

KITSAPGIRLS COURT PROGRAM: COMMUNITY PROFILE

KITSAP COUNTY COMMUNITY ASSESSMENT



Administrative Office of the Courts
Washington State Center for Court Research

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Background

This report is a part of the girls court program process evaluation conducted by the Washington State Center for Court Research (WSCCR) with the Administrative Office of the Courts (AOC), under a grant awarded by the Center for Children and Youth Justice (CCYJ), and operated by the Kitsap Juvenile Court. The goal of the report is to summarize the contextual characteristics of the local community that may facilitate or impede successful implementation of the girls court program. This approach lies within the ecological framework of effective program implementation¹, which was originally developed to promote implementation success of community-based health prevention programs (see Figure 1).

According to this approach, understanding the local environment in which the girls court program is operating is important to successful implementation and sustainability of the program. For example, if a program designed to reduce substance use is delivered in the community with easy access to drugs and/or alcohol as well as with prevalent community norms favorable to substance use, participants might not be responsive to the program regardless of characteristics of the program. If program staff identify the existing challenges that impact the target population, as well as anticipated challenges with program implementation, they will be better at addressing those challenges when they arise.

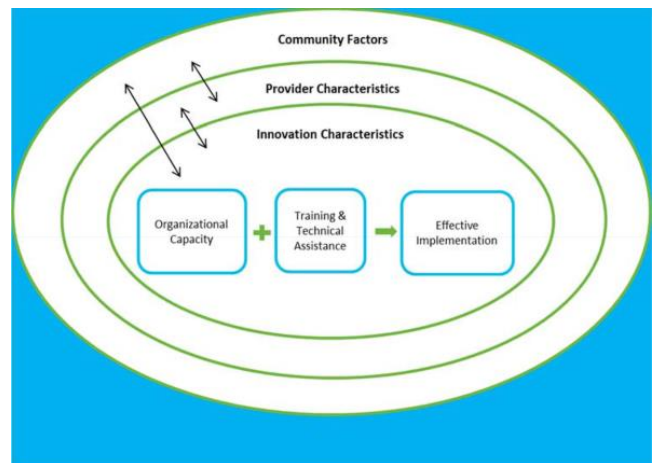


Figure 1: Durlak and DuPre's Ecological Framework for Understanding Effective Program Implementation

From an evaluation perspective, examining community contextual factors provides useful information about barriers and challenges to program implementation that can explain variation in outcomes in a manner that can be used to improve future intervention design.

This report does not attempt to identify all contextual variables within a given community or explicate how specific contextual factors influence girls court program implementation. Rather, it provides a description of key contextual domains identified by service providers and program staff as the top three challenges specific to program participants during in-person interviews conducted between July and September of 2020. These key dimensions include school-related factors, substance use, and mental health.

For each dimension, the report describes the prevalence of the issue(s) in Kitsap community, discusses its implications for the program, and suggests recommendations for program implementation.

¹ Durlak JA, DuPre EP. "Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation." *American Journal of Community Psychology* 2008; 41:327.

Data

The data for this report were retrieved from public sources such as public health program tracking, fact sheets, reports, and community surveys. Data sources are footnoted throughout the report and include, but are not limited to:

- 2019 Kitsap Community Health Assessment (CHA)
 - 2019 Kitsap Community Health Priorities Survey
 - 2019 Qualitative Findings from Kitsap Community Input
- 2019 Behavioral Risk Factor Surveillance System (BRFSS) on Quality of Life in Kitsap
- 2018 Healthy Youth Survey (Kitsap County)
- 2018 Kitsap County Core Public Health Indicators Report
- 2020 Kitsap County Risk and Protective Profile for Substance Abuse Prevention (RDA)
- 2020 Kitsap Community Risk Profile Summary, by school district (RDA)
- 2019 Kitsap County profile, [Washington State Office of Financial Management](#)
- 2020 Kitsap County profile, [Washington State Employment Security Department](#)

Kitsap Population

Kitsap County, Washington is one of the smallest counties in the state in terms of land area at about 395 square miles. It ranks third, however, in the state in terms of its population density, with 636 people per square mile².

In 2019, Kitsap's population was estimated at 270,100³ with a median age of 39.2 and a median household income of \$76,945.

In 2018, the youth population (ages 10-17) in Kitsap was estimated at 24,131⁴, of which 49% (or 11,803) were girls (ages 10-17).

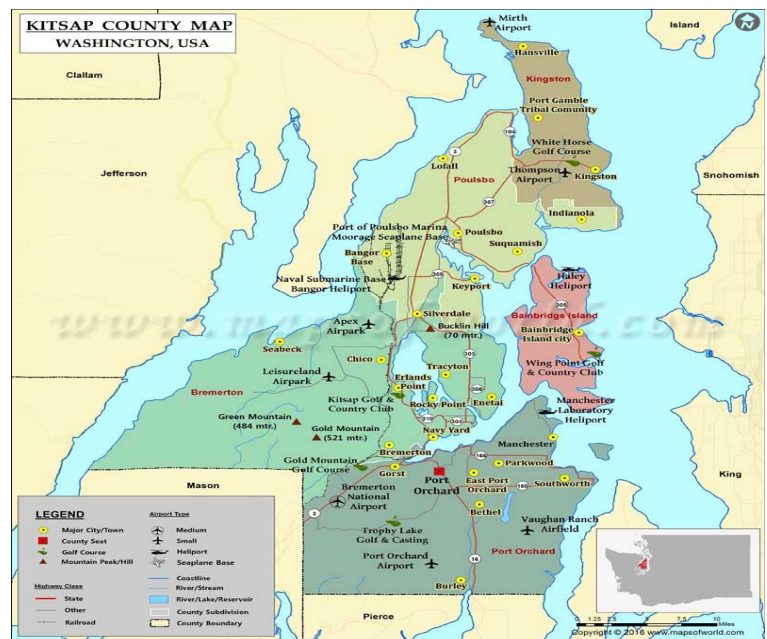


Figure 2: Kitsap County Map, Washington State

² Source: [2020 Kitsap County Profile](#), Washington State Employment Security Department.

³ Source: [Washington State Office of Financial Management](#), Forecasting Division

⁴ Source: [Kitsap County profile on ofm.wa.gov](#)

Girls Court Program Evaluation: Kitsap County Community Assessment

Table 1 displays the six races represented in Kitsap County as a share of the total youth population (separately for girls and boys) and ethnicity (of any race) for Kitsap youth compared to youth (girls and boys) in the state of Washington.

Kitsap County is less diverse than the state. In 2019, the combined nonwhite population (Black, Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander and multiracial youth) comprised slightly more than one-third (35%) of Kitsap girls (ages 10-17), while it was 43% for the girls of the same age in the state.

The largest nonwhite group in Kitsap are multiracial girls (12%) which is larger than 8% for the state of Washington. The second largest nonwhite group in Kitsap are Asian girls (6%) which is only slightly lower than the estimate for the state (8%).

The proportion of Kitsap girls who identify as Hispanic or Latino (11%) is almost twice less than the state average of 20%. Racial and ethnic diversity in Kitsap varies by region. Central Kitsap is the most racially diverse, while Bainbridge Island is the least racially diverse.

Multiracial youth (two or more races) are one of the fastest growing groups in the U.S. and Kitsap is no exception. Between 2010 and 2019, the number of multiracial girls (ages 10-17) in Kitsap County grew from 1,119 to 1,446 (29% increase). The share of multiracial girls in Kitsap has risen from 8% in 2010 to 12% in 2019. This shift translates into more than 1 in 10 Kitsap girls (ages 10-17) being multiracial.

Our analysis of first-year program participant characteristics has shown that white girls represented a large majority of participants (72%). The second largest racial group was Asian girls (22%). About 6% of the first-year girls court program participants were multiracial and 17% were Hispanic or Latino (of any race).

Table 1: Racial and Ethnic Background of Youth (ages 10-17) in Kitsap and in the State

	Kitsap County				Washington State			
	Girls		Boys		Girls		Boys	
	N	%	N	%	N	%	N	%
Population estimate	11,803		12,328		367,993		385,514	
Race of youth								
White (non-Hispanic)	7,624	65%	8,110	66%	208,128	57%	219,406	57%
Black (non-Hispanic)	342	3%	380	3%	16,210	4%	17,115	4%
Asian	688	6%	569	5%	29,459	8%	29,534	8%
American Indian/Alaska Native	213	2%	206	2%	5,259	1%	5,937	2%
Native Hawaiian/Pacific Islander	160	1%	155	1%	3,569	1%	3,721	1%
Two or More Races	1,446	12%	1,520	12%	30,186	8%	30,870	8%
Ethnicity of youth								
Hispanic or Latino	1,332	11%	1,387	11%	75,181	20%	78,932	20%
Not Hispanic or Latino	10,471	89%	10,941	89%	292,812	80%	306,582	80%

Note: Hispanic or Latino includes youth of any race.

What does it mean for Kitsap professionals who work with the multiracial girls?

A body of literature suggests that multiracial adolescents are at higher risk compared with single-race adolescents on general health indicators, school experience, smoking, drinking, and other risky behaviors⁵. The most common explanation for the high-risk status of multiracial youth is the struggle with identity formation, leading to lack of self-esteem, social isolation, and problems of family dynamics in mixed-race households⁶.

Implications: It is important to take deliberate action to insure that the programming and staff are culturally aware and are able to provide the services in ways responsive to the needs of multiracial girls. The Multiracial/Ethnic Counseling Concerns (MRECC) Interest Network of the American Counseling Association⁷ has developed the following competencies that promote the development of sound professional practices to competently and effectively attend to the diverse needs of the multiracial population:

- Understanding that mono-racial identity development models do not account for individuals living within multiple racial, ethnic, or cultural identities;
- Understanding that multiracial identity development is complex, personal, and unique to each individual;
- Understanding that the specific racial combination of the girl (Black/White, Native American/White, and Asian/Hispanic) has varying degrees of societal acceptance.

Some challenges of working with multiracial girls can be mitigated with careful program planning, such as thoughtful designing of program activities, deliberate recruitment of multiracial program staff, mentors, counselors, and/or services providers.

⁵ Choi, Y., Harachi, T. W., Gillmore, M. R., & Catalano, R. F. (2006). Are multiracial adolescents at greater risk? Comparisons of rates, patterns, and correlates of substance use and violence between mono-racial and multiracial adolescents. *The American journal of orthopsychiatry*, 76(1), 86–97.

⁶ Hud-Aleem, R., & Countryman, J. (2008). Biracial identity development and recommendations in therapy. *Psychiatry*, 5(11), 37–44.

⁷ [Multi-Racial/Ethnic Counseling Concerns \(MRECC\) Interest Network of the American Counseling Association](#).

School experiences and school safety

Understanding school experiences of Kitsap youth can inform the girls court program about school-related challenges in the community and obstacles that could limit the likelihood for program success in relation to school engagement and academic performance. The evidence indicates that school-related factors have considerable impact on youth outcomes⁸ and that school success is a significant protective factor for girls against risky behaviors.⁹

Using youth self-reported data from the Healthy Youth Survey (HYS)¹⁰, we were able to analyze a variety of indicators of school disengagement among Kitsap girls in 8th, 10th and 12th grades, such as academic failure, low commitment to school, skipping school, school safety, and experiences of bullying/harassment (see Table 2). The results show that in 2018, more than 40% of Kitsap girls in 8th, 10th and 12th grades experienced academic failure, and just over 20% of Kitsap girls reported having mostly C's, D's and F's. The percentages for Kitsap girls in 8th and 10th grades experiencing academic failure were about the same as the state, while the 12th grade percentage was lower for Kitsap than for the state (44% vs. 49%).

The percentage of Kitsap girls in the HYS survey who reported a low commitment to school was about the same as the state. About a fifth of Kitsap girls in 8th and 12th grades (21% and 23%, respectively) and more than a fourth of 10th graders (29%) believe that school work is not meaningful. More than a fourth of 8th and 12th graders (27% and 28%, respectively) and more than a third of Kitsap girls in 10th grade (34%) indicated that learning is not important for future. These numbers, although alarming, are not unique to Kitsap or Washington State. These findings echo previous student surveys, which have shown that less than half of sixth through twelfth graders feel their learning will help them outside of school¹¹.

Table 2: School-related issues among girls in Kitsap and in the State

	Kitsap girls			Washington State girls		
	Grade 8	Grade 10	Grade 12	Grade 8	Grade 10	Grade 12
Academic failure	41%	43%	44%	42%	45%	49%
Low grades (mostly C's, D's and F's)	20%	23%	24%	17%	21%	26%
Grades were worse than most students	36%	40%	40%	37%	40%	43%
Low commitment to school	44%	46%	40%	43%	43%	39%
School work not meaningful	21%	29%	23%	21%	26%	23%
Learning is not important for future	27%	34%	28%	23%	31%	29%

Source: 2018 Healthy Youth Survey (Kitsap County)

Note: Subcategories are not mutually exclusive and do not add up to the percentages for a school-related issue they measure.

⁸ Li, Yibing & Lerner, R. M. (2011) "Trajectories of School Engagement during Adolescence." *Developmental Psychology* 47(1): 233–47. Kimberly LN., Knight, K.E. & Thornberry, T. P. (2011) "School Disengagement as a Predictor of Dropout, Delinquency, and Problem Substance Use during Adolescence and Early Adulthood." *Journal of Youth and Adolescence* 41(2): 156–66.

⁹ Hawkins, S.R., Graham, P.W., Williams, J., and Zahn, M.A. (2009). [Resilient Girls-Factors That Protect Against Delinquency](#).

¹⁰ Healthy Youth Survey (HYS) is a voluntary anonymous survey of approximately 200,000 students in grades 6-10 conducted in most but not all Washington state schools. For this report, we restricted HYS data to the 2018 survey in grades 8, 10 and 12. This restriction reflects the age eligibility for the Girls court program.

¹¹ [YouthTruth_Learning from Student Voice_Student Engagement.pdf](#)

Table 3 presents girls' absenteeism by grade level. Absenteeism increases from middle school throughout high school, reaching its highest rate in 12th grade (23% for Kitsap and 26% for the state). These findings are similar to those from Balfanz and Byrnes (2012), who found that absenteeism begins to rise in middle school and continues climbing through 12th grade. Overall, approximately one in five Kitsap girls in 12th grade (23%) reported skipping school 3 or more days in the past month.

Among the reasons for missing school, previous research identified bullying, unsafe conditions, harassment and embarrassment⁸. The Healthy Youth Survey (HYS) includes all these measures of school climate (Table 3). In 2018, more than 20% of Kitsap girls in 8th, 10th and 12th grades reported feeling unsafe at school. The percentages for 8th and 12th graders feeling unsafe at school were about the same as the state, while the 10th grade percentage was higher for Kitsap than for the state (24% vs. 21%). A third (33%) of Kitsap girls in 8th grade, a fourth of 10th graders (25%), and a fifth of 12th graders (20%) reported being bullied in the past month. About a fourth of Kitsap girls in 8th grade (25%) reported receiving sexual photos or videos and about a fifth of 8th graders (19%) reported being harassed due to sexual orientation. Approximately 1 in 10 Kitsap girls in all grades reported missing school because they felt unsafe at school.

Table 3: Attendance, school safety and bullying among girls in Kitsap and in the State

	Kitsap girls			Washington State girls		
	Grade 8	Grade 10	Grade 12	Grade 8	Grade 10	Grade 12
School absenteeism						
Absent 3 or more days in past month	17%	19%	23%	16%	18%	26%
School safety						
Don't feel safe at school	21%	24%	20%	22%	21%	20%
Gangs at school	14%	13%	9%	12%	23%	15%
Missed school because felt unsafe	13%	8%	8%	10%	13%	12%
Bullying and harassment						
Bullied at school	33%	25%	21%	31%	22%	20%
Bullied through social media/phone	24%	15%	11%	18%	16%	14%
Received sexual photos or videos	25%	32%	34%	23%	31%	34%
Harassed due sexual orientation	19%	11%	7%	12%	10%	7%
Harassed due to race	14%	9%	7%	13%	12%	9%

Source: 2018 Healthy Youth Survey (Kitsap County)

Among the first year girls court participants, more than two thirds (78%) were not close to any teachers, staff, or coaches, 56% were not interested in school activities, 60% had behavioral problems at school, and 28% were habitually skipping school within 6 months prior to the risk and needs assessment.

Implications: It is important to take deliberate actions to provide extra support to girls, especially 10th graders. One possibility is to with the school district to provide a promising avenue for sustainability of positive program outcomes. For example, program staff can work with teachers and school administrators to help girls' court participants gain access to after-school programs and extra-curriculum activities, because participation in such programs significantly increases school belonging¹².

¹² Durlak, J. A., Weissberg, R. P., & Pachan, M. (2010). A meta-analysis of after-school programs that seek to promote personal and social skills in children and adolescents. *American Journal of Community Psychology*, 45, 294–309.

Substance Use

In 2019, more than a half (55%) of the Kitsap Community Health Priority Survey respondents (N=1,173) identified substance abuse (alcohol, drugs, opioids, etc.) as one of the top three biggest health problems impacting the overall health of Kitsap County and **58%** said that drug and alcohol abuse has the largest impact on health of youth (ages 11-18)¹³.

In 2018, the number of Kitsap adults (age 18 and over) receiving state-funded alcohol or drug services, was 10.4 per 1,000 adults¹⁴. The same year, 13.11 out of every 100 deaths in Kitsap were related to alcohol or drugs, lower than Washington's rate of 14.23 per 100 deaths. In 2017, the rate of opioid prescriptions in Kitsap was 319 per 100,000, slightly lower than 322 per 100,000 in Washington State¹⁵. The same year, drug overdose hospitalization rate in Kitsap was 64 per 100,000 residents (nonfatal), lower than 77 per 100,000 in Washington State¹³.

The more available alcohol or drugs are in a community, the higher the risk that young people will abuse these substances. Even perceived availability of drugs and perceived community acceptance of substance use are associated with higher rate of alcohol and drug use¹⁶. Table 4 presents the results from the HYS in regard to availability of, and community normative beliefs about, drug use. More than a fourth of high school girls in Kitsap (28%) reported easy availability of drugs in the community. This means that in a typical-sized Kitsap high school 12th grade level classroom (about 30 students with 50/50 gender ratio), about 4 girls can easily access drugs.

The percentage of Kitsap girls in 8th grade who believe that the norms in their community are favorable to drug use was about the same as the state, whereas the percentage of high school girls for Kitsap was higher than for the state (32% vs. 29% for 10th graders and 29% vs. 25% for 12th graders). According to primary socialization theory¹⁷, youth learn norms and behaviors through interactions with primary socialization sources (i.e., family, school, and peer groups). From this perspective, the youth's immediate social environment shapes an individual's normative beliefs.

Table 4: Attendance, school safety and bullying among girls in Kitsap and in the State

	Kitsap girls			Washington State girls		
	Grade 8	Grade 10	Grade 12	Grade 8	Grade 10	Grade 12
Availability of drugs in the community	26%	28%	28%	19%	23%	24%
Laws and norms favorable to drug use	26%	32%	29%	26%	29%	25%

Source: 2018 Healthy Youth Survey (Kitsap County)

¹³ [2019 Kitsap Community Health Priorities Survey Results](#)

¹⁴ Starks, A., Sharkova, I.V., & Mancuso, D. (2019). [Risk and Protection Profile for Substance Abuse Prevention in Washington State](#). Washington State Department of Social and Health Services Research and Data Analysis.

¹⁵ [2018 Kitsap County Core Health Indicators](#)

¹⁶ Stone, A. L., et al. (2012). Review of risk and protective factors of substance use and problem use in emerging adulthood. *Addictive Behavior*, 37(7): p. 747-75; Pemberton, M. R., Porter, J. D., Hawkins, S. R., Muhuri, P. K., & Gfroerer, J. C. (2014). The prevalence and influence of risk and protective factors on substance use among youths: National findings from the 2002 to 2008 National Survey on Drug Use and Health. CBHSQ Data Review. Retrieved from <https://www.samhsa.gov/data/>

¹⁷ Oetting, E.R., Donnermeyer, J.F. (1998) Primary socialization theory: The etiology of drug use and deviance. I. *Substance Use & Misuse*: 33(4):995–1026.

Alcohol use in the past 30 days among 8th graders in Kitsap was the same as in the state, whereas a larger share of girls in 10th and 12th grades in Kitsap reported using alcohol in the past 30 days (22% and 34%) than the girls in the same grade levels in the state (19% and 29%). This means that in a typical-sized Kitsap high school 12th grade level classroom (about 30 students with 50/50 gender ratio), chances are 4 or 5 girls consumed alcohol in the past 30 days.

Table 5: Substance Use among girls in Kitsap and in the State

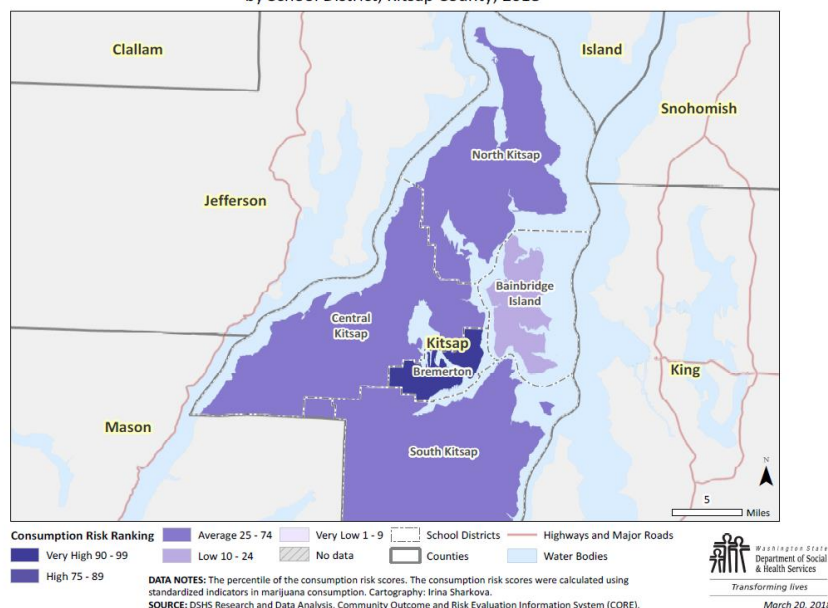
Dimensions	Kitsap girls			Washington State girls		
	Grade 8	Grade 10	Grade 12	Grade 8	Grade 10	Grade 12
Current substance use (past 30-day)						
Alcohol	8%	22%	34%	9%	19%	29%
Marijuana	7%	17%	29%	7%	18%	26%
Prescription drugs (not prescribed)	5%	8%	7%	6%	7%	6%
Over-the-counter drugs	7%	7%	-	8%	6%	4%
RxPain killers to get high	3%	3%	3%	2%	3%	3%

Source: 2018 Healthy Youth Survey (Kitsap County)

Marijuana use in the past 30 days in Kitsap for 8th and 10th graders was about the same as in the state, while the 12th grade percentage was higher for Kitsap than for the state (29% vs. 26%). From 2012-2017, marijuana was the substance most frequently responsible for Kitsap County youth (age 0-17 years) admissions to state-funded substance abuse treatment¹⁸. Figure 3 shows marijuana consumption ranking for five school districts with high schools in Kitsap County. The darker color, the higher the marijuana consumption risk score calculated based on the 2018 HYS data¹⁹. Bremerton school district was in the top 10% of Kitsap school districts for reported marijuana consumption among students.

Figure 3: Marijuana Consumption Ranking

by School District, Kitsap County, 2018



¹⁸ [2019 Update to the 2017 Comprehensive Kitsap Community Assessment](#)

¹⁹ [2020 Kitsap County Community Risk Profile Summary](#)

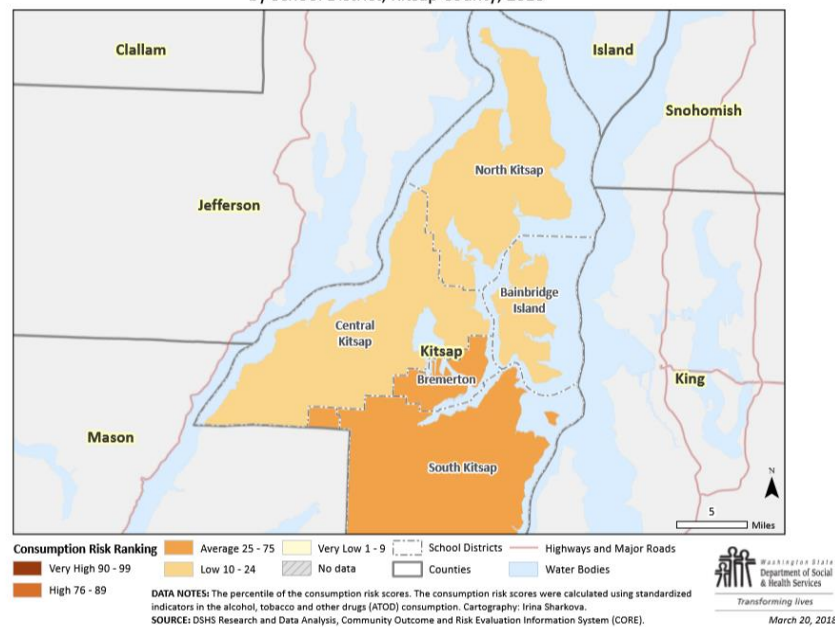
Prescription drugs are the second most abused illegal drug, behind marijuana, among 10th and 12th graders in Kitsap as well as in the state. Though the percentage of girls abusing prescription drugs is still relatively low (7-8%) compared to marijuana use (17-29%), there are troubling signs that teens nationwide view abusing prescription drugs as safer than illegal drugs and parents are unaware of the problem²⁰.

The percentage of Kitsap girls in 8th and 10th grades who used over-the-counter (OTC) drugs, (primarily cough and cold remedies that contain dextromethorphan (DXM), a cough suppressant) in the past 30 days was about the same as the state. This type of drug abuse is a particular concern, given the easy access to these products and the fact that fewer than half of teens believe abusing cough medicine to get high is risky.²¹ When asked about using a painkiller to get high in the past 30 days, only 3% of Kitsap girls in 8th, 10th and 12th grades reported in 2018 that they had, down from 6% in 2012²².

Figure 4 shows the alcohol, tobacco and other drugs consumption (ATOD) ranking for five school districts in Kitsap County. The darker color, the higher the consumption risk score calculated based on the 2018 HYS data²³. Of all school districts, Bremerton and South Kitsap school districts ranked at a higher risk for ATOD consumption.

Among the first year girls court participants, more than a half (61%) used drugs and 22% used alcohol within 6 months prior to the risk and needs assessment

Figure 4: Alcohol, Tobacco and Other Drugs Consumption Ranking
by School District, Kitsap County, 2018



²⁰ [Monitoring the Future 2020 Survey Results](#)

²¹ Vernacchio L, Kelly JP, Kaufman DW, Mitchell AA. Cough and cold medication use by US children, 1999-2006: results from the Slone Survey. *Pediatrics*. 2008; 122(2):323-329.

²² [2019 Kitsap Comprehensive Community Assessment](#) (Update of 2017 community assessment)

²³ [2020 Kitsap County Community Risk Profile Summary](#)

Mental Health

In 2019, more than a third (35%) of the Kitsap Community Health Priority Survey respondents (N=1,173) identified mental health needs (treatment, medication, suicide prevention, etc.) as one of the top three biggest health problems impacting Kitsap County, and **42%** said that mental health problems is one of the top three issues impacting the youth in the community (ages 11-18)²⁴. In 2017, about 30% of adults in Kitsap County reported that they had ever been told by a doctor that they had depression. This percentage is slightly higher than for the state (23%). The highest percentage of adults reporting being diagnosed with depression was in Bremerton (28%), and the lowest was in Bainbridge (18%).²⁵

Using youth self-reported data from the HYS²⁶, we were able to analyze a variety of mental health indicators among Kitsap girls in 8th, 10th and 12th grades. The results are presented in Table 6. In 2018, close to half of Kitsap girls in all grade levels (46% -49%) experienced a two-week episode where they felt sad or hopeless, stopping their usual activities in the past year. More than three-fourths of high school girls (80%) reported feeling nervous, anxious or on edge and not being able to stop worrying.

Table 6: Metal health

Dimensions	Kitsap girls			Washington State girls		
	Grade 8	Grade 10	Grade 12	Grade 8	Grade 10	Grade 12
Mental Health						
Feeling sad/hopeless for at least 2 weeks	46%	49%	49%	41%	48%	49%
Anxious or on edge in the past 2 weeks	72%	80%	80%	68%	70%	70%
Not able to stop worrying in the past 2 weeks	64%	70%	75%	58%	68%	70%
Suicidal ideation	30%	33%	31%	26%	28%	26%
Made a suicide plan	24%	26%	23%	20%	22%	21%
Attempted suicide	14%	13%	11%	13%	13%	11%
Having a supportive adult to turn to when sad	46%	56%	63%	51%	52%	57%

Source: 2018 Healthy Youth Survey (Kitsap County)

In 2018 more than 30% of Kitsap girls in 8th, 10th and 12th grades reported seriously considering suicide. Over 20% reported making a suicide plan, and just over 10% reported having attempted suicide. This means that in a typical-sized Kitsap high school classroom (about 30 students with 50/50 gender ratio), chances are one or two girls have attempted suicide in the past year. The percentages of Kitsap high school girls considering or contemplating suicide were slightly higher than for the state, while the attempted suicide rates were the same for Kitsap and for the state.

Despite high rates of psychological distress, adult support can help. About half of Kitsap girls in 8th grade (46%) and 10th grade (56%) reported that they have adults to turn to if they feel sad or hopeless. The percentages of girls having a supportive adult among 12th graders (63%) was higher than for other grade levels in Kitsap or in the state.

Among the first year girls court participants, more than a half (61%) had mental health problems, 89% experienced depression or anxiety, 28% had a history of suicidal ideation, and 22% were thinking about suicide within 6 months prior to the risk and needs assessment. Despite the high rates of mental health problems, only about 22% of the first year court program participants underwent mental health treatment or have been prescribed medication prior to the program.

²⁴ [2019 Kitsap Community Health Priorities Survey Results](#) (pages 2-7)

²⁵ [2019 Kitsap County Health Status Assessment](#)

²⁶ [2018 Depressive Feelings, Anxiety and Suicide for Kitsap County](#), 2018 HYS Factsheet

Implications: It is important to take deliberate actions to provide social support to the girls, especially to 10th graders. Research has shown that having a significant non-parental adult has a positive impact on a youth's overall mental health²⁷ and is the most common protective factor in helping young people be resilient in difficult life circumstances²⁸. Expanding girls' social support network through creating relationships with formal mentors, "very important non-parental adults" (VIPs)²⁹, adults providing social support in their community (e.g., community leaders, teachers) will improve girls' social connectedness. Youth who feel connected at school, at home, and in the community were found in the recent CDC study to be as much as 66% less likely to experience health risk behaviors related to sexual health, substance use, violence, and mental health in adulthood³⁰.

²⁷ Scales, P.C., Benson, P.L., and Mannes, M. (2006). The contribution to adolescent well-being made by nonfamily adults: An examination of developmental assets as contexts and processes. *Journal of Community Psychology*, 34, 401- 413.

²⁸ Rutter, M. (1987). Psychological resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57, 316-331.

²⁹ Beam MR, Chen C, Greenberger E. The nature of adolescents' relationships with their "very important" nonparental adults. *American Journal of Community Psychology*. 2002;30:305–325.

³⁰ Riley J. Steiner, Ganna Sheremenko, Catherine Lesesne, Patricia J. Dittus, Renee E. Sieving and Kathleen A. Ethier (2019). Adolescent Connectedness and Adult Health Outcomes. *Pediatrics*: 144(1):2018-3766.