



Gender-Specific Services for Delinquent Girls Vary Across Programs, But Help Reduce Recidivism

at a glance

The Legislature has directed that Department of Juvenile Justice programs provide gender-specific services to delinquent youth. This report identifies gender-specific practices for residential commitment programs in seven key areas.

Residential programs for delinquent girls currently vary in the extent to which they meet these criteria. While no single program meets all gender-specific practices, many substantially meet the criteria in several key areas. Programs with the strongest gender-specific services appear to be most successful in reducing recidivism.

Overall, most residential programs meet gender-specific practices for mental health, physical safety, and health and hygiene. However, most programs are weak in the areas of relationships and emotional safety, social and educational programming, staff hiring and training, and program design and evaluation.

The department has implemented gender-specific contracts for girls' residential programs and now needs to provide training and revise its contract monitoring and quality assurance procedures to ensure that these requirements are being met.

Scope

Chapter 2004-333, *Laws of Florida*, directs OPPAGA to analyze gender-specific programs for young female offenders within the Department of Juvenile Justice. This report

examines the characteristics of delinquent girls in residential programs and the gender-specific programming currently provided in these programs.

Later reports will analyze the delinquency histories of young female offenders, including the percentage of girls incarcerated for status offenses and violation of probation; determine whether they can be served in less costly community-based programs; discuss whether existing non-residential programs meet girls' gender-specific needs; and examine how programs for females differ in cost from programs for males.

Background

In Florida and the nation, while most offenders are males, females are the fastest growing segment of the adult correctional and juvenile justice populations. Although juvenile crime in the state is currently dropping, between Fiscal Years 1998-99 and 2003-04, admissions for boys decreased 12% compared to a 10% increase in admissions for girls.

Historically, the juvenile justice system has been geared toward male offenders. However, research has indicated that delinquency programs are more effective when geared to gender-based issues of male and female offenders. While boys' emotional development during adolescence focuses on increasing independence, research shows that girls' development occurs through relationships and

increasing connections with others. Research also shows that girls face higher rates of abuse and victimization than boys, and chart different pathways to delinquency. Most girls in Florida’s residential juvenile justice programs have histories of physical, emotional, or sexual abuse; suffer from physical and diagnosed mental disorders; or have family problems, as shown in Exhibit 1.

**Exhibit 1
Girls in Florida’s Juvenile Justice Residential Facilities Have High Rates of Abuse and Mental Health, Substance Abuse, and School Problems**

Family Factors	Percentage N = 90
Parental control inadequate or limited	90%
Physical or sexual abuse or neglect	68%
Dysfunctional family	57%
Aggressive behavior or charges related to domestic violence	36%
Mental Health and Substance Abuse	
Diagnosed mental health problem	94%
Conduct disorder and behavior disorders	84%
Mental health problems other than conduct and behavior disorders	71%
Currently on psychotropic medication	48%
Drug or alcohol abuse or dependency	43%
Major depression and other mood disorders	42%
Personality disorders	7%
Post-traumatic stress disorder	6%
At-Risk Behaviors	
Primarily negative peers	84%
Physical aggression	73%
Chronic use of alcohol or drugs	61%
History of running away from home	58%
Chronic tardiness or truancy from school	49%
History of suspensions and expulsions	49%
Suicidal threats or attempts	40%
Self-mutilation	27%

Source: OPPAGA analysis of program data. This information was obtained through interviews with program therapists or case managers for a statistically valid random sample of 90 girls in residential commitment programs.

To illustrate the background of girls served in residential commitment programs, we developed profiles of four girls who were representative of a random sample of 90 case files we examined. These profiles are included in our report, and we used false names to protect the girls’ privacy.

To address the issues posed by the increasing population of female juvenile offenders, Congress in reauthorizing the Juvenile Justice and Delinquency Prevention Act required states to assess the adequacy of services, especially for girls, as a condition of receiving these federal funds. The 2004 Florida Legislature passed Ch. 2004-333, *Laws of Florida*, which directs that juvenile justice programs be gender-specific and thus designed to comprehensively address the needs of the targeted gender group.

To assist programs in making this transition, the Department of Juvenile Justice established a central office coordinator who provides information on gender-specific research to program managers and coordinates a voluntary work group of department staff and providers known as the Girls Forum. The forum meets monthly to discuss research and experiences in operating girls’ programs. The department also has obtained federal grants to provide training beginning in spring 2005 for program monitors, quality assurance staff, department and program managers, and direct care staff.

The department has been phasing in new contracts that require gender-specific programming. However, it has not yet incorporated the new gender-specific contract requirements into its program monitoring inspection instruments or quality assurance standards, although it is working to revise these documents. This will be a critical step, as the department contracts for almost 90% of its residential programs. The department oversees the performance of these private providers in two primary ways: program monitoring and quality assurance. Program monitors make routine visits to each program to verify that it is meeting contract requirements, and quality assurance teams make annual inspections to verify that critical standards are adhered to.¹

¹ Programs that are not complying with contract requirements and department standards are given a specified period of time to come into compliance or their contract may be terminated. Quality assurance standards will be up for review and revision again in December 2005 for the 2006 calendar year.

Gender-Specific Practices

To examine gender-specific programming in Florida's juvenile justice programs for girls, we used two approaches. First, to identify criteria for gender-specific programs, we reviewed published research, examined the department's current gender specific contracts, and interviewed department officials and program providers. Based on this research, we identified gender-specific practices in seven key areas:

- mental health;
- relationships and emotional safety;
- physical safety;
- health and hygiene;
- social and educational programming;
- program design and evaluation; and
- staff hiring and training.

Specific criteria for these key areas are shown in Exhibit 2. Most of these criteria are addressed in the new gender-specific contract.

Second, to determine the extent to which Florida's girls' programs meet these criteria, we conducted site reviews at 15 of the department's 28 girls' program locations, including all levels and types of programs.² (See Appendix A.) At each program, we observed operations and examined program documents, interviewed managers, therapists, and nurses; and conducted focus groups with a sample of resident girls to assess whether programs were meeting the best practices.

Overall, the residential programs for delinquent girls varied in the extent to which they met these criteria. While no single program used all the gender-specific practices, many substantially met the criteria in several key areas. Most programs substantially met gender-specific practices for mental health, physical safety, and health and hygiene. However, most programs were weak in the areas of relationships and emotional safety, social and educational programming, staff hiring and training, and program design and evaluation.

Programs with the strongest gender-specific services appeared to be most successful in reducing recidivism.³ Based on field observations, we ranked the programs by the degree to which they provided gender-specific services and then compared this ranking to the department's program effectiveness scores. Thirteen of these programs had been rated by the department based on their success in reducing recidivism over what might be expected for girls of similar age and delinquency history. The five programs we rated highest in terms of meeting gender-specific criteria were each rated "highly effective" by the department in reducing recidivism.⁴ This outcome matches national research that shows that programs that teach girls relationship skills and train staff to provide effective human services are more effective in reducing recidivism. The programs' status on each of the seven gender-specific practice areas is discussed below.

² At the time of our fieldwork, there were 33 girls' programs at 28 program sites. We reviewed 16 programs but excluded 1 from our analysis because we were unable to conduct a girls' focus group because the girls were at school off-site.

³ OPPAGA analysis of gender-specificity and program effectiveness scores from the Department of Juvenile Justice *2004 Outcome Evaluation Report*.

⁴ The programs with the next three highest rankings on use of the best practices were each rated as "effective" by the department, while four programs with the lowest use of the best practices were rated as "average". The remaining program with low use of the best practices was rated as "highly effective," but its recidivism score was based on girls who went through the program when it was under different management than at the time of our visit.

Exhibit 2 Best Practices for Gender-Specific Programs for Delinquent Girls

Mental Health

- Mental health staff has specialized training in girls' mental health needs such as addiction, depression, post-traumatic stress disorder, and trauma relating to physical or sexual abuse, neglect, and domestic violence.
- Mental health staff has experience working with girls.
- Mental health services address a full range of disorders, such as eating disorders, body image, addiction, depression, and trauma relating to physical or sexual abuse, neglect, emotional/verbal abuse, and domestic violence.
- Mental health staff uses effective interventions, such as behavioral, cognitive, affective/dynamic, and systems perspectives to address the needs of individual girls.

Relationships and Emotional Safety

- Promotes positive relationships among girls.
- Promotes positive relationships between girls and staff.
- Promotes a positive environment in which most girls feel that at least one staff person is helping them.
- Promotes positive relationships with others, such as family members.
- Teaches communication skills, assertiveness, and appropriate expression of anger.
- Provides an atmosphere of emotional safety in which girls are safe from verbal harassment, bullying, teasing, stalking, racism, and sexism.
- Provides an environment in which girls feel safe to share their feelings and discuss their problems.

Physical Safety

- Provides an atmosphere of physical safety where girls are safe from physical and sexual abuse.
- Protects girls from self-inflicted harm.
- Uses physical restraint only when absolutely necessary.

Health and Hygiene

- Provides appropriate health services, including dental and eye care.
- Provides gynecological services.
- Female employees accompany girls to exams and screenings by male medical staff.
- Provides education about girls' health, including sexuality, sexually transmitted diseases, and contraception.
- Provides prenatal and post-partum care if it serves pregnant girls.
- Provides for girls' hygiene and grooming needs in culturally appropriate ways.

Social and Education Programming

- Provides educational programs, events, and speakers about the experiences of women from various ethnic, racial, and socio-economic backgrounds.
- Overall environment acknowledges the contribution of females through posters, murals, books, videos, and magazines.
- Addresses sexual decision making and how to communicate personal limits.
- Provides recreational activities such as sports, art, music, and volunteer activities.
- Provides parenting classes.
- Provides career and vocational information to encourage girls to set career or vocational goals, and works with girls to develop plans for job training and economic self-sufficiency.

Design and Evaluation

- Includes girls in the design and evaluation of programs and services.
- Revises the program in a significant way as appropriate based on input from the girls.

Staff Hiring and Training

- Asks job applicants questions about their interest and experience working with girls and about their knowledge of female development.
- Trains new employees on gender-specific issues such as gender differences in delinquency, adolescent female development, female issues and needs, communication and relationship skills, unique issues for girls of color, sexuality and gender identity, and the use of the evidence-based practices effective for girls.
- Provides periodic refresher training for all staff in gender-specific practices.

Source: OPPAGA analysis of national research focusing on gender-specific principles, guidelines, and effectiveness.

Mental Health

National research shows that delinquent girls are more likely to have suffered abuse and victimization than delinquent boys, and they experience higher rates of mental health problems. In our sample of girls in residential commitment programs, 68% had a history of physical or sexual abuse or neglect, and 94% had a diagnosed mental health problem. Abuse and victimization of girls tends to lead to low self-esteem and anger directed inward, resulting in substance abuse, post-traumatic stress disorder, anxiety, depression, and self-mutilating and suicidal behavior. Such girls also tend to distrust others; have anti-social attitudes and associate with anti-social peers; run away from home; become involved in abusive relationships, often with boyfriends involved in criminal behavior; display physical and verbal aggression; and exhibit delinquent behavior.



Amanda's family provided limited control or supervision, but she had no known history of abuse. She attempted suicide, engaged in self-mutilating behavior, and was a chronic runaway before being admitted to a residential commitment program. Her chronic abuse of drugs seriously interfered with her functioning. She was arrested for battery at age 11 and participated in a diversion program. Four years later, she was arrested for cocaine possession, assault with a deadly weapon without intent to kill, and battery, and placed on probation. Six months later, diagnosed with bipolar disorder and borderline personality disorder, she was committed to a moderate risk intensive mental health program for a non-law violation of probation.

Gender-specific practices for mental health services include employing therapists with experience working with adolescent females and with specialized training in prevalent emotional and mental disorders. Further, these therapists should use effective interventions, such as family and cognitive-behavioral therapy to help girls address behavioral issues; family therapy is particularly important since most girls will go back to their same troubled families after completing the programs. Our review did not address the frequency of mental health services, as this is tied to individual needs.

Most programs had appropriate staff and used effective interventions

Most programs we visited generally met the gender-specific practices for mental health, although many should do more to work with families. The programs generally employed qualified therapists who were adequately supervised. For example, two programs employed licensed mental health counselors with master's degrees, and most of the other programs we visited employed a clinical psychologist or licensed mental health counselor who supervised unlicensed therapists; most unlicensed therapists had or were working on a master's degree in psychology and licensure. However, three programs had only unlicensed therapists who did not appear to be well supervised—these programs either had vacancies of licensed therapists or the person was stationed at another location. The programs generally contracted with psychiatrists to supervise treatment of girls on psychotropic medication.

Most programs employed therapists who had experience working with girls, and many therapists had specific training in common mental health problems for delinquent girls, such as substance abuse, post-traumatic stress syndrome, and sexual and physical abuse and domestic violence.

All but one of the programs we reviewed used approaches shown by research to be effective, including cognitive-behavioral therapy or social learning. Therapists commented that girls make good use of therapy and are open to discussing their problems, and girls in our focus groups generally reported positive skills they learned at programs.

Although the department's gender-specific contract requires programs to address family relationships, fewer than half of the programs we visited made efforts to involve families in counseling. Conducting family therapy is a challenge for residential programs that draw from a wide geographic area, as the distance between the program and the girls' home makes it difficult for families to participate.

However, seven programs we visited made extra efforts to involve families in face-to-face counseling and used phone counseling only as a last resort. At these programs, mental health staff may come in on weekends for family visitation days or plan special events to get families to the program for face-to-face counseling. Girls in the focus groups at the programs that involved families in counseling reported positive results such as “I get along better with my mom now,” or “my family is making progress.”

Positive program examples

- Psychological specialists conducted family therapy sessions at DeSoto Dual Diagnosis and Lighthouse Cooper City on weekends.
- Orange Halfway House had many special events, such as fashion shows or family picture days, to get families to the program and held counseling sessions when families attended.
- Bowling Green required participation in family therapy as a condition for home visits and offered informal inducements such as lunch at therapy sessions for families that had to travel for several hours.

Relationships and Emotional Safety

Research has documented the importance of relationships in girls’ adolescent development. Girls in residential commitment programs typically have experienced abusive backgrounds. Over half (57%) of the girls in our sample came from dysfunctional families and 84% had primarily negative peers. The girls had thus learned negative patterns of relating to others that need to be resolved.

Ashley suffered ongoing sexual abuse by her brother, who is now in prison, from age 3 to 12, and was a chronic runaway. At age 13, she was charged with battery twice within a three-month period, grand larceny and carrying a concealed weapon. She was committed to a moderate risk residential program. By age 14, she had a boyfriend who physically abused her. At 16, she was again charged with battery, and after six months on probation, she was committed to a moderate risk program for a non-law violation of probation. She chronically abused drugs that seriously interfered with her functioning and is diagnosed with anxiety and conduct disorder.



Critical elements of gender-specific practices in this area include providing an emotionally safe, supportive environment. This should occur through both individual counseling and throughout other program activities to help girls develop positive relationships, resolve conflict, and recover from trauma. Programs should teach relationship-building skills and promote positive relationships among girls and between girls and staff. While the department’s gender-specific contract addresses the importance of girls’ relationships with their families, it does not address the critical area of communication and relationships among girls and between girls and program staff.

Although most girls found at least one adult they felt safe talking to, programs did not provide an emotionally safe environment

Most programs we visited did not meet these gender-specific practices because they had not created emotionally safe environments. Girls at the programs did not perceive that their interactions with most staff were positive or therapeutic, although in all but three programs girls reported that they had found at least one adult to whom they could talk, who they felt was interested in them and cared about them.

Girls in all but one program complained about employees who made harmful comments or used inappropriate language. For example, an employee publicly and routinely called a specific girl “mutt,” and girls at one program reported that staff would say to them, “I wonder what your boyfriend is doing tonight?” At five programs, girls complained about staff violating the confidentiality of

information in files or shared in small counseling groups by discussing disclosures among themselves or in front of and to other girls, often in a derogative manner.

We found several reasons for these problems. Administrators reported difficulty hiring and retaining good direct care staff. Salaries are low—in one location a new Wal-Mart distribution center was paying a higher entry salary than the state-operated program could offer. We also noted that only a few programs conducted initial or ongoing staff training on communication and relationship skills for dealing with delinquent girls.

Although every program extensively used small counseling group sessions, creating a therapeutic environment in these groups was difficult. Girls in nine programs said that they did not feel safe discussing their problems in groups due to a lack of confidentiality among girls. Girls reported that the sharing of confidences in groups led to later taunts and conflicts in the dormitory. At the three programs where girls felt safe to share in groups, staff was perceived as caring and effective in resolving conflicts among girls.

Establishing good peer relations among girls in residential programs is a challenge because physical fights are common and verbal conflict is universal. Many programs used problem-solving groups, contracts, or house meetings to resolve conflicts between girls, and most girls felt that fights were resolved at least some of the time when these techniques were used. In programs in which penalty points were the only resolution or fights were ignored, girls said conflicts were “hardly ever” resolved.

All programs taught relationship skills, and girls at most programs felt they were improving in this area. When asked what they had learned that would help them stay out of trouble when they got out of the program, girls made comments such as “life is what you make it,” “to value myself,” “better coping skills,” “ways to control my anger,” and “you can’t blame the world for your problems.”

Positive program examples

- At Bowling Green, mental health staff trained direct care staff in communication and relationship skills on an ongoing basis. Direct care workers were considered part of the therapeutic community, and mental health staff noted improvement in parenting skills among direct care staff as they gained insight and expertise in communicating effectively and relating in positive ways to girls.
- At Monticello New Life, girls reported that fights were resolved “most of the time,” which may contribute to the fact that they felt more comfortable sharing in groups than girls in other programs.
- At Bowling Green, the group facilitator asked girls to sign confidentiality contracts and regularly reminded girls of the importance of confidentiality.
- When Lighthouse Care Centers took over the Florida Institute for Girls, they began training staff not to yell at girls and to use appropriate social skills. To create more positive relationships between girls and staff, the provider also encouraged staff to “catch girls doing something right,” and allowed girls to invite a staff member to lunch and to select their own “mentor” from the staff.

Physical Safety

Ensuring physical safety is a basic contract requirement for every department residential program. It is particularly important in programs for girls, when exposure to violence is an underlying factor in the behaviors that led to delinquency. Because of their backgrounds of abuse and victimization, girls in residential programs have high rates of physical aggression, suicide attempts and self-injury. In our sample of girls, 73% were considered physically aggressive before entering residential treatment; most of these girls had a known history of domestic violence, physical or sexual abuse, or neglect. Twenty-seven percent had engaged in self-mutilation before entering the program and 40% had threatened suicide or

made suicide attempts. In addition, victimization of incarcerated girls and women by males within institutions has been a recurring problem in the criminal justice system.



Josie was neglected by her mother and physically abused by her father. She became a chronic runaway, engaged in self-mutilation, and was admitted to a psychiatric hospital under the Baker Act. Her functioning was seriously disrupted by chronic use of multiple drugs, and she was diagnosed with polysubstance dependence and conduct disorder. Josie's arrest history began at age 12. While on probation, she repeatedly absconded, violated probation, and committed law violations including grand theft auto, aggravated battery on her grandmother, and battery on a detention staff member. At age 14, she was committed to a moderate risk program and continued to be aggressive in the program. She was placed on psychotropic medication before being committed, and continued on medication in the program.

To meet gender-specific practices, programs need to create an environment safe from violence; physical, emotional, and sexual abuse; verbal harassment; bullying; teasing; and stalking. Programs should protect girls from self-inflicted harm. Management and staff must create an environment where boundaries are clear, acting out behavior is consistently addressed, and physical safety is taken seriously. Programs should use physical restraint only when absolutely necessary to protect a girl from harming herself or others.

Most programs appeared to provide physical safety, but a few did not

Most programs we visited appeared to meet gender-specific practices in the area of physical safety, but a few had weaknesses in this area, primarily in not dealing effectively with violence between girls. In focus groups, girls in half of the programs we observed felt that staff tried to help resolve conflicts and that these interventions were at least partially effective. However, in four programs, girls reported that staff took points away or restrained them physically, but did not help them resolve conflicts.⁵ In four additional programs, girls reported that some staff did nothing and allowed them to fight or actively encouraged

them to fight; not surprisingly, the girls reported that conflicts were rarely resolved in these programs. In one of these programs, girls perceived that staff did not provide consequences to the perpetrators, and we observed one girl at that program had stitches on her face from an attack that happened earlier in the week. When questioned about this facility, Department of Juvenile Justice managers reported that they were working with the provider to address these concerns; the program monitor had been replaced and department staff had been sent to work with the vendor's program director to improve staff behavior management skills.

Staff members at all programs we visited received training on how to intervene physically to prevent harm to staff or girls, but the programs varied in how often they did physical "take-downs" on girls. Most program employees received Protective Action Response (PAR) training. These physical intervention and restraint techniques are intended to prevent youth from injuring themselves, staff, or others. However, incidents involving physical restraint or "take downs" often began with verbal conflict or non-compliance, and as staff intervened, the youth's behavior and staff response escalated. We compared data for the monthly average number of "take-downs" per 100 beds for girls' programs for the month of October 2004 to the aggressiveness scores of our sample of girls. We found the number of "take-downs" was related to the type of program and the mental health and aggressiveness of the girls. (See Exhibit 3.)

**Exhibit 3
Mental Health and High-Risk Programs Have More Physically Aggressive Girls and More "Take-Downs"**

Program Type	Percentage Physically Aggressive	Take-Downs per 100 Beds
Substance abuse (moderate risk)	0	2
Low and moderate risk	72%	13
Mental health (moderate risk)	80%	16
High-risk	100%	14
Mental health (high risk)	100%	22

Source: OPPAGA analysis of department data.

⁵ We did not review incident reports to determine whether such situations had been reported or verified.

All programs provided training and had policies designed to prevent sexual victimization of girls within the program. Although there have been incidents involving staff victimization of girls in Florida juvenile justice programs, no girls in our focus groups mentioned such problems.

Positive program examples

- When Lighthouse Care Centers took over the contract for the Florida Institute for Girls (FIG), managers and employees focused on “talking down” to de-escalate conflicts rather than physical “take-downs.” Staff pointed out that girls usually talk angrily before they fight, so there is often time for staff to verbally intervene if they are properly trained.
- FIG also stressed counseling and intensive therapy to raise self-esteem as the best way to protect girls from self-harm. Avoiding self-harm was also part of girls’ behavior plans. Although supervision and withholding of objects is essential, truly preventing incidences of self-harm must involve treatment of the underlying problems.
- DeSoto Dual Diagnosis program identified and used staff skilled in verbal intervention or “talking down” to intervene in potentially violent situations.

Health and Hygiene

Research has found that females typically enter the juvenile justice system with untreated health conditions and have four times as many health issues as males. These girls are at high risk of disease due to their drug use and sexual victimization. In our sample, 48% of the girls had been raped or sexually abused. To meet gender-specific practices and contract requirements, programs should address physical, nutritional, and sexual health and provide gynecological services and prenatal and postpartum care. Staff also needs to respect the uniqueness of girls and their various cultures.

Most programs provided adequate health services and met girls’ hygiene and grooming needs in culturally appropriate ways

Most programs we visited met gender-specific practices for health and hygiene. As required by contract, all the programs reported conducting health screening of girls upon admission and a comprehensive physical assessment within the year for girls with no known chronic physical healthcare problems or within six months for girls with known chronic problems. To avoid re-traumatization, all programs we visited ensured that at least one female staff member always accompanied girls to exams and screenings.

All the programs we reviewed provided sex and health education, and prenatal and postpartum care if pregnant girls were accepted. Four of the programs involved girls in health and sex education by allowing or requiring them to make presentations on topics. Program directors and nurses reported holding health education sessions on issues that surfaced during individual health screenings because other girls may have similar health issues.

All but one of the programs we visited adequately provided for girls’ hygiene needs. The program that did not meet these practices gave the girls only two minutes to shower per day and did not have culturally appropriate hair products such as combs with adequately spaced teeth for use by African-American girls. Several programs allowed girls’ families to provide additional toiletries and health and beauty products, which decreased provider expenses and created greater opportunities for girls to groom themselves as a way to enhance self-esteem.

Positive program examples

- Orange Intensive Halfway House and Joann Bridges Academy reported giving all girls a comprehensive medical exam upon admission, regardless of whether they recently had one before entering the program. Program managers explained that doing so allowed them to identify and adequately address issues such as sexually transmitted diseases and unmet medical needs.

Social and Educational Needs

School districts are required by law to provide education to youth in residential juvenile justice facilities. Districts may provide teachers or subcontract with the program to provide teachers. Education in residential programs is very important: in our sample, over 80% of girls had a history of suspension, expulsion, or chronic tardiness, or truancy, and most girls were below their academic standard when they entered the juvenile justice system. As noted in a prior OPPAGA report, many students make strong academic gains while in residential programs, advancing at least one grade level and many youth advance as many as three grade levels.⁶ The opportunity to earn a diploma and receive vocational training while in a residential program is especially important for older females because they are unlikely to complete high school after they are released.

Effective gender-specific practices and the department's contract require programs to teach vocational and work force skills and expose girls to career possibilities. In addition to providing competence in new areas, these activities help girls build self-esteem and become less dependent on non-productive and/or harmful ways of behaving. The gender-specific contract requires programs to provide indoor and outdoor recreational activities as well as educational programs, books, magazines, posters, videos, and wall decorations that celebrate the achievements and contributions of women from diverse ethnic, racial, and socio-economic backgrounds.

⁶ In OPPAGA [Report No. 98-28](#), *Review of Education Services in Juvenile Justice Residential Facilities*, we noted that most youth tested below their age-appropriate grade level for reading and math upon entry to residential programs. Of these students, 30% improved by three years or more in reading and 26% improved by three years or more in math. Youths' intended length of stay in these programs ranged from 1 to 18 months; the median stay was approximately 6 months.

Investigation by the Department of Children and Families documents that Jennifer was a victim of physical abuse, sexual abuse, and neglect. She was also a school drop-out. Jennifer was sexually abused by her mother's boyfriend at age 12 and by her brother's friend at age 13. She was arrested for extortion and threats at age 13 and successfully completed an intervention program. Four years later, Jennifer had been suspended and expelled and dropped out of school, had a child, was on probation, and had a number of offenses, including criminal mischief, damaging property, petty larceny and prostitution. She was committed to a moderate risk residential program. Jennifer was diagnosed with post-traumatic stress disorder, depression, conduct disorder, and poly-substance dependence.



Research shows that parenting skills are critical for girls in the juvenile justice system because delinquent girls are at high risk to abuse or neglect their children. Specialized programs serving pregnant girls avoid the separation of mothers and infants at birth and provide a more desirable setting for pregnant girls. Such programs allow girls to bond with their babies, which may improve girls' chances of being nurturing parents and babies' chances of healthy development.

Most programs appeared to provide adequate education but need to provide more vocational opportunities

Most programs we visited appeared to meet educational requirements, but did not meet gender-specific practices for vocational training. While the majority of programs appeared to provide adequate education, two programs, located in Madison and Miami-Dade counties, did not have teachers providing instruction in the classroom at the time of our field visits. The Miami-Dade County program had experienced teaching vacancies for over a month and the Madison County program lacked teachers for two months. As a result, the girls sat in a classroom during the school day and worked on their own or on lessons left behind by departing teachers. According to program managers, the teachers quit and they were in the process of looking for substitutes or teachers during the time of our visits. Through the quality assurance process, the department was requiring both programs to develop action

plans to correct the deficiencies in their education services.⁷

Vocational training was a weakness in most programs we visited, as only three provided viable vocational opportunities that would help girls get jobs after they were released. We noted that the girls' program contract states that school districts are responsible for pre-vocational and vocational education, but that this system does not appear to result in appropriate vocational opportunities. The contract for boys' programs holds the program responsible for vocational education, which is much easier for the Department of Juvenile Justice to enforce.

A few programs (four) taught girls job skills, including how to fill out resumes and applications, and conduct mock job interviews, and 10 brought in guest speakers to help girls see successful women or learn about potential careers. All the programs provided recreation activities, and eight provided art, music, or dance activities.

Most programs taught parenting skills to all girls but two did not teach these skills. While only 11% of the girls in our sample were pregnant, these programs provide an opportunity for high-risk girls to get accurate information about parenting. The department has one program with 20 beds that allows young delinquent mothers to remain with their newborn children, and currently, there are more pregnant girls in the juvenile justice system than beds at this program. According to department analysis, each month approximately 17 pregnant girls are housed in other residential programs, and approximately the same number of girls are post-natal. These pregnant girls must part with their children soon after birth to serve the remainder of their sentences, missing the critical opportunity to bond. Research suggests that a lack of bonding with their mothers increases the likelihood of several negative outcomes for these young children, including abuse and neglect, developmental delays, poor school performance,

foster care placement, adolescent childbearing, and incarceration.

Positive program examples

- Several programs strongly encouraged girls to pursue their high school diploma or general equivalency diploma (GED). For example, of the 22 girls that had completed the program at Francis Walker, 11 tested for their GED, 9 returned to school, and one received her high school diploma.
- Managers at the Orange Intensive Halfway House helped a girl turn her interest in braiding hair into a vocation by helping her obtain a state hair braiding license.
- Vision Quest tried to help girls prepare for future jobs through work at the facility. For example, girls who had GEDs became clerical staff for the school, while another became responsible for laundry operations. The program also used horseback riding and stable work as a key aspect of therapy. Staff reported that several girls from rural areas were able to use their new skills to obtain jobs when they returned home.

Including Girls in Design and Evaluation

Effective gender-specific programs include girls in their ongoing design and evaluation. When adults listen to and implement girls' ideas, it can motivate girls to be more involved in the program and improve their behavior and compliance; these suggestions can also improve programs. The department's gender-specific contract endorses girls' participation in program design and evaluation. It states that the "provider shall foster a restorative community within the residential program, creating a culture that encourages staff and girls to be actively involved and give input, participate in decisions, practice leadership roles, use restorative conflict resolution strategies, and contribute to the community."

⁷ The Juvenile Justice Education Enhancement Program (JJEED) annually reviews programs' education services on behalf of the department. JJEED requires programs to develop action plans to correct deficiencies found during review.

Few programs used girls' input to improve program design

All the programs we visited were weak in this area and made limited use of girls' input for program design and evaluation. Most programs had some form of girls' input, such as a suggestion box, student government, or surveys. These programs allowed girls to provide input on issues such as what movie to watch for a special occasion night. However, only one program used the girls' feedback to make meaningful program enhancements.

Girls in our focus groups offered reasonable ideas for making their programs better. For example, at the residential program that allows mothers to keep their children, the girls proposed more time to bond and learn additional parenting skills. At another program, girls recommended that staff allow them to use their musical talent by playing together, which would decrease unstructured time and improve their skills.

Positive program example

- Francis Walker was implementing an honor roll system after girls proposed it as an additional educational goal to pursue.

In addition to using girls' input, the Girls Forum could also work with providers to partner with universities to conduct ongoing performance assessments and use research results to improve program results.⁸ Such research could help providers and the state identify effective program designs that have the strongest positive outcomes.

Staff Hiring and Training

Staffing practices and training on gender-specific issues can have a strong effect on program quality. Research on program effectiveness shows that a well-trained staff that is skilled in relating to girls can result in reduced recidivism for program participants. When interviewing job applicants, managers of

girls' programs should include questions on gender-specific issues, such as the applicant's experience working with girls or developing positive relationships with girls, knowledge of female development, and understanding of gender differences. For new employees, the gender-specific contract stipulates that training should include information on adolescent female development, restorative justice, and issues related to victimization, exploitation, domestic violence, trauma, and recovery. Staff also should be made aware of the importance of maintaining clear boundaries for verbal and physical interactions with the girls. Male staff must be sensitive to girls' negative patterns of male attention-seeking and taught how to respond.

In addition, since relationships are central to girls' development, delinquency, and rehabilitation, girls' programs should train staff in skills for communicating with girls and developing a climate of positive relationships. Programs also should provide periodic follow-up training on gender-specific skills.

Staff hiring and training were not adequately gender-specific

Most programs we visited were weak in meeting gender-specific practices for hiring and training. While nine program managers stated that when interviewing potential staff, they inquire about the applicant's interest and experience in working with girls, none of the standard interview forms we obtained from these programs included questions relating to these issues.

Training also fails to address gender-specific issues. The department requires newly hired staff to take 120 hours of training within the first 120 days. The department has developed a basic curriculum that includes components on security, first aid, etc. Providers train their own staff using this curriculum. The curriculum does not include gender-specific issues. Communicating with girls and developing a climate of positive relationships was an area of concern in all 15 programs we visited, however training in communication and relationship skills is not provided in the

⁸ For example, in Hillsborough County the Prodigy Program for at-risk youth is partnering with McGill University to evaluate and improve program operations.

curriculum or required by the department contract at this time. Eight of the programs we reviewed provided very limited training to their direct care workers in gender-specific issues and the other seven did not provide any specialized training.⁹ Moreover, while the department requires 24 hours per year of continuing education, this training is frequently limited to safety and security issues rather than gender-specific practices.

Positive program examples

- At DeSoto Dual Diagnosis, the mental health staff taught direct care staff communication skills and active listening.
- At Bowling Green, the clinical director held weekly refresher training sessions on communication skills that promote healthy relationships with the girls.

Conclusions and Recommendations ———

Although gender-specific programming appears to reduce recidivism, the department's residential programs for delinquent girls currently varied in the extent to which they met these criteria. While no single program met all gender-specific practices, many substantially met the criteria in several key areas. Overall, most programs met gender-specific practices for mental health, physical safety, and health and hygiene. However, most programs were weak in the areas of relationships and emotional safety, social and educational programming, staff hiring and training, and program design and evaluation.

The department has implemented gender-specific contracts for girls' programs and now needs to provide training and revise its contract monitoring and quality assurance procedures to ensure that these requirements are being met.

To provide gender-specific programming, we recommend that the Legislature take the action described below.

1. Work with the department to shift existing beds to establish another program to serve pregnant girls and their babies. Since the children of delinquent teen mothers are at great risk of poor outcomes, the department also should partner with state, local, and university programs with resources and expertise in maternal and child health to provide quality infant care and interactive parent training to strengthen attachment, reduce the risks of child abuse, and improve outcomes for these infants and their mothers. Potential partners include university programs specializing in maternal child health, child development, infant mental health, and adolescent parenting; programs such as Healthy Families, Florida's Healthy Start, Early Steps, WIC, and teenage parenting programs.

We also recommend that the Department of Juvenile Justice take the actions described below.

1. Revise its gender-specific contracts to require
 - training of direct care staff and program managers in communication skills and developing positive relationships with girls;
 - providers to provide pre-vocational and vocational programming, as they are in the standard department contract; and
 - providers to involve girls in a significant way in program evaluation and design.
2. Use recently approved federal grant funds to train managers and direct care staff to provide gender-specific services as stipulated in the contracts for girls' programs.
3. Incorporate gender-specific contract requirements into program monitoring forms and quality assurance standards as soon as practical to ensure that they are adhered to, and train inspectors on these new instruments. These monitoring tools and standards should be used to assure that programs meet gender-specific contract requirements such as providing family therapy and staff training on girls' issues.

⁹ The department conducts a short session for direct care workers on gender-specific programming at its annual residential conference.

4. Through the Girls' Forum, facilitate partnerships between providers of girls' programs and university researchers to conduct ongoing performance assessments and use research results to improve program results.

We also encourage providers to include questions about interest and experience in working with girls when interviewing job applicants for girls' programs.

Agency Response

In accordance with the provisions of s. 11.51(6), *Florida Statutes*, a draft of our report was submitted to the Secretary of the Department of Juvenile Justice for review and response.

The Secretary's written response is reproduced in its entirety in Appendix B.

Appendix A

DJJ Operates 33 Girls' Programs

Name of Program	City	County
Low Risk Programs		
Vision Quest	Okeechobee	Okeechobee
First Step Adolescent Services G T H	Sanford	Seminole
S T E P 2	Yulee	Nassau
Moderate Risk Programs		
Women In Need Of Greater Strength (WINGS)	Miami	Dade
Kingsley Halfway House	Arcadia	DeSoto
Bowling Green Juvenile Residential Facility	Bowling Green	Hardee
Sawmill Academy For Girls	Tallahassee	Leon
Jo Ann Bridges Academy	Greenville	Madison
Vision Quest	Okeechobee	Okeechobee
Adolescent Treatment Center	Orlando	Orange
First Step Girls Juvenile Residential Facility	Orlando	Orange
Y M C A Character House	Sarasota	Sarasota
Alachua Juvenile Residential Facility	Gainesville	Alachua
Eckerd Camp E Nini Hassee	Floral City	Citrus
South Florida Halfway House	Lantana	Palm Beach
Wilson Youth Academy	Land O' Lakes	Pasco
Live Oak Girls Juvenile Residential Facility	Lakeland	Polk
Pines Juvenile Residential Facility	Daytona Beach	Volusia
High Risk Programs		
Monticello New Life	Monticello	Jefferson
Orange Halfway House	Orlando	Orange
Vernon Place	Vernon	Washington
Mental Health Programs		
Lighthouse Juvenile Residential Facility	Cooper City	Broward
DeSoto Dual Diagnosis Moderate Risk	Arcadia	DeSoto
DeSoto Dual Diagnosis High Risk	Arcadia	DeSoto
Florida Institute For Girls Intensive High Risk	West Palm	Palm Beach
Florida Institute For Girls Specialized High Risk	West Palm	Palm Beach
Florida Institute For Girls Maximum Risk	West Palm	Palm Beach
Florida Institute For Girls Specialized Maximum Risk	West Palm	Palm Beach
Helping Ourselves Progress Effectively (HOPE)	Fountain	Bay
Lake Academy	Lutz	Pasco
Milton Girls Juvenile Residential Facility	Milton	Santa Rosa
Substance Abuse Programs		
Francis Walker Halfway House	Titusville	Brevard
Bowling Green Female Substance Abuse Treatment	Bowling Green	Hardee

OPPAGA conducted site visits to review the highlighted programs.



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Governor Jeb Bush

Secretary Anthony J. Schembri

March 10, 2005

Mr. Gary R. VanLandingham, Interim Director
Office of Program Policy Analysis and Governmental Accountability
Claude Pepper Building, Room 312
Tallahassee, FL 32399-1475

Dear Mr. VanLandingham:

Pursuant to Section 11.513(5), Florida Statutes, this written explanation is submitted by the Department of Juvenile Justice regarding the recommendations in the OPPAGA information brief entitled "Gender-Specific Services for Delinquent Girls Vary Across Programs, But Help Reduce Recidivism."

This report provided four recommendations to the Department of Juvenile Justice and one to the Florida Legislature. What follows is a response to the recommendations to the Department of Juvenile Justice.

Recommendation #1

"We also recommend that the Department of Juvenile Justice take the actions described below."

Revise its gender-specific contracts to require:

- **Training of direct care staff and program managers in communication skills and developing positive relationships with girls;**
- **Providers to provide pre-vocational and vocational programming, as they are in the standard department contract; and**
- **Providers to involve girls in a significant way in program evaluation and design.**

The Department agrees that girls programming should be different from boys programming; we have taken several steps over the past few years to address these differences. The Department is committed to continuing our efforts by doing the following specific to this recommendation:

The Department's Residential Contract Compliance Unit, along with Contract Administration has just completed amending all contracts for girls programs to add gender specific language. We will research the feasibility of developing additional language for future contracts that address training of administration and staff on communication skills and building positive relationships with girls. We will also research the feasibility of amending all current contracts to include the training recommended in your report.

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At the same time revisions are made in contract language, we will review the pre-vocational/vocational language of each girls program contract and make any necessary revisions to it so that the language requires the Provider to ensure these services.

Currently, there is language in the Living Environment/Treatment Modalities section of the scope of service that requires the Providers to involve girls (and boys) in the development and design of the program. However, it may not be clearly explained in the provider's proposal of their means to comply with this requirement. The Department can strengthen this language through amendments to current language or revisions in future language.

Recommendation #2

“Use recently approved federal grant funds to train managers and direct care staff to provide gender-specific services as stipulated in the contracts for girls programs.”

The Department agrees with this recommendation and is currently working out the final negotiations with the Department of Justice, Office of Juvenile Justice and Delinquency Prevention, and PACE Center for Girls. Once this takes place then the Department will begin to finalize a plan for providing the training to the managers and direct care staff. This training will be open to staff in all the Department's program service areas, not just those working in residential facilities.

Recommendation #3

“Incorporate gender-specific contract requirements into program monitoring and quality assurance standards as soon as practical to ensure that they are adhered to, and train inspectors on these new instruments. These monitoring tools and standards should be used to assure that programs meet gender-specific contract requirements such as providing family therapy and staff training on girls' issues.”

As mentioned earlier the Department agrees that girl's programming should be different than boy's programming. The Department's program monitoring process was developed to monitor the stipulations of the contract. If the Department requires certain gender specific services via the contract, these services will be monitored in accordance with the Department Residential Monitoring policy (FDJJ 8100). Monitors are trained to monitor programs to ensure compliance with the terms and conditions of the contract. The Department monitoring policy requires 32 hours of pre-service training and 40 hours of annual in-service training for all Residential Monitors. The Residential Contract Compliance Unit will work closely with ours in the Department to develop training materials specific to girls programming. This training will be included in our monthly Video Teleconferences; this will also be used to assist in meeting the training requirements.

Quality Assurance standards are developed based on Department policy, manuals, statute, etc. Currently, the Department and the Office of Residential Services is in the process of finishing a draft manual to be used in conjunction with current policies and in place of future policy and procedure changes. The Office of Residential Services is working on adding some language to the manual in regards to gender specific services. Once this language is placed in the manual, this office can proceed with making recommendations to our Office of

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Quality Assurance. Discussions have begun and certain indicators have been identified as needing revision.

Recommendation #4

“Through the Girls’ Forum, facilitate partnerships between the providers of girls programs and university researchers to conduct ongoing, performance assessments and use research results to improve program results.”

We agree that the use of performance assessments will assist the Department in improving program results. Members of the Girls’ Forum will continue to seek out experts, resources and funding opportunities through university contacts and researchers. We will continue to make this information available to field staff and managers through emails, newsletters and other forms of announcement. We will also encourage university contacts to participate as presenters at our various conferences and meetings.

The Department appreciates the opportunity to comment on this review and will actively pursue improvements in the areas covered in OPPAGA’s recommendations. If you need further information, please contact Charles R. Chervanik, Assistant Secretary for Residential Services at (850) 921-4188, or Mary Mills, Director of Contracts at (850) 488-7878.

Sincerely,

/s/
Anthony J. Schembri
Secretary

AJS/RES/CRC/kig

cc: Charles R. Chervanik, Assistant Secretary for Residential Services
Mary Mills, Chief of Residential Contract Compliance

The Florida Legislature

Office of Program Policy Analysis and Government Accountability



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- [Florida Government Accountability Report \(FGAR\)](#) is an Internet encyclopedia of Florida state government. FGAR offers concise information about state programs, policy issues, and performance.
- [Best Financial Management Practices Reviews of Florida school districts](#). In accordance with the *Sharpening the Pencil Act*, OPPAGA and the Auditor General jointly conduct reviews to determine if a school district is using best financial management practices to help school districts meet the challenge of educating their students in a cost-efficient manner.

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Gary R. VanLandingham, OPPAGA Interim Director