ADDRESSING GENDER-BASED DIFFERENCES IN VICTIMIZATION AND SUBSTANCE USE AMONG JUSTICE-INVOLVED YOUTH

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Justice System-Involved Girls

- Girls in the juvenile justice system are an understudied population.¹,²
- In the last two decades, there has been a dramatic increase in girls served by the system³-⁵; 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, and recurrent delinquency.¹,⁶-⁷
Justice System-Involved Girls

• Girls formally involved in the juvenile justice system are more likely than their male counterparts to report direct trauma and victimization, including sexual and physical abuse, mental health issues, and fragmented families.\(^6\)-\(^{11}\)

• These factors may lead to substance abuse as a coping mechanism in girls.\(^{11\text{-}13}\)

• Delinquent girls are being diagnosed with more than one mental health disorder, \(^8,10\text{-}11,14\) and with having more issues with substance abuse compared to delinquent boys.\(^1,6\text{-}8\)
Differential Treatment Needs

• Justice-involved girls appear to have different treatment needs compared to justice-system involved boys.

• **Gender specific treatment programs** are effective in addressing specific needs of girls with substance use problems.\(^{16-17}\)

• Some research has shown that when gender-specific treatment programs and services are available, recidivism decreases.\(^{18}\)
Juvenile Drug Courts and Reclaiming Futures Initiative

• Funded by The Office of Juvenile Justice and Delinquency Prevention, the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Treatment and the Robert Wood Johnson

• The mission is to improve the effectiveness and efficacy of juvenile drug courts (JDCs) by integrating the Juvenile Drug Court: Strategies in Practice (SIP) and the Reclaiming Futures (RF) models
The Models

Reclaiming Futures

1) Initial Screening
2) Initial Assessment
3) Service Coordination
4) Initiation
5) Engagement
6) Transition

Juvenile Drug Court: Strategies in Practice

1) Collaborative Planning
2) Teamwork
3) Clearly Defined Target Population & Eligibility Criteria
4) Judicial Involvement and Supervision
5) Monitoring & Evaluation
6) Community Partnerships
7) Comprehensive Treatment Planning
8) Developmentally Appropriate Services
9) Gender-Appropriate Services
10) Cultural Competence
11) Focus on Strengths
12) Family Engagement
13) Educational Linkages
14) Drug Testing
15) Goal-Oriented Incentives and Sanctions
16) Confidentiality
Cross-site Evaluation

- Conducted by University of Arizona’s Southwest Institute for Research on Women (SIROW), Chestnut Health Systems, and Carnevale Associates, LLC
- Multi-site, four-year evaluation of the Juvenile Drug Courts and Reclaiming Futures Initiative
- Charged with evaluating the processes, impact, and cost-effectiveness of integrating the JDC: SIP and RF
Methods

- Sample included 8 JDCs not implementing RF, 7 adolescent intensive outpatient programs, and 8 JDCs implementing RF across the U.S.
  - Out of 2,416 justice-involved adolescents enrolled in the selected programs, 73.1% were boys and 26.9% were girls.
- Adolescent clients completed the Global Appraisal of Individual Needs Assessment at intake to assess client demographics and characteristics.
- Gender-appropriate treatment utilization was measured using a 1-5 scale of “never” to “always” by program staff.
- Independent sample t-tests were used to examine differences in characteristics between girls and boys.
- Hierarchical linear regressions were employed to assess the impact of gender-appropriate treatment on client outcomes.
Variables of Interest

- Vocational and educational engagement
- Juvenile justice involvement
- Homelessness and living situation
- Substance use and abuse
- Mental health issues
- Victimization and abuse
Results: Demographics

- The average age of participants was **15.8** and the age range was **12-19**
- A larger percentage of the girls were between 12-14 years of age (**17.9%**) compared to boys (**12.8%**).
## Results: Race and Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race</strong></td>
<td>N=1,765</td>
<td>N=651</td>
<td></td>
</tr>
<tr>
<td>Caucasian/White</td>
<td>581</td>
<td>284</td>
<td>43.6%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>101</td>
<td>60</td>
<td>9.2%</td>
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<tr>
<td>African American/Black</td>
<td>279</td>
<td>43</td>
<td>6.6%</td>
</tr>
<tr>
<td>Other</td>
<td>58</td>
<td>50</td>
<td>7.7%</td>
</tr>
<tr>
<td>None of the Above (usually Latin@)</td>
<td>746</td>
<td>214</td>
<td>32.9%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latin@</td>
<td>859</td>
<td>269</td>
<td>41.4%</td>
</tr>
</tbody>
</table>
Gender Differences: Housing

All differences were significant at $p < .01$

Percent reporting Ever Being Homeless

- **53.2%** for Girls
- **35.0%** for Boys

0% 10% 20% 30% 40% 50% 60%

% of Ever Homeless
Gender Differences: Substance Use

All differences were significant at p < .01.
Gender Differences: Mental Health

All differences were significant at the p < .01
Gender Differences: Victimization and Abuse

Ever attacked with a gun, knife, stick bottle or weapon:
- Girls: 23%
- Boys: 43%

Currently worried about being attacked:
- Girls: 6%
- Boys: *10%

Ever sexually abused:
- Girls: 20%
- Boys: 1%

Currently worried about being sexually abused:
- Girls: 3%
- Boys: 0%

Ever emotionally abused:
- Girls: 39%
- Boys: 15%

Currently worried about emotional abuse:
- Girls: 14%
- Boys: 3%

* p=.002
All other differences were significant at the p <.01
Impact of Gender-Appropriate Treatment on Substance Use – Six Months Post Intake

All differences were significant at the p < .05

- Always Use Gender Appropriate Treatment
- Never Use Gender Appropriate Treatment

Number of Days of Substance Use Reported

<table>
<thead>
<tr>
<th>Days Substance Use (past 90 days)</th>
<th>0</th>
<th>5</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always Use Gender Appropriate Treatment</td>
<td>26.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Use Gender Appropriate Treatment</td>
<td>16.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Impact of Gender-Appropriate Treatment on Substance Use – Six Months Post Intake

All differences were significant at the p < .05

Number of Substance Problems Reported 6 Months Post-Intake

- Always Use Gender Appropriate Treatment
- Never Use Gender Appropriate Treatment

Number of Substance Problems

- 2.7
- 1.4

0 0.5 1 1.5 2 2.5 3

Number of Substance Problems Reported 6 Months Post-Intake
Summary

• Juvenile-justice involved girls experience higher rates of **meth use, stimulant use (other than meth)**, homelessness, mood disorders, and internal and external mental health problems compared to juvenile justice-involved boys.

• Juvenile-justice involved girls also experience much higher rates of **sexual and emotional abuse and concerns about future sexual and emotional abuse** compared to juvenile justice-involved boys.
Gender-appropriate treatment was shown to decrease substance use and substance problems for this population.
Policy Implications and Conclusions

- Since gender-specific treatment programs and services have been shown to reduce recidivism, such tailored treatments should be implemented within JDCs and other treatment modalities.

- Given the complexity of issues for justice-involved girls (unstable housing, mental health issues, abuse, victimization, criminality, substance abuse), JDCs and IOPs need to implement effective clinical assessments to determine the array of services needs for each adolescent girl.

- Given the complexity of issues for girls, JDC’s and IOPs should collaborate with a variety of service agencies, with procedures for sharing appropriate levels of client data, to increase treatment effectiveness.
Gender-Responsive Treatment
According to SAMHSA/CSAT Treatment Improvement Protocols

- Recognizing the role and **significance of personal relationships** in women’s/girls’ lives.
- Addressing the **unique health concerns** of women/girls.
- Acknowledging the importance and role of **socioeconomic issues** and differences among women/girls.
- Promoting **cultural competency** that is specific to women/girls.
- Endorsing a **developmental perspective**.
- Attending to the relevance and presence of various **caregiver roles** that women/girls assume.
Gender-Responsive Treatment
According to SAMHSA/CSAT Treatment Improvement Protocols

- Recognizing that culturally-ascribed roles and gender expectations affect society’s attitudes toward women/girls with substance abuse.
- Adopting a trauma-informed perspective.
- Using a strengths-based treatment model for women/girls.
- Incorporating an integrated and multidisciplinary treatment approach for women/girls.
- Maintaining a gender-responsive treatment environment across all settings.
Policy Implications and Conclusions

- Additional research is needed to ascertain the most effective ways to treat and rehabilitate justice-involved girls involved in JDCs and IOPs.
References


Questions

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