

Girls' Needs Assessment

Final Report

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BACKGROUND

Far more is known about boys in the juvenile justice system than about girls. While boys still represent the majority of the population in juvenile justice, there has been an increase in the detention and placement of girls. The prior trends of de-institutionalizing juvenile delinquents seen in the 1960s and 1970s reversed in the past three decades. Between 1991 and 2003 there was a 98% increase in detention of girls in contrast to a 29% increase in detention of boys (Chesney-Lind, Morash & Stevens, 2008). Another measure of this increased detention of girls was the sharp increase in commitment of girls to placements such as 'long term secure' facilities; there was an 88% increase in these placements for girls compared to only a 23% increase for boys (Snyder & Sickmund, 2006).

Another emerging pattern related to delinquency has been the greater increase in girls' arrest rates (Chesney-Lind & Shelden, 2014). While the media has toyed with the stereotype that delinquent girls are getting more aggressive and violent, there has not been a rapid increase in violence perpetrated by girls. Rather, the rise in arrest rates can largely be attributed to enforcement against minor crimes sometimes called "zero tolerance" policies (Shelden, 2008). Research conducted on behalf of the Juvenile Detention Alternatives Initiative has revealed that delinquent girls are detained more often for less serious offenses than their male counterparts are (Sherman, 2005). Girls are detained more often for family-related crimes (e.g., incorrigibility, family related physical altercations) whereas boys are detained for more serious crimes (e.g., robbery, aggravated assault; Gavazzi, Yarcheck & Chesney-Lind, 2006). Looking at detained youth, 17% of the girls but only 2% of the boys detained were held for status offenses (Sickmund, Sladky & Kang, 2008).

Delinquent girls often report high levels of high-risk health behaviors including risky sexual behaviors and drug use (Alemagno, Shaffer-King, & Hammel, 2006; Dakof, Larrea & Li, 2004). Girls in detention are 15 times more likely to report unwanted sexual contact than boys (Alemagno et al., 2006). Female juvenile offenders tend to exhibit higher levels of

psychopathology (e.g., depression, anxiety, etc.) as well as a greater suicide risk (Alemagno, et al., 2006; Gavazzi et al., 2006). Delinquent behavior and risky sexual activity are inter-related (Hessler & Katz, 2010; Solorio et al., 2008; Strachman, Impett, Henson, & Pentz, 2009) and can lead to long term problems this behavior has been associated with negative health and social outcomes in adulthood (Hair, Park, Ling, & Moore, 2009). Failing to address the complex pattern of health, psychological and emotional issues facing delinquent girls may perpetuate their victimization which manifests in repeated delinquent behaviors. As the issues facing delinquent girls are complex, research is needed that takes a comprehensive look at their concurrent needs. The following needs assessment provides a comprehensive look at the histories and issues of girls being managed in the juvenile delinquency system.

THE CURRENT STUDY

The current study is an update of research that was initiated 7 years ago by the Clark County Department of Juvenile Justice Services (DJJS). DJJS undertook the original study as a part of its biennial Detention Review conducted through its Juvenile Detention Alternatives Initiative grant requirements. The goal of the original and the current research project is to identify the specific needs and issues of the girls in the Clark County Juvenile Detention Center (CCJDC). The girls were directly asked questions from three sources: the Center for Disease Control's Youth Risk Behavior Survey, the survey developed by Owen & Bloom (2000), and questions developed by the GIRLS Initiative Workgroup convened by DJJS.

For this round of research, surveys were conducted face-to-face in private areas at CCJDC between August 2013 and December 2013. The interviews were conducted individually to protect the confidentiality of the responses provided by study respondents, which promotes honesty in answering questions. Interviewees were not identified by name and were assured that none of the information provided would be linked to their files or shared with staff.

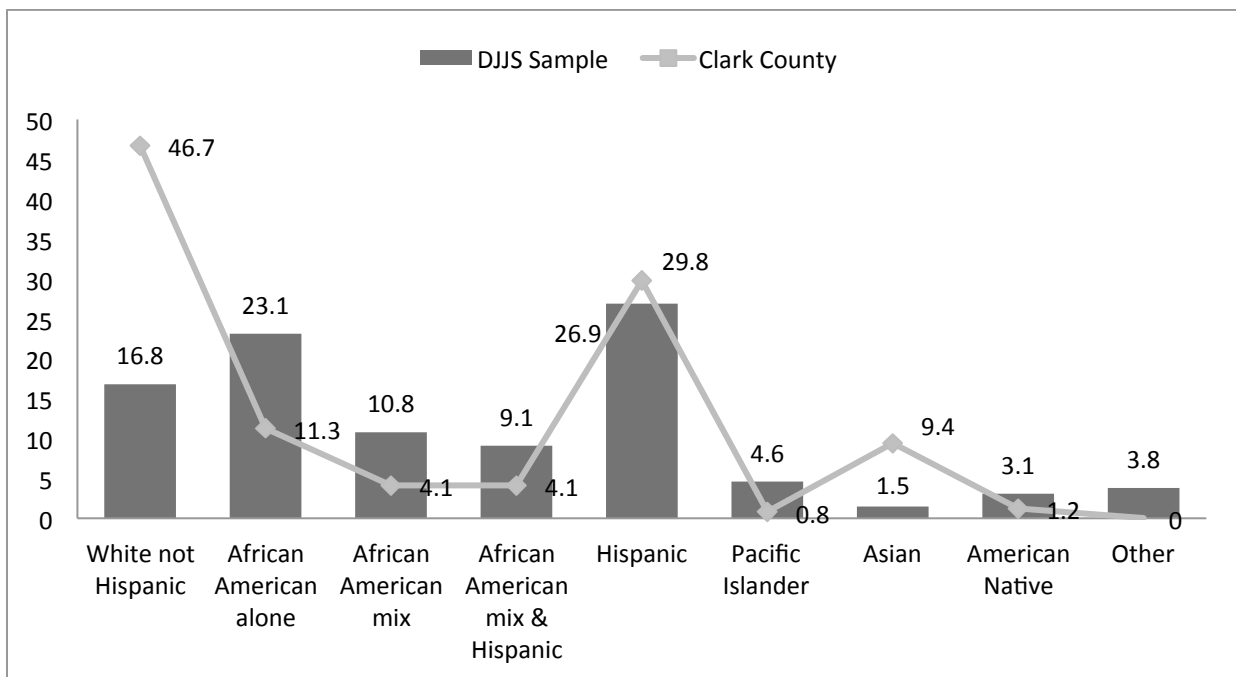
Participation was voluntary and 10 girls declined to participate in research. 130 girls were interviewed, primarily on weekend days so that the interviews did not conflict with school work or other activities at CCJDC. The trained interviewers were graduate students from the Department of Criminal Justice under the supervision of Dr. Alexis Kennedy.

RESULTS

Demographics

The vast majority of the 130 girls surveyed were visible minorities with the largest group represented being African American. The percentage of each ethnicity self-reported is presented in the figure along with the expected racial population of Clark County where available.¹

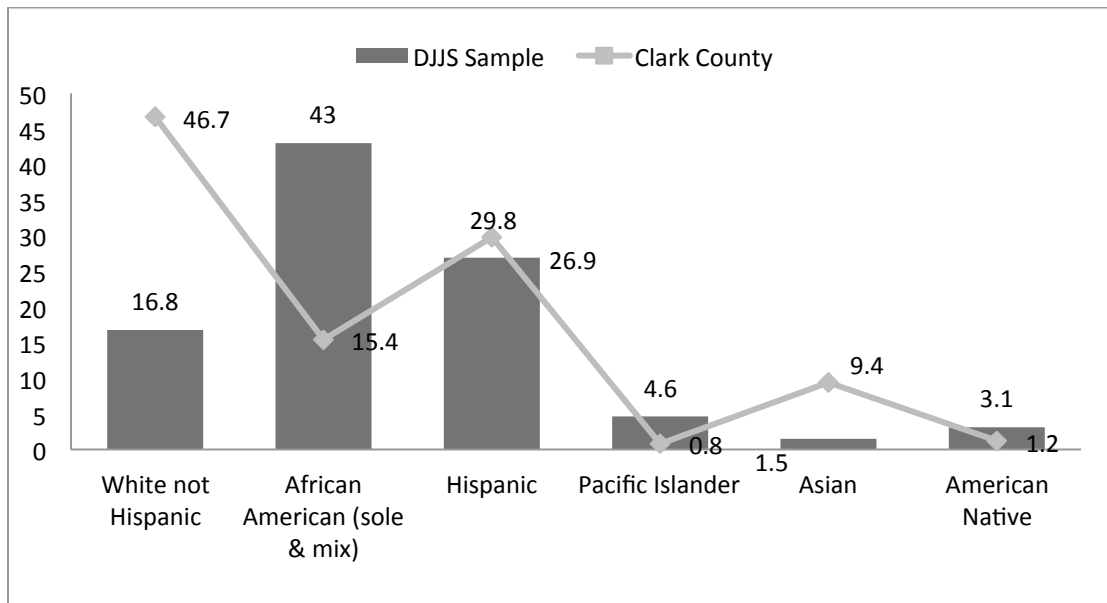
Figure 1. Ethnicity of respondents and of Clark County residents (percentage).



When you combine African American alone with African American and another race (both Hispanic and non-Hispanic), these girls represent 43% of the girls interviewed (56 girls, see Figure 2). The next largest group was White Hispanic girls at 26.9 % (35 girls). The 5 girls coded as “other” reported 3 or more races making categorization difficult.

¹ United States Census Bureau <http://quickfacts.census.gov/qfd/states/32/32003.html>

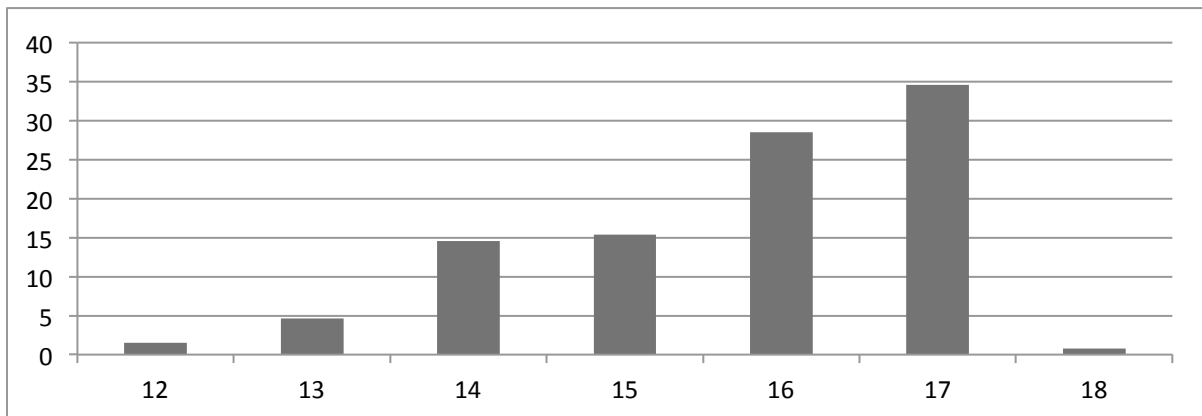
Figure 2. Ethnicity of respondents and of Clark County residents simplified (percentage).



All of the girls interviewed were fluent in English. Among them 22.6% were also fluent in Spanish and 5.9% spoke a language other than English or Spanish. When asked about languages spoken in the home, 22% reported Spanish being spoken in the home and 4.7% a language other than English or Spanish.

The girls interviewed ranged in age from 12 years old to 18. The average age was 15.72 (SD = 1.31) and the percentages of respondents of each age are presented in the figure below.

Figure 3. Age of respondents (percentage).



Living Arrangements

Most of the girls interviewed were Clark County residents (87.7% or 114 girls). The remaining 16 girls came from California (11) and one each from Missouri, Texas, Oregon and Utah. Nearly two-thirds of the Clark County residents were born here (65.4%). Most of the girls had siblings (95.3%). The living situations of the respondents prior to their arrest are presented in Figure 4. The respondents were quite positive about their living arrangements with 61.8% reporting a very good or good relationship with the people that they live with. Only 15.4% reported having a bad or very bad relationship. Also presented is who primarily raised the respondents (see Figure 5).

Figure 4. Living Situations prior to arrest (percentages).

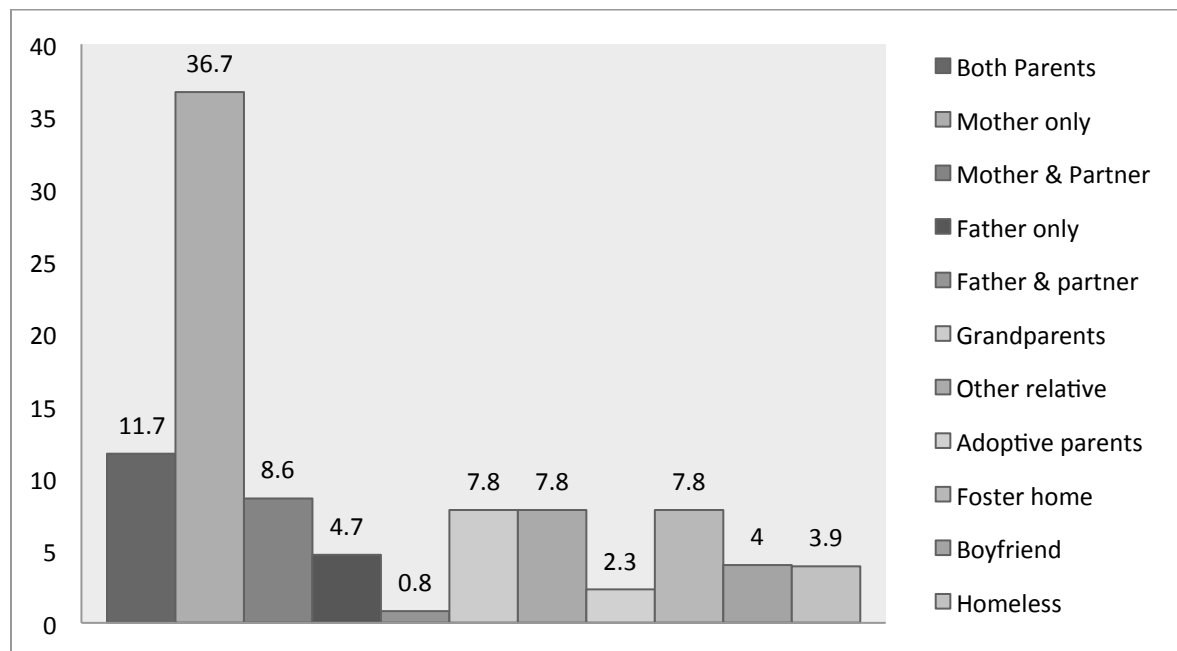
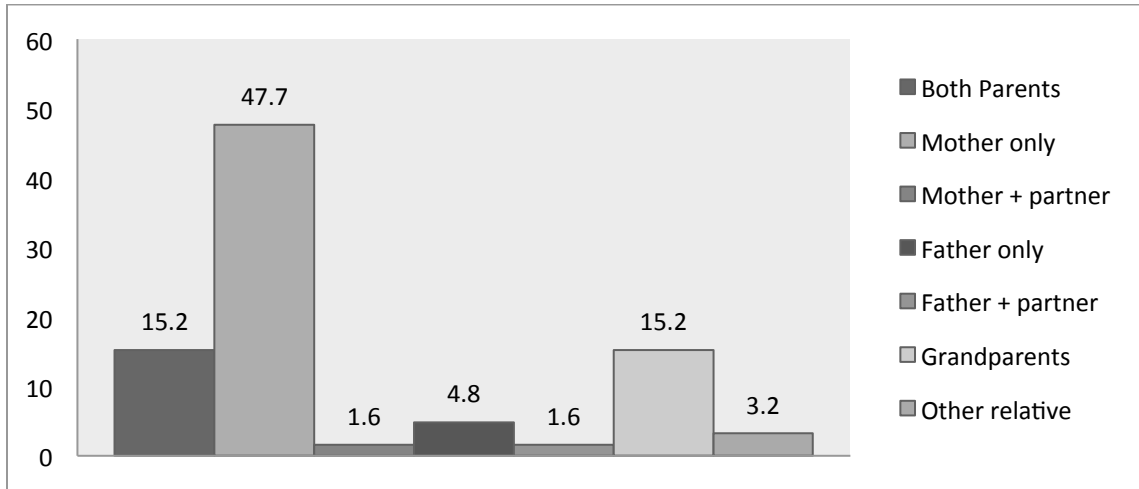


Figure 5. Who primarily raised respondents (percentages).



Girls were asked to self-report their family involvement with child protective services and group homes. Nearly half of the girls (46%) reported out of home placements. Information is presented in Figure 6. Parenting intervention referred to placements due to family inability to keep children whereas delinquency interventions referred to court ordered placements because the child was in trouble. The average age of first placement was 11.7 years old (range 2-16 years, SD = 3.5 years). The first placement ages are also presented in Figure 7.

Figure 6. History of state interventions and placements (percentages).

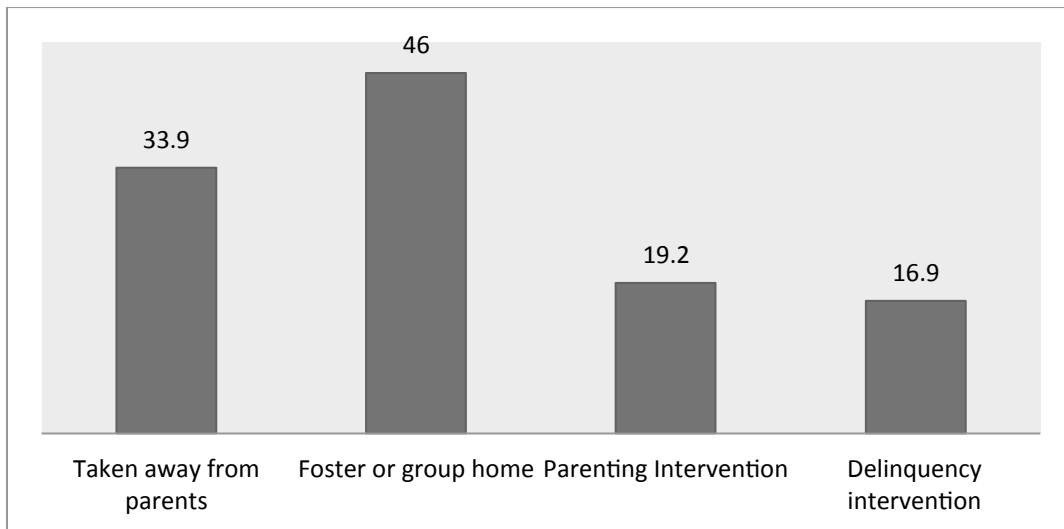
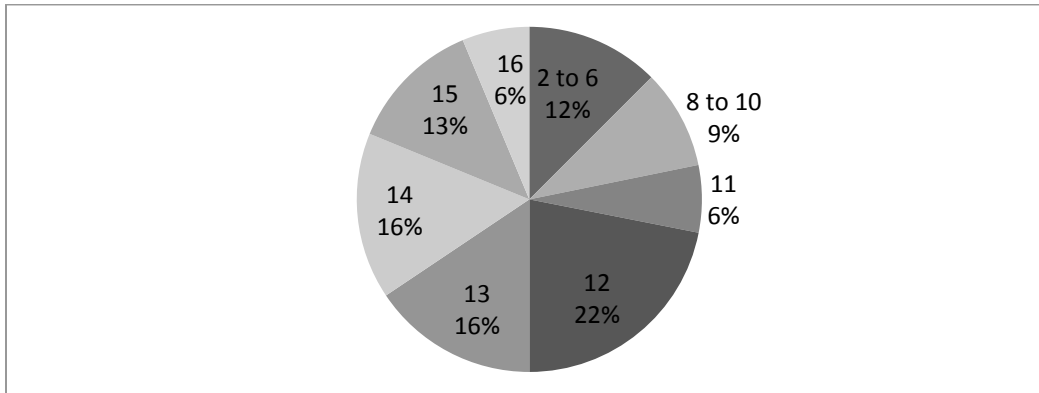


Figure 7. Age at first placement in a foster or group home.



Family Criminality and Economics

Girls were asked questions about their family histories of criminality and economics. Those rates are presented in Figure 8. Prevalence of financial challenges are presented in Figure 9.

Figure 8. Family member ever incarcerated (percentages).

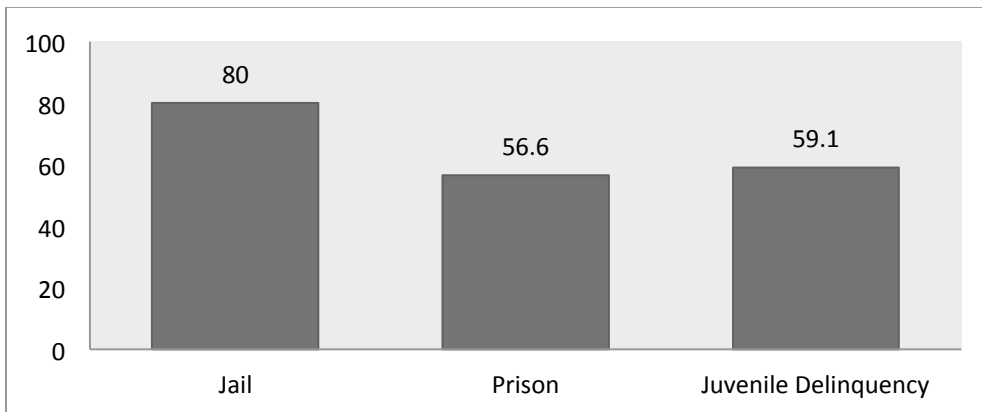
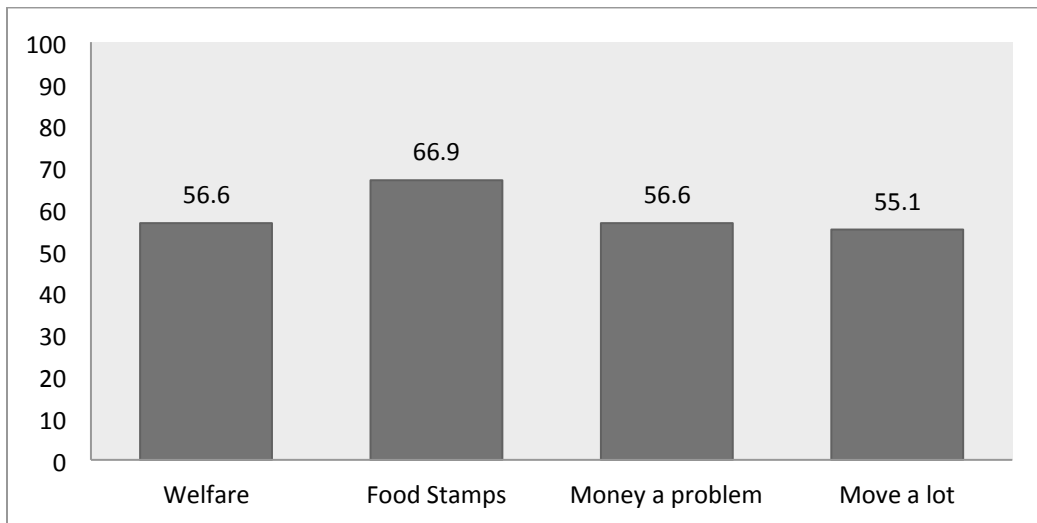


Figure 9. Use of economic resources (percentages).

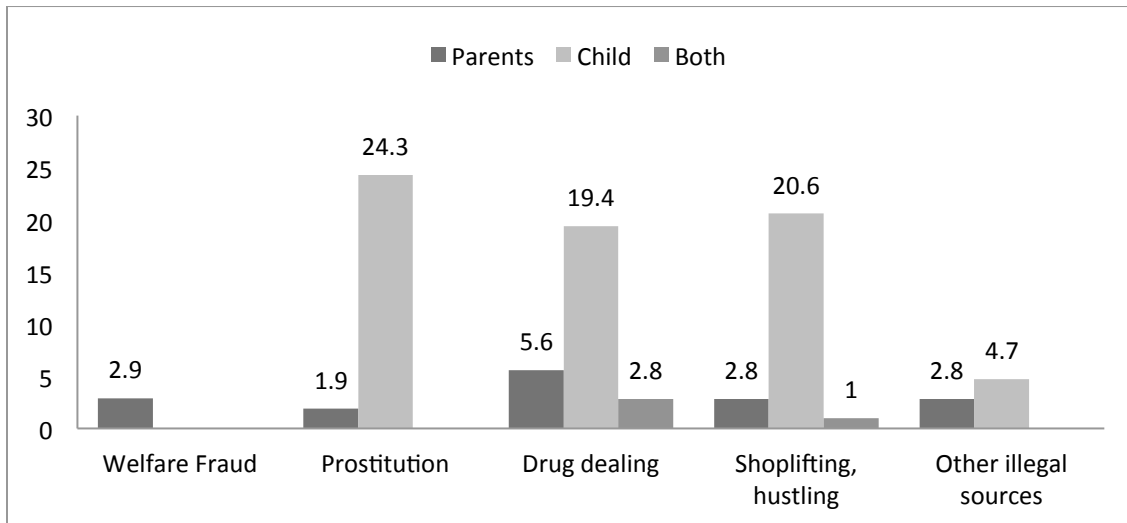


When asking about current finances, one-fifth (19.5%) reported being self-sufficient, 59.4% were supported by their family, and 19.5% a combination of both self and parents contributed to household expenses. Only 18.6% of the girls reported ever having a legal job (e.g., restaurant industry, sales, babysitting, etc.). Only 8 girls (6.5%) had a job prior to their arrest. Girls reported that 43.1% of their mothers were employed full-time, 8.5% were employed part-time, 31.5% were unemployed and 6.2% were on disability (10.7% did not answer this question or did not know). Respondents reported that 29.2% of their fathers were employed full-time, 5.4% part-time, 20% unemployed, and 3.8% on disability. A significant group (41.6%) did not know anything about their fathers' employment status.

Detailed questions were asked about sources of both legal and illegal income coming into the girls' households. A majority (88.2%) reported income coming from business or job income, and household income from public assistance (56.9%). Other sources of household income included unemployment compensation (33.9%), contributions from other family members (39.5%), and disability payments (27.5%). Sources of illegal household income were also surveyed. Figure 10 presents the percentages of respondents reporting that type of income

split by whether the illegal activity earning money was being done by parents or the respondents who then shared their money to cover expenses.

Figure 10. Household income from illegal sources (percentages).

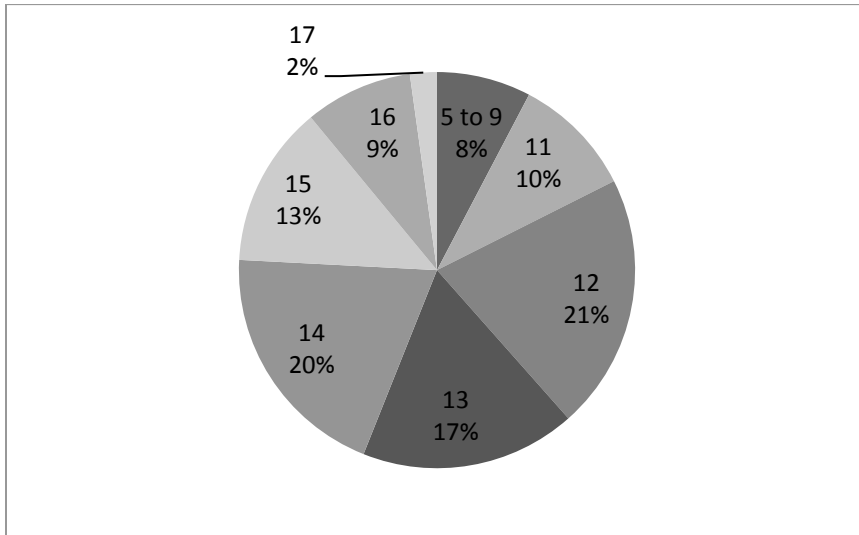


Juvenile Criminality

Two-thirds of the respondents reported having been in detention before. Among the 90 girls who reported being in intake for detention before, they had an average of 4.06 intakes (SD = 2.8). Among the 92 who reported being held in the units before they had an average of 3.45 stays (SD = 2.62). The girls interviewed had been in detention for an average of 8.4 days (range 1-60 days, median = 5, SD = 9.93). Girls were not asked about the age of first delinquency nor about their current charges.

Over 70% reported a history of running away from home (70.8%). The average number of times that they had run away was 5.8 times (range 1-30, SD = 5.95). The average age that they first ran away was 13 years old with a range from 5 to 17 years old (SD = 2.17).

Figure 11. Age that respondents first ran away.



The reported frequency of interactions with police prior to current arrest is presented in Figure 12. The reasons for police interactions are presented in Figure 13.

Figure 12. Number of contacts with police prior to arrest.

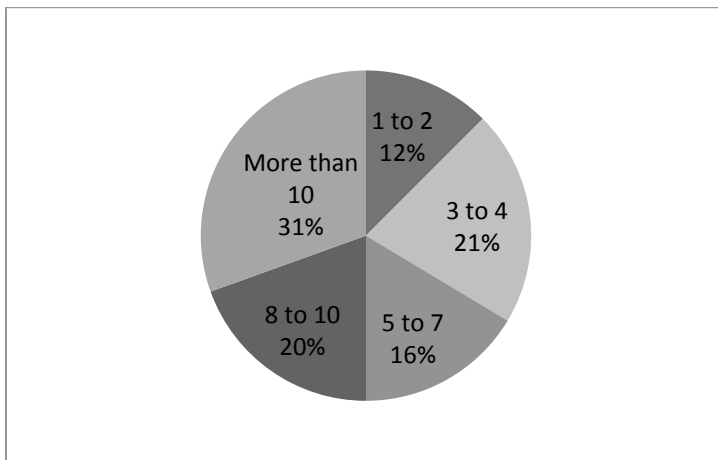
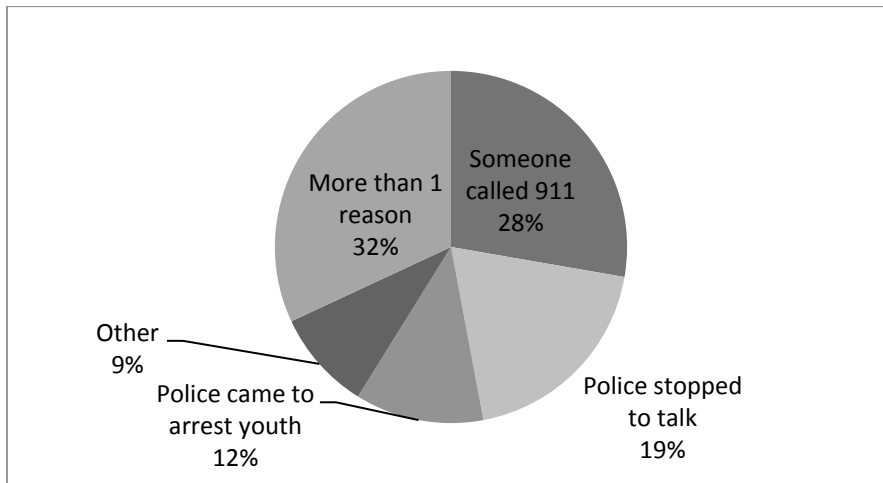


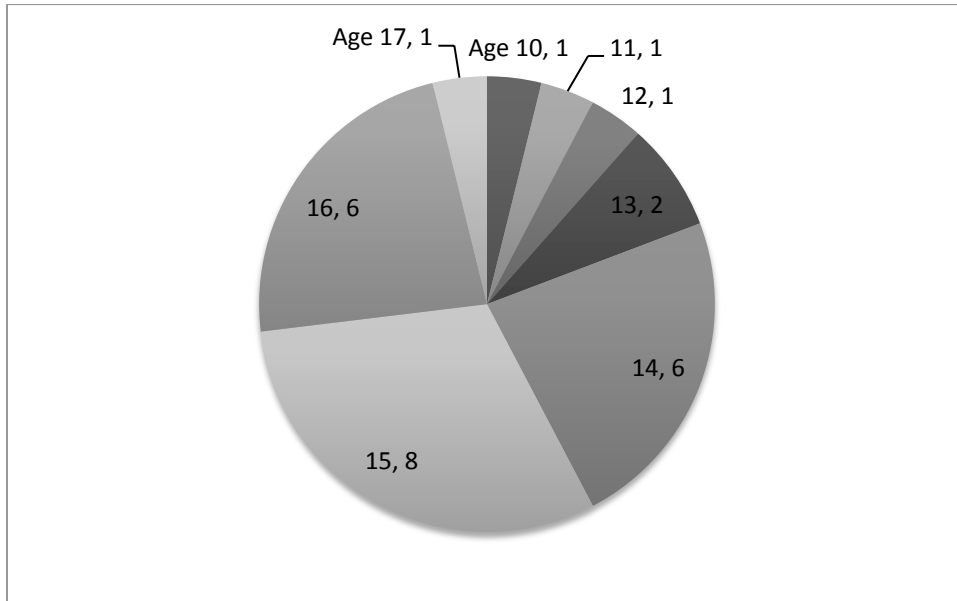
Figure 13. Reasons for contact with police.



Other delinquent behavior surveyed including gambling in casinos (20%) and using a weapon (29.4%). One fifth of the girls (20% or 26) reported being in a gang. Two-thirds (66.1%) reported having friends in gangs and one third (36.1%) said that their boyfriend or girlfriend was in a gang.

Exploitation through prostitution was measured in a few different ways. Across four different questions related to trading sex for money, 36 girls (27.7%) disclosed commercial sexual exploitation. Only 15 girls (11.5%) responded affirmatively to the question “Do you consider yourself a prostitute?” Twenty-one girls reported having to work for a pimp. Among the 28 girls who disclosed how many people had paid to have sex with them, the average was 83 with half saying 18 and under consumers and half saying 20 and over (range 1-1000, SD = 203.5). For the 26 girls who felt comfortable answering how old they were when they started, their responses are presented in Figure 14.

Figure 14. Age first traded sex.



Many girls in detention knew youth working in prostitution (63%, 82 girls). The majority (82%) said that the youth they knew working in prostitution had a pimp.

Education

School attendance and achievement was a common concern for the girls interviewed. Only two-thirds (66.1%) of the girls were attending school regularly before being arrested. A similar percentage (65.1%) reported skipping school some times. The vast majority of girls reported having been suspended from school (92.3%). The average number of suspensions was high at 8.53 with 3 girls reporting over 100 suspensions. The quartiles for suspensions may be more informative: 25th percentile at 2 suspensions, 50th percentile at 4 suspensions and 75th percentile at 8.5 suspensions. Fighting with others, dress-code violations and talking back to teachers were the most common reasons given for suspensions. More than half of the girls (57%) reported having been expelled from school.

Girls remained positive about school with 73% reporting they liked school. Only 16.3% had ever been placed in a special education class and 20.3% had an Individual Education Plan (IEP) written for them. The majority (56.9%) felt that they didn't need any extra help with school. Their optimism was also reflected in the high level of desire to continue with education. Most girls (88.4%) wanted to continue with education beyond high school. Most girls (70.8%) wanted to go to college and another 17.7% wanted to go to vocational school.

Health and Wellbeing

The majority of girls reported that they had health coverage (32.3%) or Medicaid (38.5%). The percentage that reported having no health insurance or health care plan was 16.9% with the remaining unsure about their coverage. When asked about where their caregivers would take them to get medical care, a quarter (24.6%) said hospital ERs, 29.2% to a doctor's office and 17.8% to an urgent care clinic. Worrisome is the 10% that said that they would not seek medical care. The majority of the respondents rated their health as very good or good (69%). Only 6.1% reported it as bad or very bad. One third (33.3%) reported having a chronic health condition, the majority reporting asthma (28/43 girls). Other common responses included anemia, migraines, seizures, allergies and ulcers.

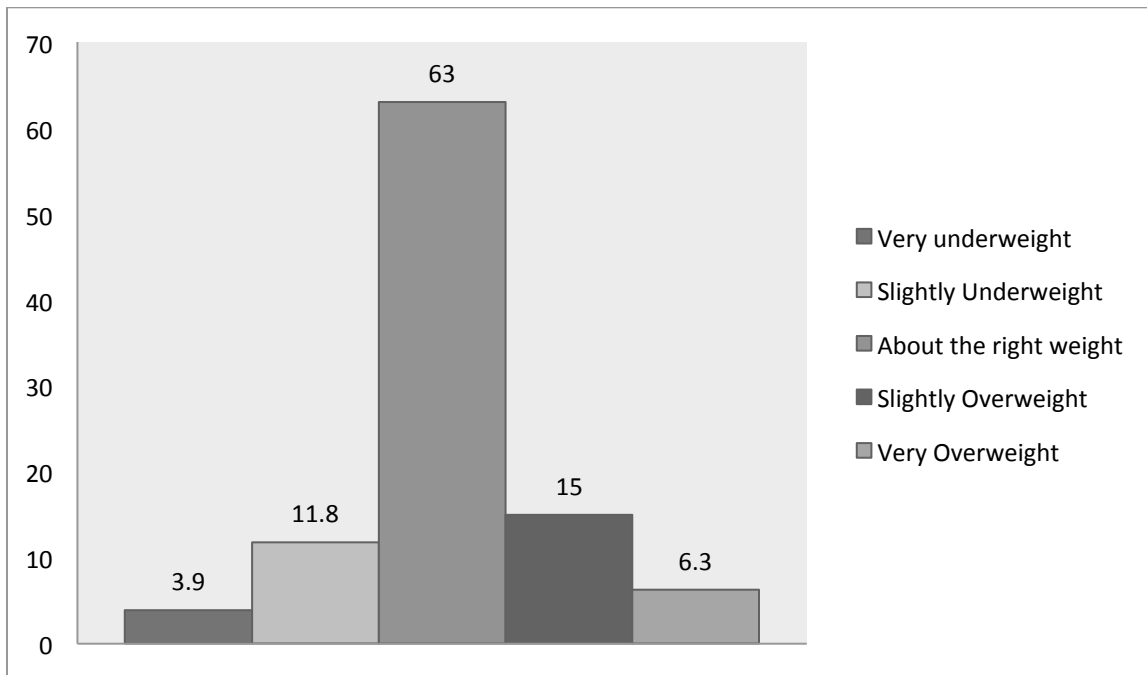
Girls reported receiving medical and dental checkups. A majority (62.8%) had received a physical exam within the past year. A small portion (10%) reported never having had a physical exam. A majority had also had a dental exam in the past year (65.9%) and only 3.1% reported never having seen a dentist. Similar rates were seen for eye exams with 64.3% in the past year and only 3.1% never having had an eye exam.

Body satisfaction was fairly high for a teenage female population with 75.4% reporting being happy with their body weight. Another 8.5% reported being *sometimes* happy with their weight. Only 38% of the group reported currently trying to do something to change their weight.

Reported historical attempts to lose weights were also low for a female teen population:

exercising heavily (36.9%); reducing calories (27.7%); fasting for 24 hours (16.2%); taking diet pills (6.9%); or, vomiting or laxatives (6.9%). How the girls viewed their current body weight is presented in Figure 15.

Figure 15. Self-reported current body weight.

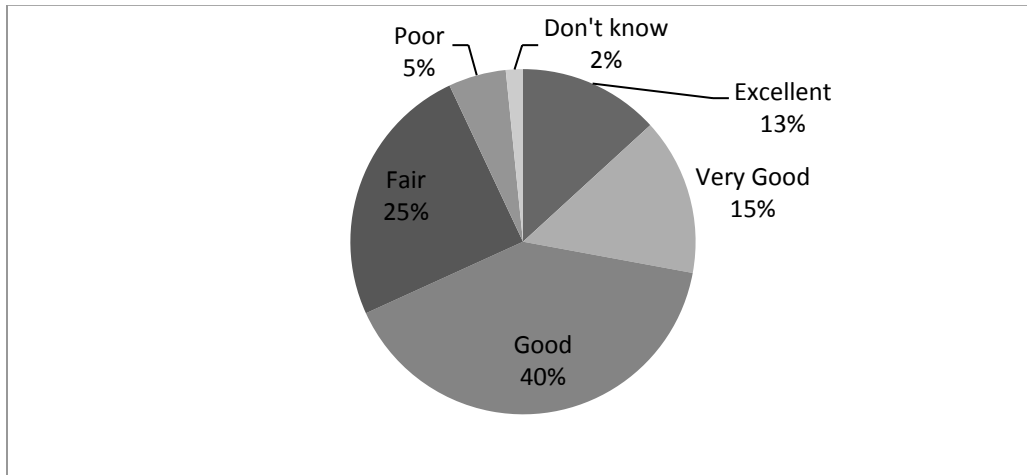


Mental Health

The majority of the girls were positive about their mental health (see Figure 15). In seeming contrast, a relatively high number reported being diagnosed with mental health problems: 55% had been received counseling for mental health problems and 36.4% had been hospitalized for mental health problems. Close to half (45%) had be diagnosed with a mental illness. Mostly commonly reported diagnoses included Posttraumatic Stress Disorder, Major Depression, ADD, Bipolar, Anxiety, OCD and Schizophrenia. Among those reporting diagnoses, a majority (53.6%) had a regular doctor that they saw and 58.9% were on medication for their

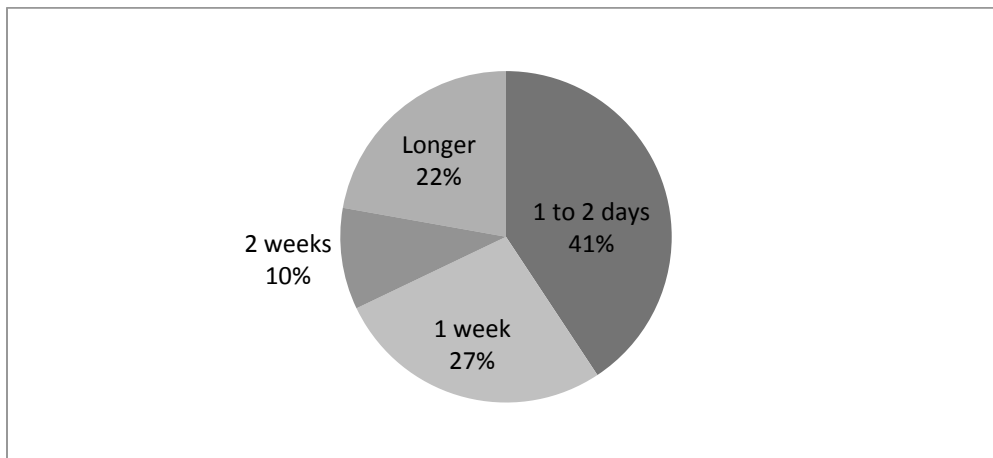
illnesses. Nearly a quarter (24.2%) reported having a parent who had been treated for mental illness and 12.6% reported having a parent hospitalized for mental health problems.

Figure 16. Self-assessment of state of mental health



Self-reports of depression were fairly high which was expected when interviewing children in a detention setting. Nearly two thirds (65.6%) reported feeling sad or depressed in the previous 30 days. Figure 15 presents the duration of that sad or depressed feeling among those 81 respondents. Half (49.4%) reported talking to someone about feeling sad but 50.6% reported that they had not talked to anyone about it.

Figure 17. Length of sad or depressive feelings



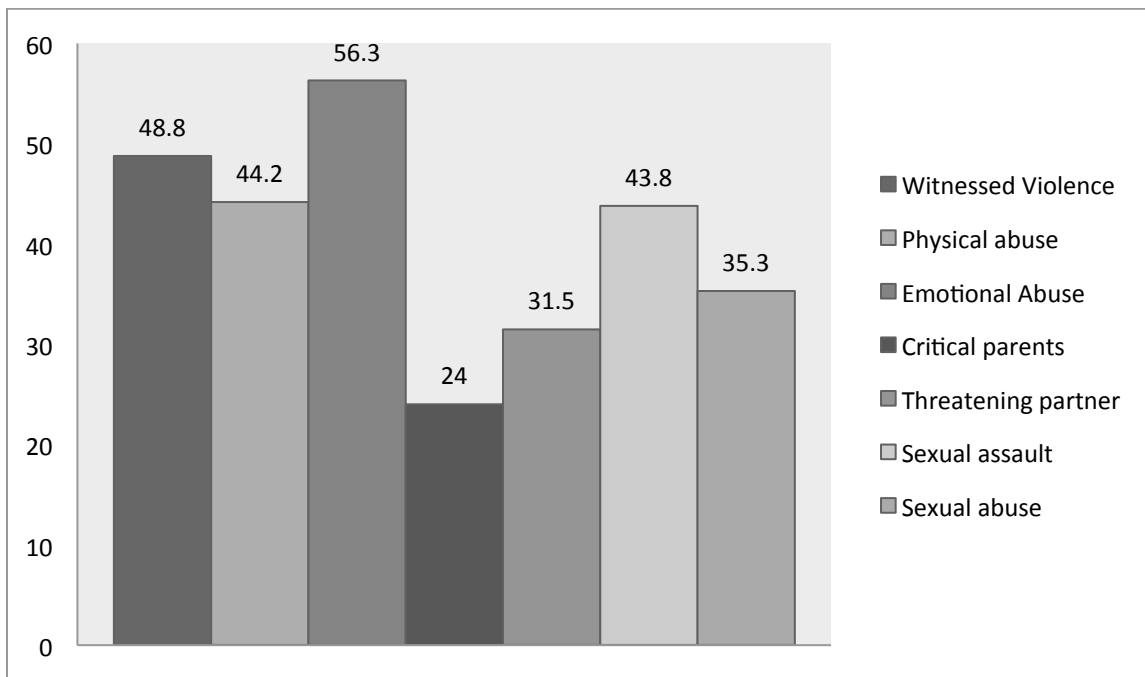
Histories of harm related thoughts and behaviors were surveyed. Just over 30% of the girls reported having cut themselves. A similar percentage (29.2%) reported thinking about harming themselves. Just over a quarter (26.2%) reported having thought about suicide. A slightly lower number (21.5%) reported having tried to kill themselves. A few girls (5) reported feeling suicidal during the interview and all 5 agreed to let the interviewers break confidentiality and tell probation staff and mental health services that they would like to talk further about their feelings.

Abuse History

Girls were asked about witnessing and experiencing abuse and the rates of abuse are presented in Figure 18. Before these questions were asked, girls were reminded that they could skip answering any questions that made them uncomfortable or just didn't want to answer. On abuse items at least one and as many as six girls declined to answer the question. Just under half of the population reported witnessing parents getting so angry that they hurt someone in the house. The most common response for who was the aggressor was father, followed by mother, step-father, mother's boyfriend and brother. Some respondents reported seeing multiple perpetrators of violence in the same home (e.g., mom & dad). The physical and emotional abuse questions used those terms in the wording (e.g., "Have you ever experienced physical abuse"). To look deeper into emotional abuse, one question was asked about whether girls felt their parents were overly critical of them or made fun of them a lot. Also asked was whether they had ever been in a romantic relationship where a boyfriend or girlfriend ridiculed, insulted, threatened or controlled them. The sexual assault question asked about having experienced sexual assault or rape whereas the sexual abuse question asked if they had been sexually abused or touched when they didn't want to be. The relationship to the person who sexually assaulted them varied from family, family friends, teachers to strangers. The responses to the sexual abuse question showed more family perpetrators. When asked if the abuse was tied to

gang members only 11.1% said yes. Over half (55.4%) was reported assaults or abuse to authorities but another 5% declined to answer that question after disclosing that they had been abused. Just over a third of victims had received counseling for their abuse (35.9%). Two-thirds did not want to receive counseling for their abuse (63.5%).

Figure 18. Reported rates of abuse (percentages)



Sexual Health

Most of the girls were sexually active with 89% having engaged in vaginal sex. The average age of first sexual experience was 13.6 (range 6-17 years old, SD = 1.89). Ten percent of the girl reported that their first sexual intercourse was not consensual. Over half of the girls reported engaging in oral sex (57.8%). The average age of first oral sex was 13.99 (range 6-17, SD = 2.03) and 11.4% reported their first experience as not consensual. A smaller percentage had engaged in anal sex (15%) with the average first experience at 14.21 years (range 10-17,

SD = 2.07). A quarter of the girls engaging in anal sex reported their first experience with anal sex was non-consensual (26.3%, 5 of the 19).

The majority of the girls reported currently being in a relationship (56.2%). Of those relationships, 74% (54 of the 73) were with male partners and 11.5% were with female partners (15 of 73). Three girls declined to answer this question. The median length of these relationships was 7 months (range – new to 60 months). Half of the girls were in relationships with adults or partners 18 years old and older. Girls were very positive about their relationships with 87.7% rating them as very good or good. A small group (12.3%) reported that they experience abuse in their relationship. Nearly half of these girls' partners had been to jail or prison (33 of 68 sharing information on partners).

A number of girls reported having had sex in the past 30 days (42.3% of the population). Not all of them were in relationships and some girls had been in detention for part or all of the prior 30 days, which may affect that number. Without the 30 day time limit (reporting on any past activity), the average age of the last person girls had had sex with was 19.27 (range 14-65 years old, SD = 5.7, 103 girls reporting sexual activity). Only 50.9% of the girls reported using a condom the last time that they had engaged in sexual activity. Another troubling disclosure was that 84% of the girls reporting regular sexual activity (119 girls) reported not having or being on a regular form of birth control. The majority of the girls have been tested for sexually transmitted infections (77.7%). Over a third (35%) of the respondents reported having contracted an STI. Chlamydia was the most frequent STI reported.

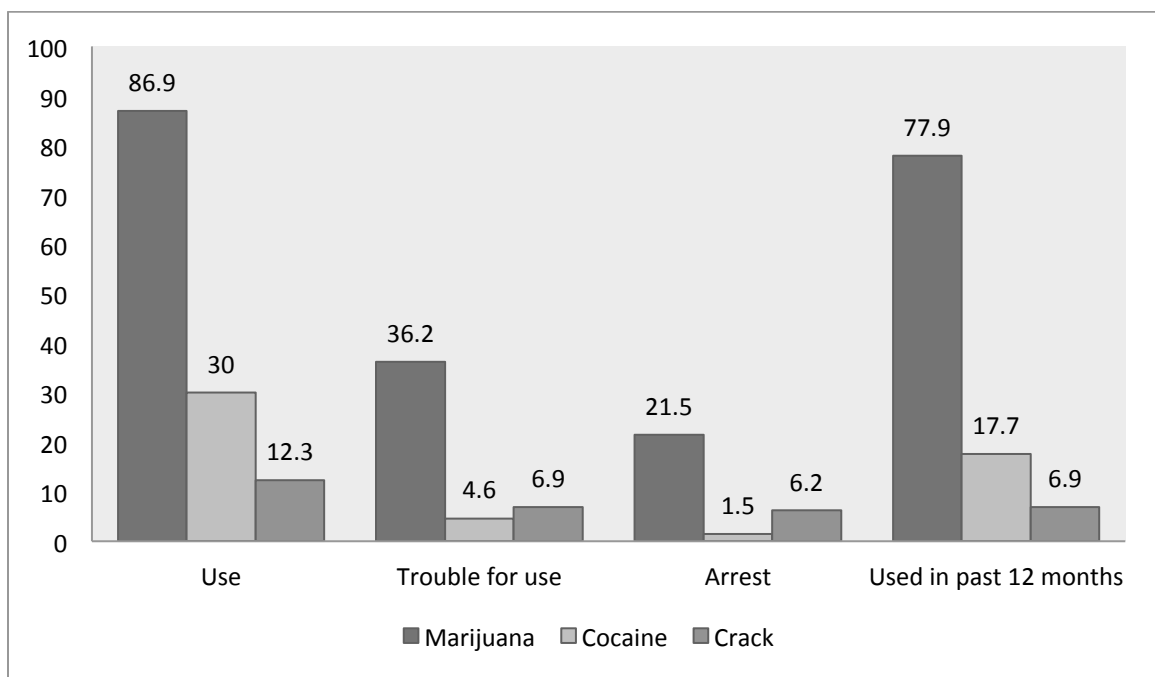
Another consequence of the high-risk sexual behavior seen among respondents was the pregnancy rate. Just over a quarter (26.2% or 34 girls) reported having been pregnant. Only 5.4% of the population (7 girls) reported having children and 6 of those mothers lived with their children. Another 8 girls interviewed thought that they may have been currently pregnant.

Drug Use

The majority of girls reported using alcohol (82.3%) with an average age of 12.5 years old as their first use (SD = 2.82). Only a quarter (23.8%) had been in trouble for alcohol use and 15.4% had been arrested because of alcohol.

The rate of trying cigarettes was high at 80.6% with only 8.5% ever trying chewing tobacco. The average first age of smoking a cigarette was 12.9 years old. The use of marijuana was even higher at 86.9% of the population. The average age for first trying marijuana was 12.5. The use of cocaine was lower at 30% of the girls. The average age of first use was 14.3. The use of crack was lowest at 12.3% and the average first age of use was 13.8 years old.

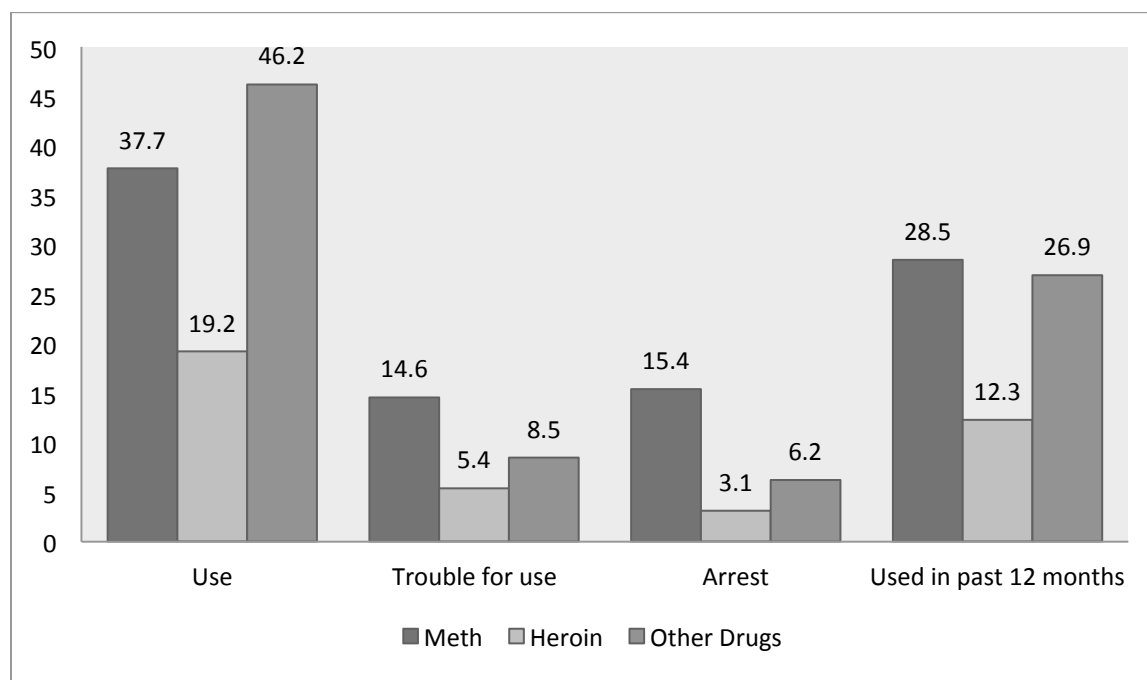
Figure 19. Marijuana, cocaine and drug use (percentages).



Girls reported higher meth use (37.7%). The average age of first trying meth was 14.2 years old (range 10-17). Heroin use was lower at 19.2%. The average age of first use was 14.6

years old (range 10-17). Problematic were the high rates of other illegal drugs (e.g., ecstasy, spice, LSD mixed into ecstasy, PCP, etc.) at 46.2%. The average first use of other illegal drugs was 14.1 years old (range 9-17).

Figure 20. Meth, heroin and other drug use (percentages).



The final category of drugs abused was prescription drugs. The rate of prescription drug abuse was high at 42.3% of the girls. Most girls abused multiple types of prescription drugs (e.g., Lortab, Oxycontin, Xanax, Roxycodone and Triple C or cough syrup, etc.). Xanax appeared to be the drug most frequently abused. The average age of first abuse was 13.5 years old (range 10-16). Only 10.8% of the girls had been in trouble over prescription drugs and only 4.6% had been arrested for them. Over a quarter (27.7%) have used them in the past year.

One third of the population (33.1%) had been in an alcohol or drug treatment program. Only 13.1% of the girls indicated an interest in attending drug treatment despite the relatively high rates of drug use. Just over a third (37.7%) of the girls admitted to selling drugs.

When looking at family use of drugs, 30.8% of the girls reported that their parents used drugs. Another 20.8% reported that their parents abused alcohol.

Programs in Detention

When asked if there were programs in detention that the girls felt were useful, 51.5% responded yes (40.8% responded no). The most common answers were: school, sexual education classes, church, physical fitness, Embracing Project, Safe Nest class, and health classes. When asked if there were programs in detention that they did not like 34.6% said yes. Concerns voiced included too much reading time and too many movies, boredom, early bed time, Girls Scouts program, exercise time and shower time too short, lack of group activities and being locked in their individual rooms too much during the day.

Girls were asked what type of programs did they think would be helpful for girls like them. The most common response was the need for counseling programs. Some counseling suggestions were topic specific (e.g., drug counseling, anger management, sex abuse, prostitution issues, sex education and self-esteem, etc.). Some girls requested more time with particular programs (e.g., Ms. Esther at Embracing Project). Increased access to sports and physical activity was a common theme.

Girls were asked what they would change about detention if they could. They would improve the food and reduce the amount of time spent locked in rooms. Girls were craving a friendlier atmosphere, which was described in terms of a warmer location and improved relations with staff. Crowding was also mentioned. A number mentioned removing the practice of having to walk with your hands behind your back. More group activities were also requested. Quite a few people would improve the clothes and bedding.

Table 1 presents in the girls' own words what they would say if they could talk directly to the people who create programming for girls in detention.

Table 1. Comments from girls.

- Don't judge, everyone has a story.
- Get it straight, learn who girls are and gear things toward them.
- I like it when staff takes the time to come and talk to us.
- I think they need to come up with better programs. We are teenagers and have energy and we want to have fun, so fun programs.
- Let me go outside.
- Less time in rooms, make it more busy, have a writing hour.
- More movement, more time outside, less like prison – more like a home, locked up like animals.
- Programs are helpful but would be more helpful if they bring in girls that have experience with these issues.
- Programs where girls can talk to someone about their emotions.
- Staff is unaware of the short attention span of girls.
- Work with us, talk to us and understand where we're coming from.
- Thank you and keep doing what you're doing.

Community Resources

Girls were asked about their history of participating in other community programs. The most commonly accessed community service providers were: Youth Advocacy Program (39); Boys and Girls Clubs (34); Salvation Army (28); Westcare (28); Big Brothers/Big Sisters (18); Boys Town/Girls Town (17); Dr. S. Bradley (14); Girls' Circle programming (14); FACT (12); Help of Southern Nevada (10); Rape Crisis Center (8); Nevada Partnership for Homeless Youth (7); Purple Wings (7); and Care counseling (4). Other programs with less two or fewer

references included Alcoholics Anonymous, Sister to sister, St. Jude's, Free International, Safe Nest, unspecified substance abuse treatment programs, Eagle Quest, physical therapy, soup kitchen, and New Beginnings.

Girls were also asked about whether they had state case workers or officers assigned to help them. The rates of state or county agency workers were: Juvenile Detention probation officers (81); Child Protective Services worker (29); and Juvenile Parole officers (15).

DISCUSSION

This new report on the needs of girls managed by the Clark County Department of Juvenile Justice Services presents a profile of high rates of negative health behaviors (e.g., alcohol and drug use, risky sexual behavior, etc.). While illegal drug use rates are normally higher among delinquent youth, the rates in this population were problematically high (46.2% using spice [synthetic marijuana] and ecstasy, meth use at 37.7%, and 86.9% using marijuana). Tobacco (80.6%) and alcohol (82.3%) use rates were high as well.

High rates of sexual activity are another important consideration for programming. The vast majority of the girls were sexually active (89%) nearly double the adolescent female rate of sexual activity for Nevada of 45.3% (CDC 2009, Youth Risk Behavior). The majority of sexually active girls in this study did not have a regular form of birth control (84%). Over a third of the girls reported having a sexually transmitted infection and a quarter of the girls reported having been pregnant. These health concerns need to be addressed by all agencies that come into contact with these adolescents.

There is some urgency to implement trauma-informed programs at the county level as rates of exploitation through prostitution (27.7%)², sexual abuse (35.3%) and histories of sexual assault (43.8%) were significant. Other forms of trauma were also reported at high levels (48.8% witnessing violence in the home, 56.3% experiencing emotional abuse and 44.2% experiencing physical abuse). Experiencing trauma is predictor of delinquent behavior. Raising staff awareness about triggers related to trauma can improve relationships between youth and staff.

Trauma vulnerabilities are aggravated by lack of family support or family dysfunction. The high rates of family disruption facing these girls were reflected in behavior like running away

² A separate analysis comparing girls disclosing involvement in prostitution to their delinquent peers is available in the CSEC report to DJJS.

which this population did at a higher rate (70%) than seen in other research on female delinquent populations (e.g., 44% in Lederman et al., 2004). The county could facilitate family bonds by increasing phone calls and opportunities for family visits. Best practices in other states encourage frequent staff trainings designed to strengthen gender-responsive programs.

This profile highlighted the need for programming and collaborative planning with treatment providers in the community to address risky health behaviors of the girls being managed.

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