist approaches. While many scholars have done work that could be included under either, I separate them for heuristic purposes.

⁴ Of course, the belief that categories are socially constructed does not imply that these constructions do not have significant consequences for people’s lives.

pure antithesis" (p. 137). In this way, a poststructural perspective provides a means to move from what appears to be an impasse to a more complex understanding of a complicated issue.

Important critiques of the equality versus difference debate have also emerged from critical race feminists and third world feminists. Scholars such as Patricia Hill Collins (1990) have argued that the lack of attention to race, class, and other axes of difference created forms of feminism and understandings of women's experiences that only applied to some women – namely those that are white and middle class – and that past feminisms, particularly radical and cultural, have essentialized gender and universalized women's experiences. Similar critiques have come from lesbian and working-class feminists who have focused on the marginalization of issues of sexuality and class (e.g., Rubin, 1986; Steedman, 1986). Crenshaw (1991), King (1988) and others have introduced the notion of intersectionality, which is the idea that meanings of gender cannot be understood apart from an examination of race and class, and their intersections. Further, third world feminists have argued that radical and cultural feminist analyses attempt to map Western categories onto other contexts where they may or may not be salient. For example, Oyewumi (1998) asserts that using "woman" as a category of analysis helps to constitute and reify "woman" as a salient identity within a specific context.

Together, these forms of critical theory – social constructionist and poststructural and critical race feminist – form the theoretical basis for my critique of the literature on gender-specific services for girls in the juvenile justice system. They are not distinct perspectives, but rather can be thought of as part of a broader theoretical framework providing an epistemological critique of positivist social science. Following Mullaly's (1997) definition of critical theory, I attempt to use these theoretical perspectives to locate sites of oppression in the practices and structures of juvenile justice programming and to propose alternative approaches that more directly involve young women as actors, rather than just as recipients of services.

Gender-Specific Programming: A Critical Review

The 1992 Juvenile Justice and Delinquency Prevention Act states that "the term 'gender-specific services' means services designed to address needs unique to the gender of the individual to whom such services are provided" (P.L. 102-586, p. H7238). "Gender-specific" has been interpreted to mean "for girls." Of course, boys have gender too, but this is a fact all too often neglected in this literature as well as other literatures dealing with issues related to gender. According to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), gender-specific programming in the juvenile justice system is not continuing to "squeeze girls into a justice system designed for boys, or to separate juvenile delinquents according to gender. Rather gender-specific programming for girls is a comprehensive approach to female delinquency rooted in the experience of girls" (Greene, Peters & Associates, 1998, p. v).

Critique 1: Lack of attention to the social construction of crime and delinquency

The first critique of the program protocols and recommendations for gender-specific services for girls in the juvenile justice system is that the need for "gender-specific" services is demonstrated and justified by frequent citation of higher arrest and incarceration rates of young women. For example, an issue *Juvenile Justice* that focused on girls refers to them as "America's fastest growing juvenile offender population" (1999, p. 32), and many pieces begin

with a recitation of the recent increases in girls' arrests, adjudication, and institutionalization. However, such discussions often fail to attend to the social construction of crime and delinquency. Thus, rising rates of involvement with the justice system are taken as "real" indicators of an increase in young women's delinquency. However, other sources (such as youth self-reports) indicate that young women's delinquent behavior may not, in fact, be on the rise.

Rather, changing school, police, and court policies and procedures have contributed to these rising rates. Domestic violence mandatory arrest policies are one example. Under new policies in many areas, police answering a domestic violence call are required to make an arrest. When young women are fighting with their mothers, it is not always clear who is the instigator and who is the "victim." Especially when the mother has other children in the home, police often prefer to arrest the daughter than to remove the mother from the home. In the past, the young woman may not have been charged or may have been charged with a status offense such as incorrigibility; now, however, she might face misdemeanor assault charges.

Similarly, many schools' "zero tolerance" policies have led to police involvement in situations (i.e., fighting) that in the past may have been handled within the school. An OJJDP report states that more girls are "getting into trouble" and "entering the juvenile justice system, and many at younger ages." Further, it asserts, "some girls are committing more violent crimes such as assault" and "a small number are involved in gangs previously thought to be male turf" (Greene et al., 1998, p. v). Yet rather than concluding that this calls for an examination of the system and why more girls are being brought into it, they conclude that "[t]his tells us that we have a bigger problem with girls than we realized" (Greene et al., 1998, p. v).

However, some work does dispute the statistics, or at least acknowledges multiple ways of looking at them (e.g., Acoca, 1999; American Bar Association (ABA) & National Bar Association (NBA), 2001; Belknap, Holsinger & Dunn, 1997; Chesney-Lind & Okamoto, 2000). Acoca (1999) notes that "the reality underlying the statistics is...disputed," as they could indicate increased violence by girls or rather be an artifact of girls' lower arrest rates in the past (p. 4). It is for this latter reason that Belknap, Holsinger and colleagues (1997) take issue with Poe-Yamagata and Butts' 1996 OJJDP report which they believe exaggerates increases in girls' rates of violent offending and also reject the theory that the women's movement of the 1960s and 1970s led to increases in women's and girls' violent crime. Chesney-Lind and Okamoto (2000) likewise demonstrate that there has been little change in girls' behavior. What has changed, according to the ABA and NBA (2001) is society's response to girls' (and boys') behavior.

Some of this work documents abuse, academic failure, mental health issues, and the 1996 welfare reform as related to girls' involvement in the juvenile justice system (e.g., Acoca, 1999). It would seem that this would argue for a need to repair the schools, child welfare system, mental health system, and social welfare programs, yet many of these recommendations remain focused on fixing the girls (see critique 3 for an elaboration). By considering the socially constructed nature of crime and delinquency, I hope that the rise in young women's involvement in the juvenile justice system can alert us to the need to attend to the ways that our other systems and institutions are failing young women rather than how young women themselves are failing.

Critique 2: Employment of an essentialized notion of gender

The second critique is that an essentialized notion of gender is employed, which (a) serves to reify socially constructed categories and (b) ignores intersections of gender with race/ethnicity, class, sexuality, and other axes of "difference." Thus, by focusing on differences between genders, this approach neglects (and suppresses) variation within and obscures similarities between genders, and ignores the fact that young men are also "gendered." From a critical perspective, it is not important to focus on whether there are differences between genders, but on the culturally and historically specific meanings constructed around gender and their implications. Thus, I would argue that differential experiences are not necessarily evidence of inherent gender distinctions, but rather manifestations of differential societal norms and treatment. As Scott (1991) has contended, experience itself is a contested concept. The use of experience as "evidence," she believes, has essentialized the identities of those whose experiences are being examined and naturalized socially constructed differences. Yet these approaches seem to use different experiences as evidence of innate differences, which they see as a basis for varying types of programming.

Further, belonging to an "ethnic minority group" is viewed in these reports as a risk factor for delinquency. This implies that girls of color are more likely than white girls to be delinquent. While young women of color are vastly overrepresented in the juvenile justice system, in self-reports white girls have slightly higher rates of delinquency than do girls of color (Chesney-Lind & Shelden, 1998). Yet, girls of color continue to be vastly overrepresented at all stages of the process (Chesney-Lind & Shelden, 1998). Rather than highlighting (and trying to change) the biases in the justice systems, then, many current reports and recommendations accept as "truth" that girls of color exhibit higher levels of delinquent behavior. They do mention the importance of "culturally relevant" activities, but focus more on valuing diversity than on considering intersections of gender with race/ethnicity, class, or sexuality, thus assuming gender to mean the same thing for all girls. There is no mention of the potential risks associated with attempting to apply knowledge and ideas based on the experiences of white, middle and upper-class women and girls to young women and girls from very different backgrounds.

The perspective found in most of the program protocols and recommendations relies heavily on a cultural feminist approach to difference. The OJJDP report, as well as most of the other literature, draws extensively on the work of Carol Gilligan, citing her "groundbreaking studies of female development" (Greene et al., 1998, p. 7). Further, many of the program protocols and recommendations rely on other sources that have based much of their work on Gilligan's developmental perspective as outlined in *In a Different Voice* (1982). For example, one report includes numerous quotes from Mary Pipher's *Reviving Ophelia* (1994). What is notable about the extensive use of sources such as Gilligan and Pipher, but never mentioned in these reports, is the fact that their cited research and work has been conducted almost exclusively with upper and middle-class white girls (and has been critiqued on these grounds), while the majority of girls in the juvenile justice system have very different backgrounds. That they essentialize and reify gender differences have been important critiques of the cultural and relational feminist perspectives, as discussed previously, particularly with regard to their exclusion of the diversity of experiences of women and girls. However, other than occasional references to taking "culture" into account, there seems to be little awareness of more recent developments in feminist thought in the literature in this area.

(a) Gender essentializing: The reification of socially constructed differences

Thus, the essentializing of gender has two main consequences – the reification of socially constructed differences between girls and boys and the neglect and suppression of diversity within gender by assuming gender to mean the same thing for all girls. In terms of the first point, an excellent illustration is the focus on the importance of relationships to girls. For example, a handout developed OJJDP's gender-specific training and technical assistance grantee, for a conference on gender-specific programming states that "relationships are at the core of a girls' [*sic*] world" (The Peters Group, 2001, p. 9). Similarly, an article on strengthening programs for adolescent girls states, "Relationships are fundamental to the development of self for girls" (Hirsch, Roffman, Deutsch, Flynn, Loder & Pagano, p. 226) and one on staff training advises programs to "understand that relationships are central to girls' lives" (Daniel, 1999, p. 16). While I do not contest the importance of relationships in girls' lives, I disagree with the implication that they are not important in the lives of boys as well.

This is demonstrated in Holsinger, Belknap & Sutherland's report "Assessing the Gender Specific Program and Service Needs for Adolescent Females in the Juvenile Justice System" (1999) for which they surveyed young people, judges, and residential treatment staff. In their survey of 444 youth (163 girls and 281 boys) in the juvenile justice system in Ohio, girls were more likely than boys to say they would like services about how to have good relationships (about 70%), yet *over half* of the boys also wanted such services. Nevertheless, many of these program protocols and recommendations emphasize the importance of relationships for girls and of autonomy for boys. As one report puts it, "Programs for boys are more successful when they focus on rules and offer ways to advance within a structured environment, while programs for girls are more successful when they focus on relationships with other people and offer ways to master their lives while keeping these relationships intact" (Belknap, Dunn & Holsinger, 1997, p. 23). However, I assert that both structure and relationships are important aspects of girls' and boys' development and thus valuable elements in programming for both genders.

Another so-called "special need" of girls is a focus on parenting. Much of the literature cites the importance of discussing parenting issues with girls, and, perhaps even more troubling, justifies attention to girls because of the fact that they are potential or future mothers. For example, Daniel (1999) cites a Department of Juvenile Services (DJS) report that states that "DJS must look at these girls not only as individual teenagers but also as mothers and potential mothers" (p. 17). The Peters Group's training curriculum (2001) states that 20 to 30 percent of girls in the juvenile justice system are parents and thus that "effective programming for girls is a 'pay now or pay later proposition'" (p. 10). However, boys are also potential parents, and, in fact, Holsinger and colleagues' (1999) survey of youth in the Ohio juvenile justice system found that boys were significantly more likely (29% vs. 14%) than girls to be parents already. Thus, it is not clear why similar questions are not posed about boys in the juvenile justice system. Many of them are parents as well and are arguably in need of even greater assistance in this area.

Because I will discuss the focus on victimization in greater detail subsequently, I merely want to note that this focus is an additional way that differences between boys and girls are reified. Although a greater percentage of girls in the system report experiencing abuse, help in dealing with abuse can be particularly important for boys, as it is even more taboo for them to

acknowledge or discuss it. According to the survey of Ohio youth in the juvenile justice system, girls were significantly more likely to have experienced abuse than were boys, yet over half of the boys reported experiencing verbal abuse, two thirds physical abuse, and almost one-fifth sexual abuse (Holsinger et al., 1999).

Holsinger and colleagues (1999) do argue that we must recognize the significance of abuse for boys too. However, they also state that "A gender-specific focus begins with the assumption that girls and boys have differences, so services provided should also be different" (p. 8). They then make a case for a difference approach based on the fact that in the past equality was the goal in the treatment of delinquents and that this was not always beneficial for girls. However, they acknowledge that "girls have not been offered true equality anyway: Their delinquent institutions typically offer far less [*sic*] educational, recreational and sports, and health programs than boys' institutions" (p. 8).

This contradictory discussion highlights the complexity of the situation. Holsinger and colleagues (1999) conclude that "...in the past, both equal treatment and unequal treatment have worked to the disadvantage of girls. Equal treatment has meant that the unique needs of girls were ignored by a system based on boys' needs. Unequal treatment has been based on stereotyped ideas about what the needs of girls are" (p. 59). In this way, viewing this issue as one of either equality *or* difference provides a limited perspective from which to develop programming. Thus, drawing conscious attention to gender is an important step, yet without considering recent feminist theorizing we risk missing important developments in thinking about equality and difference that could well serve both young women and men.

In my conversations and interviews with girls at a number of institutions, as well as in much of the literature in which researchers have talked with girls in the system (e.g., Holsinger et al., 1999 and Belknap, Winter & Cady, 2001), I have noted that girls are very cognizant of this lack of equality and would like the privileges and resources that they see boys having. Kempf-Leonard and Sample (2000) found that girls perceived their needs and behaviors to be similar to boys', but recognized that they were treated differently nonetheless. Holsinger and colleagues (1999) state that the majority of girls and boys that they surveyed reported "experiencing gender differences in how they are treated by the police, the courts, and the correctional staff" (p. 49). Further, many young women point out that boys have recreational and occupational programs and opportunities that they do not. For example, Belknap and colleagues (2001) note that girls in the Colorado juvenile justice system receive less vocational and life skills training, but more therapy than the boys. This is similar to what I have seen at a Michigan institution, where the girls are perceived as more "needy" and requiring treatment, while the boys are given more opportunities for developing specific skills (Goodkind & Miller, 2000). Nevertheless, some staff have reported that their training often perpetuates gender stereotypes rather than critically examining them (Belknap et al., 2001).

Holsinger and colleagues conclude that "an important finding from the current study is that many of the issues that delinquent youth face are the same for girls and boys" (1999, p. 50). They also acknowledge that the differences in program needs by gender that they found are probably based on differences in girls and boys' lives rather than on biological sex differences, and thus that "delinquent and potentially delinquent youth appear to need programs based on

their experiences and individual challenges, not so much based on their sex per se” (pp. 54-5). At the same time, it is crucial to be careful about assumptions about these experiences, such as that relationships are more important to girls than to boys, that only girls need help with parenting, or that boys do not need assistance with coping with abuse.

The one article that I found that was critical of the difference approach was Kempf-Leonard and Sample’s (2000) “Disparity Based on Sex: Is Gender-specific Treatment Warranted?” The authors highlight risks of focusing on difference, noting that “the line between gender bias and gender benefit is thin” (p. 91). Although they cite Gilligan (1982) as well, assuming that gender differences do exist, they argue that the current literature has not demonstrated why such differences exist and that because there is no evidence that gender-specific programming works, or how and why it works, it is too soon to rely on it. They frame the issue in terms of a need to determine whether the best approach is “gender specific” or “gender neutral” (p. 94). Kempf-Leonard and Sample advocate a gender-neutral approach on the basis that sex-segregated prisons have reduced women’s opportunities and that there is no proof that a gender-specific approach will benefit young women. Further, they contend that “most recommendations fail to explain why the program elements for girls are any different from elements appropriate for boys” (p. 118).

However, I am not sure the only two options are “gender specific” or “gender neutral,” an example of a false dichotomy. With regard to attention to race and ethnicity in programming, there have been calls for programs to be culturally sensitive, relevant, or responsive. Perhaps we can consider “gender sensitive” and “gender responsive” as possible approaches, which I will discuss in the final section. Further, we must also take boys’ gender into account. The literature continually cites the fact that young women are abused at higher rates than young men, but no one ever asks why then young men have such higher rates of delinquency. Connell (1993) points out that in criminology it is not men’s higher crime rates that have been seen as meriting explanation, but rather women’s lack of criminality. Likewise, Messerschmidt (1993) highlights the importance of attending to men’s gender. “Crime by men is not simply an extension of the ‘male sex role.’ Rather, crime by men is a form of social practice invoked as a resource, when other resources are unavailable, for accomplishing masculinity” (Messerschmidt, 1993, p. 85). However, there is little work in this area. This points to the need to consciously rethink and retheorize gender as it impacts both young women and men in the juvenile justice system and interacts with other axes of social inequality.

(b) Gender essentializing: The neglect and suppression of diversity within genders

Particularly absent from much of this literature is critical attention to issues of race, ethnicity, class, and sexuality and their intersections with gender. While the disadvantages of poverty are discussed and race/ethnicity cited as a “risk factor,” the ways that these factors intersect with gender and result in gender meaning something different depending on one’s social location are never mentioned. There are also references to the overrepresentation of young women of color in the juvenile justice system, but very little discussion of why this is the case or how programs can address this problem, despite their extensive attention to gender issues. Angela Harris (1990) provides a way to understand why this is problematic. She defines “gender essentialism” as “the notion that there is a monolithic ‘women’s experience’ that can be described independent of other facets of experience like race, class, and sexual orientation” (p.

588). She describes such essentialism as “intellectually convenient,” “cognitively ingrained,” and imbued with “important emotional and political payoffs” (p. 589).

In this way, it is easy to see why it is an attractive perspective from which to advocate. However, Harris highlights some of the risks of an essentialist approach, pointing out, for example, that by assuming a universal women’s experience, it forces women of color to consider only their gender oppression *or* their racial oppression. In our society, she argues, “only white people have been able to imagine that sexism and racism are separate experiences” (1990, p. 604). Thus, programs that focus on gender without attention to its intersections with other socially constructed categories risk being relevant to only a certain limited group of women or girls – those whose experiences were used to formulate the gendered approach, in this case, upper and middle-class, heterosexual, white girls and women. In my own research, I have found evidence of this, whereby low-income girls of color in a residential institution had trouble (and often resisted) engaging with and relating to gender-specific programming (in this case, an art therapy program) designed from a cultural feminist perspective (Goodkind & Miller, 2000). More recent feminist theorizing can provide some important direction in this area (i.e., Young’s gender as seriality). I take on this challenge in the final section in a discussion of rethinking definitions of groups and group difference.

Critique 3: Primary focus on the individual

The third critique is that there is too great a focus on the individual, to the exclusion of the importance of social context and structural factors. Although contextual and structural factors are often mentioned (i.e., as risk factors), interventions focus primarily on changing individuals, with few efforts towards institutional or structural change – thus ultimately locating responsibility for the “problem” with individual girls and their families. Thus, the “promising” programs advocated focus on carefully assessing young women, boosting their self-esteem, and providing them with education. The OJJDP report concludes that “[g]ender-specific programs for female delinquents share key elements that boost girls’ confidence and skills at the critical point of adolescence, allow them to get their development back on track if it’s been interrupted or delayed by risk factors, and prepare them for a positive transition to womanhood.... Each girl involved in a gender-specific program needs an individual assessment and treatment plan that will integrate services and put her on the path to wellness” (Greene et al., 1998, p. 57).

Stemming from this developmental perspective, current recommendations for gender-specific services focus primarily on changing individuals and on individualized programs to the exclusion of attention to larger problems within the system, such as the continued institutionalization of status offenders, the overrepresentation of young women of color, and the general overprocessing of youth who could be better served in less punitive and controlling settings. While many program protocols and recommendations cite social and environmental factors as important causes of young women’s “delinquency,” they do not include addressing these factors as part of the solution.

Iris Young (1994b) provides an important explanation of the ways that many “traditional” treatment programs are depoliticizing and individualizing. Even many programs that purport to take an empowerment approach, she argues, draw on a definition of empowerment as “the development of individual autonomy, self-control, and confidence” (p. 48), which sounds like

the goals of many of the gender-specific programs for girls in the juvenile justice system. Yet, she continues, "Despite its understanding of the self as constituted in the context of relationships, this meaning of empowerment tends to remain individualistic. It envisions the development of personal skills and resources through which a person can learn to 'be on her own,' 'get on her feet,' and be able to cope with the situations and responsibilities she encounters" (p. 49).

However, such an approach "tends to stop short of a politicized understanding of the social structures that condition an individual's situation and the cultivation of effective action in relation to those structures" (Young, 1994b, pp. 49-50). Thus, Young advocates a definition of empowerment that "refers to the development of a sense of collective influence over the social conditions of one's life" (p. 48), which can be cultivated through consciousness raising and opportunities to engage in collective action. I found no examples of such an approach in the literature on gender-specific services for girls in the juvenile justice system; instead, most focused on the first type of empowerment through efforts to boost girls' self-esteem and develop their independent living skills.

I did, however, find a promising approach in the Ms. Foundation for Women's report entitled "The New Girls' Movement: Implications for Youth Programs" (2001). While most programs have focused on changing girls, they advocate for involving girls in social change "by creating opportunities for girls to actively represent their communities, engaging girls in critical thinking about issues that affect their lives, and framing social change as a continuum from community service to direct action" (p. 6). The report highlights four levels to which programs should attend – individual, social network, community, and institutional, noting that most programs focus exclusively on the individual participant level.

In order to broaden the perspective and attend to these multiple levels, however, we need to change how we think about girls and young people in general, as well as those in the juvenile justice system in particular. Programming is limited when we view young women (and young men) only as problems that need fixing rather than as assets who can positively contribute to society (I discuss this further in the fourth critique). Recent work has identified an increasing trend to view youth as problematic and to blame them for a myriad of social problems (Finn, 2001; Males, 1996; 1999). Thinking about youth as assets rather than problems may be easier in programs that are more broadly targeted (as are Ms.); it could be more difficult to think positively about someone already labeled "at risk" or "delinquent." At the same time, the young people who have been so identified perhaps stand the most to gain from programs that draw on their strengths and offer opportunities to critically engage in social change efforts.

Another promising aspect of the youth programs supported by the Ms. Foundation is that they include participatory evaluations, whereby the participants work together with program staff to assess the programs' effectiveness. This is valuable as both a means to ensure that the programs are accomplishing what they have set out to do and to draw on young women's expertise about what they want and need, as well as an important aspect of the social change process. Unfortunately, the 1992 reauthorization of the JJDPA that called for gender-specific services for young women in the juvenile justice system did not include any provisions or requirements for evaluating these new programs (Kempf-Leonard & Sample, 2000).

Yet, young women in the juvenile justice system are quite capable of doing so, as evidenced by my experience on the Wayne County Female Services Advisory Committee (FSAC) in which a number of young women from a state juvenile justice institution participate. Inspired by the committee's efforts to assess programs for girls, they decided to implement their own evaluation. They surveyed and interviewed the young women in their program and wrote a report based on their findings that they presented to their institution and to the FSAC. The young women were proud of their achievement and learned a great deal in the process. In addition, they produced a valuable report that was utilized by the FSAC to advocate for better services for young women, and hopefully was considered by the institution in their program improvement efforts. Such endeavors attend to the multiple levels highlighted by the Ms. Foundation report and develop critical consciousness and promote social change.

Critique 4: Focus on young women's victimization to the exclusion of attention to their agency

The fourth critique is that young women's delinquency is frequently tied to their victimization, particularly physical and sexual abuse. While many young women in the juvenile justice system have been abused and this is clearly related to some of the behavior that brings them to its attention, this approach ignores young women's *agency*, and neglects the fact that young women continue to be punished for behavior that is considered acceptable among young men. As an Australian social worker working with homeless young women explains, "I suspected that these young women were not behaving violently just as a reaction to their own abuse experiences.... It seemed that their development of a repertoire of violent behaviours could also be linked to both deliberate deviation from traditionally gendered classist roles prescribing appropriate and acceptable behaviour for young women and a construction of femininity emerging from their own cultural locations" (Crinall, 1999, p. 75). In this way, the victim-centered approach can be seen as emerging from the traditional protectionist attitude towards girls in the juvenile justice system.

A multitude of studies and sources document the extensive abuse histories of many young women in the juvenile justice system; estimates range from 70 percent (Calhoun, Jurgens & Chen, 1993, as cited in Greene et al., 1998) to 92 percent (Acoca & Dedel, 1998, as cited in Acoca, 1999) as having experienced emotional, physical, and/or sexual abuse. Clearly, then, abuse is a significant issue, and young women should be offered assistance in dealing with the resulting trauma. Because of these high rates, many program protocols and recommendations focus on victimization as a precursor or "risk factor" for young women's delinquency. Victimization is identified "as the first step along females' pathways into the juvenile and criminal justice systems" (Acoca, 1999, p. 5). Yet, as Kathleen Daly (1998) points out, the relationship between childhood victimization and later criminal activities is little understood. Therefore, focusing on victimization as the primary pathway can limit attention to other factors, such as income inequality and failing education, that may also be relevant.

Further, that many young women become involved with the juvenile justice system for running away from abusive situations and the survival strategies that they must then employ (Chesney-Lind & Sheldon, 1998) highlights the fact that many young women in the juvenile justice system should be helped sooner and in less punitive systems and institutions. Belknap and colleagues (2001) note the unfortunate fact that many young women have to get committed to get the help they need. Of course, help in dealing with the trauma they have experienced is

obviously important for young women in the system. However, an exclusive focus on trauma poses a risk similar to that of the exclusive focus on the individual detailed previously – that of obscuring the structural factors that enable and promulgate violence against women.

In this way, many solutions proposed in the literature seem to implicitly blame (or at least punish) these young women for their abuse, which is also reflected in current practices. Studies have found that prior abuse or neglect increases the chances that girls will be detained (Kempf-Leonard & Sample, 2000) and counts against them in risk assessments for placement (Phillips & Van Schoick, 2001). A brochure from one program (PACE, 2000) cites victimization as a primary pathway towards delinquency for young women, and then promises to “fix” these young women before they become a problem for society. Allen (1981) argues that the juvenile justice system has “not resolved...whether the rehabilitative objective of juvenile justice is the strengthening of the personal autonomy of the adolescent or of his [*sic*] capacities for adjustment to social expectations, or when these goals may be in conflict” (p. 52). In this way, it is important to question whether “gender-specific” programming is attempting to help young women deal with past trauma and abuse and build new lives for themselves or rather to make them conform to society’s gendered expectations of them (i.e., not being sexually “promiscuous,” obeying their parents, and so on).

Part of the problem is not that abuse is discussed but in *how* it is discussed in this literature. As previously mentioned, one issue is attention to abuse as a girls’ issue, when in fact it seems to be an important issue for many young people in the juvenile justice system (Holsinger et al., 1999), an approach which essentializes gender differences and risks limiting help for young men who have been abused. Further, I question the use of the word “victim.” In much of the violence literature, “survivor” is the preferred term and so it is not clear why victim is the word of choice here. Portraying girls as victims frames them very passively and, by drawing attention away from the fact that girls continue to be punished for behavior deemed acceptable among boys, perpetuates the gendered double standard and the false dichotomy of victim/slut.

If the issue is framed as one of survival rather than of victimization, there is more room to consider, and even enhance, young women’s agency. Missing from many of these discussions is a consideration of the positive ways these young women can contribute to their communities and gain a sense of control over their lives. Instead, confining these women to the juvenile justice system and depicting them as victims perpetuates paternalistic control over them. Young women who see themselves as victims rather than as survivors may feel less empowered to make changes in their lives and in the oppressive social structures around them. Young’s (1994b) second definition of empowerment, focused on consciousness raising around structural injustice and collective action towards change, points to a possible direction for redefining how abuse experienced by young women is discussed and addressed. Otherwise, a focus on girls as victims enables the juvenile justice system to perpetuate and reinforce gendered expectations and control young women (i.e., continuing to confine them to residential placements when they could be better served in the community) and does nothing to address the structural factors that perpetuate patterns of violence against women.

Integration

These four critiques can be seen as part of a larger epistemological critique. Accepting the “fact” of young women’s rising involvement in the system as evidence of a social problem *with girls* misses how problems (such as delinquency) are socially constructed. This obscures the role of social practices and structures in constructing the issue, as does a focus on the individual, which conceals the connections between young women in the system and the way that earlier social service systems are failing them. Further, there is no critical examination of the social construction of categories, such as gender or “victim.” The result is a simplistic approach that does not ask why the system developed this way, what its goals are, or whose goals they are.

“For decades, girls who have broken the law have entered a juvenile justice system that was designed to help someone else” (Greene et al., 1998, p. v). Is this really the case? These documents seem to argue that girls have been treated in a system set up for boys, which may be somewhat true as result of liberal feminists attempts to insure sameness. While it can certainly be argued that girls have been seriously neglected in academic discussions of juvenile delinquency and the juvenile justice system, it also seems clear that young women and men have never been treated the same by the juvenile justice system. The call for a focus on “difference” is one possible solution, but I am not sure it is the best one. I am not arguing that it is necessarily problematic to focus on girls in the juvenile justice system. An essential part of this effort, however, must be an assessment of *how* this is done. Drawing on more complex feminist theorizing, programs for young people should take gender, as well as race/ethnicity, class, age, sexuality and their intersections, into account. Further, they must recognize the historical role of the juvenile justice system in controlling young women’s sexuality and policing their gender conformity and focus not just on “fixing” young women, but on fixing the system that purports to serve them. Social work is well situated as a location from which to attempt such a critical and constructive approach.

Challenges for Social Work: Guiding Principles and a New Integrative Framework

The final section of this article focuses on constructive social work solutions. I discuss the implications of this critical review for social work, highlighting ways to address these issues through detailing a number of principles for theorizing, research, and practice and introducing a framework for understanding gender (and other socially constructed differences) that enables social change without reinforcing social inequalities. Although some critical perspectives have been critiqued for their potential to deconstruct to a point of paralysis, social work’s emphasis on the person in environment makes it an important perspective from which to work towards what Figueira-McDonough (1998) refers to as an “ongoing dynamic reconstruction” (p. 19).

Recent social work scholars have merged the traditional social work focus on person in environment with a framework that incorporates power, history, and change, in what has been termed “structural social work.” In this view, need and structural location are understood as connected, and solutions are focused on both immediate assistance and longer-term institutional and structural change (Figueira-McDonough, 1998; Mullaly, 1997). Structural social work has been much influenced by critical theory, particularly its epistemological challenge to the positivist approach and the commitment to what feminists call praxis, that is, uniting theory and

practice in efforts towards social change. Structural social work focuses on the elimination of oppression (Mullaly, 1997). Iris Young (1990) contends that oppression is structural – the result of everyday practices and rules of a liberal society rather than an identifiable tyrannical power – and that it is a characteristic of groups. However, she offers a poststructural, relational (rather than essential) definition of groups: “Groups are an expression of social relations; a group exists only in relation to at least one other group” (Young, 1990, p. 43). She continues, “group differentiation is not in itself oppressive.... Oppression has been perpetrated by a conceptualization of group difference in terms of unalterable essential natures that determine what group members deserve or are capable of, and that exclude groups so entirely from one another that they have no similarities or overlapping attributes. To assert that it is possible to have social group difference without oppression, it is necessary to conceptualize groups in a much more relational and fluid fashion” (Young, 1990, p. 47).

Building on these ideas, in later work Young (1994a) suggests using Sartre’s notion of a serial collectivity or “seriality” to avoid the essentialism implied when women are defined as a pre-constituted group. Thinking of gender as seriality, Young suggests, does not assume any “identity specific attributes that all women have” (Young, 1994a, p. 733). Instead, there is a “passive unity...that does not arise from the individuals called women but rather positions them through the material organization of social relations as enabled and constrained by the structural relations of enforced heterosexuality and the sexual division of labor” (Young, 1994a, p. 733). Young further explains that “[t]he content of these structures varies enormously from one social context to the next” (Young, 1994a, p. 733).

Young’s alternative definition of groups and conceptualization of gender as seriality can be instrumental in understanding meanings of gender (and of other socially constructed categories) in the development of gender-specific services. Conceiving of gender as socially constructed and rethinking what constitutes a social group can facilitate the development of services that help young women (and men) without reifying and essentializing gender or reinforcing oppressive gendered norms. Building on Young’s work, insights of critical theory, and the theoretical and practical base of structural social work, then, I present eight principles as a framework to guide in the development of effective services for young women in the juvenile justice system and in the reconfiguration of this and other youth serving systems to provide assistance in a manner less oppressive to those being served.

Principle 1: Deconstruct and move beyond false dichotomies

This first principle is to deconstruct and move beyond false dichotomies, which directly addresses the equality versus difference debate that continues to structure much of the thinking about programs for young women in the juvenile justice system (on rethinking difference see also principle 8). In challenging dichotomous thinking, this principle evokes many important issues covered in other principles. A key problem with dichotomous thinking is that it almost always privileges one category over another, and reinforces socially constructed differences (see principle 2). Other binary oppositions which hinder programmatic developments and social change include male vs. female, theory vs. practice (Camilleri, 1999; Healy, 1999), powerful vs. powerless (Healy, 1999; Pease & Fook, 1999), rehabilitation vs. punishment (Goodkind & Miller, 2000), case work vs. community work (Pease & Fook, 1999; van den Bergh & Cooper,

1986), worker vs. client (Crinall, 1999; Healy, 1999), dependent vs. independent (Leonard, 1997), and modernism vs. postmodernism (Lane, 1999; Mullaly, 1997).

Rather than dialectic thinking, Finn (2002) advocates a “trialectic” approach, thinking in terms of threes, such as “I-you-we” or “being-doing-becoming.” She says that a trialectic logic “encourages us to break with our center/margin and self/other splits” (p. 393). Deconstructing false dichotomies thus challenges us to think not of services for girls versus services for boys, but to think about other socially constructed identities and experiences as they intersect with gender and to consider a particular group of girls in a specific context. It can also prevent an us/them opposition that continues to frame young women as passive service recipients rather than active agents involved in collaborative change.

Principle 2: Adopt an interpretivist/constructivist epistemology that recognizes categories as socially constructed and presents a vision for social change

The second principle is to adopt an interpretivist/constructivist epistemology, in contrast with the positivist approach that informs much U.S. social work and criminal and juvenile justice literature. Such an approach recognizes that categories and their meanings, such as identities (i.e., race/ethnicity, class, gender, sexuality), labels (i.e., victim, delinquent), and problems (i.e., delinquency, crime, “teen pregnancy”) are socially constructed. In fact, as Payne (1991) argues, social work is itself a socially constructed activity. This perspective, then, opens possibilities for reconfiguring categories and rethinking how we go about the practice of social work.

We must also grant that knowledge is socially constructed. This approach accepts that there is no one “truth” or one “right” way of doing things and that knowledge is a tool that can be (and is) used to promote certain positions or achieve certain objectives (see principle 3). When we embrace the normative function of knowledge, we can begin to think about the perspectives and interests of those generating the knowledge and to examine their motives and intentions. Critical theory recognizes social science as normative (Ife, 1999) and is committed to change (Mullaly, 1997). Social work has always been normative and we need not fall prey to calls to legitimate and professionalize social work by espousing a positivist framework nor purport to present merely the “facts” rather than advocating a position. Leonard (1997) discusses the importance of moral outrage as a driving force in social change, and I agree that we should draw on our anger at oppression and injustice in our efforts rather than pretend not to care.

Principle 3: Uncover assumptions and identify interests and goals

When designing programs and interventions, or evaluating research and recommendations, it is important to expose the unconscious assumptions and stereotypes that are informing them. This includes assumptions about gender or other identity categories (i.e., that girls are more relational than are boys) and about knowledge and knowledge development. In this way, we need to ensure that assumptions and stereotypes do not cloud our vision – just because things have been a certain way or are a certain way does not mean they always should be. For example, because boys have been shaped by societal expectations to hold in their feelings and girls to express them, does not suggest that our programs need to reinforce this by only providing girls with opportunities to communicate their feelings. It is all too easy to fall back on stereotypical ideas about gendered needs and behaviors, and so it is necessary to consciously and continuously examine the assumptions on which our premises are based.

Similarly, we must deliberately and critically identify and assess the goals of programs, examining whose interests they serve. As Allen (1981) asks, is the purpose of the juvenile justice system to shape young people to society's expectations or to help them on their own terms, and when are these goals in conflict? Who is helped by incarcerating young women for status offenses and portraying them as "victims"? Questions such as these require us to take into account the historical role of the juvenile justice system in policing girls' sexuality and reinforcing their gender conformity, which can help to ensure that we do not continue to do this.

Principle 4: Attend to the importance of context

In attempts to understand the meanings of gender and of other socially constructed categories and identities, it is essential to keep in mind the importance of context. An interpretive/constructive approach reminds us that the goal of theory and knowledge development is not necessarily to create theory and knowledge generalizable to all places and times, but instead to provide enough detail about the context in which it was generated such that it can be applied to other settings (Lincoln and Guba, 1985). As discussed under principle 2, this stems from a belief that there is no one "right" way of doing things, as the best approach may be dictated, in part, by social, historical, and cultural location. Therefore, it is necessary to specify the context and take it into account in the development of interventions. This is what Young (1994a) describes as pragmatic theorizing, in which relevant theories are developed as motivated by a specific issue with practical significance rather than attempting to generalize to all situations or contexts. Similarly, Figueira-McDonough (1998) defines an ongoing dynamic reconstruction as "an integration of a plurality of experiences selected in terms of concrete goals" that, when "historically contingent and contextually framed, can become a platform towards change" (p.19).

Principle 5: Balance structure and agency and think in terms of mutual interdependence

Within the current cultural imperative to work towards "independence," we must challenge the notion of anyone as completely autonomous and freely choosing, as people are constrained by their social location, oppression, and conditions of their life. At the same time, we must be careful not to frame people's lives as overdetermined either. Thinking of someone solely as a passive victim, for example, neglects their agency and the choices they can make. This is part of a classic sociological debate between structure and agency. Thus, Healy (1999) focuses on "a tension between recognising the extent to which participants have been disempowered without confining them to the status of the 'powerless'" (p. 128). This balance is best articulated through the notion of resistance and a recognition of the importance of generating constructive collective resistance, which can be empowering and lead to social change, as an alternative to the individual resistance that often seems to get girls into trouble.

Similarly, we must challenge the binary construction of dependence and independence. Leonard (1997) reframes the dependent/independent dichotomy as a matter of being dependent on the state (what is currently thought of as dependent) or being dependent on the market (what is termed independent). Fraser and Gordon (1997) trace the roots of the concept of "dependency" to reveal the ways that its meanings have changed over time, from being a relatively neutral description of one's social location to a pejorative term used to label and oppress (i.e., dependent on welfare); thus, what was once a social relation has become an individual characteristic. They highlight the fact that no one is truly "independent," and suggest

focusing on the dependence of fathers on the unpaid labor of their wives as a way to subvert the current connotations. Leonard (1997) advocates the notion of mutual interdependence, which is the idea that we are all dependent on others for our survival. He argues that recognition of mutual interdependence is "at the root of a reinvented idea of welfare" and "crucial to a politics of collective resistance and...community action" (Leonard, 1997, p. 159).

Principle 6: Address programs and change to multiple levels

In designing programs and organizing social change efforts, it is imperative to focus on multiple levels. This is a central challenge to current programs and ways of thinking. We cannot just focus on helping or "fixing" individuals, but must target multiple levels, including engaging those experiencing oppression in critical thinking and social change. According to the Ms. Foundation (2001), "effective girls' programs operate in four different spheres of influence: individual, social network, community and institutional" (p. 8). This is congruent with structural social work's focus on both immediate relief and long-term structural and institutional change and on the connections between them (Mullaly, 1997). As highlighted throughout this article, many of the issues facing young women in the juvenile justice system are not individual, and so focusing exclusively on individual change will not help them, and other young women like them, in the long term. Of course, many of the young women in the juvenile justice system, or at risk of involvement with it, do need individually-targeted services, which should not be neglected. However, such services, in conjunction with consciousness raising and opportunities to engage in collective social action, as advocated by Young (1994b), will do much more towards empowering them than simply focusing on their self-esteem and independent living skills.

Principle 7: Focus on process

Attention to the importance of process is one area in which social work has often excelled, and should continue to be emphasized. In order to work towards social change, it is not sufficient to know that oppression and injustice occur, but we must attend to *how*. Crinall (1999) notes that a poststructural approach concentrates on the "how" rather than the "what." I contend that we need to do both. An understanding of process better situates us to counter oppressive trends and programs. Similarly, Leonard (1997), van den Bergh & Cooper (1986) and Figueira-McDonough (1998) promote a focus on process, highlighting the fact that a positive outcome should be achieved through means which are also free from oppressive and unjust practices. A focus on process also implies that the design of effective interventions must be accompanied by efforts to ensure that they are implemented as intended in constructive, empowering ways.

Principle 8: Rethink difference

The final principle completes the circle back to the first, challenging us to move beyond false dichotomies and rethink our notion of difference. While the work of Gilligan and other radical/cultural feminists has played an important role in highlighting and challenging an androcentric bias in our social structures, notions of the individual, and knowledge development, such a perspective is limited by the essentialist tendencies created by its focus on difference. This focus on difference instigated the "equality versus difference" debate in feminism, where it seemed that feminists must stake their claims for change based on either their similarity to men or their difference from them. More recent feminist theorizing has attempted to transcend this debate by moving beyond polarized categorizations and rethinking the notion of difference. Unfortunately, much of the literature on "gender-specific" services for girls in the juvenile

justice system remains trapped within the old framework. As noted by Holsinger and colleagues (1999), neither a focus on equality nor on difference has proved beneficial for young women in the juvenile justice system. Attempts at equal treatment have gone unrealized, and are problematic in any case because they aim to include young women in a system that is not necessarily effective for the young men it is supposed to assist. At the same time, a focus on difference has often resulted in program protocols and recommendations based more on assumptions and stereotypes about gender (as well as race/ethnicity, class, and sexuality) than on a critical assessment of how these assumptions and stereotypes, as well as broader social structures and institutions, work to the disadvantage of many young women and men.

Worth preserving from the “difference” camp is the recognition that our current programs and institutions remain based in a patriarchal structure that privileges a white, middle and upper class, heterosexual male perspective. However, interviews and conversations with young women remind us that most prefer to be treated more equally with young men. LaBelle (2002) argues that excusing inequality based on difference or treating women and men identically (like males) are both misguided approaches, and I would agree. One problem with our notion of difference in this context is that it has remained focused on differences between women and men, while neglecting differences among them. Thus, we must devise a notion of difference that is more complex and mutable. Young (1990, 1994a) provides a means for rethinking difference, by rethinking our definition of groups. Conceiving of groups as socially constructed, interdependent, and based on social relations rather than essential characteristics or experiences emphasizes that they do not have to be without similarities or commonalities nor will they always be as they seem at the moment. It also highlights the importance of context and the need for pragmatic solutions rather than totalizing theories.

Integrative Framework

These eight principles offer a framework for an alternative way of thinking about gender and for designing and implementing effective programs for young women (and men) in the juvenile justice system. They are not presented as a specific recipe for successful programs for young women and men, but as a guide to continually rethink and challenge social “problems,” categories, and solutions. While this examination has focused on a critique of “gender-specific” programs and services, my goal was not to reject the role that gender should play in designing programs and services for young men and women in the juvenile justice system. Instead, the objective was to shift the way that we think about and engage gender in this endeavor.

This is a complex and challenging task, yet an example of the application of these principles can be found in how the Ms. Foundation report (2001) takes gender into account. “To be fully effective for girls and boys, the design and operation of a program must consider gender – not in a manner that regards gender differences as innate and unchangeable, but in a way that explores the social construction of gender and invites young women and men to challenge gender norms, examine gender privilege, and create a balance of power between girls and boys” (p. 6). This offers an example of a conception of gender congruent with the principles I have detailed above and that can be useful in guiding service design and delivery for young people involved with, and at risk of involvement with, the juvenile justice system.

Such an understanding of gender is part of a framework for designing services for young women and men that addresses their differential social locations without reifying socially constructed gender differences. This framework includes a definition of groups as relational and fluid, not as mutually exclusive or opposite, that attends to the social relations, locations, and institutions that construct them. This means reflecting on how young women and men have been socialized to be different and challenging the oppression that this creates for both groups. Further, this approach requires a consideration of how "delinquency" and the juvenile justice system itself are constructions, whose interests and goals such constructions serve, and how we must look beyond the juvenile justice system in meeting the needs of the young people currently engaged in it. In this endeavor, we must examine the goals of our programs, to assess whether they are working to help young women and men overcome the confines of gendered stereotypes and expectations or instead simply reinforcing them.

Towards this end, this framework acknowledges the similarities of the needs of young women and men, realizing that *how* we meet these needs may temporarily look different, because of their different experiences, without constructing these needs in ways that essentialize and reify gender differences. This points, once again, to the importance of context, and the realization that measures that may be necessary here and now to combat oppression and injustice may not be the same means that will work in another context or at a different time, where meanings of gender may be much different or changed. As we rethink difference in this way, we must consider the possibility of designing services that are "gender sensitive," "gender relevant," or "gender responsive," as "gender-specific" seems too implicated in the "old" difference approach. Thinking beyond gender difference, we must also recognize diversity within gender and realize that gender has different meanings in relation to other socially constructed identities. The programs that we design need to address multiple levels and focus not only on assisting young women (and men) but also on changing the systems that profess to serve them. Neither individual life improvements nor long-term structural and institutional change can be accomplished without a recognition of our mutual interdependence and the active involvement of young people engaged in creating social change.

References

- Acoca, L. (1999). Investing in girls: A 21st century strategy. Juvenile Justice, 6(1), 3-13.
- Acoca, L., & Dedel, K. (1998). No place to hide: Understanding and meeting the needs of girls in the California juvenile justice system. San Francisco, CA: National Council on Crime and Delinquency.
- Ainsworth, J. E. (1991). Re-imagining childhood and reconstructing the legal order: The case for abolishing the juvenile court. North Carolina Law Review, 69, 1083-1133.
- Allen, F. A. (1981). The decline of the rehabilitative ideal: Penal policy and social purpose. New Haven: Yale University Press.
- American Bar Association and National Bar Association. (2001). Justice by gender: The lack of appropriate prevention, diversion and treatment alternatives for girls in the juvenile justice system. Washington DC: ABA & NBA.
- Belknap, J., Dunn, M., & Holsinger, K. (1997). Moving toward juvenile justice and youth-serving systems that address the distinct experience of the adolescent female: A report to the governor. Gender Specific Services Work Group.
- Belknap, J., Holsinger, K., & Dunn, M. (1997). Understanding incarcerated girls: The results of a focus group study. The Prison Journal, 77(4), 381-404.
- Belknap, J., Winter, E. J., & Cady, B. (2001). Assessing the needs of committed delinquent and pre-adjudicated girls in Colorado: A focus group study. Colorado: The Colorado Division of Youth Corrections.
- Berger, P. L., & Luckmann, T. (1966). The social construction of reality. New York: Doubleday.
- Calhoun, G., Jurgens, J., & Chen, F. (1993). The neophyte female delinquent: A review of the literature. Adolescence, 28(110), 461-471.
- Camilleri, P. (1999). Social work and its search for meaning: Theories, narratives and practices. B. Pease, & J. Fook (editors), Transforming social work practice: Postmodern critical perspectives (pp. 25-39). London: Routledge.
- Chesney-Lind, M. (1997). The female offender: Girls, women, and crime. Thousand Oaks, CA: Sage Publications.
- Chesney-Lind, M., & Okamoto, S. K. (2000). Gender matters: Patterns in girls' delinquency and gender responsive programming. Unpublished manuscript.
- Chesney-Lind, M., & Shelden, R. G. (1998). Girls, delinquency, and juvenile justice (second ed.). Belmont, CA: West/Wadsworth.
- Collaborative Fund for Healthy Girls and Women. (2001). The new girls' movement:

Implications for youth programs. New York: Ms. Foundation for Women.

Collins, P. H. (1990). Black feminist thought: Knowledge, consciousness, and the politics of empowerment. New York: Routledge.

Connell, R. W. (1993). Introduction. J. W. Messerschmidt, Masculinities and crime: Critique and reconceptualization of theory. Lanham, Maryland: Rowman & Littlefield Publishers, Inc.

Crenshaw, K. (1991). Demarginalizing the intersection of race and sex: A black feminist critique of anti-discrimination doctrine, feminist theory, and anti-racist politics. K. T. Bartlett, & R. Kennedy (editors), Feminist legal theory: Readings in law and gender. Boulder: Westview Press.

Crinall, K. (1999). Challenging victimisation in practice with young women. B. Pease, & J. Fook (editors), Transforming social work practice: Postmodern critical perspectives (pp. 70-83). London: Routledge.

Daly, K. (1998). Women's pathways to felony court: Feminist theories of lawbreaking and problems of representation. K. Daly, & L. Maher (editors), Criminology at the crossroads: Feminist readings in crime and justice (pp. 135-154). New York: Oxford University Press.

Daniel, M. D. (1999). The female intervention team. Juvenile Justice, 6(1), 14-20.

Figueira-McDonough, J. (1998). Toward a gender-integrated knowledge in social work. J. Figueira-McDonough, F. E. Netting, & A. Nichols-Casebolt (editors), The Role of Gender in Practice Knowledge: Claiming Half the Human Experience. New York: Garland Publishing, Inc.

Finn, J. (2002). Borders and bridges: Building new directions for the women's movement. J. Figueira-McDonough, & R. C. Sarri (editors), Women at the margins: Neglect, punishment and resistance (pp. 375-403). New York: The Haworth Press.

Finn, J. L. (2001). Text and turbulence: Representing adolescence as pathology in the human services. Childhood, 8(2), 167-191.

Fraser, N., & Gordon, L. (1997). A genealogy of 'dependency': Tracing a keyword of the U.S. welfare state. N. Fraser Justice interruptus: Critical reflections on the "postsocialist" condition (pp. 121-149). New York: Routledge.

Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.

Goodkind, S., & Miller, D. (2000). A widening of the net of social control? 'Alternative' treatment approaches with young women in the U.S. juvenile justice system. Manuscript submitted for publication.

Greene, Peters, & Associates. (1998). Guiding principles for promising female programming: An

- inventory of best practices. The Office of Juvenile Justice and Delinquency Prevention.
- Harris, A. P. (1990). Race and essentialism in feminist legal theory. Stanford Law Review, 42, 581-616.
- Healy, K. (1999). Power and activist social work. B. Pease, & J. Fook (editors), Transforming social work practice: Postmodern critical perspectives (pp. 115-134). London: Routledge.
- Hilgartner, S., & Bosk, C. (1988). The rise and fall of social problems: A public arenas model. American Journal of Sociology, 94(1), 53-78.
- Hirsch, B. J., Roffman, J. G., Deutsch, N. L., Flynn, C. A., Loder, T. L., & Pagano, M. E. (2000). Inner-city youth development organizations: Strengthening programs for adolescent girls. Journal of Early Adolescence, 20(2), 210-230.
- Holsinger, K., Belknap, J., & Sutherland, J. L. (1999). Assessing the gender specific program and service needs for adolescent females in the juvenile justice system. Columbus, OH: Office of Criminal Justice Services.
- Ife, J. (1999). Postmodernism, critical theory and social work. B. Pease, & J. Fook (editors), Transforming social work practice: Postmodern critical perspectives (pp. 211-223). London: Routledge.
- Kempf-Leonard, K., & Sample, L. L. (2000). Disparity based on sex: Is gender-specific treatment warranted? Justice Quarterly, 17(1), 89-128.
- King, D. (1988). Multiple jeopardy, multiple consciousness: The context of black feminist ideology. Signs, 14, 42-72.
- LaBelle, D. (2002). Women, the law, and the justice system: Neglect, violence, and resistance. J. Figueira-McDonough, & R. C. Sarri (editors), Women at the margins: Neglect, punishment, and resistance (pp. 347-373). New York: The Haworth Press.
- Lane, M. (1999). Community development and a postmodernism of resistance. B. Pease, & J. Fook (editors), Transforming social work practice: Postmodern critical perspectives (pp. 135-149). London: Routledge.
- Leonard, P. (1997). Postmodern welfare: Reconstructing an emancipatory project. London: Sage Publications.
- Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Newbury Park, CA: Sage Publications.
- MacKinnon, C. (1989). Toward a feminist theory of the state. Cambridge: Harvard University Press.
- Males, M. A. (1999). Framing youth: Ten myths about the next generation. Monroe, Maine: Common Courage Press.

- Males, M. A. (1996). The scapegoat generation: America's war on adolescents. Monroe, Maine: Common Courage Press.
- Messerschmidt, J. W. (1993). Masculinities and crime: Critique and reconceptualization of theory. Lanham, Maryland: Rowman & Littlefield Publishers, Inc.
- Mullaly, B. (1997). Structural social work: Ideology, theory, and practice (2nd ed.). Canada: Oxford University Press.
- Nathanson, C. A. (1991). Dangerous passage: The social control of sexuality in women's adolescence. Philadelphia: Temple University Press.
- Office of Juvenile Justice and Delinquency Prevention (Ed.). Juvenile Justice (Vols. 6). Washington D.C.: U.S. Department of Justice.
- Oyewumi, O. (1998). Deconfounding gender. Signs, 23, 1049-1062.
- PACE Center for Girls, Inc. (2000). Informational brochure. Jacksonville, FL: Pace Center for Girls, Inc.
- Payne, M. (1991). Modern social work theory: A critical introduction. Chicago: Lyceum Books, Inc.
- Pease, B., & Fook, J. (1999). Postmodern critical theory and emancipatory social work practice. B. Pease, & J. Fook (editors), Transforming social work practice: Postmodern critical perspectives (pp. 1-22). London: Routledge.
- The Peters Group. (2001). Gender-specific programs for girls: Report presented at Gender-Specific Program Conference. Nashville, TN: The Peters Group.
- Phillips, A., & Van Schoick, L. (2001). Wayne County Female Services Advisory Committee juvenile justice policies and procedures sub-committee report. Detroit, MI: Wayne County Female Services Advisory Committee.
- Pipher, M. (1994). Reviving Ophelia: Saving the selves of adolescent girls. New York: Ballantine Books.
- Poe-Yamagata, E., & Butts, J. A. (1996). Female offenders in the juvenile justice system. Washington DC: Office of Juvenile Justice and Delinquency Prevention.
- Rich, A. (1977). Of woman born: Motherhood as experience and institution. London: Virago.
- Rubin, G. (1986). Thinking sex: Notes for a radical theory of the politics of sexuality. A. Henry, M. Barale, & D. Halpern (editors), The lesbian and gay studies reader (pp. 3-44). New York: Routledge.
- Rubin, G. (1975). The traffic women: Notes on the 'political economy' of sex. R. R. Reiter (editor), Toward an Anthropology of Women (pp. 157-210). New York: Monthly Review

Press.

- Scott, J. W. (1990). Deconstructing equality-versus-difference: Or, the uses of poststructuralist theory for feminism. M. Hirsch, & E. F. Keller (editors), Conflicts in feminism. New York: Routledge.
- Scott, J. W. (1991). The evidence of experience. A. Henry, M. Barale, & D. Halpern (editors), The lesbian and gay studies reader. New York: Routledge.
- Snyder, H. N., & Sickmund, M. (1999). Juvenile offenders and victims: 1999 national report. National Center for Juvenile Justice.
- Steedman, C. (1986). Landscape for a good woman: The story of two lives. New Brunswick, NJ: Rutgers University Press.
- U.S. Department of Justice. (1999). Juvenile court statistics 1996. Washington D.C.: Office of Juvenile Justice and Delinquency Prevention.
- U.S. House of Representatives. (1992). Reauthorization of the juvenile justice and delinquency prevention act. Public Law 102-586.
- van den Bergh, N., & Cooper, L. B. (1986). Feminist visions for social work. Silver Spring, Maryland: National Association of Social Workers.
- Weedon, C. (1999). Feminism, theory and the politics of difference. Oxford, UK: Blackwell Publishers.
- Young, I. M. (1994a). Gender as seriality: Thinking about women as a social collective. Signs, 19(31), 713-738.
- Young, I. M. (1990). Justice and the politics of difference. Princeton, NJ: Princeton University Press.
- Young, I. M. (1994b). Punishment, treatment, empowerment: Three approaches to policy for pregnant addicts. Feminist Studies, 20(1), 33-57.

A Study of Youth Assistance Programs In Wayne County, Michigan

Cheri Albertson

University of Michigan
Institute for Social Research
Ann Arbor, Michigan 48106-1248

A Study of Youth Assistance Programs In Wayne County, Michigan

Abstract

Research now supports the important role of community-based prevention strategies as alternatives to detention and incarceration for at-risk adolescent youth. Implementing these alternatives is difficult juxtaposed with a powerful juvenile justice system perpetuating the view of detention and youth incarceration as the primary form of community and public safety (Hawkins, 1999). The juvenile justice system faces challenges in its ability to intervene in the lives of adolescents in ways that promote access to pro-social roles within community, school, and family environments. Disparities in race and gender continue to create challenges to this system and its ability to adequately handle the differing levels of youth need and risk. (Sarri, Rollin, Wolfson, Pimlott, McCammon, Ward & Farmer, 1997). Promising models of intervention identify the unique socio-cultural context for at risk youth behavior, viewing youth as valuable assets in helping to mitigate risk factors and negative effects. This paper examines the context of youth assistance programs in Wayne County, Michigan and various community dynamics that aid or constrain effective youth assistance programming.

YOUTH ASSISTANCE PROGRAMS IN WAYNE COUNTY

Introduction

Youth assistance programs first developed in Michigan in the 1950s when an Oakland County citizens group enlisted support from a probate court to provide intervention services for at-risk youth within their communities. This initial effort was intended as early prevention to help deter youth from engaging in increasing levels of risky behavior thus avoiding delinquency (Creekmore & Barton, 1996). Other communities continued to seek ways to identify the needs of at risk youth and develop appropriate interventions to help youth avoid the juvenile justice system or be diverted from it early in the process of court intervention. During the 1970s, federal policy shifted away from institutionalization and formal probation to the development of diversion and alternatives to incarceration programs (Cressey & McDermott, 1974). Subsequent research into juvenile justice has increased the visibility of youth as viable community participants with unique stressors and vulnerabilities, deriving from within their communities and schools as well as their families. Consequently, services and programming for at-risk youth are ideally situated within a community context (Hawkins & Catalano, 1992). However, community-based prevention strategies as alternatives to detention and incarceration have not always been easy to implement when juxtaposed with a powerful juvenile justice system perpetuating the view of detention and youth incarceration as the primary form of community and public safety (Hawkins, 1999).

The juvenile justice system, as an institution of social control, has long faced challenges in its ability to intervene in the lives of adolescents in ways that promote access to pro-social roles within community, school, and family environments. Additionally, disparities in race and gender continue to create challenges to this system and its ability to adequately handle the differing levels of need and risk for youth who enter the juvenile justice system (Sarri, Rollin, Wolfson, Pimlott, McCammon, Ward & Farmer, 1997). While overall rates of delinquency continue to decrease, youth of color experience higher rates of detention and out-of-home placements than their white counterparts (Sarri, et al, 1997; U.S. Department of Justice, 2000). And, in contrast to males, most females are arrested for status offenses rather than felonies or misdemeanors (Hammons, 1998; Albertson, Sarri & Gavin, 2001).

Promising models of intervention not only identify the unique socio-cultural context for at risk youth behavior, these models simultaneously view youth as valuable assets in helping to mitigate risk factors and negative effects (Center for Youth As Resources, 1987; Bombyk & Sarri, 1996). The research findings of Hawkins and Weiss (1985) and Hawkins, Catalano, et al. (1991, 1992, 1995) have provided valuable information on the pro-social and protective factors in place that can help youth resist the trajectory toward such risk factors as substance use/abuse, risky sexual behavior, violence, and delinquency. Community-based programming and services have been clearly identified in the "Communities That Care" model, for example, developed by Hawkins and Catalano (1999) as a viable, community-based approach to prevention and early intervention for at-risk youth.

Community-based prevention strategies address the convergent influences youth experience from chronic exposure to negative risk factors within their socio-cultural

environment, i.e. violence, substance abuse, risky sexual behavior, etc. through participation in programming geared toward development of protective and pro-social behavior and attitudes (Hawkins & Catalano, 1992). In fact, this model, when implemented as a community-based intervention program, has consistently shown that when protective factors such as positive school and community involvement increase, with clear expectations relating to criminal behavior as not acceptable, risk factors decrease (Hawkins, 1999). Helping youth resist such risk factors through pro-social skill development not only help youth remain outside the juvenile justice system, but communities, families, schools, and neighborhoods are simultaneously strengthened when resources are in place that allow communities to support their youth (Hawkins & Catalano, 1992; Green & Assocs. 1998; Obeidallah & Felton, 1999; Department of Health and Human Services, 2000; American Bar Assoc., 2001).

Establishing Youth Assistance Programs

Third Circuit Court Family Division - Wayne County

Prior to 2000, all juveniles picked up by law enforcement in Wayne County were brought before the court and charged as delinquent. The result was increasing numbers of youth being placed in varying forms of probation and out-of-home placement. This was especially true for female juveniles who were brought to court more frequently for status offenses than their male counterparts and arrested less frequently for misdemeanor and felony offenses (Family Independence Agency, 1998).

“Incorrigibility” is a catchall category for parents in conflict with their adolescent children. Many parents are encouraged to file “incorrigibility” charges particularly when they are in conflict with their adolescent daughters. Historically, this charge frequently resulted in adjudication and out-of-home placement in a residential facility. Similar behavior by males usually results in placement for fewer than 5 percent (MacDonald & Chesney-Lind & Okamoto, 2000). Aware of this gender difference, in January 2000, the Wayne County Family Court decided not to charge first-time status offenders and instead to divert them from court action to local youth assistance programs (YAP). More than 30 percent of the females adjudicated through the Family Court prior to 2000 were status offenders (Albertson, Sarri & Gavin, 2000). The Wayne County Family Court decision represented a significant policy change for male and female youth. While a primary goal of this change was to reduce the numbers of female juveniles placed on probation and assigned to out-of-home placements, both female and male youth benefited by diversion to innovative community programs.

The Intensive Status Offender Unit (ISOU) of the Third Circuit Court is responsible for those youth diverted from court processing. This unit functions as a “gatekeeper,” handling cases of incorrigibility, school truancy, and truancy from home, informally referred to as “runaways.” In cases of “repeat” status and misdemeanor offending, ISOU maintains discretion on whether a youth will be referred for YAP or back to the court for more formal processing.

When complaints are received by ISOU, those youth bypass both the Court and the Department of Community Justice, and are referred directly to the Juvenile Assessment Center (JAC), where a formal decision is made relating to YAP participation for the youth and their

family. For this population, the JAC will seldom refer youth directly to a Care Management Organization (CMO), typically reserved for youth exhibiting combinations of more serious behavior, problems, and offenses. Because the YAP is a diversion program and not a court order, there is less strength of enforcement relating to attendance. Therefore, youth and/or family non-attendance may result in some form of YAP sanctioning but typically will not result in any form of ISOU sanctioning. ISOU is not aware of poor participation in YAP unless youth re-offend at the same level of status or misdemeanor, thus becoming a "repeat" offender.

Wayne County Department of Community Justice

During the mid to late 1990s, Wayne County was faced with escalating utilization levels and costs in out-of-home placements and high recidivism of adjudicated delinquents. Studies revealed that among youth charged, approximately 70 percent had not previously been involved with the juvenile justice system, and over 55 percent of the state's adjudicated juvenile offenders in out-of-home placement resided in Wayne County (Sarri, et al., 1997; Proscio, 2001). In 1996, the Family Independence Agency offered block grants to any Michigan county that would assume responsibility for the rehabilitation and care of their at risk and delinquent youth. Only Wayne County agreed to assume responsibility. In 1996, the Wayne County Juvenile Court placed 906 delinquent youth into state facilities, almost two-thirds of the state's total. As a result of these changes, in 2001 this number was only 117 and the total for 2002 was even lower (ISOU, 2000).

In February of 2000 the Department of Community Justice (DCJ) instituted a new system of care for juvenile justice services with primary funding coming from the state and county, and grants from the Justice Department, Bureau of Assistance, and the Juvenile Accountability Incentive Block Grant (JAIBG). DCJ became responsible for establishing and maintaining services for eligible juveniles that include comprehensive family-focused interventions, services to prevent delinquent behavior (i.e., youth assistance programs), services for both juveniles and families to improve their overall quality of care, and a continuum of care that includes in-home treatment, various levels of residential care, and reintegration support services for juveniles returning to their communities after out-of-home placements.

The Juvenile Assessment Center (JAC) is the point of entry for youth, to determine eligibility and to access services provided by DCJ. To accomplish service delivery, a system of five care management organizations (CMOs) was developed to provide a variety of intervention services. Prior to 1999, youth found delinquent and made wards of the state were committed to the Michigan Family Independence Agency for treatment in residential facilities. For Wayne County youth, that meant placement in rural Michigan for a year or two, then returning home with little to no supervision. Without reintegration services within their communities, the same vulnerabilities within their neighborhoods and schools - substance use/abuse, school and home truancy, violence, and crime - made recidivism all too easy. The State of Michigan contracts with Wayne County to provide juvenile justice services to youth still committed as state wards, but now, by establishing services through DCJ, youth residing in Wayne County are far more likely to remain within their communities upon entry to the juvenile justice system.

Care Management Organizations

To provide services to the adjudicated and diverted youth in Wayne County, the Department of Community Justice established an organizational structure of five Care Management Organizations (CMO), each serving a distinct catchment area. The county was divided into five geographic areas with DCJ requesting proposals for service from various nonprofit agencies within the respective areas to manage the cases of delinquent youth in each area and also to develop and provide appropriate intervention and family services for at-risk youth. Each CMO is responsible for the treatment/intervention needs of 300 to 500 youth. To help insure quality of care, an incentive system was developed in which CMOs would be awarded bonuses, for example, when youth remain drug-free and graduate from high school, but be subject to financial penalty for high rates of recidivism. By moving youth into community-based service programs earlier rather than into out-of-home placements, the county has been able to redirect funds from expensive beds in secure facilities to community-based programs, resulting in more youth being served and earlier interventions provided.

The five CMOs are free to develop their own programming to address the service needs of at-risk and delinquent youth in their communities. Typical is a network of community teams that include representatives from law enforcement, the area district court, superintendents of schools, business leaders and mental health program workers and managers. By developing teams comprised of the broadest aspects of their communities, youth are confronted, perhaps for the first time, with the negative outcomes of their behavior, extending beyond their limited range of family to the much broader levels of school and community.

Youth Assistance Programs

At the nexus of early identification of at-risk and delinquent youth and the services needed to help them avoid the trajectory toward delinquency are youth assistance programs. As a separate component of available services through CMOs, youth assistance programs (YAP) were developed to intervene with at-risk youth at early stages of risk-taking behavior. By engaging youth in programming that incorporates their primary environments of home, school, and community, YAPs function in tandem with ISOU as a true diversion away from delinquency and risk factors such as school and home truancy, substance abuse, and risky sexual behavior, toward development of such pro-social skills as good decision making, positive community and school relationships/experiences, remaining or becoming drug and tobacco free, and decreased risky sexual behavior.

Youth Assistance Programs in Wayne County

Youth assistance programs exist within most communities in Wayne County. Funding for YAPs is provided in several different ways and is a component in determining the type of relationship the program will maintain within the community, school, and family environments. Typically, local YAPs receive their primary funding from both a local Wayne County millage and from childcare funding, a grant in aid programs for counties. Some communities, however, augment their primary funding through municipal allocation of funds for YAP. Also common are schools, local law enforcement agencies, and community centers that provide in-kind

support. Additionally, some YAPs engage in on-going grant seeking to bridge service gaps or to add ancillary programming components. Youth assistance programs contract with the Department of Community Justice to provide YAP services within a community-based approach to service delivery, utilizing the Communities That Care model (Hawkins & Catalano, 1992, 1999).

Communities may develop youth assistance programs without accepting county and state funding contributions. However, when YAPs do accept this funding, their YAP dollars are matched by these funding sources, for a specific number of youth participants, potentially doubling their YAP revenue.

Organization and Context of Youth Assistance Programs

Youth assistance programs (YAPs) provide programming in collaboration with the community and primary environments in which youth reside and interact. These environments typically are school, local law enforcement agencies, courts, and their home. In addition to referrals from the Intensive Status Offender Unit (ISOU), families are referred to YAPs from schools, local law enforcement agencies, courts, and voluntary participation. When youth arrive to the program, YAPs are required to provide the local CMO with appropriate documentation that indicates referral source and information specific to the youth's problems.

Schools may refer youth for YAP service upon identification of truancy, consistent misconduct, or other vulnerabilities. The referral is a recommendation to a youth and her family with information being provided to the YAP. However, except for truancy, there is little enforcement strength for youth if families are not willing to encourage participation and maintain their own.

Constraining YAP effectiveness as an early intervention in some communities is a perception by schools that only schools can be effective in intervening with youth. In some communities, the belief is that referral to YAP is ultimately damaging for a youth's future. Others believe that there is insufficient youth problem behavior in their community to warrant YAP referral. These beliefs literally force youth to escalating levels of problem behavior, increasing the likelihood of more severe intervention. These beliefs are found most frequently in upper-middle class communities.

Local law enforcement agencies refer youth to YAP upon issuance of tickets or receipt of complaints filed by schools and/or parent(s). When complaints or tickets are filed through the 3rd Circuit Court-Family Division, the complaint is referred to the ISOU. ISOU, as a diversion from court processing, refers youth directly to YAP.

District court. When YAP is developed as a community collaboration, referral to YAP also occurs at the district court level, avoiding the 3rd Circuit Court. At least two YAPs in Wayne County receive referrals in this way. Referrals issued in this manner allow District Court judges to invoke certain court-ordered requirements of youth but without those requirements rising to the level of formal court processing that would occur at the Circuit Court level. Because most youth and families do not distinguish between Circuit and District courts, these

requirements are perceived by youth and families as carrying the full weight of any court-ordered requirement and consider District Court probation as equal to Circuit Court probation. YAPs are disinclined to inform families and youth of any difference in enforcement as early program compliance is frequently based on the District Court probation requirement of their participation.

Parents are another source of referral and this is voluntary participation. In the out county programs, parental referral to YAP typically occurs prior to any formalized intervention via schools, law enforcement, or court input. As voluntary participants, parents that bring themselves and their adolescent youth to YAP typically exhibit a strong commitment to helping their adolescent children. An exception exists however at the offices of ISOU. Located within the urban area of Detroit, it is common for parents of all ages of children, i.e. five years and older, to bring their "problem" child(ren) to the ISOU offices, demanding that ISOU take over their parenting role. Because of this, ISOU believes that ISOU services should include a lengthy and in-depth parenting program to aid these parents in developing effective and appropriate parenting skills. To date, however, such a program is not available.

Agency/Organizational Structure

Youth entering YAPs are typically referred for status and minor misdemeanor offenses. Most common are combinations of some form of substance or alcohol violation, school and/or home truancy, and varying levels and types of theft, seen most frequently as shoplifting. Misdemeanor violations are most typically forms of family conflict, i.e., "incurability."

In Wayne County, YAP programming is developed within the Communities That Care model (Hawkins & Catalano, 1992, 1999). Essential within this model are didactic and psycho-educational programs that provide opportunities and encouragement for pro-social skills development. Typical are programs that teach good decision-making skills, strategies for avoiding and resisting substance use/abuse, responsible reproductive health behavior, and community service in which youth learn to give back to their communities as a means of developing strong community connections. Counseling and support services are also provided, as necessary. YAP programming also includes services geared toward the parents of these youth, to help them understand and deal with the problem behavior of their adolescent child and also to become a positive component and influence, or protective factor, in their child's efforts toward more pro-social behavior.

Staffing of YAPs varies among programs. Typical staffing is Director, Program Coordinator, and varying numbers of youth workers. Energized programs have sought creative means for staffing, often utilizing university social work and psychology interns who are career oriented toward working with children and adolescent youth within a community setting. Some agencies also seek interns interested in policy and/or administration as a means of program development. Master's level interns provide agencies with consistent staffing, adding little to agency overhead, while simultaneously providing creative and innovative ideas and approaches to programming. However, for varying reasons, not all agencies take advantage of this local resource. This is discussed in more detail in the next section.

Program Design and Models

Fourteen Wayne County youth assistance programs have participated in this study. Of those with structured curricula, the average youth and family participation is 10 weeks. The number of participating youth per program varies depending on size of community and time of year with some programs having as many as 25 YAP participants at one time and others as few as 5. During the summer months in which school is not in session, the number of youth processed through ISOU for YAP evaluation is decreased, since this eliminates the school truancy offense. Surprisingly, ISOU data continue to reflect no increased frequency of other status or misdemeanor offenses during this same period (ISOU, 2001, 2002). The age range for YAP eligibility is 11-17 years but typical participant age range is 13-16 with the average falling at about 14.5 years. The gender make-up of youth participants reflects the historical trend within juvenile justice of more female than male juveniles being referred into YAP.

Following are brief descriptions of specific Youth Assistance Programs in Wayne County. These descriptions provide insight into the varying community dynamics that contribute to a well-developed and well-run program, and conversely, community or agency dynamics that can hinder or constrain YAP effectiveness.

1. A - located in the central downtown area, this agency provides YAP service within a decentralized model. Although the agency articulates a clear commitment to youth and families of color, the YAP component of agency services is not developed within a community-based approach. Instead, most agency services occur within the youth's home. The conceptual framework of risk factors and pro-social skill development is not visible. Instead, families and youth are typically involved in crisis management and counseling. Referrals are received primarily from ISOU/JAC.
2. B - located in mid Wayne County, this YAP is an innovative and high-energy program that includes both youth and family. Participants are primarily Anglo-American. YAP service is centralized, utilizing both a Communities That Care model as well as a Native American Circle model. The municipal government supports YAP through formal action identifying the community's youth as "at-risk" due to community vulnerabilities and provides some YAP funding. Additionally, this program utilizes university interns for youth worker staffing and incorporates consistent grant seeking to augment YAP programming. A grant funded after-care program was established, to capture youth who recidivate in order to remain within this program. Referrals are received first from the primary environments, then from ISOU.
3. C - located in Western Wayne County, YAP programming is centralized, includes both youth and families, and is a component of CMO services. Participants are primarily Anglo-American with some African-American youth. Staff workers are primarily recent undergraduates and a didactic, psycho-educational form of programming predominates. Perhaps because of worker age and level of experience, the application of program content is more visible than is engagement

with either youth or parent groups. Although programming is centralized, a community-based approach to service does not occur. Referrals are received from the area CMO and primary environments. Few youth enter the program from ISOU.

4. D - located in the northern down river portion of the county, this program is a component of the area CMO continuum of care. Participants are Anglo-American. YAP programming is centralized with programming geared primarily toward youth groups with only voluntary parental participation. Most staff hold undergraduate degrees and a didactic, psycho-educational model of service delivery is utilized. Referrals are received from the CMO and primary environments. Few youth enter the program from ISOU referral.
5. E - there are three YAPs in this area.
 - a. E-a - a relatively young YAP, this program does not accept county or state funding, in an effort to maintain youth "confidentiality". Consequently, the ability to provide centralized and comprehensive YAP service is constrained. Participants are Anglo-American. There is some but minimal municipal contribution to YAP, and staffing is limited to the Director and one P-T administrative assistant. Because of constraints, community service is the primary intervention. Referrals are received from primary environments and few to none from ISOU.
 - b. E-b - this YAP is a component of a "mother" agency founded in the mid 70s, providing programming to local youth. Participants are primarily African-American, racially mixed, and few Anglo-American. The YAP program in this branch office claims to not receive state and county funding stating they do not know how to access this funding. Program officers are unclear about YAP service provisions and cannot clearly identify which youth are so designated. Staff promote the belief that because the area served has a high rate of poverty, their agency is destined to be without adequate funding "it's always been like this." There are minimal municipal contributions to YAP, citing an impoverished tax base. Referrals are received from ISOU and staff claim they receive youth with felony offense records instead of status and low level misdemeanors and do not understand how to address this perceived problem. A strained relationship exists between the YAP/agency and the schools with schools believing they can best meet the needs of community youth.
 - c. E-c - located in the community's high school, this YAP is less than 2 years in existence. Participants are primarily Anglo-American. The director facilitates some generalized after-school youth talk groups but the primary intervention is one-on-one counseling in the director's office. Referrals are primarily from within the school and secondly from local law enforcement. The director is a former police officer.

6. F - located in mid county, YAP offices are housed in the high school's off-site teen health center while programming takes place at satellite locations. Racial make-up of participants is African-American, Hispanic, Anglo-American, and racially mixed. The director is under 30 holding a B.S.W. degree. The offices display framed sections of the Communities That Care model and the director freely uses the language of "risk-factors," "protective factors," and "pro-social skills development." In addition to county and state funding, the program receives funds from the Oakwood Hospital group. The program includes a standardized curriculum specific to shoplifting, identifying 80 percent of participating youth having law enforcement referral for this behavior in combination with other risk behaviors. The YAP provides well thought out and structured programming that brings youth and families together in skills and trust building activities. Referrals are received first from the primary environments, then from ISOU.
7. G - located in a very affluent area, this YAP does not provide centralized or decentralized programming. Participants are Anglo-American. The program coordinator meets one time with youth and family for intake and one time at the end of youth's participation. Agency programming is chemical assessment and community service. Staff describe alcohol as so prevalent and accepted within the community that churches ensure alcohol is abundant at fund raising. Both parents and law enforcement deny youth behavioral problems. According to staff, youth and parents believe affluence provides them protection from negative outcomes relating to status and misdemeanor behavior. Parents believe this behavior is part of being an adolescent. Because youth learn money can buy their freedom, there is no outcome nor is accountability learned within YAP and staff express frustration. Referrals are received solely from ISOU.
8. H- located in a very affluent area, this YAP began in 1987. Participants are primarily Anglo-American with some but few racially mixed. YAP programming is primarily community service, cleaning up litter in the park and working with the local senior citizen group. There is some academic mentoring. Parent/family service is provided but not integrated within YAP structure. Strained relationships exist between YAP, law enforcement, and the District Court. Instead of YAP, law enforcement refers youth to the District Court and an on-site probation officer refers youth to Court-designated community service with fines going directly to the Court. Although police deny youth problems, this community is above the national average in alcohol/drug use by youth, as monitored by law enforcement and the local high school. There is a police officer liaison in the high school, but the school and community deny that problem youth behavior exists. Referrals are received primarily from schools and parents because local law enforcement has told the director that police are not coming into contact with enough youth to warrant referrals to YAP.

9. I - located in central Wayne County, this YAP is racially mixed, in a very low SES area. Participants are primarily Anglo-American with some racially mixed and African-American. Programming is centralized and primarily gender divided. One youth group is co-ed. Although the program utilizes Master's level university social work interns, interns are encouraged to adopt more authoritarian interactions with youth rather than nurturing relationships more typical between youth and workers in YAPs. The curriculum is old and uninteresting and youth appear bored and unengaged with the program. Parent groups are loosely structured, facilitated by insufficiently skilled/trained lay-workers. Group goals are unclear and parents are provided handouts to read silently, without discussion. Participating youth seem to have serious but unattended to emotional problems. Programming is intended as didactic and psycho-educational but does not rise to a sufficient level of appropriate content or application. Referrals are received from the primary environments and ISOU.
10. J - located near I, this YAP is completely Anglo-American, is situated near the local high school, and participants walk over directly after school. Programming is scheduled Monday through Friday, to fit with the academic schedule of the youth. Girls in this YAP are older than their male counterparts and boys receive more academic support than do girls. The program is run by a young coordinator with a recent B.A. degree. Master's level social work interns are utilized for program development and program administration. The program is committed to providing activities that address pro-social skills development as counter measures to risk-taking behaviors and provides activities to increase youth self-esteem and confidence. Referrals are received from the primary environments, the local District Court, and few from ISOU.
11. K - This YAP is located just west of the urban area, and its participants are a racial mix but all are low SES. The agency is a CMO service provider in addition to county-funded YAP. Participants are primarily African-American with racially mixed and then Anglo-American youth and service is centralized. Youth coming into this agency are typically experiencing significant life difficulties and the agency does not differentiate programming between YAP and youth arriving under different circumstances. Agency staff are committed to the community youth population and service is developed to address the needs of all youth. Referrals are received from primary environments first, then ISOU.
12. L - Centrally located, YAP service is centralized and is on the campus of a facility housing varying levels of residential service for female adolescents. Situated within an all Anglo-American community including participants and parents, all program staff are African-American. Service delivery is didactic primarily with some psycho-educational content. Program staff seem unaware of the service provisions of community-based service and refer to YAP youth with subtle negative attributions but without overt racial comments, i.e. "bratty." Staff view the program as their "job," without an articulated commitment to youth needs.

This may be due to a racial "mismatch" or to the culture of the agency, developed as a locked residential care facility for adolescent females.

Data and Findings

A non-random sample of 117 diverted and high-risk youth comprised the total population for the YAP sample, with sixty-five of those youth being young women. Only data on the young women are included here, to facilitate comparison with the young women in the larger study. Because youth assistance programs are an early intervention for youth engaged in early risk-taking or delinquent behavior, we can anticipate that the data relating to these young women will reflect important differences and similarities with the young women in the other five types of service and residential living environments in this study, having had considerably more exposure to the juvenile justice system. Additionally, all but one of the YAPs in this study are located at various but significant distances from the main urban area of Detroit, where most of the other five programs of the larger study are situated. These two fundamental differences provide the conceptual framework for examining differences and similarities in experiences and behaviors for at-risk adolescent females, contributing to a broader perspective on programming and service delivery needs for at risk female youth.

Demographic Findings. As a diversion program from formal court processing within the juvenile court, youth entered YAPs at an earlier age, ranging from middle school to mid-high school, 10-17 years, with a mean of 14 years. The racial breakdown for YAP participants corresponds with census and other data reflecting increasing Anglo-American (60%) and decreasing African-American (20%) populations as YAPs move farther from the Detroit urban center. A significant majority of YAP participants live in homes with working heads of households (86%) and experience less household transience (25%) than their study counterparts. Less than 20 percent have ever lived in any form of residential or shelter facility and none in a juvenile detention facility.

School Issues. The majority of YAP participants (62%) are in a general high school, 22 percent in middle school and the remaining 16 percent in alternative, vocational, or technical high schools. Most participants receive grades ranging from Bs to C/Ds (49%) however, 31 percent receive As and Bs with 19 percent receiving Ds and Fs. Compared to their urban counterparts, far fewer (8%) YAP youth were enrolled in special education classes. A significant majority (68%) had been suspended from school and 23 percent had been expelled at least one time. Far fewer YAP participants believe things learned in school are very important (29%) compared with far higher percentages of the urban young women. Twelve percent had missed school due to a "hang over" three or more times. Although experiencing more stable homes and incomes than the urban young women, YAP youth seem more apathetic about their home and school, possibly reflecting a particular period of transition and development based on their earlier age of entry into youth assistance programs.

Future Plans. While the majority of YAP participants consider full-time employment highly likely (89%), many do not plan to attend post-secondary school (60%), join the armed forces (9%), or attend a technical/vocational school (37%). When asked if they want to be a full-time stay at home mom, only 28 percent indicated they did compared with higher percentages of the

urban study youth. Because of their younger age, it is possible that fewer of the YAP youth have thought seriously about adult careers or parenting.

Role Models. Mirroring their counterparts, most YAP youth consider their mothers a primary role model (55%) but rank friends significantly higher as role models (62%) than all other groups except those in closed residential facilities (70%). All other categories of role model - fathers, grandparents, sister/brother, counselor, or teacher - are ranked at similar to less importance than the other groups. Ranking friends similarly high as do young women in closed residential facilities may reflect strained family relationships for youth in YAPs.

Service Use Prior to Entering YAP Program. YAP participants utilized youth services (63%) and school-based services (49%) most frequently prior to entering YAP. Other services utilized were recreational activities (28%), mental health and/or substance abuse services (20%), health and pregnancy services (15%), and family and children services (9%). Thirty-four percent of YAP participants indicated overall satisfaction with the services they received. These findings probably correspond to the environments youth would seek or those that would respond to youth needs, for those having less exposure to formal court processing and before more serious delinquent behavior has occurred.

Religion. For the young women in YAPs, 37 percent agree or strongly agree that their church, mosque, or synagogue is very important to them compared with more than half for the young women in urban settings. This may derive in part from a cultural difference between African-American and Anglo-American groups and the socio-cultural role of church.

Substance Use. Substance use among young women in YAP programs is similar to that of the young women in the urban groups. Twenty-nine percent had consumed alcohol within 30 days of participating in the study, 60 percent had consumed alcohol at some time, 55 percent have used marijuana, and 66 percent have smoked cigarettes. Twenty-five percent reported never having used any substance. Substance use is significant for all groups. This finding reflects the importance of this risk factor since rates of use and non-use appear consistent across all groups.

Sexuality/Pregnancy. Of the young women in YAPs, 52 percent have had sex and 37 percent were 14 years or younger at their first sexual encounter. This rate corresponds with the young women in urban settings who also are living at home (35%). Although the YAP rate is lower than most in the urban settings - 35, 67, 60, 46, and 86 percent - rates for all groups reflect 14 or younger as the age of first sexual encounter. Additionally, the average age of first sexual partner for YAP youth (19 years) is similar to young women in the five urban settings, 19, 18, 16, 17, and 18 years. The average number of partners for YAP youth is 1.5 with 17 percent reporting the use of birth control/protection every time they have sex and 15 percent most of the time they have sex. Eleven percent report that they rarely or never use birth control or protection.

When asked if they have ever been forced or pressured to have sex when they did not want to, only 9 percent of YAP young women reported that they had compared to 30, 20, 34, 32, and 49 percent for the young women in urban programs. And, significantly fewer YAP youth report ever having had an STD (9%). Sixty-five percent of YAP youth have a family member who is or was a teen parent and only 3 percent of YAP young women are currently pregnant. At

the time of the study, no YAP youth was herself a teen parent. Although rates for YAP youth are lower, the data shows similarities in the risk factors relating to reproductive behavior. Lower rates of STDs and pregnancies may reflect the more limited environment range of school vs. young women in urban programs who are mostly older, have had significantly more partners, with most having experienced higher rates of negative life events.

Peer Relations. Similar to the young women in urban programs, YAP youth report having fewer close female friends (65%) and more close male friends (82%). This may reflect reinforcement of traditional sex role divisions in which young women do not view one another as a source of social support. Consequently, when faced with difficulties, they may not receive adequate support either from within their families or from other female friends, relying instead on non-competitive acceptance by a male.

Discrimination. Young women in youth assistance programs report both similarities and differences with the five groups of young women in urban programs, relating to experiences of discrimination. When asked if they have ever been treated unfairly by police, YAP youth report rates (26%) consistent with the other five groups, 26, 32, 29, 27, and 29 percent. However, when asked if they believe this is due to age, YAP rates are significantly lower (19%) than other groups. Additionally, when asked if they believe this is due to race, only 6 percent of YAP youth agreed compared to 40, 80, 41, 63, and 31 percent of urban youth. When asked if they believe unfair treatment is due to gender or physical appearance, YAP rates are again significantly lower than the other groups, (6%) and (8%).

Youth were asked if they had ever moved into a neighborhood where neighbors made it difficult. Fifteen percent of YAP youth reported yes, with 6 percent indicating the reason as their physical appearance, 3 percent due to race, 3 percent due to age, and 5 percent due to neighborhood conflict. These rates are all significantly lower in all categories than for young women in the five urban programs.

Perceptions of discrimination for all youth in this study are significant. Although some rates are lower for YAP youth, most categories indicated comparable perceptions. When asked if they are treated with less courtesy than others, the YAP rate (12%) is lower, but when asked if they are treated with less respect, the YAP rate (14%) is similar to most young women in urban groups. When asked if people act as if they are not smart, the YAP rate (26%) is also similar. Similar rates are also reported for people thinking you are dishonest (22%), acting better than you (54%), and being called names or insulted (22%). Two important differences however, are YAP rates for people acting as they are afraid of you (20%) and being threatened or harassed (9%). Both rates are significantly lower than those of young women in urban programs.

Clearly, perceptions of discrimination exist across all groups. It may be expected that youth in YAPs would have some level of comparability with the other five groups if only because of their exposure to a diversion program. Important, however, is that the source of discrimination probably differs. It may be more likely for YAP youth to experience discrimination primarily within their school settings and from their student cohorts, while young women in the urban programs may experience discrimination as deriving more from the broader socio-cultural perspective associated with urban youth of color.

Mental Health. The effect of the stress experienced by the young women in these groups is reflected in their levels of self-reported depression and thoughts or actions relating to self-harm. As may be expected, YAP youth scored somewhat lower on depression (19.39) but still approach low to moderate levels. When asked if they had ever considered suicide, the rate of YAP youth reporting yes (31%) is similar to those in the other five groups. When asked if they had ever made a plan, the rates increase progressively across all groups, with 19 percent in YAPs reporting yes and those in closed residential facilities reporting 33 percent. Of those actually attempting suicide at least one time, the YAP group reflects comparability (15%) with the other five groups except, again, those in closed facilities reporting significantly higher levels (34%).

Life Experiences. It may be expected that young women in YAPs would have differing levels and types of life experiences than those in the urban programs. The average number of reported negative life events is significantly less (7.67) for girls in YAPs than for those in the other five groups. Additionally, YAP youth experienced less sexual abuse (1.24), a less stressful family environment (1.34), and less physical and emotional abuse (1.69) than their urban counterparts. Also important is that YAP youth report a more positive family environment (3.73) than the other groups. These findings are consistent with a perspective viewing YAPs as an early intervention developed to deter youth from increasing risk-taking and delinquent behavior. Also, YAP youth are in programs and groups where parents are also targeted and participate so it would be expected that family relationships would be at least somewhat better than those of young women in the urban programs. Important are the differing levels of physical, emotional, and sexual abuse between groups and the role these differences may play in the ability of youth to resist or succumb to continued or escalating risk-taking behaviors.

Peer Influences. Youth in YAPs report consistent similarities with their urban counterparts, relating to peer influences. When asked how many of their friends are involved in positive activities, YAP youth report levels (2.87) comparable to those in urban settings. When asked how many of their friends are involved in negative or delinquent activities the YAP rate of 2.05 is also similar to that of their urban counterparts. When asked how many of their friends put pressure on them to use substances, have sex, or cheat at school, the YAP rate (1.50) again, remains similar to that of those in urban groups.

It could be anticipated that youth in YAPs would show higher levels of positive peer activities and lower levels of negative peer activities, delinquency, etc. because of their younger age and less exposure to the juvenile justice system. These similarities may reflect more the absence of a social support network as represented previously in the discussion of peer relations as well as the effect of strained family relationships.

Coping Factors. For youth in this study experiencing the stress effects of risk-taking behavior, early delinquency, or for the youth in urban settings, frequently experiencing life on the street, differing forms of coping strategies emerge. For all groups, four distinct coping factors were identified, 1) rational forms of coping, 2) acting out forms, 3) avoidance/harmful forms of coping, and 4) withdrawal as a means of coping. For all factors, levels for youth in YAPs were typically the lowest and young women in closed residential facilities the highest. Nonetheless, both YAP youth (2.79) and young women in urban settings most frequently sought a rational approach to coping with their problems and stress and utilized avoidance/harm the least (1.79). YAP rates of acting out were also comparable, with YAP the lowest (2.26) and youth in closed facilities the highest (2.97). The category of withdrawal differs from this pattern with a YAP rate of 2.46 but the five urban groups reflecting varying rates of 2.52, 1.94, 2.75, 2.20, and 3.20 for young women in closed facilities. Significant however, is the most frequent initial effort for all groups to utilize a rational coping style and the other, more problematic strategies, only secondarily. It may be expected that at-risk and early delinquent youth, as well as those in varying levels of community and residential placement, would utilize first, the more complicated and problematic forms of coping. These findings may require reassessment of agency, program, and treatment approaches that view youth problem behavior as stemming from a disregard for socially acceptable forms of behavior.

Conclusions and Benefits

When communities view their youth as a viable and important asset rather than a current or potential problem, youth assistance programs offer a unique opportunity for youth and their families to engage in constructive efforts to help mitigate the risk effects stemming from the socio-cultural environment.

When risk factors supersede and eclipse the boundary of acceptable behavioral expectations, the ability of adolescent youth to resist further engagement in risk-taking behavior is challenged. Pro-social skills development is contingent upon sufficient and "healthy enough" family, school, and community connections. Youth assistance programs are uniquely situated to provide these opportunities, for youth and their families as well as for youth and their wider environments of school and community.

Youth and Family Benefits

- When family relationships are strained, YAPs can provide an environment in which behavioral expectations remain clear, unchanged, and understood, as a means for developing and increasing protective factors and as a benchmark for socio-cultural propriety.
- By including program components that determine acceptable behavioral limits and reinforce clear and positive expectations, YAPs provide youth with essential opportunities for these connections to develop.

- As an early-on intervention, YAPs can provide primary, community-based services to youth and families that interrupt the pathway toward formalized entry into the juvenile justice system.
- Youth assistance programs are able to identify risk factors unique within their community and develop programming to help mitigate those vulnerabilities.
- Parents are helped through receiving knowledge about adolescent development along with the opportunity to discuss issues with other parents. Thus they do not see themselves or their children as isolated and problematic.
- Families, as well as youth, are offered opportunities for improving and strengthening family relationships, thus becoming a protective factor for their youth.
- Participation in youth assistance programs typically occurs in early adolescence before serious negative life experiences hinder or inhibit potential success. Early adolescence is a period of turmoil for many youth so social support during this period can be critical in preventing more serious problems.

Community Benefits

- YAPs are cost-effective alternatives to expensive out-of-home placements that typically occur only after risk-taking behavior has escalated to more serious levels.
- Relationships between schools, church, law enforcement agencies, and families are strengthened when youth assistance programs are provided within the context of an community collaboration.
- As an early intervention, YAPs provide communities with realistic means of addressing specific problematic youth behavior.
- Youth assistance programs provide an environment in which vulnerable youth learn, by participation in community-oriented activities, how to become contributing members of their families, schools, communities, and ultimately the broader socio-cultural environment as they move into young adulthood.
- Overall quality of life is positively impacted when youth needs are acknowledged and handled within their communities.

References

- Albertson, C., Sarri, R., & Gavin, C. (2001). Juvenile Court Processing in Wayne County. Ann Arbor: The University of Michigan, Institute for Social Research.
- American Bar Association, & National Bar Association. (Washington, D.C.). Justice by Gender: The Lack of Prevention, Diversion and Treatment Alternatives for Girls in the Justice System. May, 2001.
- Belknap, J., & Holsinger, K. An overview of delinquent girls: How theory and practice failed and the need for innovative changes. In R. T. Zaplin (Ed), Female Offenders: Critical Perspectives and Effective Interventions. Gaithersburg, MD: Aspen Publishers.
- Bombyk, M., Sarri, R., & Robinson, A. (1996). Youth in the Urban Village. Ann Arbor, MI: University of Michigan, Institute for Social Research.
- Center for Youth As Resources. (1997). Reconnecting Youth and Community. Indianapolis, IN: Center for Youth As Resources; National Crime Prevention Council.
- Chesney-Lind, M., & Okamoto, S. K. (2000). Gender Matters: patterns of girl's delinquency and gender responsive programming. *Journal of Forensic Psychology Practice* (in process).
- Creekmore, P. M., & Barton, W. H. (1996). An Overview of Youth Assistance: A Community-Level Assessment. Ann Arbor, MI: Community Service Systems, Inc.
- Cressey, D. R., & McDermott, R. A. (1973). Diversion From the Juvenile Justice System. Washington, D.C.: U.S. Dept. of Justice, Law Enforcement Assistance Administration, National Institute of Law Enforcement and Criminal Justice.
- Department of Health and Human Services, Department of Education, & Safe and Drug-Free Schools Program. (2000). Promoting Better Health for Young People Through Physical Activity and Sports. Silver Spring, MD: Centers for Disease Control.
- Family Independence Agency, & State of Michigan. (1998). Female Juvenile Offenders in Michigan. Lansing, Michigan.
- Fraser, M. The ecology of childhood: A multisystems perspective. In M. Fraser (Ed), Risk and Resilience in Childhood: An Ecological Perspective. Washington, D.C.: National Association of Social Workers.
- Greene, P. & A. (1998). Guiding Principles for Promising Female Programming. Nashville, Tennessee: Northwest Regional Educational Laboratory.

- Hammons, M. L. (1998). A Study of Residential Placements of Females in the Juvenile Justice System: Report to the Michigan Legislature, Section 520, Public Act 109 of 1997. Lansing, MI: Family Independence Agency.
- Hawkins, J. D., Arthur, M. W., & Catalano, R. F. (1995). Preventing substance abuse. In M. Tonry, & D. Farrington (Eds), Crime and Justice: A Review of Research: Building a Safer Society: Strategic Approaches to Crime Prevention (Vol. 19pp. 343-427). Chicago: University of Chicago Press.
- Hawkins, J. D., & Catalano, R. F. (1992). Communities That Care. San Francisco, CA: Jossey-Bass.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in early adulthood: implications for substance abuse prevention. Psychological Bulletin, 112.
- Hawkins, J. D., Jenson, J. M., Catalano, R. F., & Wells, E. A. (1991). Effects of a skills training intervention with juvenile delinquents. Research on Social Work Practice, 1(2), 107-121.
- Hawkins, J. D., & Weiss, J. (1985). The social development model: An integrated approach to delinquency prevention. Journal of Primary Prevention, (6).
- Hawkins, J. D. (1999). Preventing crime and violence through Communities That Care. European Journal on Criminal Policy and Research, 7, 443-458.
- Intensive Status Offender Unit. (2000, 2001, 2002). Monthly Statistical Report. Detroit, MI: Clinic for Child Study.
- MacDonald, J., & Chesney-Lind, M. (2000). Gender bias and juvenile justice revisited: a multiyear analysis. Crime & Delinquency, 47(2), 173-195.
- Obeidallah, D. A., & Earls, F. J. (1999). Adolescent girls: The role of depression in the development of delinquency. National Institute of Justice Research Preview.
- Proscio, T. (2001). Before It's Too Late: Report to the After-School Project of the Robert Wood Johnson Foundation. Princeton, NJ: Robert Wood Johnson Foundation.
- Sarri, R., Rollin, J., Wolfson, C., Pimlott, S., McCammon, R., Ward, G., & Farmer, F. (1997). Minority Overrepresentation and Outcomes in Juvenile Justice in Michigan. Ann Arbor, MI: University of Michigan, Institute for Social Research.
- U.S. Department of Justice, F. B. I. (2000). Uniform Crime Reports of the United States: 1990-1999. Washington, D.C.: U.S. Government Printing Office.

**NEEDS AND ACCESS TO HEALTH AND SOCIAL SERVICES BY
PREGNANT AND
PARENTING HIGH RISK TEENS**

By
Rosemary Sarri and Anna Phillips
Institute for Social Research
University of Michigan

Ann Arbor, MI 48106-1248
Telephone Number: (734) 763-5611
Email: rcsarri@umich.edu

Publication forth coming in Children and Youth Services Review

Abstract

Adolescent parenting remains a serious problem despite the decline in teen pregnancy, largely because of the lack of health and social services for the at-risk population. This paper examines the perceived needs, access, utilization and satisfaction with a broad range of social and health services for pregnant and parenting teens. We surveyed a sample of at-risk young women in shelters, community-based agencies and alternative schools for pregnant and parenting teens. Interviews revealed that the lives of these young women were chaotic and traumatic with frequent crises for which they had few resources to respond. A majority reported symptoms consistent with clinical depression, but very few received mental health services. Similar patterns of unfulfilled needs were evident in other sectors of services. Many were dissatisfied with the services they received and angry about denial of services. Recommendations are included for policy and programmatic changes as well as future research.

NEEDS AND ACCESS TO HEALTH AND SOCIAL SERVICES BY PREGNANT AND PARENTING HIGH RISK TEENS

*"I didn't tell mom I was pregnant because I was scared...she (mother) told me if I ever ended up pregnant she would kick me out of the house...I just kept denying...I'm not pregnant. I started getting big and big and big and I just kept denying it and then I finally realized that I was pregnant."
(15 year-old parenting teen)*

Introduction

Giving birth to a child as a teenager is a life-changing event, particularly if the young woman is single. She faces the probability of many years of social and economic disadvantage as a mother in the U.S. because she is expected to be responsible for the care and well-being of her child. However, as a minor, she is subject to social controls that may interfere with her ability to be a responsible mother (Duncan, G. & Brooks-Gunn, J., 1997).

The adolescent pregnancy and birth rate in the U.S. has declined steadily since 1990, but despite the declines 479, 067 young women under the age of 20 years gave birth to children in 2000 (Moore, K. et. al., 2001). Nearly one million young women become pregnant each year, with half of these pregnancies terminating in miscarriage or abortion. The U.S. adolescent birth rate remains one of the highest in the world, far higher than comparable western countries such as Europe and Canada.

Adolescent mothers and their children are at risk for many health problems and need readily accessible health care. Teens are more likely to suffer pregnancy complications ranging from anemia to low birth weight infants, but they are less likely to have a relationship with a health care provider or to obtain adequate prenatal care (Blum, Beuhring & Rinehart, 2000; Maynard, 1997; McFarlane, Parker & Soeken, 1996). Postnatal care is also important to prevent serious illness, accidental or non-accidental death to the infant, provide adequate nutrition and child care while mothers are working or in school, or to inform mothers about the proper care of their children (Overpeck, et. al., 1998). Teens are also more likely than adults to engage in high-risk sexual behavior, making them vulnerable to repeat pregnancy and sexually transmitted diseases (Lourie, et. al., 1998; Hillis, et. al., 2001; Manlove, et. al., 2002). Another risk for young women, especially those under 16 years of age, is predatory behavior by adult men. Its seriousness is only now being fully recognized as more cases of abuse and interpersonal violence toward adolescent females are examined (Moore & Driscoll, 1998; Lindberg, Sonenstein, Ku & Martinez, 1997).

Neighborhood culture can shape young women's expectations about the future and can increase their risk of early pregnancy when they have limited hopes (Gest, et. al., 1999). Limited community resources and social disorganization often result in fewer social services, poor schools, lack of recreational opportunities and high unemployment rates. There are few models or mentors to motivate young women to engage in the pro-social behavior necessary for

successful adult roles (Vartanian, 1999). The dominant societal values emphasize marriage and two-parent households, but other social structural factors also influence family formation patterns. Females are often exposed to premarital sex in their homes and neighborhoods and draw the conclusion that it is not viewed as deviant behavior. Jarrett (1994) notes that young women in inner city Chicago accepted the "ideal" of marriage but were pessimistic about their chances for it, largely because of the lack of marriageable partners in their neighborhoods.

These risk factors suggest that adolescents must receive appropriate and effective health and social services for healthy childbirth and parenting and reduction of pregnancies among non-married teens. This paper examines social service usage within a framework of needs and access to services. Our particular focus is on a sample of urban and suburban adolescents who are at high risk because of adolescent pregnancy and/or parenting, poverty, homelessness, abuse, delinquency and substance abuse.

Conceptual Framework and Literature Review

Societal expectations for adolescents are complex today, at least partly because our conception of childhood and youth has changed significantly. Many developmental psychologists view adolescence as a universal stage of linear biosocial development irrespective of culture, race, or class albeit with periods of turmoil and search for identity (Erikson, 1968; Burman, 1994; Finn, 2001). Young people are expected to be in school and dependent upon parents or guardians for shelter and care, unless their parents are too poor to care for them. Paradoxically, youth are treated as adults when they engage in certain types of crime or when they have a child and are expected to be responsible for her or him. In poor families, many are also expected to be at least partial wage-earners for the family or to provide child care while parents work. Reaching the formal age of majority at 18 years is not the significant event that it was once thought to be. Today, there are conflicts between legal constraints placed on adolescents who are dependent on parents or guardians (e.g., permission for medical care) while there are simultaneous expectations of adult behavior in other roles (Horowitz, 1995).

The consequences of adolescent child bearing are well documented, but the precipitating risk factors and social conditions are less well understood. Furthermore, there has not been sufficient study of the pregnant or parenting teen's need for and access to social services. These teens suffer many social, economic, educational and emotional barriers to success. In addition, many of them face periods of homelessness, physical and sexual abuse, parental rejection, substance abuse, delinquency and depression. Young women who become pregnant below the age of 15 are at the greatest risk because they tend to have older partners who exploit and abuse them (Abna, Driscoll, & Moore, 1998; Moore & Driscoll, 1997; McFarlane, Parker & Soeken, 1996; Lindberg, Sonenstein, Ku & Michales, 1997). Victims of early forced intercourse who become pregnant are more likely to have been abused, to be depressed, have lower self-esteem, use more drugs, engage in more delinquent activities, have less stable home environments and more volatile family relationships than teens who have not been abused (Lanz, 1995; McFarlane, Parker & Soeken, 1996; Hillis, et. al, 2001). Risk-taking behavior such as illicit drug use and unsafe sexual behavior are increasingly important factors in adolescent health (Blum, Beuhring & Rinehart, 2000).

The disadvantages of being a pregnant or parenting teen have been exacerbated since the welfare policy changes of Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996 that eliminated entitlement to financial assistance for youth under 18 years unless they lived with a parent or approved supervising adult and were enrolled full-time in school.⁵ Moreover, a survey completed by the Michigan Family Independence Agency reported that when a female announced to her family that she was pregnant, she was asked to leave home in 47% of the cases surveyed (Michigan FIA, 1995). The survey also verified abuse in 22% of the remaining cases following protective services investigations in which caseworkers recommended that they not remain at home. A more recent study in Chicago documented that most young mothers who tried to secure TANF were “turned away at the door” and did not even apply, nor were they referred to community service programs for assistance (Marcy & Shapiro, 2002). Several recent studies document that since 1999 adolescents, especially females, have had more negative outcomes (e.g. school performance, substance abuse), than any other age group, following parents’ experience with the welfare system changes (Brooks & Zaslow, 2000; Gennetian, et. al., 2002). The design and delivery of health and social services to pregnant and/or parenting teens has always been problematic for a variety of reasons:

- categorical services often do not fit their need for comprehensive services;
- youth are not involved in the design and development of services;
- there is over-reliance on parental responsibility even when parents do not or cannot assume responsibility for their children;
- adolescents’ help-seeking behavior differs substantially from that of adults, and
- issues of access are not addressed (Reichman & McLanahan, 1997; Raviv, 2000; Marcy & Shapiro, 2002).

Because of lack of access to health care, pregnant teenagers have a poor record of prenatal care, resulting in high rates of pregnancy complications, maternal morbidity, stillbirths and miscarriages (Bassuk, et. al., 1996; Manlove, et. al., 2002). The high rates of teenage abortion have contributed to public concern that has resulted in legislation that denies public funds for contraceptives as well as abortions. Adolescents are in a “Catch 22” situation as a result of the abortion debate. They are punished for disregarding societal norms prohibiting sex outside marriage, but are also dependent on public support to terminate a pregnancy (Alan Guttmacher, 2000). Cultural factors have long played an important role regarding the sanctioning of premarital sexual behavior, but there has been great reluctance to provide adequate education regarding sexual behavior and reproduction or appropriate prenatal care. The influence of the media and popular culture has had a strong impact on the ways in which adolescent pregnancy and single motherhood are viewed. The media has promoted the view that single women can achieve economic security outside of marriage through employment, but little attention is given to the need for assistance when a single woman has a child. There is little social recognition of the impact of abuse, poverty, highly disorganized neighborhoods, poor school experiences, peer relationships, norms and cultural differences for the pregnant adolescent. Thus, successful intervention must assume a multi-factor causation.

⁵ The financial assistance program that replaced AFDC which was available to adolescent mothers until mid-1996 was Temporary Assistance to Needy Families (TANF). It contains many restrictions re eligibility and is no longer considered an entitlement program.

Needs. The emphasis on needs and organizational access as critical predictors of utilization health and social services has been noted in several studies, but utilization may also be effected by the adolescent's motivation and cultural norms (Rhodes, et. al., 1993; Hoyer, 1998; Furstenberg, 1999). As a result many whose objectively defined "need" may be deemed the greatest, (e.g. homeless, delinquent, runaway or abused youth) may not receive services because they do not meet specific eligibility requirements or they fail to conform to agency requirements (Marcy & Shapiro, 2002).

Raviv and his colleagues (2000) studied help-seeking behavior of adolescents and concluded that girls were more receptive to seeking help with personal problems than were boys, but both were more likely to refer a friend with a problem than to refer themselves, unless they had a serious problem. Adolescents tended to prefer informal help from friends or mentors, and sometimes from family depending upon family relationships. Problems also arise among teen parents who may be aware of problems and needs, but may not seek help when there are stringent bureaucratic barriers or when professionals dismiss the parents' assessment of their children's needs or problems (Lerman & Pottick, 1995; Marcy & Shapiro, 2002).

Rhodes and Fischer (1993) noted wide variations in service usage: frequent, moderate and inconsistent users varied in their social support behavior and psychological functioning. Frequent users perceived high levels of need, but few barriers to services. Moderate users were termed the best functioning while inconsistent users perceived many barriers and had high rates of sexual victimization. The authors also noted that those with low levels of emotional support were the most likely to be dissatisfied with services.

One of the areas of considerable need is for service to cope with stress and crises that are experienced and for which they have few resources. Lipschitz, et. al., (1997), and Wang-Ning, Whitbeck, and Hoyt, (2000) note that at-risk and impoverished adolescent females experience serious and frequent crises. When compared with adolescent males, these females are also likely to experience mental health problems, particularly depression that is related to the crises in their lives (Ahulwalia, McGruder, Zaslow & Hair, 2001; Hart & Thompson, 1996; Aube, et. al., 2000; Schraedley, et. al., 1999; Zuckerman, et. al., 1989). The correlates of adolescent female depression that have been noted in nearly all studies include: pregnancy, sex, stress and crises, low socio-economic status, absence of social support linked with abuse, eating disorders and ineffective coping strategies. The Commonwealth Study of adolescent health emphasized the importance of stress and abuse in mental illness (Davis, et. al., 1997). The National Mental Health Association (NMHA, 2000) reported that between 50% and 75% of juveniles in detention facilities meet diagnostic criteria for a mental disorder, and overall almost half who are incarcerated meet criteria for Post-Traumatic Stress Disorder.

Access to services. Access plays a determining role in service utilization because of knowledge, eligibility, application procedures, and location of the service. Today poor and high-risk adolescent parents are eligible for far fewer benefits and services than was the situation prior to mid-1996 because of PRWORA (Taylor Institute, 1999; Marcy & Shapiro, 2002). In addition, many of the "gateway" organizations such as schools, churches, and community centers may have incorrect referral information that influences access and use. In a study of adolescents and mental health services, Stiffman and colleagues (1997) compared the number of participants

reporting clinically significant symptoms, the number of youth receiving mental health services, and the number who were identified as having problems by service providers. They found wide variations among providers regarding consistent identification and treatment of mental health problems. Juvenile justice and educational sectors provided services to the highest percentages followed by child welfare. The health care sector was least likely to identify and treat youth with mental health problems.

Location and hours of service also influence teen's ability to access the facilities. If an agency for teens is not readily available because of its location or hours, it will miss serving many needy teens. Locating a clinic in a St. Paul public school was very effective in educating those who were at risk in sex education, pregnancy prevention and parenting services (Maynard, 1997). Zabin (1988) concluded that school-based clinics in Baltimore that provided counseling, medical, and contraceptive services as well as social services were effective in reducing repeat pregnancies and in retaining students in school. Evaluations of Project LEAP, New Chance and Teen Parents also support the importance of school-based and work-based programs in which the adolescents share in design of the services (Reichman & McLanahan, 2001). Service providers need to refer teens to the full range of community services that they need. Thus, a teen parent arriving at a WIC agency for food assistance should be referred for childcare educational resources, housing, employment, teen parent support groups if the teen indicates a need and interest in these areas.

There are several questions that we will consider in examining the service needs and access of adolescent pregnant and parenting females:

1. Does increased need for services (due to economic strain, interpersonal violence, mental health, homelessness, substance abuse or risk for repeat pregnancy) predict increased use of social and health services?
2. Are there attributes of adolescents that influence their utilization of social services and support?
3. Does knowledge of social services predict increased access or usage?
4. What barriers, actual or perceived, are there to the receipt of services?
5. Is contact with "gateway" organizations related to overall service usage, and are there differences among gateway organizations?
6. Are youth who are involved with social service agencies receiving information about and referral to the full range of programs available?
7. What are the key attitudinal and behavioral factors that are predictive of repeat pregnancies and how can these be prevented?
- 8.

Methodology

This study of pregnant and parenting teens was conducted in Wayne County in 2000 to provide an assessment of the well-being of these young women following the changes in welfare policy affecting them in 1996. The Wayne County Family Independence Agency experienced a dramatic decline in the number of parenting adolescent females receiving public assistance

benefits in late 1996, because many had been receiving benefits as independent adults and now were no longer eligible. Some shelters reported increased numbers of homeless youth with children; the justice system reported increased delinquency and churches expressed concern about these young women and their children. A coalition of community agencies was organized to assess the problem and to implement new programs to meet the growing needs of at-risk teen parents. They continue to exist and have been successful in obtaining several programs for these at-risk youth.

This study began with a series of ethnographic interviews with 21 pregnant and/or parenting teens to obtain information about their attitudes, behavior and experiences from their point of view. Using a series of broad open-ended questions, we asked them to tell their story as adolescent parents. These interviews were conducted with high-risk, poor adolescents, the majority of whom were children of color. The interviews provided us with valuable qualitative information that we used to complement the quantitative information.

As a second step, a self-administered survey was conducted during the school year 1999-2000 to small groups of 81 pregnant/parenting teens in Wayne County, Michigan. Participants were between the ages of 14 and 21 (Median – 17.4 years). Three-fourths of the sample were African American, 11% were Anglo American, and 12% were of other or of mixed racial backgrounds. From interviews and the self-administered survey, we secured a total of 99 respondents: 64 from an alternative high school; 18 from group homes, a shelter for homeless and/or “street” women; and, 17 from a suburban school-based and community support group for young women. There were some small variations in the survey instrument that was utilized in the social agencies from that used in the alternative high school. Participant response was generally enthusiastic and provoked discussion with the research staff about their lives and circumstances.

The survey instrument included questions about family structure and relationships, school and community, physical and mental health, sexual behavior, substance use, delinquency, crises, depression, sexual and reproductive behavior, parenting experience and peer relationships. Respondents were asked about need for, access to, usage of and satisfaction with several entitlement-based services (Medicaid, WIC, Food Stamps, MI Child Health Insurance, child care, etc.).

Participants were also given a 17-item scale about their receipt of information or services from health or social agencies. Factor analysis broke this scale into three subscales: one about specialized youth services (employment, recreation, job training or youth programs), one including treatment services, and a factor of information about teen pregnancy or parenting. Receipt of information only was analyzed separately.

Results: Needs and Services Use as Identified by Adolescent Participants Program Services

The young women were asked about specific benefit services designed for young mothers that they received. Medicaid and WIC (Women, Infants and Children’s Program) were the only two benefits received by a majority of the youth (See Table 1). Other than those in the alternative high schools, only 22% received childcare outside the family. Young women were

asked if they had been rejected after applying for services. Most indicated that they were rejected for TANF, health insurance, food stamps and child care because of their age or their parents' responsibility for them even though many did not live with their parents.

On the average these adolescents received 1-2 social services. WIC was the most utilized benefit, but still 15% reported receiving no entitlement-based benefit.⁶ Child care was the service that the largest number reported being denied of due to income, age, not being in school or lack of programs where they lived. Young women were asked if they had been rejected after applying for other services, and most indicated that they were rejected for TANF, health insurance, food stamps and child care for similar reasons of income, age, not being in school or lack of programs where they lived.

"Everybody, you know, they seen me pregnant and they [said] 'there's a program right here. There's a program...you can go here and get this and that, but not for me.'"
"I don't believe in God, because I thought if there was a God, why did he let kids die and you know, all those people [like me] become homeless and stuff like that."

As **Table 2** indicates, the majority of participants received "some or a lot" of information from health and social service agencies about maintaining good health (64%), about pregnancy/parenting (68%), and about sexually transmitted diseases (61%). Most of these services were provided in the alternative schools attended by a majority of the respondents. More than half reported receiving no information on youth recreation, employment, legal advice or substance abuse. Between 40% and 50% reported receiving no information on employment, medical and dental services, substance abuse, family counseling or teen support groups. Although 54% reported being satisfied or very satisfied with social services, 31% were dissatisfied with the services provided to them. They were told that they could not receive social services because of their family's income levels, or being employed and earning too much. Many of these young women did not live with their family or did so only sporadically, but that situation did not affect their eligibility status.

Satisfaction with social services. Respondents were asked about their relative satisfaction with the social services that they received. Their assessments drew mixed responses (**See Table 3**). These adolescent girls had substantial needs for health and social services that in most cases were unmet except for basic provision of Medicaid, WIC, and food stamps. Many youth expressed anger and frustration at being denied services:

"They cut my baby off (WIC) before she turns one! Because they say she was overweight."

"I don't know if they still got me on my health plan because that's what I want to be. She [my mother] is getting Medicaid and assistance from FIA, which she said was a lot of hassle. "I had to go to Work First and I had to get my, um something from the doctor...I had to fill out all these papers and stuff...and nothing happened."

⁶ These were all federally funded programs, but administered by the state. The federal CHIP health insurance program was called MICHild in Michigan, and with its eligibility criteria, more of the young women should have received health benefits than was the case.

Social support. Most of these young women have problematic family relationships and limited possibilities for support from family members, and could not rely on them in periods of need. The children's chaotic lives were a reflection of their disorganized and unstable home life. The situation is illustrated by one teen who reported having attended 12 different schools, lived in 3 different foster homes, and 7 group homes in several different communities before she was 15 years old. At the same time she maintained contact with her extended birth family from which she had been removed because of charges of neglect, although she denied this allegation.

Most of the young women had substantial need for social and material support during pregnancy and after the birth of their child, and its lack presented great need (See Table 4). Grandparents and mothers stood out as particularly important while fathers and stepparents were not considered as persons with whom they had good relationships. Thus, they did not expect help from them during periods of need.

One young woman commented about her parents:

"I'm just learning about my mom and dad...my mom never talked to me about what happened...I met my father when I was fifteen. I'm already grown up...it's too late for him to be a father to me...I had my first child...I was about to be on my own and everything. I don't need one [a father]."

Many expressed negative views about their foster parents who they saw as uncaring and not helpful. These relationships with foster parents usually do not continue after the young woman leaves the foster home, and thus contributes to their dissatisfaction.

We also asked the young women about the support they could expect from the child's father, their friends, and their family. Overall, 46% said that they had "many" people who would support them. However, only 22% said that they could count on their female friends and 31% indicated they thought that male friends would support them when they needed help. One of the critical needs of teen mothers is support for childcare. On average, respondents reported 2-3 sources of help: the child's father (57%), her parents (57%), day care (39%), the father's parents (35%), extended family (38%) and friends (23%). Only 6% of the teens with children reported having no help with childcare. However, 26% reported that the child's father never visited or helped with childcare. There was little difference in receipt of any type of service and help from either family for childcare. If the teen got along well with her family, this led to increased satisfaction with social services suggesting that adults could intervene more successfully with social agencies. Those who received help from the school day care center were also more likely to have received public assistance because they had social workers that could support their application.

Coping with stress and crises. This sample of pregnant and parenting teens live in stressful conditions and experience frequent serious crises: having family members die, experiencing serious financial problems, being picked up by police, being threatened with a gun, having thoughts about suicide, finding a place to live, having family members or self with drug

problems and getting pregnant (See Table 5).³ More than three out of four have family members who use drugs, have money problems, or have been killed and/or have been seriously ill. In the interviews, all of the respondents expressed concern about money and their lack of eligibility for TANF assistance.

Not only were these different types of events experienced, these young women also experienced frequent crises, as Table 6 indicates. Only 4 out of these 99 adolescents reported not having one of the crises while 11 experienced 22 or more of the events. Considering that the median age of these young women was 17.4 years, they have experienced many crises in their lives that are beyond their ability to control but are likely to have profound effects on them as others have noted (Lipschitz, et. al., 1997; Wang-Ning, Whitbeck, & Hoyt, 2000). The aggregate incidence of crises was related to poor school and work attendance primarily because of problems with child care ($r=.333 >.05$), increased use of alcohol ($r=.223 >.05$), increased smoking ($r=.221 >.05$) and increased level of depression ($r=.405 >.01$).

Mental health. Most of these young mothers are single, poor, lacking in social support and with little education. Thus, they are vulnerable to abuse that often results in depression and suicidal ideation. The majority of young women completed the CES-D and scored as depressed (Mean level = 22.75). Fifty-nine percent scored as mildly or moderately depressed (scores of 16-37), while 12% scored as acutely depressed (38 and above). Among the young women in this survey who considered (27%) or attempted (18%) suicide, higher depression scores were observed, but there were no differences in the services received. Few of these girls had received mental health services. In fact, only short-term crises intervention was available for high-risk adolescents in the county at the time of the survey. Residential programs for mentally ill adolescents had been closed during a cutback in most social services. These results are similar to those obtained by Stiffman (2000) and her colleagues in St. Louis and nationally in their several studies of mental health needs of at-risk adolescents.

Depressive symptoms, as measured by the CES-D scores, were not correlated with the receipt of any type of social services, but those with high depressive scores were more often dissatisfied with the services they did receive. Despite their need, young women were not able to access mental health services, primarily because of lack of appropriate information. Depression scores were correlated with the total numbers of crises reported by the youth (See Table 5) and an r^2 of .348 was significant at the .002 level. Thus, any effective treatment for depression would have to address reduction of at least some of the crises these young women experience. Few recognize that the effects of many of the crises experienced by these young women may not be recognized immediately, but may result in Post-Traumatic Stress Disorder several years later (Cauffman, et. al., 1998; Hillis, et. al., 2001).

Interpersonal violence. Two out of three respondents knew someone who had been physically abused (69%) and 67% reported knowing someone who was sexually abused. Twenty-seven percent (27%) of the respondents reported having been physically abused and 28% reported sexual abuse. Overall, 38% reported sexual abuse, rape or being forced to have sex. Recently

³ Young women were asked about their experiences for 36 different items, and the results were combined into the 15 items in Table 5.

several studies have documented the strong relationship between having been abused and risky sexual behavior (Taylor Institute, 1999; Tyler, Hoyt & Whitbeck, 2000; Hillis, Anda, Felitti, & Marchbanks, 2001). When specific crises were compared with depression scores, the highest level of significance ($p > .000$) was for "getting beaten up by my boyfriend". Those who were physically or sexually abused reported receiving less information about youth services or treatment than those who were not abused. They also were more likely to be dissatisfied with the services they did receive.

Financial strain. Despite the report by 75% that they had financial problems (See Table 5) no difference in services received was observed among those who reported their family was experiencing money problems and those who did not receive entitlement-based services, nor was there a difference for receipt of information services, youth and treatment services, referrals and information about teen pregnancy. Nearly half of the families had a history of being on welfare. However, those who reported family money problems were more likely to report being dissatisfied with social services. Those receiving Medicaid and TANF financial support received significantly more services, but not more information, treatment or referrals, youth services, or information about pregnancy and/or parenting. There also was no difference in the receipt of any type of service among those who were rejected for services, but all the latter were more likely to be dissatisfied with social services.

Homelessness. Only half of the young women were living with their parents at the time of the survey, and the majority of those were with a single mother. Twenty-four percent were living in out-of-home placements (shelters, group homes, transition programs, etc.) while 15% were living with friends, boyfriends or on their own. More than half (54%) reported that their housing arrangements had changed in the previous six months and 44% reported stress in finding a place to live. This sample experienced a far higher level of housing turbulence than the 6% change in one year reported by Moore, Vandivere and Ehrle (2000) for a sample of children in the United States. The fact that they had to find their own housing, did not influence a difference in satisfaction with services, but they did receive significantly more entitlement-based social services from those living with parents or other adults. Thus, for those who had no housing alternative, the Family Independence Agency and the Teen Parent Consortium did respond indirectly by securing a HUD grant for group homes for selected homeless parenting teens. Housing turbulence was associated with poverty, poorer school performance, truancy, suspension and expulsion, more emotional and behavioral problems and changes in parental employment (Moore, Vandivere & Ehrle, 2000; Greene & Ringwalt, 1998). Those who were or had been homeless (44%) reported that finding housing was one of the most severe crises they experienced.

Sixty percent (60%) of these young women also had experienced one or more out-of-home placements in shelter, detention, treatment centers, training schools, and other types of facilities. These latter respondents tended to have received more information about services, but there was no difference in the actual receipt of treatment or referral. These youth also had no greater access to entitlement-based services. One of the traumas many mentioned was being separated from their child when they became homeless, because many shelters were not licensed for infants.

Delinquency. Most of the participants had committed some minor criminal acts such as stealing (14%), assault (30%), and vandalism (24%), but of those entering the juvenile court, more entered for truancy and incorrigibility.⁴ At the time of the survey, only three youth were actually on probation, although 67% had had formal contact with the police or court. Twenty-seven percent (27%) of the participants had spent time in a detention facility, and 3% had been in a state training school, although none were confined to a correctional institution at the time of the survey. Three were on probation. Those who had previous placements were more likely to have information about services (.260 = <.05), with youth services (.277 = <.05) and pregnancy (.207 = <.1), but there was no relationship with receipt or satisfaction.

Substance abuse. The vast majority of participants reported having consumed alcohol (80.8%), smoked cigarettes (87.6%), or used marijuana (61%). Ten percent reported incidents of "binge" drinking, which is defined as 5 or more drinks in the previous two weeks. However, most (81%) reported that they stopped drinking during pregnancy. They appear to have much less knowledge about fetal risks from smoking than from alcohol.

The risk of substance abuse is high for most of these young women with 66% reporting that a family member had trouble with drugs or alcohol and 17% reporting that friends have used drugs. One commented:

"My mother is a crackhead and an alcoholic...and so was her family. He [my dad] was a crackhead too, but he cleaned himself up."

Despite the prevalence of substance abuse in their environment, 46% of participants had no information about drug treatment programs and almost 95% had not received any professional counseling or gender sensitive treatment for substance abuse in the previous twelve months, although all were pregnant or parenting at the time of the survey (Covington, 1998). Those who had used alcohol, cigarettes, or marijuana were no more likely to receive any of the entitlement-based services, to receive information about services, nor were they likely to report satisfaction with services.

Sexual behavior and pregnancy. Most adolescents in the U.S. have engaged in sexual intercourse by age 18 (Moore, et. al., 2001). In this sample, the median age of first intercourse was 14 years and first pregnancy was 15.6 years for the girls. For their male partner, the median age was 20 years. On average, females who lived in the suburban community began intercourse about one year later at 16.3 years. Two out of three (66%) reported that their current or only pregnancy was accidental. Most reported using some type of birth control, but were not sufficiently serious about the negative consequences of casual adolescent sexual behavior for pregnancy, sexually transmitted diseases, and interpersonal violence. Simply knowing about contraceptive devices does not guarantee that adolescents will use condoms or other contraception (Kowaleski-Jones & Mott, 1998; Ahna, Driscoll & Moore, 1998; Sonenstein, et. al., 1998). Because of their tendency to accept traditional sex roles, these young women often did not take responsibility for use of contraceptives and were often sabotaged by their boyfriends as evidenced by the following comments:

⁴ The observation about offense behavior is based on information from the Family Division of the Circuit Court, Probation Department, 2000 (Albertson and Sarri, 2001).

"Yes, I used condoms, but I think that he snuck it off." (Ann)
"He did it on purpose...I don't want to think about it." (Tamika)

"We were gonna start using condoms after I had this baby...I wasn't really worried about AIDS, STD's, but I should have worried about getting pregnant." (Jessica)

Most of them (84.6%) reported having been tested for a sexually transmitted disease, usually in connection with a pregnancy test or prenatal care. However, many of the young women did not appear to know that condom protection against sexually transmitted disease was essential even if they were using some other means of birth control. Only 48% reported always using a condom (See Table 7). Those in alternative schools most frequently used Depo-Provera, perhaps because they were most likely to have access to this method. However, these users were less likely to use condoms, reinforcing our evidence that they lack knowledge about condom protection against STD's. Few reported access to other contraceptives such as Norplant or I.U.D. Many (62%) expressed concern about the cost of using oral contraceptives.

Repeat pregnancies. Most (75) young women in this survey had only one child, but 24 had had two or three children. The teens with more than one child are of particular concern because evidence suggests that second or third pregnancies within 24 months of the previous birth can aggravate many of the negative consequences for both mother and child (Maynard, 1995; Bull & Hague, 1998). Their children are more likely to be of low birth weight, the mothers are more likely to have pregnancy complications and the family is more likely to live in severe poverty (Rigsby, et. al., 1998; Moore, Manilove, & Connon, 1998). Gilmore, et. al. (1997) found support for reducing repeat pregnancies in a multivariate model that included improved school performance, reduced drug use, not having one's best friend pregnant, and positive relationships with parents with whom the adolescent lived. Seitz and Apfel (1993) emphasize that the economic costs of repeated pregnancies to both mother and child. They are far more likely to live in and out of extreme poverty, to be recipients of public assistance and to be involved in the protective services system because of neglect or abuse of their children.

In this sample, females were less likely to report that the second and third pregnancies were accidental. The lack of counseling, health, or educational services for this population varied among those who had attended the alternative schools for pregnant teens and those who had not. While we do not have information about the effectiveness of these young women as parents, one young woman with two children spoke about her sacrifices:

"You don't have as much freedom as you used to. Some things that you would like to do, that you know aren't right, you can't do because it's not just you to think about. It's more than you...you have to be a role model."

Another young woman summarized her feelings:

"The second time I was depressed really bad and I wanted to get an abortion because I couldn't handle two kids and my mom kept saying stuff like where are you going to stay and stuff like that."

Many of these young women had children fathered by older adult males and few if any of these men are prosecuted for statutory rape or for abusive behavior toward the teens (Moore & Drixcoll, 1997). Of the young women who did not report any abuse, 12% had a repeat pregnancy whereas 21% of those reporting abuse had a repeat pregnancy.

With respect to service usage, there was no difference among those with one child or more than one and receipt of entitlement services, because eligibility was more likely to be related to age. Women 17 or older reported receipt of more entitlement based services. Those with repeat pregnancies reported receiving more information, but there was no difference among them in satisfaction with social services.

Health care. Teen moms are prone to complications such as low birth weight and premature births. Sixty (60%) reported that they were aware of their pregnancy by the second month, but only 20% obtained prenatal care at this point. Unfortunately, 10% did not receive prenatal care until the seventh month. The remainder fell in between two and six months. Overall, 91% reported receiving some prenatal care. Two thirds reported some type of pregnancy complication with the most frequent being anemia, toxemia and hypertension. Having health insurance coverage was problematic unless a young woman was eligible for Medicaid or if they could receive care under their parents' coverage. Only five females received health insurance under the Michigan MICHild program, the state version of the CHIP program.

Following problems with financial assistance, the most frequent complaint regarding services was the lack of access to health care.

Access: Knowledge

Knowledge of health and social services is related to increased enrollment in entitlement-based social services, and to greater satisfaction with services (See Table 8). Increased information about pregnancy, treatment, and referrals is predictive of enrollment in entitlement-based services. Young women who attended the alternative school for pregnant and parenting teens received more information about services and received parenting and sexual education classes, and childcare. Overall, knowledge is related to increased access to services or to having previously been in out-of-home placement. In turn, receipt of youth and treatment services is predictive of greater satisfaction with services.

Gateway agencies. We unexpectedly found that church played an important role in participants' lives and in receipt of entitlement-based services. In some cases, church members or staff advocated with social agencies for services. Those who were enrolled in school when they became pregnant also were more likely to receive all types of services compared to those who were not in school, and they also were more satisfied with the services. Among the services that they received were parenting classes, child care assistance during school hours, some assistance with housing and selected health care assessment. With respect to contacts with the court or other juvenile justice agencies, no differences in social service use or satisfaction were reported by those who had been to court or among those in out-of-home placements (OJJDP, 1997). On the other hand, those who reported having been "beaten up" or threatened with a gun received

significantly more entitlement-based services, perhaps because those offenses were more likely to have been handled officially.

Discussion

Pregnant and parenting teens are an at-risk population under the best of circumstance, but when they are poor, live in problematic families and neighborhoods, and engage in risky actions because of their own behavior, relationships with family, lack involvement in education or employment, their future and that of their children is in serious jeopardy. With respect to our research questions, we found that the need for services by at-risk adolescents was amply shown in family financial problems, interpersonal violence and abuse, suicide attempts, substance abuse, delinquency, depression and repeat pregnancies, but these factors did not predict to greater receipt of health and social services. In fact, in the case of those who were abused, they actually were less likely to receive services, a finding similar to that observed by Lindsey (1995) in another context.

With respect to entitlement benefits and services such as food stamps and TANF, many under the age of 18 were ineligible for these benefits unless they were living at home and in school full-time. Such a requirement ignores the needs of females who cannot live with their parents for various reasons. Following PRWORA policy changes, their eligibility was removed with the expectation that the changed policy would deter teens from pregnancy or that parents would assume greater responsibility. Unfortunately, the result still left thousands of poor adolescent women without services and benefits that they urgently needed. This lack was particularly apparent in the case of mental health, substance abuse, employment and housing.

Despite their high risk for developing serious health problems, teen mothers are not seeking the prenatal care they need, often because of the barriers to easy access. Although most in our sample received prenatal care, national studies indicate that between 30% and 47% do not receive prenatal care until the second trimester (American College, 1997; Weiman, et. al., 1997). All of these young women were in agencies at the time of the interviews so their access to prenatal care was facilitated by these agencies. Overall in Wayne County, Michigan Kids Count (1999) reported that 22% of teens receive no prenatal care before delivery. Unfortunately those in greatest need (e.g. young teens, abused, substance users) may be least likely to have access to adequate health care. Several young women in this study reported that they thought they could no longer obtain health care because they did not have health insurance. Many expressed anger or frustration because of their lack of access or rejection for entitlement-based or health services.

In relation to sexual behavior, their lack of accurate information about the prevention of sexually transmitted diseases was noteworthy because most of the young women had been tested. Other evidence about teen sexual health in Wayne County indicated high levels of positive tests of chlamydia and gonorrhea, as well as a growing level of positive HIV tests (Wayne Dept. of Community Justice, 2001). The need for greater involvement of teens in sexual education early in their childhood was also apparent in that most reported that their first pregnancy was accidental and that they often were ineffective in enforcing use of condoms by their sexual partners. They had the basic information, but not the skill or support in applying that education at the appropriate time.

Table 9 summarizes the factors related to the teens' relative satisfaction with the health and social services that they did receive. Having greater information about services probably increased their access because they were more knowledgeable about the requirements and followed the necessary steps to obtain services. On the other hand, those who had serious problems but were rejected were not neutral in their views about the barriers they encountered.

The high levels of dissatisfaction with services also indicates that need is not determining the variation in service usage. Youth with mental health, financial or abuse problems are no more likely to receive services, and they report higher levels of dissatisfaction with the services they actually do receive, suggesting that needs are unmet or that the quality of services does not meet their expectation.

The importance of gateway agencies was apparent in the results, especially for the school and church. As with the findings from the Baltimore and St. Paul studies, school clinics or alternative schools for pregnant and parenting teens play important roles because they can readily meet needs since they can have daily contact with the teen parent. When compared with other agencies, youth who had had juvenile justice placement received slightly more information and services, but it seems unfortunate that this type of service was unavailable beforehand and could have prevented their involvement in the justice system with all of its negative secondary consequences.

Limitations of the research

The size and representativeness of the sample were such that the results are limited. In addition, reliance on cross-sectional rather than longitudinal findings also limit the research findings. However, it is nearly impossible to secure a random sample of this population or to gain access to them without an agency through which they can be reached periodically. Because they were receiving some services at the time of the interviews, this sample was perhaps not the most at-risk and needy population. Thus, the findings about the problems, needs and situation of urban adolescent mothers are probably conservative. There is a great need for further longitudinal research on diverse samples of adolescent parents and their children that includes greater attention to both health and social needs and access as well as to pregnancy prevention since the problem is unlikely to be eliminated in the foreseeable future.

Implications for policy and practice

The study results have many implications for policy and practice. Financial benefits in the form of TANF, Medicaid or CHIP, WIC, Food Stamps and housing assistance are urgently needed by most of these young women. Elimination of benefits under PRWORA was based on a false assumption about the probable outcomes, if benefits were withheld for teens who became pregnant (Sawhill, 1998). Few would disagree that prevention of adolescent pregnancy is a primary goal, but that does not preclude assistance to advancing the well-being of both teen mothers and their children. Not only do benefits need to be available, but also barriers to information and application need to be removed.

The numbers and seriousness of the crises experienced by the young women in this study deserves serious attention by social welfare agencies. Their impact on mental and physical health demand an immediate response from agencies. The fact that those with the most serious and frequent crises were more dissatisfied with social services or were denied access deserves immediate attention.

Gateway organizations such as schools and churches are linking agencies that can facilitate receipt of benefits and services by those in need. Some of the most successful demonstration projects have been offered through the schools, and in this study we showed that those in alternative schools were more likely to receive somewhat more services. If gateway organizations are also more fully informed about comprehensive services, they could be more prompt and effective in their referrals. School settings also provide the opportunity for targeting males as well as females. However, targeting of males in school does not help with the situation for those teens who tend to report that their first pregnancy was coerced, accidental and with an older man. One possible solution is stricter law enforcement of statutory rape and abuse statutes, but that is likely to be limited in its effectiveness. Often these relationships with older men develop when young women are rejected in their own homes and have few resources. They are then vulnerable to accepting help from anyone. A more viable and long-term solution for agencies may be to use group work approaches to build greater support and solidarity among at-risk young women. The model developed by Alternatives for Girls is built on this strategy along with peer leadership education and has been effective (Good, 1992). Some of the agencies serving young women in this study had not focused their efforts on building social supports among young women; rather they assumed that the family would provide such support, but all too often that did not occur. Such an approach is likely to be more effective in preventing repeat pregnancies.

Because so many of these young women had problematic experiences with school and employment, the involvement of female mentors could foster positive career planning and greater motivation to complete their education. Such an effort combined with comprehensive health and social services will go a long way toward reversing the negative outcomes that have been noted for programs serving adolescent pregnant and parenting females. Mentors can also be helpful in showing young women the advantages of delayed pregnancy if they are to achieve successful adult careers.

Table 1

Entitlement –based Services Received⁵
(N=99)

WIC	73%
Medicaid	63
Child Care	22
Food Stamps	18
TANF	12
Strong Families or Healthy Start	4
MI Child Health Insurance	5

Table 2

Perceived Help From Health and Social Service Agencies

Service Area	Some or a lot	Little or none
Drug abuse information	35%	46%
Drug treatment	21	66
Alcohol abuse treatment	26	65
Information on sexual behavior & STD's	61	27
Information on HIV and AIDS	60	29
Conflict resolution training	37	47
Information about maintaining good health	64	11
Family counseling	26	46
Employment/job training	29	53
Youth programs & recreation	29	51
Teen support groups	38	44
Medical referrals	31	47
Dental services	37	50
Legal advice	23	56
Educational counseling	39	42
Information about pregnancy	68	21
Information about teen parenting	69	19

⁵ Temporary Assistance for Needy Families (TANF) was the program that replaced AFDC under the PRWORA policy. Strong Families and Healthy Start were two state-funded programs that provided varied special assistance and education to young families.

Table 3

Satisfaction with Social Services

Very Satisfied	14%
Satisfied	39%
Neither satisfied or dissatisfied	17%
Somewhat dissatisfied	13%
Dissatisfied	17%

Table 4

Quality of Family Relationships *

Family Member	Gets along well or very well	Gets along poorly or no contact
Mother	44%	11%
Father	22	35
Grandparents	51	15
Siblings	36	6
Stepparents	11	48
Foster parents	6	66
Other relatives	36	10

* How well do you get along with the following persons?

Table 5

<u>Stressful Experiences</u>	
<u>Crises or stress experience</u>	<u>Percent of females</u>
Getting pregnant	89.9%
Family conflict	87.9
Being harassed or failing in school	86.9
Drug abuse by family, friend, or self	80.8
Family having money problems	74.7
Being picked up by police, in court or friend locked up	67.7
Parent or relative ill	66.7
Parent, sibling, friends dying or being killed	55.6
Threatened with a gun, beaten up or raped	47.5
Finding a place to live	44.4
Boyfriend trying to control me	31.3
Living in detention, group home, foster care	28.3
Thoughts about suicide	27.3
Self or friend involvement in gang	24.2
Trying to kill myself	18.2

Table 6

No. of Stressful Events Experienced

No. of events	No. of youth
0	4
4-6	8
7-9	6
10-12	12
13-15	20
16-18	22
19-21	16
22-24	8
25-28	3

Table 7
Contraceptives and Sexual Behavior ^x

Method	Percent used
Condom	48%
Depo Provera	32
Oral contraceptive	27
Always used some method	61.5
Abstinence	9
Never used condom	30.6
Abstinence	16.6

^x Percentages exceed 100% because of multiple types of protection used.

Table 8
Receipt and Satisfaction with Information and Services

	(Dis)Satisfaction with Social Services	Number of Social Services Received	INFOSERV	YTHSRV	INFXPREG	TREATSERV
(Dis)Satisfaction with Social Services	1.00					
Number of Social Services Received	-.055	1.00				
INFOSERV	-.306**	.221*	1.00			
YTHSRV	-.325**	.150	.851***	1.00		
INFXPREG	-.162+	.218*	.832***	.526***	1.00	
TREATSERV	-.210+	.228*	.782***	.562***	.562***	1.00
Note: +p is marginally significant <.1			*p statistically significant at a level of p<.05			
p is statistically significant at a level of p<.01			*p is statistically significant at a level of p<.001			

Table 9**Variables associated with services satisfaction**

MORE SATISFIED	1. Got along well with family
	2. Received information about services
	3. Received youth services
	4. Enrolled in school when became pregnant
MORE DISSATISFIED	1. Family is having money problems
	2. Rejected for social services
	3. Physically or sexually abused
	4. Being forced/pressured to have sex
	5. Showed depressive score on CESD
EQUAL (DIS) SATISFACTION	1. Had to find their own housing
	2. Church is important to her
	3. Had been to court
	4. Had been in an out-of-home placement

References

- Aber, J., Brooks-Gunn, J., & Maynard, R. (1995). Effects of welfare reform on teenage parents and their children. Future of Children, 5, 53-71.
- Abna, J., Driscoll, A., & Moore, K. (1998). Young women's degree of control over first intercourse: an exploratory analysis. Family Planning Perspectives, 30(1), 12-18.
- Alan Guttmacher Institute. (2000). The status of major abortion-related laws and policies in the states. Washington, D.C.: Alan Guttmacher Institute.
- Albertson, C., Sarri, R., & Gavin, C. (2001). Juvenile Court Processing in Wayne County. Ann Arbor: The University of Michigan, Institute for Social Research.
- Aluwalia, S. K., McGroder, S. M., Zaslow, M. J., & Hair, E. C. (2001). Symptoms of depression among welfare recipients: A concern for two generations. Child Trends Research Brief.
- American College of Obstetricians and Gynecologists. (1997). Fact sheet on adolescent pregnancy.
- Aube, J., Fichman, L., & Saltaris, C. (2000). Gender Differences in Adolescent Depressive symptomatology. Journal of Social and Clinical Psychology, 19(3), 297-313.
- Bassuk, E. L., Weinreb, L. F., Buckner, J. C., Brown, A., Salomon, A., & Bassuk, S. S. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. Journal of the American Medical Association, 276(8), 640-646.
- Blum, R. W., Beuhring, T., & Rinehart, P. M. (2000). Protecting Teens: Beyond Race, Income and Family Structure. Minneapolis, MN: Center For Adolescent Health, University of Minnesota.
- Brooks, J., Hair, E., & Zaslow, M. (2000). Welfare reform's impact on adolescents: early warning signs.
- Bull, S., & Hague, C. (1998). Exploratory analysis of factors associated with teens' repeated childbearing. Journal of Health Care for the Poor and Underserved, 9, 42-46.
- Burman, E. (1994). Deconstructing Developmental Psychology. London: Routledge.
- Cauffman, E., Feldman, S. S., Waterman, J., & Steiner, H. (1998). Posttraumatic stress disorder among female juvenile offenders. Journal of the American Academy of Child & Adolescent Psychiatry, 37(11), 1209-1216.
- Covington, S. (1998). Creating Gender-Specific Treatment for Substance-Abusing Women and Girls in Community Correctional Settings. La Jolla, CA: Institute for Relational Development - ICCA.

- Davis, K., Schoen, C., Greenberg, L., Desroches, C., & Abrams, M. (1997). The Commonwealth Fund Survey of the Health of Adolescent Girls. New York: Commonwealth Fund.
- Duncan, G., & Brooks-Gunn, J. (1997). Consequences of Growing Up Poor. New York, NY: Russell Sage Press.
- Erikson, E. (1968). Youth and Crisis. New York: Norton.
- Finn, J. (2001). Text and Turbulence: Representing adolescence as pathology in the human services. Childhood, 8(2), 167-191.
- Furstenberg, F. (1997). Why pregnancy prevention programs won't work and what to do about it. Paper presented at the Joint Center for Poverty Research Conference "Synthesizing the Results Demonstration Programs for Teen Mothers". University of Pennsylvania.
- Gennetian, L., Duncan, G., Knox, V., Vargas, W., Clark-Kauffman, & London, E. (2002). How Welfare and Work Policies for Parents Affect Adolescents: A Synthesis of Research. New York, NY: Manpower Development Research Corporation.
- Gest, S., Mahoney, J., & Cairns, R. (1999). A developmental approach to prevention research: configural antecedents of early parenthood. American Journal of Community Psychology: Special Issue: Prevention Science, Part 1, 27(4), 543-565.
- Gillmore, M. R., Lewis, S. M., & Lohr, M. J. (1997). Repeat pregnancies among adolescent mothers. Journal of Marriage and the Family, 59, 536-550.
- Good, A. (1992). Alternatives for girls: a community development model for homeless and high-risk girls and young women. Children and Youth Services Review, 14(3/4), 237-253.
- Greene, J., & Ringwalt, C. (1998). Pregnancy among three national samples of runaway and homeless youth. Journal of Adolescent Health, 23, 370-377.
- Hart, B. I., & Thompson, J. M. (1996). Gender role characteristics and depressive symptomatology among adolescents. Journal of Early Adolescence, 16(4), 407-426.
- Hillis, S., Anda, R., Felitti, V., & Marchbanks, P. (2001). Adverse childhood experiences and sexual risk behaviors in women: a retrospective cohort study. Family Planning Perspectives, 33(1), 1-14.
- Horowitz, R. (1995). Teen Mothers: Citizens or Dependents? Chicago, IL: University of Chicago Press.
- Hoyer, P. (1998). Prenatal and parenting programs for adolescent mothers. Annual Review of Nursing Research, 16, 221-249.
- Jarrett, R. L. (1994). Living poor: family life among single parent, African-American women. Social Problems, 41(1), 30-49.

- Kowaleski-Jones, L., & Mott, F. (1998). Sex, contraception and childbearing among high-risk youth: do different factors influence males and females. Family Planning Perspectives, 30, 163-169.
- Lanz, J. (1995). Psychological, behavioral, and social characteristics associated with early forced sexual intercourse among pregnant adolescents. Journal of Interpersonal Violence, 10, 188-200.
- Lerman, P., & Pottick, K. J. (1995). The Parents' Perspective: Delinquency, Aggression and Mental Health. Switzerland: Harwood Academic Press.
- Lindberg, L. D., Sonenstein, F., Ku, L., & Martinez, G. (1997). Age differences between minors who give birth and their adult partners. Family Planning Perspectives, 29(2), 61-66.
- Lindsey, D. (1994). The Welfare of Children. New York: Oxford University Press.
- Lipschitz, D. S., Rasmusson, A. M., Anyan, W., Cromwell, P., & Southwick, S. M. (2000). Clinical and functional correlates of posttraumatic stress disorder in urban adolescent girls at a primary care clinic. Journal of the Academy of Child and Adolescent Psychiatry, 39(9), 1104-1111.
- Lourie, K., Brown, L., Flanagan, P., High, P., Kumar, P., & Davis, S. (1998). Teens, tots, and condoms: HIV prevention and cultural identity among young adolescent mothers. International Journal of Adolescent Medicine and Health, 10, 119-128.
- Manlove, J., Mariner, C., & Papillo, A. (2000). Subsequent fertility among teen mothers: Longitudinal analyses of recent national data. Journal of Marriage and the Family, 62, 430-448.
- Marcy, H., & Shapiro, D. (2002). Accessing TANF Assistance: A Survey of Low-Income Young Mothers in Chicago. Chicago: Center for Impact Research.
- Maynard, R. (1997). Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy. Washington, D.C.: Urban Institute Press.
- Maynard, R. (1995). Teenage childbearing and welfare reform: Lessons from a decade of demonstration and evaluation research. Children and Youth Services Review, 17(1/2), 309-332.
- McFarlane, J., Parker, B., & Soeken, K. (1996). Abuse during pregnancy: Associations with maternal health and infant birth weight. Nursing Research, 45(1), 37-42.
- Michigan Family Independence Agency. (1995). Lansing, MI: Michigan FIA.
- Moore, K., Manlove, J., & Connon, L. (1998) Repeat teen births [Web Page]. URL <http://www.childtrends.org/rtb.html> [1998, June 1].
- Moore, K., Vandivere, S., & Ehrle, J. (2000). Turbulence and child well-being. Urban Institute

National Survey of American Families. Series B. No. B-16, Available at:
http://www.newfederalism.urban.org/html/series_b/b16/b16.html.

- Moore, K. A., & Driscoll, A. (1998) Partners, Predators, Peers, Protectors: Males and Teen Pregnancy [Web Page]. URL <http://www.childtrends.org/partner3.htm> [1998, June 1].
- Moore, K. A., Manlove, J., Terry-Humen, E., Williams, S., Papillo, A., & Scarpa, J. (2001). Facts At A Glance. Washington D.C.: Child Trends.
- National Research Council. (1987). Consequences of Adolescent Childbearing. In National Research Council: Risking the Future (Vol. 1). Washington, D.C..
- Office of Juvenile Justice and Delinquency Prevention. (1997). Adolescent motherhood: implications for the juvenile justice system, Fact Sheet #50. Washington, D. C.: Office of Juvenile Justice and Delinquency Prevention.
- Overpeck, M. D., Brenner, R. A., Trumble, A. C., Trifiletti, L. B., & Bernedes, H. (1998). Risk factors for infant homicide in the United States. The New England Journal of Medicine, 339(17), 1211-1216.
- Radloff, L. S., & Locke, B. Z. (1977). The CES-D scale: A self-report depression scale for research in the general population. Applied Psychological Measures, 1, 385-401.
- Raviv, A., Sills, R., Riviv, A., & Wilansky, P. (2000). Adolescents' help-seeking behaviour: the difference between self-and other-referral. Journal of Adolescence, 23, 721-740.
- Reichman, N., & McLanahan, S. (2001). Self-sufficiency programs and parenting interventions: Lessons from New Chance and The Teenage Parent Demonstration. Social Policy Report, 15(2), 1-16.
- Rhodes, J. E., & Fischer, K. D. S. (1993). Spanning the gender gap: gender differences in delinquency among inner-city adolescents. Adolescence, 28(112), 879-889.
- Rigsby D., Macoes, G., & Driscoll, D. (1998). Risk factors for rapid repeat pregnancy among adolescent mothers: a review of the literature . Journal of Pediatric and Adolescent Gynecology, 11, 115-126.
- Sawhill, I. V. (1998) Teen pregnancy prevention: welfare reform's missing component-policy brief #38 [Web Page]. URL <http://www.brook.edu/pa/policybriefs/pb038/pb38.htm> [1998, November 15].
- Schraedley, P. K., Gotlib, I. H., & Hayward, C. (1999). Gender differences in correlates of depressive symptoms in adolescents. Journal of Adolescent Health, 25(2), 98-108.
- Seitz, V., & Apfel, N. H. (1993). Adolescent mothers and repeated childbearing: Effects of a school-based intervention program. American Journal of Orthopsychiatry, 63(4), 572-581.
- Sonenstein, F., Pleck, J. H., & Ku, L. (1998). Why Young Men Don't Use Condoms: Factors

Related to the Consistency of Utilization . Washington, D.C.: The Urban Institute.

Stiffman, A., Hadley-Ives, E., Polgar, M., Horvath, V., Striley, C., & Elze, D. (2000). Youths' access to mental health services: the role of providers' training, resource connectivity and assessment of need. Mental Health Services Research, 2(3), 141-154.

Taylor Institute. (1999). Teen Parent Project. Chicago, IL: Taylor Institute.

Tyler, K. A., Hoyt, D. R., & Whitbeck, L. B. (2000). The effects of early sexual abuse on later sexual victimization among female homeless and runaway adolescents. Journal of Interpersonal Violence, 15(3), 235-250.

Vartanian, T. P. (1999). Adolescent neighborhood effects on labor market and economic outcomes. Social Service Review, 73(2), 142-167.

Wang-Ning, B., Whitbeck, L. B., & Hoyt, D. R. (2000). Abuse, support, and depression among homeless and runaway adolescents. Journal of Health and Social Behavior, 41(4), 408-420.

Wayne County Department for Community Justice. (2001). Results of Substance Abuse Testing for Juveniles Offenders.

Wayne County Female Services Advisory Committee. (2001). Annual Report 2000. Detroit, MI: Female Services Advisory Committee.

Wiemann, C., Berenson, A., Pino, L., & McCombs, S. (1997). Factors associated with adolescents' risk for late entry into prenatal care . Family Planning Perspectives, 29, 273-276.

Zabin, L. S., & Sedivy, V. (1992). Abortion among adolescents: research findings and the current debate. The Journal of School Health, 62, 319-324.

Zuckerman, B., Amaro, H., Bauchner, H., & Cabral, H. (1989). Depressive symptoms during pregnancy: relationship to poor health behaviors. American Journal of Obstetrics and Gynecology, 3(1), 1107-1111.

**Community Programs for African American Female Youth:
Sexual Activity and Behavioral Risk Factors**

Josephine A. Allen, PhD
Associate Professor
Cornell University
Department of Policy and Management

Community Programs for African American Female Youth:
Sexual Activity and Behavioral Risk Factors

*"I believe that my elders should have better listening skills and should try to understand us better."*¹

Abstract

The invisibility of youth of color in urban and rural communities throughout the United States has been particularly widespread in relation to their need for physical protection and redress, access to educational opportunities, reproductive knowledge, psychological support and guidance, and health care. Their limited access to and fair treatment by institutions providing economic security, juvenile justice, public health, social welfare, adequate housing and environmental security all contribute to the vulnerability of these young people. Such contextual explanatory variables as race, ethnicity, class, gender, sexual identity and age are central to this discussion. This paper focuses on examining the experiences of young African American women in a large urban metropolitan county in the Midwest. It emphasizes some of their behavioral risk factors, including their reported sexual activities, and the community programs that provide protection while serving them. Finally, a community based HIV/AIDS/STD prevention strategy is described that involves the empowerment of these youth and reductions in risky behaviors through their participation.

Community Programs for African American Female Youth: Sexual Activity and Behavioral Risk Factors

*"During the times that I have ever had sex, I was being sexually abused."*¹

Introduction

This paper examines the experiences of young African American women in a large urban metropolitan county in the Midwest within the context of the community programs serving them, their reported sexual activities, and associated behavioral risk factors. Its arguments are based on data gathered in a study that examined characteristics and outcomes for at-risk and delinquent females in five programs with contrasting service delivery approaches: a community-based, non-residential model for youth residing at home that primarily emphasizes prevention and education services; a community-based, open residential model that includes prevention, crisis intervention, gender-sensitive education, treatment and transition services; and a closed residential model that provides traditional treatment and education services. The latter was considered as the control group for comparison with the community-based services. All of these placed primary emphasis on rehabilitation, which has long been the primary goal of the juvenile justice system, but they varied in the extent to which they provided gender-sensitive programs for adolescent females. Two of the programs provided a continuum-of-care for female youth. The continuum-of-care services included individual counseling, parenting programs, family programs, child care, street outreach, peer leadership, educational services, and open residential programs.

Discussed is a recommended strategy involving the active participation of youth, changes in their sexual practices, and their empowerment in an effort to reduce their invisibility and their vulnerability, both physically and socially. The next steps in future research, institutional change, and youth activism are also proposed.

"I liked it [the research experience] because I could tell people more about myself. I got help that I needed, and I could help other people."

Empowerment

A definition of the empowerment process, as developed by the Cornell Empowerment Group, may be appropriately linked to this discussion. The concept of mutual respect, critical reflection, and group participation within the context of the local community are very relevant to participatory action research and empowerment, as well as to facilitating the creation of an environment in which sustainable improvements can occur.

Empowerment is an intentional, ongoing process centered in the local Community, involving mutual respect, critical reflection, caring, and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources.

Allen, Barr, Cochran, Dean and Greene (1989)²

The concept of mutual respect includes the belief that all people have strengths, the notion that diversity is positively valued, and the belief that people with little power have as much capacity as the very powerful to assess their own needs. Critical reflection is that part of the empowerment process that encourages family/group/community members to engage in an ongoing assessment of their current life circumstances and to plan for future action based on that analysis. Planned action also requires critical analysis of consequences of the actions.

Group participation is tied to a belief in community and family, demographic, ethnic, or other group characteristics. The positive validation of one's ideas, beliefs, and feelings by others in one's group, family, or community is an important part of the empowerment process. The learning or expanded knowledge base that comes from involving more than one or two people is a valuable part of participation as well. The exponential potential for action produced by the mutual support inherent in group participation should not be underestimated. The identification of the local community as context takes advantage of the generative energies that are present. It is also here that the redistribution of valued resources occurs.

Literature Review

"Until there's a cure, prevention is our only vaccine."

This is one of the most insightful slogans of the AIDS Action campaign. According to the literature³, adolescents are placed at risk for AIDS by the following factors: they are initiating their sexual lives at earlier ages; they are often having these sexual experiences with multiple partners; they are engaging in sexual activity at a time when they may also be experimenting with drugs, alcohol and tobacco; and very importantly, condoms are not used consistently in all too many cases. These risk factors are significant. O'Donnell, O'Donnell and Stueve⁴ also found that early sexual initiation and other risky sexual behaviors increase the incidence of such negative health outcomes as HIV/AIDS/STD infection among urban youth of color, sexually active young women, and young gay men. Representing some of this society's most marginalized groups, young people who are subjected to such phenomena as homophobia, sexism, poverty, homelessness, and sex work are particularly vulnerable. In addition, these young people are subject to the unequal power dynamics of coercion and force as they interact sexually with older partners, for example, or as they seek acceptance, respect and love, or as they discover gay sex, or begin to learn to communicate effectively with partners in intimate relationships. These vulnerabilities, when coupled with inadequate knowledge, significantly increase the potential for HIV/AIDS/STD infection.

In the O'Donnell, et al. study published by the Alan Guttmacher Institute, a sample of 1,287 adolescents of color, living in urban communities in the United States, completed surveys in seventh and eighth grades, and 970 of these respondents completed a follow-up survey in 10th grade. Using logistic regression, the researchers tested the effects of the time of reported sexual initiation on the sexual behaviors and risks of the students when they reached grade 10, adjusting for gender, ethnicity, and age. The results of this study indicated that while 31% of male youth and 8% of female youth at baseline reported sexual activity, 66% of males and 52% of the

females were sexually active by 10th grade. The reporting of recent sexual activity among girls tripled from baseline to eighth grade - 5% to 15%. By grade 10, 42% of the girls reported having recent sex, and 12% had been pregnant. Similar risk factors were identified by Collins, O'Donnell, et al., and Marin, et al.⁵ These researchers concluded that parents and schools must be involved in prevention efforts in order to assure that when sexual initiation begins in early adolescence, youth and their partners know the importance of and how to remain safe, avoiding the risk of HIV/AIDS/STD infection as well as unwanted pregnancies.

In addition, they note that because of the higher incidence of early initiation of sexual activity, recent intercourse and the frequency of such behaviors, particularly among youth of color (Black and Latino), health disparities between white adolescents and youth of color and youth adults have increased. A 1997 study conducted by the Centers for Disease Control and Prevention led to similar results:

The 1997 Youth Risk Behavior Survey...reported that black males (33%) are three times as likely as Hispanics (11%) and nearly seven times as likely as whites (5%) to have had intercourse before the age of 15. While females are less sexually active than males, there is a similar pattern by race and ethnicity: 11% of black females report having had intercourse before age 15, compared with 3% of Hispanics and whites.⁶

It is important to note the serious methodological, participation, moral, confidentiality, and informed consent issues involved when undertaking surveying of young adolescents about the heavily value-laden subject of sexual behavior. The use of a mixed methods, longitudinal research approach holds quite a bit of promise, however, the questions of validity and reliability must also be considered. This work makes clear the severity of the HIV/AIDS/STD crisis for both young African American men and women living in urban communities. The use of such designations as 'at risk' and 'minority' and other stereotypic descriptors reinforced by the popular media are complicit in challenging the dignity, agency, feelings of positive self worth, and empowerment of these young people.⁷ Our focus on young women is not intended to diminish the needs of other genders nor the sexual diversity within each ethnic or age group. It is meant instead to make visible the all too often invisible plight of young women within the broader ranks of other invisible entities.

African American adolescent girls between the ages of thirteen and nineteen, according to the US Census 2000, make up 58 percent of new AIDS cases. Pooling the relevant factors of gender, race, class, age, and location, girls who are young, African American, largely economically disadvantaged, and residing in urban communities, constitute a particularly vulnerable segment of society.¹ The availability of community programs and services focusing on prevention as well as on the care and treatment of these young people is a critical factor in ensuring a more healthy and promising future.

Knowledge of the beliefs and behaviors of these young women is instrumental in constructing effective community programs that can foster the making of wise decisions and contribute to the development of significant protective factors preventing widespread HIV/AIDS/STD infection and unwanted teen pregnancies. Interventions and appropriate treatment modalities on behalf of these young people must be one of our central goals.

Researchers⁹ point to three indicators that aid in our understanding of the increase in the spread of HIV/AIDS among youth. First, reliance on medical and technological advances that have extended the life expectancy rate for those infected with the HIV virus through the development of protease inhibitors and other antiretroviral drugs that can lower viral load and raise T-cell counts, has created the belief that there is little need to worry about the consequences of unsafe or unprotected sexual behavior and a false sense of security. Secondly, the importance of cultural sensitivity in developing preventive educational and action strategies must not be underestimated. The need for targeted effective prevention efforts that reach our diverse communities and diverse populations, at risk of HIV and AIDS, should not be minimized. Thirdly, the debates around the kind of sex education that is provided in high school and in middle and elementary school settings, as well as the inclusion of ready access to condoms and other protective means, must be resolved so that the knowledge can be translated into the power of prevention and lower levels of HIV/AIDS/STD infection. The associated decline in teen pregnancies will produce additional positive outcomes for these young women and for their partners.

Data

Wave 1 – Baseline

An analysis of our study of the Midwestern young women who are associated with three types of juvenile justice service settings, revealed the following. As noted earlier, this non-random sample of 204 young women was drawn from agencies that provided a range of services to a population characterized by few economic resources, membership in racial group of color, and marginal educational achievement, residing in a large urban/metropolitan area.

Demographic Findings. Their average age was 15.81 years ($SD=2.31$). Seventy-five percent of the respondents identified as Black or African American. More than half of the sample, 56%, indicated that their families received public assistance benefits. The number who lived in a family in which a parent or sibling had been or was currently incarcerated was high. Fifty percent of their fathers, 28% of their mothers and 34% of their siblings served time in prison or jail. Their housing and living situations were often unstable. Many reported experiencing out-of-home care in foster care placements (29%), juvenile detention facilities (30%), group homes (36%) or shelters/group homes for pregnant and parenting teens (10%) before participating in their current community program.

School Experience. The respondents were most frequently enrolled in school (80%) or working on a General Educational Development (GED) degree. Five percent of the sample had dropped out of school, and 15% had already graduated from high school or earned a GED. Three-fourths of the young women in the sample reported being suspended from school at least once, while one-fifth of the sample had been expelled from school at least once.

Role models. Much of the literature on HIV/AIDS/STD prevention emphasizes the importance of good mother/daughter communication and behavioral role modeling.

Forty-nine percent of the young women in the current sample reported that their mothers, 47% their friends, 43% their siblings, and 31% their counselor or youth workers were important role models. Interestingly, there was a significant difference ($p < .001$) in the view of fathers as role models between those young women who lived with their fathers ($n=26$) and those who did not live with their fathers. More than half of the young women (62%) who did not live with their fathers viewed him as a role model, while only 38% of those young women who lived with their fathers viewed him as a role model.

Utilization of Social Services. These respondents used a range of available social services. The services that were utilized most frequently were school-based services (63%); youth services (57%); recreational services (47%); health and pregnancy services (41%); family and children's services (38%); emergency housing services and housing assistance (36%); mental health services (28%); and substance abuse services (21%). The health-related services when combined (health and pregnancy services, mental health services, and substance abuse services) received substantial use.

Religion. Faith-based HIV/AIDS/STD prevention initiatives are seen by many researchers to be critical and effective entry points. Sixty-one percent of the young women in this sample indicated that organized religious organizations are very important to them.

Substance Use. Their reported substance use revealed that a majority, 63%, of the young women had consumed alcohol, 57% had smoked cigarettes, and about half of the young women, 48%, had used marijuana/hashish in their lifetimes. Within the previous 30 days, 24% or about one fourth of these young women had consumed alcohol and about one third of them (32%) had smoked cigarettes. The relationship between risky sexual behaviors, greater vulnerability to other significant health risks, and substance use/abuse is quite high.

Sexual Behavior. Seventy-five percent of the young women in the study reported that they had initiated sexual behaviors and most (86%) had a family member who is or has been a teen parent. Of those respondents who had had sex, 60% reported that they were willing sex partners on the first occasion when they were 14 years of age or younger. The mean age of their first sexual partners was 17.5 years and ranged from 12 to 40 years. Most of the young women (74%) reported having many close male friends and associates, while a little less than half (48%) reported having many close female friends and associates.

Delinquent Behavior. In terms of their involvement with the police/juvenile justice system, about one third (30%) of the respondents had been arrested or taken to a police station for some behavior, and 27% had been arrested or taken to a police station for their behavior more than 4 times. The most frequent delinquent behaviors reported included getting into a serious fight in school or at work (31%); participating in a fight where a group of their friends were against another group (32%); shoplifting (30%); being in a gang (31%); using a knife or gun to get something from a person (17%); and trespassing (18%). In other exposures to violence, a majority of the respondents reported having

fought with their parents (69%). Thirty-one percent, almost a third, indicated that they had experienced being beaten; and another third, (32%), admitted hurting someone badly enough to need bandages or a doctor. Thirty-eight percent of the respondents had experienced a family member getting killed and 19 percent a parent dying.

Mental Health. Significantly, 65% of the young women in this study reported feeling depressed during the previous week. Thirty percent had at one time seriously considered attempting suicide, and 27% had followed through and actually attempted suicide. Using the Center for Epidemiologic Studies Depression Scale (CESD) to measure depression, it was found that 43% of these young women were depressed, while 57% were not depressed. The relationship between positive self-esteem, being mentally healthy, and making good decisions has been noted in much of the literature.

Wave 2 – Follow-up

Respondents. In Wave 2 of the study, interviews were completed approximately 6 to 7 months after the baseline interviews. One hundred twenty-four of the young women who participated in the initial sample were eligible for Wave 2 interviews. A total of 58 of the original respondents were re-interviewed. Sixty-six of these eligible respondents were not re-interviewed. In most instances, they could not be located. The unstable nature of many of the respondents' living situations was noted earlier. Many were not able to identify a family member or friend who would know how to locate them in six or seven months time, which we requested during the baseline interview. It was in the second interview that specific HIV/AIDS/STD worry, behavior, and knowledge questions were asked. This very small sample size severely limits what we can conclude from the responses. However, the respondents reported behaviors, worry, and knowledge levels as follows.

Sexual Behavior. Fifty-nine percent of the respondents (n=49) were sexually active during the six months prior to being surveyed. Fourteen percent of the respondents reported having two or three partners, and 40.8% indicated that they were not sexually active. The partners of 35% of these young women did not use a condom (n=13); however, 65% practiced safe sex. Seventy-nine percent of the respondents reported not using drugs or alcohol when they had sex in the same period of time. These findings are consistent with national trends, which indicate a significant decline in the rate of teen pregnancies due to the use of contraceptives.ⁱⁱ In response to a question about how often they used birth control/protection when they had sex in the last six months, 54% of the young women said that they consistently used birth control/protection every time they had sex. By contrast, 17% of respondents indicated that they rarely or never use protective measures, and 13% used protection sometimes and most of the time. Fifteen percent of the respondents thought that they might be pregnant during the 6 months prior to their re-interview. Only one person reported being pregnant at the time she was re-interviewed. Similarly, only one person reported having an STD in the previous six months. It continues to be true, however, that African American female youth have a consistently high HIV/AIDS/STD infection rate, higher than that of other female youth.

HIV/AIDS/STD Concern. Turning to worry, 71% of these young women never worry about getting an STD; and an even higher percentage, 84%, never worry about getting HIV/AIDS. This is in contrast to the 42% who never worry about someone they care about getting HIV/AIDS, the 25% who worry sometimes, and the 23% who often worry. At the time of this interview, 94% of the respondents rated their overall health as being good or very good.

HIV/AIDS/STD Knowledge. The knowledge held by these young women about behaviors that lead to contracting or avoiding HIV/AIDS/STD infection was fairly accurate, indicating dissonance between knowledge and behaviors with respect to the HIV/AIDS epidemic. Their responses to seven factual questions were incorrect in 4%, 8%, 16%, 30%, 18%, 21% and 26% of the cases respectively. These questions and responses include the following:

- Can a person who has HIV infect someone else during sexual intercourse?
4% responded incorrectly
- Do people get HIV infection from sharing needles used to inject drugs?
8% responded incorrectly
- Can teens get tested for HIV infection without their parent's permission?
16% responded incorrectly
- Can people lower their chances of getting infected with HIV by using birth control pills, Norplant, or Depo-Provera?
30% responded incorrectly
- Is using a latex condom during sex the best way to prevent HIV infection?
18% responded incorrectly
- Can a person get HIV infection from oral sex?
21% responded incorrectly
- Do people lower their chances of getting infected with HIV by having anal sex?
26% responded incorrectly

All five of the agencies with which these young women are placed have well developed HIV/AIDS/STD prevention programs in place. They maintain consistent health promoting programming and this very likely explains the respondents' fairly high knowledge scores. An assessment of a comparable group of young women who are not associated with one of these or a similar specialized program that is sensitive to the needs of young women would very likely reveal lower scores and more incorrect responses to questions about preventing HIV/AIDS/STD infection.

Significant changes were noted between baseline and Wave 2 measurement points for some important risk and protective factors. While the generalizability of these findings is limited

because a non-random sample was used and because the respondents were predominantly young African American women (75%) living in an economically depressed Midwestern urban setting, it is important to note that there is significant diversity within this sample. The experiences these young women had within their current programs were instructive.

The continuum of care services model used by two of the agencies associated with this study is one that has been seen as the best way to meet the needs of young women and reduce the gender bias in systems within which they seek help. The specific parameters include providing services in the least restrictive programming environment with special attention to treatment needs and public safety concerns; treatment in program environments that are close to the homes of the youth in support of the maintenance of key family relationships, including relationships with children with a view toward also facilitating more effective transitional services; programs at all levels in the continuum should be prepared to address the unique needs of young women who are pregnant and parenting; programs that are consistent with the principles of cultural sensitivity and human development with gender sensitivity must be highly visible and available; creating environments in which personal empowerment, agency and societal advocacy are valued and encouraged.ⁱⁱⁱ When developing and evaluating community-based services for young women generally and especially those who are at risk of becoming part of the juvenile justice system, it is imperative that what is known about girls' development, the influence of culture, and the ways in which girls' problems evolve into delinquent behavior are incorporated into appropriate policies that address gender and cultural sensitivity in processing and programming.^{iv}

The current study's finding that involvement in a program over time seemed to increase the young women's positive coping skills and noticeably decreased their delinquent behaviors is consistent with the literature in this field. Similarly, the finding that policies promoting community-based alternatives for young women must be accompanied by increased resources for such programs must be highlighted. The accompanying need to incorporate programs emphasizing HIV/AIDS/STD prevention and the avoidance of risky behaviors in the use of alcohol and drugs must also be underscored.

The intersection of race, socio-economic status, and gender require that prevention initiatives recognize the societal context of adolescent behavior. Focusing on interpersonal and intrapersonal mediators of behavior such as HIV/AIDS knowledge, attitudes, and beliefs; developing peer norms to support HIV/AIDS prevention practices; promoting the mastery of risk-reduction skills; and motivating adolescents to adopt prevention practices are strategies designed to reduce adolescents' vulnerability to HIV/AIDS/STD infection. Ecological factors are also key. These include attention to effective communication between mothers and daughters, as well as fathers and daughters and all significant adult/teen dyads; attention to these issues in school curricula wherever appropriate; providing affordable and accessible health care; encouraging the active involvement of religious organizations in community-based prevention services and programs; and access to necessary resources for living, an emphasis on educational and occupational skills, job placement, adequate and safe housing, affordable and competent child care; transportation, community health measures, including alternative dispute resolution programs, anger management and violence reduction programs; and equally important are opportunities for recreation and artistic expression.^v

The continuum of care model when combined with high quality and accessible services within local communities can directly enforce and sustain ongoing HIV/AIDS/STD awareness and prevention, responsible behaviors, and the avoidance of risky drug, alcohol and sexual behaviors. The unique needs of adolescent women of color must be considered in conjunction with those of their male friends and partners. Promotion of more positive and supportive relationships with other young women may be particularly beneficial in the maintenance of their health. In addition, the participation of these young people in the development and implementation of sustainable strategies for HIV/AIDS/STD prevention very importantly will facilitate the development of their empowerment and their sense of agency.

Endnotes

¹ These quotes are reflections from the young women who participated in this study about their life experiences

² Allen, J., D. Barr, M. Cochran, C. Dean, and J. Greene. October 1989. *Empowerment and Family Support Networking Bulletin* 1(1): p.2.

³ Collins, Chris. January 1997. "Dangerous Inhibitions: How America Is Letting AIDS Become an Epidemic of the Young." Center for AIDS Prevention Studies, University of California, San Francisco.

⁴ O'Donnell, L., C.R. O'Donnell, and A. Stueve. Nov/Dec 2001. "Early Sexual Initiation and subsequent Sex-related Risks among Urban Minority Youth: The Reach for Health Study." *Family Planning Perspectives*.

⁵ Marin, B.V., Coyle, K.K., Gomez, C.A., Carvajal, S.C., et.al. "Older boyfriends and girlfriends increase risk of sexual initiation in young adolescents." *Journal of Adolescent Health*. 27 409-418

Tolman, D.L. (1996) "Adolescent Girls; Sexuality: Debunking the myth of the urban girl. In B.J.R. Leadbeater and N. Way (Eds), *Urban Girls: Resisting stereotypes, creating identities* (pp.255-271). New York: New York University Press; Vera, E. M., Reese, L. E., Paikoff, R.L., and Jarrett, R. L., (1996). *Contextual factors of sexual risk-taking in urban African-American preadolescent children.* " in

⁶ National Center for Chronic Disease Control and Health Promotion, CDC, Adolescent and school health, <http://www.cdc.gov/nccdphp/dash/MMWRfile>, accessed January 20, 2001.

⁷ McGee, G., and L. Johnson. (1985), *Black, beautiful and recovering..* Center City, MN: Hazelden Foundation.

ⁱ U.S. Bureau of Census (2000). *Population estimates of the United States by age and sex: April 1, 1990, to July 1, 1999, with short-term projection to November 1, 2000.* <http://www.census.gov/population/estimates/nation/intfile2-1.txt>.

⁹ www.guttmacher.org. The Alan Guttmacher Institute. Viewed on April 16, 2003.

ⁱⁱⁱ Office of Juvenile Justice and Delinquency Prevention. *Juvenile Female Offenders: A Status of the States Report*. October 1998.

^{iv} Chesney-Lind, M., MacDonald, J. "Gender Bias and juvenile justice revisited: A multiyear analysis." *Crime and Delinquency* 2001; 47:173-195.

^v Kelly, E.M., "African American Adolescent Girls: Neglected and Disrespected." pp. 163-182.
In D. J. Gilbert and E. M. Wright. *African American Women and HIV/AIDS: Critical Responses*
. Westport, CT: Praeger Publishers.

The OJJDP Study Findings

Challenges Faced by 180 Female Adolescents...

- Almost half of the girls moved their living situation at least once in the 6 months before coming to services. (44%)
- For over half of the girls, their family at some point was living on welfare. (54%)

Most of the girls shared that they had experienced a number of negative life events such as:

- Friends and family members getting killed.
- A parent dying.
- Friends and family members getting on drugs.
- Being involved

in gangs.

- Sexual abuse.
- Living in foster care.



On average the number of negative life events a girl in this study

experienced was 9.85 different events.

A majority of the girls reported experiences with discrimination. The types of discrimination reported included:

- Being treated with less courtesy than other people.
- Being called names or insulted.
- People acting as if they think you are not smart.
- People acting as if they are afraid of you.

School Challenges...

Did you know that 86% of the girls in the study had been suspended from school?

Also one third of

the girls (33%) have been expelled from school.

Less than one third reported being in special education classes.

