



# Adolescent Girls with Co-Occurring Disorders in the Juvenile Justice System

*Prepared for the GAINS Center by*

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## INTRODUCTION

People with co-occurring disorders who come to the attention of the justice system have often been poorly served by fragmented mental health and substance abuse services in the community. A lack of knowledge about mental health and substance abuse on the part of police, courts, and corrections staff leads to inadequate or inappropriate care within the justice system. Without appropriate treatment, individuals may become increasingly vulnerable, causing disruptive behavior that jeopardizes justice operations and adjustment to the institution or community.

While attention is beginning to focus on the mental health and substance recovery needs of youth in the juvenile justice system in general, little emphasis has been given to understanding and responding to the gender-specific needs of girls coming in contact with the justice system. In a report prepared for the Office for Juvenile Justice and Delinquency Prevention (OJJDP), by Girls Inc., gender-specific services are defined as, "those designed to meet the unique needs of female offenders, that value the female perspective, that celebrate and honor the female experience, that respect and take into account female development and that empower young women to reach their full potential," (*Girls Inc., 1996*).

To this end, the National GAINS Center seeks to facilitate dialogue across multiple disciplines and service systems regarding the specific issues facing the increasing number of adolescent girls with co-occurring disorders in the justice system. The information contained in the following sections is meant to be an outline of some of the major topics concerning this particular group of girls. It is not meant to be a synthesized compendium of answers, but rather a source of generation for questions, and dialogue that can facilitate further understanding, program development, collaboration and policy development.

## **II. PROFILE OF ADOLESCENT GIRLS WITH CO-OCCURRING DISORDERS IN THE JUVENILE JUSTICE SYSTEM:**

### **Prevalence**

In 1993, United States law enforcement agencies made an estimated 2.4 million arrests of people under the age of 18 and nearly one fourth (570,100) were female juveniles (*Poe-Yamagata & Butts, 1996*). Even though the extent of female involvement varied by offense, the largest percentage

of girls was arrested for status offenses (*Federal Bureau of Investigation, 1996*). Status offenses are non-criminal activities encompassing: running away from home, curfew violation, truancy, and incorrigibility. Other offenses with a high proportion of female arrests in 1993 included: prostitution (55 percent), embezzlement (41 percent), offenses against family and children (36 percent), forgery and counterfeiting (35 percent), disorderly conduct (23 percent), liquor law violation (28 percent), curfew and loitering (28 percent). Among property crime violations, girls were arrested most often for larceny-theft (31 percent) and among violent crime offenses they were most often arrested for aggravated assault (18 percent) (*Poe-Yamagata & Butts, 1996*). In 1995, girls accounted for 25 percent of juvenile arrests (compared to 10 percent boys) for status offenses and of those, 57 percent were specifically arrested for running away from home (*FBI, 1996*).

Most experts agree that girls arrested for violent crimes "appear to be handled more leniently than boys throughout the various decision points in juvenile court processing" (*Kelly, et al., 1997a; Bishop & Frazier, 1992; Poe-Yamagata & Butts, 1996*). Adjudicated females were more likely than males to be placed on formal probation as the most restrictive disposition and are less likely to be transferred to criminal adult court (*Poe-Yamagata & Butts, 1996*).

However, the number of juvenile court cases involving detained females between 1989 to 1993 increased at a greater rate (23 percent) than the number of detention cases for males (18 percent) and the greatest use of detention for females involved drug and public order offenses (23 percent) (*Poe-Yamagata & Butts, 1996*). According to the Child Custody Census conducted by the OJJDP in 1993, there were 6,408 girls (11 percent of all those in custody) being held in public juvenile facilities (*Girls Inc., 1996*). Of those girls in custody, 12 percent had committed violent crimes and 12 percent were in custody for status offenses (*Girls Inc., 1996*).

## Trends

In their report, *Female Offenders in the Juvenile Justice System (1996)*, the Office for Juvenile Justice and Delinquency Prevention (OJJDP) found that the relative growth of female juvenile arrests was more than double the growth for males between 1989 and 1993 representing an increase of 23 percent in that time (*Poe-Yamagata & Butts, 1996*). The trend continued in 1994, 25 percent of all juveniles arrested that year were female adolescents (*Girls Inc., 1996; Chesney-Lind, 1997*). While girls lag significantly behind

boys in the number of arrests for violent crimes, there appears to be a serious increase in these types of offenses over time. Between 1989 and 1993, there was a 55 percent increase in the arrest rate for violent crimes committed by adolescent females compared to a 33 percent increase for males (*Poe-Yamagata & Butts, 1996*, *Girls Inc., 1996*).<sup>1</sup>

The trends show an increase of female delinquency as well. From 1989 to 1993 the number of court cases involving female juveniles charged with delinquency increased by 31 percent and female convictions related to gang activity, sexual misconduct and drug offenses quadrupled between 1987 and 1992 (*Calhoun, et al., 1993*). Even though adolescent female involvement in the juvenile justice system varies by offense, the general prevalence figures indicate an increase in violent crimes, property offenses and non-index offenses, which include status offenses.

### Risk Factors

The risks for adolescent female involvement in the juvenile justice system include a number of factors that appear to be relatively interrelated, rather than discrete, making it difficult to assess which pose the greatest risk for future delinquency of adolescent girls. Researchers from across mental health, substance abuse, justice, public health and educational disciplines have indicated that some of the following contribute to the risks of delinquency:

- **Abuse/Victimization:** Research indicates that abuse (sexual, emotional, physical) might be the most significant underlying cause of high-risk behaviors leading to delinquency in girls. Specifically, abuse had been identified as leading to; "sexual and occupational deviance including prostitution in later adulthood" (*Bour, Young and Henningsen, 1984*; *MacVicar & Dillon, 1980*; *James & Meyerding, 1977*; *Bracey, 1983*); an increase in violent behavior (*Davis et al., 1997*); substance use/abuse and other self-harming behaviors (*Girls Inc., 1996*; *Davis, et al, 1997*; *Egan, 1997*; *Herman, 1992*; *Applewhite & Joseph, 1994*)<sup>2</sup>, early sexual activity and poor self-esteem (*Bour, Young & Henningsen, 1984*; *Power & Beveridge, 1990*; *James & Meyerding, 1977*).

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<sup>1</sup> Girls Incorporated (1996) cautions that the absolute numbers of girls arrested for these crimes is relatively small, therefore, any change reflects large percentage increases when calculating trends. Poe-Yamagata & Butts (1996) attribute the large increase in the percentage of female arrests for violent crimes to the increase in numbers of females arrested for aggravated assault. Who are these girls assaulting and why? Snyder and Sickmund (1995) have noted, that of the small percentage of girls who commit homicide, "almost all kill people known to them (46 percent friends, 41 percent family members). In contrast, one third of the people killed by boys are strangers" (*Girls Inc., 1996*, p.6).

<sup>2</sup> For more information pertaining to impact of abuse in the lives of girls and women see any of the following as well: *Miller et al., 1995*; *Locksley & Douvan, 1979*; *Pipher, 1994*; *Chasnoff, et al., 1996*; *Covington, 1996*; *Harris & Landis, 1997*; *Chesney-Lind, 1995*; *Browne, 1992*; *Carmen et al., 1984*; *Rose et al., 1991*.

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- **Substance Use/Abuse:** According to FBI statistics in 1995, twice as many girls (5.6 percent) were arrested for liquor law violations, drunkenness or driving under the influence than those arrested for drug abuse violations in 1994. Harvey & Spigner (1995) noted that stress is an important predictor of substance abuse and subsequent sexual activity for female and male adolescents. And the multiple stresses present in the lives of female adolescents, in particular, can lead many to use alcohol and drugs as a form of alleviation (*Pipher, 1994; Comerti, 1986; Kagan & Squires, 1984; Bodinger-Deuriate, 1991; Bergsmann, 1994; Dufoss, 1990; PRIDE, 1996*).
- **Difficulty in School:** In one study based on self report, 27 percent of girls in the juvenile justice system said they dropped out of school because they are pregnant and 20 percent dropped out of school because they were parents and needed to take care of children (*Girls Inc. 1996*). It has also been noted that a “disproportionate number” of these girls have undiagnosed learning disabilities that put them at risk for frustration, leaving school prematurely and engaging in other risky behaviors (*Girls Inc., 1996*).
- **Gang-related activities:** In related studies on gang member activities among female juveniles, 32 percent admit to participating in violent offenses on behalf of the gang, 43 percent to property offenses and 10 percent admit to drug-related offenses (*Girls Inc., 1996; Joe & Chesney-Lind, 1995*).

## Characteristics

Despite the rise in numbers of girls coming in contact with the juvenile justice system, we still seem to know very little about them. Research indicates that a disproportionate number are status offenders (*Timmons-Mitchell, et al., 1997; Girls Inc., 1996; Davis, et al., 1997*), their crimes have become more serious over time (*Timmons-Mitchell, et al., 1997; Poe-Yamagata & Butts, 1996; Butts & Snyder, 1997*), they are largely adolescents of color who are poor (*Brooks, et al., 1995; Girls Inc., 1996*). Those working with juvenile girls in all phases of the decision-making process have noted the complexity of health, educational, and treatment needs presented by these girls (*Timmons-Mitchell, et al., 1997*).

Many authors have noted the startling dearth of literature regarding large-scale epidemiological research on co-morbidity of substance abuse and mental health issues in general, (*Greenbaum, et al., 1996; Osher & Drake, 1996*) treatment (*Girls Inc., 1996*), and violence pertaining to girls in the justice system (*Davis, et al., 1997*). Like their adult female counterparts, girls are often arrested for non-violent crimes that are drug related and are entering the system with serious mental health and medical issues associated with substance use, high-risk sexual behavior and violence (*Veysey, 1997; Girls Inc., 1996*). Some of the complex primary health care issues faced by women and adolescent girls include STDs, HIV infection, pregnancy, that are overlooked in community settings due to poverty and subsequent

lack of access to physicians (*Brooks et al., 1995; Alexander, 1996*): Even when girls do have access to physicians, research shows they are hesitant to disclose their concerns, listing loss of confidentiality as the major reason for withholding information, followed by feelings of embarrassment and shame (*Davis et al., 1997*).

Assessing the extent to which girls in the juvenile justice system experience co-occurring disorders is difficult due to a lack of uniform assessment guides using criteria specifically designed to assess different developmental stages, reliance on self and parental reports (*Greenbaum, et al., 1996*). The information gathered from these reports can often be skewed because girls may hide their substance use/abuse from parents and be reluctant to self-disclose. There are many barriers to disclosure that prevent ascertaining a clear picture of who they are and the extent of the issues they face. The following studies portray the extensive matrix of co-dependent factors that serve to obscure the issues impacting female adolescent offenders as they enter the juvenile justice system.

### **Prevalence Rates of Co-Occurring Disorders**

In a general prevalence study of mental disorders among adolescents in the juvenile justice system, the National Juvenile Court Data Archive extrapolated figures from the general population. They estimated that in 1989, approximately 1.27 million youths were referred to juvenile court. Of those, approximately 118,700 to 186,600 met the criteria for at least one mental disorder. Further, they found that the estimated number of youths having a diagnosable substance disorder ranged between 17,000 and 271,000 (*Otto, Greenstein, Johnson and Friedman, 1992*).

In order to provide a longitudinal picture of the prevalence of mental health issues in juvenile justice facilities, Timmons-Mitchell and colleagues (1997) surveyed boys and girls in two time periods. They found that 84 percent of the girls displayed the need for mental health assistance compared to 27 percent of the boys and that this need had increased over time. In the same report, Timmons-Mitchell et al. (1997) reviewed studies of diagnostic prevalence among female juveniles. They report that Myers, Burket, Lyles, Stone and Kempf (1990) found conduct disorder was diagnosed most frequently (100 percent), followed by substance abuse (87 percent), mood disorder (80 percent), anxiety disorder (47 percent), ADHD (20 percent) and (20 percent) evidenced euresis (*Timmons-Mitchell, et al., 1997*).

Similarly, other epidemiological research (*Davis, Bean, Schumacher, & Stringer, 1991*) focused on the mental health needs of committed youth in Ohio found that 13.5 percent had a history of suicide attempts and 21.3 percent had threatened suicide (*Timmons-Mitchell, et al., 1997*). Multiple studies have shown that girls have higher incidents of depression throughout adolescence than boys (*Allgood-Mertern, Lewinshon and Hope, 1990; Chwast, 1961; Ostrou, Offer & Howard, 1989; Rutter, 1986; Miller et al., 1995; Davis, et al., 1997*) and they attempt suicide more often (*Rosenthal, 1981*). Others demonstrate the high impact of abuse on the differential rates of depression (*Davis, et al., 1997*), running away (*Chesney-Lind, 1989; Bracey, 1983; Figueira-McDonough, 1985; Rosenbaum, 1989; Calhoun, et al., 1993*), and increased likelihood of future sexual assault, rape (*Gruber, 1984; Levine & Kanin, 1987*) and, prostitution (*Calhoun, 1993*) in adolescent girls. Among juvenile girls identified as delinquent by court, Calhoun and associates (1993) note, "research consistently shows that over 75 percent have been sexually abused" and in trying to escape the abuse, they often become labeled as delinquent.

A recent large scale survey by Davis, et al. (1997) showed that one out of five girls says she has been sexually or physically abused, and that the abuse typically occurred at home (53 percent), that it took place more than once (65 percent) and that the abuser was a family member (57 percent) or family friend (13 percent). One in four girls wanted to leave home because of violence and 58 percent of abused girls said they had wanted to leave home because of violence. Perhaps most disturbing is that of the girls who had been abused, 29 percent said they told no one. When girls did talk to someone, they most often talked with a friend (41 percent) or their mother (38 percent). Girls showed a 50 percent higher rate of depression than boys with one out of four exhibiting depressive symptoms. These girls also stated that they lacked support during the times they were depressed or stressed, and showed an increased likelihood to have problems with substance abuse and eating disorders as well.

Many studies indicate that self-esteem erodes for girls as they get older (*Davis et al., 1997*) whereas self-esteem and self-concept improve for males (*American Association of University Women, 1991*). Self-esteem and respect is further jeopardized when girls have been sexually abused and subject to further abuse on the street, which may lead to committing more serious crimes (*Calhoun, 1993*).

Many adolescents who are frightened, vulnerable, unable to access services and experiencing violence, they tend to run away and are truant. If they are addicted, adolescent girls, like adult women,

are likely to engage in risky sexual behavior to support their habits (*Veysey, 1997; Alexander, 1996*). A study conducted by the American Correctional Association (1990) reported that half the state training schools surveyed stated that 60 percent of the girls they serve need substance abuse treatment and over half of the girls in the system are multiply addicted (*Girls Inc., 1996*).

Overall, the studies show a substantial prevalence of co-occurring addiction and mental disorders among adolescents with approximately half of the adolescents receiving mental health services reported as having a dual disorder (*Greenbaum et al., 1996*). This finding parallels the results from the adult co-occurring addiction and mental disorder literature. Among adolescents with co-occurring addiction and mental disorders, conduct disorder and depression are the most frequently reported mental disorders (*Greenbaum, et al., 1996*).

Cocozza (1992) has elaborated the dichotomy of perception regarding adolescents who have concomitant mental health and substance abuse issues in the juvenile justice system. He states that these adolescents are seen as either “:bad” or “bad” which often means they are excluded from eligibility for services in all places. When adolescents are viewed in this fragmented way, the complexity of their lives and interactive nature of difficulties they face is left unacknowledged. Regarding the perception of female adolescents, and resultant invisibility stemming from lack of acknowledgment of the ways they communicate distress, we may want to add the term, “sad.” In many juvenile justice, mental health, substance abuse, and educational institutions, the symptoms and behaviors girls exhibit are in danger of being missed and misinterpreted as “manipulative” (*Stefan, 1994, 1998 forthcoming*), “defiant,” “antisocial,” and “delinquent.” These girls may act out their rage in gender-specific ways that do not qualify them for services anywhere. Subsequently, they may be inappropriately placed in restrictive settings of all kinds, if they are seen at all.

When adolescent girls (particularly if they are white) act in ways that are not understood by juvenile officials they are more likely than boys to be placed in mental health settings (*Westendorp et al., 1986; Lewis et al., 1979, 1980, 1982; Brooks et al., 1995; Armstrong, 1993; Girls Inc., 1996*) which may not address their substance use and/or other “high risk” behaviors. Similarly, adolescent females (particularly if they are non-white) engaging in “high risk” behaviors as a reaction to the violence in their lives may be referred to juvenile justice systems which do little to assist them with the etiology of their

concomitant depression and substance use. Sometimes adolescent girls are referred to substance abuse treatment facilities that find it difficult to manage behaviors or symptomology of psychological distress. Or they may not receive services at all, and find themselves back at home or on the street after being referred to juvenile systems by family members or relatives. To this end, it seems vital to find ways to discuss and address the multiple needs of female adolescents who are increasingly finding themselves in our juvenile justice systems.

### **III. COMPETING PARADIGMS AND UNCOORDINATED SERVICE SYSTEMS**

**Who is measuring mental health and addiction status? What does it mean?**

In their chapter, *Issues in Systems Interactions Affecting Mentally Disordered Juvenile Offenders*, Barnum and Keilitz, (1992) outline the organizational and structural functions of mental health and juvenile justice systems that frequently conflict when attempting to meet the multiple and often, complex needs of adolescent offenders. Often juvenile justice systems have difficulty responding to the specific emotional and behavioral needs of adolescents who may be indicating they are in psychological distress and mental health systems are less than welcoming of adolescents that are “violent or otherwise antisocial.” They note that because young offenders have multiple needs, they are often involved with more than one institution at the same time, whether they are familial institutions, social service, juvenile justice, educational or mental health. They note that often the discussions of interactions between mental health systems and juvenile justice systems focus on the issue of “appropriateness.” Understanding how “appropriate” an adolescent is for one system or another involves identification and characterization of the psychological disturbance in the adolescent, the relationship of psychological distress to the offensive behavior and how these issues contribute to placement in one system or another.”

Barnum and Keilitz (1992) provide a good example of this dilemma by asking an important question, “How do we categorize the sort of disturbances involved in a girl running away from a home and becoming involved in indiscriminate sexual activity after a long history of being sexually abused?” They elaborate by saying how important it is for both mental health and justice institutions to appreciate the variety of ways children react to the multiple stresses and the implications of those reactions for responses in mental health classification, prognosis and treatment.

Even though the stated goal for court clinical evaluation is often “treatability,” Barnum, et al., (1989) have found that juvenile court decisions are often based more on impressions of “high risk” and need for emergency or “intensive treatment.” These high risk impressions often include indicators that are explicit and highly visible, such as aggressiveness, self-destructive behavior (*Kelly, 1978*), explicit suicidality, homicidality, or bizarre behavior (*McNeil et al., 1991*). Assessment can be even more confusing when mental health systems and juvenile justice systems are not accustomed to using gender- and culturally specific criteria to determine variations in mood, perception and behavior that could signal serious distress.

Some of the gender-specific issues arise at the point of intake. Since juvenile justice institutions have great discretion regarding referral for clinical assessment, girls with less obvious (visible) signs of psychological distress may not be referred. Since there is some indication that identification of psychological disturbance is associated with greater restrictiveness in disposition and detention decision making (*Grisso, et al., 1988*), girls could be spared some of the more restrictive settings that may not meet their needs. However, they may also be at risk for increased decompensation as their expressions of distress are likely to be missed in the initial intake process and they are released in the community with no support or greater understanding of underlying etiology of their actions.

Most often criteria for referral to the court clinics relate to the offense itself such as violence, sexual offense or pending transfer hearing (*Barnum & Keilitz, 1992*). Since the majority of girls do not come in contact with the juvenile justice system for violent, or sexual offenses and they are much less likely than boys to be transferred for a hearing, they could be easily missed.

Once in the mental health or juvenile justice system, girls may be in danger of being over-medicated as the staff seeks to manage their behavior without understanding the underlying precipitants (*Ridgeley, 1997*). The overuse of psychotropic medication without psychotherapy to control the behavior of adult women in the criminal justice system (*Wilson & Leisure, 1991*) leads to speculation that the same dangers are present for girls as well.

Mental health, substance abuse and juvenile justice systems rarely ask specific questions about the issues relevant to adolescent girls. The lack of sensitive and uniform assessment for histories of violence, depression, posttraumatic stress, anxiety, self injury, alcohol, drug use, head injury, pregnancy,

and other health-related issues sends an implied message to girls, that they are better served by remaining silent. (*Summitt, 1989; Rieker & Jankowski, 1995*) And in fact, there is ample evidence that girls do not volunteer the information unless asked directly and in terms that make sense to them developmentally, culturally, and socially (*Davis, et al., 1997*).

### **Re-interpreting labels**

As noted earlier, girls far outnumber boys in their experience of depression and other mental health issues (*Timmons-Mitchell, et al., 1997*). In this way, they are not all that different than women in the criminal justice system. The differences may lie in the confluence of factors that are compounded by their status as juveniles. The labels that have been applied to girls would not apply to women simply because they are age-specific. In an attempt to mediate the extent of violence in their lives, girls can develop a number of coping mechanisms that are re-defined as symptoms of pathology in mental health systems (*Rieker & Jankowski, 1995*), relapse in substance abuse systems and antisocial in juvenile justice systems.

Emerging research suggests that the needs of girls and perhaps even the etiologies of their involvement in the justice system are drastically different than those of their male counterparts (*Kelly, et al., 1997a; Chesney-Lind, 1997; Girls Inc., 1996; Miller et al., 1995*). Therefore, assessment of risk factors influencing the onset of offenses, delinquency, and violent behavior in girls requires future attention (*Kelly, et al., 1997a & b*). Additionally, Kelly, and colleagues (1997a) echo the findings of others (*Chesney-Lind, 1987, 1989, 1997; Covington, 1996; Girls Inc., 1996; Miller et al., 1995*) in that gender-specific programming initiatives need to be developed that take into consideration all of the inter-related needs of girls and women in correctional settings. They suggest that juvenile justice personnel need to become sensitive to gender distinctions in “risk factors, aggressive motivators, self concept concerns, and individual treatment needs.” It is now believed that female juveniles frequently suffer from complex vulnerabilities, often coalescing at critical junctures and jeopardizing their future health and physical safety. Therefore, their service needs more typically resemble those of adult females involved in the criminal justice system.

Perhaps the greatest testimony to the internalization of violence experienced by women and girls rests in the amount of self-inflicted violence they endure. It has long been known that self-injury is highly correlated with histories of abuse (*Applewhite & Joseph, 1994; Miller, 1994; Herman, 1992*;

*Harris & Landis, 1997; McLane, 1996*). Recent information suggests that those in psychiatric treatment for self injury are predominantly white, middle class girls (*Egan, 1997*). However, Black, Asian, and Latino girls who are poor and addicted, are more likely to be incarcerated than referred to treatment facilities (*Brooks et al., 1995; Girls Inc., 1996*) and are therefore missing from the prevalence research on self injury. There is enough evidence to suggest that they are at high risk for multiple forms of violence through homelessness, prostitution, drug addiction and psychological symptoms that leave them overwhelmingly vulnerable.

It seems relevant to address the considerable conflict of opinion among experts regarding exactly what happens to girls who come in contact with the justice system for offenses that are perceived as socially unfeminine. These include incorrigibility, sexual promiscuity, prostitution, drug and alcohol offenses, contempt of court. According to some researchers, females are more likely than boys to be incarcerated for sexual misdemeanors, such as promiscuity and prostitution "even though a large percentage have reported being victims of sexual abuse themselves" (*Calhoun, et al., 1993*). This may be due in part to those referring them.

Parents, rather than law enforcement officials, most often refer girls to the juvenile justice system for sexual misbehavior, and defiance of parental authority, behavior seen as less problematic in boys (*Ketcham, 1978; Pope & Feyerherm, 1982; Chesney-Lind, 1982, 1997; Girls Inc., 1996*). In this way, parents "significantly contribute" to the gender bias in the juvenile justice system (*Bishop & Frazier, 1992*).

By not developing alternatives for girls at early intervention stages, creating environments they consider "safe" and channeling resources in finding networks of foster placements, are we in effect, re-victimizing them for revealing the difficulties they face?

### **What Constitutes Safety for Girls**

Pipher and others (*Herman, 1981, 1992; Forward & Buck, 1988; Girls Inc., 1996*) contend that the lack of viable options for girls to express their true selves leads them to act in ways that appear self-destructive but are often logical, adaptive responses to the world in which they live. Their behaviors, actions and symptoms, recodified in this way can then be understood as acts of resistance and strengths against a society that ignores, and frequently damages them. Running away, truancy, suicidal gestures, depression, excessive dieting, weight gain, prostitution, early pregnancy, drug and alcohol use may all

be signs that a girl is trying to protect herself from the onslaught of messages she receives on a daily basis that she is "bad," "wrong," "manipulative," "frigid," "unlovable," and "weak."

The needs of girls in justice systems are only beginning to be acknowledged. Therefore, their experiences of traumatization can only be inferred from the growing literature outlining the deleterious effects of intrusive institutional practices such as seclusion and restraint and resulting decompensation for women in those settings. The dearth of information gathered from firsthand accounts further underscores the extent of invisibility surrounding the gender-specific needs of girls who may be made much worse through institutional policies and procedures applied in a highly controlled atmosphere that does not account for differential gender experiences (*Ridgeley, 1997*).

Some adolescent girls with co-occurring disorders and histories of abuse committed to long term psychiatric institutionalization have provided useful insight into the effects of traditional crisis intervention procedures. During the first Massachusetts statewide conference sponsored by the Department of Mental Health on Strategies for the Reduction of Restraint and Seclusion, adolescent girls shared their experiences in a workshop. They stated that the following interventions at times of crisis caused them to further escalate, which compounded pre-existing shame often leading to increased self- injurious behavior and restraint:

- presence of male security;
- being surrounded by men when hearing voices, having flashbacks, (can mirror gang-related physical and sexual perpetration, cultic abuse);
- being strapped to beds where many experienced the original sexual abuse;
- being strapped to beds spread-eagle style, which increases vulnerability and is insensitive to the ways girls and women are violated;
- having medication forcibly injected into their bodies, which re-stimulates the feelings of loss of control over their bodies during episode of sexual abuse;
- seclusion: effect of disappearing, not being visible to anyone, reminiscent of neglect;
- suicide precautions that force disrobing (re-stimulating humiliating exposure to male perpetrators);
- constant observation -- watching girls through windows, while toileting, showering, disrobing -- reenacts intrusive voyeurism of perpetrators;
- being transported in restraint and/or handcuffs to and from facilities (usually emergency rooms to psychiatric facilities or from psychiatric facilities to court);

- forced physical exams: involves disrobing and sometimes restraint while intrusive physical procedures are carried out;
- body searches: invasive body searches can replicate rape for many girls.

This information provides important insight into the feelings of “un-safety” and actual danger experienced by adolescent girls in highly controlled and coercive environments.

Mary Pipher, Ph.D., in her newly released book, *Reviving Ophelia: Saving the Selves Of Adolescent Girls*, frequently addresses the issue of safety within the context of the complex environmental, social, cultural and economic stressors facing the adolescent girls that she treats. Through the process of assisting girls in the identification of social double standards being applied to them, she facilitates a reorientation or re-cognition of a proper context for their feelings, thoughts and actions. Treated in this way, she assists the girls in resisting the pressures to accept the social, cultural, class and gender mores that ultimately cause them to give up on themselves.

Substance abuse and mental health systems often define safety in terms of symptom and behavioral management. Symptom reduction or eradication, however, may do little to help girls understand and/or change the underlying etiology of the problems they face. Pipher (1994) suggests that “surface behaviors reveal little of the deep struggles that are battles to hold onto the true selves.” The limited definition of recovery, as symptom management, is reductive rather than relational. It constricts the approaches known to be most effective with women and girls (Covington, 1996; Baker-Miller, 1990; Gilligan, 1982). The lack of emphasis on relational and expressive approaches, in which partnerships and process are central, may punish females and misunderstand their communication style. Girls may appear to be safe, but their voices may be silenced.

#### **IV. FUTURE CHALLENGES & CREATIVE RE-DIRECTION:**

A future challenge may be to find new ways of increasing dialogue and creating partnerships with girls in juvenile justice settings that could lead to new possibilities for more constructive intervention at times of crisis. In addition, developing policies and procedures that are sensitive to the articulated needs of girls, is essential to establishing an actual environment of safety. The results of these efforts could have a positive impact on recidivism, rehabilitation efforts and justice management outcomes.

Innovative approaches have been developed for working with women who have histories of abuse, vulnerabilities to mental health crisis, substance abuse involvement and are self-injurious. For example, new advancements in the areas of global assessments for abuse histories at the point of contact with mental health and substance abuse systems now take into account the fact that women and girls do not report abuse if they are not asked directly and in a manner that is culturally and linguistically sensitive (*Alexander, 1996; Carmen et al., 1984; Rieker & Carmen, 1984, 1986; Davis et al., 1997; Herman, 1992*). Other evidence suggests that when they do report they are not taken seriously (*Jennings, 1994; Carmen, 1995; Carmen et al., 1996; Rieker & Jankowski, 1995*). Similar advancements in assessment, early intervention, innovative programming and cross-system collaboration need to be developed and implemented for girls at risk for juvenile justice involvement as well.

This paper has raised some critical concerns presenting a challenge to all those involved with the care and treatment of highly vulnerable adolescent girls with complex substance abuse, mental health and physical health needs. These challenges present opportunities for new collaborative efforts in addressing the unique needs of female juvenile offenders. Following are some of the questions that must be addressed in order to focus our efforts in identifying some essential next steps:

- What is the first step in designing developmentally-sensitive, gender-specific programming that includes educational, health, psychiatric and substance abuse treatment in communities?
- How do we examine the characteristics of adolescent female offenders and delinquency within the context of “normative” female development?
- How do we identify programs for adolescent girls that apply strength-based approaches in screening and assessment, intervention and programming for girls at risk?
- What kinds of early intervention, diversion and training prevent decompensation, suicidal ideation and recidivism for girls?

Through cooperative endeavors we can begin to reverse decades of neglect by bringing the needs of adolescent girls with co-occurring disorders involved in the juvenile justice system into focus across multiple systems. And by generating new ideas through dialogue, identifying existing innovative models, and sharing knowledge regarding best practices, we can create a new future for these girls and those who provide for them.

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## REFERENCES:

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- Alexander, M.J. (1996). Women with co-occurring addictive and mental disorders: An emerging profile of vulnerability. *American Journal of Orthopsychiatry*, 66 (1), 61-70.
- Allgood-Merten, B., Lewinshon, P.M., & Hops, H. (1990). Sex differences and adolescent depression. *Journal of Abnormal Psychology*, 99, 55-63. In J. Timmons-Mitchell, et al., (1997). *Final Report: Results of a Three Year Collaborative Effort to Assess the Mental Health Needs of Youth in the Juvenile Justice System in Ohio*. (Unpublished Report). Columbus, OH: Ohio Department of Youth Services.
- American Association of University Women (1991). *Shortchanging girls, shortchanging America*. Washington, DC: Author.
- American Correctional Association (ACA). (1990). *The female offender: What does the future hold?*
- Applewhite, L.W. & Joseph, M.V. (1994). Confidentiality: Issues in working with self-harming adolescents. *Child and Adolescent Social Work Journal*, 11 (4), 279-294.
- Armstrong L. (1993). *And they call it help: the psychiatric policing of America's children*. Reading, MA: Addison-Wesley.
- Balthazar, M.L., & Cook, R.J. (1984). an analysis of the factors related to the rate of violent crimes committed by incarcerated female delinquents. In *Gender Issues, Sex Offenses, and Criminal Justice* (pp. 103-118). Binghamton, NY: The Haworth Press.
- Barnum, R. and Keilitz, I. (1992). Issues in systems interactions affecting mentally disordered juvenile offenders. In J. J. Cocozza (Ed.), *Responding to the Mental Health Needs of Youth in Juvenile Justice System*. Seattle, WA: The National Coalition for the Mentally Ill in the Criminal Justice System, pp. 49-91.
- Bergsmann, I.R. (1994). Establishing a foundation: Just the Facts. In American Correctional Association/ Office of Juvenile Justice and Delinquency Prevention, *1994 National Juvenile Female Offenders Conference: "A time for change"* [monograph]. Laurus, MD: American Correctional Association, pp. 3-14.
- Bishop, D.M. and Frazier, C.E. (1992). Gender bias in juvenile justice processing: Implications of the JJDP Act. *Journal of Criminal Law and Criminology*, 82 (4), 1162-1186.
- Bodinger-Deuriarte, C. (1991). Female adolescents: What prevention programs need to know (Update 9). *The Northwest Reporter*, September.
- Bour, D.S., Young, J.P., & Henningsen, R. (1984). A comparison of delinquent prostitutes and delinquent non-prostitutes on self-concept. In *Gender Issues, Sex Offenses, and Criminal Justice* (pp. 89-101). Binghamton, NY: The Haworth Press.
- Bracey, D.H. (1983). The juvenile prostitute: Victim and offender. *Victimology*, 8, 151-160.

- Brooks E.R., Zuniga M., Penn, N.E. (1995) The decline of public mental health in the United States. In C.V. Willie, P.P. Rieker, B.M. Kramer and B.S. Brown (Eds.), *Mental Health, Racism and Sexism*, Pittsburgh, PA: University of Pittsburgh Press. pp. 51-117.
- Browne, A. (1992). Violence against women: Relevance for medical practitioners. (A Council on Scientific Affairs, AMA Report) *JAMA*, 256 (23), 3184-3189.
- Butts, J.A. & Snyder, H.H. (September 1997). The youngest delinquents: Offenders under age 15. *Juvenile Justice Bulletin*, Washington D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Justice and Delinquency Prevention.
- Calhoun, G., Jurgens, J. and Chen, F. (1993). The neophyte female delinquent: A review of the literature. *Adolescence*, 28, 461-471.
- Carmen, E.H. (1995). Inner city community mental health: The interplay of abuse and race in chronically mentally ill women. In C.V. Willie, P.P. Rieker, B.M. Kramer & B.S. Brown (Eds.), *Mental Health, Racism and Sexism*, Pittsburgh, PA: University of Pittsburgh Press, pp. 217-236.
- Carmen E.H., Crane W., Rieker P.P., Prescott, L., Stromberg, N., Holochuck, S. Dunncliff, M. (1996) *Massachusetts task force report on the seclusion and restraint of persons with histories of physical and sexual abuse*. Boston, MA: Massachusetts Department of Mental Health. Also see Task force clinical guidelines.
- Carmen, E.H., Rieker, P.P., Mills, T. (1984). Victims of violence and psychiatric illness. *American Journal of Psychiatry*, 141: 378-383.
- Chasnoff, I. (July 27, 1995) *Violence and Women Across the Life Cycle Issue Forum Report*. Washington DC: National Women's Resource Center.
- Chesney-Lind, M. (1987). Girls and violence: An exploration of the gender gap in serious delinquent behavior. In D. Crowell, I. Evans, & C.R. O'Donnell (Eds.), *Childhood Aggression and Violence: Sources of Influence, Prevention and Control* (pp. 207-229). New York: Plenum Press.
- Chesney-Lind, M. (1989). Girls' crime and woman's place: Toward a feminist model of female delinquency. *Crime & Delinquency*, 35, 5-29.
- Chesney-Lind, M. (1995). Girls, delinquency and juvenile justice: Toward a feminist theory of young women's crime. In B.R. Price and N. Sokoloff (Eds.), *The Criminal Justice System and Women*. New York: McGraw-Hill, 71-88.
- Chesney-Lind, M. (1997). *What About Girls? Hidden Victims of Congressional Juvenile Crime Control*. Unpublished paper, Women's Studies Program: University of Hawai'i at Manoa.
- Chwast, J. (1961). Depressive reactions as manifested among adolescent delinquents. *American Journal of Psychotherapy*, 21, 575-584. In J. Timmons-Mitchell, et al., (1997). *Final Report: Results of a Three Year Collaborative Effort to Assess the Mental Health Needs of Youth in the Juvenile Justice System in Ohio*. (Unpublished Report). Columbus, OH: Ohio Department of Youth Services.
- Cocozza, J.J. (Ed.), (1992). *Responding to the Mental Health Needs of Youth in Juvenile Justice System*. Seattle, WA: The National Coalition for the Mentally Ill in the Criminal Justice System, pp. 1-6.

- Comerci, G.D. (1986). *Seminars in Adolescent Medicine*, 2, i-ii.
- Covington, S.S. (October 1996). *Women in prison: Approaches in the treatment of our most invisible population*. Institute for Relational Development, La Jolla, CA: unpublished paper.
- Crespi, T.D. (1990). Restraint and seclusion with institutionalized adolescents. *Adolescence*, 25 (100), 825-829.
- Davis, D.L., Bean, G.J., Schumacher, J.E. & Stringer, T.L. (1991). Prevalence of emotional disorders in a juvenile justice population. *American Journal of Forensic Psychology*, 9, 1-13. In J. Timmons-Mitchell, et al., (1997). *Final Report: Results of a Three Year Collaborative Effort to Assess the Mental Health Needs of Youth in the Juvenile Justice System in Ohio*. (Unpublished Report). Columbus, OH: Ohio Department of Youth Services.
- Davis, K., Schoen, C., Greenberg, L., Desroches, C., Abrams, M. (released September 1997). *The Commonwealth Fund Survey of the Health of Adolescent Girls*. New York: Commonwealth Fund (publication forthcoming).
- Deegan, P. (1995). Before we dare to vision, we must be willing to see. In *Dare to Vision: Shaping the National Agenda for Women, Abuse and Mental Health Services: Proceedings of a Conference held July 14-16, 1994 in Arlington, VA, co-sponsored by the Center for Mental Health Services and Human Resources Association of the Northeast*, Holyoke, MA: Human Resource Association.
- Deegan, P. (1990). Spirit breaking: When the helping professions hurt. *The Humanistic Psychologist*, 18 (3), 301-313.
- Denmark, F.L. & Rutschmann-Jaffe, R. (1979). The emerging female criminal. *International Journal of Group Tensions*, 1-4, 50-58.
- Drake, R.E., Mueser, K.T., Clark, R.E., Wallach, M.A. (1996) The course, treatment, and outcomes of substance abuse disorder in persons with severe mental illness. *American Journal of Orthopsychiatry*, 66(1), 42-51.
- Dyfoss, J.G. (1990). *Adolescents at Risk: Prevalence and Prevention*. New York: Oxford University Press.
- Egan, J. (1997) A thin red line. *New York Times Magazine*, July 27(6), 20-48.
- Federal Bureau of Investigation, 1996. *Crime in the United States 1995*, Washington, DC: Government Printing Office.
- Figueira-McDonough, J. (1985). Are girls different? Gender discrepancies between delinquent behavior and control. *Child Welfare*, 64, 273-288.
- Fisher, W.A. (1994). *Restraint and seclusion: A review of the literature*. American Journal of Psychiatry, 151, 1584-1591.
- Forward, S. & Buck, C. (revised 1988) *Betrayal of Innocence: Incest and its Devastation*. New York: Penguin Books. p. 26.
- Gilligan, C. (1982). *In A Different Voice: Psychological Theory and Women's Development*. Cambridge, MA: Harvard University Press.

- Girls Incorporated. (1996) *Prevention and parity: girls in juvenile justice report*. Girls Incorporated National Resource Center & the Office of Juvenile Justice and Delinquency Prevention, Indianapolis, IN.
- Goldstein J., Freud, A., Solnit, A.J. (1973) *Beyond the Best Interests of the Child*. New York, NY: Free Press.
- Greenbaum, P.E., Johnson, L.F., Petrila, A. (1996). Co-occurring addictive and mental disorders among adolescents: Prevalence research and future directions. *American Journal of Orthopsychiatry*, 66(1), 52-60.
- Grisso, T., Tomkins, A., & Casey, P. (1988). Psychosocial concepts in juvenile law. *Law and Human Behavior*, 12 (4): 403-437.
- Gruber, K.J. (1984). The social-situational context of sexual assault of female youth. *Victimology: An International Journal*, 9, 407-414.
- Harris, M. and Landis, C.L. (Eds.) (1997) *Sexual Abuse in the Lives of Women Diagnosed with Serious Mental Illness*. Netherlands: Harwood Academic Publishers.
- Harvey, S.M. and Spigner, C. (1995). Factors associated with sexual behavior among adolescents: A multivariate analysis. *Adolescence*, 30, 253-264.
- Henggeler, S.W., Edwards, J., & Borduin, C.M. (1987). The family relations of female juvenile delinquents. *Journal of Abnormal Child Psychology*, 15, 199-209.
- Herman J.L. (1981) *Father Daughter Incest*. Cambridge, MA: Harvard University Press.
- Herman J.L. (1992) *Trauma and Recovery*. New York: Basicbooks.
- James, J., & Meyerding, J. (1977). Early sexual experience and prostitution. *American Journal of Psychiatry*, 134, 1381-1385.
- Jennings, A. (1994) On being invisible in the mental health system. *The Journal of Mental Health Administration*, 21(4), 374-387.
- Joe, K.A. & Chesney-Lind, M. (1995). Just every mother's angel: An analysis of gender and ethnic variations in youth gang membership. *Gender and Society*, 9, 408-431.
- Kagan, D.M. & Squires, R.L. (1984). Eating disorders among adolescents: Patterns and prevalence. *Adolescence*. 19, 15-29.
- Kelly, B. T., Huizinga, D., Thornberry, T.P., & Loeber, R. (June 1997a). Epidemiology of serious violence. *Juvenile Justice Bulletin*, Washington D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Kelly, B.T., Thornberry, T.P., Smith, C.A. (August 1997b). In the wake of childhood mistreatment. *Juvenile Justice Bulletin*, Washington D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Kelly, T.M. (1978). Clinical assessment and the detention, disposition, and treatment of emotionally disturbed delinquent youths. *Journal of Criminal Justice*, 6, 315-327.

- Kempe, R.S. and C.H. *The Common Secret: Sexual Abuse of Children and Adolescents*. New York: W.H. Freeman & Co.
- Ketcham, O.W. (1978). Why jurisdiction over status offenders should be eliminated from juvenile courts. In R. Allison (Ed.), *Status Offenders and the Juvenile Justice System*.
- Laurel, MD: Author. In Girls Incorporated National Resource Center and Office for Juvenile Justice and Delinquency Prevention. (1996) *Prevention and parity: Girls in juvenile justice*. Indianapolis, IN., p. 12.
- Levine, E.M., & Kanin, J. (1987). Sexual violence among dates and acquaintances: Trends and their implications for marriage and family. *Journal of Family Violence*, 2, 55-65.
- Lewis, D.O., Balla, D., & Shanok, S.S. (1979). Some evidence of race bias in the diagnosis and treatment of the juvenile offender. *American Journal of Orthopsychiatry*, 49(1), 53-61.
- Lewis, D.O. & Shanok, S.S. (1979). Medical histories of psychiatrically referred delinquent children: An epidemiological study. *American Journal of Psychiatry*, 136, 231-233.
- Lewis, D.O., Shanok, S.S., Cohen, R.J., Kligfeld, M., & Fisone, G. (1980). Race bias in the diagnosis and disposition of violent adolescents. *American Journal of Psychiatry*, 137, 1211-6.
- Lewis, D.O., Shanok, S.S., & Pincus, J.H. (1982). A comparison of neuropsychiatric status of female and male incarcerated delinquents: Some evidence of sex and race bias. *Journal of the American Academy of Child Psychiatry*, 21, 190-196.
- MacVicar, K., & Dillon, M. (1980). Childhood and adolescent development of ten prostitutes. *Journal of the American Academy of Child Psychiatry*, 19, 14-59.
- Mann, J. (October 1997). A perilous age for girls. *Washington Post*, E3.
- McLane, J. (1996). The voice on the skin: Self mutilation and Merleau-Ponty's theory of language. *Hypatia*, 11:4, 107-118. In *The Cutting Edge: A Newsletter for Women Living with Self-Inflicted Violence* (Fall 1997), 8, Issue 3 (31), 1-3.
- McNeil, D.E., Hatcher, C., Zeiner, H., Wolfe, H.L., & Myers, R.S. (1991). Characteristics of persons referred by police to the psychiatric emergency room. *Hospital and Community Psychiatry*, 42 (4): 425-427.
- Miller, D. (1994) *Women Who Hurt Themselves*. New York: Basicbooks
- Miller, D., Trapani, C., Fejes-Mendoza, K., Eggleston, C. and Dwiggins, D. (1995). Adolescent female offenders: Unique considerations. *Adolescence*, 30 (118), 429-435.
- Myers, W.C., Burkett, R.C., Lyles, B., Stone L., & Kemph, J.P. (1990). DSM-III diagnoses and offenses in committed female juvenile delinquents. *Bulletin of the American Academy of Psychiatry and the Law*. (18), p. 47-54.
- National Institute of Mental Health (1977). *Study of Females in Detention, King County, Washington*. Washington, D.C.: U.S. Government Printing Office.

- Orr, D.P., & Downes, M.C. (1985). Self concept of adolescent sexual abuse victims. *Journal of Youth and Adolescence*, 14, 401-410.
- Oscher, F.C., and Drake, R.E. (1996). Reversing a history of unmet needs: approaches to care for persons with co-occurring addictive and mental disorders. *American Journal of Orthopsychiatry*, 66(1), 4-11.
- Ostov, E., Offer, & Howard, K.I. (1989). Gender differences in adolescent symptomatology: A normative study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28: 394-398.
- Otto, R.K., Greenstein, J.J., Johnson, M.K., Friedman, R.M. (1992). Prevalence of mental disorders among youth in the juvenile justice system. In J. J. Cocozza (Ed.), *Responding to the Mental Health Needs of Youth in Juvenile Justice System*. Seattle, WA: The National Coalition for the Mentally Ill in the Criminal Justice System.
- Parents' Resource Institute for Drug Education, Inc. (PRIDE), (1996). *PRIDE Questionnaire Report: 1994-1995 National Summary: United States Grades 6-12/Girls*, (AB949999). Available from PRIDE Surveys, 166 St. Charles Street, Bowling Green, KY 42101.
- Pipher, M. (1994) *Reviving Ophelia: Saving the Selves of Adolescent Girls*. New York, NY: Ballantine Books.
- Poe-Yamagata, E.& Butts, J. (1996). *Female offenders in the juvenile justice system: statistics summary*. NCJ 160941. Office of Juvenile Justice and Delinquency Prevention , Washington D.C.: U.S. Department of Justice.
- Pope, C.E. & Feyerherm, W.H. (1982). Gender bias in juvenile court dispositions. *Journal of Social Science Research*, 6, 1.
- Power, K.G., & Beveridge, L. (1990). The effects of custody in a Scottish detention centre on inmates' self-esteem. *International Journal of Offender Therapy and Comparative Criminology*, 34, 177-186.
- Ridgely, M. S. (1997). *Women & Coercion: Commitment, Involuntary Treatment & Restraint*. Department of Mental Health Law and Policy, Louis de la Parte Florida Mental Health Institute, University of South Florida: unpublished paper.
- Rieker, P.P., & Carmen, E. (1986). The victim-to-patient process: The disconfirmation and transformation of abuse. *American Journal of Orthopsychiatry*, 56 (3), 360-370.
- Rieker, P.P., & Carmen, E.(H). (1984). Violence and psychiatric disorder. In P.P. Rieker, E.(H). Carmen (Eds.), *The Gender Gap in Psychotherapy: Social Realities and Psychological Processes*, New York: Plenum.
- Rieker, P.P., & Jankowski, M.K. (1995). Sexism and women's psychological status. In C.V. Willie, P.P. Rieker, B.M. Kramer and B.S. Brown (Eds.), *Mental Health, Racism and Sexism*, Pittsburgh, PA: University of Pittsburgh Press, pp. 27-50.
- Rose, S.M., Peabody, C.G., Stratigeas, B. (1991). Undetected abuse among intensive case management clients. *Hospital and Community Psychiatry*, 42 (5):499-503.

- Rosenbaum, J.L. (1989). Family dysfunction and female delinquency. *Crime & Delinquency*, 35, 31-44.
- Rosenthal, M.J. (1981). Sexual differences in suicidal behavior of young people. *Adolescent Psychiatry*, 9, 422-442.
- Rutter, M. (1986). The developmental psychopathology of depression: Issues and perspectives. In M. Rutter, C. Issard, & P. Reads (Eds.), *Depression in Young People: Developmental and Clinical Perspectives*. New York: Guilford.
- Schwartz, I.M., Steketee, M.W., & Schneider, V.W. (1990). Federal juvenile justice policy and the incarceration of girls. *Crime & Delinquency*, 36, 503-520. In Chesney-Lind, 1997.
- Stefan, S. (forthcoming, 1998). The impact of law on women with diagnoses of borderline personality disorder related to childhood sexual abuse. In B Levin, A. Blanche & A. Jennings (Eds.), *Women's Mental Health Services*. Sage Press.
- Stefan, S. (1994) The protection racket: rape trauma syndrome, psychiatric labeling and the law. *Northwestern University Law Review*. 88(4), 1271-1345.
- Summitt, R. (1989). The centrality of victimization: Regaining the focal point of recovery for survivors of child sexual abuse. *Psychiatric Clinics of North America*, 12, 413-430.
- Swett, C. (1994). Inpatient seclusion: Description and causes. *Bulletin of the American Academy of Psychiatry and Law*, 22, 421-430.
- Timmons-Mitchell, J., Brown, C., Schultz, S.C., Webster, S.E., Underwood, L.A., Semple, W.E. (1997). *Final Report: Results of a Three Year Collaborative Effort to Assess the Mental Health Needs of Youth in the Juvenile Justice System in Ohio*. (Unpublished Report). Columbus, OH: Ohio Department of Youth Services.
- Unzicker, R. (1995). From the inside. In J. Grobe (Ed.), *Beyond Bedlam: Contemporary Psychiatric Survivors Speak Out*. Chicago: Third Side Press, 13-18.
- Veysey, B.M. (1997) Specific needs of women diagnosed with mental illness in U.S. jails. Prepared for publication in *Women's Mental Health Services: A Public Health Perspective*, Sage Publications Inc.
- Westendorp, F., Brink, K.L., Roberson, M.K., & Ortiz, I.E. (1986). Variables which differentiate placement of adolescents into juvenile justice or mental health systems. *Adolescence*, 21 (81), 23-37.
- Wilson, J.S., & Leisure, R. (1991). Cruel and unusual punishment: The health care of women in prison. *Nurse Practitioner*, 16, 32-39.
- Youth Policy and Law Center (1982). *Wisconsin Female Juvenile Offender Study Project*. Madison, WI: Author.