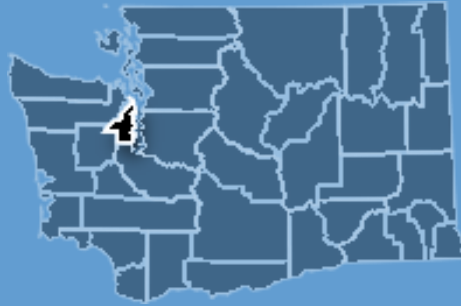


Kitsap County



KITSAP GIRLS COURT PROGRAM

INTERMEDIATE PROGRAM OUTCOMES

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Executive Summary

This report is one of a series of quarterly reports pertaining to the evaluation of the Girls Court pilot program, Washington State's first therapeutic court program intentionally designed to respond to the gender-specific needs of girls in the juvenile justice system. Although each quarterly report is drafted as a stand-alone document, it is recommended to review the previous reports in the series for a more complete picture of the ongoing evaluation process¹.

Evaluation is conducted by the Washington State Center for Court Research (WSCCR), under a grant awarded by the Center for Children & Youth Justice (CCYJ), and operated by the Kitsap Juvenile Court. The program launched in June of 2019. The evaluation activities began in June 2019 and would continue throughout the pilot. At the time of this report's release, the program operated 10 months prior to the "Stay Home, Stay Healthy" order implemented on March 23 due to COVID-19 and 13 months into the order. The coronavirus pandemic has affected every aspect of the program. The most obvious change was the transition to a 100% virtual program implementation mode. With these changes come important implications for data collection and interpretation around program outcomes. To the extent possible, findings and conclusions in this report reflect the current context of the program. However, we caution here that with the data available to us, it is difficult to estimate the effects of COVID-19 on observed outcomes and disentangle the effects of the pandemic from program effects.

The purpose of this report is to provide an initial assessment of intermediate outcomes of the program. This is achieved by comparing the extent to which a youth's life circumstances, developmental competencies, needs, challenges, and characteristics (these are frequently referred to as protective and risk factors) are measured², first at the beginning of probation and then at the end, as well as change for girls who participated in the program (treatment) with those who had no access to the program (comparison). This comparative-over-time analysis shows not only the proportion of program participants demonstrating change by the end of probation, but also the areas where the change is more likely to happen and the areas where little or no change occurred. The results can indicate whether, and to what extent, a program is meeting the stated objectives (e.g., improved school performance, strengthened communication, and problem-solving skills).

Ultimately this method – that is readily available to the courts statewide—can serve as an ongoing performance measure for the Girls Court program in any community, if replicated in other jurisdictions, and/or an additional indicator of overall system performance.

¹ Previous WSCCR's quarterly reports are available here: [Center for Children & Youth Justice \(ccyj.org\)](https://ccyj.org)

² Prior to the program, court professional staff performs risk and needs assessments by means of the Positive Achievement Change Tool (PACT), a tool that consists of questions that are designed to ascertain girls' history of criminal behavior, current living arrangements, school experiences, family relationships, mental health issues, substance use, attitudes and personality, and life circumstances. This tool helps court professionals in assessing the programmatic needs of the girls and creating personalized treatment plans that support each girl's needs.

Girls Court Program Evaluation: Intermediate Outcomes

Key findings include:

- Overall, 65% of girls participating in the program showed improvement (as indicated by the reduction in risk scores or by the enhancement in protective scores in at least one domain) by the end of probation. However, these improvements did not happen uniformly across all domains.
- The areas in which the largest percentage of program participants, compared with the comparison groups, showed improvement were: 1) skills (65% for program participants vs. 44-58% for comparison groups) and 2) attitudes and behaviors (57% for program participants vs. 31-53% for comparison groups).
- The domain in which the smallest percentage of program participants showed gains over the comparison groups was employment (8% for program participants vs. 28-38% for comparison groups).
- Overall, the results suggest that the program's strengths are in skills building and in enhancing attitudes and behaviors related to emotional stability and cognitive reasoning. These outcomes are closely related to the stated program's goals such as training girls in consequential thinking, goal setting, problem solving and cognitive reasoning.
- The areas that need further improvement include employment, mental health, and the use of free time.

The main takeaway from this report is that risk and protective factors from an initial to final assessment changed over the course of the program, but these changes did not happen uniformly across all domains and across all youth. Many girls showed improvement, some not nearly at all, and a few developed deficits by the end of treatment. With the data available to us, it is difficult to explain why some participants were more successful than others in regard to change. One of the ways to gain meaningful insight into the reasons why we are observing these trends is to interview program participants. This is the next step of the evaluation.

Background

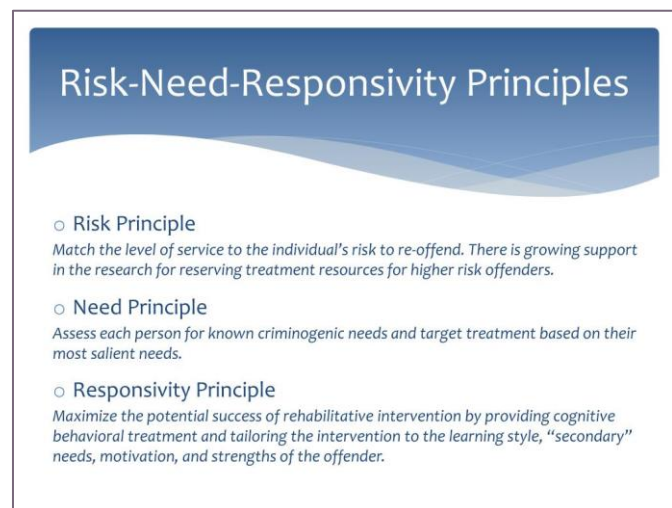
This report provides an initial assessment of the program's intermediate outcomes. This is achieved by examining the extent to which program participants' risk and protective factors (e.g. life circumstances, developmental competencies, needs, skills, attitudes, and characteristics) are measured³. Assessments of risk and protective factors are conducted first at the time of intake and then at the case closure. Outcomes assessment is also achieved by measuring change over the course of the program. This comparative analysis can show not only the proportion of girls demonstrating change by the end of probation, but also the areas where the change is more likely to happen and the areas where little or no change occurred.

This approach lies within the Risk–Needs–Responsivity (RNR) model⁴ that has been the dominant model for assessment and treatment in the juvenile justice system (Figure 1). The RNR approach holds that as risks are attenuated and protective factors are enhanced, the likelihood of re-offending declines. In that framework, while it is essential to examine long-term outcomes such as reduced recidivism, it is also important to monitor the intermediate outcomes that address the key changes in attitudes, skills and behaviors that, in turn, lead to successful long-term outcomes.

For example, due to a well-documented link between truancy and offending⁵, a girl who was skipping school prior to intervention, but who returned to school as a result of the program (intermediate outcome) can be expected, on average, to be at lower risk for recidivism (long-term outcome).

From an evaluation perspective, reassessment of both risk and protective factors is critical for reporting the program's impact. This is a way program staff can determine whether, and to what extent, their interventions are working. Lack of progress from initial assessment to reassessment may indicate the need to revise and adjust treatment plans. While this is a useful strategy for monitoring program outcomes, it should not be the sole factor for assessing overall program effectiveness. Integrating this method with youth interviews about program operational aspects, service delivery, and program effectiveness can provide a deeper understanding of why change is or isn't taking place as planned.

FIGURE 1: RISK–NEEDS–RESPONSIVITY (RNR) MODEL



³ A girl's risk and protective factors are measured by the means of the Positive Achievement Change Tool (PACT), a 126-item, multiple choice in-depth assessment instrument, which produces risk level scores measuring a girl's risk of re-offending. The PACT provides information for a case plan specific to the girl's identified needs and helps to match a girl's needs with the appropriate programs and services. PACT reassessments inform the court professionals of the girl's improvements.

⁴ Andrews, A., and J. Bonta (2010). *The Psychology of Criminal Conduct* (5th edition). New Providence, NJ.

⁵ Zhang, D., Willson, V., Katsiyannis, A., Barrett, D., Ju, S., and Wu, J.Y. (2010). Truancy offenders in the juvenile justice system: a multi cohort study. Mueller, D., Giacomazzi, A., and Stoddard, C. (2006). Dealing with Chronic Absenteeism and its Consequences: the Process and Short-Term Effects of a Diversionary Court Intervention. *Journal of Education for Students Placed at Risk*, 11, 199–219.

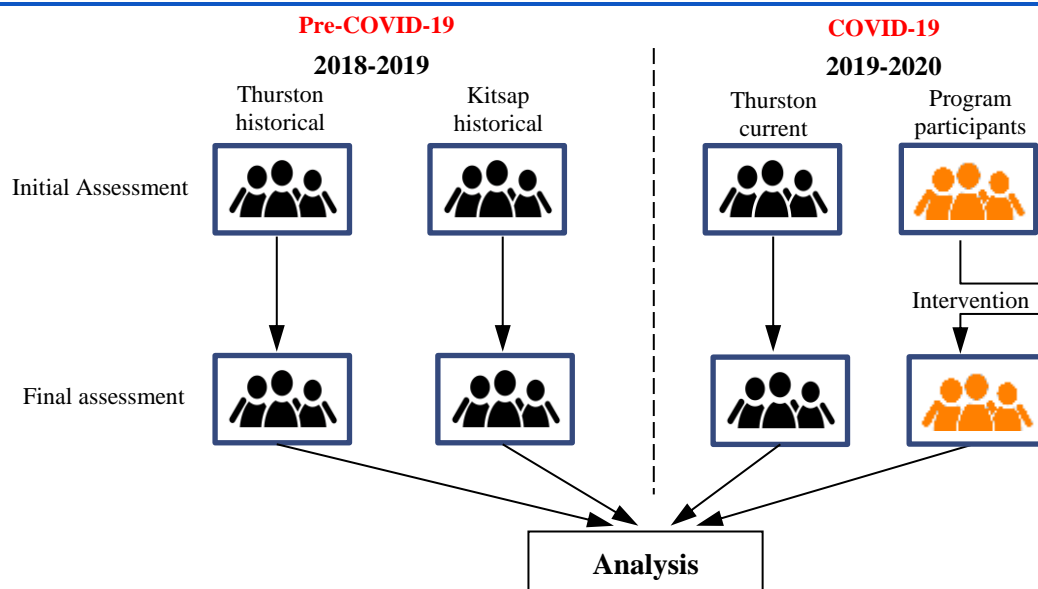
Methods and Measures

The data for this report was drawn from the Judicial Information System (JIS), the primary information system for courts in Washington. This database was used to identify girls sentenced to probation between 2018 and 2019 in Kitsap and Thurston Counties (for comparison). Thurston County was chosen because of its similarity to Kitsap in regard to several community characteristics such as population size (252,264 people in Thurston and 251,133 in Kitsap), household median income (\$60,930 in Thurston and \$59,549 in Kitsap), poverty (10% of the population below the poverty line in Thurston and 9.4% in Kitsap), and prevalence of female-headed households (11% of households in Thurston and 10% in Kitsap).

The assessment data came from the Assessment Research Database (ARD) which captures risk and needs assessment information on all youth placed on probation. Figure 2 summarizes the study design. We used a quasi-experimental, pretest-posttest design⁶ in which Girls Court participants were compared to three comparison groups of girls who did not participate in the program (no treatment):

- **Treatment:** Kitsap Girls Court participants who received the intervention since June 2019.
- **Comparison groups:**
 - **Group 1** (Thurston current): Girls residing in Thurston County who were sentenced to community supervision during the implementation of the program.
 - **Group 2⁷** (Kitsap historical): Girls residing in Kitsap County who were sentenced to community supervision a year prior to the program and had no access to the program.
 - **Group 3** (Thurston historical): Girls residing in Thurston County who were sentenced to community supervision a year prior to the program.

FIGURE 2: STUDY DESIGN



⁶ Shadish, W. R., Cook, T. D., and Campbell, D. T. (2002). Experimental and quasi-experimental designs for generalized causal inference. Boston: Houghton Mifflin Company.

⁷ For two groups (program participants and Thurston current group [Group 1]) the reporting period includes 10 months prior to the “Stay Home, Stay Healthy” order implemented due to COVID-19, and 13 months into the order.

Girls Court Program Evaluation: Intermediate Outcomes

The current study focuses on girls who received both the initial and final risk and needs assessments during the specified time period. Girls who were assessed only once during this period were excluded due to lack of sufficient data points to analyze, because no change in PACT scores could be measured. Although 22 girls had been receiving services through the Girls Court program at the time of the analysis, only 14 girls received both initial and final assessments and, thus, were included in this analysis. Of note, the results in this report must be interpreted carefully because they are based on a small number of observations. When the number of observations is small, the analysis can over-estimate or under-estimate the magnitude of the effect. Therefore, it is important not to make strong conclusions about possible effects of the program, whether the results are positive or not. By the third year of the program, we will repeat the analysis using the same methods but with a larger number of participants and thus will be able to validate the findings of the current study.

For all girls included in the study, we analyzed the pre/post risk assessment change scores across 10 distinct PACT domains: 1) school, 2) employment, 3) use of free time, 4) living arrangements, 5) alcohol and drug use, 6) mental health, 7) relationships, 8) antisocial attitudes, 9) aggression, and 10) social skills. For each domain, we used cumulative risk and protective scores calculated by PACT software based on girls' responses for each item within the domain. The items within each domain are scored in a way that no specific response to an item receives both risk and protective points, only one or the other. For example, the current relationships item "Positive adult non-family relationships not connected to school or employment" from Domain 6B has one response that receives a risk point (no positive adult relationships), and three responses that receive one, two or three protective points, respectively (1 positive relationships, 2 positive relationships, or 3 positive relationships). Building just one positive relationship with a non-parental adult (e.g., a mentor, community partner) reduces a girl's overall risk score in this domain and potentially leads to better outcomes⁸.

Using girls' risk and protective domain-level scores, we calculated the difference in the domain level scores for each girl and used it as a measure of change. The difference in the domain-level scores was obtained by subtracting an ending domain-level score (measured by final assessment) from a beginning domain-level score (measured by the initial assessment):

$$\text{Change} = \text{Final Domain score} - \text{Initial Domain score}$$

Because the number of items and item scoring differ across domains, the absolute domain-level change in dynamic risk and protective scores can range from -1 to +1, to -34 to +34. Reduction in risk factors is manifested by a negative sign for absolute change, signaling that the girl accumulated fewer risk points on final assessment than on the initial assessment. Enhancement in protective factors is shown by a positive sign for absolute change, indicating that the girl collected more protective points on the final assessment than on the initial assessment. A zero absolute change signifies that the girl did not show any change in the domain-level scores between two assessments. Lack of change can generally be seen as positive if the girl received low risk scores and high protective scores on both pre – and post-probation risk assessments. However, it could be concerning if the girl scored high on risk factors and low on protective factors on both pre – and post-probation risk assessments and did not show any change by the end of probation.

⁸ 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.

Descriptive Characteristics of the Girls in the Study

Table 1 compares the descriptive characteristics of girls in all four groups. The treatment group (Girls Court participants) consisted of 14 youth and was the smallest of the four. For the most part, the characteristics of program participants and the comparison groups were similar. Of note, all groups consisted predominantly of white girls. However, the treatment group had a higher proportion of White (71%) and Asian (14%) girls than the comparison groups. Also, the treatment group consisted of a higher percentage of moderate risk girls (71%) and lower proportion of high risk girls (29%) than the comparison groups. The average age of girls in all four groups was very similar (between 15 and 16 years). The youngest girl in the program was 13 and the oldest girls in the program were 17 years old (n=3).

All four groups were further compared based on the initial domain-level mean PACT values to assess whether the groups were equivalent in the beginning of probation⁹. Of the 25 variables examined, significant differences between the treatment and the comparison groups were found only for six variables (Table 2, Appendix). For most of the variables, treatment/comparison observable differences tended to be small in relation to the mean for the treatment group. Therefore, the four groups can be compared for evaluation purposes¹⁰.

TABLE 1: CHARACTERISTICS OF GIRLS, BY GROUP

	Treatment (program participants) (N=14)		Comparison 1 (Kitsap Historical) (N=18)		Comparison 2 (Thurston current) (N=23)		Comparison 3 (Thurston historical) (N= 58)	
	N	%	N	%	N	%	N	%
Race								
White	10	71%	10	56%	13	57%	38	66%
Black/African American	0	0%	2	11%	2	9%	3	5%
American Indian/Alaska Native	0	0%	2	11%	0	0%	4	7%
Asian	2	14%	1	6%	1	4%	2	3%
Native Hawaiian/Pacific Islander	0	0%	0	0%	0	0%	0	0%
Multiracial	0	0%	0	0%	3	13%	5	9%
Hispanic/Latino	2	14%	3	17%	4	17%	5	9%
Risk Level								
Moderate	10	71%	4	22%	6	26%	27	47%
High	4	29%	14	78%	17	74%	31	53%
Average Age at First Assessment								
Average age	15.36	SD=1.2	15.8	SD=1.2	15.6	SD=1.5	16.01	SD=1.2
Age categorized at Assessment								
13 or Less	1	7%	2	11%	3	13%	4	7%
14-15	6	43%	7	39%	7	30%	9	16%
16-17	7	50%	8	44%	10	44%	44	76%
18 +	0	0%	1	6%	3	13%	1	2%

Note 1: Low-risk girls are not eligible for the Girls Court program and, thus, were excluded from the analysis.

Note 2: Due to rounding, percentages may not always appear to add up to 100%.

⁹ The more similar the groups are at baseline, the more likely that the observed difference between the groups after the intervention can be attributed to the intervention itself, and not to other preexisting differences.

¹⁰ The results of the comparative analysis must be interpreted carefully because of the small number of observations. When the number of observations is small, the analysis can over-estimate or under-estimate the magnitude of the effect.

Results

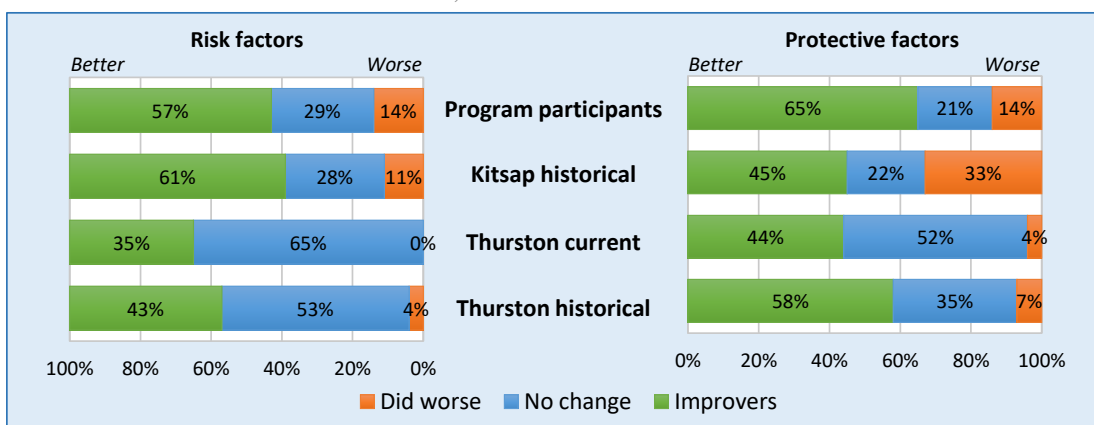
On the pages that follow, we present domain-specific results. For each domain, we created a color-coded comparison chart for four groups of girls included in the study. For ease of interpretation, the green color always signifies improvement (as indicated by the reduction in risk scores or by the enhancement in protective scores), orange indicates worsening (as indicated by the reduction in protective scores or by the enhancement in risk scores), and blue means no change in scores.

Skills

Figure 3 displays the percentage of girls who showed reduction, no change, or enhancement in risk and protective factors in skills. Among four groups of girls, program participants¹¹ showed the largest improvement in skills, with 57% of participants showing reduction in risk factors and 65% showing enhancement in protective factors (45% and 61% for Kitsap historical, 35% and 44% for Thurston current and 43% and 58% for Thurston historical comparison groups, respectively). Note that these estimates do not show the magnitude of change, only the direction of change. For example, a girl with an individual gain of one protective point will be in the same group of improvers with a girl gaining five (5) protective points over the course of the program. Similarly, a girl with an individual gain of one risk score point will be in the same group with a girl gaining five (5) risk score points over the course of the program.

The skills domain includes items such as consequential thinking, goal setting, problem solving, situational perception, skills for dealing with difficult situations, feelings/emotions and others, skills for controlling impulsive behaviors, and aggression. Following Andrews and Bonta's framework, a lack of skills is one indicator of antisocial personality that is one of the "Big Four" factors linked to recidivism. "Antisocial personality" is defined as impulsive, adventurous, pleasure seeking, restlessly aggressive, and irritable¹².

FIGURE 3: CHANGES IN SKILLS, BY GROUP



¹¹ Of note, the results in this report must be interpreted carefully because they are based on a small number of observations. When the number of observations is small, the analysis can over-estimate or under-estimate the magnitude of the effect. Therefore, it is important not to make strong conclusions about possible effects of the program, whether the results are positive or not.

¹² Andrews, A., and J. Bonta (2010). *The Psychology of Criminal Conduct* (5th edition). New Providence, NJ.

Girls Court Program Evaluation: Intermediate Outcomes

Improvement in any of the items in the skills domain (as indicated by the reduction in domain-level risk scores or by the enhancement in protective scores) can potentially lower the risk of re-offending.

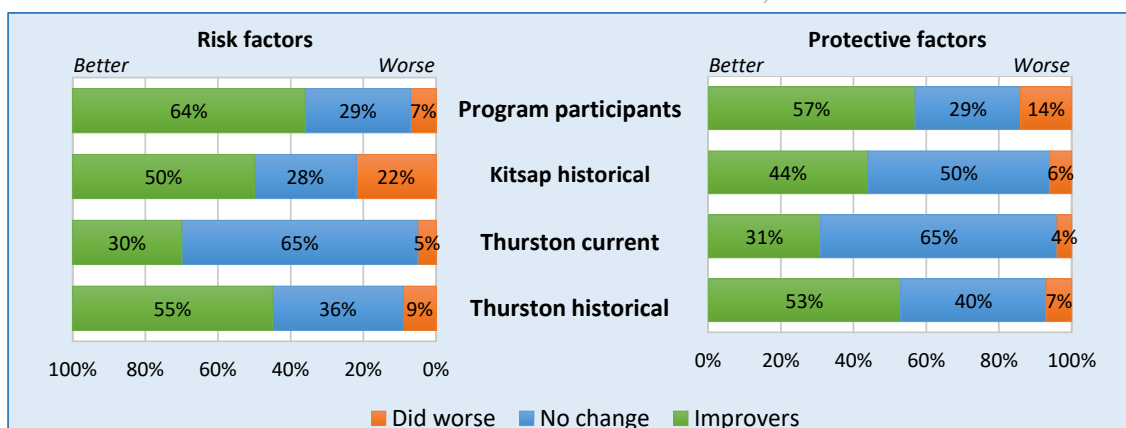
The fact that almost two-thirds of the program participants (65%) improved in this domain over the course of the program suggests that skills enhancement in prosocial moral reasoning and perspective taking is one of the program's strengths. The comprehensive package of services available to program participants: group counseling, life-skills training, mentoring, job readiness training, school counseling, family counseling, mental health and substance abuse treatment might be contributing to the observed improvement in this domain. Even though between 7% and 14% of program participants¹³ scored lower in this domain (as indicated by the reduction in protective or enhancement in risk scores) by the end of the program, this percentage was smaller than for Kitsap girls going through a regular probation (between 11% and 33%) a year prior to the program (Figure 3).

Attitudes and behaviors

Attitudes and behaviors domain was another area where the largest percentage of Girls Court program participants, compared with all three comparison groups, demonstrated progress, with 64% of girls showing reduction in risk factors and 57% showing enhancement in protective factors (44% reduction in risk and 50% increase in protective for Kitsap historical, 30% and 31% for Thurston current, and 53% and 55% for Thurston historical comparison groups).

This domain includes items such as emotions, optimism, impulsivity, self-control, empathy for victims, sympathy, respect for others' property, authority, law-abiding behavior, and accepting responsibility for behavior. Broadly speaking, this domain is about emotional stability and cognitive reasoning. Because research has established a link between a negative emotionality and inability to regulate emotions with antisocial and maladaptive behaviors¹⁴, one of the core components of the program was to develop practices that are relational and promote healthy behaviors, as well as build positive relationships in the community through targeted services and mentorship.

FIGURE 4: CHANGES IN ATTITUDES AND BEHAVIORS, BY GROUP



¹³ Of note, 14% represents 2 participants. Because of a small sample size, it is not easy to determine whether this change is due to the intervention or simply chance.

¹⁴ Eisenberg, N. (2000). Emotion, regulation and moral development *Annual Review of Psychology*, 51: 665-697; Carlo, G., Mestre, A.L., Samper, P., Tur, a., and Armenta, B.A. (2010). Feelings or cognitions? Moral cognitions and emotions as longitudinal predictors of prosocial and aggressive behaviors *Personality and Individual Differences*, 48: 872-877.

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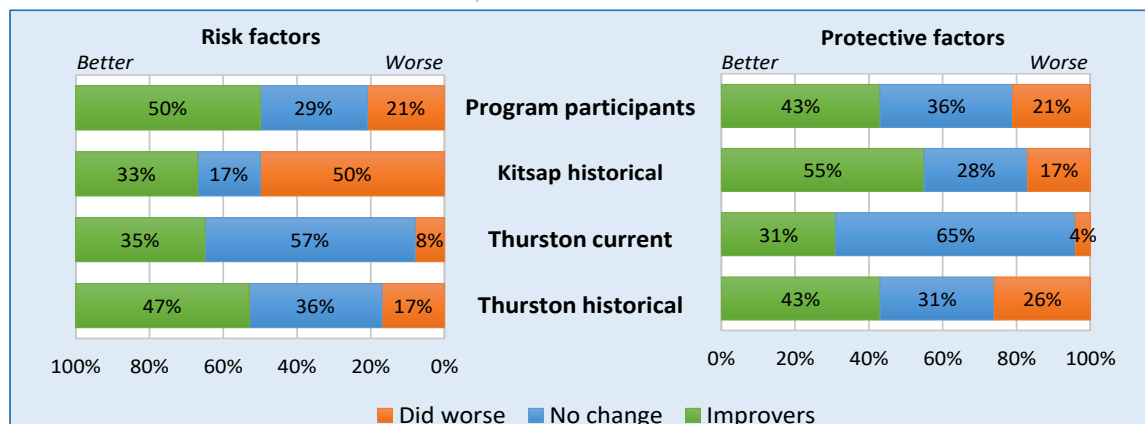
The fact that almost two-thirds of the program participants (64%) improved in this domain over the course of the program suggests that programming was successful in enhancing attitudes toward cognitive reasoning and behaviors (Figure 4). Nonetheless, approximately 30% of Girls Court participants did not show any change in this domain and nearly 1 in 10 youth (7% in risk factors and 14% in protective factors) scored worse in attitudes and behaviors at the end of the program.

School

Approximately one half of participants demonstrated a positive change in the school domain, with 50% of girls showing reduction in risk factors and 43% showing enhancement in protective factors. This improvement, although comparable to two comparison groups (33% and 55% for Kitsap historical and 43% and 47% for Thurston historical groups), is meaningful given a high prevalence of school-related problems experienced by program participants at the beginning of the program. For example, among the first-year Girls Court participants, more than three-fourths (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 program. These early findings suggest that the program shows promise in reducing school-related risk factors for some girls by providing mentoring, job readiness training, and school counseling.

Research indicates that school-related factors have considerable impact on youth outcomes¹⁵ and that school success is a significant protective factor for girls against risky behaviors¹⁶. Improvement on any item in the school domain (i.e., enrollment status, attitudes toward education, connectedness to teachers, school attendance, academic performance, involvement in extracurricular activities, school conduct or school disciplinary sanctions) can positively impact future education outcomes of the girls and potentially lower the risk of re-offending.

FIGURE 5: CHANGES IN SCHOOL, BY GROUP



¹⁵ Li, Y., and Lerner, R. M. (2011). Trajectories of school engagement during adolescence. *Developmental Psychology*, 47(1): 233–47. Kimberly, L.N., Knight, K.E., and 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.

¹⁶ Hawkins, S.R., Graham, P.W., Williams, J., and Zahn, M.A. (2009). [Resilient Girls-Factors That Protect Against Delinquency](#).

Girls Court Program Evaluation: Intermediate Outcomes

Nonetheless, 29% of program participants (for risk factors) and 36% (for protective factors) did not show any change, and 21% of girls scored worse by the end of the program. It is difficult to estimate how much of it is due to the pandemic, because even prior to the COVID-19 pandemic, there were girls in Kitsap and Thurston counties who developed deficits in school domain by the end of treatment. These girls are at risk for poor school attendance, grade retention, or disengagement from school. It is important to take deliberate actions to provide extra support to these girls. For example, program staff can build on the existing community networks with teachers and school administrators to help Girls Court participants gain access to credit recovery programs, after-school programs, and extra-curricular activities. Participation in such programs can increase school belonging during the program and beyond¹⁷.

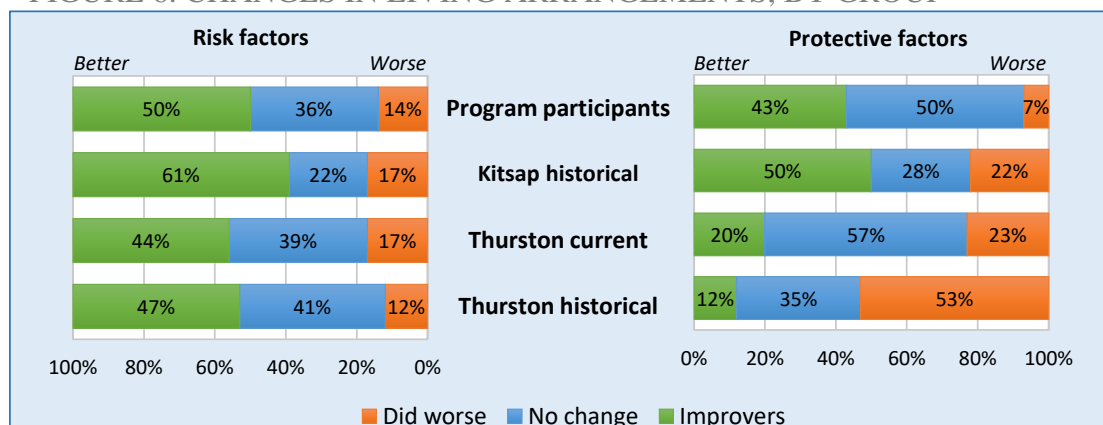
One note: of all four groups, the Thurston current comparison group evidenced the lowest improvement in school area (35% showed reduction in risk factors and 31% showed enhancement in protective factors), while almost two-thirds (65%) did not show any change in this domain.

Living arrangements

Approximately one-half of the program participants demonstrated a positive change in this domain (50% improved in risk factors and 43% improved in protective factors). This improvement was comparable to Kitsap historical group (50% improved risk, 61% improved protection), but larger than for both Thurston current (20% improved risk, 44% improved protection) and Thurston historical (12% improved risk, 47% improved protection) comparison groups.

This domain includes items such as parental problems, family conflict, family support, parental supervision, and rewards. Generally speaking, this domain is about family connectedness and support. Each program component integrates, where possible, the knowledge that close, positive family relationships help young people stay healthy and avoid risky behavior¹⁸.

FIGURE 6: CHANGES IN LIVING ARRANGEMENTS, BY GROUP



¹⁷ Durlak, J. A., Weissberg, R. P., and 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.

¹⁸ Yang, F., Tan, K.-A., and Cheng, W. J. Y. (2013). The effects of connectedness on health-promoting and health-compromising behaviors in adolescents: Evidence from a statewide survey. *The Journal of Primary Prevention*, 35(1), 33–46.

Ackard, D. M., Neumark-Sztainer, D., Story, M., and Perry, C. (2006). Parent-child connectedness and behavioral and emotional health among adolescents. *American Journal of Preventive Medicine*, 30(1), 59–66.

Girls Court Program Evaluation: Intermediate Outcomes

Improvement in this domain can positively impact the future health outcomes of the girls and potentially lower the risk of re-offending. As noted, approximately one-half of the program participants evidenced progress in this domain, but so did one-half of Kitsap girls going through regular probation a year prior to the program. As such, it is difficult to tell whether this progress was driven by the program activities or pre-existing probation practices in Kitsap.

Between 36% of program participants (for risk factors) and 50% (for protective factors) did not show any change in this domain, and between 7% of girls (for risk factors) and 14% (for protective factors) scored worse in this area by the end of the program.

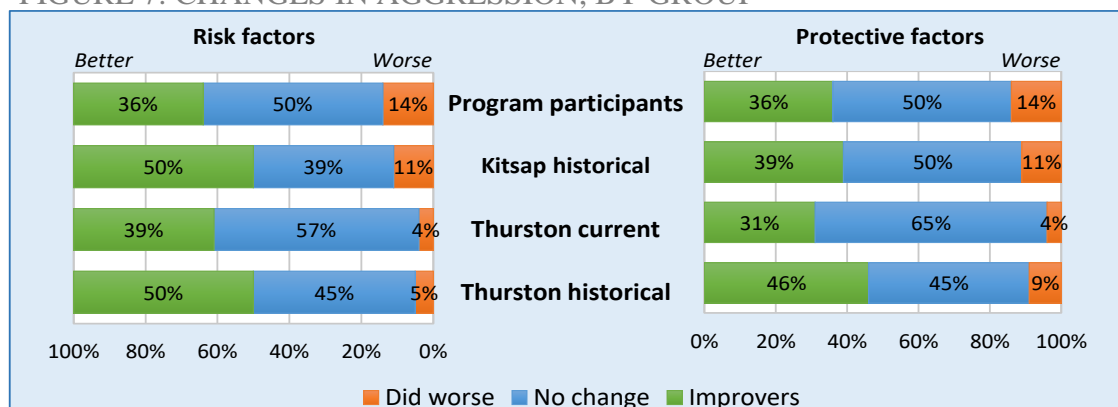
Aggression

With the aggression domain, 36% of the program participants experienced reduction in risk factors and 36% showed enhancement in protective factors. This improvement was comparable with Kitsap historical comparison group (39%) on the protective side, but it was smaller on the risk side (36% for program participants vs. 50% for Kitsap historical group).

This domain includes items such as tolerance to frustration, positive view of others, and the belief that verbal and physical aggression is inappropriate for conflict resolution. To address these challenges, program services were rooted in relational-cultural theory and relational psychology. They acknowledge the centrality of relationships in girls' lives and focus on fostering healthy, mutual, and empowering relationships among clients as well as between clients, mentors, service providers, and program staff. Improvement in this domain can positively impact prosocial behavior and lower risk of aggressive behavior¹⁹.

Nonetheless, one-half of participants (50%) did not show any change in aggression and 14% scored worse in aggression at the end of the program. The latter should be further investigated to understand what is driving these changes. One possible explanation can be that a large percentage of program participants have a history of trauma (56%), which is linked by research to both physical/overt aggression as well as indirect aggression in adolescents²⁰.

FIGURE 7: CHANGES IN AGGRESSION, BY GROUP



¹⁹ Carlo, G., Mestre, M.V., McGinley, M.M., Tur-Porcar, A., Samper, P., and Opal, D. (2014). The protective role of prosocial behaviors on antisocial behaviors: the mediating effects of deviant peer affiliation. *Journal of Adolescence*, 37, 359-366.

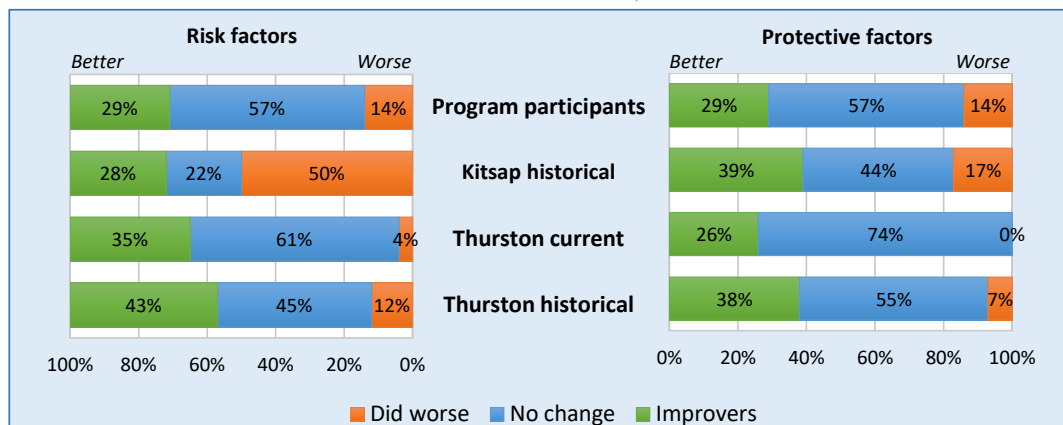
²⁰ Lansford, J.E., Dodge, K.A., Pettit, G.S., Bates, J.E., Crozier, J., and Kaplow, J. (2002) A 12-year prospective study of the long-term effects of early child physical maltreatment on psychological, behavioral, and academic problems in adolescence. *Archives of Pediatrics and Adolescent Medicine*, 156(8), 824-830; Cruise, K.R., and Ford, J.D. (2011) Trauma exposure and PTSD in justice-involved youth. *Child Youth Care Forum*, 40(5), 337-343.

Relationships

In relationships, 29% of program participants showed reduction in risk factors and 29% demonstrated enhancement in protective factors. This change was smaller than for Kitsap historical (28% for risk, 39% for protective factors), Thurston current (26% for risk, 35% for protective), and Thurston historical groups (38% for risk, 43% for protective). This domain includes items such as adult non-family relationships, community ties, romantic/intimate relationship, gang membership, and resistance to anti-social peer influence. This domain is about social connectedness and social networking outside the family. Expanding girls' social support network through creating relationships with formal mentors and other non-parental adults (e.g., community leaders, teachers) is one of the core components of the Girls Court program. Social connectedness is an important protective factor for youth that can reduce the likelihood of a variety of risky behaviors²¹.

The fact that approximately 60% of program participants did not show any change in relationships, and 14% showed worse scores at the end of the program, may be attributed to the pandemic. A similar trend was observed for Thurston girls going through probation during the pandemic months (Figure 8). COVID-19 reshaped program practices, personal relationships, and the ways of connecting with, and mentoring, participants. Numerous program staff noted that on-line and/or distant check-in sessions are not adequate for maintaining the same level of engagement with the girls. During this time, it is harder to help girls to overcome fear and the perception that they don't have control over their life and/or change anything²². For this reason, program staff should continuously monitor program data to develop the capacities to get through the challenges of the ongoing pandemic.

FIGURE 8: CHANGES IN RELATIONSHIPS, BY GROUP



²¹ Rutter, M. (1987). Psychological resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57, 316-331; Beam, M. R., Chen, C., and Greenberger, E. (2002). The nature of adolescents' relationships with their "very important" non-parental adults. *American Journal of Community Psychology*, 30, 305-325; Steiner, R.J., Sheremenko, G., Lesesne, C., Dittus, P.J., Sieving, R.E., and Ethier, A.E. (2019). Adolescent Connectedness and Adult Health Outcomes. *Pediatrics*, 144(1), 2018-3766.

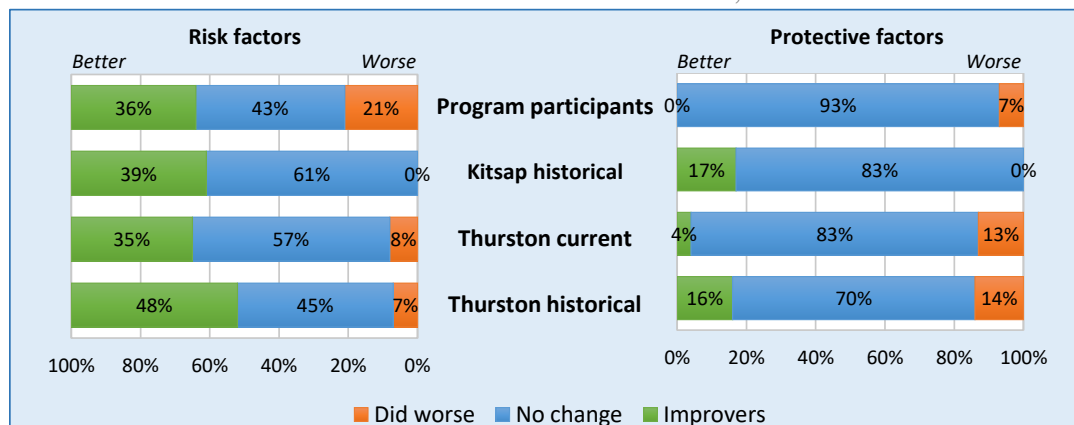
²² Arina Gertseva (2021). Voices from the Field: Findings from Interviews with Court Professionals and Service Providers, Washington State Center for Court Research, AOC. This publication is also available here: [Center for Children & Youth Justice \(ccvj.org\)](https://ccvj.org)

Alcohol and Drug Use

Alcohol and drug use was an area where most of the changes occurred on the risk side for all groups. By the end of the program, 36% of Girls Court participants manifested reduction in risk factors (Figure 9). This improvement was similar to two comparison groups (39% for Kitsap historical, 35% for Thurston current) and smaller than Thurston historical group (48%). This shift in risk scores, although similar to two comparison groups, is meaningful given a high prevalence of drug use among program participants at the beginning of the program. For example, among the first-year Girls Court participants, more than a half (61%) used drugs and 22% used alcohol within 6 months prior to the program. Although these estimates were lower than for the comparison groups (67% for drugs and 43% for alcohol for Kitsap historical group, 79% and 64% for Thurston current and 75% and 69% for Thurston historical group, respectively), they were still concerning²³.

Nevertheless, this area needs further improvement, because between 43% of program participants (on the risk side) and 90% (on the protective side) did not show progress between the initial and final assessments, and 21% showed worse risk scores at the end of the program. The latter marked the largest percentage deficit development (21%), compared with all three comparison groups (0% for Kitsap historical, 8% and 13% for Thurston current, and 7% and 14% for Thurston historical). This finding should be further investigated to understand what is driving these changes. One possible explanation can be social and economic changes caused by the pandemic, along with pre-pandemic Kitsap community conditions favorable to substance use. For example, in 2019, more than a half (55%) of the Kitsap community residents 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 the health of youth (ages 11-18)²⁴.

FIGURE 9: CHANGES IN ALCOHOL AND DRUGS, BY GROUP



²³ Arina Gertseva (2021). Voices from the Field: Findings from Interviews with Court Professionals and Service Providers, Washington State Center for Court Research, AOC. This publication is available here: [Center for Children & Youth Justice \(ccvj.org\)](https://ccvj.org)

²⁴ [2019 Kitsap Community Health Priorities Survey Results](#)

Girls Court Program Evaluation: Intermediate Outcomes

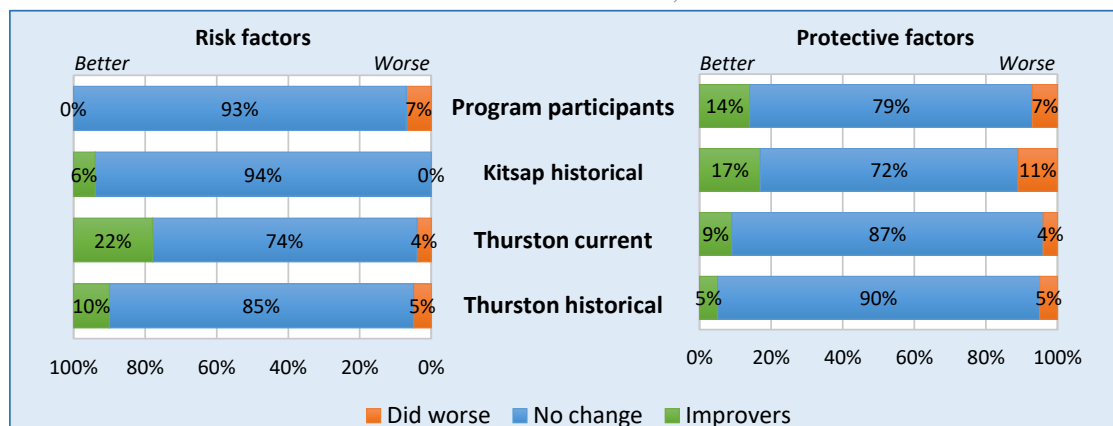
Mental Health

Mental health had the smallest movement for either risk or protective side. For Girls Court participants, improvement occurred only on the protective side, with 14% showing increased protective factors. This progress was similar to Kitsap historical (17%) group, but larger than for Thurston current (9%) and Thurston historical groups (5%). While not large, this positive change between the initial and final assessments is encouraging, given a high prevalence of mental health issues experienced by the girls coming to the program and the juvenile justice system, in general.

For example, among the first year Girls Court participants, more than a half (61%) had mental health problems at the time of the assessment.²⁵ This estimate was higher than for all three comparison groups (53% for Kitsap current, 57% for Thurston current, and 54% for Thurston historical group). The percentage of program participants with a history of depression/anxiety (89%) was about the same as the comparison groups (97% for Kitsap historical, and 92% and 93% for Thurston current and historical groups, respectively). Further, 28% of program participants had a history of suicidal ideation, 22% reported having suicidal ideation at the time of assessment, and 17% had a history of self-mutilating. Despite the high rates of mental health problems, only about 22% of first-year program participants underwent mental health treatment or had been prescribed medication prior to the program.

It is important to take deliberate actions to provide social support to the girls. Research has shown that having a significant non-parental adult has a positive impact on a youth's overall mental health²⁶ and is the most common protective factor in helping young people be resilient in difficult life circumstances²⁷. 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 adulthood²⁸.

FIGURE 10: CHANGES IN MENTAL HEALTH, BY GROUP



²⁵ Arina Gertseva and Carl McCurley (2021). Voices from the Field: Findings from Interviews with Court Professionals and Service Providers, Washington State Center for Court Research, AOC. This publication is also available on the CCYJ Web site at: [Center for Children & Youth Justice \(ccyj.org\)](https://www.ccyj.org)

²⁶ 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.

²⁷ Rutter, M. (1987). Psychological resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57, 316-331.

²⁸ 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.

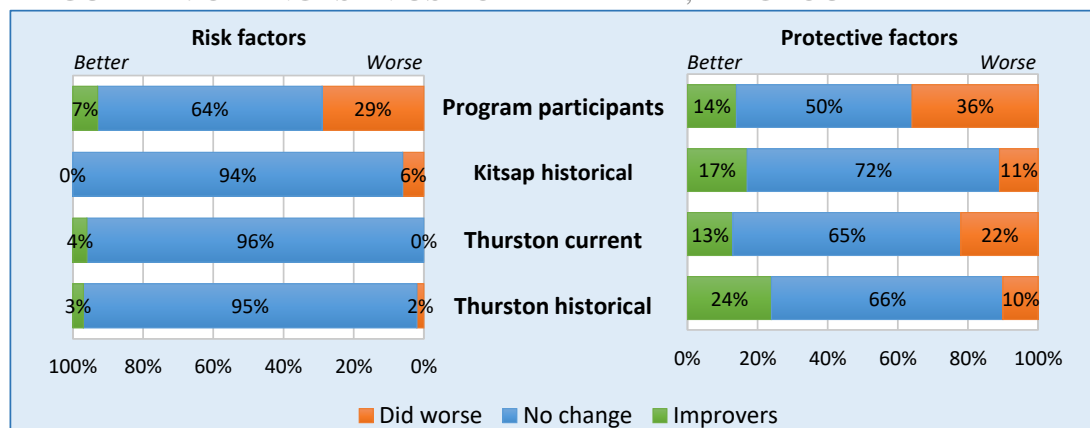
Girls Court Program Evaluation: Intermediate Outcomes

Use of free time

In use of free time, the largest percentage of program participants, when compared with all comparison groups, scored worse on both risk and protective factors at the end of the program, with 29% showing increased risk factors and 36% showing reduction in protective factors. This domain includes items such as interest/involvement in supervised, structured or unstructured pro-social recreational activities (e.g., playing in sports, having a hobby, taking art classes). Broadly speaking, this domain is about pro-social constructive activities. Research suggests that participation in such activities lessens a youth's chances of engaging in risky behaviors, such as drug use or delinquency, by occupying idle time, strengthening commitment to school, and other conventional institutions²⁹.

Due to social distancing measures and reduced access to schools, after-school programs, camps, and sport clubs, the COVID-19 pandemic prevented youth from spending time with their peers and/or participating in pro-social recreational activities. In light of the pandemic and the interruption of normal education, many pro-social recreational clubs, activities, and classes were closed. This can be a reason for worsening trends in use of free time for girls sentenced to probation during COVID-19 (Girls Court participants and Thurston current group). Program staff should explore alternative ways of exposing the girls to socially acceptable recreational activities and offer more outlets for emotional expression and teamwork.

FIGURE 11: CHANGES IN USE OF FREE TIME, BY GROUP



²⁹ Zill, N., Nord, C.W., and Loomis, L.S. (1995). Adolescent Time Use, Risky Behavior, and Outcomes: An Analysis of National Data: Westat, Inc. September 11, Department of Health and Human Services, Washington, DC.

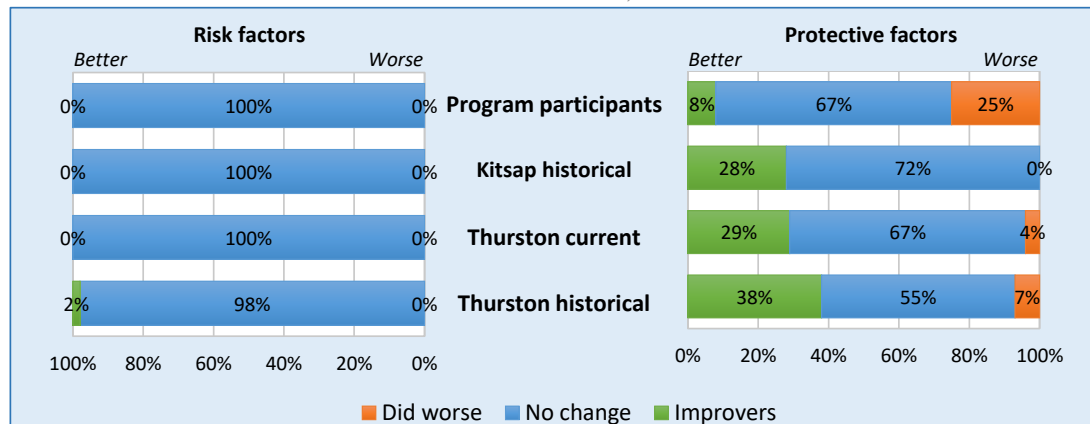
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Employment

In the employment domain, the smallest percentage of Girls Court participants (8%), compared with all comparison groups, showed improvement (28% for Kitsap historic group, 29% for Thurston current, and 38% for Thurston historical group). At the same time, the largest percentage of Girls Court participants (25%) showed worse risk scores by the end of the program, compared with Kitsap historical (0%), Thurston current (4%), and Thurston historical (7%) groups.

These findings are probably due to the fact that the majority of Girls Court participants are too young for employment consideration (73%) or have never been employed (5%). Only one program participant was successfully employed prior to the program. None of the girls have been employed at the end of the program. Therefore, all the changes in this domain were happening around knowledge of what is required to maintain a job and an interest in obtaining employment in light of the pandemic.

FIGURE 12: CHANGES IN EMPLOYMENT, BY GROUP



Concluding remarks

Results indicate that adding pre/post reassessment of dynamic risk and protective factors to program performance reporting can help with case management. The study shows that changes are not uniform across the girls. Some progress, some develop deficits, some do not change at all. Lack of progress from initial assessment to reassessment may indicate the need to revise treatment plans and adjust how the program is working. One important goal should be to identify the girls who made the least progress over the course of the program and realign strategies and resources to further assist those girls. Program staff should continually monitor program data, identify challenges to program performance, and take steps to address them. This information can help practitioners adjust their practices to better meet the needs of girls who do not show any improvement or are at risk of developing more deficits by the end of probation.

Girls Court Program Evaluation: Intermediate Outcomes

We recommend the deliberate replication of the same study with a larger group of participants to strengthen the evidence and enhance the generalizability of this study. This goal can be achieved by applying the same methodology to an extended sample of Girls Court participants in the third year of the program (including the sample of the original study). In doing so, program staff not only will have more empirical evidence to validate the original findings but also will have enough evidence to make generalizations to other settings.

Finally, measuring the intermediate outcomes of a program is important, but understanding how and why changes occurred, especially understanding this from youths' perspectives, is essential to the success of any program. Therefore, we recommend conducting interviews with Girls Court participants to collect rich, qualitative information that can be used to identify what worked and what did not, and why. The latter can help to identify ways to improve the program.

Appendix

Girls Court Program Evaluation: Intermediate Outcomes

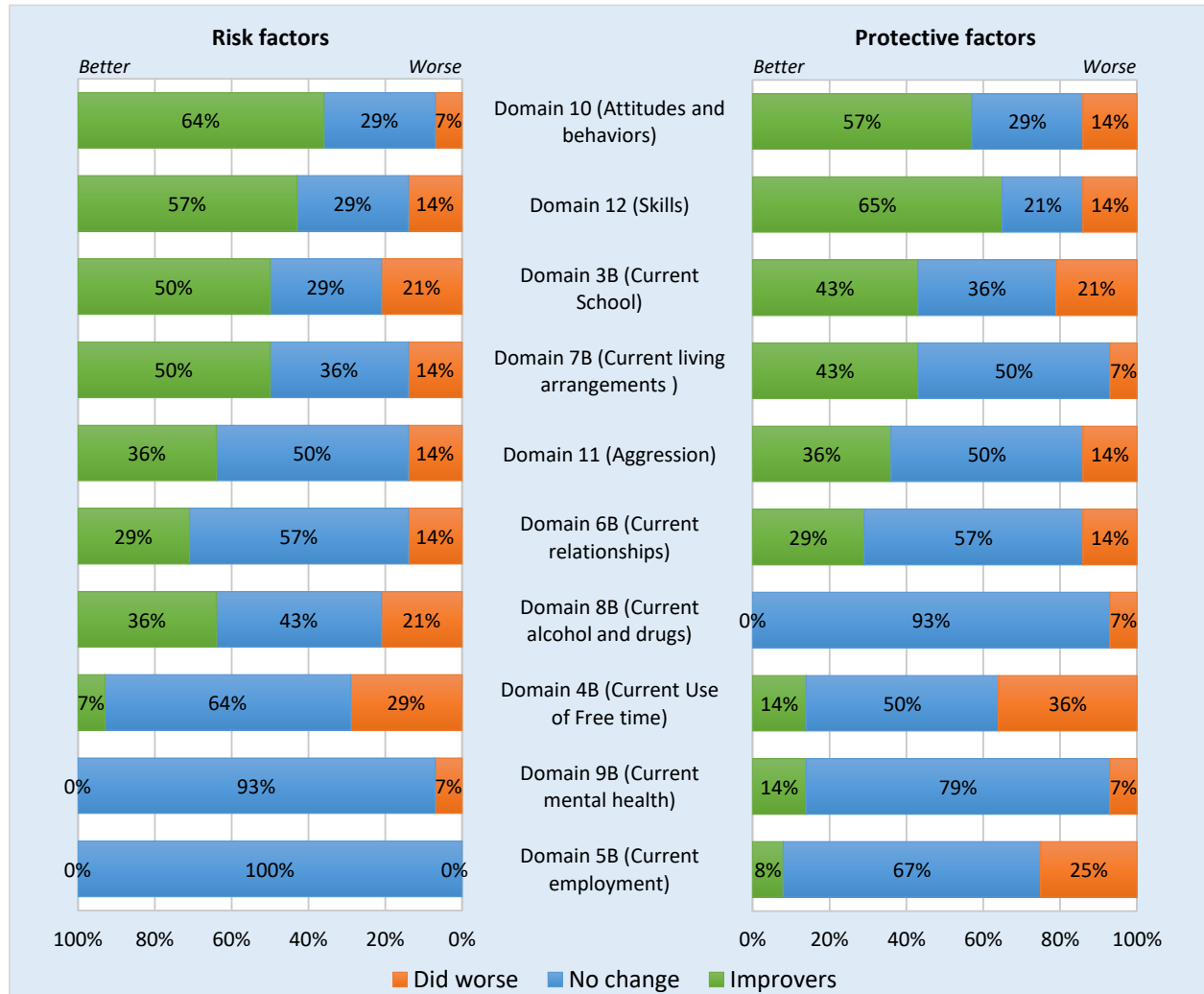
TABLE 1: AVERAGE INITIAL DOMAIN-LEVELS SCORES, BY GROUP

	Treatment (program participants) (N=14)	Comparison 1 (Kitsap Historical) (N=181)	Comparison 2 (Thurston current) (N=23)	Comparison 3 (Thurston historical) (N= 58)
History of criminal conduct (risk)	7.00	8.33	8.39	7.76
History of school (risk)	2.29	3.11	3.39	2.67
History of school (protective)	0.86	0.22	0.26	0.52
Current School (risk)	0.01	0.22	0.09	0.14
Current school (protective)	2.00	1.78	1.91	1.86
History relationship (risk)	1.64	1.61	2.00	1.78
History of relationship (protective)	0.86	1.11	2.96	2.62
Current relationship (risk)	3.79	4.72	3.87	3.69
Current relationship (protective)*	4.29	2.33	3.14	3.69
History family (risk)	2.43	3.94	3.91	4.19
History family (protective)	2.57	1.67	2.00	1.91
Current family (risk)	9.79	10.4	9.83	8.86
Current family (protective)*	8.79	7.44	10.26	11.28
History of drugs (risk)*	3.00	8.22	10.5	10.19
History of drugs (protective)	1.71	1.00	1.09	1.19
Current drugs (risk)*	1.79	8.00	6.74	6.84
Current drugs (protective)	0.21	0.06	0.17	0.22
History of mental health (risk)	2.93	3.61	3.13	2.79
History of mental health (protective)	3.14	2.78	2.75	3.05
Behavior (risk)	8.64	11.4	7.52	7.00
Behavior (protective)	5.50	3.22	5.74	6.26
Aggression (risk)	3.71	5.11	5.78	4.88
Aggression (protective)	2.29	1.39	1.52	2.10
Skills (risk)*	9.79	10.0	4.52	3.88
Skills (protective)*	5.79	5.33	9.83	11.28

Note: Asterisk (*) denotes the variables where observable differences between the treatment/comparison groups were statistically significant at $P \leq 0.05$.

Girls Court Program Evaluation: Intermediate Outcomes

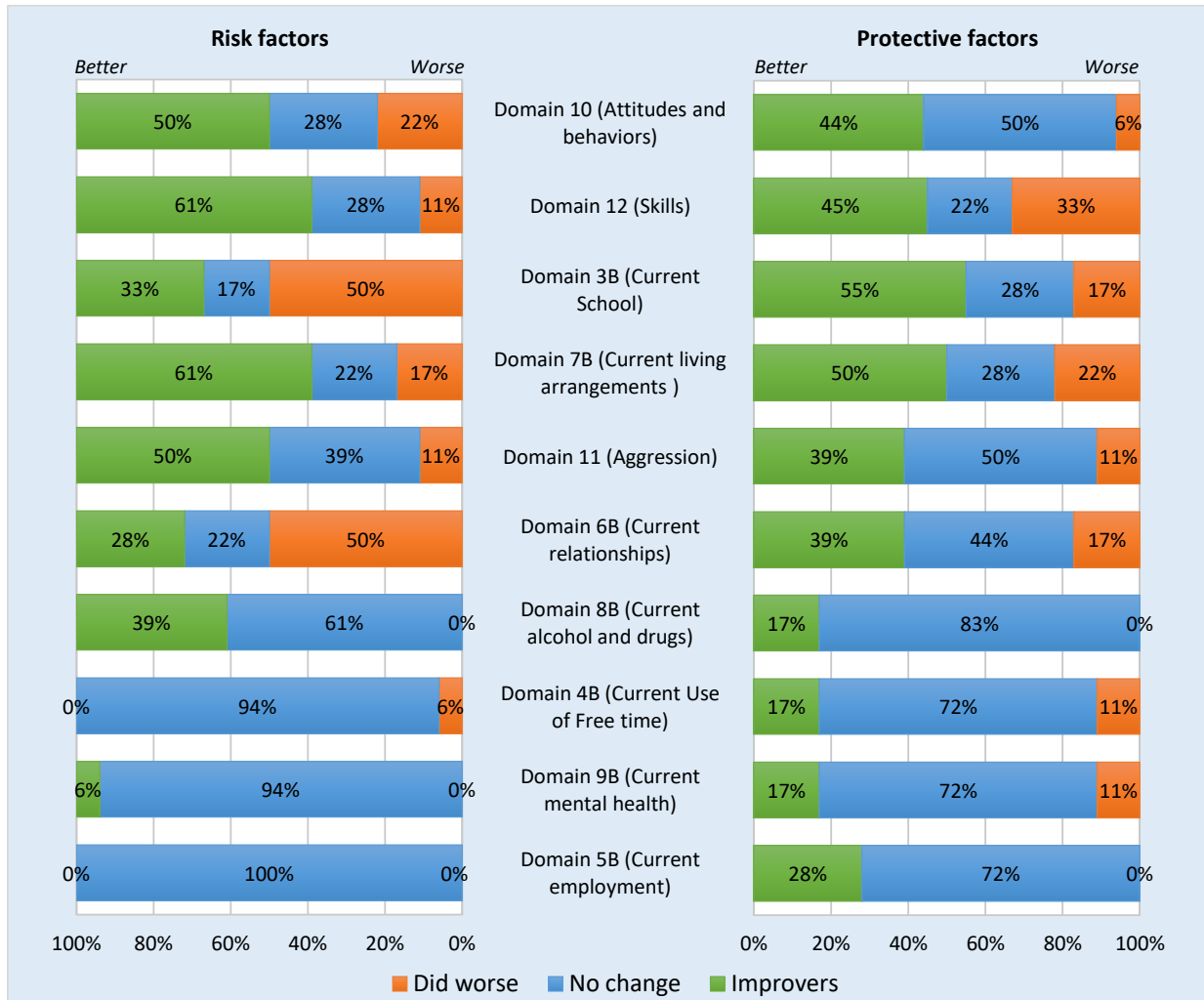
FIGURE 1: PERCENT OF GIRLS COURT PARTICIPANTS SHOWING REDUCTION, NO CHANGE, OR ENHANCEMENT IN RISK AND PROTECTIVE FACTORS, BY DOMAIN



Note: The girls that show no change include both the girls who received low risk domain-level scores on pre/post risk assessments, and the girls who scored high on risk factors on both pre – and post-probation risk assessments. Thus, lack of change is an indication of consistent domain-level scores between two PACT assessments, regardless of what these scores are.

Girls Court Program Evaluation: Intermediate Outcomes

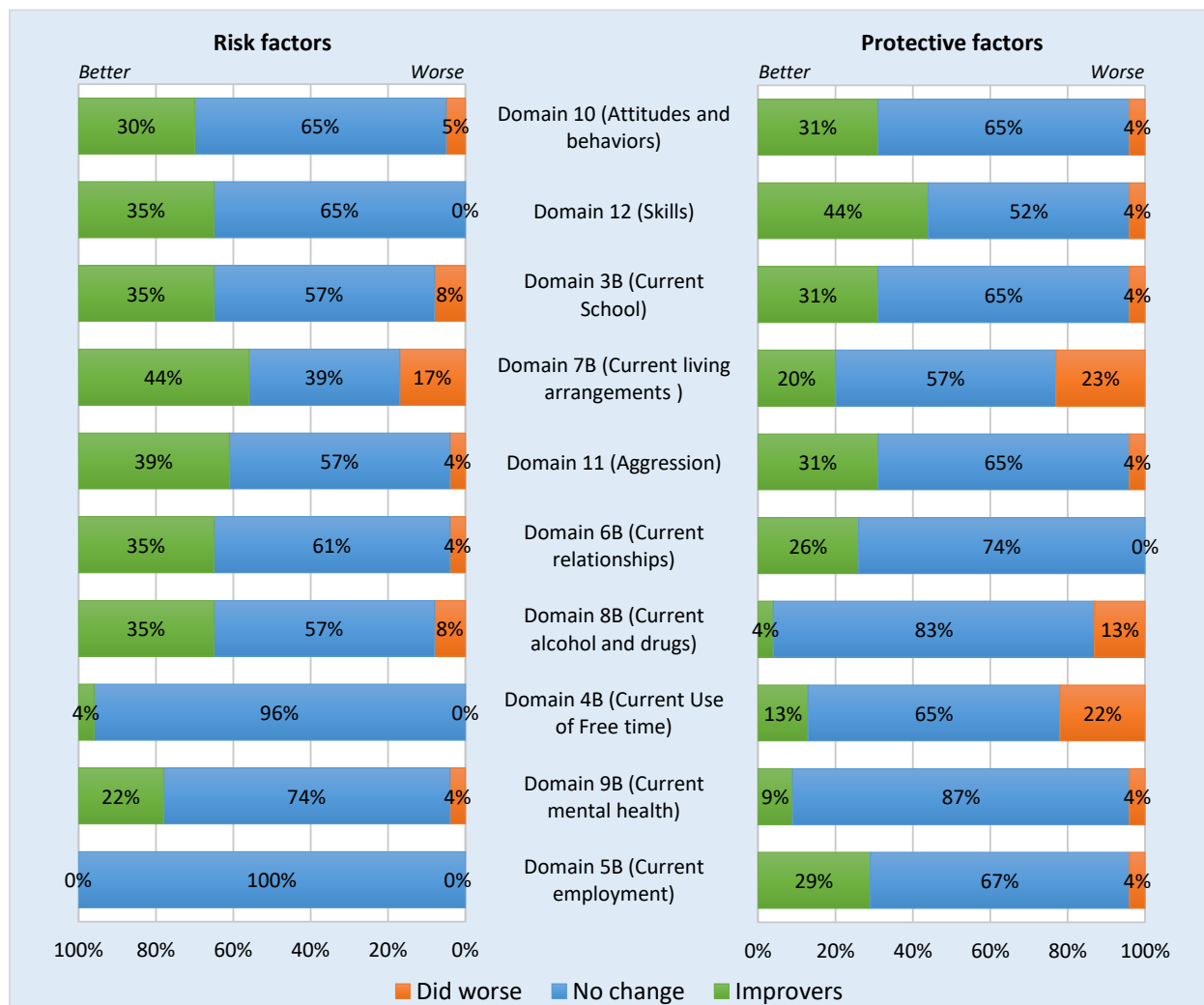
FIGURE 2: PERCENT OF GIRLS IN KITSAP HISTORICAL GROUP SHOWING REDUCTION, NO CHANGE, OR ENHANCEMENT IN RISK AND PROTECTIVE FACTORS, BY DOMAIN



Note: The girls that show no change include both the girls who received low risk domain-level scores on pre/post risk assessments, and the girls who scored high on risk factors on both pre – and post-probation risk assessments. Thus, lack of change is an indication of consistent domain- level scores between two PACT assessments, regardless of what these scores are.

Girls Court Program Evaluation: Intermediate Outcomes

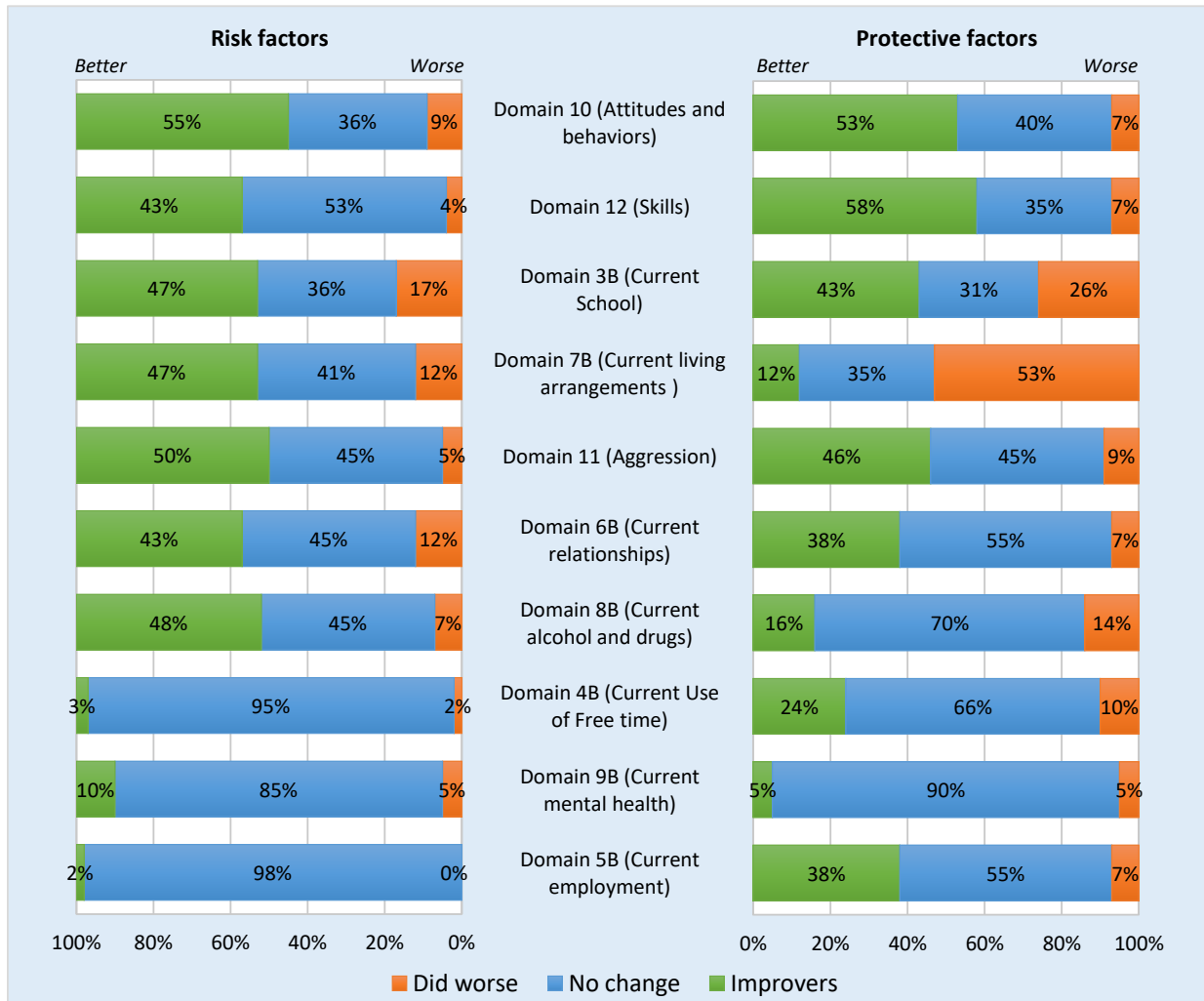
FIGURE 3: PERCENT OF GIRLS IN THURSTON CURRENT GROUP SHOWING REDUCTION, NO CHANGE, OR ENHANCEMENT IN RISK AND PROTECTIVE FACTORS, BY DOMAIN



Note: The girls that show no change include both the girls who received low risk domain-level scores on pre/post risk assessments, and the girls who scored high on risk factors on both pre – and post-probation risk assessments. Thus, lack of change is an indication of consistent domain- level scores between two PACT assessments, regardless of what these scores are.

Girls Court Program Evaluation: Intermediate Outcomes

FIGURE 4: PERCENT OF GIRLS IN THURSTON HISTORICAL GROUP SHOWING REDUCTION, NO CHANGE, OR ENHANCEMENT IN RISK AND PROTECTIVE FACTORS, BY DOMAIN



Note: The girls that show no change include both the girls who received low risk domain-level scores on pre/post risk assessments, and the girls who scored high on risk factors on both pre – and post-probation risk assessments. Thus, lack of change is an indication of consistent domain- level scores between two PACT assessments, regardless of what these scores are.