Spotlight on Juvenile Justice: Girls in the System

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Julian's younger sister, Jessica, was sexually abused by her mother's boyfriend multiple times between the ages of 5-7 years old. While she was in protective custody through Child Protective Services, she received mental health counseling to address depression and trauma symptoms, and many of her symptoms stabilized by the time she reunified with her mother. However, at age 13, Jessica had an argument with her mother and ran away from home. She returned a week later with a new, older boyfriend, who had a known criminal history. She began using drugs, skipping school, and running away frequently. Eventually, she was detained for theft. While in custody, it was learned that she was a victim of commercial sexual exploitation. Additionally, she was found to be 14 weeks pregnant.

In 1980, girls were 4 times less likely to be arrested than boys. During the 1990s, a surge of juvenile arrests gained national attention, with the arrest rate for girls increasing faster than the arrest rate for boys.[1] In response to this increase, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) convened the Girls Study Group in 2004 to better understand girls involvement in delinquency. Prior to 2004, much of the research and programming had focused on boys, as boys have always accounted for the majority of youth arrests. Amongst their findings, the study group attributed the arrest rate gender disparity to mandatory and pro-arrest policies which more strongly affected the likelihood of arrest for girls than boys.[2]

While juvenile arrests have declined since peaking in 1997, girls still comprise a significant proportion of juvenile justice-involved youth. In 2019, girls accounted for 31% of juvenile arrests (33% of juvenile Property Crime Index arrests and 21% of juvenile violent crime arrests). The female share was higher for certain offenses, including girls arrested for prostitution and commercialized vice (71%), liquor law violations (42%), larceny-theft (40%), simple assault (38%), and disorderly conduct (37%). Nearly two-thirds of female juvenile arrests in 2019 involved girls age 15 or older.[3] Racially minoritized girls accounted for 62.1% of detained girls in 2019.[4]

Intersectionality Within Juvenile Justice Involvement

Juvenile justice outcomes can be affected by the intersection of race and gender. A study examining the impact of race on severity of disposition in juvenile girls referred to the Florida Department of Juvenile Justice found that with the exception of Hispanic girls, minoritized female youth received more punitive dispositions as compared to White girls, but only up to a certain point of offense severity. Historically, White women have been characterized as feminine, fragile, and law abiding; Black women as masculine, aggressive, and hypersexual; and Hispanic women as hypersexual but family-centered and domestic.[5] These stereotypes likely impact girls in juvenile justice. In the Florida study, White girls whose offenses and criminal histories violated acceptable behavioral expectations for White women, received comparable punitive dispositions as minoritized youth.[5] In a study of 174 juvenile girls in Arizona, court officials acted with more leniency towards Hispanic girls they perceived as more Americanized or who were from English-speaking families.[6]

The impact of racism and sexism, as well as intersectionality of multiple systems of oppression further impacting the individual, undergirds girls involvement in juvenile justice. This intersectionality is reflected in numerous health disparities, vulnerabilities, and specific needs of juvenile justice-involved girls. For example, some risk factors associated with juvenile justice involvement are more salient for girls (eg, maltreatment, caregiver transitions, runaway history, older male friends and partners). Further, there are notable mental health disparities between juvenile justice-involved

boys and girls. Girls are more likely than boys to have a mental health disorder. Juvenile justice-involved girls are also at increased risk for co-occurring substance use and physical health problems when compared with the general population.[7] These gender and racial disparities must be examined through an understanding of the complex and intersecting factors that lead to inequity within the multiple systems of which these girls are involved. Ultimately the juvenile justice system more severely criminalizes girls compared with boys for their social, economic, and psychological vulnerabilities. Minoritized girls are disproportionately at the forefront of these vulnerabilities, thus increasing their risk of offending and juvenile justice involvement.[8]

Juvenile Justice-Involved Girls and Trauma

The prevalence of trauma exposure and juvenile justice involvement is well documented. The gender differences in the types of traumas experienced by youth warrants further attention. A study of 898 juvenile detainees found that 92.5% of juveniles had experienced one or more traumas, with substantially more females than males reporting being "forced to do something sexual that you did not want to do."[9] In a study of over 1,300 detained youth, girls were more likely to report being victims of family violence and sexual abuse, while boys were more likely to report experiencing violence in the community.[10]

One type of trauma disproportionately associated with female youth in the juvenile justice system involves commercial sexual exploitation (CSE). Federal law makes it a federal offense to "knowingly recruit, entice, harbor, transport, provide, obtain, or maintain a minor (defined as someone under 18 years of age) knowing or in reckless disregard of the fact that the victim is a minor and would be caused to engage in a commercial sex act."[11] Any minor who is induced to perform a commercial sex act is considered a victim. There is little valid and reliable data demonstrating the prevalence of CSE in the US; however, girls who are victims of CSE are overrepresented in the juvenile justice system. Youth are often arrested and adjudicated on CSE-related charges (masking charges) such as loitering, violating curfew, running away, truancy, possessing alcohol as a minor, providing law enforcement with false identification, or other status offenses.[12] The majority of youths identified as victims of CSE are cisgender girls and women; however, girls of color and LGBTQ youth are also at a heightened risk of CSE. In a US based juvenile delinquency specialty court for youth affected by CSE in Los Angeles County, youth participants were almost exclusively minoritized female youth.[13] In a study of 51 minoritized transgender females aged 16-25, 59% reported sex in exchange for money, drugs or shelter in their lifetimes.[14]

Recent "Safe Harbor" legislation is an attempt to decriminalize youth victims of CSE and divert them to specialized services.[15] Yet, many youth victims of CSE continue to be arrested and detained on criminal charges for masking charges linked to CSE.[12] Improved screening of all youth in juvenile detention for CSE is critical. Prevention of CSE is the ultimate goal. However, for youth who have survived CSE, decriminalization and alternatives to incarceration including transdisciplinary services and social support are needed to shift from punishment and criminalization to rehabilitation.

Pathways Forward for Juvenile Justice-Involved Girls

For most female juvenile offenders, similar to their male counterparts, criminal behavior ceases as they transition from adolescence to adulthood. Cauffman, Monahan, and Thomas (2015)[16] studied the 178 female participants of the Pathways to Desistance study, a longitudinal study of serious juvenile offenders. They found that only 6.7% of females persistently offended at a high rate by adulthood (age 25), similar to the 7.5% of the total 1,354 participants that were labeled "persistent offenders" in the larger study.[17] Compared to female offenders who desisted prior to adulthood, female offenders who continued offending past adulthood had a greater lifetime exposure to violence and abuse, experienced more adversarial interpersonal relationships, and were more likely to have a mental health diagnosis.[16] The high rate of direct exposure to violence among the persistent female offenders suggests that

treatment should be targeted toward addressing experiences of victimization.

Because males have always accounted for the majority of youth involved in the juvenile justice system, policies and programming were historically developed to address the needs of males. However, evidence-based practice (EBP) targeting general delinquency risks and needs (e.g., multisystemic therapy, functional family therapy, multidimensional family therapy, Treatment Foster Care Oregon (TFCO)) are effective for girls and boys.[7] Additionally, the unique vulnerabilities and needs of girls should be considered. Given robust evidence-based treatments available for trauma and other mental health disorders, such treatments must be highly prioritized, available, and accessible to juvenile justice-involved youth.

For Jessica, her entry into the juvenile justice system is tragic yet too common given her risk. It is also a critical intervention point. Aggressive efforts are needed now to address recurrent trauma and mental health symptoms as well as her subsequent substance use and delinquency. Early pregnancy, which is more common in justice-involved female youth, carries additional risks which further perpetuate the cycle of justice system involvement.[7] Juvenile justice-involved girls who become mothers are at increased risk for child welfare system involvement as maltreatment perpetrators, and this risk is more pronounced in girls versus boys.[7] Thus, interventions should target not only Jessica's mental health and well-being to reduce recidivism risk, but also, if she chooses to become a young parent, should target maltreatment prevention through evidence-based interventions, while more broadly addressing the underlying structural factors that perpetuate ongoing gender and racial inequity. Interventions must be considered within the context of intersectionality,[18] and the more clinicians use an intersectional approach, the more adept we all become in providing more attuned treatment and advocating for systemic change.

Take Home Summary

Girls in the juvenile justice system are some of the most vulnerable youth in our communities. Girls with history of sexual trauma carry additional risks related to reproductive health. Clinicians should understand how juvenile justice outcomes can be affected by the intersection of race and gender. Structural and individual interventions must focus on decriminalizing and treating trauma-related behaviors.

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The authors have reported no funding for this work.

Disclosure: Dr. McBride has received royalties from American Psychiatric Publishing, Inc. Drs. Belzince, McClendon, and Campbell have reported no biomedical financial interests or potential conflicts of interest.

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This article was edited by Misty C. Richards, MD, MS.