

# Literature Review on Female Youth Offending in Canada

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Committing Offences

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## Preface

This literature review was guided by three questions:

- What need is there for SNAP Youth Justice (SNAP YJ) materials targeting a female population?
- What are the specific risk factors that justice-involved female youth face?
- What best practices exist in the literature on programming for justice-involved female youth? This question will focus on evidence-based best practices, trauma, gender-specificity, lgbtq inclusion, and female outcome evaluation measures.

These questions have been used as the structure for this literature review. Each question will be addressed in its own section that will present the literature and evidence related to it, along with some contextual information when necessary.

### A Note on Diction

Gender non-conforming, genderqueer, non-binary, and transgender youth exist; increasingly this is recognized by codified bureaucracies and legal systems, including here in Canada, where a bill was recently passed amending the Canadian Human Rights Act to include “gender identity or expression” as prohibited grounds of discrimination (1985, n. pag.).

Since the purpose of this literature review is to examine the current state of female youth offending and best practices in programming for this population, it must be acknowledged that non-binary youth will be elided by the above research questions.

This eliding may perhaps be justified by the fact that, in the literature being reviewed, youth are categorized along binary gender lines: the justice system and the literature examining it reinforce binary genders, so any discussion of this system or literature will tend towards the same.

Therefore, while this review will use the term “female youth” to refer to those youths who self-identified as female (or were assumed to do so) in their interactions with the youth justice system, we recognize the potential harm of erasing an entire category of gender identities and reinforcing binary gender identities. This harm, however, may be an unavoidable corollary of the current state of the system being studied.

Additionally, the term LGBTQ will be used to identify folks outside of the hegemonic collective of cis-bodied binary gender identities and heteronormative sexualities, as it is possibly the most prevalent shorthand used in the literature. This acronym, however, should not be considered exhaustive, and is not meant to erase Two Spirit, Intersex, Asexual, or any other experience of gender identity or sexuality.

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## Part 1 – Canada and Its Justice-Involved Female Youth

### Introduction

The first question addressed in this literature review is:

- What need is there for SNAP Youth Justice (SNAP YJ) materials targeting a female population?

To answer this question, literature that addresses rates of female youth offending will first be considered. This will roughly establish the size of the female youth justice population in Canada. Following this, literature pertaining to the nature of female youth crime will be considered to provide a fuller picture of female youth offending in Canada.

### Rates of Female Youth Offending in Canada

Many scholars have noted the dearth of quality research on the female youth justice population, particularly when it comes to forensic literature (Hutton & Woodworth, 2014, p. 121). Shortly after the enactment of the Youth Criminal Justice Act (YCJA) in 2003, rates of youth in correctional services began a slow but steady decline (Malakieh, 2017, p. 6-7). As one scholar sees it, the enactment of the YCJA has had two principle effects:

“(a) since 2003, a growing number [of youth offenders] have avoided official judicial procedures because police officers or other agents have made use of the alternative extrajudicial measures now available to deal with first offenders and/or those who commit less serious offences; (b) even for those found guilty of more serious offences or of repeated offences, custody has gradually come to be seen as a last resort, one that should be used only after all other available means and resources have been tried, including supervision within the community or by more official institutions” (Alain & Desrosiers, 2016, p. 37).

Just last year, the rate of youth in correctional services decreased, with 49 youth in correctional services for every 10,000 youth in Canada in 2015/2016 (Malakieh, 2017, p. 3), compared to 54 youth in correctional services for every 10,000 youth in Canada in 2014/2015 (Correctional Services Program, 2016, p. 3). Just as the rates of youth in correctional services have been on the decline, so have the number of cases completed in youth court been on the decline, with a notable drop occurring around the implementation of the YCJA (Miladinovic, 2016, p. 4). Studies have noted that “the YCJA has resulted in a statistically significant decrease in police charge rate for most violations by Canadian youth compared to Canadian adults, with the change as a percentage of its pre-YCJA level ranging from -2.5% for assault (level 3) to -66.8% for theft under \$5,000” (Zhang, 2016, p. 531). As those percentages reflect, the decrease in charge rates was greater for less serious offences.

The gender breakdown for these rates, however, suggests that the measures introduced by the YCJA are affecting male and female youth differently: while female youth accounted for 22% of youth admissions to correctional services in 2010/2011 (Munch, 2012, p. 6), and 23% of youth admissions in 2014/2015 (Correctional Services Program, 2016, p. 15), their proportion increased to 25% in 2015/2016 (Malakieh,

2017, p. 15), continuing an upward trend and currently at roughly a quarter of the system. This represented 4,101 admissions of female youth to correctional services for the nine jurisdictions that reported their numbers (Malakieh, 2017, p. 15). As the number of female youth admissions to correctional services decreases in Canada at a rate slower than that of male youth admissions, female youth take up a proportionately larger share of the youth justice system. It should also be noted that Ontario “seems to have fewer youth on community supervision when compared to the national average” (Campbell, 2016, p. 254).

Similar trends have been noted in the United States as well, with the Office of Juvenile Justice and Delinquency Prevention’s Development Services Group, Inc. noting in their literature review on gender-specific programming that the proportion of girls arrested is increasing (2010, p. 1), a finding reiterated by Sherman and Balck (2015, p. 7). A study by the Office of Juvenile Justice and Delinquency Prevention, however, has suggested that “although girls are currently arrested more for simple assaults than previously, the actual incidence of their being seriously violent has not changed much over the last two decades. This suggests that increases in arrests may be attributable more to changes in enforcement policies than to changes in girls’ behavior” (Zahn et al., 2008, p. 15).

As the proportion of female youth in the youth justice system increases, so does the need for programming developed for them specifically – targeting gender-specific needs, risk factors, and pathways to crime.

### **Characteristics of Female Youth Offending**

As mentioned above, female youth were roughly a quarter (24%) of all young adults accused of crime in Canada in 2014 (Allen, 2016, p. 5). These proportions shift for different types of crime, however: while prostitution is the only offence where the majority of youth accused are female (Allen & Superle, 2016, p. 17), female youth also occupied a larger-than-average share of young adults accused of theft of \$5,000 or less (36%) and common assault (30%) (Allen, 2016, p. 5). Female youth were reported as co-offending in 42% of police-reported crime, roughly equal to the rate among male youth of 41% (Allen & Superle, 2016, p. 17). With incidents of criminal harassment, female youth co-offended more frequently than males (52% vs 37%), and similarly co-offend more frequently than males in incidents of uttering threats (21% vs 16%) (Allen & Superle, 2016, p. 17). While females comprised a small minority of youths accused in sexual offences (4.5%), they were much more likely to co-offend in those incidents than males (28% vs 11%), and a large majority of these female youth co-offended with a male (Allen & Superle, 2016, p. 29).

Carrington has noted on more than one occasion that police-reported youth crime has been decreasing in seriousness but increasing in violence since the mid-1980s (2013, p. 293; 2015, p. 29). Though he does not differentiate rates by gender, when it comes to female youth, another scholar has noted that an increase in rates of female youth violence can be found internationally, including in the United States, England and Wales, and Australia (Carrington, K., 2013, p. 64).

The following chart published by the National Crime Prevention Centre (NCPC) at Public Safety Canada shows data from 2009 on the gender differences in the most common offences for accused youth (2012, p. 9):

<b>Females</b>	<b>Males</b>
1. Theft under \$5,000	1. Theft under \$5,000
2. Common assault (level 1)	2. Mischief
3. Administration of justice violations	3. Drug offences
4. Mischief	4. Administration of justice violations
5. Other <i>Criminal Code</i> violations	5. Common assault (level 1)

That same report also reported that the most common locations for youth crime in 2008 were private residences (32%), commercial establishments (23%), and outdoor public spaces (23%), though gender differences for these locations were not provided (NCPC, 2012, p. 9).

Conversely, a 2014 study of violent female youth offenders in British Columbia found that in their sample (n=145), the most common locations for offenses were public places (56.9%), the youth’s home (19.5%), another residence (13.0%), or at school or work (8.9%) (Hutton & Woodworth, 2014, p. 126). The majority of cases did not involve the use of weapons (65.9%), and did not involve drugs or alcohol on the part of the offender (62.3%) (Hutton & Woodworth, 2014, p. 127). This study also revealed that 75.8% of cases involved female victims, and 50.0% were adolescent victims while 42.1% were adult victims (Hutton & Woodworth, 2014, p. 126). When the victim’s relationship to the offender was considered, “there was an equal percentage of both stranger (27.6%) and specific relationship victims (e.g., teacher, babysitter; 27.6%)... This was followed by acquaintance victims (21.1%), victims in a close relationship with the offender (e.g., friend, relative, dating partner; 12.2%), and victims who were very close to the offender (e.g., immediate family member, romantic partner; 11.4%)” (p. 126).

Research has shown that female youth are less likely to be charged than male youth – 44% vs 55% in violent offences, 28% vs 42% in property crimes, and 24% vs 34% in drug crimes – though there was little difference in rates of youth charged in assault (all levels) or administration of justice violations under the YCJA (Allen & Superle, 2016, p. 17). Aside from these last two offence categories, female youth were more likely to be cleared without charge and receive a warning or caution (Allen & Superle, 2016, p. 17). This partially explains why male youth are more likely to appear in court than female youth, with 72% of accused in 2009 being male while 21% were female and 7% were sex unknown (NCPC, 2012, p. 10).

## Part 2 – Risk Factors for Female Youth Offending

### Introduction

The second question in this literature review is:

- What are the specific risk factors that justice-involved female youth face?

Risk factors exist as early as the pre- and perinatal period that are associated with early neuropsychological deficits and negative behaviours throughout infancy, childhood, and adolescence (Lussier, Tzoumakis, Corrado, Reebye, & Healey, 2015, p. 93). Part 2 of this literature review, however, will focus primarily on risk factors that are present throughout adolescence, as they are more likely to be targetable by program materials for youth in the justice system.

While not all risk factors will be directly targeted by SNAP Youth Justice programming, they may provide important contextual information on the types of difficult situations that youth offenders face daily.

When considering the risks and needs of youth offenders, the literature frequently refers to gender-salient factors – factors “relevant to both female and male [youth] but more so for females” (Vitopoulos, 2016, p. 4). These are differentiated from gender-specific risk factors – factors “that are proposed to be uniquely relevant to females” (Vitopoulos, 2016, p. 4). It should be noted that the literature is far from settled on which factors can appropriately be called gender-salient or -specific.

### Gendered Risks?

Before reviewing the literature on specific risk factors, this section will begin by surveying the different perspectives existing in the literature on the question of gendered risks for youth offending. Vitopoulos (2016) has conducted one of the most sustained investigations into the gendered needs of youth with her dissertation “What’s Good for the Goose? Examining the Impact of Gender-Neutral and Gender-Specific Factors in the Assessment and Treatment of Female and Male Justice-Involved Youth”. It is highly recommended reading for anyone interested in an expansive examination of the existing literature that is exhaustively researched and carefully written.

Her dissertation reviews the literature on risk factors for youth offending, and presents the two main theoretical perspectives in the literature: first is the Risk-Needs-Responsivity (RNR) framework, which she describes as “largely gender-neutral, meaning that the criminogenic factors emphasized in the model are considered to be equally relevant to both males and females” (Vitopoulos, 2016, p. 59). Elsewhere, this body of gender-neutral literature has been referred to as “what works” literature (Rettinger, 2010, p. 41). Vitopoulos highlights studies which found that two risk assessment tools – the Level of Service Inventory (LSI) and the Youth Level of Service/Case Management Inventory (YLS/CMI) – were able to “predict general recidivism regardless of offense type, gender, or minority status” (Vitopoulos, 2016, p. 60), though she also notes that some of these studies did identify some important gender differences, such as that substance abuse had a particularly strong relevance to the recidivism of female offenders (p. 60), or that females were found to have more critical needs in the areas of

personal/emotional concerns, financial problems (education/employment), and family/marital difficulties (p. 60).

The opposing perspective to RNR/“what works” is frequently referred to as Gender-Responsive, and is generally understood as a “gender-specific approach to the assessment and rehabilitation of justice-involved women and girls” coming from scholars rooted in a feminist perspective (Vitopoulos, 2016, p. 60). Vitopoulos describes the Gender-Responsive literature as being based on two key research findings— that, generally speaking, “female justice-involved youth are both less dangerous and more vulnerable than male youth” (Vitopoulos, 2016, p. 61). In reviewing the resulting literature stemming from this perspective, Vitopoulos focuses on the following factors as being the most frequently cited as gender-specific or -salient factors: childhood maltreatment, internalizing mental health problems (such as depression and anxiety), antisocial or delinquent romantic partners, family context of offending, and difficulties with self-esteem (2016, pp. 62-67). A literature review on Gender-Specific programming echoes many of these findings: “Factors that seem more to affect girls’ delinquent behaviors include early puberty (which can lead to increased conflict with parents and associations with older boys or men), sexual abuse or maltreatment, depression and anxiety, and romantic partners” (Development Services Group, Inc., 2010, p. 4).

One of the fullest list of risk factors for female youth gang involvement and violence was published by the UK’s Centre for Mental Health, and included 6 main categories of risk: Individual/Cognitive Risk Factors, Family Risk Factors, School risk factors, Peer Risk Factors, Community Risk Factors, and Societal Risk Factors (Khan, Brice, Saunders, & Plumtree, 2013, p. 9 – see Appendix A – Khan, Brice, Saunders, & Plumtree (2013) Risk Factors Table for full list). While these broad risk categories align with the RNR framework, the specific items which fall under each category – including low self esteem or childhood trauma – suggest at the very least an awareness of Gender-Responsive scholarship.

Cogent criticisms have been made of both approaches. The RNR framework has been criticized for failing “to incorporate and adequately address a host of proposed gender-specific/salient factors, leaving many of the psychological, emotional, and health needs of young women overlooked” (Vitopoulos, 2016, p. 67). Conversely, the Gender-Responsive literature has been criticized for “the frequent absence of male comparison groups and a paucity of quantitative and empirical studies, with RNR scholarship contesting that many of the gender-specific factors proposed are either not empirically related to offending or do not show evidence of increased validity over and above the core criminogenic needs” (Vitopoulos, 2016, p. 67). For a full exploration of the available evidence into gendered risk factors by Vitopoulos (2016), see Appendix B – Vitopoulos (2016) Key Findings.

One study reviewing the contributions to the literature from either approach asserts that they are both valid and productive in their own ways:

“the perspectives and findings therein are more complementary than competitive and that each makes valuable contributions to our understandings of girls’ delinquency. In our opinion, the two major contributions of the gender-responsive group include their (a) explication of how the social context of being a girl in the United States facilitates girls’ delinquency and (b) research

and discussions on the need for gender-responsive treatment to reflect the differences in the socialization and development of boys and girls. The major contributions of the what works literature includes (a) their empirical basis for program development and (b) their success in translating this research into practical applications for correctional and juvenile justice agencies” (Hubbard & Matthews, 2008, p. 251).

The Canadian government has published a number of reports over the years that have focused on significant risk factors that contribute to the likelihood of youth offending; these reports rarely consider gender in their analysis. The 2008 report on *The Review of the Roots of Youth Violence* identified poverty, racism, community design, the education system, family issues, health issues, lack of economic opportunity, denial of youth voice, immigration settlement issues, and the justice system as ten key roots of other risk factors that contribute to youth offending (McMurtry & Curling, pp. 30-81). In the 2012 *Statistical Snapshot of Youth at Risk and Youth Offending in Canada* published by the National Crime Prevention Centre (NCPC), the following risks were highlighted as particularly significant: family structure, income, employment, mental health, victimization, families-at-risk, substance use, and school dropout rates (pp. 1-4). Neither report provides sustained analysis based on gender, including only the odd reference to gendered pathways or outcomes throughout; they therefore seem to be less rooted in the Gender-Responsive approach.

Not all academic literature on youth offending engages explicitly with the above RNR – Gender-Responsive dichotomy. For example, a study on sex differences in youth risk factors for violence and gang involvement asserted that “the paucity of studies that provide comparisons of females’ to males’ risk factors means that the question of similarity or difference is not yet settled” (Peterson & Morgan, 2014, p. 133), suggesting a hesitation to align themselves with either camp. This article concludes with the following:

“bivariate findings support the conclusions of the limited research to date: the examined risk factors for both behaviors [gang involvement and violence] appear to be more similar than different across the sexes, suggesting that for youth at this age (late childhood/early adolescence), sex-neutral approaches may suffice, with some sex-specific components. Sex-specific content may include reducing the negative effects of low parental supervision for females (e.g. working with caregivers on effective strategies, or working with girls to, for instance, connect them with other adult figures to provide structure and accountability) and decreasing impulsivity among males” (Peterson & Morgan, 2014, p. 145).

This first section on the question of gender-specific needs will conclude with the inclusion of the female youth voice. When a study performed qualitative analysis on focus groups conducted with 112 female youth, it found the following topics were raised by the girls when they discussed what gets them into trouble:

“Drugs; sex, STDs, and pregnancy; boyfriends; troubled home lives; truancy; running away; relational aggression; delinquent peers; physical, emotional, and sexual abuse; drinking alcohol; and smoking were referred to (in varying magnitudes) in all groups as key issues that lead girls

into delinquency. Dating older men was predominant in the discussions among state girls but only in a marginal sense among detention girls; gang involvement, school problems, and issues of self-mutilation were mentioned only by state girls” (Garcia & Lane, 2013, p. 556).

While many of these needs fit neatly into well-established RNR domains of risk, several stand out notably as gender-specific factors. As one youth in the study stated, “What my probation officer did, she never saw me, she never was like trying to talk to me. The only time I saw her was either when I was in court or like a probation meeting that was mandatory. That was the only time I saw her, and then she’s trying to make decisions for me that affects me for my life. And she doesn’t even know, what like I need . . . or doesn’t even care to ask” (Garcia & Lane, 2013, p. 554).

## **Trauma**

### *Various Conceptions of Trauma*

Trauma is a very broad term that has been variously defined, and includes many different experiences. When qualitative analysis was performed on the transcripts of interviews with workers from across the juvenile justice, child welfare, mental health, and education sectors, they uniformly acknowledged the importance of trauma to their work, though researchers also found that “participants noted varying definitions of TIP [trauma-informed practices], even within their own system” (Donisch, Bray, & Gewirtz, 2016, p. 131), highlighting that what, exactly, constitutes TIP remains far from settled.

Covington and Bloom (2016), two leading trauma scholars, have described the lack of clarity around defining trauma theory as follows:

The terms violence, trauma, abuse, and PTSD (post-traumatic stress disorder) are often used interchangeably. One way to clarify these terms is to think of trauma as a response to violence. Trauma is both an event and a particular response to an overwhelming event. The response is one of overwhelming fear, helplessness, or horror. PTSD is one type of disorder that results from trauma. Women have different responses to violence and abuse. Some may respond without trauma, due to coping skills that may be effective for a specific event. Sometimes, however, trauma has occurred but may not be recognized immediately, because the violent event may have been perceived by the individual as normal. (p. 17)

Just as Covington and Bloom define trauma as both an event and a response to that event, complex trauma – a term frequently used in the literature – has been defined as “both children’s exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure” (NCTSN, 2017, n. pag.).

A similar – though perhaps marginally more detailed – definition of trauma was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) which, rather than being built on two components (event and impact), consists of “the three ‘E’s’ of trauma: event(s), experience of event(s), and effect” (SAMHSA, 2014, p. 8). These three E’s are defined as follows:

- “**Events** and circumstances may include the actual or extreme threat of physical or psychological harm (i.e. natural disasters, violence, etc.) or severe, life-threatening neglect for a child that imperils healthy development...
- The individual’s **experience** of these events or circumstances helps to determine whether it is a traumatic event. A particular event may be experienced as traumatic for one individual and not for another... How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic...
- The long-lasting adverse **effects** of the event are a critical component of trauma. These adverse effects may occur immediately, or may have a delayed onset. The duration of the effects can be short to long term. In some situations, the individual may not recognize the connection between the traumatic events and the effects...” (SAMHSA, 2014, p. 8).

Vitopoulos (2016) conducted a study of 50 male youth and 50 female youth to evaluate the relationship between recidivism, gender, and three different prevailing conceptions of trauma found frequently in the literature – post-traumatic stress symptoms, childhood maltreatment, and cumulative childhood adversity. Vitopoulos stresses the importance of clearly defining trauma constructs. She found:

Rates of all three constructs were much higher in our sample than in the general population, and female youth were more likely to have experienced maltreatment than male youth. While PTSD symptomology and general childhood adversity did not contribute to the prediction of re-offending, exposure to multiple maltreatment types was the strongest predictor of re-offending for both males and females in a model including the variables as well as the Central Eight criminogenic needs... These findings are consistent with literature that has begun to suggest that justice system-involved youth who have experienced maltreatment may represent a unique subset of offenders for whom gender-neutral risk assessment tools and approaches may be less useful... Furthermore, the study results lend support to the idea that there may be different classes of justice-involved youth, not strictly defined by gender lines, for whom a distinct set of needs may be more or less relevant (p. 103-104).

A Child Welfare Trauma Training Toolkit published by the National Child Traumatic Stress Network (NCTSN) defined the following 14 types of trauma: 1) sexual abuse or assault, 2) physical abuse or assault, 3) emotional abuse/psychological maltreatment, 4) neglect, 5) serious accident or illness/medical procedure, 6) witness to domestic violence, 7) victim/witness to community violence, 8) school violence, 9) natural or manmade disasters, 10) forced displacement, 11) war/terrorism/political violence, 12) victim/witness to extreme personal/interpersonal violence, 13) traumatic grief/separation, 14) system-induced trauma (NCTSN, 2008, p. 1-3).

#### *Rates/Prevalence*

Many scholars have noted for some time that trauma plays an important role in the psychology of offenders, and particularly female youth offenders. When reviewing the literature on rates of traumatic experiences in justice-involved youth, depending on the measure used, it varied from 70% to 90% (Dierkhising et al., 2013, p. 2; Espinosa & Sorensen, 2016, p. 190). One study of youth in the Juvenile

Justice population found rates as high as 92.5% of youth having experienced 1 or more traumas, with female youth specifically at 84% (Abram et al., 2004, p. 403). The variance in these estimates is attributed to regional differences in youth populations and differing methodologies for measuring these rates, including using different assessment tools or using the tools at different stages of involvement with the youth justice system (Dierkhising et al., 2013, p. 2).

In 2000, a sample of youth with conduct disorders was examined for evidence of Posttraumatic Stress Disorder (PTSD), and it was more prevalent in girls at 28% than in boys at 10% (Reebye, Moretti, Wiebe, & Lessard, 2000, p. 746). A 2004 report conducted by the NCTSN cited research suggesting that female youth in the juvenile justice setting were much more likely to have PTSD than community youth or their male peers, and while males were more likely to report witnessing traumatic events, females were more likely to be the victims of traumatic events (Hennessey, Ford, Mahoney, Ko, & Siegfried, 2004, p. 3-4). A later literature review by the NCTSN similarly found that “although the prevalence rates differ across studies, the weight of the evidence suggests that many girls in the justice system have experienced even higher rates of victimization than their male peers, particularly those forms of abuse that occur in the context of close personal relationships such as family violence and sexual assault” (Kerig & Ford, 2014, p. 5). The authors echoed this in stating that “the weight of the evidence suggests that justice-involved girls are more likely than boys to meet criteria for a PTSD diagnosis and that girls display more severe PTSD symptoms than their male peers” (Kerig & Ford, 2014, p. 6).

### *The Impact of Trauma*

The experience of trauma can have profound effects on your mind and body, influencing a wide variety of outcomes across a lifetime, including early mortality. One of the first exhaustive studies to examine the various effects of trauma is known as the Adverse Childhood Experience (ACE) Study. It revealed:

A strong dose response relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults. Disease conditions including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease, as well as poor self-rated health also showed a graded relationship to the breadth of childhood exposures. The findings suggest that the impact of these adverse childhood experiences on adult health status is strong and cumulative. The clear majority of patients in our study who were exposed to one category of childhood abuse or household dysfunction were also exposed to at least one other. (Felitti et al., 1998, p. 251)

A study of the physical and mental effects of childhood exposure to violence found early indications of: increased and sustained inflammatory responses (a sign of an overactive immune system), telomere erosion (the regions ending chromosomes that play a key role in cellular replication), epigenetic and genetic changes (resulting in different genes being expressed), increased risk of many psychiatric disorders (and poorer treatment response to interventions for those disorders), decreased neuropsychological functioning (such as memory, executive functioning, or attention), and visible changes in neuroimaging outcomes (Moffitt & The Klaus-Grawe 2012 Think Tank, 2013, p. 1622-1626).

One report highlighted the following areas as particularly relevant possible effects of trauma on female youth: “(1) impairment of cognitive function development, including difficulty with concentration and learning; (2) increased risk for long-term physical illness, including impairment of the immune system; (3) disruption of emotional and behavioral regulation and stress responses; (4) decreased self-awareness; (5) diminished capacity for self-care; and (6) impairment of the ability to connect with others” (Epstein & Gonzalez, 2017, p. 12). Another report published by SAMHSA highlighted that “Trauma can result in physiological changes in the way our brains respond to danger, especially when the trauma is repeated. It has also been linked to depression, suicidal tendencies, chronic anxiety, hostility, impaired ability to relate to others socially, and many other serious consequences in personal life” (SAMHSA, 2009, p. 1). Another literature review on the link between trauma and substance abuse found that up to 59% of youth with PTSD subsequently develop substance abuse problems, and PTSD can make it more difficult for adolescents to stop using (NCTSN, 2008, p. 1-2).

There is also evidence suggesting that female youth might experience trauma differently than male youth: “research reveals distinct gendered responses to trauma that include neurobiological and mental health effects. For example, estrogen activates a larger field of neurons in women’s brains during adverse incidents than in men, resulting in women’s experiencing stress in greater and more precise detail” (Epstein & Gonzalez, 2017, p. 12). A report by the Office of Juvenile Justice and Delinquency Prevention’s (OJJDP) Girls Study Group similarly cited research suggesting that “girls may be more sensitive to dysfunction and trauma within the home” (Zahn et al., 2010, pp. 3-4). Additionally, while one study found that more male youth (93.2%) in a juvenile justice setting had experienced at least 1 traumatic event than female youth (84.0%), PTSD symptoms were more prevalent in female youth (14.7%) than male youth (10.9%) (Abram et al., 2004, p. 407), suggesting that female youth may be more susceptible to the effects of trauma than male youth.

Another study examining 1,479 girls who entered into state child welfare custody corroborated these results by finding that five types of traumatic experiences were significantly correlated to conduct disorders for female youth, while the same could not be said for male youth in a comparison analysis (Podgurski, Lyons, Kisiel, & Griffin, 2014, p. 84). The five types of trauma significantly correlated with conduct disorders in this study were sexual abuse, witness or victim to criminal activity, witness or victim to school violence, community violence, and traumatic grief or separation, while physical abuse trended towards significance (p. 85). Furthermore, research has shown that “for females, early age of onset [of traumatic experiences] was associated with higher total PTSD... but not for males” (Dierkhising et al., 2013, p. 6).

Failing to identify the impact of trauma in female youth offenders can also lead to significantly negative consequences:

Because the courts often lack the necessary training and resources to address or recognize the impact of traumatic experiences, they often lack the capacity to adequately meet the mental health needs of girls who may end up going deeper into the system... Many characteristics of the detention environment (seclusion, staff insensitivity, loss of privacy) can exacerbate negative

feelings and feelings of loss of control among girls, resulting in suicide attempts and self-mutilation (Hennessey, Ford, Mahoney, Ko, & Siegfried, 2004, p. 5).

Research has also demonstrated that the justice system punishes trauma, particularly in female youth. A study of over 5000 youth in a variety of facilities in Texas found that female juveniles served “significantly longer periods of confinement in local facilities than boys, even when controlling for other influential variables such as offense severity, prior record, age at referral, and facility type. Findings also indicate that girls with histories of trauma served longer periods in confinement than boys for violating their court-ordered conditions of probation” (Espinosa & Sorensen, 2016, p. 187). Furthermore, a report on the inequalities experienced by female youth in the American juvenile justice system found that abused and traumatized female youth who posed no threat to public safety were being penalized and pushed through the justice system in nearly every interaction they had (Sherman & Balck, 2015, p. 6). For example, evidence suggests that “technical violations of probation appear to drive girls – and particularly girls with mental health needs – into detention” (Sherman & Balck, 2015, p. 8). As Covington and Bloom have noted the particular ways in which the justice system’s practices are ill-suited to at-risk offenders, given that “the standard operating practices (searches, seclusion, and restraint) may traumatize/retraumatize women” (2006, p. 17).

A scholar describing the pathways girls take into the system argues:

These paths usually include some type of abuse (either sexual or physical) and trauma. This abuse, usually untreated or undertreated, precipitates behaviors that put girls at risk for delinquent behaviors, even though from their perspective, these behaviors allow them to escape the abuse. Most of these behaviors, symptoms of mental health, substance abuse, and educational problems, pose threats to the safety and well-being of the girls themselves and their children rather than to public safety. (Quinn, Poirier, & Garfinkel, 2005, p. 137)

As one youth put it in a powerful qualitative look at the ways the juvenile justice system criminalizes trauma: “it all started when I was 13 and tried to commit suicide. My mom called the police and I became a delinquent” (Simkin & Katz, 2002, p. 1474).

### **Physical and Sexual Assault**

These risk factors certainly overlap with trauma, but are occasionally separated out for their own consideration in the literature, so they will be reviewed independently.

Of all the gender-salient risk factors, one that is most disproportionately experienced by female youth is sexual assault. One report stated succinctly that “study after study has shown that sexual abuse is the form of trauma most disproportionately experienced by girls” (Epstein & Gonzalez, 2017, p. 12).

A report by the OJJDP Girls Study Group reviewed a great deal of literature on risk factors for female youth crime and found that incidences of physical abuse appeared to be roughly equally distributed between the male and female adjudicated youth populations (Zahn et al., 2010, p. 3). The same review, however, found that certain types of trauma – such as sexual abuse – were found to be more pervasive

among girls engaging in anti-social behaviour than their male counterparts (p.3). Histories of physical or sexual victimization are among the most common characteristics of female youth in the justice system (Simkin & Katz, 2002, p. 1478). A literature review on rates of sexual violence in the American juvenile justice systems found that local estimates ranged anywhere from 31% to 81% of female youth experiencing at least one incident of sexual abuse or sexual violence (Saada Saar, Epstein, Rosenthal, & Vafa, 2015, pp. 8-9).

Not only is a history of sexual abuse more prevalent among female justice-involved youth, but its effects appear to be more pronounced, with one study suggesting that “even after accounting for known risk factors for recidivism (e.g., prior offense history), CSA [child sexual abuse] remains a unique significant predictor of recidivism for young female, but not male, juvenile offenders with identified psychiatric concerns” (Conrad, Tolou-Shams, Rizzo, Placella, & Brown, 2014, p. 310).

It should be noted that in Canada, it is estimated that “sexual assault is the most underreported violent crime in Canada with only 5% (use with caution) of incidents reported by victims to police in 2014” (Rotenberg, 2017, p. 4), and not all reported assaults result in a conviction. Given the above-mentioned criminalization of trauma, and the particularly prevalent rates of sexual violence among justice-involved female youth, this suggests that the victims of sexual assault are frequently being punished instead of the perpetrators.

### **Self-Harm**

Self-harm is a complex and variously defined phenomenon. It has been argued that “there is currently no agreed upon or systematic assessment program that defines NSSI [non-suicidal self-injury] behaviours and there is still much variation and debate in the literature as to how to define and discriminate self-harm and related behaviours. There are many reasons that persons engage in self-harming behaviour such as emotional regulation, to communicate with others, and to influence their environment. Often, SIB of offenders is considered manipulative in correctional settings” (Corabian, Appell, & Wormith, 2013, p. 24).

Before delving too deeply into the literature on the risk and prevalence of self-harm, it is worth noting the obvious intersection with other previously highlighted risk factors. A case-control study of near-lethal instances of self-harm by female prisoners in England and Wales found “significantly higher levels of comorbidity than other women prisoners who had not carried out lethal self-harm attempts in prison. The strongest associations... were with current depression, the presence of two or more diagnoses, a history of psychiatric contact and previous attempted suicide” (Marzano, Fazel, Rivlin, & Hawton, 2010, p. 222). A second case-control study found that “environmental and prison factors had strong associations with near-lethal self-harm, in particular remand status, prior incarceration, single cell accommodation and negative experiences of imprisonment. In addition, social support, recent life events and past trauma, especially sexual abuse, were strongly correlated with near-lethal self-harm” (Marzano, Hawton, Rivlin, & Fazel, 2011). Correctional Service Canada published a study of Canadian female offenders who engaged in self-harm which found that these offenders tended to exhibit more

adjustment difficulties as well as violence against other inmates and staff as compared to other female offenders in custody (Wichmann, Serin & Abracen, 2002, p. 14).

There is evidence that rates of self-harm are disproportionately high in the justice system, particularly in custody facilities. It has been noted that “suicide is a leading cause of death in prisons in most Western countries” (Marzano, Fazel, Rivlin, & Hawton, 2010, p. 219). A study of prison suicides from 12 countries found that rates of suicide among prisoners were at least three times higher than in the general population, with variation existing between countries (Fazel, Grann, Kling, & Hawton, 2011, p. 193). A second study of prison suicides from 24 countries found that suicide by male prisoners was roughly 3 times higher than in the general population, and suicide by female prisoners was roughly 9 times higher than in the general population (Fazel, Ramesh, & Hawton, 2017, p. 951). This study found that in Canada specifically, rates of prison suicide were roughly 2.3 times higher than in the general population, though it did not break this number down by gender (Fazel, Ramesh, & Hawton, 2017, p. 949).

There is also evidence that rates of self-harm are even higher for female inmates than for male inmates. This holds outside of the justice system: 80% of youth hospitalizations for self-harm injuries were girls (Canadian Institute for Health Information, 2014, p. 1). Inside the justice system, as one study succinctly put it, “the rate of self-harm is higher among female versus males, and is substantially higher in correctional settings” (Corabian, Appell, & Wormith, 2013, p. 24). A study of incidents of self-harm by prisoners in England and Wales found that 5-6% of male prisoners self-harmed each year, as compared to 20-24% of female prisoners (Hawton, Linsell, Adeniji, Sariaslan, & Fazel, 2014, p. 1152). This study noted that for both sexes, young age defined as being under 20 years old was associated with self-harm (Hawton et al., 2014, p. 1152). A report by the Correctional Service of Canada found that female offenders were more likely to engage in self-harm, and also more likely to do so more than once than male offenders (Gordon, 2010, p. iii).

There is further evidence to corroborate the finding that rates of self-harm are higher in younger inmates. When 25 years of data from England and Wales specifically were reviewed, it was found that suicide was roughly 20 times more common in female prisoners than in the general population, and when the female prisoner in question was under 25 years of age, this disproportionality increased to roughly 40 times (Fazel & Benning, 2009, p. 183).

In addition to considering the effect of age, gender, and custody status, there are a number of other intersections worth considering, such as Indigeneity and gender identity. It was noted that in the Canadian population, incidents of self-harm in custody among Indigenous offenders were far greater than would be expected based on their population size (Gordon, 2010, p. iii). Similarly, a report from the Office of the Correctional Investigator of Canada found that “nearly half (46%) of all self-injurious incidents among young adults in 2015-16 involved a young Indigenous person” (Office of the Correctional Investigator of Canada, 2017, p. 30). A report on the Canadian Trans Youth Health Survey also found that younger Trans youth were at even greater risk than older Trans youth, with 79% versus 70% exhibiting self-harm in the last 12 months, and 67% versus 64% seriously considering suicide (Wells et al., 2017, pp. 37-8).

## **Family Structure/Living in Care**

Involvement with child welfare or alternative care can be a risk factor for female youth: a literature review found that 48% of justice-involved youth in Ontario surveyed had a previous history of child welfare and associated it with high-rate, chronic offending (NCPC, 2012, p. 3).

A study on the influences of female delinquency found “the second most powerful predictor of delinquency was child placement in CPS... Particularly important is the powerful influence of removal from the home, whether in CPS or foster care, even when child aggressiveness has been statistically controlled” (Barrett, Ju, Katsiyannis, & Zhang, 2015, p. 431).

A literature review on causes of female youth delinquency found evidence that “girls have stronger connections to family than boys do throughout life... and that this connection often serves as a protective factor” (Zahn et al., 2010, p. 5). One example they cite is of Keller et al. (2002) finding that female children of drug-using parents were more likely to use drugs themselves than male children (cited in Zahn et al., 2010, p. 6).

Another study found that “the most consistent protective effect assessed in this study was the extent to which a girl felt she had caring adults in her life” (Hawkins, Graham, Williams, & Zahn, 2009, p. 9), though even this protective factor had various effects depending on the girl’s previous life experiences, with physically assaulted girls in young adulthood who believed they had a caring adult in their lives reportedly engaging in more aggravated assault (p. 9).

## **Poverty/Employment/Income**

As the NCPC’s *Statistical Snapshot of Youth at Risk and Youth Offending in Canada* reported, in 2009, 9.5% (634,000) of all children aged 18 and under lived in low-income families in Canada (2012, p. 2). Youth aged 15 to 24 had the highest rates of unemployment of all age groups at 15% (NCPC, 2012, p. 2). Through a meta-analysis of 237 cross-sectional and 87 longitudinal studies, unemployment has been decisively linked to mental health distress (Paul & Moser, 2009, p. 264).

Furthermore, the Government of Ontario’s *Roots of Youth Violence* Report listed poverty as the first root of youth violence, stressing that it is a root of immediate risk factors rather than a direct gateway to violence: “in our view, poverty can lead to a lack of self-esteem, the experience of oppression, a lack of hope or empathy or sense of belonging, impulsivity and other immediate risk factors” (McMurtry & Curling, 2008, p. 7).

Though there is little research specifically examining rates of female youth employment in Canada and the differential gendered effects of unemployment, a Swedish study with a small sample size suggests that the impact of unemployment on mental health is greater for female youth: “one unemployed man of four and every second unemployed woman feels that the mental well-being grew worse when they became unemployed. The opposite is experienced by one male youth trainee of four and four female youth trainees of ten, who state that their mental well-being improved when they got into a youth training program after having earlier been unemployed” (Hagquist & Starrin, 1996, p. 215). It should also

be noted that in Canada, gender inequality results in lower average earnings and less job security for young female workers: “young women are less likely to hold full-time jobs than are young men... Most young women also continue to face a wage gap. Young women with post-secondary education earn 12% less than their male peers. The wage gap is the same amongst young women with a high school diploma” (Lambert & McInturff, 2016, p. 5).

There is, however, some evidence that the geographical impact of poverty might be somewhat mitigated for female youth, as the OJJDP’s Girls Study Group has reported: “current studies suggest that disadvantaged neighbourhoods are somewhat less of a risk factor for delinquency in girls than in boys because girls are more closely supervised and kept closer to home. Nevertheless, neighbourhoods remain important influences on girls’ involvement in both violence and less serious forms of delinquency” (Zahn et al., 2010, p. 9).

It should be noted that this risk factor does not apply evenly to all female youth, as there are interactions with other risk factors. Race plays into poverty – in 2006, Indigenous youth unemployment rates were more than double that of non-Indigenous youth in the Western provinces (NCPC, 2012, p. 2). Family structure and living situation plays into poverty – in 2009, 31% of children in poverty lived in a lone-parent family headed by a woman (NCPC, 2012, p. 2). Geographical location also plays into poverty, with varying rates of poverty and job opportunities existing in different reserves and urban communities; Windsor, Oshawa, Brantford, and London all saw youth unemployment rates above 20%, and Toronto’s rate was 18.1%, all well above the national average (Geobey, 2013, p. 6).

## **Mental Health**

There is overlap between this risk factor and the above examination of trauma, as responses to trauma are inextricably linked to mental health, and PTSD is among the chief mental health concerns faced by justice-involved youth. Again, mental health will be reviewed as a risk factor because it is frequently treated independently in the literature.

Mental health concerns were among the significant Individual/Cognitive Risk Factors highlighted by the literature review conducted at the UK’s Centre for Mental Health (Khan, Brice, Saunders, & Plumtree, 2013, p. 9). Female youth tend to be diagnosed with mental health problems like depression, anxiety, and PTSD at higher rates than male youth, and the association between these disorders and delinquency appears to be stronger in female youth than male youth (Zahn et al., 2010, p. 4).

A comprehensive analysis of the role depression and anxiety as a risk factor for a variety of outcomes found the following:

Depression/anxiety emerged as a consistent risk factor for girls and supports the gendered GST [General Strain Theory] perspective that central GST processes can explain gender differences in deviant coping if attention is given to the types of strain, negative emotions, and outcomes included in the theoretical model... Specifically the moderating role of negative internalizing emotion varies across sex and type of outcome. It amplified the effect of several strains and anger on nonaggressive coping behaviors (running away, substance use, and suicidal behavior),

and may play a role in derailing girls' aggressive delinquency by reducing the effect of anger on this behavior... Notably, the similar finding for boys' substance use in the current study suggests that the salience of depression/anxiety is not limited to girls' pathways to risk behaviors. (Francis, 2014, p. 71)

### **Substance Use**

Research has shown that delinquent behavior is significantly more prevalent among youth who report having consumed alcohol or drugs (NCPC, 2012, p. 4).

For female youth specifically, the risk could be greater, as one study found "it is interesting that the strongest predictor of female recidivism... was a history of drug use, particularly given the strong association between adolescent drug use and lack of parental control" (Barrett, Ju, Katsiyannis, & Zhang, 2015, p. 431). A study of adult female offenders also found that 74.6% of gang members and 73.9% of non-gang members in the female offender population had needs related to substance abuse (Scott & Ruddell, 2011, p. 317).

### **Racism**

There is a well-documented dearth of literature on intersectional vulnerabilities for justice-involved youth, particularly race (Nanda, 2012, p. 1507).

In the 2008 Ontario *Roots of Youth Violence* Report, racism was highlighted as a root cause of other immediate risk factors for violence:

"our report speaks in terms of racism, not race. Race has nothing to do with violence. No race is inherently more violent than another. There are well-documented circumstances that would produce alienation and the other immediate risk factors in any group, and the sad reality is that in Ontario, a disproportionate number of racialized groups are subjected to these circumstances. But while race is not something that can create the immediate risk factors for violence involving youth, racism is. Racism strikes at the core of self-identity, eats away the heart and casts a shadow on the soul. It is cruel and hurtful and alienating. It makes real doubts about getting a fair chance in this society. It is a serious obstacle imposed for a reason the victim has no control over and can do nothing about" (McMurtry & Curling, 2008, pp. 8-9).

There is evidence of systemic racial bias against racialized youth in juvenile justice systems. An analysis of disproportionate minority contact with the American justice system stated that "the racial differences that begin with juvenile involvement in crime become larger as youth make their way through the different stages of the juvenile justice system—from detention, to formal hearings, to adjudications, to out-of-home placements, and finally to waiver to adult court. At each stage of the system, minority representation grows larger and at a faster rate than that of Whites" (Piquero, 2008, p. 60). This echoes later research asserting that "actors in the juvenile justice system are likely to view girls of color and Black girls in particular as delinquents—as social problems themselves rather than as young girls affected by social problems. To some extent, every actor in the juvenile justice system exercises

discretion consistent with that distortion, even while operating under nominally neutral rules” (Nanda, 2012, p. 1507).

Similarly, an American study found that African American youth were “more than twice as likely as White youth to have juvenile justice involvement... African American girls have only a 50% increased likelihood of juvenile justice involvement when compared with White girls” (Goodkind, Shook, Kim, Pohlig, & Herring, 2013, p. 259-260). Another report on the American system found that “Black girls are the fastest growing segment of the juvenile justice system, and in 2013, Black girls were almost three times as likely as their white peers to be referred to court for delinquency” (Sherman & Balck, 2015, p. 22).

Interestingly, research suggests that minority justice-involved female youth may actually have relatively less pathology than white female youth:

As compared to White girls, non-White girls were significantly older by over a year at first hard drug use and had fewer CD [conduct disorder] symptoms. When compared to White girls, fewer non-White girls had a substance abusive father or had experienced abuse. Summarized differently, White girls appear to have a more problematic profile in that they begin hard drugs at a younger age, have more CD symptoms, and more frequently experience parental difficulty and abuse. That White girls appear to have a more problematic profile suggests that minority girls may be placed in a controlled environment when perhaps they are not as severe. (Stein et al., 2015, p. 72)

As argued by Stein above, this is perhaps explained by the systemic racial bias against racialized female youth – the threshold for what is deemed to be acceptable behavior may be lower for racialized youth in America, and evidence suggests the same holds in Canada.

In the Greater Toronto Area (GTA) – home to the largest proportion of Ontario’s Black population (James & Turner, 2017, p. 21) – there is evidence to support this: when it comes to high school suspensions, “by the time they finished high school, 42% of all Black students had been suspended at least once, compared with only 18% of White students and 18% of other racialized students” (James & Turner, 2017, p. 35). When it comes to expulsions, analysis showed that “Black, Aboriginal (or Indigenous), Mixed, and Middle Eastern students are disproportionately expelled from TDSB schools when compared to their representation among all students” (James & Turner, 2017, p. 36).

Black youth are also streamed into lower achieving pathways in the education system at disproportionate rates: 0.4% of Black students are identified as gifted, compared to 2% of other racialized students and 4% of White students (James & Turner, 2017, pp. 34-35). Conversely, 53% of Black students, 80% of other racialized students, and 81% of White students were in Academic programs of study, while 39% of Black students, 18% of other racialized students, and 16% of White students were in Applied programs (James & Turner, 2017, p. 30). One educator was quoted as saying “Black kids don’t last long in gifted programs. They don’t fit in with the school culture, so they choose not to come back. Or they are identified as having a behavioural issue and they are sent back” (James & Turner, 2017, p. 45). The behaviours of Black youth are pathologized and used as justification for higher suspensions,

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expulsions, and lowered expectations, reinforcing the obstacles cited by McMurtry and Curling at the start of this section. It is perhaps no surprise then that when surveyed, the GTA's Black population cite racism and stereotypes as the greatest challenge facing the Black community, ahead of lack of political clout, unstable families, and violence or crime (Turner, 2017, p. 36).

Though mental health difficulties are disproportionately prevalent in custody facilities, there is evidence that they are even more pervasive among female racialized youth in custody. One study on the Westerman Aboriginal Symptoms Checklist – Youth (WASC-Y) – an assessment tool for mental health in Indigenous youth in Australia – found that 94.6% of males and 100% of females fell into the clinical range on at least one scale (Stathis et al., 2012, p. 235).

Evidence suggests that a similar disproportionality exists in Canada, and has recently been getting more severe: "In 2015/2016, Aboriginal female youth accounted for 43% of all female youth admitted to correctional services. This figure was higher in comparison to male youth, where Aboriginal males accounted for 31% of all male youth admitted... this was an increase when compared to 2011/2012, when Aboriginal female youth represented 38% of female admissions and Aboriginal male youth accounted for 26% of male youth admitted to correctional services" (Malakieh, 2017, p. 5).

### **Self-Control/Impulsivity**

One study of 145 violent female youth offenders in British Columbia found that "less than one-fifth (17.2%) were purely instrumentally motivated, suggesting that many of these female young offenders were committing more impulsive and spontaneous types of crime" (Hutton & Woodworth, 2014, p. 129). When considering offense characteristics, this same study also noted that "the fact that strangers and acquaintances are more often the target of a youth's violent acts (rather than friends or family members) potentially attests to the increased impulsivity that is typically present in adolescents. (Steinberg et al., 2008). Specifically, an offender who victimizes someone they have never met is more likely to be reactive and impulsive" (p. 129).

Another study on the influences on female youth delinquency and recidivism found "overwhelming evidence of the role of early social and psychological adversity in female delinquency... females who had been diagnosed with a mental health disorder involving impulse control or aggression were approximately 11 times more likely to commit a criminal offense than females who had not been so diagnosed" (Barrett, Ju, Katsiyannis, & Zhang, 2015, p. 431), making impulse control or aggression disorders among the most powerful predictor of delinquency in its analysis. This study also noted that in over 60% of the cases in which female delinquents received diagnosis of a disorder of aggression, the diagnosis preceded justice involvement (p. 431), suggesting a possibility space where timely intervention could potentially influence these youths' trajectories.

When the UK's Centre for Mental Health reviewed literature on risk factors for female youth gang involvement and violence, the following Individual/Cognitive Risk Factors were identified which relate to self-control and impulsivity: severe childhood behavioural problems including aggression (under 12 years old), pattern of attributing hostile intentions to others, poorly developed problem solving skills,

low self esteem, poor control over emotions, and risk seeking tendency (Khan, Brice, Saunders, & Plumtree, 2013, p. 9).

Evidence suggests that issues developed in adolescence perpetuate into adulthood; a study of adult female offenders found that 77.7% of gang members and 81.2% of non-gang members exhibited needs in the personal/emotional domain, which included coping skills, hostility toward others, the ability to set realistic goals, interpersonal skills, impulsivity, and conflict resolution (Scott & Ruddell, 2011, p. 317).

A study of 155 female undergraduate students found that “both overall indicators of self-reported impulsivity and callous-unemotionality were positively related to delinquency. This finding is consistent with previous research, although the current results also provide a more detailed understanding of these relations” (White & Miller, 2015, p. 252). While this sample is not of the target population, it nevertheless bolsters evidence of the link between impulsivity or callous-unemotionality and delinquency.

### **School Dropout Rates**

One study conducted by the Office of Juvenile Justice and Delinquency Prevention found that school connectedness was not a protective factor, though school success was a significant protective factor for some forms of delinquent behaviours like simple assault or gang membership (Hawkins, Graham, Williams, & Zahn, 2009, p. 5).

A literature review on the causes of female youth delinquency suggest that there is an inverse relationship between academic performance and deviant behaviors, especially drug use (Zahn et al., 2010, p. 10). Some studies have found that both commitment to and attachment to school are protective factors for girls only, while others have found them to be so for both boys and girls (Zahn et al., 2010, p. 10).

As with other risk factors, there is an interaction with race and family structure, with high school dropout rates much higher among off-reserve Indigenous youth and children in foster care (NCPC, 2012, p. 4).

## Part 3 – Best Practices

### Introduction

The final questions this literature review seeks to answer is:

- What best practices exist in the literature on programming for justice-involved female youth? This question will focus on evidence-based best practices, trauma, gender-responsivity, lgbtq inclusion, and female outcome evaluation measures.

To answer this question, literature will be reviewed in the areas of focus listed here. Before diving into these bodies of literature in which experts speak about and on behalf of youth, this final section will open with the expressed programming desires of female justice-involved youth, as they themselves stated to interviewers in a qualitative study of their programming needs:

Girls claimed they wanted to have a voice in their proceedings; participate in programming headed by caring, respectful staff; and be taught practical life skills that translate into their daily lives and help them support themselves. They wanted more programming to help them cope with abuse histories. Finally, participants argued that they needed to understand the justice process and experience incremental consequences rather than face incarceration after receiving many chances. (Garcia & Lane, 2013, p. 556)

### Best Practices in Programming

When it comes to evidence-based best practices in programming specifically targeting justice-involved female youth, the literature is scant (Zahn, Day, Mihalic, & Tichavsky, 2009, p. 288). The OJJDP's Model Programs Guide (MPG) highlights evidence-based juvenile justice and youth prevention, intervention, and re-entry programs, but of the 62 programs highlighted as Effective (the highest designation in the MPG), only one is listed as targeting female youth specifically – the Enhanced Access, Acknowledge, Act Sexual Assault Resistance Program (OJJDP, 2017, n. pag.). This program has been found to be successful at “decreasing the occurrence of rape, attempted rape, and other forms of victimization among first-year university women” (Senn et al., 2015, p. 2326), though it should be noted that first-year university students are a substantially different population from possibly more criminologically entrenched justice-involved youth.

When the OJJDP reviewed 61 girls' delinquency programs, only 17 had published evaluations, and none had enough evidence to receive the top two ratings of “Effective” or “Effective with reservation,” earning instead “Promising,” “Inconclusive evidence,” or “Insufficient evidence” (Zahn, Hawkins, Chiancone, & Whitworth, 2008, p. 6). The review authors also noted that many of the programs reviewed were no longer in existence, highlighting the lack of program sustainability (Zahn, Hawkins, Chiancone, & Whitworth, 2008, p. 6). A parallel review of 26 promising programs in the Blueprints for Violence Prevention found that only 8 program evaluations had undergone analysis on whether program outcomes were different for male or female youth, though the reviewers asserted that 23 of the programs were equally effective for either gender (Zahn, Hawkins, Chiancone, & Whitworth, 2008, p. 6).

Similarly, when a literature review assessed available documentation and evaluations of gender-responsive programming for female justice-involved youth, there was a noted “failure of evaluation results to shed light on effective program models” (Chesney-Lind, Morash, & Stevens, 2008, p. 162). Put perhaps more positively by another study reviewing gender-responsive reforms in juvenile justice systems, “with the lack of rigorous research identifying solid outcomes for current girl-specific programs, the field remains largely innovative at this stage” (Walker, Munro, & Sullivan-Colglazier, 2015, p. 761).

A literature review by the OJJDP suggests that evidence for effective gender-specific programming for justice-involved females is so scant for two primary and interrelated reasons: “First, programs for girls are scarce... Second, the overall number of girls in the system is small compared with the number of boys, which makes evaluation activities more challenging” (Development Services Group, Inc., 2010, p. 5). This review also highlighted research suggesting that what few evaluations there were on programs for girls suffered from insufficiently rigorous methodologies.

The Utah Criminal Justice Center (UCJC) published 5 research-based recommendations for effectively reducing the risk of recidivism in female offenders:

1. As with male offenders, the highest risk (based on actuarial assessment) female offenders should receive the most intensive services...
2. Treatment should target criminogenic needs (identified via actuarial assessment).
3. Treatment should be cognitive-behavioral or cognitive social learning and include strategies such as: modeling, reinforcement, role playing, skill building, cognitive restructuring, and the learning (and repeated practicing) of low-risk behaviors in high-risk situations.
4. The unique qualities of females should be addressed through program responsivity, which can include, but is not limited to the responsivity factors outlined above.
5. Curricula including process oriented groups and non-criminogenic treatment targets can be beneficial to meet the psychosocial needs of female offenders, but should not take the place of curricula targeting criminogenic needs. (UCJC, 2012, p. 3)

Corrections scholars have highlighted a list of five female-responsive values that are preconditions to successful programming with female justice-involved youth:

1. Inclusive
2. Relational
3. Restorative
4. Aware of the social context
5. Multileveled (Zavlek & Maniglia, 2007, pp. 59-60)

A report to the Ontario government on female-responsive programming provided 5 guiding principles that centred on the role of relationships:

1. “Facility/program philosophy, policy and practices, and specific program content should reflect an understanding of the significance of relationships and connections in the lives of young women.

2. Facilities/programs should provide girls with opportunities to talk.
3. Facilities/programs should allow the opportunity for girls to develop new relationships with peers and staff...
4. Facilities/programs should help youth maintain existing relationships by keeping youth connected to their community.
5. Transitioning from custody to the community is difficult for many females because they may lose the interpersonal connections made in facilities. Community-based mentorship is a recommended component for all programs” (Rettinger, 2010, p. 22).

The author of this report also outlined six key guidelines for programming for justice-involved female youth, pairing each with key considerations associated with that guideline and outlining related promising practices – that may not yet have received sufficient research and evaluation to prove their effectiveness.

1. Organizational Policies and Conceptual Framework for Serving Girls
  - a. Programs/Facilities that serve girls should have clearly articulated and written gender-responsive policies
2. Program/facility Environment
  - a. Physical safety
  - b. Emotional safety
  - c. Create an environment that values being female
3. Program Design, Planning and Delivery
  - a. Program models and service delivery must be holistic
  - b. Gender-responsive program design
  - c. Use evidence-based intervention approaches
  - d. Appropriate assessment and intake practices
  - e. Provide a sense of control
  - f. Quality assurance and feedback
  - g. Plan services from intake through to the community supervision stage
4. Monitoring and Evaluation
  - a. Ongoing data collection
  - b. Ongoing and relevant outcome measurement
5. Program Areas and Focus
  - a. Involvement of family members
  - b. Academic and vocational programming
  - c. Social and life skills programming
  - d. Anti-social attitudes
  - e. Constructive and pro-social use of leisure time
  - f. Teach self-respect
6. Address Health and Psychological/Emotional Well-Being
  - a. Address physical and sexual health needs and issue of young women
  - b. Address victimization and trauma

- c. Address emotional and mental health issues
- d. Address use and abuse of alcohol, tobacco and other drugs
- e. Meet nutritional needs of young women
- f. Spiritual health and celebrations (Rettinger, 2010, p. 26-38)

A recent literature review on Youth Gangs in Canada included research on key elements to prevention and intervention programming for young women at risk of gang membership, finding:

- They should be provided in a safe and nurturing environment (including single-sex space) favourable to therapeutic change.
- They should include content which reflects both the risk factors and the realities of their daily lives: multi-disciplinary, comprehensive, holistic and solutions-focused approach to addressing the multiplicity of young women's risks, strengths, and experiences...
- They should promote self-esteem, healthy assertive behaviour and self-reliance to build resilience against future victimization and provide opportunities for empowerment, growth and explorations of identity.
- They should foster respectful and positive relationships as an important device for promoting change...
- They should include work with families (especially the mother-daughter relationship) and engagement of other adults supporting the longer term resilience of these young women...
- They should continue to combat the 'gang lore' spreading the ideas that the gang is a safe haven and that one cannot leave without serious consequences to self, family and/or friends. (Dunbar, 2017, p. 20-21).

The Center for Substance Abuse Treatment (CSAT, a partner of SAMHSA) developed a comprehensive treatment model for women, and included a list of clinical issues that counselors should aim to address within their treatment program:

1. The etiology of addiction, especially gender-specific issues related to addiction (including social, physiological, and psychological consequences of addiction, as well as factors related to the onset of addiction)
2. Low self-esteem
3. Race, ethnicity, and cultural issues
4. Gender discrimination and harassment
5. Disability-related issues, where relevant
6. Relationships with family and significant others
7. Attachments to unhealthy interpersonal relationships
8. Interpersonal violence, including incest, rape, battering, and other abuse
9. Eating disorders
10. Sexuality, including sexual functioning and sexual orientation
11. Parenting
12. Grief related to loss: to the loss of the substance that was being abused, and the emotional losses related to the woman's children, family members, or partner

13. Work
14. Appearance and overall health and hygiene
15. Isolation related to a lack of support systems (which may or may not include family members and/or partners) and other resources
16. Life plan development
17. Child care and child custody (CSAT, 1994, p. 178-179).

Two factors were added to the list in a later updated version of the document:

18. Coexisting psychiatric disorders, including depression
19. Criminogenic characteristics (CSAT, 1999, p. 40).

A review of five programs for justice-involved female youth found some common elements: “Girls in gangs and girls at risk of gang involvement require life skill classes, mentorship, and peer support. Unique to girls in gangs, however, is a need for gang desistance services, as well as services that address histories of sexual abuse” (Wolf & Gutierrez, 2011, p. 6-7). This review also noted that more research and gender-specific services were necessary (Wolf & Gutierrez, 2011, p. 7).

Another review of nine gender-specific and six gender-neutral programs for female justice-involved youth found that generally, most of the gender-neutral programs worked equally well for male and female participants (Zahn, Day, Mihalic, & Tichavsky, 2009, p. 288). Conversely, they found that the gender-specific programs looked generally promising, but either had limited evaluations, or targeted different outcomes negatively associated with delinquency that have yet to be definitively linked to reduced recidivism (Zahn, Day, Mihalic, & Tichavsky, 2009, p. 289). Overall, the authors recommend improved evaluation protocols, as well as socially locating youth as part of the evaluation to help determine “not only what works for girls, but for which girls programs work” (Zahn, Day, Mihalic, & Tichavsky, 2009, p. 289).

Perhaps most significantly, in a study evaluating the connection between several protective factors – school connection, school success, religiosity, and presence of a caring adult – and delinquency, results were mixed:

For some girls exposed to childhood risks, caring adults, school connectedness, school success, and religiosity helped to prevent certain forms of delinquency during early adolescence, but in other cases, these protective factors were not strong enough to mitigate the impact of the risks. This underscores the notion that one delinquency prevention program cannot be tailored to the needs of all girls who are at risk for delinquency. (Hawkins, Graham, Williams, & Zahn, 2009, p. 10)

### *Aggression Replacement Training*

One of the best established evidence-based, manualized programs for a comprehensive intervention targeting aggressive youth is Aggression Replacement Training (ART). First developed in 1987, the most recent 3<sup>rd</sup> Edition was published in 2011 and describes a 30-session program to be completed by a group

of youth, with a maximum group size of 12 (Glick & Gibbs, 2011, p. 20). It is grounded in research on cognitive behavioural therapy and the psychological literature on aggressive youth (Glick & Gibbs, 2011, pp. 3-7). The hour- to hour-and-a-half group sessions last 10 weeks, with 3 sessions per week, one each on Social Skills Training, Anger Control Training, and Moral Reasoning (Glick & Gibbs, 2011, p. 16; for a full list of session topics, see Appendix C – ART Session List).

As far as gender is concerned, ART is not gender-specific, and the only information provided on the gender of participants appears in a section under Facilitator Selection and Preparation on “Cultural Compatibility”: “Whether culture is defined by geography, ethnicity, nationality, social class, gender, sexual orientation, age, or some combination thereof, for ART to be meaningful it must be viewed in a multicultural context and practiced in a manner responsive to such a context” (Glick & Gibbs, 2011, p. 22). The scenarios which are used as focal points for discussion in the ten Moral Reasoning sessions contain options with main characters of either gender (Glick & Gibbs, 2011, p. 17).

Many articles have been written evaluating the effectiveness of ART. A systematic review beginning with 749 papers and concluding with 16 selected for review found that “results indicate positive effects of ART, both on recidivism and on the secondary outcomes anger control, social skills and moral reasoning” (Brännström, Kaunitz, Andershed, South, & Smedslund, 2016, p. 39). The authors of the review noted, however, that “the majority of studies suffer from rather extensive flaws” ranging from selection bias, poor methodology, limited post-intervention follow-up, low reporting standards, missing or incomplete data, limited regard to participants’ socioeconomic backgrounds (such as poverty, unemployment, or poor home environments), and general failure to track mental health difficulties (Brännström, Kaunitz, Andershed, South, & Smedslund, 2016, p. 39).

One of the included studies is worth examining independently, as it included a cohort of exclusively female youth. This study used a sample of 60 randomly sampled youths split into 30 experimental and 30 comparison youths at a juvenile justice residential commitment program in Florida, ranging in age from 15 to 18 years with a mean age of 16.85 years (Erickson, 2013, p. 36). The results suggest:

Aggression Replacement Training did not *replace* aggressive behaviors with pro-social behaviors in this small sample of girls, although mean aggressive behaviors did decrease and positive behaviors did increase for all study participants. Mean aggressive behaviors and mean positive behaviors increased more so for the experimental group girls, but significant mean differences between the experimental and comparison groups were not found. *Some* of the aggressive behaviors may have been replaced with positive behaviors, but anger displays still occurred [emphasis in original]. (Erickson, 2013, p. 63)

### **Trauma-Informed Practices (TIP)**

Trauma-informed practices (TIP) are increasingly recognized as essential to the work of child welfare, youth justice, mental health, and education service providers (Donisch, Bray, & Gewirtz, 2016, p. 131). Qualitative analysis reveals that workers across these sectors identified TIP as necessary to serving families, and identified secondary traumatic stress as being of concern, though there was variation in definitions of TIP provided by participants (Donisch, Bray, & Gewirtz, 2016, p. 131). Nevertheless, study

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after study suggests that “interventions that help adolescent girls how to manage their risk (e.g., effectively dealing with the trauma of childhood physical and sexual assault) would be an important contribution to the delinquency prevention field” (Barrett, Ju, Katsiyannis, & Zhang, 2015, p. 431).

Covington, one of the leading scholars on trauma and gender, has called for a female-centred system of care for women and girls in the justice system that is trauma-informed: “A continuity-of-care model integrates services that address their histories of poverty and trauma, recognize their mental and physical health issues, and incorporate the emotional and psychological components that women and girls need to heal and recover” (Covington, 2007, p. 181). An earlier article which Covington coauthored provided the following list of key considerations for trauma-informed services:

- Take the trauma into account;
- Avoid triggering trauma reactions and/or retraumatizing the individual;
- Adjust the behavior of counselors, other staff, and the organization to support the individual’s coping capacity; and
- Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain, and benefit from these services. (Covington & Bloom, 2006, p. 17)

Covington & Bloom also developed a tool for assessing a program’s level of gender-responsivity, and this assessment includes more than one question which aim at evaluating the degree of trauma awareness in the facility environment and staff (Covington & Bloom, 2008, p. 10).

When developing programs to be delivered for justice-involved youth, trauma scholars frequently discuss the importance of the environment (Covington & Bloom, 2006, p. 23), and acknowledging how the facility itself is impacted by the traumas of the youth it serves (Ford & Blaustein, 2013, p. 668). Relatedly, in light of evidence of the posttraumatic dysregulation youth in juvenile justice residential programs, and the experiential or vicarious/secondary trauma of staff members themselves, some scholars have called for an intensive framework based on self-regulation training for all members of a facility, including staff and youth alike (Ford & Blaustein, 2013, p. 669), though it should be noted that the authors make no mention of gender in their analysis.

The NCTSN has published a list of eight essential elements of a trauma-informed juvenile justice system:

1. *Trauma-informed policies and procedures* – Trauma-informed policies and procedures make juvenile justice organizations safer and more effective by ensuring the physical and psychological safety of all youth, family members, and staff and promoting their recovery from the adverse effects of trauma.
2. *Identification/screening of youth who have been traumatized* – Carefully timed traumatic stress screening is the standard of care for youth in the juvenile justice system.
3. *Clinical assessment/intervention for trauma-impaired youth* – Trauma-specific clinical assessment and treatment and trauma-informed prevention and behavioral health services are the standard of care for all youth identified as impaired by posttraumatic stress reactions in the screening process.

4. *Trauma-informed programming and staff education* – Trauma-informed education, resources, and programs are the standard of care across all stages of the juvenile justice system.
5. *Prevention and management of secondary traumatic stress (STS)* – Juvenile justice administrators and staff at all levels recognize and respond to the adverse effects of secondary traumatic stress in the workplace in order to support workforce safety, effectiveness, and resilience.
6. *Trauma-informed partnering with youth and families* – Trauma-informed juvenile justice systems ensure that youth and families engage as partners in all juvenile justice programming and therapeutic services.
7. *Trauma-informed cross system collaboration* – Cross system collaboration enables the provision of continuous integrated services to justice-involved youth who are experiencing posttraumatic stress problems.
8. *Trauma-informed approaches to address disparities and diversity* – Trauma-informed juvenile justice systems ensure that their practices and policies do address the diverse and unique needs of all groups of youth and do not result in disparities related to race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background. (NCTSN, 2016, p. 1)

A report by SAMHSA on how to create a trauma-informed criminal justice system for women identified five key intercept points, in which women may come into contact with the justice system and that offer an opportunity to begin recovery rather than reinforcing trauma, and these five points are significant for youth as well:

- Intercept 1 – Law Enforcement
- Intercept 2 – Initial Detention/Initial Court Hearing
- Intercept 3 – Jails/Courts
- Intercept 4 – Reentry
- Intercept 5 – Community Corrections (SAMHSA, 2009, p. 2)

Another report by SAMHSA articulated the four R's, or key assumptions inherent to a trauma-informed approach: "A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, staff, and others involved in the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization" (SAMHSA, 2014, p. 9). This same report also listed six key principles to a trauma-informed approach:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues. (SAMHSA, 2014, p. 10)

When an American survey of juvenile probation officers was conducted, reaching forty-five states and a final sample size of 1747 respondents, the results revealed a great deal about the perspectives and attitudes of the juvenile justice system in the United States (Bray, Cruise, Tener, Blackshear, & Olafson, 2017, p. 2). Though the survey did not include data on the gender of the clients of these probation officers, they did provide their own gender, and 56% of respondents identified as female (Bray, Cruise, Tener, Blackshear, & Olafson, 2017, p. 2). When asked about their job roles, the most frequently endorsed response was “enforcing court orders” with 87% (Bray, Cruise, Tener, Blackshear, & Olafson, 2017, p. 3). Nearly all respondents suggested there was some attempt to ascertain information about potential youth exposure to trauma (94%), though what qualified as an attempt was left open to interpretation (Bray, Cruise, Tener, Blackshear, & Olafson, 2017, p. 3). More specific questions received lower rates of positive responses, such as whether the respondent’s office routinely screened for trauma (55%), or whether a standardized trauma assessment tool was used (less than 40%) (Bray, Cruise, Tener, Blackshear, & Olafson, 2017, p. 3). Despite 68% of respondents indicating that they had received at least one workshop on trauma, a majority of respondents also stated they wanted more training on specialized topics related trauma, such as 62% for identifying trauma-related needs, or 59% for the impact of trauma on youth (Bray, Cruise, Tener, Blackshear, & Olafson, 2017, p. 3).

Research on one particular somatic intervention for traumatized female youth which includes three core components – yoga poses, regulated and focused breathing, and meditation or mindfulness – identified three key positive outcomes: self-regulation, self-esteem, and other emotional development; neurological and physical health benefits; and increased compassion for others/healthier relationships and parenting practices, although it should be noted that the authors assert this list is not exhaustive, and more possible benefits are likely (Epstein & Gonzalez, 2017, pp. 20-21). The examples the authors provide of the skills being used by participants in the program are illuminating: “girls report using breath regulation techniques to adapt and respond to the stress of appearing in court and to avoid engaging in aggressive responses to provocation by peers within facilities” (Epstein & Gonzalez, 2017, p. 22).

An evaluation of two trauma-informed and gender-responsive substance intervention programs for adult female offenders found that the programs succeeded not only in decreasing substance use, but also in decreasing broader trauma symptomology like sleep disturbances, depression, anxiety, and dissociation (Covington, Burke, Keaton, & Norcott, 2008, p. 396). Another longitudinal evaluation of a gender-responsive treatment (GRT) program targeting substance abuse and based in trauma theory found that

“GRT has shown potential for mitigating negative outcomes (i.e., depression and substance use) associated with histories of abuse for incarcerated women. Women offenders who had experienced prior traumatic events (i.e., physical/sexual abuse) improved their psychological status and decreased the number of substances they used in the trauma-informed gender-responsive substance abuse treatment group. Even when controlling for the presence of clinical level trauma distress (i.e., PTSD), GRT successfully moderated the associations between abuse and depression[,] and abuse and substance use” (Saxena, Messina, & Grella, 2014, p. 427).

These studies point to the importance of gender-responsivity in addressing the impact of trauma.

## Gender-Responsivity

Gender-responsive programming has been defined as “creating an environment through site-selection, staff selection, program development, content, and material that reflects an understanding of the realities of women’s and girls lives and is responsive to their needs and strengths... This definition emphasizes two major aspects of program development: content and context” (Bloom & Covington, 2001, p. 7).

Gender-responsivity was one of three key principles for programming for female justice-involved youth as highlighted by a report on gender and trauma (Epstein & Gonzalez, 2017, p. 28). A literature review on trauma among girls in the juvenile justice system by the NCTSN concludes with a suggestion for more gender-responsive programming: “recognition of the distinct pathways girls take toward delinquency has led to a call for gender-responsive intervention and prevention efforts that are directly concerned with the role of trauma in justice-involved girls’ lives” (Kerig & Ford, 2014, p. 7).

Other scholars have stated that “an equitable juvenile justice system should be gender responsive on multiple fronts: prevention, treatment, and transition/aftercare. Services should be individualized by meeting the unique educational, emotional, family, and health needs of girls” (Quinn, Poirier, & Garfinkel, 2005, p. 135). A review of evidence based treatment priorities for gang-involved female youth found that addressing a dysfunctional family/community life and improving mother-daughter relationships were both well-supported practices (Petersen & Howell, 2013, p. 11).

Another review of the evidence base for gender-responsive programming for justice-involved female youth – as well as the effectiveness of several programs targeting this population – suggests that gender responsive programs are needed, though they may be based on existing interventions, citing SNAP® Girls (formerly named SNAP Girls Connection) as a promising example:

Although published studies of evidence-based interventions for delinquency do not systematically demonstrate reduced effectiveness for girls as opposed to boys, anecdotal reports indicate that such discrepancies have been observed in the field and, in fact, that such observations have inspired the development of gender-responsive treatments based on generic, but well-established, evidence-based interventions for delinquency. The developers of both MTFC [Multidimensional Treatment Foster Care] and SNAP® GC report having observed iatrogenic effects in which ‘gender-neutral’ interventions were associated with negative outcomes for girls and responded accordingly by creating gender-responsive versions. (Kerig & Schindler, 2013, p. 269)

When a survey on gender-responsive juvenile justice reforms was completed by justice staff, and the results underwent qualitative analysis, common themes and areas of reform were as follows: Screening and Assessment Practices, Engagement, Relational Approach, Safety, Skills-based/Strengths-Based Approach, Reentry and Community Connection (Walker, Muno, & Sullivan-Colglazier, 2015, p. 748-752).

A set of six Guiding Principles and accompanying General Strategies have been developed as part of a report on *Gender-Responsive Strategies* published by the National Institute of Corrections (NIC) to provide a blueprint for gender-responsive approaches in criminal justice systems:

#### Guiding Principles

- **Gender:** Acknowledge that gender makes a difference.
- **Environment:** Create an environment based on safety, respect, and dignity.
- **Relationships:** Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and the community.
- **Services and supervision:** Address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and appropriate supervision.
- **Socioeconomic status:** Provide women with opportunities to improve their socioeconomic conditions.
- **Community:** Establish a system of community supervision and re-entry with comprehensive, collaborative services.

#### General Strategies

- **Adopt:** Adopt each principle as policy on a systemwide and programmatic level.
- **Support:** Provide full support of the administrator for principle adoption and implementation.
- **Resources:** Evaluate financial and human resources to ensure that implementation and allocation adjustments are adequate to accommodate any new policies and practices.
- **Training:** Provide ongoing training as an essential element in implementing gender-responsive policies.
- **Oversight:** Include oversight of the new policies and practices in management plan development.
- **Congruence:** Conduct routine procedural review to ensure that procedures are adapted, deleted, or written for new policies.
- **Environment:** Conduct ongoing assessment and review of the culture/environment to monitor the attitudes, skills, knowledge, and behavior of administrative, management, and line staff.
- **Evaluation:** Develop an evaluation process to consistently assess management, supervision, and services (Bloom, Owen, & Covington, 2003, p. 76).

A list of guiding principles for gender-responsive services has been developed to act as the foundation of program development for female justice-involved youth:

1. Theoretical perspective/s are used that incorporate girls' pathways into the criminal justice system.
2. The programmatic approaches used are based on the theory/theories that fit the psychological and social needs of girls and reflect the realities of their lives (e.g. relational theory, trauma theory, substance abuse theory).
3. Program development is based on theories that are congruent, consistent and integrated.
4. Treatment and services are based on girls' competencies and strengths and promote self-reliance.
5. Programs use a variety of interventions – behavioral, cognitive, affective/dynamic and systems perspectives – in order to fully address the needs and strengths of girls.
6. Homogeneous groups are used, especially for primary treatment (e.g., trauma, substance abuse).
7. Services/treatment address girls' practical needs such as family, transportation, childcare, school, and vocational training and job placement.
8. There are opportunities to develop skills in a range of educational and vocational areas (inc. non-traditional vocational skills).
9. Staff reflects the client population in terms of gender, race/ethnicity, sexual orientation, and language (bi-lingual).
10. Female role models and mentors are crucial and reflect the racial/ethnicity and cultural backgrounds of the program participants.
11. Cultural awareness and sensitivity are promoted using the resources and strengths available in various communities.
12. Gender-responsive assessment tools and individualized treatment plans are utilized and match appropriate services with the identified needs/assets of each girl (Bloom & Covington, 2001, pp. 8-9).

When developing particular services or programs, a list of specific Structural Elements that are key to gender-responsive treatment has been identified:

- Contemporary theoretical perspectives on women's particular pathways into the criminal justice system are used to create the foundation for women's services.
- Services for mental health and substance abuse are integrated.
- Treatment and services are based on women's competencies and strengths and promote self-reliance.
- Treatment planning needs to be individualized. (Covington & Bloom, 2006, pp. 19-22)

Additionally, an assessment tool has been developed to help in the determination of a particular program's level of gender-responsivity, known as the Gender-Responsive Program Assessment (GRPA) Tool. It scores a program on a variety of questions targeting seven key program elements to evaluate the level of gender-responsivity in each of the following:

1. Theoretical Foundation and Mission Statement
2. Site and Facility

3. Administration and Staffing
4. Program Environment/Culture
5. Treatment Planning
6. Program Development
7. Program Assessment (Covington & Bloom, 2008, p. 2)

A 2017 revision of this tool adapted it to specifically suit the criminal justice setting; though the substance of its items are nearly identical, the language is modified to best reflect the particularities of the criminal justice environment (Covington & Bloom, 2017, pp. 7-8).

### *Same-Gender Service Provision*

Though there is a lack of studies examining the specific issue of the effects of same-gender service provision, evidence from a variety of fields – including education, healthcare, and mental health – suggests that there may be select potential benefits.

When archival data from a university counseling centre was analyzed, it revealed that women and people of colour were the most likely to express counselor preferences, and these preferences frequently aligned with their own gender and racial identity (Speight & Vera, 2005, p. 55). Another study of college students was able to corroborate the general finding in the literature that the majority of women (87%) surveyed preferred a female therapist (Landes, Burton, King, & Sullivan, 2013, p. 336), though it also revealed additional information related to this preference. The study noted that this preference was even higher when participants were seeking a therapist for a sex-specific problem (94.4%) than when the problem was sex-neutral (80.2%), and the hypothesis that “women would have higher scores on anticipated comfort self-disclosing to the female therapist than the male therapist” was also supported (Landes, Burton, King, & Sullivan, 2013, p. 336).

In the healthcare field, similar findings have also been reported: one study of a small sample of Californians (n=49) found that most women preferred gender concordance with their primary care physician, and most ethnic minorities preferred ethnically/linguistically concordant doctors (Garcia, Paterniti, Romano, & Kravitz, 2003, pp. 264-265). A literature review examining the effects of physician gender on communication with patients revealed that female physicians were more likely to exhibit “a patient-centered communication style that inspires patient reciprocation and is likely to reflect a more intimate therapeutic milieu of heightened engagement, comfort, and partnership” (Roter & Hall, 2004, p. 510)

A qualitative study of focus groups with male (n=21) and female (n=24) physicians on their handling of patients suffering intimate partner abuse found notable differences in approaches based on gender:

- *Views on the role of sexuality:* ...in one of the male groups... the denial of sex by a spouse was viewed as a contributing and eliciting factor to male aggression. ...In contrast, the female groups pointed out a different view on the role of sexuality. They emphasized unanimously the humiliation of sexual coercion, the danger of opposing to a partner’s sexual demands and a

woman's right to set limits in a sexual relationship. In none of the female groups, laughs or jokes accompanied the discussion of this theme.

- *Views on leaving an abusive relationship:* Male doctors saw abused women step into abusive relationships time and again. Leaving did not lead to any progress for women... In female groups, leaving an abuser was predominantly viewed as a process. Women could learn from their experiences although it would sometimes take time and more than one abusive relationship. The observation that repetition does not only stand for failure was solely heard in the female groups.
- *Emotional involvement with victims:* In all female groups, several doctors mentioned that they could manage only a limited number of these cases a day... In all male groups, doctors said they experienced few or no difficulties in discussing abuse with a patient.
- *Children as witnesses:* ...In all female groups, concerns about children witnessing the abuse were raised spontaneously... In the male groups, children as witnesses were not discussed.
- *Experience with partner abuse cases:* Female doctors talked in more detail about their experiences with abuse cases... In male groups, participants mentioned that they hardly came across any cases of abuse...
- *Practices in managing partner abuse:* Female doctors exchanged strategies on how to respond to abused women, how they actively asked, managed and assessed the safety of their patients. Meanwhile they reflected on their own emotions. ...In the male groups there were fewer discussions on how actual cases were handled. Theorizing on how to respond and whether questions to identify abuse should be asked or not was the main issue. (Lo Fo Wong et al., 2006, pp. 582-583)

In summary, authors of the study wrote that "Female doctors encountered more cases of partner abuse and addressed this problem more actively than their male counterparts" (Lo Fo Wong et al., 2006, p. 583).

A study of 564 Scottish high school students revealed interesting findings about counselling preferences:

There is an overall preference for female counsellors; ...female students, in particular, prefer female counsellors; ...the preference for female counsellors amongst female students appears to be most marked in younger females, and that younger male students also tended to express a greater preference towards a same-sex counsellor. Overall, however, what these findings indicate is that a female counsellor is likely to receive a more positive reception by many students – particularly female ones. (Cooper, 2006, p. 635)

Another study examined the effects of gender and race matching between patients and therapists in a sample of 600 youth participating in a substance abuse treatment model, revealing a host of interesting findings:

1. Generally speaking, girls rated alliance higher...
2. ...patients matched on gender with their therapist reported higher early alliances than those mismatched on gender.

3. [evidence was found] suggesting that family structure does not influence this relationship.
4. Male therapists report their alliance with female patients significantly lower than do female patients who report their alliance with male therapists.
5. Patients and therapists disagreed about the role of race on the developing alliance. According to patient report, being matched with a therapist of the same race did not contribute to a stronger early alliance... Therapists, however, believed that being matched with a patient of the same race would lead the patient to feel a stronger alliance with them...
6. A gender match led to greater treatment retention.
7. ...adolescent boys are more likely to stay in treatment longer when they have a male therapist... [while] female therapists are more likely to retain adolescent girls in treatment than adolescent boys...
8. Even though patients did not report differences in early alliance on the basis of being matched with a same-race therapist, race significantly influenced treatment retention.
9. Caucasian therapists treating minority patients had significantly lower retention rates than all other race categories... only 48% of patients completed two thirds of treatment—a rate slightly lower than chance. (Wintersteen, Mensinger, & Diamond, 2005, p. 404-405)

The study concludes with a hypothesis for the reasons behind these findings: “From a patient perspective, a gender match with the therapist facilitated alliance development, and gender-matched dyads were more likely to complete two thirds of treatment. For adolescent girls, perhaps having a female role model may help the developing alliance” (Wintersteen, Mensinger, & Diamond, 2005, p. 405).

There is evidence suggesting that women-only groups may be more effective, particularly for the highest risk of female offenders, as was found in a literature review on gender responsive programming: “Women-only groups are the modality of choice for women in the early stage of addiction recovery and for sexual abuse survivors. When a woman needs to share and integrate her experiences, ideas, and feelings and to create a sense of self (as in early recovery), a single-sex group is preferable” (Covington & Bloom, 2006, p. 21). One of the questions targeting the level of gender-responsiveness in Program Development in the GRPA explicitly asks assessors to rate the degree to which their program aligns with the statement “Female-only groups are used for treatment” (Covington & Bloom, 2008, p. 15), as well as “the program utilizes female role models and mentors” (Covington & Bloom, 2008, p. 16). This is echoed by the tenth of twelve guiding principles for gender-responsive programming as listed above: “Female role models and mentors are crucial and reflect the racial/ethnicity and cultural backgrounds of the program participants” (Bloom & Covington, 2001, p. 8).

Aside from the potential benefits of same-gender modelling and relationship building, there are also potential risks associated with cross-gender service provision. It has been argued that cross-gender supervision – particularly with male staff and female offenders – can create organizational risk (though it should be noted that legal precedents referenced are taken from the American justice system):

A number of lawsuits involving women offenders are based on issues surrounding cross-gender supervision. Administrators must balance competing institutional security and management interests with the privacy interests of women offenders. Courts have accorded women more rights to privacy than men in correctional settings. Thus, women are more likely than men to continue to be successful in suits that implicate privacy interests. This stems from society's apparent view that women should be afforded more privacy than men and from the fact that cross-gender supervision will cause many female offenders to experience additional trauma, given their histories of sexual and physical assault. (Bloom, Owen, & Covington, 2003, p. 28)

### **Female Outcome Evaluation Measures**

One of the statements used to assess the gender-responsivity of programs in the GRPA is the extent to which "a gender-responsive program assessment tool is utilized" (Covington & Bloom, 2008, p. 18). Scholars have also argued that with a female justice-involved population, "ideally, outcome measures used in evaluations should be tied to program mission, goals, and objectives. They should go beyond the traditional recidivism measures to assess the import of specific program attributes" (Covington & Bloom, 2006, p. 30). The list of potential program-specific elements to evaluate include:

- Program participation/completion/discharge
- Alcohol/drug recovery
- Trauma recovery
- Educational attainment
- Employment
- Housing
- Improved family relationships
- Parenting and reunification with children
- Physical and mental health (Covington & Bloom, 2006, p. 30).

A number gender-neutral assessment tools are included below in the review, but they are identified as such, and information on their predictive validity with female populations was included when available.

A screening instrument was developed to evaluate both urgent and non-urgent medical and social needs of female youth upon entering detention centers. The **Girls Health Screen (GHS)** was found to be "a valid screening instrument for urgent issues at the time of detention" (Golzari, Mollen, & Acoca, 2014, p. 483). It is a computer-based self-administered tool containing 117 yes/no questions, and is part of the standard medical intake procedure for all female youth entering the Los Angeles county juvenile justice system (Girls Health & Justice Institute, 2017, n. pag.). It was designed and validated specifically for the high-risk female youth justice population, and contains questions targeting specific health issues they might be facing, ranging from sexual health to mental health and living conditions (Acoca, 2013, p. 5).

The **Youth Assessment and Screening Instrument (YASI)** was developed to evaluate risks, needs, and strengths of youth in the juvenile justice system. While it was principally founded on gender-neutral research, "the tool does distinguish itself from analogous assessment protocols by featuring a number of

gender-responsive items extolled in the feminist literature such as poverty and mental health indicators... Moreover, separate classification thresholds were delineated for girls so as to safeguard against overclassification” (Jones, Brown, Robinson, & Frey, 2016, p. 183). The YASI was found to have a decreased predictive validity for reoffending with female participants (average Area Under Curve [AUC] of 0.69) when compared to the male population (AUC of 0.79) (Jones, Brown, Robinson, & Frey, 2016, p. 191). To address this discrepancy, the YASI-Girls (YASI-G) is currently being researched and developed “to further enhance predictive validity in the risk assessment of young females” (Jones, Brown, Robinson, & Frey, 2016, p. 191).

The **Strengths Assessment Inventory—Youth Version (SAI-Y)** is a gender-neutral self-report measure of personal strengths, self-concept, and emotional functioning, and its first validation study suggests “it is an appropriate measure for use with both male and female justice-involved young persons in detention and in the community” (Royer-Gagnier, Skilling, Brown, Moore, & Rawana, 2016, p. 563). It was noted, however, that of the 230 youth in this study’s sample, only 76 were female, and the authors note that “the relatively high proportion of nonsignificant scale score intercorrelations obtained for the girls may be the result of the relatively low number of girls in the current sample” (Royer-Gagnier, Skilling, Brown, Moore, & Rawana, 2016, p. 572).

The **Antisocial Process Screening Device (APSD)** is a gender-neutral screening measure of psychopathy containing three scales: Callous Unemotional, Impulsivity, and Narcissism (Shaffer et al., 2016, p. 1600). A study assessing its predictive validity with a sample of 335 youth (185 females and 149 males) found that “although sex differences emerged in the predictive utility of the Impulsivity subscale of the APSD vis-à-vis violent offending, sex did not moderate the relationship between APSD total, Narcissism, or Callous/Unemotional scores and offending” (Shaffer et al., 2016, p. 1599).

The **Youth Level of Service/Case Management Inventory (YLS/CMI)** is a gender-neutral 42-item checklist divided into eight subscales: offense history, family circumstances/parenting, education, peer relations, substance abuse, leisure/recreation, personality/behavior, and attitudes/orientation (Schmidt, Hoge, & Gomes, 2005, p. 332). A study of its reliability and validity with a sample of 107 youth – 40 females and 67 males – found evidence that “the YLS/CMI is sound and valid in predicting reoffending patterns across gender” (Schmidt, Hoge, & Gomes, 2005, p. 342).

## **LGBTQ Inclusivity**

### *Risk*

Even more so than with the female youth justice population at large, the population of youth who identify as LGBTQ within the justice system has been unfortunately understudied. One exhaustive literature review of trauma among lesbians and bisexual girls in the justice system found “not a single publication that addresses the prevalence of trauma and PTSD among girls who are both (a) juvenile justice system involved, and (b) lesbian or bisexual” (Graziano & Wagner, 2011, p. 48).

While the precise rates of trauma for LGBTQ justice-involved youth have yet to be demonstrated, there is solid evidence from numerous studies showing that the LGBTQ population in general experiences

higher rates of trauma, ranging from higher rates of sexual and physical abuse, parental rejection and violence, school violence, substance use, suicide risk, and high-risk sexual behaviors (Graziano & Wagner, 2011, pp. 48-49). A later literature review reiterated all of these findings, and also found research associating LGBTQ youth with higher risks of depression, and mood and anxiety disorders (Development Services Inc., 2014, p. 4).

The experience of growing up LGBTQ in our society increases the likelihood of contact with the justice system in a number of ways. LGBTQ youth are more likely to be removed from their homes due to concerns over their physical safety, and are also more likely to be detained for running away than heterosexual youth (Graziano & Wagner, 2011, p. 50). Additionally, an extensive literature review has noted that “family rejection often underlies many of the offenses with which LGBTQ [youth] are charged, including ungovernability or incorrigibility, runaway, homelessness, survival crimes (i.e., shoplifting and prostitution), substance use, and domestic dispute” (Graziano & Wagner, 2011, p. 50). A review of studies published between 2000 and 2008 on rates of gay and transgender youth homelessness found that depending on region, rates varied from 7% to 39%, despite consisting of 5% to 7% of the youth population (Quintana, Rosenthal, & Krehely, 2010, p. 6).

There is evidence that LGBTQ youth are overrepresented in the justice system. Though the proportion of girls in custody who identify as LGBTQ has not been firmly established in Canada, one estimate from the United States suggests that though they represent 5% to 7% of all youth, they make up 13% to 15% of youth in the juvenile justice system (Development Services Group, Inc., 2014, p. 2). Another estimate suggests that though they represent 7% to 9% of all youth, they represent 20% of youth in the juvenile justice system, with rates as high as 40% in detention facilities (Wilber & Bilchik, 2017, n. pag.); the estimation of 40% was arrived at by other scholars as well (Sherman & Balck, 2015, p.6). There is also evidence that this disproportionality only increases when race is considered: in a survey of 1400 detained youth, of the 20% that self-identified as LGBTQ, “85% identified as youth of color” (Wilber, 2015, p. 11).

It should be noted that there is evidence that these estimates are unreliable: no jurisdiction in six cities examined collected formal data on justice involved youths’ gender identities or sexualities, and self-disclosure likely results in underreporting given that “youths may hide their gender identities and sexual orientation out of fear of reprisal from justice system officials, family members, or friends” (Development Services Group, Inc., 2014, p. 2).

There is also evidence that LGBTQ youth inside the juvenile justice system face a number of unique challenges. Harassment, emotional abuse, physical and sexual assault, and even prolonged periods of isolation, sometimes in the name of keeping the youth safe from victimization by others in custody have all been noted in the literature (Development Services Group, Inc., 2014, p. 6). Reports from some facilities suggest that aggressive heteronormativity abounds, with staff assuming youth to be straight and rampant homophobia, biphobia, and transphobia (Wilber & Bilchik, 2017, n. pag.). Research has also found that rates of sexual victimization within juvenile detention facilities are anywhere from 7 to 10 times higher for LGBTQ youth than straight youth (Wilber, 2015, p. 13).

## *Best Practices*

As was mentioned in the Note on Diction opening this Literature Review, gender identity or expression are now among the prohibited grounds of discrimination identified by the Canadian Human Rights Act (1985, n. pag.).

The Vancouver Police Department (VPD) has established new rules and protections for trans community members, which include handling conversations about a suspect's gender discreetly, allowing trans suspects to determine the gender of the person that is searching them, using each individual's preferred names and pronouns, allowing trans detainees to decide the gender with which they will be detained, and maintaining access to prosthetics such as wigs or breast forms (CBC News, 2017, n. pag.) Recently, history was made in Canada when the first transfer of a transgender inmate occurred to a facility aligned with their gender identity rather than their sex at birth, also prompting Correctional Services Canada (CSC) to review their policies (Harris, 2017, n. pag.).

In Ontario, Bill 33 – Toby's Act – was passed in 2012, enshrining gender identity and gender expression in the protections of the Ontario Human Rights Code (Bill 33, 2012, n. pag). In early 2015, Ontario's Correctional Services enacted a policy on the "Admission, classification and placement of trans inmates, and staff training" stating, among other things, that trans inmates will be referred to and placed according to their self-identified gender (2015, p.2), rather than their physical characteristics as had been the case before. A note on integration of trans inmates is significant: "Wherever possible and subject to inmate preference, trans inmates will be integrated into the general population and not isolated unless it can be proven that there are overriding health and safety concerns present, which cannot be resolved. Those concerns will be clearly articulated to the inmate" (Ontario Correctional Services, 2015, p. 2). While this is the case for the adult correctional system, the official policies of the youth justice system do not yet reflect this inclusion, though communications with the Ministry of Children and Youth Services suggests such policies are in development.

LGBTQ-responsiveness was the third of three key principles for programming for justice-involved female youth as identified by a report on gender and trauma in the juvenile justice system (Epstein & Gonzalez, 2017, p. 28). It should be noted as well that ALL youth may benefit from a system that affirms LGBTQ youth, as this "sends the message to all youth that self-determination and affirmation are core values and gives all youth the opportunity to define themselves in a supportive and affirming environment. Learning respect for differences will serve youth in all parts of their lives" (Wilber, 2015, p. 8).

A report on LGBTQ youth in the juvenile justice system listed a number key items to address when creating a fair, inclusive, and respectful organizational culture:

- A. "Prohibiting Discrimination – Juvenile justice agencies should adopt written policies prohibiting discrimination against any youth on the basis of SOGIE [Sexual Orientation, Gender Identity, and Gender Expression], and guaranteeing equal treatment and access to services.

- B. Modeling Respect – Juvenile justice agencies and detention facility administration should require personnel, contractors and volunteers to interact respectfully with all youth, irrespective of SOGIE.
- C. Collecting and Protecting SOGIE Information – Juvenile justice agencies should develop protocols for collecting SOGIE information from all youth served by the agency and for protecting the information from inappropriate dissemination.
- D. Training Staff – Juvenile justice agencies and detention facility administrators should require all employees, contractors and volunteers to receive initial and ongoing training on agency policies related to serving LGBT youth.
- E. Ensuring Sustainable Reform – Juvenile justice agencies and detention facility administrators should create and support structures to ensure sustainable reform.
- F. Engaging Families – Probation agencies should actively engage the parents and families of LGBT youth.
- G. Contracting with Competent Providers – Juvenile justice agencies should require all contractors to provide LGBT-competent services” (Wilber, 2015, pp. 14-22).

A listening session report published by the OJJDP on “Creating and Sustaining Fair and Beneficial Environments for LGBTQ Youth” – including input from dozens of stakeholders in LGBTQ programming for justice-involved youth – produced a long list of recommendations, echoing many of the above key items (OJJDP, 2016, pp. 43-49).

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## Appendix A – Khan, Brice, Saunders, & Plumtree (2013) Risk Factors Table

Table 1: Risk factors for female gang involvement (and violence), as found in Khan, Brice, Saunders, & Plumtree, 2013, p. 9.

### 1. Individual/cognitive risk factors

- Severe childhood behavioural problems including aggression (under 12 years old)
- Pattern of attributing hostile intentions to others
- Poorly developed problem solving skills
- Low self esteem
- Poor control over emotions
- Risk seeking tendency
- Mental health problems

### 2. Family risk factors

- Poor maternal mental health
- Experiences of maltreatment and victimisation, particularly
- Exposure to violence in the home as a child
- Experience of childhood trauma and prolonged life stressors
- Harsh parenting
- Low parental attachment and supervision of child
- Pro-violent parental attitudes
- Sibling anti-social behaviour
- Gang-involved relatives
- Family poverty

### 3. School risk factors

- Low academic aspiration
- Poor school achievement or motivation
- School disengagement (truancy, expulsion etc.)

### 4. Peer risk factors

- Association with anti-social/aggressive/ older male delinquent peers
- Association with gang-involved peers/relatives
- Rejection by peers or victimisation
- Early sexual activity
- High alcohol use
- High cannabis use

### 5. Community risks

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- Feeling unsafe in neighbourhood
- Low connectedness within neighbourhood
- High levels of gang activity
- Poor opportunities and marginalisation
- Availability of drugs in neighbourhood
- High crime neighbourhood

#### 6. Societal risks

- High income inequalities
- Media influences which devalue female roles
- Patriarchal, oppressive or gender abusive values
- High economic dependence on males

## Appendix B – Vitopoulos (2016) Key Findings

Vitopoulos (2016) conducted a study including 50 female youth and 50 male youth who were scored on the YLS/CLM, and the interventions they received were then linked to the risks highlighted on the YLS/CLM to determine the extent to which their services were responsive to their risks and needs. Five gender-specific risks were also rated alongside the YLS/CLM, to determine the effect on services received if these were included in consideration of the youths risks for service planning: delinquent romantic partner, family context for offending, difficulties with self-esteem, maltreatment history, and internalizing mental health diagnosis. The results are fascinating, and do not settle the RNR vs Gender-Responsive debate. Vitopoulos found the following:

- In examining the prevalence of gender-specific risks, “females were significantly more likely to have experienced three out of five of the proposed gender-specific factors examined” (p. 83), though this varied from 42% of female youth with a delinquent romantic partner versus 6% of male youth, to 72% of female youth experiencing childhood maltreatment versus 48% of male youth. Vitopoulos notes that for both genders in the sample, maltreatment rates were much higher than in the general population (p. 84).
- In examining the services received and whether they targeted the identified risks and needs of a specific youth, “no gender differences were found in the overall criminogenic need percentage match score; on average, youth had roughly a third of their identified needs addressed” (p. 85), though Vitopoulos does note that “with regards to potential gender-specific factors... females have significantly higher percentage match score” (p. 86).
- In considering whether gender-specific variables contributed to recidivism alongside known criminogenic needs, a number of analyses were conducted which found that “overall, none of the above models, inclusive of potential gender-specific factors, significantly predicted recidivism. The only individual variable to predict re-offense (significantly or at the trend level) was criminal history” (p. 89).
- In determining whether matching YLS/CMI-based clinician recommendations to services predicted recidivism, “there was no interaction between gender and percentage match, indicating that gender did not moderate the relationship between treatment matching and recidivism” (p. 91).
- Within the subsample of youth who had at least one of the gender-specific needs (62% of males; 92% of females), “the proportion of youths’ gender-specific needs addressed in treatment significantly (and negatively) predicted recidivism. No moderating effect of gender was found in the relationship between gender-specific treatment matching and recidivism” (p. 92).

Vitopoulos later concludes:

“Of note is the fact that I did not find a gendered effect for the utility of targeting intervention at the proposed gender-specific factors, meaning that while the factors may be more relevant to female youth as a whole by virtue of their higher prevalence, these factors appear to be just as relevant for the male youth who share them. This finding suggests that more research is needed to better understand the unique profiles of subsets of justice-involved youth, which may be

more complex than falling neatly on 'gendered' lines and may demand a more nuanced approach to assessment, service delivery, and treatment. As discussed earlier, there appears to be a gap in male youth receiving treatment for their needs in the personality and attitude domains, as well as for past maltreatment. Given that these interventions have an impact on subsequent recidivism, it is critical that services are also attending to the needs of young males involved in the justice system" (p. 101).

"...male youth were significantly less likely than female youth to have been matched to services targeting their criminogenic needs in the domains of personality and attitudes, as well as to their past experiences of maltreatment. This result was because males were less likely to receive and/or attend individual or group psychotherapy, suggesting that male youth may be especially underserved in areas that necessitate more intensive, personalized interventions. Both papers highlight the need to re-examine current practices and develop further rehabilitative programming for female and male justice-involved youth alike. For instance, the first study indicates that while female youth are more likely to have experienced multiple forms of maltreatment in childhood, maltreatment experienced by male youth also has a relationship to re-offending. Indeed, the sheer elevated prevalence of trauma-related experiences and symptomology in our study and across the literature indicates that calls for a trauma-justice system have strong merit... The second study also highlights that while there was a higher proportion of female youth for whom the potential gender-specific factors were relevant, successfully matching treatment to these needs was related to reduced recidivism for male as well as female youth. These findings emphasize the need for further investigation into potential subtypes of justice-involved youth, and future research should aim to go beyond gender-defined profiles" (pp. 105-106).

## Appendix C – ART Session List

Table 1.1 – Ten-Week ART Curriculum, as found in Glick & Gibbs, 2011, P. 17.

<b>TABLE 1.1 Ten-Week ART Curriculum</b>			
<b>Week</b>	<b>Social Skills Training</b>	<b>Anger Control Training</b>	<b>Moral Reasoning Training</b>
1	Session 1 <i>Making a Complaint</i>	Session 2 <i>ABCs of Anger</i>	Session 3 <i>Jim's (or Emilio's) Problem Situation</i>
2	Session 4 <i>Understanding the Feelings of Others</i>	Session 5 <i>Hassle Log and Triggers</i>	Session 6 <i>Jerry's (or Latoya's) Problem Situation</i>
3	Session 7 <i>Getting Ready for a Difficult Conversation</i>	Session 8 <i>Cues and Anger Reducers</i>	Session 9 <i>Mark's (or Ishan's) Problem Situation</i>
4	Session 10 <i>Dealing with Someone Else's Anger</i>	Session 11 <i>Reminders</i>	Session 12 <i>George's (or Enzo's) Problem Situation</i>
5	Session 13 <i>Helping Others</i>	Session 14 <i>Thinking Ahead</i>	Session 15 <i>Sam's (or Carmen's) Problem Situation</i>
6	Session 16 <i>Keeping Out of Fights</i>	Session 17 <i>Self-Evaluation</i>	Session 18 <i>Leon's (or Cheri's) Problem Situation</i>
7	Session 19 <i>Dealing with an Accusation</i>	Session 20 <i>Angry Behavior Cycle</i>	Session 21 <i>Reggie's (or Big Bear's) Problem Situation</i>
8	Session 22 <i>Dealing with Group Pressure</i>	Session 23 <i>Using a Social Skill and Rehearsal of Full Anger Control Chain</i>	Session 24 <i>Alonzo's (or Tara and Lashonda's) Problem Situation</i>
9	Session 25 <i>Expressing Affection</i>	Session 26 <i>Rehearsal of Full Anger Control Chain</i>	Session 27 <i>Juan's (or Lin's) Problem Situation</i>
10	Session 28 <i>Responding to Failure</i>	Session 29 <i>Overall Review and Rehearsal of Full Anger Control Chain</i>	Session 30 <i>Antonio's (or Emma's) Problem Situation</i>