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## **BluePrint for the Future of Girls:**

**Linking Girls in the New Mexico Juvenile Justice System to  
Physical Health, Mental Health, Substance Abuse, Family  
Support, Parenting and Other Community Services**

**December, 2011**

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### **Prepared for,**

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***I wish people wouldn't judge us so hard from the outside. We're the same as they are; we just made a mistake.***

14-year old girl on probation in New Mexico

***Sometimes I just need to fight... I don't know why... I just get so angry from all the things that happened to me.... it has to get out.***

15-year old girl on probation in New Mexico

***My teeth don't work. It hurts when I eat food.***

16 year-old girl on probation in New Mexico

***My daughter needs somewhere to go and something to do so she doesn't get in trouble... like a community center with no drugs.***

Mother of a 15-year-old girl on probation

***We need help too. We know these girls really, really well. When we find out that they've died or something bad happened to them. Their trauma gets passed on to us.***

Juvenile Probation Officer supervising girls on probation who had later died, become seriously ill, or entered the adult prison system.

The above quotes were drawn from interviews with girls on probation, their mothers, and juvenile probation staff serving girls throughout the State of New Mexico.

## **Acknowledgements.**

We would like to take this opportunity to offer our thanks to the many people who made this research and report possible. First, we are grateful to the dedicated women and men who work every day with young women in and on the periphery of the New Mexico Juvenile Justice System, whose time, commitment, consideration and insight drawn from their work was invaluable to the development of the Blue Print for the Future of Girls.

From Alamogordo (in District 12), we would like to thank the following: Carolyn Lee, Chief JPO; Carolyn Casillas, JPO Supervisor; Cynthia Meyer-Graves, Community Behavioral Health Clinician; Tracy Graham, Community Behavioral Health Clinician; Kathryn Cavazos, JPO (Girls Caseload); Annette Neal, JPO; Misty Curry-Hernandez, JPO; Dennis Gallegos, JPO; Ronnie Reyes, JPO; Viviane Herrera, Mesilla Valley Hospital Multi-Systemic Therapy Supervisor; Chris Mason, Mesilla Valley Hospital MST Therapist; Martha Tucker, The Counseling Center Juvenile Community Corrections Case Manager; Celena

Hoey, Team Builders Therapist; CJ Yousif, Juvenile Drug Court Case Manager; Tina Godby-Ware, Sexual Assault Nurse Examiner. In Albuquerque, (Districts 1,4,8,9 and 10) we offer our thanks to: Jeanne Masterson, Region Three Administrator (Acting) and the Girls Probation Unit Staff including: Roberta Muro-JPO- Supervisor; Andrew Gomez- JPO-II; Jerry Gregory- JPO-II; Amanda Trujillo- JPO-II; Nichol Madrid- JPO-II; Ruth Casias- JPO-II; Angela Opperman- JPO-II; Melissa Reiter- JPO-II; Jeannette Rodriguez-JPO-I (community support officer); Alyssa Gold-JPO-I (community support officer). In Las Cruces, we offer our thanks to Carolyn Scott, MSW, LMSW, Region 5 Administrator; Jay Wisner, Acting Chief; Lupe Paz-Robles, LMSW-Community Behavioral Health Clinician; Isabelle Dominguez, LPC; Alice DeBillie, BSW-JPO; Amber Parker, Director- Juvenile Citation Program. In Santa Fe, we would like to thank Susan Sisneros, Region Two Administrator; Lisa Rivera, Juvenile Probation Officer; Tommy Rodriguez, Chief Juvenile Probation Officer, First Judicial District; Andrea Sandoval, Juvenile Probation Officer, Santa Fe County Office; Rosemary Novack, Transition Coordinator, CYFD; Mary Louise Romero, Intensive Community Monitoring; Terri Sine, Presbyterian Medical Services; Meylynn Scklyar, Youth Works, Youth Shelters. In Farmington (District II), we thank Acting Chief, Heather Faverino.

We would also like to thank Ted Lovato, Chief of Juvenile Probation within CYFD and Gerri Dupree, Behavioral Health Staff Manager, CYFD, for their support for the development of gender-responsive services throughout the State of New Mexico and stewardship of this project. We thank them also for sharing their extensive knowledge and experience. We extend additional thanks to Angie Vachio, co-founder of PB&J Services and Chair of the Gender-Responsive Task Force and members of the State JJAC committee who focused a significant amount of their attention and resources on girls.

Most importantly, we would like to thank the approximately 50 girls and family members who participated in the interviews. By agreeing to tell us about their personal experiences as daughters and mothers, and share with us what they need to create a healthy future, they became the true architects of the BluePrint for the Future of Girls in New Mexico.

### **Introduction: Goals and Methods for the BluePrint.**

Between August, 2010 and June, 2011, the State of New Mexico Children, Youth and Families Department (CYFD), in collaboration with Leslie Acocha, MA, MFT, Executive Director of the National Girls Health and Justice Institute (NGHJI), conducted a qualitative evaluation of gender-responsive services for girls on probation. The evaluation took place in 5 diverse regions of New Mexico

providing juvenile probation services for girls. The probation offices included in the evaluation were in Santa Fe, Albuquerque, Las Cruces, Farmington and Alamogordo, and were chosen because they represent culturally diverse populations of girls and families and differing points on the size, innovation, and urban, suburban and rural continua. Each site had also developed its own array of gender-specific strategies, services and in some instances, such as in Albuquerque, a Girls Probation Unit, specifically organized and dedicated to identifying and meeting the unique needs of girls on its case load. With the exception of the Albuquerque Girls Unit, the New Mexico Juvenile Probation offices visited had access to a limited range of community based services. Programs like intensive treatment programs for pregnant and parenting teens on probation and their children were extremely limited.

However, the dedication of Juvenile Probation, mental health treatment staff, and community-based program providers in every office visited was palpable and counterbalanced the dearth of formal services. During individual and group interviews conducted by Acoca with girls on probation, many girls stated that their relationships with individual probation and program staff were deeply meaningful to them. While formal gender-specific services were limited, the relationships between probation staff and girls were caring, strong and sustained, filling the needs of adolescent girls, many of whom had been victimized or neglected and abandoned, for caring relationships with adults.

The initial objective of the evaluation was to identify the needs of girls on probation in New Mexico and the gender-responsive services currently available to them in each region. Critical gaps in services and programs for this population of girls also emerged during the site visits and interviews conducted for the study. The overarching goal of the evaluation was to provide a BluePrint for the Future of girls on probation in New Mexico both within each region studied and at the Statewide level. The BluePrint is designed to provide guidelines for the development of a statewide, gender-responsive continuum of promising and

evidence-based prevention, assessment, treatment and after-care programs and services for at-risk young women, their children and their families. As a result of the study, CYFD also asked that the probation departments in each geographic region be provided with an individual set of checklists defining core, gender-responsive services (that are not currently available) to improve their capacity to respond to the unique needs of its girls and families in the future.

It is hoped that the BluePrint will guide CYFD, the New Mexico State Legislature, probation administrators and staff, and community-based program providers in their efforts to better target existing, limited resources to meet the identified needs of girls. The BluePrint that follows supports and expands the core recommendations of the Juvenile Justice Strategic Plan for Girls developed by the New Mexico HM 40 Task Force in 2010.

Given the current severe economic crisis affecting the nation and the New Mexico State Budget, CYFD asked that the BluePrint rely, wherever possible, on linking girls to *existing* community based services or services that could be flexibly reconfigured to become more gender-responsive. Where gaps in training, programs and services for girls surfaced during the needs assessment, promising and effective models from other parts of the country have been provided. In 2011, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) funded the development of the National Girls Institute (NGI), through the National Council on Crime and Delinquency Center for Women and Girls in Jacksonville, Florida. The NGI is charged with improving the gender-competent training and services for girls in the juvenile justice systems nationwide. In the near future, we expect that the BluePrint, by identifying and prioritizing the needs of girls in New Mexico, will assist the New Mexico CYFD to attract training and other resources and from the NGI and to share best practice program models with other states.

The method for conducting the evaluation was a three-tiered series of structured

interviews conducted by Leslie Acoca with probation staff working with girls, community-based providers delivering services to girls, and girls on probation themselves. In two of the five sites, mothers accompanied their daughters to be interviewed and to contribute their insights on what services could help their daughters avoid re-offending and lead productive lives. Acoca traveled to four regions of the state and conducted on-site interviews within the various probation offices in those sites. In Farmington, Heather Faverino, Acting Chief, conducted the interviews with staff, providers, girls and their families using the interview protocol developed by Acoca. The quotes appearing at the beginning of this report were drawn from the total number of interviews collected from all 5 sites.

Items included in the interview protocols were selected from previous tools developed by Acoca in her Validation Study for the Girls Health Screen, her statewide studies of girls in the Florida, California, Nevada and Pennsylvania Juvenile Justice Systems and from her meetings with probation administrators and staff in New Mexico. Acoca also examined recent data from the State of New Mexico describing gender related trends in arrest and detention to inform the protocols.

The ultimate goal of the project is to provide guidance on how CYFD, probation offices and programs can improve their response to the needs of girls, improve policies and practices that prevent girls' entry and penetration into the justice system, and improve the overall health and well-being of girls at risk and that of their families.

## **Part One:**

### **Background information, national and New Mexico trends affecting girls in the juvenile justice system.**

#### **More girls in the juvenile justice System.**

In 2008, 11 million juveniles under 18 years old were arrested in the United

States. Approximately one-third of these arrests were juvenile girls, the highest proportion recorded in the history of the nation. Girls, especially younger girls, between the ages of 13-15, have become the fastest growing segment of the juvenile justice system across the United States over the past twenty-five years. This historically unprecedented rise has occurred even as overall rates of juvenile offending have declined. The trend became increasingly prominent between 1995 and 2005 as delinquency cases for girls in juvenile courts nationwide increased by 15% while those for boys dropped by 12%. During that same decade, the number of girls' cases involving detention grew by 49% while those for boys increased by 7% (Puzzanchera and Kang, 2008). Further, the proportion of arrests of girls has climbed steadily in recent decades from 22% in 1986 (Chesney-Lind and Sheldon, 1998) to 25% in 1996 (Snyder, 1997) to 30% juvenile arrests in 2008, (OJJDP, 2010).

Girls enter the juvenile justice system at a younger age than boys and generally for non-violent offenses like running away, or "vice"-related offenses like prostitution (which is the result of a complex interplay of victimization, poverty and family disruption). Extending into the next generation, NGHJI 2009 health data indicated that approximately 20% of girls being held in detention in the United States have been pregnant at least once or are currently pregnant. If just 10% of girls arrested annually were mothers, this would mean that there are thousands of infants and children of adolescent mothers who are invisible from a legal, public policy and developmental health perspective.

Yet, despite the large numbers of girls entering the juvenile justice system, the public and policymakers remain largely unaware of their characteristics and needs and those of their children and families. Further, programs for girls, given their relative invisibility within the juvenile justice system are often the last at the table in terms of funding and first to get cut or discontinued.

### **Changes in law enforcement and juvenile justice processing leading to**

### **Greater system involvement for girls.**

The Girls Study Group, a national group of researchers and practitioners convened by the Office of Juvenile Justice Delinquency Prevention (OJJDP) to examine and provide recommendations regarding girls' delinquency, recently issued a report indicating that changes in law enforcement policies- reclassification of domestic disputes involving girls and their family members from status offenses, (offenses that children and youth can be arrested for but adults cannot, such as running away) to simple assault- and zero tolerance policies towards girl against girl fighting have collectively been more responsible for climbing arrest rates among girls than an increase in serious violence in this population. The actual circumstances that lead to girls' arrests that have been documented, like "throwing a bag of cookies at mom" or "grabbing phone away from my brother", reveal that these actions are more likely domestic disputes among family members rather than violent assaults (Acoca and Dedel, 1998). In the relatively rare instances where girls commit violent offenses, scant attention has been paid to the circumstances that lead to these offences. Under scrutiny, serious offending among girls is very often a response to some form of victimization or serious emotional loss experienced by the girls or to their relational disputes with boyfriends, friends and parents.

### **Risk factors for girls' offending.**

Since 1992 when the Juvenile Justice and Delinquency Prevention Act began mandating that states identify and deliver gender specific prevention and treatment services, our knowledge of the factors that might increase or decrease delinquent behaviors among girls has increased. For example, the Girls Study Group analysis of national data on the risk and protective factors for girls' delinquency identified 4 major risk factors. These are physical assault, sexual assault, neglect and neighborhood disadvantage. Lower socio-economic status and poverty are underlying factors influencing many aspects of girls lives including their capacity to avoid entering the juvenile justice system. The four major countervailing protective factors identified by the Girls Study Group are



caring adult, school connectedness, school success and religiosity. Other researchers and practitioners, including Barbara Bloom, Stephanie Covington, Francine Sherman, Leslie Acoca, have identified violent victimization, sexual assault and forced sex, school failure, family chaos and histories of incarceration, and unmet physical and mental health related needs as key risk factors for girls.

### **School Failure.**

Widespread school failure among girls in and at risk of entering the juvenile justice system (defined as suspension/expulsion from school, repeating one or more grades, being placed in a special classroom) has been identified as a primary risk factor for girls' initial and repeat offending. In New Mexico, rates of school failure are among the highest in the nation, especially for minority girls. This pervasive lack of educational opportunity for New Mexico's youth continues to place girls at highest risk of entering the juvenile justice system and a lifetime of under-employment and low socio-economic status and mobility. Nationally, ninety-one percent of girls interviewed for a profile of girls in the California juvenile justice system reported between one and three school failures. A similar study of girls in the Florida Juvenile Justice System identified middle school failure, between sixth and eighth grades as the single greatest risk factor for girls entering and re-entering the juvenile justice system. Moreover, detention disrupts girls' involvement in academics and school making successful re-entry to their schools and communities less likely. ). This data on educationally related risk and protective factors for girls make a strong case for the State of New Mexico to directly involve school and academic communities including middle and high schools in its prevention, intervention and aftercare training and technical assistance curricula.

### **Unidentified and unmet health and mental health needs of girls.**

According to a 2011 report issued by the American Academy of Pediatrics, Committee on Adolescence, girls and boys entering the United States Juvenile Justice System are a "high risk population" who often have unmet physical,

developmental and mental health needs. These needs are more prevalent than in the general population of adolescents and, given, the low socio-economic status and multiple other stressors affecting system-involved youth, less likely to be treated. While the report addresses the general health and mental health care needs of “youth” in the juvenile justice system, it does little to identify or address the specific physical and behavioral health needs of girls. This is a tragic oversight because not only is it critical to identify, prioritize and treat the medical needs of girls entering the juvenile justice system; but research on the characteristics and needs of girls indicates that creating access to medical care for these girls can potentially reduce the risk that they will re-offend in the future.

Highlighting the role of physical health and girls’ offending, *Educate or Incarcerate, Girls in the Florida Juvenile Justice System* (Acoca, 2001), a study including nearly 1000 girls at multiple levels of the juvenile justice system, revealed that girls who entered the juvenile justice system at least once and who had access to **physical** health care were more than 72% less likely to re-enter the system or to commit serious and violent crimes (Acoca, 2001). Girls who had access to **mental health** care were 37% less likely to re-offend. Despite this data indicating the potentially greater impact of delivering access to physical health care to girls, most of the research and program efforts to date on the health needs of youth in the juvenile justice system has been solely on their mental health. Moreover, few efforts, other than the Girls Health Screen mentioned below, have focused on identifying and treating both the physical and mental health needs of the whole adolescent girl.

The findings from the Florida study led to an analysis of the physical and mental health needs of girls in three detention facilities in diverse regions of the country and to the recognition that girls require gender-focused health and behavioral health interventions rather than gender-neutral ones.

Among the health and behavioral health problems revealed by girls and medical

practitioners in the 2009 Girls Health Screen Validation Study, the first study of the physical and behavioral health needs of detained girls, conducted by the National Girls Health and Justice Institute (NGHJI) are the following: 11% had recent exposure to TB; 23% had a history of self-harming behavior, and 11% had a history of attempted suicide; 41% had signs of vaginal tearing possibly due to sexual assault, and 33% reported experiencing a blackout from alcohol and/or other drugs. Extending into the next generation, NGHJI 2009 health data indicated that approximately 20% of girls being held in detention in the United States have been pregnant at least once or are currently pregnant. If just 10% of girls arrested annually were mothers, this would mean that there are thousands of infants and children of adolescent, juvenile justice involved mothers nationwide. These infants and children are invisible from a legal, public policy, and developmental health perspective.

Further, studies indicate there are currently no credible medical standards for girls entering these facilities and no standardized medical screening and assessment tools for girls other than the Girls Health Screen, a detention intake screening tool developed by the NGHJI. This medical neglect of the needs of detained girls poses a threat to the health and safety of thousands of girls, as well as to that of their families and the public. Clearly, there is a need for evidence-based, gender responsive assessment instruments and programming for girls in the juvenile justice system from both a public health and juvenile justice standpoint.

**Demographics of girls in the juvenile justice system.**

Girls constituted one third of all arrests of younger youth in the 13-15 year old age category (Snyder, 2008). An earlier study revealed that girls brought into the juvenile justice system at a younger age were more likely to have experienced sexual assault and more likely to have sustained serious physical injury such as being stabbed or shot. The early developmental stage of younger girls entering the juvenile justice system coupled with the early onset and seriousness of their

victimization histories poses unique challenges to a system that is more accustomed to dealing with boys who are slightly older. The need for services that are not only sensitive to gender and culture but also developmentally appropriate and sequenced is particularly critical to the ability of the juvenile justice system to meet the unique needs of girls. Additionally, the issue of disproportionate over-representation of minority youth in a juvenile justice system populated largely by boys and young men has consistently overshadowed the complex interplay of race, ethnicity and female gender, despite the fact that two thirds of girls entering the juvenile justice system are minorities (Short and Sharp, 2005). Moreover, as the demographic picture of the nation and different states, particularly states such as New Mexico, which has growing Hispanic/Latina populations, shifts, the ethnic and racial status of girls is also changing.

#### **Demographics of girls in the New Mexico Juvenile Justice System.**

Below is a representation of current data from the New Mexico Juvenile Justice System revealing the relatively smaller decline in referrals of girls compared to boys and the high rates of minority representation of girls entering the juvenile justice system especially in the Hispanic and American Indian categories. Girls in minority groups, especially American Indian girls, are at higher risk of suicide, heightening the need for increased mental health diagnostic and treatment services in the system as well as for continuity of care in the community. These data argue for more attention within the juvenile justice system to the rising rates of minority girls, as well as boys, being referred to the juvenile justice system and for increased efforts to provide culturally- responsive and specific prevention, treatment and aftercare services for all minority girls at risk of entering or already within the juvenile justice system.

The New Mexico Department of Children Youth and Families, Juvenile Justice Services prepared the following data depicting the racial and ethnic diversity of the New Mexico Juvenile Justice population of girls and the rising rates of Hispanic and American Indian girls entering the system even as overall rates of

referral fell. (This data was compiled by John Barela and Kara Mosely in June, 2010).

Total referrals to New Mexico’s juvenile justice system fell by nearly 2.5 percent over the past fiscal year consistent with the general trend seen over the last ten years in New Mexico and nationally. However, the reduction in referrals associated with females fell by only 1.5 percent, while referrals related to males were reduced by 2.6 percent.

Referrals by Gender						
Race/Ethnicity	Female		Male		Unknown	
	FY08	FY09	FY08	FY09	FY08	FY09
2 or more	102	95	188	217		1
American Indian or Alaskan Native	506	560	834	962	25	14
Asian	11	9	38	26		
Black or African American	199	200	553	535	7	5
Hispanic	4926	4928	10964	10683	91	86
Native Hawaiian/Pacific Islander	4	7	7	6		
White	1860	1697	3878	3655	22	28
Unspecified	66	66	173	117	46	18
Grand Total	7674	7562	16635	16201	191	152

On an individual basis, the count of unique clients with one or more referral fell only three-quarters of one percentage point over the year. Female clients referred to juvenile justice fell by approximately one percent, while male clients referred fell by one-third of one percent.

Clients with One or More Referral by Gender and Ethnicity						
Race/Ethnicity	Female		Male		Unknown	
	FY08	FY09	FY08	FY09	FY08	FY09
2 or more	77	69	116	128	0	1
American Indian or Alaskan Native	384	447	600	700	20	13
Asian	9	8	31	20	0	0
Black or African American	139	147	332	294	7	3
Hispanic	3715	3739	7042	7057	70	61
Native Hawaiian/Pacific Islander	4	7	7	5	0	0
White	1469	1329	2673	2609	19	24
Unspecified	59	52	130	81	34	14
Grand Total	5856	5798	10931	10894	150	116

The previous two tables show male referrals outpaced female referrals and clients at a rate nearly two-to-one in both of the previous years. These tables also indicate the dispersion of referrals across race and ethnicities, with Hispanic, having the highest number of referrals and clients in both years and gender groups. Referrals of American Indian girls and boys also increased over the last year; while referrals for white youth dropped.

**National efforts to address the unmet needs of girls and of the practitioners serving them.**

Since 1996, the OJJDP has engaged in several initiatives designed to identify the characteristics and needs of girls and to develop gender specific research, principles and training. Among these efforts was the 1996 Girls Inc., the Green Peters and Associates, Journal Publication Investing in Girls (Acoca, Pace, etc). From 2004-2010, OJJDP established and supported the Girls Study Group to evaluate the effectiveness of existing programs addressing girls' delinquency nationally and to develop information and data that would guide juvenile justice and community providers on for preventing and reducing girls' delinquency.

During this same time period, several private research and services agencies including NCCD Women and Girls Institute founded by Leslie Acoca in 1996, in San Francisco, California, now the NCCD Center for Girls and Young Women in Jacksonville, Florida; the Pace Center for Girls in Jacksonville, Florida, the Hawaii Girls Court, on Oahu, Hawaii; the Center for Young Women in San Francisco; the Girls Justice Initiative formed by the American Bar Association in Washington, DC; Girls Inc. nationwide, the Rebecca Project in Washington DC, The National Girls Health and Justice Institute, now based in Pasadena, California, The Chicago, Illinois, Girls Initiative, the Casey Foundation's Building Blocks publication on the delinquency processing and needs for girls, and a broad range of other visible state and local programs such, the Breaking Cycles Program in San Diego, to name just a few have been producing gender-responsive research, training, programming and policies.

To date, however, these diverse research, program and policy efforts have not been well identified, evaluated and coordinated under a single national framework. Moreover, at the Federal and State levels, funding for juvenile justice programming and consequently those services available for girls, have diminished considerably. The result of this core deficit is a lack of central organization, a lack of data sharing and a hampered ability to collaborate in building a juvenile justice system and community infrastructure that effectively serves girls and their families nationwide and at the individual state level. One hopeful sign of a national movement towards recognizing the needs of girls is that in 2011, the OJJDP, in collaboration with the abovementioned NGI, presented a “gender-track”, addressing current research on the needs of girls as part of its annual Juvenile Justice Conference. Further, the Georgetown University Center on Poverty, Inequality and Public Policy began hosting a series of national summits entitled *Marginalized Girls and Innovative Solutions for Girls in the Juvenile Justice System*, which will extend into 2012.

**Gender-responsive initiatives and legislation for the State of New Mexico.**

Although New Mexico is a relatively small state facing significant economic challenges, (containing the third largest proportion of its population living below the poverty line in the nation), the State Legislature, the CYFD and community providers and activists have long articulated a strong focus on recognizing and addressing the needs of adolescent girls in and at risk of entering the juvenile justice system. New Mexico has also consistently included the parents and other family member of girls as well as the rich and unique cultural and ethnic diversity of its population in its consideration of the needs of girls. The development of the current BluePrint in 2011, emerged from the gender-focused initiatives and legislation which preceded it. The Blueprint should offer a natural next step in the State’s process of implementing and funding a gender and culturally-responsive continuum of services.

In 2006, the New Mexico Juvenile Justice Advisory Committee developed an Initiative for New Mexico Girls including a Mission Statement and Guiding Principles that are among the most comprehensive in the nation. The mission of Girls Initiative was to: Provide ***a sustainable & comprehensive system of support for enhancing the strengths of young women in the New Mexico juvenile justice system.*** Based on its understanding of the characteristics and data trends affecting girls and their families, the Committee also developed Guiding Principles for the Initiative that included the following major categories: ***Gender Responsive & Culturally Sensitive Services; Relationship-based services; On-Going System Training & Staff Development; On-Going System Training & Staff Development; Economic Self-Sufficiency; Coordinated Data Collection & Analysis Systems and Community Engagement.***

In 2007, the Committee invited researchers and other experts from around the United States to come to New Mexico to contribute their expertise on effective, gender-responsive screening, assessment, programming and training for probation staff, legal professionals and others working on behalf of girls to the construction of the Initiative.

These experts and State representatives contributed to the development of three landmark pieces of legislation devoted to meeting the needs of girls between 2009 and 2011. In 2009, the New Mexico State legislature enacted House Memorial 13 which called for the creation of a Gender Responsive Task Force which would conduct a review of current risk assessment tools, existing treatment options for gender-responsive services and programs, and best practice models for implementing and sustaining gender-responsive services and programs in the juvenile justice system. In 2010, the Legislature passed House Memorial 40, which called for CYFD and the task force to develop ***a sustainable plan for a continuum of gender-responsive services and programs for girls in the juvenile justice system.***



After an intensive and accelerated series of meetings of stakeholders working directly with, or on behalf of, girls from across the State, the Task Force provided the information for the enactment of another House Memorial in 2011. This legislation calls for the implementation of the plan developed by the Task Force. Included in the Plan are requirements that trauma-informed and trauma-specific services become available to girls; and that schools and other educational bodies and the family members of girls be explicitly integrated into the implementation of the girls' continuum. Additionally, the legislation specifically identified the elimination of the juvenile justice to adult prison "pipeline" for girls and young women as an explicit goal of the continuum. This goal is to be met by reducing offending and re-offending among girls through the delivery of the prevention, intervention and treatment services included in the legislatively mandated, gender-responsive, service continuum.

## **Part Two**

### **Summary of Key Findings (all 5 Regions and Districts): 2010-2011 evaluation of needs and services for girls on probation in New Mexico:**

Below are the key problems and unmet needs of girls, as well as system-related barriers that consistently emerged from the total number of interviews with probation staff, service providers, girls on probation and their families in all regions surveyed.

***Finding 1: High rates of unidentified and thus untreated physical health problems (including reproductive and dental) and mental health problems among girls.*** The New Mexico Probation System is similar to those in most other states in that it lacks standardized physical and behavioral health screening tools and procedures specifically developed and validated for girls. Consequently girls' problems are sometimes not identified, prioritized and treated as early in their involvement with the system as they could be. This is a missed opportunity to

improve health outcomes for girls, and potentially reduce recidivism and serious offending among girls and young women.

***Finding 2: Lack of continuity of care between health and other assessments and care received in the juvenile justice system and community providers.*** This discontinuity is due to multiple factors, including the lack of “health passports” (paper or electronic) that should contain accurate and up-to-date records of the girls’ health needs and treatments as they move between various child-serving institutions and communities. Other factors include the paucity of community providers providing girl-specific services and confidentiality provisions that hamper information sharing among agencies and community providers.

***Finding 3: Lack of knowledge and understanding among girls about how their physical bodies function and about physical self-care.*** This problem is exacerbated by girls’ and parents’ lack of health insurance and transportation to basic medical care in the community; the cultural and language differences between girls, their families and providers; and a lack of parental awareness of their daughters’ needs.

***Finding 4: High rates of early onset chronic and severe sexual, physical and emotional victimization and trauma experienced by girls at home, in school and in the community.*** Staff in every region of the State felt that the lack of trauma-informed systemic approaches to working with girls and of high quality trauma-specific treatment programs posed a risk to the girls and made it more difficult for them to effectively assist girls and their families.

***Finding 5: High rates of co-occurring substance abuse and psychiatric disorders among girls.*** Both probation and community service staff noted the absence of intensive, gender-responsive screening, assessment and substance abuse treatment and treatment for girls with co-occurring disorders. Particularly

lacking were residential placements for girls experiencing co-occurring disorders and the reimbursement mechanisms to pay for these services.

***Finding 6: Extremely high numbers of pregnant and parenting girls in early and mid-adolescence with a dearth of school, community and residential treatment options for pregnant teens and for mother-child pairs.*** In one jurisdiction, it was reported that approximately 40 per cent of girls on probation were pregnant or parenting and yet there were few options for girls to receive comprehensive pregnancy prevention, perinatal services and intensive counseling for mothers and infants.

***Finding 7: Serious and repeated family conflict, especially between mothers and daughters and among teen girls at school.*** Several girls expressed anger and distrust towards parents and other girls, (relational aggression), whom they knew, that was unaddressed by in-home or other counseling services designed primarily for the more overt, physical aggression of boys.

***Finding 8: Lack of accommodation to cultural, language and generational differences between girls and their mothers, and among girls in their home communities.*** The interview groups with girls and their parents included girls who were Native American, Hispanic, Latina, Asian, mixed race, and White and parents who were mono-lingual Spanish speaking. Blending these cultures, ages and languages poses a challenge to probation staff who represented diverse cultural backgrounds themselves but lacked culturally competent community resources.

***Finding 9: Lack of vocational, job and educational opportunities for girls resulting in lack of skill mastery, boredom and acting out.*** Girls in all regions of the State expressed a strong desire for employment. They were particularly frustrated by the interference of probation programming with employment

opportunities and also feared revealing that they were on probation to prospective employers. The lack of employment opportunities for girls contributed to their sense of hopelessness about their futures.

***Finding 10: Inflexibility and delays in the availability of funding for core services for girls through Optum Health.*** Probation staff and treatment providers across the State expressed extreme frustration with delays, lack of responsiveness, and refusal to pay for needed behavioral health services for girls by Optum Health. Several professionals interviewed believed that this entity is blocking the availability of services girls need to recover from trauma, substance abuse and psychiatric disorders. Optum Health is the managed care program which operates under contract with the State to authorize and pay for behavioral health services, including residential services, for youth.

***Finding 11: Resiliencies: Gifted girls and committed mothers: Lack of educational, vocational and psychological services for highly intelligent, articulate and gifted girls and their mothers.*** The girls' groups included in the study included girls and mothers who were able to speak multiple languages, articulate their problems and needs with a high level of verbal and conceptual sophistication, and were exceptionally creative and courageous given their life circumstances. Several girls expressed their frustration with being stigmatized by their involvement at an early age with the juvenile justice system and by the lack of available educational opportunities for academically or socially gifted girls.

***Finding 12: Second-hand or vicarious trauma: Traumatic effects on juvenile probation and treatment staff of working with traumatized girls and their families.*** Several staff members reported that they were experiencing serious "vicarious trauma", (job-related stress resulting from working with girls who have experienced severe trauma, or with girls who succumb to illness or death after they leave probation), that could impair their job performance and mental health.

These staff requested individual and group bereavement and other counseling services.

***Finding 11: Lack of updated, evidence-based and gender-responsive training and information to assist probation and program staff and in addressing trauma-related and other specific needs of girls.***

### **Part Three:**

#### **Key Findings and Service Checklists by Region:**

##### **Albuquerque, New Mexico, Bernalillo County, Region Three.**

Bernalillo County operates the largest juvenile probation system in the State and has participated as a lead site in the Annie E. Casey Foundation's National Juvenile Detention Alternatives Initiative (JDAI). The Casey initiative seeks to significantly and measurably reduce the detention population through the provision of specialized intake screening, training, data collection and other methods. Data emerging from the JDAI and other sources in recent years revealed that the number of girls entering the County probation and detention system was growing, mirroring the rising rates of girls' offending nationally, and that there were few existing gender-responsive services. Consequently, starting in 2005, Bernalillo County started planning and training staff to create a Girls Probation Unit which would take over the supervision of all girls on probation using a gender-focused approach and developing specialized therapeutic resources within the system and in the community.

Members of the Girls Probation Unit staff visited the FIT, (Female Intervention Team), program in Baltimore, Maryland, one of the most established girls' probation units in the country to learn how to form and manage an effective program, and attended several trainings on the unique characteristics and needs of girls. The Girls Probation Unit is now functioning as a highly effective, multi-

disciplinary and culturally diverse team identifying and meeting the needs of girls and coordinating their care. The Unit is located in a pleasant, homelike office, rather than a sterile, locked institutional setting. This environment contributes to the well-being of both girls and staff.

Results of interviews with Girls Probation Unit staff, treatment providers, and girls on probation appear below. The items identified as needed but not currently available to girls should serve as checklist of gender-responsive services that should be developed and funded by the County and State in the near future.

**Question posed by interviewer: What key services do you think girls need (that they are currently not receiving) to be healthy and productive and to avoid returning to the juvenile justice system?**

**BERNALILLO COUNTY CHECKLIST OF NEEDED SERVICES FOR GIRLS AND THEIR FAMILIES:**

- **Improved trauma diagnosis and treatment for girls in the system and in the community**
- **Gender-responsive, evidence-based, physical and mental health screening, assessment and treatment inside the juvenile justice system and in the community (Girls Health Screen and Girls Health Passport).**
- **Uninterrupted access to health insurance for girls and their families**
- **Equal reimbursement from Medicare for services for Native American girls and youth.**
- **Residential and school-based services for pregnant and parenting teen mothers and their children.**
- **Residential and outpatient services that have a longer duration (up to one year) to meet the complex needs of girls.**
- **Gender-responsive and intensive substance abuse, including residential, services for girls.**
- **Community based income maintenance and independent living programs for homeless girls and underage girls who must leave home.**

- Concrete support services such as transportation, childcare, help with access to public assistance.
- Programs addressing teen prostitution and offering life style and employment alternatives
- Culturally- responsive and confidential physical and mental health treatment for Native American Girls on reservations and in communities.
- Flexible job training and employment that gives girls current income and independence and prepares them to hold living wage jobs in the future.
- Intensive mother-child groups and individual therapy for teen girls and their mothers
- Healthy, supervised recreational/sports activities such as hiking, biking, rafting, cross-country skiing, team sports, etc.

**BERNALILLO COUNTY CHECKLIST OF TRAINING AND SUPPORT SERVICES NEEDED BY STAFF:**

**Question posed by interviewer: What professional supports do Juvenile Probation Officers need to better serve girls on their caseloads?**

- Current, high quality, girl-specific training that includes understanding and addressing trauma-related needs
- *Individual and group counseling support for those staff who are experiencing “vicarious trauma” or job-related stressors. Staff expressed this as an urgent need.*

**BERNALILLO COUNTY CHECKLIST OF PROGRAM ELEMENTS THAT ARE WORKING FOR GIRLS.**

**Question posed by interviewer: What program elements or services are currently working for girls?** Staff replied that many elements of the Girls Unit are working for girls including:

- Girls Probation Unit is dedicated to understanding and meeting the needs of girls.

- **Attractive and supportive physical appearance and environment of the program.**
- **Lack of obvious security in the program center.**
- **Demonstrated commitment of all staff to the girls and the program.**
- **All staff choose voluntarily to work exclusively with girls.**
- **The inclusion of some male staff in the program to teach girls positive interactions with adult men.**
- **Regular communication among staff.**
- **Workers follow girls all the way through the system providing continuity.**
- **Strength-based approach to working with girls.**
- **Staff fosters hopefulness and trust among girls and believes in their ability to succeed.**

#### **Las Cruces, New Mexico, Region 5.**

Las Cruces does not have a girl-specific probation unit but does have an officer dedicated to supervising girls in the system and coordinating services with other officers and community providers. The needs of girls and families in this region are influenced by its close proximity to the border with Mexico and by the high level of poverty and low level of available community resources, especially those that are health related, for girls and families. A limited number of interviews with girls in this region indicated serious girl-on-girl conflicts that would require interventions specifically designed to address relational aggression among young girls as opposed to the physical aggression more typical among boys.

Results of interviews with probation staff, community providers and girls are below and Service Checklists are below:



**Question posed by interviewer: What Key Services do you think girls need (that they are not currently receiving) to be healthy and productive and avoid returning to the juvenile justice system?**

**LAS CRUCES CHECKLIST OF SERVICES NEEDED FOR GIRLS AND FAMILIES IN LAS CRUCES:**

- **Comprehensive screening and assessment including physical health (including reproductive) and mental health for all girls entering and in the system.**
- **Early identification and treatment of sexually transmitted diseases (STIs).**
- **Outpatient and residential trauma services for victimized girls.**
- **Residential and other programs for pregnant teens especially those who are homeless**
- **Independent living programs and income maintenance for homeless girls.**
- **More therapeutic foster homes trained to address the needs of girls.**
- **Multi-systemic therapy (MST) for girls and their families, especially those coming out of residential treatment centers.**
- **Treatment for girls with co-occurring substance abuse and mental health issues.**
- **Anger management and other programs that target and treat girls' defiant behavior and that intervene on girl-on-girl violence.**
- **Comprehensive sex education (not limited to abstinence) including helping girls understand their bodies, understand the difference between healthy sex and sexual abuse and healthy dating relationships.**
- **Continuing the Teen Drug Court which is currently at risk due to lack of funding.**
- **Services that address the needs of cross-border (with Mexico) girls and families.**
- **Educational/academic programs for girls on probation.**

- Improved training in cultural responsiveness to Hispanic girls and girls from other cultures.
- Tattoo removal programs (especially those that do not require removal of all tattoos).
- Gang intervention and alternatives to gangs programs that specifically address girls.
- Life skills programs for girls that include money management.
- Programs for fathers and mothers of girls.
- Programs and services for pregnant and parenting teen mothers.
- Domestic violence prevention and intervention programs for girls.

**Question Posed by interviewer: What services and supports are needed by staff in order for them to improve the delivery of services to girls and their families?**

**LAS CRUCES CHECKLIST OF SUPPORTS NEEDED BY PROBATION STAFF TO BETTER SERVE GIRLS:**

- The addition of a part or full time Juvenile Probation Officer to assist to help the one officer currently covering the girls' caseload.
- Training on how to understand and work with traumatized girls.

**LAS CRUCES CHECKLIST OF PROGRAM ELEMENTS THAT ARE WORKING FOR GIRLS:**

- The Juvenile Assessment Center is currently delivering effective, voluntary, community based services to girls at risk and their families. Staff felt that girls specific services in this center should be expanded.
- The Juvenile Probation Officer supervising girls who follows the girls as they move through the system and works closely with their families.

### **Farmington, New Mexico, District 11.**

This region includes a high proportion of Native American girls and families and also, like many parts of New Mexico, high levels of poverty and low levels of educational and employment opportunity. Notably, however, the voluntary participation of mothers and other family members in the group interview on the needs of girls was the highest of any region included in the study. This was especially remarkable given the reality that most of the girls and families interviewed did not have easy access to transportation. Since the mothers of girls on probation in this region expressed such an active interest in improving services for their daughters, these mothers could provide significant resources for girls in the future and should be included wherever possible in system planning and community resource development efforts.

Results of interviews with probation staff, girls, and their families and the checklists that emerged from them are below.

**Question Posed by interviewer: What do you think girls and their families need (that they are not currently receiving) to keep girls out of trouble (the juvenile justice system) and lead healthy and productive lives?**

### **FARMINGTON CHECKLIST OF NEEDED SERVICES FOR GIRLS AND THEIR FAMILIES:**

- **More activities including after-school groups for girls.**
- **Programs that help girls resist social and media pressure to “fit in” in terms of their appearance, (being thin), having or giving sex, and drinking and using drugs.**
- **Community service programs that are geographically accessible to girls.**
- **Sports that do not cost too much and are not part of school.**

- **Arts and crafts, music and poetry lessons that allow girls to express themselves.**
- **Academic tutoring and study groups for girls.**
- **Mother and daughter classes and support groups.**
- **More girl-specific groups like Smart Girls and Girls Circle.**
- **More transportation of girls to programs and activities.** (In this site, there was extensive discussion about the fact that many services are available in the community but girls and their families do not have the money or the transportation to attend them. Girls must rely heavily on probation staff who help with transportation to activities for no cost).
- **More family and school structure and consequences- less opportunity to get into trouble.**
- **More parent involvement – less xbox, computer, phones.**
- **More time to “hang out” with moms.**
- **More one-on-one counseling.**
- **Greater school involvement.**
- **Loving, caring, helping hands of good people in their family lives and in communities.**

#### **FARMINGTON CHECKLIST OF SERVICES THAT ARE WORKING FOR GIRLS.**

**Interviewer question posed: What services are working best for girls right now?**

- **Smart Girls Curriculum.**
- **Grade Court.**
- **Educational programming.**
- **Girls Circle.**

- **The Girls Supervision Unit.**
- **All JPO activities.**

**FARMINGTON CHECKLIST OF SERVICES THAT FAMILIES (ESPECIALLY MOTHERS) NEED TO HELP GIRLS.**

- **Services that recognize and are responsive to parents' culture.**
- **Support groups for single mothers.**
- **Seminars or group sessions for “dos” and “don'ts” of raising a teenage daughter.**
- **Single parent support groups, nutritional classes, sex education.**
- **Single mother support groups- teaching them to become set behavioral boundaries with their daughters.**
- **Childcare for girls and their mothers.**

**Alamogordo, New Mexico, District 12.**

**Results of interviews with Probation staff, community providers and girls and Checklists for gender-responsive services needed in the Alamogoro region.** Alamogordo includes both rural and suburban communities and is influenced by military bases and installations. Much of the population is low economic status and has limited access to educational and employment opportunities except through the military. The Juvenile Probation staff, however, were highly knowledgeable about the needs, especially the mental health needs, of girls and had forged strong connections to community providers including a rape trained nurse and intensive, in home teams to meet the needs of girls and their families. This site has a designated officer supervising girls.

The Alamogordo site provided the largest number of girls interviewed for the study. One other notable factor was that staff provided healthy lunches and snacks for both staff and girls which improved the girls' behavior and staff morale.

**Interviewer question: What key services do you think girls need (that they are not currently receiving) to be healthy and productive and avoid returning to the juvenile justice system?**

## **ALAMOGORDO CHECKLIST OF NEEDED SERVICES FOR GIRLS AND THEIR FAMILIES:**

- **Early and effective screening, assessment and identification of girls' physical and mental health problems.**
- **Identification and treatment for girls with Hepatitis C.**
- **Trauma-specific treatment that identifies the triggers for trauma related behaviors.**
- **Trauma related training for all staff.**
- **Earlier identification of rape and sexual assault.**
- **Help for girls in getting access to sexual nurses/physicians trained in sexual assault diagnosis, treatment and reporting.**
- **Counseling that addresses self-harming by girls.**
- **Services for girls whose parents are incarcerated.**
- **More local group homes and residential treatment centers with longer treatment stays for girls with substance abuse, mental health and other problems.**
- **Support network for abandoned girls.**
- **Anger management and conflict resolution programs for girls at home, in school and in the community.**
- **Services for runaway girls.**
- **Home based, wraparound, services that specifically address the needs of girls (These services currently designed for boys or to be "gender-neutral).**
- **Comprehensive sex education for girls.**
- **More youth development training and job placement in jobs that pay more than fast food service employees.**
- **More sports and recreational activities.**
- **More transportation for girls to services.**

- **Drug court that includes juvenile girls (Currently this court has been cut back due to the lack of funding).**
- **Services that specifically address the needs of children whose parents are in the military.**
- **Funding that will stabilize girls' re-entry services in the community.**
- **Greater flexibility from Optum Health Services to fund psychological treatment for girls.**
- **More individual therapists and one-on-one counseling for girls.**
- **Services that address the unique social and psychological needs of lesbian, gay, bisexual and transgender girls.**

**Santa Fe, New Mexico, Region Two: Results of interviews with Probation staff, community providers, girls and their families and Checklist of gender-specific services needed in the Santa Fe region.**

Santa Fe is the capital city of New Mexico and contains a highly diverse population of Hispanic, Latina, Native American and other youth and families. Santa Fe has a highly stratified socio-economic environment, which includes young families experiencing very low economic status, and older retirees with very high socio-economic status. The influx of wealthy retirees to the area has driven up traditionally low property prices placing added pressure on low income, primarily minority families to pay for their basic living expenses and homes.

The Juvenile Probation staff in Santa Fe were also very well informed about the characteristics and needs of the girls and families under their care and had a network of relationships with treatment providers in their region and across the State. The officer who bore primary responsibility for supervising the girls on probation had developed strong personal relationships with the girls on her caseload and their mothers, and was following the girls' progress through the system closely. Staff in this region expressed frustration about the lack of treatment resources for girls, especially residential treatment offering both psychiatric and substance abuse treatment of long duration and services for pregnant and parenting girls and their children.

**Reportedly, up to 40% of girls on probation were or had recently been pregnant and yet there were almost no services dedicated to these mother-child pairs.**

**Interviewer question: What key services do you think girls need (that they are currently not receiving) to be healthy and productive and avoid returning to the juvenile justice system?**

#### **CHECKLIST OF SERVICES NEEDED IN THE SANTA FE REGION.**

- **Culturally–responsive, reproductive health counseling, (including pregnancy prevention). *This was expressed as an urgent need.***
- **Comprehensive physical (including pregnancy testing) and mental health screening and assessment for girls.**
- **Local, (not out-of state), residential, outpatient, and school-based programs for pregnant and parenting teen mothers and their infants and children.**
- **Easier access to funding for intensive residential treatment programs for girls with serious psychiatric problems and histories of trauma and substance abuse.**
- **Greater and more timely access to funding for girls’ programs through Optum Health Services.**
- **Longer-term residential treatment stays for seriously mentally ill girls.**
- **More local girl-specific group homes and residential treatment centers.**
- **Staff training on trauma-informed and trauma-specific services for Probation staff and community providers.**
- **Concrete Services for girls including transportation, childcare, income maintenance, access to health insurance, as well as food and shelter for homeless girls and girls in transition.**

#### **SANTA FE CHECKLIST OF SERVICES GIRLS AND THEIR MOTHERS REPORTED THEY NEED.**

**Interviewer question posed to a group of several mothers and daughters and some individual girls including a pregnant girl: What services do you think you need to become healthy and productive and stay out of the juvenile justice system?**



- **Girls said that they needed the media and the community to help people understand that girls on probation are not bad people that they just made a mistake.**
- **Mothers reported that their daughters needed a community center where they could go to after school and in the evenings to engage in healthy, non drug related activities.**
- **A staff member from a private, community-based program who was part of the group, said that there should be leadership programs for gifted girls so that they could advance into leadership positions and influence in the future.**

## **Part Four:**

### **BluePrint for the Future of Girls:**

#### **A Statewide continuum of gender-responsive training, reforms, and services for girls in the New Mexico Juvenile Justice System and their families:**

The State of New Mexico CYFD, the State Advisory Group (SAG), the State Legislature, the Gender-Responsive Task Force, Juvenile and Family Courts, the Sentencing Commission and the funding entity, Optum Health, and community providers must work with families and girls to develop the following continuum of core services statewide.

These services will form the backbone of reforms allowing the juvenile justice system to become more responsive to the needs of girls and their families. The services and reforms described below are necessary to support and sustain the new and needed services for the individual regions detailed in the previous section of this report.

#### **Core Statewide BluePrint program elements:**

##### **A. Build a *trauma-informed*, gender-specific juvenile justice system for girls in New Mexico and the staff that serve them.**

The experience of chronic and severe trauma beginning in childhood is so widespread among girls in the juvenile justice system that it is imperative that the entire system be educated on how to understand and mitigate the effects of trauma on girls, their families and staff working with girls. The philosophy of using

control and containment as the primary tools for protecting the public *against* girls' offending must fundamentally shift towards a commitment to treating the causes and effects of violence done *to* the girls earlier in their lives. In other words, implementing an effective trauma-informed juvenile justice system for girls will offer the most effective means for CYFD to protect public safety now and in the future.

First, it is important to understand exactly what a "trauma-informed" system is. The following definition, provided by Ann Jennings offers a strong foundational understanding of the goal and elements of a trauma informed systems.

*"To address the treatment and support needs of survivors of trauma within the public system requires a systemic approach characterized both by trauma-specific diagnostic and treatment services and a "trauma-informed" environment capable of sustaining these services and supporting the positive outcomes for clients who receive these services. Change to a trauma-informed organizational or service system environment will be experienced by all involved as a profound cultural shift in which consumers and their conditions and behaviors are viewed differently, staff respond differently, and the day-to-day delivery of services is conducted differently. **The new system will be characterized by safety from physical harm and re-traumatization; an understanding of clients and their symptoms in the context of their life experiences and history, cultures, and their society; open and genuine collaboration between provider and consumer at all phases of the service delivery; an emphasis on skill building and acquisition rather than symptom management; an understanding of symptoms as attempts to cope; a view of trauma as a defining and organizing experience that forms the core of an individual's identity rather than a single discrete event; and by a focus on what has happened to the person rather than what is wrong with the person** (Saakvitne, 2000; Harris & FalLOT, 2001). Without such a shift in the culture*

***of an organization or service system, even the most “evidence- based” treatment approaches may be compromised”.***

*(Models for Developing Trauma-Informed Behavioral Health Systems and Trauma Specific Services, Jennings, 2004).*

## **B. Provide updated, effective, gender-responsive, and trauma-informed training.**

The first step towards achieving a trauma-informed juvenile justice system is to develop, conduct and evaluate a ***comprehensive, gender-responsive and trauma-informed, training addressing the needs of girls in the juvenile justice system and their families***. This Gender- focused and trauma-informed training should be delivered to every region of New Mexico over a one-year period. To ensure the high quality and credibility of training, the training curriculum should be developed and reviewed by professionals who are experts on the multiple characteristics and needs of girls in the juvenile justice system, by researchers and clinicians expert on the effects of trauma on girls and young women and staff working with trauma victims, and by CYFD *before* it is delivered.

Additionally, a focus group of girls on probation should be asked to serve as “consultants” during the training development. Girls should read and give their feedback on the training modules once they are in draft form in return for an appropriate incentive. The training should be designed to inform and assist juvenile probation staff and administrators and community service providers, as well as legal professionals. Judicial training and training of the juvenile court “team” of juvenile defenders, prosecutors and probation staff should be delivered annually to educate legal professionals about the changing characteristics and needs of girls and their families. Legal training should be current, present evidence-based options wherever possible and targeted towards juvenile court professionals.

**Suggested gender-responsive training modules** should include current information on the following:

**1. Girl-specific data trends and development**

- Current data, trends and patterns in girls' offending. History of girls in the United States and New Mexico Juvenile Justice Systems.
- Difference in developmental (physical/neurological, psychological and social) pathways for girls and boys, and for adolescents and adults. New research on brain physiology and the difference between the adolescent and adult brain and the differences between male and female brain structure and function.

**2. Trauma-informed systems for girls (examples of elements of training and service models drawn from *Models for Developing Trauma-Informed Behavioral Health Services and Trauma-Specific Services*, Ann Jennings, 2004)**

- Definition of “single blow” and complex trauma and interpersonal violence in the lives of girls during childhood and adolescence. (Single incident trauma defined briefly as a rape, natural disaster, accident, and terrorist act; whereas complex, severe trauma is intentional, prolonged and may extend over years. Examples of complex trauma are physical, sexual and emotional abuse and incest, severe neglect and emotional abuse). Severe, complex trauma, common among girls in the juvenile justice system, is more likely to be related to serious mental health and behavioral health disorders.
- Understanding extreme coping strategies including self-harming, abusive relationships, substance abuse and addictions and suicidality.
- Understanding psychiatric disorders related to overwhelming trauma including traumatic Stress Disorder (PTSD), borderline personality disorder, depression, and affective disorders.
- Re-victimization of traumatized girls within the foster care and juvenile justice system and how to avoid it.

- **Introduction to trauma policies and therapies that specifically address the girls' culture, race, ethnicity, gender, age, sexual orientation, disability and economic status.**

### **3. Understanding and working with the unique characteristics of girls in the juvenile justice system, their children and families.**

- Physical and behavioral health of girls in the juvenile justice system including their physical health needs.
- Needs of lesbian, gay, bisexual and transgendered girls. Relational needs of girls in relationships with boys.
- Understanding relationships of girls with older men and boys.
- Teen pregnancy and parenting and pregnancy prevention. Early childhood development and understanding the importance of mother-child pairs.
- Understanding of girls' involvement with domestic violence.
- Understanding dating violence, forced and consensual sex, and sexual assault.
- Girls and their mothers, understanding the stressors and potential sources of nurturance.
- Educational needs of girls including learning and developmental disabilities.
- Understanding and finding programs and mentors for academically and socially gifted and exceptional girls.
- Evidence-based and gender-responsive screening and assessment tools for girls in the juvenile justice system.
- Promising program models and services for girls at risk and how to evaluate their effectiveness and responsiveness to girls.
- Girls' need for caring adults, school success and positive peer relationships.

### **4. Evaluation of the Training.**

The effect and participant-friendliness of the training should be evaluated using a simple questionnaire as it is delivered; and new and evidence-based elements should be incorporated into the training curriculum as they develop. The National Girls Institute, funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and operated by the National Council on Crime and Delinquency (NCCD) Center for Girls and Women is currently developing a national gender-responsive training curriculum that could be utilized as the basis for the above training. Another resource for training content is the National Child Traumatic Stress Network ([www.nctsn.org](http://www.nctsn.org)) which provides a national database on the effects of child traumatic stress, information on programs and treatments that work and training and support for providers working with children who have experienced trauma. Also available, is a training curriculum designed for correctional staff working with incarcerated adult women entitled Working Effectively with Women in the Justice System and available through the National Institute of Corrections (NIC) or the National Girls Health and Justice Institute (NGHJI)

### **C. Develop and implement high quality, trauma-specific services for girls in the juvenile justice system utilizing existing community resources wherever possible.**

The first step in developing trauma-specific services for girls in the New Mexico juvenile justice system is to understand how these services are formally defined. Ann Jennings in her above-mentioned 2004 report provides a basic understanding of these services:

“Trauma-specific” services are designed to treat the actual sequelae of sexual or physical abuse trauma. Examples of trauma-specific services include grounding techniques which help trauma survivors manage dissociative symptoms, desensitization therapies which help to render painful images more tolerable, and behavioral therapies which teach skills for the modulation of powerful emotions (Harris & Fallot, 2001). Treatment programs designed specifically for survivors of

childhood trauma are consistent on several points: the need for respect, information, connection, and hope for clients; the importance of recognizing the adaptive function of “symptoms;” and the need to work in a collaborative empowering way with survivors of abuse (Saakvitne, 2000).

All trauma-specific service models, including those that have been researched and are considered emerging best practice models, should be delivered within the context of a relational approach that is based upon the empowerment of the survivor and the creation of new connections. The betrayal and relational damage occurring when a child is repetitively abused and neglected sets up lifetime patterns of fear and mistrust which have enormous impacts on his or her ability to relate to others and to lead the kind of life he or she wants. Recovery cannot occur in isolation. It can take place only within the context of relationships characterized by belief in persuasion rather than coercion, ideas rather than force, and mutuality rather than authoritarian control—precisely the beliefs that were shattered by the original traumatic experiences (Herman, 1992)” (Jennings, 2004).

Specific examples of models for treatment of trauma include the following. All of the models cited have been at least informally evaluated for their effectiveness and are relatively inexpensive to deliver as they are manualized and available through the National Technical Assistance Center for State Mental Health Planning (NTAC). It is to be noted, however, that most models have been developed for adult women rather than adolescent girls. CYFD could collaborate with the University of New Mexico Department of Psychiatry to develop adapt these models to the developmental needs of young girls.

- (TAMAR), Trauma, Addictions, Mental Health and Recovery Trauma Treatment Group Model, developed through the SAMHSA Women, Co-Occurring Disorders and Violence Study. This group treatment model is a structured, 14 week, 13-module psycho-educational group for women and

- men in correctional systems. It would have to be tailored to meet the specific, developmental needs of adolescent girls.
- (TREM). Trauma Recovery and Empowerment Model. This is a structured 24-33-session group model designed for women with serious mental health, substance abuse and PTSD. This model has been found to be “highly effective” in the treatment of trauma survivors, helping women overcome grief, fear and shame related to their traumatic experiences.
  - Spanish Cultural and Linguistic Adaptation and Expansion of the TREM. This model offers a translation of the TREM into Spanish including cultural adaptations to Latina and African American women. It also addresses culturally responsive HIV risk prevention.

#### **D. Implement juvenile justice processing reform for girls and the Girls Court Model.**

The process of penalizing and detaining girls for status offenses and subsequent violations of valid court orders must be eliminated. System intake assessment procedures and instruments used to evaluate risks posed by the girls to public safety must be gender-specific to girls and should be needs rather than risk-based. These instruments and procedures should reflect that the long established profile of girls entering the system, which has consistently revealed that they pose a low risk to public safety and yet have high levels of need in terms of services. Consequently, effective diversion and intervention options that specifically address girls’ needs and engage their families and caretakers should be developed at the community level.

Family-focused programs that intervene upon family violence, including domestic disputes between rebellious girls and their caretakers should also be implemented at the community level.

**A:** One option for gender-responsive processing reform and accessing services for girls through the juvenile and family courts are **Specialty Girls Courts**. Girls



Courts are beginning to offer a constellation of gender-responsive services for girls that could provide effective treatment and health promotion alternatives to traditional probation and detention: There are currently only two specialty Girls Courts in the nation, the **Program for Empowerment of Girls** started by Judge John Romero in Albuquerque, New Mexico, and the **Hawaii Girls Court**, on Oahu, Hawaii, started by Judge Karen Radius. Both courts exist in states with high minority populations of girls and low fiscal resources. Both Girls Courts have processed and served a relatively small number of girls to date and should be evaluated for their capacity to reduce girls re-offending and violent offending.

Both the New Mexico and Hawaii Girls Courts include a requirement that girls regularly come before the judge to assess their progress, re-enforce a sense of accountability and develop a relationship with the judge. One girl on probation interviewed for this study stated that going to talk to the judge was the most effective incentive she had received to complete her program and avoid re-offending.

The Hawaii Girls Court has developed a sophisticated network of collaborative agencies with the community of Oahu, which allows it to maximize existing community resources.

However, the Core Service roster offered by the Hawaii Girls Court described below is fairly comprehensive, addressing many of the characteristics and needs of system-involved girls. These court-based gender responsive services could be added to the PEG program and replicated wherever possible throughout the State of New Mexico juvenile and family court system.

Services offered through the Hawaii Girls Court:

1. **Trauma Treatment**
2. **Life-Skills Training**
3. **Alternative Education & Vocational Training**

4. **Mental Health Treatment**
5. **Domestic Violence Prevention**
6. **Medical Services, Health Education**
7. **Teen Pregnancy Prevention**
8. **Substance Abuse Treatment**
9. **Mentoring and Strengthening Families**

**E. Implement Gender-responsive, evidence-based, screening, assessment, treatment and aftercare (ongoing care) for every girl.**

Every girl who enters the juvenile justice system throughout New Mexico should routinely receive standardized, comprehensive, evidence-based and gender-responsive physical and mental health screening and assessment. Data and information from screening and assessment should, ultimately, be electronically recorded and transmitted to medical providers and should trigger each girl's immediate care if she has urgent medical or mental health needs, inform her ongoing care while she is in the system, and her aftercare plan in preparation for her re-entry to her community and her development into a healthy young adult. This process of screening assessment and aftercare should seamlessly link each girl and her family to medical and other treatment "homes" in their communities.

Gender-responsive screening and assessment tools and procedures should be needs-based and should at a minimum address the following areas: physical health, mental health, substance abuse, educational and vocational needs, Family Needs, and access to Concrete Necessities such as food, safe shelter, clothing, child care, health insurance, income maintenance and transportation.

As the State develops its capacity to implement **Electronic Medical and/or Health Records**, gender-responsive screening tools must be integrated into the

system from the start and serve as the routine physical and mental health intake procedures for girls at multiple points in the juvenile justice system. This should include “crossover” girls who may be moving through both the child welfare and juvenile justice systems.

“Gender-neutral” screening and assessment tools and procedures are not generally considered adequate for girls as they do not identify health issues such as sexual victimization and pregnancy as effectively as do instruments and procedures designed exclusively for girls. There are, however, very few instruments nationally that are designed and validated for girls. For example, the most widely used mental health screening tool, the MAYSI-2, (Massachusetts Youth Screening Instrument), was not originally designed for girls. The MAYSI-2 is a brief screening tool designed to assist juvenile justice facilities in identifying both boys and girls at admission who may have special mental health needs. In the past, there has been some question as to whether the trauma-related items on the tool adequately address the trauma needs of girls entering detention. One way to more accurately identify the unique physical and mental health needs of girls might be to deliver the Girls Health Screen and the MAYSI-2 side by side for girls at intake.

**Probation supervision, screening, assessment, treatment services and aftercare programs for girls linked to these courts should address and require access to physical and behavioral health services including substance abuse in addition to other services. Wherever possible these services should be gender-focused and evidence-based.** Many court and probation based systems do not include physical health screening, assessment and treatment among court-ordered services. Juvenile and family court judges could address this gap by using their power to convene resources as the basis for issuing court orders for physical and mental health screening for girls. Medical professionals such as nurses and Nurse Practitioners could be also be routinely included on the teams assembled by these courts to address girls’ needs and to better link juveniles in court with health services. Finally, the **Girls Health Screen**

**(GHS)** should be utilized as the standard physical and behavioral health screening tool for girls at multiple points in the juvenile justice system including probation and detention intake.

The GHS is the first and currently the only validated physical and behavioral health screening tool designed to identify and prioritize the health problems of girls entering detention. It can also be used for girls entering probation, and in long-term treatment and correctional residential settings. Once the GHS is web-based, it will:

1. **Provide a health questionnaire written in fourth-grade language** in a simple yes/no format in English and Spanish that complies with all statutory requirements for medical intake for detained juveniles.
2. **Provide a flexible alert system** to notify detention medical and correctional staff when girls report an urgent medical problem on intake such as a life-threatening allergy, a recent sexual assault or suicidal ideation.
3. **Provide facility medical providers with an immediate record** of health and behavioral health screening information to guide assessment and treatment within the institution.
4. **Provide both on-demand and regular monthly reporting** of health data to juvenile correctional institutions and de-identified, (stripped of girls' personal identifiers), data reports to local state and national research, policy and legislative entities.
5. **Provide a portable medical report** upon each girl's release that can be linked to community-based healthcare for continued, uninterrupted care.

In January, 2012, with support from the **McCune Foundation**, the NGHJI will pilot a paper-pencil version of the Girls Health Screen with approximately 20 girls entering the Bernalillo County Detention Facility. It is expected that the results of the GHS will inform the girls' physical examinations and pre-release planning. After the GHS has been administered, girls, detention staff and medical personnel will be asked to evaluate its effectiveness in identifying girls' physical

and behavioral needs and targeting resources to meet those needs, compared to traditional screening procedures.

### **Electronic (Web Based) Girls Health Passport**

Ultimately, each girl should have a portable **Electronic Health Passport** that identifies and prioritizes her physical and behavioral needs and informs all her subsequent assessments and her aftercare (or, more correctly, her ongoing care) planning. The Electronic Girls Health Passport should also record the interventions, services and treatments each girl has received and should be available to medical providers in the girl's "medical home" in the community.

Currently, there is little communication of medical needs between juvenile residential institutions and community health providers. Consequently, expensive medical procedures are often repeated unnecessarily (such as immunizations) and urgent medical and behavioral health problems such as injury resulting from sexual assault, head injuries, serious allergies and substance abuse are often missed. Once implemented, the Electronic Health Passport will remedy this costly and dangerous gap by providing a single standardized medical screening and record keeping procedure.

## **F. Develop prevention and early intervention services for girls in and at risk of entering the juvenile justice system.**

### **Beginning with gender-responsive, family-based, prevention and early intervention services for at-risk girls 5-8 and 9-12 years old.**

Girls enter the juvenile justice system at a younger age than their male counterparts and more often for reasons related to victimization and family conflict. Additionally, girls' readiness to succeed academically in school and socially with their peers can be diminished by factors such as poverty, lack of access to health care and family fragmentation. Intensive family-focused services

which already exist in some New Mexico communities such as **community-based Family Preservation programs**, and **Multisystemic Therapy (MST)** could be tailored to identify and meet the needs of very young girls 5-8 and 9-12 years old by implementing gender-responsive diagnostic, intervention and treatment services. These services would target the special characteristics and needs of girls (their greater vulnerability to sexual abuse and the lesser responsiveness of school teachers and administrators to their educational and relational needs, for example). Family Preservation programs have traditionally deployed individuals and teams to provide intensive, in-home services for families with children at risk of placement due to abuse and neglect and for children at risk or who have entered the juvenile justice system. **The Family Preservation Program offered through the Boys and Girls Clubs of San Fernando Valley** provides a long established program model for working directly and intensively with families caring for young girls 5-12 years old who might be at risk of abuse and neglect, having trouble in school, experiencing family conflict and/or at risk for entering the juvenile justice system. The Transportation and income support elements of the program are especially important and relevant to New Mexico where limited transportation and poverty pose severe challenges to families. Elements that should be added to this model are developmentally appropriate **conflict resolution** and techniques and therapy and intervention services that focus on **domestic violence prevention**.

The program identifies and builds upon family strengths to empower girls, boys, and families to succeed. A variety of services offered include assessments, intensive in-home counseling, teaching and demonstrating homemaker skills, parenting training, individual and group counseling, mental health services, transportation, financial assistance, linkage and referral services.

The Club's Family Preservation staff consists of trained professional and para-professionals. All families are referred by DCFS or the Los Angeles County Probation Department. This multi-disciplinary approach to child welfare also

involves working in partnership with the Department of Public Social Services, Department of Mental Health, Los Angeles Unified School District and community based organizations.

**Multisystemic Therapy (MST)** is another intensive family and community-based treatment program that could be re-configured to meet the needs of girls. In contrast to Family Preservation Programs which were originally designed for child welfare populations. MST was developed for chronic and violent juvenile offenders; and works with their families, schools and teachers, neighborhoods and friends. The program, like many targeting juvenile offenders, was originally designed for boys. However, the target population is now adolescent boys and girls between the ages of 12 and 17, who have arrest histories. MST has been extensively formally evaluated and found to be effective in reducing behavior problems, especially among boys. The model has been shown to be somewhat effective in addressing “relational aggression” in girls and should be evaluated further once gender-specific program elements have been added and tested. Elements of MST should be developed and tested that address conflict and violence between girls and their mothers, fathers and other caregivers and also girl-on-girl fighting at school and in their communities.

Members of an existing MST program in New Mexico were interviewed for this evaluation and felt that the model might be useful for at-risk girls but that gender-responsive elements such as access to trauma specific treatment, domestic violence prevention targeting mother-daughter conflict and access to physical and reproductive health services might improve the model. Existing elements of the MST model include but are not limited to the following: Clinicians go wherever the child is and are on call 24 hours a day, seven days a week for a determined period of time. They work intensively with parents and caregivers to put them in control. They support the caregivers to keep the adolescent focused on school and gaining job skills; and they work with caregivers to introduce the youth to sports and recreational activities as an alternative to “hanging out” and

getting in trouble.

### **G. Implement services for pregnant and parenting teen girls and their children 0-3, and developmentally targeted groups for teen girls and their mothers.**

As indicated earlier in this report, the number of girls on probation who were pregnant and/or parenting was unexpectedly high. Any strategy to effectively meet the needs of at-risk girls must attend to the intergenerational nature of their involvement with the juvenile justice system. From a medical perspective, every teen pregnancy must be addressed as a high risk pregnancy. Every pregnant and parenting adolescent girl and her children should have access to intensive, early intervention programs similar to the **Brighter Beginnings Early Head Start Program for pregnant and parenting teens** in Oakland, California that uses the Nurturing Parenting Program philosophy, program materials and service design. The Family Preservation model mentioned above might also offer an excellent infrastructure for intensive teen parenting services.

Ideally, the core elements of an effective model for teen mother-child programs include: in-home visiting by a flexible team of family and infant-parent therapists, social workers and pediatric nurses; developmentally-sequenced groups for teen-mother pairs; and concrete services such as infant formula, ethnically appropriate food for the family, clothing and small subsidies for shelter and transportation as needed. As poverty levels increase in New Mexico, the need for concrete supports for the survival of teen parents and their children becomes even more critical.

Another unexpected need that emerged during the interviews conducted in New Mexico with girls in the juvenile justice system and their families was the need for additional and more targeted **mother-daughter support groups**. Mothers and daughters in two sites requested that mothers be included routinely in the Girls Circle groups. In one site, mothers and daughters were already meeting together and were enjoying the experience. Suggested additions to the mother-daughter



component of Girls' Circle are an explicit set of meetings addressing mother-daughter conflict, recognizing exceptional and gifted daughters, and the cultural differences between mothers who are first generation immigrants to the United States and daughters who are more acculturated.

#### **H. Expand availability of gender-responsive, intensive, residential treatment for girls with co-occurring disorders in the community and in detention.**

Despite the State's economic challenges and those posed by the dearth of resources in New Mexico's many rural communities, girls who enter the juvenile justice system with serious substance abuse and mental health problems must have access to intensive, residential treatment within the State of New Mexico and as close to their home communities as possible. This treatment must utilize a trauma-informed treatment model and specific trauma services geared towards the needs of adolescent girls from Native American, Hispanic and other cultures. To ensure that programs are gender-responsive, they should be, if possible, all-girl, not mixed gender, programs that include health, mental health, substance abuse education as well as comprehensive assessments and high quality academic instruction. Regular involvement of family members should be integrated into the program design. These program elements can be implemented in detention settings depending on the duration of the girls' stay in detention and protection of girls' confidentiality. A statewide Co-occurring Disorders Task Force, developed with Federal funding by CYFD is taking the first steps to address this need for girls.

In San Diego, California, for example, at the **Girls Rehabilitation Facility (GRF)**, which is part of the Kearny Mesa Juvenile Detention Facility, 50 girls with stays of 60 days to one year receive substance abuse education and treatment and mental health services before they are released.

Gender-responsive programs for this population should be developmentally-

appropriate (not based on an adult model), have defined orientation and phase systems for organized advancement based on improved behavior, address the relationship between substance abuse and risky sexual and other behaviors for girls and include high quality academic instruction. Programs should also be of long enough duration to ensure behavior change in the girls and successful re-integration of the girls into their families and communities. Ideally, staff should include a mix of staff that are recovering (from substance abuse) and qualified mental health professionals with adolescent treatment experience.

One example of a high quality gender-responsive program for girls who may or may not be in the juvenile justice system is the **Phoenix Academy** in Los Angeles, California. The Academy provides a continuum of residential and out patient, strength-based and family-centered treatment for girls with substance abuse and co-occurring mental health problems. This program has been designated as an evidence-based practice by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP, 2008) as well as a model program by the U.S. Department of Justice's Office of Juvenile Justice Delinquency Prevention (OJJDP, 2006).

Unfortunately, as funding and access to behavioral health care have diminished, the number of effective programs for girls with co-occurring disorders has plummeted across the nation. The Threshold Model in Marin County, California, developed by Acoxa and described in: ***Breaking the Cycle: A Developmental Model for the Assessment and Treatment of Adolescents with Alcohol and Other Drug Problems***, (published online in July, 2009, by the National Council of Juvenile and Family Court Judges) provides a step-by-step guide on how to implement the elements of effective programming for this population in community settings.

## **I. Provide more outpatient and professionally led support**

## **groups and services for girls and their families.**

### **Outpatient trauma-services for girls.**

In the section above on building a trauma-informed system for girls, the definition as well as examples of trauma services for girls was provided. Since these outpatient, professionally led models are manualized, relatively short-term and inexpensive and available, they could be integrated into other professionally led groups therapeutic groups for girls. One note of caution, however, is that professionals who are not specifically trained in trauma theory and practice should not attempt to deliver group trauma therapy to girls. The experience of revisiting their individual childhood experiences of abuse in a group setting without proper preparation and support after the group meeting can re-traumatize girls. Individual therapy with clinicians trained in chronic and severe trauma may be preferable to group work for girls. Alternatively, such therapy should be available as an adjunct to group therapy should girls require it.

### **Girls Circle Support Groups.**

Girls Circle Association (Girls Circle) was founded in 1996 as a support system to help girls make healthy decisions. The Girls Circle model encourages girls to express themselves within a structured support group on issues that are non-threatening and represent traditionally accepted subject areas in young women's lives. Girls Circle developed nine separate activity guides to be implemented within these support groups that represent 8-12 week programs organized around themes of friendship; being a girl, body image; diversity; connections between the mind, body and spirit; expressing individuality; relationships with peers; identity; and paths to the future.

Girls Circle groups are held weekly and last approximately an hour and a half. The groups are led by women, some of whom are mental health professionals, many of whom are not, who have gone through the Girls

Circle training on how to implement the Girls Circle guidelines. The guidelines involve giving each girl a turn to speak without being interrupted and attempting to ensure a safe and confidential space. The structure was designed to foster respect in the young girls for themselves and for each other. The group offers them an opportunity to express themselves using journaling, poetry writing, acting, role playing, drawing, working with clay, and/or dancing. The mission of Girls Circles is to instill self-confidence and improve girls' interpersonal relationships. The expectation is that these improved relationships will, in turn, improve girls' lives.

The Girls Circle model was not originally designed to address the complex constellation of severe problems such as childhood trauma, poverty, and intergenerational histories of substance abuse, incarceration and physical and mental health problems typically experienced by girls involved with the juvenile justice system. Further, the original Girls Circle model was designed to encourage group leadership by interested community members trained briefly in the model by paraprofessionals rather than by mental health professionals trained in the trauma-related experiences of high-risk girls. In other words, the subject areas addressed by the model and the training of the group leaders are not well matched to address the needs of girls in the juvenile justice system. This may leave traumatized girls participating in the groups feeling more isolated and may inhibit the juvenile justice system in New Mexico from developing more intensive services that better address the demonstrated needs of girls under its care.

The Girls Circle model has nevertheless been widely adopted throughout the State of New Mexico because there are few program alternatives for girls and because both staff and girls enjoy the relational elements of the program.

It is recommended that the CYFD evaluate the impact of Girls Circles that are implemented as part of its gender responsive probation system according to the

following criteria among others: 1. Does participation in Girls' Circles prevent first-time girl offenders from returning to the system compared to girls who receive no services? 2. Does it decrease girls' acting out behavior among peers and family? 3. Does it increase girls' participation in school? 4. Is it equally effective for different minority and socio-economic groups? 5. Is it effective for girls with histories of childhood trauma? Taking into account the answers to these questions, CYFD with support from mental health providers could augment and/or revise the Girl Circle curriculum to better meet the needs of girls and families under its care.

## **J. Implement diversion services for girls.**

Adolescent girls who have come to the attention of law enforcement and juvenile probation for first-time, low-level offenses should have a range of diversion options available to them that match their gender and age-related characteristics and needs. Selected frameworks for developing gender-responsive diversion are presented below.

### **Intensive Alcohol and Other Drug Education.**

Many drug diversion programs are outdated, generic, and are thus uninteresting to adolescent girls and fail to engage them or change their behavior. To be effective, drug education curricula should address drugs currently in use and the latest data on the effects of drug use on girls' physical and mental health. Drug and Alcohol education must also be relevant to diverse racial and ethnic groups, especially to Native American and Hispanic girls in New Mexico.

In order to be fully gender-competent, these curricula must explore the relational and trauma-related dynamics of girls' use of alcohol and drugs. Dr. Stephanie Covington has developed three curricula for girls and women that address trauma and substance abuse in the context of their unique life experiences. These curricula, entitled, ***Helping Women Recover, Voices Beyond Trauma***, could serve as the basis for substance abuse education and community-based support groups in New Mexico.

Further, instructors must be able to convey an authentic understanding of girls' substance abuse problems either through their own experience of recovery or through extensive experience working with girls in the juvenile justice system. During the course of the New Mexico evaluation, several community service providers emerged who had the motivation and experience to deliver effective drug diversion programs for girls within the context of existing programs for youth.

### **Recreational and Sports Programs.**

Despite the fact that developing competency and skill in sports is a protective factor for youth, at-risk girls often have fewer sports and recreational activities available to them do at-risk boys.

Successful elements of outdoor and wilderness programs for girls should include: structured sessions for physical activities such as hiking, backpacking, cross country skiing and biking; talk circles with other girls and counselors to discuss the experience and the lessons learned, safety protocols, and introduction to local biological environments. These program elements could easily be developed in various regions of New Mexico at minimal cost.

### **K. Provide job readiness and employment for girls.**

One of the most pressing long term needs expressed by girls was their desire to obtain employment that provides them with economic self-sufficiency and stability for themselves and their families, opportunities for professional advancement and avenues for expressing their creativity. The New Mexico Women's Foundation, (NMWF), through its Women Entrepreneurs Learn™, or WE Learn™, program offers one highly effective employment development model specific to young women in New Mexico. It provides education and mentoring in areas such as business planning, organizational development, and fundraising to low income women across New Mexico. NMWF helps women and girls develop and market their products, open shops, and learn the art of display and merchandising. One

of the simplest crafts to learn which results in effective product sales, is the art of creating and selling greeting cards. In addition to teaching young women how to create such products, the Foundation staff encourages entrepreneurship and leadership, and delivers professional training services on site as well as in a classroom setting.

With a small investment of grant funding, girls on probation and in detention could receive training and mentorship from the NMWF on greeting cards, textiles and other craft businesses while they are in the system so that they could obtain sustainable employment once they are in their home communities.

#### **L. Provide comprehensive support and counseling for probation officers working with girls.**

As noted in the Introduction to this report, the probation staff interviewed in all 5 regions of the New Mexico distinguished themselves by their dedication, hard work and commitment to learning more about and improving their program responses to the girls with whom they work. Some probation staff also expressed the desire to receive specialized support services and training that would help them cope with the second-hand trauma they experience in working intensively, and sometimes over long periods of time, with traumatized girls and their families. Some of the issues staff would like assistance with, in addition to training on trauma, are the following: **bereavement support** for staff who learn that girls in the system have passed away or become seriously ill; **physical and psychological stress** from listening to and processing the traumatic events in girls' lives; and **communication skill enhancement** to help staff work effectively with other probation staff members, service providers, and the girls and families on their caseloads.

Staff members who experience a particularly traumatic event arising from their work with girls, should have access to individual or group counseling to help them come to terms with the feelings of loss, fear or sadness or anger that may

arise from second-hand trauma. These and other specific issues should become part of a core matrix of support services for probation staff working with girls, which is available, is as needed. Other elements of the matrix would include special recognition for extraordinary service to girls for individual staff and pleasurable retreats that nurture staff who work with girls.

Most importantly, staff should have the opportunity to recognize and communicate regularly about the successes of girls who graduate from the juvenile justice system to become healthy women and mothers and to excel in their chosen professions.

There were several extraordinarily articulate girls who displayed leadership, compassion, intelligence and personal style who were interviewed for this study. One extraordinary young woman on probation who participated in a multigenerational group interview including mothers, grandmothers and girls translated the words of non-English speaking adults to the younger participants in three languages and eventually led the entire group process. Through gentle coaching, this young girl assisted everyone in the group to communicate their thoughts and needs clearly and concisely. She also helped make each participant feel heard and valued. The probation staff member who accompanied the girl was clearly proud of her natural gifts and of the progress she had made while she was on probation. The staff member said, beaming and clearly gratified by her experience of working with the girl, "She's great, she's going to be leader".



