

October 12, 2022

Good afternoon colleagues and partners,

I've attached a few resources and, for those who are stretched for time, a summary about "gender responsive programming," the topic brought up in last month's SB 823 committee meeting. In the spirit of sharing, here are four caveats:

1. I am not providing recommendations, only a compilation of resources and a summary.
2. I did not conduct a thorough literature review. To that end, if you have other resources to share, committee leadership can identify how best to share them.
3. With the exception of ["Taking the 'Girl' Out of Gender-Responsive Programming in the Juvenile Justice System,"](#) the resources I share focus on cisgender females.
 - a. Assessment and intervention planning must take into consideration and be inclusive and responsive to diverse sexual orientations, gender identities, and gender expressions. This is particularly important given [gay, transgender, and gender nonconforming youth are significantly over-represented in the juvenile justice system.](#)
4. Assessments and interventions must consider and respond to intersectionalities of race, ethnicity, ability, and other dimensions of identity.
 - a. Racial and ethnic backgrounds are particularly critical given the racial and ethnic disparities that exist across the justice system.

I hope this document and the attached resources support rich discussion.

Sincerely,

Christine G.

Summary:¹

1. Context and Big Ideas – Juvenile
2. What about Programming- Juvenile
3. California counties and their treatment approaches to gender-responsive treatment:
 - a. Counties including Sacramento, Solano, Contra Costa, San Mateo, Los Angeles, and Orange
4. Adults – Reentry Focus
5. Other Resources

1. Context and Big Ideas: Juvenile: (Curtis & Nadon, 2018)

- *General involvement:* Girls’ involvement in the juvenile justice system is either increasing while boys’ involvement is decreasing OR girls’ involvement is decreasing at a slower rate than boys’, depending on the country, state, or county.
- *Offense types:* Girls are more likely than boys to initially become justice-involved for lower-level offenses, such as status and misdemeanor offenses.
 - Feminist literature argues that this historical and current trend tends to occur due to a paternalistic desire to protect girls and/or control girls’ bodies, sexuality, and decision-making.
 - Qualitative research indicates that LBQ girls are more marginalized than their heterosexual female counterparts in the juvenile correctional setting due to their non-conformity to traditional gender roles.
- *Offense types, part 2:* Although girls are more likely to be justice-involved for lower-level offenses, the number of girls being arrested for violent offenses has steadily increased in many countries, states, and counties.
 - Some researchers associate this increase with statutory and policy reforms, such as mandatory arrest laws for domestic violence. Others suggest that girls committing violent offenses act at the direction of significant others (typically, older males), traffickers, or gangs.
- *Trauma and adverse childhood experiences (ACES):* Justice-involved girls have greater histories of trauma and other adverse childhood experiences than justice-involved boys.
 - Unlike boys, the prevalence of adversity is highly correlated with offending and other high-risk behaviors, including trafficking and gang/group involvement, for girls.
 - Learning disabilities and adolescent parenthood among justice-involved girls are associated with higher risk for mental health challenges and substance use, and greater reliance on public assistance in the future.

¹ Since our SB 823 population straddles “youth” and “adult” populations, I discuss both. I’ve added hyperlinks for those who want to dig deeper.

- *Predictors*: Family violence, parental divorce, and cumulative childhood risk factors, but not juvenile justice referrals, are significant predictors of adult arrest for women whereas, for men, juvenile justice system involvement is a significant predictor of adult arrest and adult felony offending.
- *Offense types, patterns, and pathways*: Justice-involved girls commit a wide range of offenses, primarily low-level, at different points in time, initiate offending behavior early by the commission of less serious offenses, and do not conform to specific delinquency patterns, sequences, or pathways into the juvenile justice system.
 - Substance use plays a significant role in offending behavior for girls.
- *Diverse histories, needs, risks, and identities*:
 - A one-size fits all approach, response, or program will not be effective for all girls in need of gender-responsive services.
 - Girls with lower needs and less prior systems involvement often respond poorly to intensive services.
 - LGBTQIA+ girls, girls of color, girls with a history of child welfare involvement, and girls whose families are impoverished have unique service and program needs.
- *“We need gender responsive reform,” yet limited traction*
 - There is a consensus by practitioners and researchers that gender-responsive reforms (policy, practice, and programs) are needed to respond to justice-involved girls’ unique risk factors and needs.
 - Despite this consensus, gender-responsive reforms have often been limited and temporary, and comprehensive, rigorous evaluations of these reforms have also been limited.
 - For gender-responsive practices, programs, and policies that have been evaluated, quantitative outcomes are both limited and mixed, but qualitative assessments of youth and staff response are consistently positive.

2. What about programming? – Juvenile

- Adaptations of evidence-based programs, which include gender-responsive elements, have shown some promise with girls.
- [Multi-systemic Therapy \(MST\)](#) and [Multidimensional Treatment Foster Care \(MTFC\)](#) have been the most frequently evaluated programs for girls.
- Other recommended models include [Cognitive Behavioral Therapy focused on PTSD](#) and [DBT](#) as well as [Motivational Interviewing/Enhancement](#) and the “[Transtheoretical Model of Change](#)” (i.e., precontemplation, contemplation)
 - MI and the transtheoretical model were identified by CDCR as a tool for “engaging young people in the juvenile justice system”
- [Girls’ Task Force/ Girls Circle Curriculum](#) (the latter was a “promising approach” in the Office of Juvenile Justice and Delinquency Prevention, OJJDP, Model Programs Guide)

3. California counties and their treatment approaches to gender-responsive treatment

- San Mateo County model ([as cited in 2006](#)): On-site education programming, individual, group AND family therapy; psychiatric services; peer mentoring; occupational therapy; physical programming; drug and alcohol treatment; family life education and support; medical services; vocational programming; organic gardening program; elaborative after-care services and case management linked to multiple community providers; yoga and pet assisted therapy.
 - San Mateo has a [current website](#) for The G.I.R.L.S. (Gaining Independence and Reclaiming Lives Successfully) Program
 - G.I.R.L.S. is based on gender-responsive principles and the restorative justice philosophy that centers on the belief in blending accountability and treatment to repair harm done and to heal personal and interpersonal relationships while forming positive connections with the larger community.
- Los Angeles County ([as cited in 2006](#)): LA Probation operated “Girls Reaching Out to Womanhood” program. The goal of the program was to identify and mitigate risk factors and identify and strengthen protective factors.
 - This program offered “gender-specific strategies” to inform in-depth screening, case planning that includes all aspects of health, therapy aimed at “self-knowledge,” and communication skills. There was educational programming.
 - Includes field trips, book clubs, knitting, playwriting, and mentoring on top of treatment programming and supervision. Has two community-based supervision phases.
- Contra Costa County:
 - Launched its Girls In Motion (GIM) program around 2010. This program [was/is a gender specific countywide effort](#) for girls that provide local programming services in a safe and controlled environment. Both cognitive and trauma-based treatment are included. Therapeutic services were provided by county behavioral health clinicians and community-based providers. Many young women received specialty services related to experiences of sexual exploitation. Referrals to local resources and collaborative supervision methodology are utilized upon transition from custody.
 - East Bay Times article [here](#)
 - PPT slide deck [here](#), see slide 19
 - Alameda County JJC Superintendent James Rivers was highly involved in the development of this program and can answer questions as needed
- [Orange County](#) had a “Youth Guidance Center” that provided specific treatment to females
 - Focus was on anger management, parenting, life skills, victimization and job and career planning.

- Sacramento County created [Healthy Teen Mothers Program](#).
 - For teens 14-18; provided prenatal and parenting assistance along with educational, vocational, substance use and other services
- Solano County implemented the “[Butterfly Project](#)” for “female offenders at risk of out-of-home placement because they were serious or repeat offenders.”
 - The program offered 14-week group counseling sessions that included communication skills, emotional health, conflict resolution, substance abuse, leadership development, life skills and personal responsibility.
 - Individualized treatment plans targeted specific issues.
 - The program provided intensive probation supervision and small caseloads.

4. Adult - Re-Entry Focus (Ventura-Miller, 2021)

- *Offense types, males and females:* “...males and females tend to be incarcerated for different types of offenses (Carson, 2014), and there is evidence that female offenders are more likely to have histories of multiple types of victimization and co-occurring mental health disorders and substance abuse issues” (Belknap, 2007; Scroggins and Malley, 2010; Van Voorhis et al. 2010; Wright et a. 2012).
- *Relational aspect:* Women’s drug use and associated criminal behavior are more likely to transpire within interpersonal relationships and are strongly associated with the behavior of romantic partners
 - Histories of childhood maltreatment and abuse, co-occurring psychiatric disorders, familial dysfunction, and negative self-concept are also more common among criminally involved females compared to males.
- *Co-occurring substance use and behavioral health challenges:* Females who commit crimes are also more likely to suffer from co-occurring substance use and mental health disorders, putting them in the group at highest risk for recidivism and relapse and thus most in need of treatment
 - Women in the criminal justice system are more likely than the general population to suffer from mental health disorders, including depression, anxiety, borderline personality disorder, and especially, post-traumatic stress disorder (PTSD)
 - Some research suggests that women are more amenable to treatment than men and experience lower recidivism rates than men, even when enrolled in comparable programs
- *What about programming?* Programming that includes mental health components, supplementary services addressing female-specific topics, treatment for trauma, aftercare, childcare, and parenting classes has been linked to reductions in relapse and increases in treatment retention following release.
 - In particular, the use of cognitive behavioral therapy, all-female group sessions, and mutual support groups are recommended.
- *What about assessment?* Are we using instruments validated for our female populations?

- There are some instruments for women (18+) such as the Gender Informed Needs Assessment (GINA), the COMPAS for Women, the Service Planning Instrument for Women (SPIn-W), and the Women’s Risk and Needs Assessment (WRNA), though there are no peer-reviewed published assessments for those instruments
- *What about gender-informed re-entry?*
 - NIJ recommended “therapeutic communities” because they offer a participatory, group-based approach to substance abuse intervention where individuals work through recovery while living together in residential settings.
- *Focus on aftercare:* Newly funded or implemented programs should be designed so that treatment begins at least 90 days prior to release and continues for a period under community supervision.
 - Linkages to community health providers for treating addiction and mental and physical health needs should be made prior to release, and case management should be maintained while the individual is under community supervision after release.
 - Medication-Assisted Treatment when and where possible
- *Peer Recovery Support*
 - Peer specialists can capitalize on women’s propensity to have stronger social bonds, feel more strongly about interpersonal relationships, and view themselves through the lens of relationships.
- *Employment + Skills Training and Housing Assistance*
 - Employment programming is extremely important.
 - Persons returning from incarceration, especially females, experience homelessness and housing insecurity at a rate far higher than the general population. An increase in funding, along with a corresponding increase in research, is needed to expand the provision of housing services for formerly incarcerated women, particularly those who have custody of their minor children.
- *Family Work: Maintain Family Bonds*
 - Especially salient if there is maternal incarceration

What does the data say about re-entry models for adult females?

- For information about Re-Entry approaches for females aged 18 and over, [visit this link](#) and see Table 1. Here is my summary:
 - The Table indicates that [Seeking Safety, Moving On, and Forever Free](#) programs are “Promising” per CrimeSolutions’ rating and had been evaluated by *one* quasi experiment each (so no randomizing).
 - The “Helping Women Recover: A Program for Treating Addiction” was evaluated by one Randomized Controlled Trial (RCT), meaning there was randomization which can reduce bias and provide a more rigorous approach to seeing if there was a cause-effect relationship between an intervention and outcome) and reported as having “no effects.”
 - Another program, “Beyond Trauma: A Healing Journey for Women” and “Beyond Violence: A Prevention Program for Criminal Justice-Involved Women”

were each evaluated by two RCTs, though neither were formally rated by CrimeSolutions. We can see that for both studies, there were no significant differences between the participants and standard groups re: outcome measures.

- Finally, Dialectical Behavioral Therapy (DBT), was evaluated by 1 RCT and 1 quasi-experiment. There were some preliminary results indicating DBT was effective in reducing recidivism for the women who expressed a “desire for help and among those that were younger...” DBT was not rated by CrimeSolutions.

5. Other Resources:

[Curtis & Nadon \(2018\)](#) provide summaries of literature about the following topics:

- Child maltreatment and trauma
- Commercial sexual exploitation of children (CSEC)
- Girls’ courts and equal protection
- Gang involvement
- Individual and treatment needs
- Intersectional experiences: Gender identity, sexual orientation, race and class
- Offending behaviors, predictors and influences
- Outcomes, juvenile recidivism, and adult offending
- Differential treatment of girls within the juvenile justice system
- Gender-responsive systemic reforms and principles
- Evaluations of programs and practice models

Related Books:

[The Female Offender: Girls, Women, and Crime \(2013\)](#)

[Pushout: The Criminalization of Black Girls in Schools \(2018\)](#)

[Sing a Rhythm, Dance a Blues: Education for the Liberation of Black and Brown Girls \(2019\)](#)

[Girls and Juvenile Justice: Power, Status, and the Social Construction of Delinquency \(2017\)](#)