Addressing Gender-Based Differences in Victimization and Substance Use Among Justice-Involved Youth

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Introduction

In the last two decades, there has been a dramatic increase in girls served by the juvenile justice system1-3; currently girls account for nearly 30% of juvenile arrests in the U.S.4 This increased presence is attributed to:

- elevated physical and mental health problems
- lower school achievement
- substance abuse
- family dynamics
- recurrent delinquency.

Girls formally involved in the juvenile justice system are more likely than their male counterparts to report:5-10

- direct trauma and victimization
- sexual and physical abuse
- mental health issues
- fragmented families.

These factors may lead to substance abuse as a coping mechanism in girls10 and research has shown justice-involved girls have more issues with substance abuse addiction compared to delinquent boys.4-7

Gender-specific treatment programs are effective in addressing specific needs of girls with substance use problems11,12 and can help to reduce recidivism.13 The purpose of this poster is to further examine gender-based differences among youth involved in the juvenile justice system and test the effectiveness of gender-appropriate treatment.

Methods

Findings are from the National Cross-Site Evaluation of Juvenile Drug Courts & Reclaiming Futures (JDC/RF), an evaluation of 8 JDCs across the U.S. implementing JDC/RF, 8 JDCs not implementing RF, and 7 intensive outpatient programs (IOPs). Youth completed the Global Appraisal of Individual Needs (GAIN) Assessment14 at intake and 6 months post-intake. Extent of utilization of gender-appropriate treatment was measured among program staff using a 1-5 scale of “never” to “always”. Independent sample t-tests were used to examine differences between girls and boys involved in the 8 JDC/RF programs. Hierarchical linear regression was employed to assess the impact of gender-appropriate treatment on client outcomes.

Results

Of the 2,416 justice-involved adolescents enrolled in programs that were included in the JDC/RF evaluation, 73% were boys and 27% were girls. A larger percentage of the girls were between 11-14 years of age (18%) compared to boys (13%). There was a statistically significant difference in racial/ethnic distribution between girls and boys.

Substance Use

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Girls</th>
<th>Boys</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meth Use in the past 90 days</td>
<td>9%</td>
<td>3%</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Stimulants other then meth in the last 90 days</td>
<td>10%</td>
<td>5%</td>
<td>&lt;.01</td>
</tr>
</tbody>
</table>

Trauma and Mental Health

<table>
<thead>
<tr>
<th>Trauma and Mental Health</th>
<th>Girls</th>
<th>Boys</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently worried about being sexually abused</td>
<td>3%</td>
<td>0%</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Ever been emotionally abused</td>
<td>39%</td>
<td>15%</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Currently worried about emotional abuse</td>
<td>14%</td>
<td>3%</td>
<td>&lt;.01</td>
</tr>
</tbody>
</table>

Conclusion

Findings indicate that girls experience higher rates of homelessness, meth and other stimulant use, sexual and emotional abuse and mood disorders, compared to boys. Gender-appropriate treatment was shown to decrease substance use and substance problems for all youth. Justice-involved girls are highly vulnerable individuals requiring an array of gender-appropriate services to deal with co-occurring disorders and integrated traumas. Effective clinical assessments are critical to determine the range of services needed for justice-involved girls. Collaborations with a variety of service agencies can assist JDCs and IOPs in providing successful treatment for justice-involved girls.

Homelessness

- Girls were much more likely to have been homeless (53%) than boys (35%).

Trauma and Mental Health

- Girls were more often diagnosed with a mood disorder (43%) than boys (24%).
- Girls were much more likely to have been sexually abused (20%) than boys (1%).

References

Please see handout for full list of references.