



First-year Girls Court Participants: Experiences and Challenges



This page is left intentionally blank

This publication was produced under an agreement between the Center for Children & Youth Justice (CCYJ) and the Washington Administrative Office of the Courts (AOC). The analysis and interpretation of data in this report reflects the work of the authors and does not necessarily reflect the views or policies of the State of Washington court system or the AOC.

The publication was prepared by AOC WSCCR Researcher Arina Gertseva, Ph.D. Direction was provided by Carl McCurley, Ph.D., Manager of the Washington State Center for Court Research.

Washington State Center for Court Research

Dr. Arina Gertseva, Senior Research Associate

Dr. Carl McCurley, Manager

Center for Children & Youth Justice

Morgan Silverman, Associate Director of Programs

Michelle Williams, Program Coordinator

October 2020

This publication is in the public domain. Authorization to reproduce it in whole or in part is granted. While permission to reprint this publication is not necessary, the citation should be:

Suggested citation: Gertseva, A., (2020). *First-year Girls Court Participants: Experiences and Challenges*. Olympia, WA: Center for Court Research, Administrative Office of the Courts.

This publication is available on the CCYJ Web site at: [Center for Children & Youth Justice \(ccyj.org\)](http://www.ccyj.org)

To contact us:

WSCCR, Administrative Office of the Courts

Post Office Box 41170

Olympia, WA 98504-1170

Phone: (360) 753-3365

Fax: (360) 956-5700

wscrc@courts.wa.gov

First-year girls court participants: experiences and challenges

Background

This report is the first in a series of reports summarizing the results of the girls court program evaluation 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 Court¹. 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 7 months into the order. The most obvious change that happened during the pandemic is the transition to a 100% virtual program implementation mode. Despite the unprecedented challenges posed by COVID-19, the program staff was constantly looking for ways to stay connected with participants and achieve the intended goals.

Program goals include reducing recidivism, improving school performance, strengthening communication skills, developing individual self-worth, and building positive relationships and support systems. To achieve these goals, the program provides non-court interventions by linking the girls to community resources, social service agencies, and mentors. This extensive community outreach component of the program enables girls to be served in their local communities instead of relying on services available within the juvenile justice system. The program model incorporates theoretically informed gender-responsive elements from feminist pathways theory (e.g., addressing trauma, abuse, and neglect) and relational/cultural theory (e.g., focusing on the centrality of relationships, inclusion of girls' voice, and sense of connection to others)². Treatment practices and program activities are anchored in core elements of gender-responsive approach: 1) relation-based; 2) strength-based; 3) trauma-informed; 4) culturally competent and; 5) holistic. All of these elements of gender-responsive approach are known to create supportive spaces in which participants can build the foundations for health, social, and education success³.

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.

This report provides a snapshot of participants' needs prior to the program. Within the evaluation context, examining participants' pre-program needs provides useful information for understanding who the clients are and what they bring into the treatment setting. This analysis serves as a baseline measure, against which subsequent progress can be assessed. This report does not attempt to identify all the needs and challenges experienced by the girls prior to the program. The information presented in this document refers primarily to factors aligned with feminist pathways theory and relational/cultural theory, including school-related issues, family-related problems, trauma, mental health issues, and substance use.

¹ Other reports in this series are available on the CCYJ Web site at: [Center for Children & Youth Justice \(ccyj.org\)](http://ccyj.org)

² [Anderson, A.V., Walerych, B.M., Campbell, N.A., Barnes, A.R., William S. Davidson, W.S., Campbell, C.A., Onifade, E.M., & Jodi L. Petersen, J.L. \(2019\). Gender-Responsive Intervention for Female Juvenile Offenders: A Quasi-Experimental Outcome Evaluation, *Feminist Criminology*, 14\(1\) 24-44.](#)

³ [Gender-responsive strategies for women offenders. U.S. Department of Justice. National Institute of Corrections.](#)

First-year girls court participants: experiences and challenges

To strengthen our approach, we compare the pre-program characteristics of girls court participants to three comparison groups of girls who were also sentenced to probation but did not participate in the program:

- **Treatment group:** Kitsap girls court participants.
- **Comparison groups:**
 - **Group 1 (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 2 (Thurston current):** Girls residing in Thurston County who were sentenced to community supervision during the implementation of the program.
 - **Group 3 (Thurston historical):** Girls residing in Thurston County who were sentenced to community supervision a year prior to the program.

Key Findings

Table 1 displays demographic characteristics of girls in all four groups. The treatment group (girls court participants) consisted of 18 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 (67%) and Asian (17%) girls than the comparison groups. Also, the treatment group consisted of a higher percentage of moderate risk girls (72%) and lower proportion of high risk girls (28%) 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 were 17 years of age (n=3).

TABLE 1
DEMOGRAPHIC CHARACTERISTICS OF GIRLS, BY GROUP

	Girls Court Participants (N=18)		Kitsap historical (N=30)		Thurston current (N=61)		Thurston historical (N=67)	
	N	%	N	%	N	%	N	%
Race								
White	12	67%	17	57%	36	59%	42	63%
Black/African American	0	0%	3	10%	4	7%	3	5%
American Indian/Alaskan Native	1	6%	2	7%	1	2%	4	6%
Asian	3	17%	1	3%	1	2%	3	5%
Hispanic/Latinx	2	11%	6	20%	11	18%	8	12%
Two or more races	0	0%	1	3%	8	13%	7	10%
Risk level								
Moderate	13	72%	11	37%	29	48%	30	45%
High	5	28%	19	63%	32	52%	37	55%
Age								
10-13	1	6%	3	10%	10	16%	6	9%
14-15	12	67%	13	43%	32	53%	19	28%
16-17	5	28%	12	40%	19	31%	42	63%

First-year girls court participants: experiences and challenges

All four groups were further compared based on their PACT responses to sets of items related to school status, family relationships, parental problems, trauma, alcohol/drug use, and mental health status. Table 2 display the results of this comparative analysis.

Our results show that school-related issues are very common among girls in all groups. For example, the percentage of program participants who had special education needs (28%) was similar to the comparison groups (23% for Kitsap historical and 38% and 22% for Thurston current and historical groups, respectively). This is an important element to integrate into treatment. Girls with special education needs impose significant responsibilities on the program staff⁴, but with appropriate accommodations and interventions strategies⁵, the needs of these students can be addressed.

The percentage of first-year program participants with a history of behavior problems in school was much higher than for all three comparison groups (83% for participants vs. 70% for Kitsap historical, 75% and 67% for Thurston current and historical groups, respectively). These include behavior problems reported by teachers and problems resulting in calling parents and/or police. Despite the high rates of school conduct problems, the prevalence of school expulsions among program participants was lower than for the comparison groups (61% for participants vs. 87% for Kitsap historical, 85% and 70% for Thurston current and historical groups, respectively). Of those program participants with a history of expulsions, more than half (61%) were between 10 and 13 years of age at the time of their first expulsion. Previous research had established a link between early exclusionary discipline (out-of-school suspensions and expulsions) and student outcomes such as lower test scores, truancy, dropout, grade retention, and involvement in the juvenile justice system⁶. Consistent with this research, the majority of program participants were habitually skipping school (83%) and 61% had failing grades at the time of the assessment (grades Ds and mostly Fs).

A large proportion of first-year program participants (66%) had a history of running away from home, 33% were victims of neglect, 33% had a history of dependency, and 28% had a history of out-of-home placement. Among the reasons for youths running away from home, previous research identified family conflict, unsafe conditions and domestic violence⁷. The majority of program participants (89%) experienced family conflict/domestic violence. For example, looking specifically at the problem of family conflict, more than half (55%) of first-year participants experienced verbal intimidation, yelling, and heated arguments in the family, while 28% experienced domestic violence.

The percentage of program participants with a history of trauma (56%) was about the same as the Thurston current group (56%), but it was higher than for Kitsap historical (43%) and Thurston historical (44%) groups. Half (50%) of program participants witnessed violence, 39% were victims of physical abuse, and 44% were victims of sexual abuse. Of 8 program participants who were sexually abused, 63% (n=5) were abused by a family member.

⁴[Special Education and the Juvenile Justice System \(ojp.gov\)](http://ojp.gov)

⁵ [Rules for the Provision of Special Education \(www.k12.wa.us\)](http://www.k12.wa.us)

⁶ Arcia, E. (2006). Achievement and enrollment status of suspended students: Outcomes in a large, multicultural school district. *Education and Urban Society*, 38(3), 359-369; Balfanz, R., Byrnes, V., & Fox, J. (2014). Sent home and put off-track: The antecedents, disproportionalities, and consequences of being suspended in the ninth grade. *Journal of Applied Research on Children: Informing Policy for Children at Risk*, 5(2); Perry, B. L., & Morris, E. W. (2014). Suspending progress: collateral consequences of exclusionary punishment in public schools. *American Sociological Review*, 79(6), 1067- 1087.

⁷ <https://crsreports.congress.gov/product/pdf/RL/RL33785>

First-year girls court participants: experiences and challenges

TABLE 2
NEEDS OF GIRLS, BY GROUP

	Girls Court Participants (N=18)		Kitsap historical (N=30)		Thurston current (N=61)		Thurston historical (N=67)	
	N	%	N	%	N	%	N	%
School needs								
Special Education Needs	5	28%	7	23%	23	38%	15	22%
School conduct problems	15	83%	21	70%	46	75%	41	67%
History of school expulsions	11	61%	26	87%	52	85%	43	70%
10-13 years of age at first expulsion	7	64%	11	42%	33	64%	22	51%
Skipping school without an excuse	15	83%	24	80%	52	85%	46	75%
Grades below 1.0 (D's and F's)	11	61%	7	23%	29	48%	27	40%
Family-related needs								
History of out-home-placement	5	28%	13	43%	13	21%	13	21%
History of dependency petition	6	33%	13	43%	12	20%	11	16%
History of running away from home	12	66%	24	80%	47	77%	45	74%
Currently mom in jail	4	22%	3	10%	18	30%	23	34%
Currently dad in jail	2	11%	6	20%	18	30%	26	39%
Parental problems w/alcohol	1	5%	8	27%	26	43%	38	57%
Parental problems w/drugs	4	22%	8	27%	23	38%	32	48%
Parental problems w/mental health	3	17%	8	27%	22	36%	27	40%
Family conflict/domestic violence	16	89%	26	87%	46	75%	38	62%
History of suicidal ideation	5	28%	8	27%	17	28%	15	25%
Trauma and mental health issues								
Current suicidal ideation	4	22%	6	16%	12	20%	16	26%
History of self-mutilating	3	17%	6	20%	26	43%	31	46%
Victim of physical abuse	7	39%	16	53%	20	33%	23	34%
Witnessed violence	9	50%	22	73%	58	95%	66	99%
Victim of sexual abuse	8	44%	13	43%	18	30%	26	39%
Sexual abuse by family member	5	28%	4	13%	5	8%	8	12%
Victim of neglect	6	33%	15	50%	12	20%	17	25%
Depression/Anxiety	16	89%	29	97%	56	92%	57	93%
History of trauma	10	56%	13	43%	34	56%	27	44%
Current mental health problems	11	61%	16	53%	35	57%	36	54%
MH treatment/medication prescribed	4	22%	3	10%	11	18%	13	19%
Substance Use								
Current use of drugs	11	61%	20	67%	48	79%	50	75%
Current use of alcohol	5	28%	13	43%	39	64%	46	69%
TOTAL	18	100%	30	100%	61	100%	67	100%

First-year girls court participants: experiences and challenges

The evidence indicates that childhood trauma is strongly associated with mental health problems in adolescence and adulthood⁸. In line with this research, more than half (61%) of program participants experienced a mental health problem(s) at the time of the assessment. 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% percent 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 have been prescribed medication prior to the program.

In addition to mental health issues, childhood adversity is associated with an increased risk for alcohol and drug use⁹. Among the first-year girls court participants, more than half (61%) used drugs and 22% used alcohol within 6 months prior to the risk and needs assessment. Although these estimates are 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 are still concerning.

Parental incarceration—another adverse childhood experience¹⁰ that is linked to increased aggression, depression, anxiety, academic failure, and antisocial behavior in kids¹¹— was less prevalent for Kitsap girls, both program participants and girls going through regular probation, than for Thurston girls in current and historical groups. Approximately 1 in 5 program participants (22%) had their mom in jail and 1 in 6 had their dad in jail. Among parental problems, parental drug use was the most prevalent problem (22%) facing program participants, followed by parental mental health problems (17%) and parental alcohol use (5%).

An important take-away from this study is that, regardless of the group, girls prior to probation experience a higher number of needs, including histories of sexual and physical violence, trauma, mental health issues, dysfunctional families, and substance abuse. These needs intersect and correlate with one another resulting in multi-layered personal, school, and familial issues affecting their lives. Improving outcomes for these girls requires a systematic approach to screening and attending to their past adverse experiences and trauma.

⁸ Widom, C.S. (1999) Posttraumatic stress disorder in abused and neglected children grown up. *American Journal of Psychiatry* 156(8):1223–1229. Hien, D.A.; Cohen, L.R.; Miele, G.M. (2004). Promising treatments for women with comorbid PTSD and substance use disorders. *American Journal of Psychiatry* 161(8): 1426–1432.

⁹ Anda, R.F., Felitti, V.J., Bremner, J.D. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience* 256(3):174–186. Dansky, B.S.; Brady, K.T.; and Roberts, J.T. (1994) Post-traumatic stress disorder and substance abuse: Empirical findings and clinical issues. *Substance Abuse* 15(4):247–257.

¹⁰ Arditti, J. A. (2012). Child trauma within the context of parental incarceration: A family process perspective. *Journal of Family Theory and Review* 4, 181–219.

¹¹ J. Murray, D. P. Farrington, and I. Sekol (2012). Children’s Antisocial Behavior, Mental Health, Drug Use, and Educational Performance after Parental Incarceration: A Systematic Review and Meta-Analysis. *Psychological Bulletin* 138 (2012): 175–210.

Recommendations

- ❖ Use research-based, trauma-focused screening instruments¹² to ensure that trauma-related issues are routinely identified among youth coming to probation and that their needs are assessed. Screening for trauma history should be performed by appropriately trained staff. Most instrument developers provide guidelines for the level of training and education needed to appropriately administer the instrument.¹⁵
- ❖ Raise awareness of behavioral health issues in justice-involved populations among youth-serving professionals such as juvenile court professionals, detention, probation personnel, and community service providers.
- ❖ Strengthen the training and capacity of program staff to recognize trauma among the youth they serve. In particular, it is recommended for all program staff and community program providers to receive formal training on specific trauma-related topics:
 - Identifying trauma-related needs
 - Survival strategies of traumatized youth
 - The impact of trauma on youth
 - Trauma-specific and gender-specific interventions
 - Case planning for girls with trauma
- ❖ Ongoing collaboration with clinicians and health care providers should be maintained to enable probation managers to refer the most complicated cases involving youth in their care.
- ❖ Identify girls who have or have had contact with the child welfare system. Ensure that the case plan has an appropriate response for youth residing in a foster or group home to enhance responsiveness to treatment. Collaborate effectively with allied professionals and advocate for appropriate client services.
- ❖ Closely monitor and evaluate the effectiveness of treatment services provided to girls.

¹² Wolpaw, J.W., & Ford, J.D. (2004). *Assessing exposure to psychological trauma and post-traumatic stress in the juvenile justice population*. National Child and Traumatic Stress Network: www.NCTSNet.org