# Juvenile Justice Fact Sheet Female Juvenile Delinquency: Risk Factors and Promising Interventions

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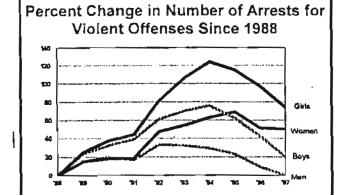


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#### Arrest Trends for Girls

In 1997, there were over a half a million arrests of juvenile girls in the United States. Although the great majority of juvenile crimes are committed by boys, arrests of girls have sharply risen in the last decade. While there is dispute as to whether shifts represent changes in girls' behavior or changes in arrest patterns, it is undeniable that girls are becoming more visibly present within the juvenile justice system.



Girls' arrests for violent offenses increased at a high rate between 1988 and 1994. Although rates have declined in recent years, arrests are still well above rates for 1988.

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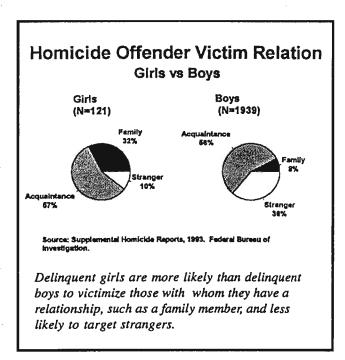
#### ARRESTS OF GIRLS

- In 1997 26% of juvenile arrests were of girls.
   Over a third of these girls were under age 15.
- In 1997 over half (58%) of the arrests for runaways were of girls.
- Between 1993 and 1997, arrests of boys for violent offenses declined by 9%, while those for girls increased by 12%. Aggravated assault, the most frequent of the violent offenses committed by juveniles, increased for girls by 15%, while declining for boys by 10%.
- Between 1993 and 1997, arrests of girls for drug abuse violations more than doubled (117% increase).
- Between 1993 and 1997, arrests of girls for offenses against family and children increased by 82%.
- In 1988 26% of the serious crimes committed by females were by girls under 18 years; in 1997 this figure climbed to 31% (Federal Bureau of Investigation, 1988-1999).

### Patterns of Offending by Girls

Interpersonal relationships play a particularly important role in female juvenile delinquency. For

example, while homicides in 1993 committed by boys usually occurred in conjunction with another crime (57%), homicides by girls most typically involved a relational conflict, such as an argument or physical fight (79%). Moreover, the victims of homicides by girls tended to be members of the



girls' own families (32% for girls vs. 8% for boys). Twenty-four percent of the girls' victims were under 3 years old, usually their own infant children. This trend for relationally involved violence by girls extends beyond homicides. In an examination of Virginia juvenile offenders, the girls' victims were more likely to be family or friends than were the boys' victims. Informal observations as well as scientific studies have attested to the importance of disputes with other girls over boyfriends as avenues for arrests of girls. The importance of relationship in juvenile delinquency may be rooted in gender differences in the development of aggressive behavior. While girls are more likely to engage in relational aggression, such as gossip, social exclusion, or bullying, boys more frequently employ physical aggression. If relational aggression by a girl becomes violent, it obviously targets a known victim. Since girls more frequently engage in relational aggression, this may account for a disproportionate victimization of family and friends by girls.

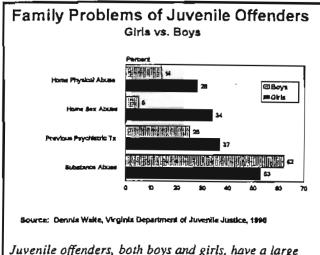
# Risk Factors for Delinquency in Girls

Most of the research concerning risks for delinquency has focused on boys, making it difficult to assess how the risks for girls differ from those for boys. However, several factors are consistently associated with delinquency in girls.

History of abuse. A substantial proportion of female delinquents report a history of sexual and physical abuse. In one study of youth incarcerated in Virginia for violent offenses, 51% of the girls evidenced a documented history of sexual abuse and 35% a history of physical abuse, levels which were significantly higher than those reported for boys. Sexual abuse can provide a dangerous pathway to other criminal activities, such as prostitution and substance abuse, which in turn lead to increased violent offending. Moreover a history of abuse and home violence can lead a girl to run away from home, leaving juvenile justice officials with the conundrum of determining whether an offender's behavior represents unjustified defiance of her parents or an understandable response to her own victimization.

Family distress. A large number of family factors are associated with delinquency in both boys and girls. These include single parent status, parental conflict, parental criminality, poor family management, and residential mobility. As girls are presumed to be more likely to stay close to home, it is plausible that family factors disproportionately affect girls. Among juvenile offenders recently admitted to detention facilities in Virginia a greater proportion of the girls than boys came from families marked by parental incarceration or substance abuse. Although a number of studies attest to the high level of family dysfunction among female juvenile offenders, it is not clear whether particular family patterns are more associated with boys than with girls. The question arises, "Would the same parental practices that work for boys also be the best practices for girls, in terms of preventing delinquency?" A study of family interaction styles investigated this question, and found that the best parent-style predictors of delinquency in boys differed from those in girls. The degree of

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Juvenile offenders, both boys and girls, have a large number of family problems. However, girls have higher levels of physical and sexual abuse, and have been more frequently hospitalized for psychiatric problems.

supervision, monitoring, and instrumental communication best predicted delinquency in boys, while parental acceptance, respect, freedom from conflict, and approval of peers best predicted delinquency in girls. These results mirror conclusions regarding the importance of close relationships for girls, and imply that qualities of the parental relationship, such as feeling accepted and respected by parents are crucial for preventing delinquency in girls.

Substance abuse. In 1997 girls constituted only 13% of the arrests for drug violations. However, this figure underestimates the problems of substance abuse for girls, and its association with other offenses. In a study of several state training schools in California, over half of the facilities surveyed reported a pressing need for substance abuse treatment for the majority of enrolled girls. Between July 1997 and June 1998, over half of the youth admitted to Virginia detention facilities evidenced substance abuse histories, including 62% of the boys and 53% of the girls.

Mental illness. In a review concerning gender and conduct disorder development, researcher Rolf Loeber identified a "gender paradox": Those who go against the general gender pattern, such as conduct-disordered girls, tend to be highly disturbed and have a larger than expected number of ancillary problems. The gender paradox has great

intuitive appeal for professionals who work with young offenders and find that female delinquents, while less frequently represented, seem disproportionately troubled by a wide array of emotional problems. Several studies confirm that female juvenile offenders have higher rates of depression, eating disorder, and suicidality than boy offenders, as well as higher levels of previous psychiatric hospitalization.

Teenage parenting. Although there is no evidence that teenage parenting causes delinquency, several of the high-risk behaviors associated with teenage pregnancy are also associated with delinquency. For example, drug use and frequent delinquent acts at home and at school are related to increased pregnancy rates in teenagers. In a recent study of teen pregnancy in the United States, self-reported fighting was a significant pregnancy predictor among sexually active girls. Again, these results do not imply that fighting leads to pregnancy, but rather that the cluster of behaviors associated with delinquency and violence are also associated with the risk-taking that can lead to teen pregnancy.

Academic failure. As with boys, female delinquents frequently have a history of poor academic performance. In one examination of incarcerated women, nearly half of the respondents had been expelled from school, and a disproportionate number had learning disabilities. In both boys and girls, violent behavior and delinquency have been associated with poor academic achievement, low commitment to school, and frequent school changes.

### **Promising Interventions**

The great majority of research conducted on juvenile delinquency has focused on the more frequent offender — boys. Consequently, information on gender-specific interventions are sparse. However, a number of interventions have been found helpful to girls as well as boys. As might be predicted from examination of risk factors, interventions that focus on developing relationship skills, building family or community connections, or dealing with high risk behaviors such as sexual activity or substance abuse are most promising.

EXAMPLES FOR EFFECTIVE INTERVENTIONS WITH GIRLS	
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Peer Mediation Training Girls learn skills in listening respectfully and expressing distress verbally with a goal of solving specific problems.	National Resource Center for Youth Mediation (800) 249-6884 National Institute for Dispute Resolution (202) 466-4764
Bullying Reduction School-wide interventions to engage whole community against bullying. Includes strategies for anger control and empathy development.	Bullying at School What We Know and What We Can Do (Dan Olweus) (800) 216-2522
Mentoring Girls develop positive relationships with adult or peer role models who facilitate social and academic skills.	Big Brothers/ Big Sisters of America (215) 567-7000 OJIDP Juvenile Mentoring Program (202) 307-0751
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Parent Education Parents receive strategies for communication and behavioral management.	A Training Resource Guide for Parent Education in Virginia (800) 762-6309
Family Therapy Treatment focuses on whole family, patterns of communication, and interpersonal behavior.	Family Services Research Center: Multisystemic Family Therapy (843) 876-1800
Community Intervention  Communities plan and undertake violence-reduction programs that are tailored to community-specific needs.	Communities That Care (800) 736-2630
Interventions Designed Specifically for Gibls	
Girls Incorporated  For ages 6 - 18. Provides packaged programs for healthy peer relationships, pregnancy prevention, and academic encouragement.	30 East 33rd Street; New York, NY 10016 (212) 689-3700 www.grlsinc.org
Female Intervention Team For adjudicated girl delinquents ages 11-18. Case managers direct girls toward gender specific activities such as mentoring by older women, Girl Scouts, as well as community service and recreational activities.	321 Fallsway; Baltimore, MD 21202 (410) 333-4564
Harriet Tubman Residential Center For adjudicated delinquent girls ages 13-17. Residential center that provides full range of interventions, including reproductive health, mediation training, parenting, and strategies for dealing with victimization.	6752 Pine Ridge Road Auburn, NY 13021 (315) 255-3481
P.A.C.E. Center for Girls Inc. For ages 12-18. Community based program offering educational and therapeutic services to girls. Students participate in educational programs, life management classes, counseling, and community service.	100 Laura Street, 10th Floor Jacksonville FL 32202 (904) 358-0555
Sistas' For ages 12-17 in low income settings. Emphasis on cognitive strategies to overcome destructive belief systems, alternatives to destructive behavior, and decision making.	7828 Allendale Drive Landover, MD 20785 (202) 675-9175

## Recommendations for Reducing Delinquent Behavior by Girls

- Implement programs that engage girls in healthy relationships and provide social skill training.
- Provide forums for open and safe discussion of personal safety, abuse and victimization.
   If needed, follow-up with treatment or referral.
- Address mental health needs and substance abuse. Look beyond violence and selfdestruction to possible underlying depression or previous victimization.
- Provide academic support service and encourage school, church, and community participation.
- Encourage peer mediation to deal with conflicts concerning boyfriends or peer status.
- Involve positive adult role models and, when appropriate, include families in intervention strategies.
- Provide information concerning reproductive health and teenage parenting. Provide parent training and child-care relief time for teenage mothers.

#### Suggested Readings

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