Female Specific Treatment for Juvenile Offenders

There are currently two major approaches to the treatment of female youth offenders (Jones Hubbard & Matthews, 2008). The first is the gender-specific approach (Bloom, Owen, Deschenes, & Rosenbaum, 2002). Individuals within this school of thought believe females are being treated inappropriately in current juvenile justice programs because traditional programs for juvenile offenders, having been designed for male youth, fail to adequately meet the needs of female populations (National Juvenile Detention Association, 1997). National Juvenile Detention Association (1997) recommends that gender-specific services emphasize the importance of relationships, physically and emotionally safe environments, positive female role models, and that staff receive specialized training on the unique needs of females.

Within the gender-specific paradigm, authors highlight research findings that suggest that girls with depression and low self-esteem are more likely to engage in negative behavior (Obeidallah & Earls, 1999; and Khoury, 1998, as cited in Jones Hubbard & Matthews, 2008). Additionally, researchers highlight that female offenders have greater incidents of childhood trauma, including physical and sexual abuse, and more often have multiple mental health diagnoses (Sorbello, Eccleston, Ward, & Jones, 2002). Those within the gender-specific group assert that it is imperative these factors be addressed in treatment in order to not only reduce recidivism, but improve overall quality of life. Nevertheless, as noted below, researchers have found that focusing on such non-criminogenic needs does not appear to reduce recidivism.

The second major approach is based in research that has identified principles of effective intervention applicable to both males and females (Jones Hubbard & Matthews, 2008). Examples include the 'What Works/Principles of Effective Intervention' (Lowenkamp, Latessa, & Holsinger, 2006) and the Risk-Need-Responsivity Model (RNR; Andrews & Bonta, 2010). Andrews and Bonta (2010) assert risk and need factors (see Risk and Criminogenic Needs literature review) are common to both male and female offenders. Additionally, a meta-analytic review conducted by Dowden and Andrews (1999), which consisted solely of female offenders found risk and criminogenic need factors to be highly applicable to female offenders, in that the treatment of higher-risk females and targeting of criminogenic needs were associated with the largest reductions in recidivism. Additionally, this review found the targeting on non-criminogenic needs was associated with *increased* recidivism.

In addition to non-gender-specific criminogenic need factors, Andrews and Bonta (2010) recognized the following need factors, which have been identified also by gender-specific researchers, as being compatible with the RNR model: ***decision-making, expressing and***

containing negative emotions appropriately, empowerment through skill building, treatment of substance abuse, question unhealthy relationships, life plan development (p. 509).

Within the RNR approach, researchers suggest gender (along with other factors such as: race, gender, age, sex abuse, depression, self-esteem, and intelligence) can be addressed as responsivity factors (Jones Hubbard & Matthews, 2008), meaning the treatment should be adapted to the characteristics of the individual in treatment (Andrews & Bonta, 2010). Andrews and Bonta (2010) list the following responsivity factors that have been identified within the gender-specific movement as being commensurate with the RNR model: ***women-only groups, individual sessions with a female helper, staff modeling of healthy relationships, creation of a community with a sense of connection, emphasis on safety, emphasis on connecting, mutual respect, building on strengths, emphasis on raising and exploring issues, and treatment within the least restrictive environment*** (p. 509).

Few longitudinal outcome studies have been conducted involving female juvenile offenders. In a review of female-specific treatment studies, Zahn, Day, Mihalic, and Tichavsky (2009) discovered many of the gender-specific programs lacked rigorous research design, with very few reporting outcomes that are important to the juvenile justice system such as recidivism. The varied methodologies and lack of similar outcomes reported make it impossible to make general statements of the effectiveness of gender-specific programs. Zahn et al. (2009) concluded that the small percentage of studies that reported results by gender showed that non-gender specific programs "worked equally well for both boys and girls" (p. 288).

In light of research such as this, the Office of Juvenile Justice and Delinquency Prevention (n.d.)
recommends the following to bridge the gap between gender-specific and 'what works' intervention approaches: 1) the use of [risk and mental health] assessments, 2) incorporation of the therapeutic alliance, 3) use of cognitive-behavioral approaches that are gender responsive, 4) the promotion of healthy connections, 5) recognition of within-girl differences to match females to effective programming.

Recommendations

To effectively reduce the risk of recidivism in female offenders, current research suggests the following needs to be in place:

1. As with male offenders, the highest risk (based on actuarial assessment) female offenders should receive the most intensive services.
    a. To assist with matching youth with the appropriate treatment services at a program, programs should have written inclusion and exclusionary criteria and disseminate this to referral sources. For example, a female residential facility with treatment services targeting conduct problems have the following inclusionary criteria: youth must be moderate to high-risk (based on actuarial assessment such as the PreScreen Risk Assessment, PSRA), have a history of delinquency charges, etc. Exclusionary criteria would include those variables that the program is not able to treat: low-risk offenders, youth with serious mental illness, etc (see Exclusionary Criteria/Referral Forms literature review for examples).
2. Treatment should target criminogenic needs (identified via actuarial assessment).
    a. A commonly used risk and needs assessment in Utah is the Protective Risk Assessment (PRA), other examples include the Youth Level of Service/Case Management Inventory (YLS/CMI; Vitopoulos, Peterson-Badali, & Skilling, 2012) and the Standard Assessment Tool (SAT; Kelly, Macy, & Mears, 2005)
3. Treatment should be cognitive-behavioral or cognitive social learning and include strategies such as: modeling, reinforcement, role playing, skill building, cognitive restructuring, and the learning (and repeated practicing) of low-risk behaviors in high-risk situations.
4. The unique qualities of females should be addressed through program responsivity, which can include, but is not limited to the responsivity factors outlined above.
5. Curricula including process oriented groups and non-criminogenic treatment targets can be beneficial to meet the psychosocial needs of female offenders, but should not take the place of curricula targeting criminogenic needs.
    a. For example, groups focusing on non-criminogenic (self-esteem, self-expression, trauma, etc.) should be conducted in addition to, and not instead of, cognitive behavioral groups that target criminogenic needs.

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