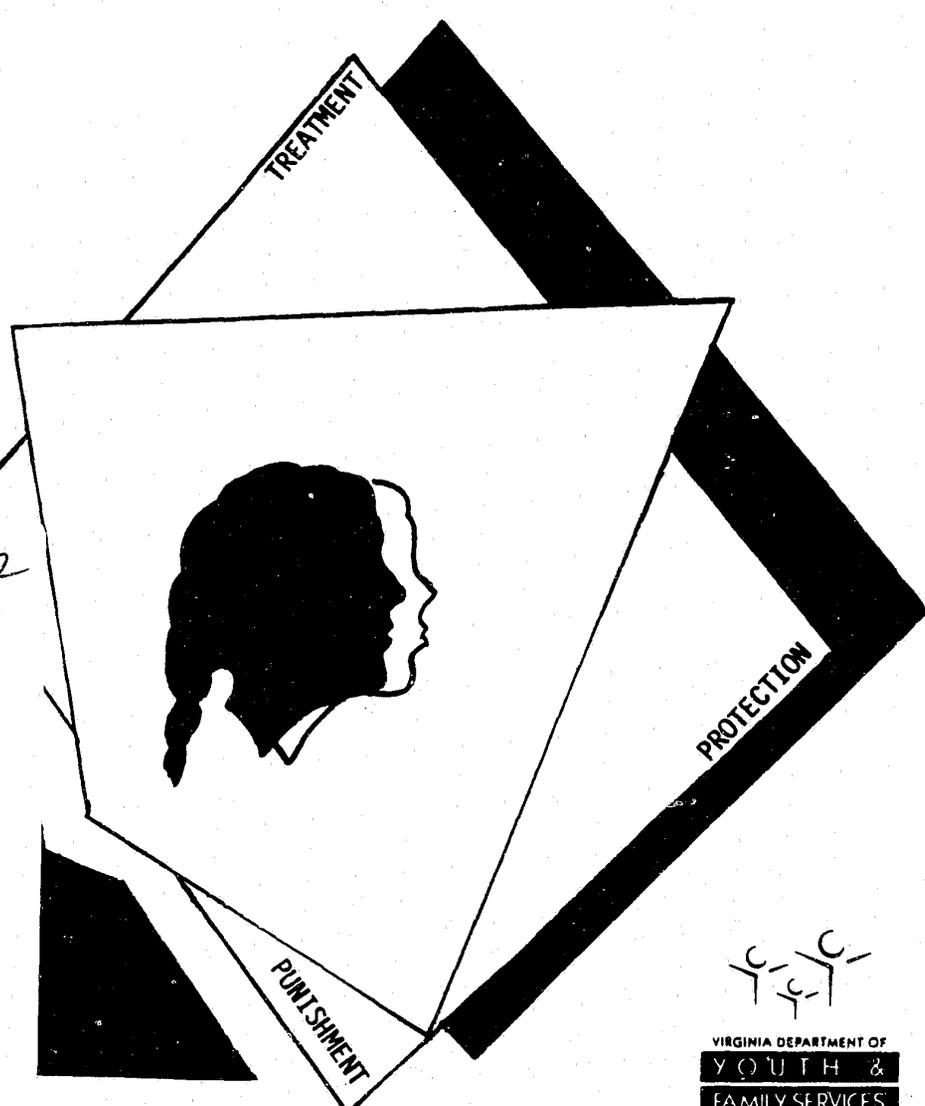


YOUNG WOMEN IN VIRGINIA'S JUVENILE JUSTICE SYSTEM:

WHERE DO THEY BELONG?

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Task Force on Juvenile Female Offenders
 Department of Youth and Family Services December 1991

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WHERE DO THEY BELONG?**

Task Force on Juvenile Female Offenders

Department of Youth and Family Services
Charles J. Kehoe, Director

December 1991

134521

U.S. Department of Justice
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Introduction

On May 15, 1990, the Task Force on Juvenile Female Offenders began its work of examining how the Virginia juvenile justice system and the Department of Youth and Family Services (DYFS) address the needs of adolescent females. Sixteen individuals representing the public and private sector, other child serving agencies, statewide associations, and DYFS staff were selected. (See Appendix A for Task Force list.) These individuals represent a cross-section of the systems that work with the adolescent female offender.

This Report is the culmination of the work of the Task Force. It is not, however, a comprehensive analysis of all of the issues affecting teen-age female offenders. Rather, the Report represents the first systemwide effort in Virginia to:

- o Develop a profile of youthful female offenders;
- o Assess the types and availability of programs throughout the Commonwealth;
- o Analyze Bon Air Learning Center's (BALC) mission, programs and services, and their appropriateness for the population;
- o Analyze public education/information strategies to assist these young women; and
- o Analyze staff training needs to work with them.

Organization of the Report

Each chapter of this report provides descriptive data and analysis. Chapter 1 provides a profile and analysis of youthful females in Virginia's juvenile justice system. This profile has been compiled from data collected by Task Force members, the Virginia Juvenile Justice Information System (VAJJIS), Residential Care Data System, and Client Profile data collected from the learning centers.

Chapter 2 is a discussion of community resources; Chapter 3 offers data, program descriptions, strengths and areas for improvement in Virginia's only state-operated secure facility for females, Bon Air Learning Center. Chapter 4 addresses strategies for inter-agency cooperation. Chapter 5 offers suggestions for improving the public's knowledge about these young women and support for professionals working with them. Chapter 6 presents some concluding remarks.

Chapter 7 provides recommendations for improved treatment programs and services. Some of the recommendations have significant fiscal costs associated with them. While Task Force members appreciate the Commonwealth's current financial constraints, we include these recommendations for discussion and implementation at a later date.

JUVENILE FEMALE OFFENDER TASK FORCE

EXECUTIVE SUMMARY

It is the intention of this law that in all proceedings the welfare of the child and the family is the paramount concern of the Commonwealth...(16.1-227)

For girls, "the welfare of the child" has often been the primary consideration when making commitment decisions. As this report shows, the overwhelming majority of juvenile female offenders committed to the Department of Youth and Family Services pose little or no criminal threat to the public safety but do pose a threat to themselves.

Chronic violation of probation, repeated running away from home, substance abuse, promiscuity, suicidal tendencies, and failure to participate in ordered treatment are the most prominent reasons for girls to be committed to Bon Air Learning Center. While professionals in the juvenile justice field often understand that a young woman's acting out may well be self-protection and/or the result of family problems, commitment becomes the most viable alternative when there are no available or appropriate programs or the programs have not successfully helped the youth.

A Profile of Juvenile Female Offenders

In FY90, females accounted for 22% of all delinquent complaints and 51% of all children in need of services complaints filed in Virginia's Juvenile and Domestic Relations Courts. They account for one-quarter of all probation caseloads.

Adolescent female offenders in Virginia are typically 15.5 years old, just as likely to be either minority or Caucasian, and often come from families in which they have received little or no emotional support and in which abuse and/or neglect have occurred. One-third

have been treated in in-patient psychiatric facilities; nearly half have had one or more placements in community facilities. Girls are placed in the latter more for problems pertaining to family, school, and probation violations than for delinquency.

While more white girls than African American girls are placed in detention, the latter spend more time in detention (16 days versus 12 days) and are committed more frequently (11% versus 7%), yet there are few differences in the committing offenses.

The average length of stay for girls has dropped by nearly four months between FY88 and FY90. However, adolescent female offenders serve longer periods of time in the learning center for less serious crimes than do the boys.

Two-thirds of girls committed to Bon Air Learning Center come from dysfunctional/non-supportive families. And, nearly 75% of the girls on probation have some conflict with their parents compared to 57% of the boys. There are also differing parental tolerances for sexual behavior for females and males in that males experience conflict with their parents over dating 6% and sex 11% of the time. Females, on the other hand, experience family conflict over dating 53% of the time and over sex 45% of the time.

The most commonly committed offense for which girls received commitment was violation of aftercare, which usually means failure to comply with curfew restrictions, attend school, behave appropriately to adults and parents, and keep appointments with probation counselors and other service providers. The second most common offense was simple assault. Just nine girls were committed in FY90 for possession of narcotics with intent to sell, robbery and attempted robbery, felonious assault, armed burglary and the use of a firearm in the commission of a felony. Twenty-two percent (22%) were recidivists.

Community Programs

With respect to problems and needs, girls placed in community and private facilities do not differ from their counterparts who are placed at Bon Air Learning Center.

Community programs, both in number and type, are widely available throughout the Commonwealth. However, of the four state-operated group homes, only one accommodates up to a maximum of four females for aftercare.

Non-residential services are, for the most part, provided by outside vendors, except for probation and aftercare. It is the Task Force members' opinion that there are untapped community-based services in the public and private sectors with the potential to provide quality programming at reasonable costs.

Bon Air Learning Center

Many probation counselors and judges, according to the Task Force data, see Bon Air Learning Center primarily as a place for treatment, not punishment for committing an offense(s). Many of the committing offenses for many Virginia females are the reason to treat these young women, that is, to remove them from their current environments and teach them to refrain from criminal and self-destructive behaviors. Since there is little correlation between the type of offense and the decision to commit, it is likely that the probation counselor and the judge use the Virginia code's "welfare of the child...as paramount" as its guiding philosophy, preferring commitment for a young woman to her continual running away, potential promiscuity, and continued substance abuse.

Bon Air Learning Center has strengths and areas in which it needs to improve. Facility strengths include medical services provided to meet the specialized needs of females,

strong counselor case management skills, Behavioral Service Unit service delivery, academic and pre-vocational education provided by the Department of Correctional Education, the volunteer program, the grievance mechanism, and health education provided by the Department of Health and Planned Parenthood.

Areas the Task Force members identified for improvement include staff training and development; organizational/administrative structure; counseling skills and clinical consultation; staff utilization; program and treatment parity for mentally retarded aggressive girls; nutrition and menus to promote current federal and national organizations' nutritional recommendations; annual continuing education for nursing staff; recreational programming that emphasizes physical fitness; program development, implementation, and monitoring; and aftercare planning and coordination with court service units and other child-serving agencies.

Task Force members recommend that the facility begin to serve a different population of girls, that is, only girls who have committed crimes against persons and property. Such young women should be committed to Bon Air based on the seriousness of their offense(s) and their length of stay based on adjudicated offense history, not adjustment to the treatment program. Treatment options, however, should continue to be emphasized and expanded.

Girls who are potentially harmful to themselves, including those who have emotional problems, are victims, or are runaways, do not require commitment. The preferred mode of help should take the form of a continuum of appropriate services in the community, preferably through inter-agency agreements and contractual arrangements with public and private providers, residential and non-residential.

Inter-agency Cooperation and Coordination

To maximize their effectiveness, Task Force members recommend that public child-serving agencies should pool their collective resources in working with troubled teen-age girls as each agency offers a unique and invaluable service. Because inter-agency cooperation and coordination are vital to the delivery of programs and services, Task Force members recommend that we incorporate the Virginia Council on Community Service for Youth and Families' recommendations for coordinated training and case management services.

Public Education/Information and Professional Support

Juvenile female offenders, in part due to their small numbers, have not been a focus for educating the public about juveniles and crime. Moreover, Virginia's professional staff who work with young women have had little or no support or avenue for exchanging new information and resources to aid them in providing services. These individuals work in relative isolation from each other. For this reason, the Task Force members propose a statewide information sharing network and the establishment of special interest groups established within the child-serving state organizations.

Karen, age 17 and white, comes from Galax. Until recently, she did well in school, but now her grades have slipped. Her parents are divorced, and Karen has exhibited behavioral and discipline problems for several years. She also reports suicidal gestures. Two psychiatric evaluations resulted from her running away from home. During one hospitalization, Karen set fire to her room. Before commitment, she moved into the home of her boyfriend and his mother. She is engaged and has petitioned for emancipation. Karen was committed for probation violation stemming from an original charge of breaking and entering for which she received a suspended commitment, placement on probation and a requirement to make \$50 a week restitution payments. When she failed to maintain the restitution payments, the judge committed her.

CHAPTER 1

A PROFILE OF VIRGINIA'S JUVENILE FEMALE OFFENDERS

What do girls in Virginia's juvenile justice system look like? Are they different from boys in their arrest and offense characteristics, family composition, age and race? Do they come from certain parts of the Commonwealth? Have they had numerous out-of-home placements? These and other questions about Virginia's youthful female offenders are answered in this chapter.

The data used to answer these questions come from five distinct sources: 1) a survey conducted by the Task Force members of girls committed to or in state care in April 1990; 2) group home evaluation data completed by 41 community-based public facilities; 3) Virginia Juvenile Justice Information System (VAJJIS) data; 4) Residential Care Data System; and 5) learning center client profile data collected by the DYFS Reception and Diagnostic Center. Each of these data sources completes a different piece of the profile of these girls.

Virginia's Youthful Female Offenders: A One-Month Snapshot

Eighty-three girls committed to or in state care in April 1990 were surveyed. (See Appendix B for the survey instrument.) In order to identify these girls, two separate lists were compiled: 1) a computerized list of female offenders provided by the Reception and Diagnostic Center and 2) a hand-drawn list provided by Bon Air Learning Center staff. Court service unit staff were then asked to complete a questionnaire for each of the 83 girls.¹

The survey's one-month snapshot shows that the average age of committed girls is 15.2 years old, with a 50-50 mix of minority and white. Given the fact that minority females comprise 26% of the 8-17 year olds in Virginia, minority females are disproportionately represented in the learning center.

Prior charges per youth show an average of just over two status offenses, more than four misdemeanors, and one felony. Adjudication records per youth show an average of just over one status offense, 3.5 misdemeanors, and less than one felony. Fifteen (15) girls are currently on their second commitment to Bon Air; five are on their third commitment.

Of the 83 girls, probation counselors recommended commitment in 78% of the cases, non-residential community services in 16%, no recommendation to the judge in 4%, and special placement in 1%.

¹Problems with the RDC computerized list were identified. Although such problems are not within the Task Force scope, we found: a) inaccuracies pertaining to which court service unit has responsibility for certain cases; b) errors in the recording of the committing court; c) RDC carrying girls on the records who had been discharged from BALC; and d) 11 fewer girls listed than were in residence at BALC.

Based on 11 possible choices, survey respondents were asked to rank the reasons why they recommended commitment. Because respondents were given five points to rank one or more grounds for commitment for each youth, the frequencies given in Table 1 add up to more than 83. In rank order, Table 1 gives the frequency of reasons for these girls' commitments.

Table 1

Reasons for Commitment to Learning Centers

<u>Reasons for Commitment</u>	<u>Frequency</u>
Probation violation	46
Repeated runaway	44
Self-victimization	43
Failure to participate in ordered treatment/service	29
Chronic delinquency	27
Punishment	8
Treatment not available locally	7
Heinous violent crime	7
Frustration/exasperation within system	5
Non-compliance with court-ordered fine, restitution, public service	5
Example to community/other juveniles	5

For 55% of the girls at BALC, court service unit staff cited chronic violation of probation as at least one of the reasons for commitment. Repeated running away was cited as at least one reason for 53% of the girls' confinement; self-victimization, which includes substance abuse, promiscuity and/or suicidal tendencies, was cited for 43% of the girls; failure to participate in court-ordered treatment was cited for 35% of the youth; and chronic delinquency cited for 33%. The top 5 reasons in Table 1 appeared as at least one of the justifications for commitment for 83% or 69 of the girls at BALC. The reasons given by

court service unit staff for commitment have little relationship to the type of offense(s) the girls have committed, e.g., status offense, misdemeanor, or felony.

Although the Reception and Diagnostic Center no longer conducts 30-day evaluations, 15 of these girls had such an evaluation at some point in their DYFS involvement. RDC staff recommended commitment for 12 of these teen-age girls, highly structured placements for 2, and return to the community without residential treatment for 1.

Prior to commitment, 58% (48) had experienced out-of-home placements; group homes account for 50% (24) of these placements, mental health facilities 35% (17), and 29% foster care (14).

Intake, Probation, Detention and Group Home Data

Moving from April 1990 data generated by Task Force members, the following information comes from VAJJIS, Residential Care, and Group Home Evaluation statistics for fiscal year 1990.

Intake

Using FY90 data, girls account for 22% of all delinquent complaints filed and 51% of all CHINS (children in need of services) complaints. Of the girls with CHINS filings, 74% are white, 26% African American. The Characteristics and Service Needs of Juveniles on Probation (1989) indicates that, prior to their current probation supervision, 19% of probationers in FY86 had been to Intake for a CHINS complaint. Girls accounted for 34% of these CHINS complaints.

Since it is not possible to track individual youth, we cannot provide a definitive explanation for why females are disproportionately represented at Intake with CHINS

complaints. There are, however, no DYFS written intake criteria by which intake officers make their decisions, thus, intake officers have the authority and, therefore, a wide level of discretion, to make decisions about youths' involvement in the juvenile justice system. Some court service units divert most youth; others divert none; and still others do not allow CHINS youth into court. Only if a CSU has written its own guidelines is there uniformity among intake officers. Across units, however, they are not uniform or consistent.

Probation

Females account for 24% of all youth on probation, 18% of all youth on judicially-ordered probation, 29% of those on intensive supervision, and 28% of those on unofficial probation supervision, the latter including both intake cases and supervision by probation counselors without going through a judicial proceeding.

Group Home Evaluation

Group Home Evaluation data are based on information compiled by 41 publicly-operated community facilities, including crisis runaway shelters, family-operated group homes, less secure facilities, and state- and commission-operated group homes. The picture that the data provide is one in which females comprise nearly half of all youth in crisis shelters, yet only 8% of those housed in state-operated group homes. At any one time, no more than 3 to 4 girls live in DYFS residential facilities. Using FY90 data, Table 2 illustrates the number of girls placed by type of facility and the percentage of total youth that girls represent by facility.

Table 2

Female Community Residential Placements in FY90

<u>Facilities</u>	<u>Frequency</u>	<u>Percent</u>
Youth Home	141	32%
Crisis Runaway	585	48%
Family Group Home	23	44%
Less Secure Detention	161	44%
State-operated Group Home	10	8%

There are no surprises when it comes to legal custody of these young women. Single mothers or the Department of Social Services raise them. Table 3 illustrates facility placement by the most common types of custody.

Table 3

Facility Placement by Legal Custody

<u>Facility</u>	<u>Mother Only</u>	<u>DSS</u>	<u>Natural Parents</u>	<u>Natural & Stepparents</u>
Youth Home	31%	37%	9%	9%
Crisis Runaway	40%	18%	13%	11%
Family Group Home	30%	35%	9%	NA
Less Secure Detention	41%	6%	22%	21%
State-operated Group Home	10%	20%	0%	0%

Fifty-five percent (55%) of the youth home referrals are made by the Department of Youth and Family Services' court service units; 34% come from the Department of Social Services. In crisis runaway facilities, even more referrals come from DYFS (65%) than DSS (16%). Families account for 8% of referrals to runaway facilities and 4% to youth homes.

Most of the girls in community programs are white compared to the learning center where the mix is closer to 50-50. Table 4 shows the race configuration by type of community facility placement.

Table 4

Facility Program Composition by Race

<u>Facility</u>	<u>White</u>	<u>African-American</u>	<u>Other</u>
Youth Home	64%	34%	2%
Crisis Runaway	50%	45%	4%
Family Group Homes	61%	22%	17%
Less Secure Detention	84%	15%	1%
State-operated Group Home	70%	30%	0%

Table 5 shows the four most prevalent reasons for placement in these community facilities. In youth homes, crisis runaway shelters, and family-operated homes, placements have less to do with delinquency and more to do with family and school problems and probation violations.

Table 5

Reasons for Placement in Community Facilities

<u>Facility</u>	<u>Family</u>	<u>CHINS</u>	<u>Delinquent Activity</u>	<u>Probation Violation</u>
Youth Home	31%	21%	19%	9%
Crisis Runaway	19%	29%	21%	5%
Family Group Home	22%	4%	13%	22%
Less Secure Detention	3%	19%	54%	16%
State-operated Group Home	0%	11%	59%	22%

Prior offense history shows that many of these young women have been involved with the courts. By type of facility, Table 6 shows the number of offenses committed by these young women.

Table 6

Facility Placement by Offense History

<u>Facility</u>	<u>Number of Prior Offenses</u>			
	<u>None</u>	<u>1-3</u>	<u>4-6</u>	<u>7-10</u>
Youth Home	12%	53%	25%	8%
Crisis Runaway	43%	40%	13%	4%
Family Group Home Less Secure	13%	74%	13%	0%
Detention	10%	56%	19%	7%
State-operated Group Home	0%	40%	30%	30%

Detention Data

Of the 2,192 girls released from detention homes during fiscal year 1990, 56% (1225) were white, 42% (911) African American, and 2% (56) "other" minorities. Given that African American females between 8 and 17 years old account for 26% of Virginia's population in this age range, a disproportionate number were placed in detention. They also spent an average of 16 days in detention compared to 12 days for white youth and 14 days for Asian youth. Seven percent (7%) or 89 of the white females in detention were committed to Bon Air Learning Center; 11% (101) of African American females were committed.

While minority youths have longer lengths of stay in detention and are more likely to be committed to state care than white girls, there is little difference in the types of offenses

to account for these disparities. Offenses for which adolescent females were placed in secure detention are shown in Table 7.

Table 7

Secure Detention by Race and Offense

<u>Offense</u>	<u>Overall</u>	<u>White</u>	<u>African-American</u>
Property Crimes	27%	29%	25%
Crimes against Persons	16%	14%	18%
Miscellaneous ²	29%	29%	31%
Public Justice and Policy ³	13%	14%	13%

Seventy-nine (79) females received dispositions to secure detention. Of the 59 girls who served 30 days or less, two-thirds were white. Of the 7 girls who served between 31-179 days, 100% were African American, and of the 13 girls serving 180 days, 69% were African American also.

Special Placement Data for 286 Referrals

Section 16.1-286 of the Virginia code authorizes the Department of Youth and Family Services to place juveniles whose needs cannot be met through existing state or local resources in private residential or non-residential treatment programs. In fiscal year 1990, 90 females were placed in both residential and non-residential 286 placements. Of these 90 girls, 56 (62%) were white, 33 (37%) were African American, and 1 (1%) was Hispanic. Twenty-six (26) white females received residential placements compared to 14 African

²Miscellaneous offenses include probation/aftercare violation, fugitive/escape, and curfew violation.

³Public Justice and Policy offenses include contempt of court, conspiracy to commit crime, attempt/aid escape, failure to appear, failure to obey, resisting arrest.

American females; 30 white females and 19 African American females received non-residential services.

With few exceptions, youth placed with 286 funds are on probation. Females comprised 20% of the total 286 placements made, yet they accounted for 24% of the probation population.

Client Profile Data

Collected at the Reception and Diagnostic Center, client profile data provide a psychological profile, educational status, and social and offense history for girls committed to state care. In FY90, girls represented 11% of the total learning center population. Of the 152 girls committed to Bon Air Learning Center, 54% were African American, 45% white, and 1% other, 4% more than the African American figures from the Task Force's one-month profile. Client profile data also show that the girls are slightly older than the Task Force profile data show -- 15.7 years old compared to 15.2, respectively.

Nearly half have a history of truancy, and 21% were not in school at all. Two of every five girls had numerous school infractions or multiple suspensions. Twenty-eight percent (28%) had completed the 8th grade, 27% the 9th grade. Based on their average ages, these girls' counterparts in public schools are in the 9th grade. One-third were identified as needing special education services, and one in four were GED candidates.

Just over one in three girls have had in-patient psychiatric treatment; 18% had inpatient substance abuse treatment; and nearly half have been in group homes. Half of these youths have had individual therapy; 11% participated in group therapy and 41% family therapy; and 16% experienced outpatient substance abuse treatment. The table that follows

shows that, by category, white females received more services than African American females. The reasons for this are not clear and may have as much to do with cultural norms as with race, poverty, class and economic status.

Table 8

Therapeutic Services by Race

	<u>White</u>	<u>African American</u>
Psychiatric Hospital/Treatment	59%	16%
Psychiatric Hospital/Evaluation	31%	12%
In-patient Substance Abuse	34%	6%
Out-patient Substance Abuse	26%	7%
Individual Therapy	63%	40%
Family Therapy	53%	31%
Group Therapy	16%	6%
Group Home/Therapeutic Environment	53%	40%

Documented evidence shows that 23% of these young women have been physically abused, 26% sexually abused, and 34% emotionally abused. When "suspicion" of abuse is added to each category, the percentages rise to 32% for physical abuse, 31% for sexual abuse, and 48% for emotional abuse. Compared to national data, these figures appear low. For example, the 1987 American Correctional Association's Task Force on the Female Offender conducted a self-report study of juvenile females in which 62% of the young women reported physical abuse and 53% sexual abuse.⁴

Low self-esteem is also common. Documented suicidal histories show that 36% have had suicidal thoughts, 28% suicidal gestures, and 13% attempts resulting in hospitalization.

⁴Crawford, J. (1990). The female offender: What does the future hold? Laurel, Maryland: American Correctional Association.

Families as a Resource

Committed teen-age girls are likely to come from other than two-parent households. Thirty-seven percent (37%) of white females lived in two-parent households compared to 16% of African American youth. Nearly half of all committed African American youth lived in female-headed households. Although minority youth consistently received fewer placements to community group homes (see Table 4, page 7), more minority youth were committed from group homes than were white youth. Table 9 shows where each of the committed females lived immediately prior to commitment.

Table 9

Living Situation at Time of Commitment

	<u>White</u>	<u>African American</u>
Both Natural Parents	19%	1%
One Parent/One Step-Parent	18%	15%
Mother Only	19%	43%
Dad Only	6%	2%
Grandparents	1%	7%
Foster Home	12%	4%
Group Home	7%	18%

Positive family emotional and/or financial support for many of these girls does not exist as shown in the following table.

Table 10

Family Support for BALC Females

<u>Type of Support</u>	<u>Number</u>	<u>Percent</u>
Generally dysfunctional/ Non-supportive	103	66%
Supportive	49	34%

If supportive services were provided, one-third of these youth could return home.

There is some history of physical and sexual abuse and use of controlled substances among the families of these young women, but few family members have had psychological or psychiatric treatment. When looking at high risk behaviors, 7% of these teen-age girls are IV drug users, 7% engage in prostitution, and 30% have had multiple sex partners but not for money.

Family strength and stability are necessary for children and youth to develop into socially and morally responsible adults. When families cannot provide these values, the potential for developmental problems escalates. Karl Zinsmeister, writing in the journal of the American Enterprise Institute, has said:

There is a mountain of scientific evidence showing that when families disintegrate, children often end up with intellectual, physical, and emotional scars that persist for life...We talk about the drug crisis, the education crisis, and the problem of teen pregnancy and juvenile crime. But all these ills trace back predominantly to one source: broken families.⁵

⁵Moynihan, D. Washington Post, Outlook Section, November 25, 1990.

Poverty often exacerbates family problems. While we have no aggregate economic data about young women in state care, we do know that many, if not most, come from impoverished backgrounds. National information shows what has happened to the poverty population: 1) For children born in the 1970s, there has been a sharp rise in their dependence on Aid to Families with Dependent Children, especially African American children; 2) children in families that receive welfare are twice as likely to fail in school as other children; 3) many more unmarried teens living in poverty are giving birth despite the fact that the total teen birth rate has declined since 1965; and 4) poor families have remained relatively untouched by the economic success and unemployment reductions of the 1980s. We can only assume that many girls in Virginia state care are experiencing these national trends firsthand.

Offense Histories

Most of the 152 girls committed to Bon Air Learning Center in FY90 were committed for minor offenses. Using four levels of seriousness of offense with Level 1 being the least serious and Level 4 being the most serious,⁶ the following table illustrates offense level by committing offense.

⁶The four levels were created in 1987 as part of draft guidelines for a minimum length of stay system based on offense history. The assignment of specific offenses to each level was based on a review of the Virginia Criminal Code. These guidelines were not adopted by the Department of Corrections, but the levels developed are used to assess seriousness of offense. Seriousness is based on committing and prior offenses, previous commitments, and age. Appendix C gives the four levels by offenses.

Table 11

Offense Level by Gender

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Level 4</u>
Female	60%	30%	9%	1%
Male	34%	40%	23%	4%

More specifically, Tables 12 and 13, respectively, show the most common offenses and the most serious offenses for which youthful females were committed or recommitted in fiscal year 1990. The frequencies displayed in these tables represent the number of offenses, not the number of individual girls. Each girl may have one or more committing offenses. The offense level is included in parentheses.

Table 12

Most Common Offenses Committed by Youth

<u>Offense</u>	<u>Frequency of Most Common Offenses</u>
Violation of Aftercare (1)	98
Simple Assault (2)	27
Petit Larceny (1)	15
Grand Larceny (2)	10
Disorderly Conduct (1)	7
Unauthorized Use of a Vehicle (1)	6
Felony Possession of Narcotics (2)	4

The most common committable offense was violation of aftercare, which usually means failure to comply with curfews, attend school, behave appropriately toward adults/parents, and keep appointments with probation counselors and other service providers. Simple assault was the second most frequently committed offense and has two definitions. One says that simple assault and battery are defined as the unlawful touching of another,

however slight, when done willfully or in anger, but with no malicious intent to maim, disfigure, disable, or kill. The second definition is an attempted battery with intent to do immediate bodily harm to another and with the apparent present ability to do so.

The third and fourth most commonly committed offenses were, respectively, petit larceny, a misdemeanor, and grand larceny, a felony. The former is theft under \$200, the latter is theft of over \$200.

Table 13

Most Serious Offenses Committed by Youth

<u>Offense</u>	<u>Frequency of Most Serious Offenses</u>
Possession of Narcotics with Intent to Sell (3)	4
Robbery -- Other/Unspecified (3)	3
Felonious Assault (3)	1
Armed Burglary (3)	1
Attempted Robbery (3)	1
Use of Firearm in Commission of a Felony (4)	1

Nine (9) girls were committed in FY90 for levels 3 and 4 offenses. This represents 6% of the total number committed. These 9 youth accounted for the 11 offenses listed in Table 13. One youth committed the three robberies; each of the other committing offenses represent one youth.

Of all learning center commitments, 22% or 34 youths were recidivists; 65% or 22 youths were recommitted with violation of aftercare as their only committing offense. Twenty-six percent or 9 youths had other Level 1 recommitting offenses and 9% (3) had

Level 2 recommitting offenses, including auto theft, grand larceny, simple assault, and attempted escape/escape. No recommitments were for Level 3 or 4 offenses.

One-third of the girls committed 1-2 offenses compared to just 10% of the boys who committed the same number of offenses. The average number of offenses committed by girls was 3.75; for boys, the average number was 6.25. The seriousness of offense table below shows that girls commit fewer crimes than boys, and the crimes they commit are less severe than those of boys.

Table 14

Seriousness of Offense by Gender

	<u>Minor</u>	<u>Moderate</u>	<u>Serious</u>
Female	46%	51%	3%
Male	12	66	22

Girls also serve longer periods of time in the learning center than do boys. In FY90, girls served more time than boys at any learning center except Oak Ridge, which works with aggressive mentally retarded boys. And, they exceeded the overall learning center average length of stay for the last three fiscal years. Table 15 below arrays these data.

Table 15

Average Length of Stay by Learning Center

<u>Learning Center</u>	<u>FY88</u> <u>Months</u>	<u>FY89</u> <u>Months</u>	<u>FY90</u> <u>Months</u>
Facility Average	6.1	5.0	5.2
Bon Air	9.3	7.7	5.4
Beaumont	5.6	4.6	5.1
Hanover	6.1	4.8	5.1
Natural Bridge	4.8	4.9	4.8
Barrett	5.0	4.9	4.7
Oak Ridge	10.4	16.1	12.3

Between FY88 and FY90, the average length of stay for girls dropped nearly four months; however, the fact remains that girls continue to serve slightly more time than boys for less serious charges.

Bon Air releases its youth based on the completion of program requirements and service plan objectives, all of which are quantifiable. The campus-wide behavioral program principally addresses girls' inappropriate verbal and physical behaviors and compliance with program and institutional rules. Beaumont and Natural Bridge Learning Centers use a variation on a length of stay system based on offense.

Girls who experience difficulty making progress toward their service plan objectives and/or exhibit behavior problems may remain at BALC until the completion of their program rather than being released based on a formula related to seriousness of offense. Perhaps the girls' longer average length of stay can be explained by the following:

- o BALC staff are more protective of the girls than are facility staff at male institutions;

- o The use of an objective length of stay system based on seriousness of offense at some male facilities lowers their time served;
- o Because BALC is not crowded, there is no pressure to release the girls to make room for those coming behind them;
- o Girls are placed at BALC for difficulty in dealing with authority figures as evidenced by their family problems and status offending behaviors; and
- o Some of the youth will be returning to homes in which support may not be forthcoming.

Some Thoughts on the Data

In looking at the data on Virginia's adolescent female offenders, Task Force members believe that many of these girls are committed for running away from homes in which they have been abused, neglected, and/or exploited. They run from group homes and often fail to take advantage of other community-based services. Their low self-esteem encourages them to associate with peers and adults who often negatively influence their behavior.

Professionals often recognize that young women's acting out may well be a form of self-protection and a family-focused problem, but when it comes to keeping them in the community or committing them, these professionals often perceive no alternative but commitment, especially when the existing options have been exhausted.

Little Threat to Public Safety

Based on the profile of Virginia's adolescent female offenders, it is safe to say that, overall, girls committed to state care pose little threat to public safety. Instead, juvenile justice professionals appear to operate on the principle of protecting these girls from

themselves. Chesney-Lind suggests that much of this protection is, in reality, protection of girls' sexuality.⁷ She writes:

From sons, defiance of authority is almost normative whereas from daughters it may be seen as an extremely serious offense. And because so much of the adolescent female sex role evolved to control female sexual experimentation so as to guarantee virginity upon marriage, such defiance is virtually always cast in sexual terms.⁸

To reinforce this point, in a recent study on the health needs of youth in secure facilities, researchers found that information about girls' sexual activity is readily available, but the same information about boys is not available.⁹ If the reason for collecting information is to make correct treatment and placement decisions, then compiling the details of girls' sexual activity implies that this information influences placement decisions whereas such information about boys has little or no bearing on these same decisions.

Virginia's data appear to show that there is a protective philosophy for girls, most notably in that they serve longer periods of time for less serious crimes than the boys. Task Force members believe that this protective philosophy comes from not only the judiciary and court service units, but also from the learning centers. This philosophy is based, in part, on

⁷Chesney-Lind, M. (1988). Girls and status offenses. Criminal Justice Abstracts. March 1988.

(1982). Guilt by reason of sex: Young women and the juvenile justice system. New York: Clark Boardman Co., Ltd., pp. 77-103.

⁸Chesney-Lind, M. (1978). Young women in the arms of the law. In Bowker, L.H. (ed.) Women, Crime and the Criminal Justice System. Lexington, Massachusetts: Lexington Books, 1978, pp. 171-196.

⁹Council on Scientific Affairs. "Health status of detained and incarcerated youths." Journal of American Medical Association, Vol. 263, No. 7, February 16, 1990, pp. 987-991.

who can and cannot engage in sexual activity without legal consequences. It was not possible to assemble data from Virginia social histories on girls' and boys' sexual behavior. However, the fact that girls are committed for relatively minor offenses, e.g., probation violations, running away, and promiscuity, may mean that judges and court service unit staff may be attempting to curb girls' sexual promiscuity and stop their exploitation more than punishing them for committing a crime. Moreover, staff at the Reception and Diagnostic Center refer to the sexual activities of girls but not the boys during youth staffings, perhaps as a way to incorporate this information into the girls' service plans.

Over the years, Bon Air has come to be viewed as a place for treatment, not punishment. Task Force members feel strongly that the committing offenses for many Virginia females provide the opportunity to treat the young woman, that is, to remove her from her current environment and teach her to refrain from criminal and self-destructive behaviors. Since there is little correlation between the type of offense perpetrated and the decision to commit, the recommendation to commit is likely based less on the nature of the offense and more on the need to save the girl from herself or her environment.

This finding is also supported by the work of The Future of Learning Centers Committee's 1988 report on the Characteristics of Youth in Virginia's Learning Centers.

The authors state that,

The likely intent of committing (female minor offenders) was to 'get them off the streets' and protect them from themselves. While this goal was understandable, the fact remains that these females...were confined with more seriously delinquent youth.

Parental Involvement

Parental referrals also play a part in girls' involvement in the juvenile justice system. The Characteristics and Service Needs of Juveniles on Probation report found that parental conflict is substantially more significant for girls than for boys. While the majority of youth (57%) on probation are in conflict with their parents, this conflict is higher for girls (73%).

The Report also found differing tolerances for sexual behavior for females and males:

The issues of sex and boyfriends or girlfriends are very different for the two sexes. Males experience conflict with their parents over "dating" 6% and sex 11% of the time. Females on the other hand experience family conflict in 53% of the cases regarding "dating" and in 45% of the cases concerning sex.

Because there are no DYFS guidelines or criteria for intake officers to assess risk and make appropriate referrals, court service unit staff often respond differently throughout the Commonwealth to parental requests to intervene in family issues. As stated earlier, this same report found that, for all youth on probation in FY86, 19% had been before Intake on a CHINS complaint. However, for all females on probation during this period, one in three (34%) had a CHINS complaint filed.

Some young women come to the attention of the juvenile court directly or indirectly because of parental neglect, exploitation, and/or abuse toward them. The cycle begins when the youth simply runs away from such an environment. Ironically, when a girl runs away, she becomes truant, then underemployable, and finally destitute. She lives on the streets where she panhandles, shoplifts, and engages in prostitution in order to survive. And, because she has little to look forward to and even less hope, she may turn to alcohol or drugs. Many of the youth at Bon Air Learning Center fit this profile.

Takesha, a 17-year old African American from Chesterfield, gets along with mom but not with dad. She ran away for the first time at age 11 and has continued to run. During a hospital evaluation, she expressed feelings of abandonment and depression, especially about the prospect of returning home. Dad has repeatedly hit her, and Takesha wants to live with an aunt in Georgia. Last year, she was placed in an independent living program from which she ran. Takesha's mother and father say they cannot control her and don't want her in their home. Her probation counselor feels a more structured environment is appropriate. Takesha's charges were credit card fraud and making a false report to a police officer. Probation was not effective as Takesha, in the words of her probation counselor, "needs to realize the serious consequences to criminal activity...(with) the recommendation...(that) Takesha be committed to DYFS".

CHAPTER 2

COMMUNITY SERVICES

A broad range of community-based services is available to girls throughout the Commonwealth. This finding is based on a survey conducted by the Task Force members of residential and non-residential services provided by or contracted with court service units. Community services have improved, including increases in intensive probation supervision, private sector program availability, use of court-ordered mental health services and CSUs hiring of psychologists, use of community inter-agency teams leading to greater use of community-based services, and specialized and diversified CSU programs. And, there is a growing awareness by greater numbers of judges and court service unit staff that minor offenders may be treated in the community rather than committed to state care.

Girls are sharing in this increase in programs. In early 1991, 24 new beds for girls opened in locally-operated group homes, 12 in Prince William County and 12 in Falls Church. Members of the Task Force see that many of these programs, be they for girls or boys, are vulnerable to current budget cutbacks. Certainly, these cutbacks will forestall the development of new programs, and any gains made in the past few years may also erode.

Survey of Service Usage

To determine the residential and non-residential services used by the court service units for females, Task Force members conducted a survey of service usage through April 1990. (See Appendix D.) Each court service unit listed the residential and non-residential placements used to place/refer court-involved youth and to identify from a list of 12 problem/need areas the areas each provider addresses. All court service units responded.

The data suggest that most of the non-residential services are not provided by the court service units, but rather by outside vendors. Based on their responses, the court service units' perception of their own services as community-based was not comprehensive. For example, they did not report their own delivery of probation and aftercare services.

Table 16 shows the types of problems for which females are referred for service, the number of providers used statewide, and the number of court service units reporting that they address the presenting problem. The data in this chapter are for female and co-educational programs only.

Table 16

Non-Residential Services Used by CSUs

<u>Presenting Problem</u>	<u>Number of Non- CSU Providers</u>	<u>Number of CSUs as Providers</u>	<u>Number of CSUs Reporting</u>
Mental Retardation	10	1	7
Teen Pregnancy	12	2	10
Learning Disabilities	17	2	8
Physical Abuse	17	3	10
Sexual Abuse	18	4	11
Independent Living Skills	21	4	14
Emotional Disorders	66	8	24
Substance Abuse	62	7	23
Family Dysfunction/ Beyond Parental Control	82	15	32
Delinquent/ Anti-Social Behavior	87	13	26

Some court service units contract for and provide the same service. The survey information in Appendix D shows the court service units and the providers they use for specific problem/need areas. It is difficult for Task Force members to say that there are unmet needs for girls when it appears that current resources are not fully used. Further, Task Force members believe that there are untapped community-based services in the public and private sector with potential to provide quality programs at reasonable cost.

For residential program usage, Table 17 below presents the number of facilities by presenting problem. Again, note that these facilities represent both female only and co-educational programs and include both locally-operated and private provider facilities.

Table 17

Residential Services Used by CSUs

<u>Presenting Problem</u>	<u>Number of Facilities Used</u>
Teen Pregnancy	9
Learning Disabilities	21
Physical Abuse	22
Sexual Abuse	19
Independent Living Skills	27
Emotional Disorders	51
Substance Abuse	41
Family Dysfunction/Beyond Parental Control	70
Delinquent Behavior	75

The data in Appendix D show that CSUs use a variety of non-residential community services. The survey provides information on CSUs' preferred use of facilities and services for specific problems/needs.

Survey respondents noted that there are unmet treatment needs, but the data could not be segregated by gender. Among the unmet needs for residential services are supervised independent living skills programs and residential facilities for severely emotionally disturbed females. Outpatient substance abuse programs, parenting skills programs, and mentoring/tutoring programs were listed as unmet needs for non-residential services. To determine the specific unmet needs of young women, it will be necessary to conduct a follow-up study to determine if any of the unmet needs are specific to them.

Isabella is a 14-year old of Hispanic origin who comes from Arlington. She lives with two older brothers and her mother who is absent on week-ends. One brother has continually abused her physically. A year ago, Isabella was removed from her home by DSS for a month for her own protection and placed in a shelter care facility. Isabella will not stay at home or obey her mother. She was committed for destruction of property and trespassing because she and four friends ran from their homes and lived for three days in a vacant apartment in a rental building. While there, she defaced the walls by writing her name on them with a crayon. Prior offenses were two breaking and enterings and auto theft. Isabella was committed because she was not a good candidate for a local outreach facility. A local group home was also not possible because she lacked Medicaid or private insurance.

CHAPTER 3

BON AIR LEARNING CENTER: A WALK AROUND THE CAMPUS

Bon Air Learning Center is the only secure facility for girls committed to the Department of Youth and Family Services. Situated on an open campus composed of brick buildings built during an earlier part of the century, it is a wholly self-contained facility providing housing, food services, education, health care, recreation, and maintenance. On November 5, 1990, the facility became co-correctional when one cottage for 16 boys opened. The physical capacity is 135; on July 1, 1991, there were 62 girls and 4 boys on campus. Another 14 girls were off-campus.

During the past few years, Bon Air has begun to provide specialized programs which have brought about changes in staffing requirements and overall operations. In addition to the campus-wide behavioral program which serves as a mechanism for staff to establish clear and consistent expectations and goals for the girls, BALC offers the following programs:

- 1) Keller Hall serves seriously emotionally disturbed girls.
- 2) Light Cottage offers a 45- to 60-day substance abuse treatment program for girls with histories of such abuse.

- 3) Way Out Cottage (females) and Jackson Hall (males) offer the Uptown Program designed to provide transitional services to girls 15.5 years and up and boys 16 years and older, including employment in the community, independent living skills, and the opportunity to attain a GED and/or take college courses.
- 4) Stuart and Nichols Cottages are general cottages for girls who participate in the regular programs offered to all youth.
- 5) Fisher Cottage serves as the Intake Unit.

Needs Assessment

In 1989, the staff at Bon Air Learning Center conducted a treatment needs assessment to identify youth problems. Because the assessment was sufficiently recent, Task Force members did not conduct a second review as we believe that little has changed in the intervening time. The results of the assessment in rank order show that these young women face the following problems:

- o Failure to respect authority, rules, and limits;
- o Impulsivity and lack of self-control, including physical and verbal aggression;
- o Lack of substance abuse education and counseling;
- o Poor family relationships that include abuse and victimization;
- o Need for psychological/psychiatric assessment;
- o Lack of appropriate health/sex education and counseling;
- o Poor problem-solving skills;
- o Poor or non-existent independent living skills;
- o Failure to respect others' personal property;
- o Poor self-concept, including poor self-awareness;
- o Poor assertiveness skills leading to interaction with the wrong types of youth; and
- o Inability to accept responsibility for their actions.

Many of these young women's problems stem from their histories of neglect, abuse, and/or exploitation that often lead to self-defeating and self-destructive behaviors and a distorted self-image.

Bon Air's Program

The Task Force members examined the focus, services, and programs at Bon Air. In addition to substance abuse and pre-release programs and a program for emotional disturbed girls, BALC offers:

- o Competency-based academic and pre-vocational training through the Department of Correctional Education;
- o Recreation through DCE and BALC staff;
- o Psychological and psychiatric assessment and therapy through the Behavioral Services Unit;
- o Weekly religious services and pastoral counseling;
- o Medical and dental care at the Central Infirmary;
- o Psycho-educational group programs; and
- o Individual and group counseling.

Both the grievance procedure and the Student Advisory Council afford youth the opportunities to express their dissatisfaction with facility policies and/or staff implementation of these policies, as well as make suggestions for improvements and changes.

The Department of Correctional Education offers an academic studies program leading to a general equivalency degree (GED) and special education services for the learning disabled, emotionally disturbed, and mentally retarded youth. The five pre-vocational programs open to the youth are:

- 1) Nurse's aide training leading to state certification;

- 2) Office services in which girls learn word processing, filing, how to use a calculator, and other office skills;
- 3) Electricity in which they learn, primarily through hands-on work, how to do home wiring;
- 4) Commercial foods in which they learn basic restaurant functions such as meal preparation; and
- 5) Occupational child care that teaches child development and lesson plan development for working with infants through five-years old in day care facilities.

These programs are comparable to educational equivalents taught in public schools.

The DCE school also offers a social skills program that includes drug education, sex education, family and peer relationships, dating and marriage, problem solving, and independent living skills. Role plays, discussion groups, interactive exercises, games, and videotapes help to impart this information.

Recreation is provided both through the Department of Correctional Education during regular school hours and BALC recreation staff at night and on week-ends. DCE offers a five-day program in which four days are devoted to physical education, such as basketball and softball, and table games, such as ping pong, chess, and backgammon; one day a week girls have health education, with emphasis on first aid, personal hygiene, nutrition, and prevention of sexually transmitted diseases.

Even though a variety of programs are available, some of the girls do not participate in athletics. Also, the recreation program is not part of an overall campus-wide program to increase physical fitness.

BALC recreation staff periodically offer after-school recreation programs. They also offer leisure activities that include table games, socials with other learning centers, tournaments, etc. The recreation staff does not tailor its program to fitness or the developmental needs of the girls. Further, the recreation staff does not participate in treatment team meetings in order to provide a more therapeutic approach to recreation and fitness.

Program Strengths

The following program strengths have been identified at BALC:

- o Behavioral Services Unit staff qualifications and service delivery to youth and other facility staff;
- o Grievance procedure which complements the treatment program;
- o Counselor case management skills;
- o Health education provided by the Department of Health in education on sexually transmitted diseases and HIV prevention and by Planned Parenthood in family planning and human sexuality;
- o Academic and pre-vocational training provided by the Department of Correctional Education;
- o Medical services through the DYFS Central Infirmary that meet the unique needs of females; and
- o The volunteer program that complements and extends treatment and developmental services to girls.

Through volunteer efforts during fiscal year 1990, over \$50,000 worth of funds, goods, and person hours have been donated. Nearly 470 community residents have provided over 2,000 hours of volunteer service.

Youths' Talk About Their Needs

Task Force members conducted structured personal interviews with juvenile female offenders in order to afford the young women the opportunity to express their needs, describe the positive and negative aspects of the facility, and indicate whether they and their families are receiving services to meet these needs. (See Appendix E for the survey instrument.) Thirty-three girls -- 11 each at BALC and Jackson Feild Homes in Jarrett and Richmond and 11 combined at the Tidewater-based Truxton-Paige Home and the Regional Group Home -- participated in the interviews.

Overall, there were no significant perceptual differences among the girls at the three types of facilities, particularly in how they perceive their and their families' problems and whether staff are helping to resolve them. When asked what is "good" about their placements, girls in the less restrictive settings were more vocal than girls at BALC about the help they receive from staff and the greater range of privileges and freedom available to them. Girls at BALC mentioned poor treatment from staff more frequently than the other girls, including staff cursing and creating their own rules. (See Appendix E for the girls' responses to this portion of the interview.) When asked "What should be changed?" at their placement, 61% of the girls interviewed at all facilities wanted a greater range of privileges and freedom.

With so little difference found among the problems and needs of youth at each of the three facilities, the mission of Bon Air Learning Center comes into question. Should the facility continue to serve the needs of a broad range of troubled youth who pose little risk to the community, or should it have a more specialized focus in treating high risk juvenile female delinquents who present such a risk? Members of the Task Force recognize that there is a dual philosophy operating for these young women. On the one hand, Bon Air serves to protect and treat; on the other hand, it is a place that serves as punishment. As protection and treatment, youthful female offenders are provided with a range of habilitative and rehabilitative opportunities. As punishment, they are removed from their community and placed in a restrictive environment.

Over the years, BALC has been receiving young women more in need of treatment than punishment. Staff have viewed their primary function as treating these youths. The Task Force members believe that the judges and court service unit staff also see BALC as a positive effort to treat, habilitate, and rehabilitate troubled and troublesome females.

Boys and the Uptown Program

Boys are now a part of Bon Air Learning Center. The decision to open one 16-bed cottage for older boys was an administrative one based on severe crowding at Beaumont Learning Center and a decline in the daily population of girls to less than 80 in the 135-bed facility. While this decision was an appropriate administrative one, scarce resources earmarked for girls are now shared with boys. We assume that the decline in commitments to BALC means that more girls are staying in the community and/or are in special

placements.¹⁰ Most likely, localities are now providing services to many girls who, in years past, might have been committed.

Program Deficiencies at Bon Air

The following program deficiencies have been identified:

1) **Staff training:** There is no staff member designated as the facility representative assigned to coordinate staff training and development needs. Without an on-going formalized training representative to work with the DYFS Training Unit, there is no system to ensure that all child care staff receive basic training in the behavioral management program, which is the basis for BALC's daily program. Counselors have not received formal training in counseling skills although they have had limited training in the implementation of the behavior management program. Support/clerical staff also lack basic and annual training. And, all staff have not had on-going training in new and/or revised operating procedures, fire and safety procedures, or other aspects of the day-to-day operation of a correctional facility.

There is a reliance on using temporary/relief staff to meet cottage staffing needs. Of the 21 relief workers used at BALC, only seven have received Basic Skills training, and they received it when they were employed full-time by the Division of Youth Services. For the other 14 relief staff, their training consists of a review with their supervisors of personnel materials and policies, job duties, supervision procedures, safety and fire evacuation procedures, office procedures and parking, and standards of conduct and performance. They also spend one week in a cottage to observe staff/youth interaction and supervision. If the

¹⁰The Virginia Juvenile Justice Information System does not track individual youth. Thus, it is not possible to know precisely where these girls are.

supervisor certifies the worker, she/he is placed on the relief list and called as necessary. At the present time, there are no provisions for them to receive the Basic Skills training. Thus, some staff who have direct and extended contact with youth lack even the most fundamental training.

2) **Organizational Structure:** The current organizational BALC structure lacks coordination in that medical services, the Behavioral Services Unit, and the Department of Correctional Education are autonomous, each reporting to someone other than the Facility Director. Further splintering program delivery is the recreation program which is managed both by BALC and DCE staff. Little coordination between the two agencies exists. While each of these units provides pivotal and often inter-related services to youth, the Facility Director does not have sole authority to establish facility-wide program objectives, prioritize service needs, coordinate programs, etc., in these areas. He must rely on the "good will" of the unit supervisors to ensure their cooperation and coordination. The smooth functioning of the facility is dependent on the cooperation and communication of four separate administrators -- the chief physician, the chief of the Behavioral Services Unit, the DCE principal, and the facility director.

3) **Counseling Skills Development and Clinical Consultation:** The Psychologist Supervisor in the Behavioral Services Unit has a Ph.D. in clinical psychology; the other two psychologists have a Master's degree in the same area. Included in their responsibilities are individual and group therapy, psychological assessment and evaluation, crisis intervention, consultation to staff, program design and implementation, and staff training. The five counselors at BALC have Bachelor's degrees in psychology, sociology, therapeutic

recreation, special education, and English. All have prior work experience in counseling, rehabilitation, or casework management. Their specific responsibilities include designing, implementing and monitoring individual treatment plans; counseling and problem resolution; developing short and long range goals for youth; monitoring youth's behavior; performing case management functions; recommending pre-release plans; and evaluating youths' progress in meeting treatment goals.

While counselors meet the education and experience criteria for their positions, they lack training in clinical assessment and intervention strategies, including individual counseling and group work, that are important in their jobs. BSU staff provides on-going clinical consultation for the Keller Hall counselor. Counselors in other cottages have the opportunity for similar consultation but do not routinely make use of it.

4) **Staffing:** The current staffing formula used to determine the number of full-time employees necessary to operate BALC is based on the needs of 135 girls in general population cottages. Bon Air has not only downsized its population, but also has shifted to special purpose programming that has different and differing staffing configuration requirements. A re-evaluation of staff utilization has not occurred during this period of program change.

5) **Mental Retardation Program:** In January 1990, the girls at Oak Ridge Learning Center, designed for mentally retarded aggressive youth, were transferred to Bon Air Learning Center. No specialized programming has been developed for them, and staff have received no specialized training to meet their exceptional needs.

Until mid-November 1990, seven mentally retarded aggressive girls were in Carroll Cottage, then BALC's secure cottage. While they were not initially placed in a secure setting, the inability of staff to meet their extraordinary needs meant that a secure setting was the only alternative. However, when Carroll Cottage closed, the girls were dispersed into the general population. Today, these girls continue to receive no specialized support beyond the minimum federally-mandated individual education plans.

The aggressive mentally retarded girls have lost considerable services by removing them from Oak Ridge and failing to provide comparable services at Bon Air. The girls were displaced from Oak Ridge to accommodate an increasing number of boys and a shrinking number of girls. This change, in and of itself, is not inherently a mistake. What is a mistake is the failure to provide adequate staff training, supervision, and programming for these young women at BALC.

6) **Nutrition:** An analysis of the diet at BALC¹¹ by the Department of Health shows that the 2,490 calories provided are appropriate for a pregnant woman, but exceed the 2,150 maximum daily calories recommended for adolescent females. Department of Corrections practice required that all female and male youth receive the same menus and the same number of calories. This practice failed to take into account the differing nutritional

¹¹All learning centers use the same menus which are planned by the DYFS Food Operations Director.

needs of teen-age female and male adolescents.¹² Although the Department of Youth and Family Services has been an independent agency for six months, this practice continues.

In a 1988 Quality Review Weight Study of 51 girls conducted by DYFS medical staff, the average girl gained 9 pounds during her stay at BALC. When the young women arrived at Bon Air, they were on average 15.5 years old and weighed an average of 143 pounds, 23 pounds over the average weight of adolescent girls nationally. When they left Bon Air 12 months later¹³, they were 16.6 years old and had gained 9 pounds to reach an average weight of 152 pounds. Nationally, girls of that age weighed, on average, 124 pounds.

There has traditionally been an over-reliance on sugar which has recently been decreased throughout all of the learning centers. Equally important, there is an imbalance in the percentages of fat and carbohydrate calories provided. The following table shows the 1990 U.S. Department of Agriculture's recommended dietary guidelines and what the girls at BALC receive. The American Dietetic Association, the national voice for nutritionists and dieticians, support the USDA guidelines.

¹² According to the Food and Nutrition Board of the National Academy of Sciences -- National Research Council, 11-14 year old males and females require 2,700 and 2,200 calories per day, respectively; 15-18 year old males and females require 2,800 and 2,100 calories per day, respectively.

¹³ While the 12-month average length of stay differs from the 9.3 average given in Table 14, the difference is likely because only 38% of the girls were included in the study.

Table 16

Approximate Daily Breakdown of Caloric Intake
By Fats, Proteins, and Carbohydrates

	<u>Carbohydrate</u>	<u>Protein</u>	<u>Fat</u>
Bon Air	46.9%	17.4%	35.7%
USDA Recommended	55%-60%	10%-15%	30%

Medical staff and the Chief of the Learning Centers are presently working with the Food Operations Director to modify Bon Air's caloric percentages and nutritional requirements to comply with all licensing regulations and the developmental needs of each youth.

6) **Medical Services:** Physician-delivered medical services unique to women, such as gynecological and obstetrical services, are well provided. When each young woman comes to BALC, she has a pelvic examination, pap smear, and tests for sexually transmitted diseases. If she is pregnant, she receives continual pre-natal care through the Medical College of Virginia's pre-natal clinic. An area gynecologist conducts follow-ups on any problems. There has been no administrative interference in these procedures, and even with budget cutbacks, no medical services have been reduced.

Supervision in the medical area has improved with health services directly reporting to the Chief of the Learning Centers and with the appointment of a Nurse Coordinator for the Central Infirmary. The latter not only supervises the nurses, but also provides overall medical service coordination among BALC, Oak Ridge Learning Center, and the Reception and Diagnostic Center. A request has been submitted to the Department of Personnel and Training to reclassify one nursing position per shift to that of a registered nurse. A Chief

Nurse, located in the DYFS central office, continues to be necessary for overall policy development and systemwide coordination of nursing services.

Medical staff do not participate on BALC treatment teams due to time constraints. They participate only in staffings in which a young woman is assessed as educationally handicapped and is eligible for special education services (P.L. 94-142). Medical participation is required in order to receive federal funds.

All youth receive a dental examination at Intake to identify problems. However, there are no routine six-month cleanings or check-ups and only the most serious problems can be handled by the two full-time dentists.

While a Public Health nurse does an excellent job of providing education and counseling on sexually transmitted diseases, including HIV prevention, she cannot provide these services to all Bon Air girls as she spends one-half day a week at the facility. Virginia law requires that before an individual can be tested for the HIV virus, she must receive counseling. While medical staff believe that almost every girl is in the high risk category to contract the HIV virus, the lack of additional trained counselors prevents BALC medical staff from testing all but priority cases.

The current management information system does not allow for the development of general medical profiles on the girls in order to identify their medical priorities and treatment needs. Also, the data generated from such a system would enable medical staff to assess their ability to evaluate youths' medical problems accurately.

7) **Recreation:** Recreation is an important aspect of program development not only because it reduces idleness, but also because it promotes physical fitness, teaches social

skills, helps to improve self-worth, and fosters a sense of success and accomplishment. A physical exercise program that includes aerobic activities and a hands-on leisure program are the two major components of a successful recreation plan. Because intensive programming is not provided on evenings and week-ends as it is during the weekdays, these would be ideal times to implement a comprehensive recreational program.

8) **Aftercare:** Aftercare is one of the most critical parts of a young woman's program. While BALC provides a structured and supportive environment for her to learn new behaviors, a thorough and comprehensive aftercare plan is pivotal to her success in the community. The DYFS has had some problems with coordination of its aftercare program between the learning centers and the court service units/Department of Social Services.

Several factors contribute to the problems of transition:

- o There are limited survival skills and independent living programs provided at BALC to ease the transition back into the community. Only the Uptown Program offers such programming, yet most of the girls participate in the program for just a few weeks before release. Their participation is limited because their short length of stay requires that they meet other program requirements prior to program entry.

- o Plans for girls' return to dysfunctional households or into independent living situations are not developed to the extent that successful re-entry is a strong possibility. Many girls are returning to the same environment that contributed to their commitment because family counseling was unsuccessful, unavailable, or the family refused services; aftercare caseloads are so high that counselors often cannot devote sufficient time to working with each youth; some jurisdictions have limited transitional residential and non-residential

services; and there are just 3-4 beds available in state-operated group homes for females. In short, transitional and aftercare programming, which must be incremental and prescriptive, is not available to provide the support that each of these young women need.

- o Family counseling requires improved coordination between the court service units and BALC. When a young woman receives intensive therapy or even psycho-educational information, she becomes more aware of her problems and can begin to identify solutions. She has the opportunity to practice new behaviors while at BALC, but if she is returning to her family, she may well return to a home in which her parents and siblings have gained little or no insight into some of the poor family dynamics that have contributed to or are the direct cause of her problems. Thus, her progress on her return home may be short-lived unless family counseling services are provided on the same intensive basis as she receives at Bon Air.

- o Inter-agency coordination is frequently limited at best, except through the Department of Correctional Education's Transition Coordinator who works with local education agency guidance counselors, special education directors, school administrators, probation counselors/aftercare workers, and, in some instances, with community college staff in order to give these girls' the best possible chance of succeeding in an educational milieu. The Transition Coordinator also follows her progress each month that the young woman is on aftercare.

- o There are too few state-operated group home beds for females. Of the four facilities, only Discovery House is co-educational and has a maximum of 4 beds available for girls at any one time.

Fifteen-year old Aletheia likes excitement and action. A Newport News African American, she is aggressive, has a quick temper, and is the mother of a newborn. Since giving birth, Aletheia's behavior has become uncontrollable. She is truant, violates curfew of 9PM, does not take care of the baby, and will not listen to her mother. Until two years ago, Aletheia was a good student with average grades, but now she runs with a gang. She has no history of substance abuse or mental health problems. In the past two years, she has received probation for assault and battery and participated in the Peninsula Marine Institute program. After a second violation of probation charge in a year-and-a-half, Aletheia was committed.

CHAPTER 4

INTER-AGENCY COORDINATION AND COLLABORATION

The Task Force was established with the idea that representatives from the Department of Youth and Family Services and the Departments of Social Services; Mental Health, Mental Retardation and Substance Abuse Services; Correctional Education; and Education (the latter representative resigned from the Department of Education in September 1990 and no replacement was named) would discuss issues of mutual concern and offer strategies for enhanced cooperation.

All of the above-referenced child-serving agencies see the same children with more than one agency often providing services simultaneously. Frequently, each agency treats the young woman as if she were in a service vacuum, providing little, if any, continuity of care or contact between or among staff in other agencies. And, adversarial overtones have characterized some interactions between staff in different agencies.

The Inter-Agency Mental Health Consortium has challenged some of these traditional ways of providing services. Through the Consortium at the state level, many youths have been served through multi-agency cooperation and coordination. Through consortium grants to local communities, other youths have also been served through a similar process. The

Consortium has helped to forge a positive process of inter-agency interaction through improved cooperation, coordination, and communication. The Task Force adds its support to the Consortium.

The Virginia Council on Community Services for Youth and Families has also been working to design community services for troubled children and their families. The Council's goals, according to its draft June 1991 report, are to "increase inter-agency collaboration in service delivery and management; coordinate funding of services across agencies; contain costs of expensive residential care; and expand community based, early intervention and preventive services." In order to achieve these goals, the Council is focusing on the removal of programmatic, cultural, and fiscal barriers to providing creative services based in individual localities. The Department of Youth and Family Services is one of the four state child-serving agencies working to develop and implement the Council's goals and objectives. The Council's time frames paralleled those of the Task Force. We focused our efforts on expanding inter-agency coordination in case management and training which mirror some of the implementation recommendations of the Council. Thus, the Task Force members, rather than putting forth separate but similar recommendations, have chosen to endorse the Council's work.

At 5, Diane's mother died. She lived with her father who physically and emotionally abused her. When 9, she saw her first counselor. When her grandmother, with whom she subsequently lived, could no longer control her, DSS became her legal guardian. On her second commitment in less than two years, Diane has been in and out of foster care, shelter care, mental health and substance abuse facilities and intermittently has lived with her father -- all since the age of 11. She has run away from a shelter facility at least 9 times. Diane, white, now 16, abuses alcohol and cocaine, had a miscarriage at the age of 14, and has been physically, sexually and emotionally abused by boyfriends and pimps. Placement after leaving Bon Air was to a residential substance abuse facility. She ran within a month and was subsequently discharged from the facility. Returning home to her father, she also was placed in an outreach program. Within one week, she was prostituting and giving money to her physically abusive boyfriend. She has been in detention 10 times in the past few years. Diane's current commitment stems from disorderly conduct and assault and battery of two officers, one of whom sustained bruises, the other no injuries. On her first commitment, Diane received all As in school and was the first girl ever at BALC to receive her state license as a nurse's aide.

CHAPTER 5

PUBLIC EDUCATION/INFORMATION AND PROFESSIONAL SUPPORT

Juvenile female offenders, in part due to their small numbers, have not been a focus for educating the public about juveniles and crime. While professional staff are developing an increased awareness of the differential treatment needs of girls, many citizens have little understanding of who these girls are and why they enter the juvenile justice system.

The public does not always differentiate between serious and violent offenders and the vast majority of offenders, both female and male. Most citizens have little comprehension that adolescent females in the juvenile justice system pose little or no threat to them.

There are numerous female only and co-educational group homes, detention and less secure detention facilities, community non-residential programs, and a myriad of organizations and volunteer groups that provide services to these girls. The dedicated professionals and volunteers working with these females operate in relative isolation from

each other. There is no statewide association or organization that works only for the purpose of promoting success for these girls. This also means that professionals and volunteers often do not receive the support and information exchange so vital to developing new and enhancing existing programs and services. In order to change the public's perception of adolescent girls who come into contact with the juvenile justice system and to support the work of professional staff and volunteers, it is imperative that strategies be identified and implemented to educate the public about the needs and problems of this population and to enable professionals working in the system to provide improved services.

CHAPTER 6

CONCLUSION

Members of the Task Force on Juvenile Female Offenders have examined much of Virginia's juvenile justice system as it relates to the treatment of adolescent females. There are many dedicated professionals who recognize that most of these young women are not violent offenders or even offenders, let alone intentionally malicious. They are girls who have suffered abuse, neglect, and/or exploitation. They are girls whose emotional needs often interfere with what they rationally know to be right. The data show, beyond any doubt, that these are young women who do not commit serious crimes, but whose biggest crimes are acting out and running away from home. The Task Force members conclude that young women are committed based on treatment needs and/or self-protection rather than on the type of offense(s) they committed.

The intent of the Task Force has been to produce documentation that draws attention to the problems and offers some solutions. The Task Force members have been under no illusions that we have presented a comprehensive picture as that responsibility is greater than our mission. Our overriding goal is to frame the issues in order to provide a plan of action for the Department of Youth and Family Services and other child-serving agencies to improve the treatment and programming options for this population. The recommendations we present in this Report will, we hope, be analyzed and discussed throughout the Commonwealth. It is our intent that the problems of girls be kept in the forefront of our thinking and that creative solutions to their problems be developed.

The Task Force members hope that the following results from our efforts:

1. Equitable treatment for girls be achieved at all points in the juvenile justice system -- from intake through reintegration into the community.

2. A coordinated approach be designed and implemented that matches the needs of girls to the many and varied services provided by child-serving agencies, both public and private.

3. A continuum of programs and services be developed that addresses the full panoply of needs of these young women, both in the community and in secure care.

4. A higher degree of training for staff at all levels of service delivery be achieved in order to meet the unique needs of girls.

5. A management information system be implemented to allow for the tracking of youth, including young women, and the monitoring of program effectiveness.

6. A growing awareness and understanding of the needs of youthful female offenders be nurtured among community and professional groups throughout the Commonwealth.

7. Inter-agency communication, coordination, and cooperation be enhanced in order to provide more effective services to all youth, especially young women.

8. The Department of Youth and Family Services establish a mechanism to implement these recommendations and monitor and evaluate their effectiveness.

CHAPTER 7

TASK FORCE RECOMMENDATIONS

The following recommendations are presented by the members of the Juvenile Female Offender Task Force. These recommendations follow the chapters above.

Chapter 1 -- A Profile of Virginia's Juvenile Female Offenders

Based on the deficiencies described in Chapter 1, members of the Task Force recommend that the Department of Youth and Family Services take the following actions:

1. Review and revise intake standards as necessary to ensure uniformity of decisionmaking among court service units; develop written intake criteria to assist intake officers in their ability to make bias-free decisions.
2. Conduct an intake study to determine who is diverted and who is not in order to determine if discrimination occurs for girls and if there are sufficient diversion programs to meet their needs.
3. Use an objective assessment instrument(s), such as the ones under development by the University of Michigan's Center for the Study of Youth Policy and Virginia Commonwealth University, to eliminate sexual bias in DYFS staff disposition and commitment decisions.
4. Establish objective criteria under which young women will be placed at BALC and require RDC staffing teams to refer to the Central Review Committee all girls who do not meet these criteria.
5. Develop a system that provides the Reception and Diagnostic Center with immediate access to special placement funding.

6. Implement a length of stay system that defines a girl's institutional confinement relative to the degree of her adjudicated offense history.

7. Provide a minimum of eight hours of training for court service unit staff and RDC staffing teams in equity-based decision-making to raise their awareness of bias and discrimination in making decisions, including placement recommendations.

8. In cooperation with the Virginia Supreme Court, the Committee on District Courts, and the Virginia Juvenile Judges Association, offer equity-based decision-making training to judges in order to raise their awareness of sex-role stereotyping practices.

9. Address the disproportionate representation of minority female offenders by providing training in multi-cultural awareness, including cultural norms and values, to CSU, community provider, and Reception and Diagnostic Center staff.

10. Develop a youth tracking system that ensures that gender-specific data can be identified. For all major studies conducted by and for the DYFS, data should be available by gender and race.

11. Implement a pilot program to complete the assessment work-up and institutional placement of committed females (and males) by the CSU of the committing court. The assessment will be conducted in accordance with RDC's present policies, procedures, and practices with any deviation in the design approved by the DYFS Deputy Director for Programs. The institutional assignment of females (and males) will occur only after a review by RDC staff of the assessment and recommendation for placement.

12. Develop and implement, in conjunction with other child-serving agencies, a coordinated and comprehensive inter-agency case management and planning process to serve the needs of youth, especially females.

Chapter 2 -- Community Services

The Task Force members recommend that the Department of Youth and Family Services:

1. Conduct a study to assess utilization rates of community-based programs and identify the unmet treatment needs for girls under the supervision of the court service units in order to determine if a) there is an appropriate match between services and needs and b) there are an adequate number of beds and non-residential program slots.

2. Develop a comprehensive, centralized treatment tracking system that monitors public and private providers of residential and non-residential services, specifically specialized programming, available space, and cost. Such a system offers case managers access to up-to-date information about available services to meet specific treatment needs of individual youth. This system also allows for monitoring and evaluation of available services by treatment needs across the Commonwealth.

Chapter 3 -- Bon Air Learning Center: A Walk Around

Bon Air Learning Center has the potential to be responsive to and meet the specific needs of young women who require secure confinement based on their offense history. The issues raised in this chapter contribute to Bon Air's inability to meet this potential. The

following recommendations are designed to address specific deficiencies and promote positive programs and services and increased staff training and development.

1. Redefine the mission of Bon Air Learning Center as a facility to confine the few girls who pose a threat to the public safety, including drug traffickers and those who commit serious crimes against persons and property. Redefining the mission does not alter its treatment orientation. For those girls who are potentially harmful to themselves, including those who are emotionally disturbed, victims, and runaways, inter-agency agreements and contractual arrangements with residential and non-residential public and private providers should be expanded to provide a full continuum of appropriate services.

2. Given the decreasing population of BALC in the past year and the even fewer number of young women currently there who do not need secure confinement, ensure that there are adequate community programs and services for the increasing number of girls being served there.

3. Conduct a staffing analysis to determine the best use of staff, e.g., the number and type of staff needed per cottage, and make recommendations to the Chief of the Learning Centers.

4. Meet the training and development needs of staff in the following ways:

- a) Coordinate with the DYFS staff training coordinator to ensure that BALC staff receive training in priority areas;
- b) Ensure that all BALC staff participate in the basic skills certification program;
- c) Request that the training unit develop an abbreviated basic skills program for each learning center to train relief workers;

- d) Provide annual continuing education for nursing staff, the first year in nursing assessment techniques and female adolescent development;
 - e) Train nursing staff to deliver pre-test counseling to girls prior to testing for the HIV virus, in accordance with Virginia law; and
 - f) Increase treatment-oriented staff training, such as early childhood and adolescent development, psychopathology, family dynamics, and peer culture.
 - g) Train all BALC and DCE staff working at BALC in cultural norms and differences in such areas as sexuality, education values, and parenting roles.
5. Through the DYFS Training Unit, expand participation in appropriate inter-agency training programs.
6. Request that the DYFS Chief of the Behavioral Services Unit provide training for BALC counselors and management staff, as appropriate, in program development, implementation, monitoring, and evaluation in order to relieve the BSU staff of this responsibility.
7. Develop, implement, and evaluate an appropriate program for Bon Air's aggressive mentally retarded girls that is on a par with Oak Ridge Learning Center's program.
8. Through the Chiefs of Community Programs and Learning Centers, develop and implement a coordinated service delivery program for girls entering aftercare.
9. Expand the recreation program in the following ways:
- a. Adopt a physical fitness assessment program. There are national organizations, such as the American Alliance for Health, Physical Education, Recreation and Dance;

the military, including the Marine Corps and the Navy; the President's Council on Physical Fitness; and corporations, such as Campbell Soup, that have developed physical fitness assessment programs that can be adopted at BALC.

b. DCE and BALC recreation staff jointly create a coordinated recreation program in which a plan to meet national minimum fitness requirements is developed and met, e.g., aerobic activity 30 minutes, three times a week, and leisure activities designed to promote and enhance self-esteem.

c. Monitor the Virginia Council on Juvenile Detention's progress on their Department of Criminal Justice Services grant to assess recreational programming in detention and review their final recommendations for appropriateness at BALC.

10. Employ a nutritionist on a contract basis¹⁴ to work with the Food Operations Director since DYFS staff are not trained to monitor the delivery of an appropriate diet. The nutritionist will provide services twice a year. At the Food Operations annual five-day staff training program, she/he will provide training on nutrition; once a year, she/he will monitor each learning center's nutritional breakdown and provide a written report of findings and further recommendations for improving the diet and menus.

11. Apply for national accreditation to the American Correctional Association's Commission on Accreditation for Corrections as a vehicle for improving management and systematically administering changes, increasing relevant staff training, and enhancing appropriate programs and services at BALC.

¹⁴The Task Force has explored the possibility of using a state employee. However, both Public Health and Virginia Polytechnic Institute's Extension Service do not have sufficient staff resources to meet DYFS needs.

Chapter 4 -- Inter-Agency Coordination and Collaboration

Task Force representatives from DYFS, DCE, DSS, MHMRSAS, and initially Education met to determine how best, from an inter-agency perspective, to serve the needs of teen-age girls and staff who work with this population. We focused our efforts on expanding inter-agency coordination in case management and training. These suggestions mirror some of the implementation recommendations of the Virginia Council on Community Service for Youth and Families. Thus, the Task Force, rather than putting forth separate but similar recommendations, has chosen to endorse the Council's work.

Chapter 5 -- Public Information/Education and Professional Support

The following recommendations are designed to support the work of the Department of Youth and Family Services by encouraging both community and professional support for adolescent females in trouble with the law.

1. Develop and implement a public education/information program, the focus of which is to call attention to the problems of youthful female offenders and offer support to communities to solve them. This program will include:
 - a. Development of a public information package for use with community and professional groups to inform them of who youthful female offenders are and what needs they have. A 10-12 minute audiovisual will be the centerpiece of the program and will be completed at Beaumont Learning Center's DCE school's audiovisual program. Other pieces of the plan include a brochure and one-page descriptions of problems the girls face, such as substance abuse, physical abuse, etc.; resources the

community might use; and service gaps that the community might fill. The Junior League of Richmond has pledged \$500 to this project.

b. Development of a public education strategy, including use of a speakers' bureau, DYFS volunteer coordinators, etc.

2. Establishment of a statewide network to focus on the needs of juvenile female offenders/CHINS and support the staff who work with them. The U.S. Department of Labor's Women's Bureau has awarded the Department a grant for the network's start-up costs. The network's dual purposes will be to:

a) Provide information about specialized programs, services, and other resources for juvenile females; and

b) Take an activist role to bring about changes the network identifies as priorities.

Meetings will be held quarterly in various parts of the state to enable everyone to attend at least one to two meetings a year. A steering committee of 3-5 volunteers will develop and coordinate the agendas, identify speakers, etc. The DYFS will serve as the secretariat for the network to maintain its continuity.

The network will be open to all those who work with and/or are interested in the problems of juvenile females, including state and local public and private service providers, DYFS, DCE, DSS, MHMRSAS, Health, Department for Children, local and state education agency staff; community groups such as the League of Women Voters, Junior League, Boys and Girls Clubs of America, etc.; PTA and parent groups; and any others who show an interest.

3. Educate court service unit, BALC and Reception and Diagnostic Center staff about equity and gender role stereotyping of female offenders. A four-hour program has been presented to approximately half of the BALC staff and all DCE staff working at BALC. Through the DYFS Training unit, such training will be available to DYFS staff during fiscal year 1992.

4. Request that the public and private child-serving organizations in Virginia, such as the Virginia Juvenile Officers Association, the Virginia Community Residential Care Association, the Virginia Juvenile Detention Association, and the Virginia Association of Children's Homes establish special interest groups to focus on young women in the justice system.

APPENDIX A

TASK FORCE ON JUVENILE FEMALE OFFENDERS

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APPENDIX B

EASTERN REGION - FEMALE COMMITMENTS SURVEY
April, 1990

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CSU _____ Person _____
 District _____ Completing Survey _____ Phone _____

I. Subject's

Name _____ Race _____ DOB _____

Commitment _____
 Date _____ Committing
 Offense(s) * _____
 (VAJJIS Codes) _____

Number prior _____
 Commitments _____ [*if for "violation of probation/aftercare",
 include original criminal offense in
 parenthesis()]

Was Probation Officer's recommendation (written or verbal)
 for commitment? _____ Yes _____ No

If answered "no" to above, identify or briefly state the
 recommendation: _____ community supervision; _____ special placement;
 _____ group home placement; _____ other (describe) _____

II. For the commitment listed above, assume you have five (5) "points" to
 assign to the following possible reasons for the commitment.
 Distribute the five "points" (no more) according to your understanding
 of the essential reason(s) why the child was committed:

- | | |
|---|--|
| A. _____ Chronic delinquency | G. _____ Repeated runaway |
| B. _____ Heinous/violent crime | Self victimization(e.g.
substance abuse,
suicidal, promiscuity,
etc.) |
| C. _____ Chronic violation of
Probation Rules | H. _____ |
| D. _____ Failure to comply with
court-ordered fine,
restitution, public service
work, etc. | I. _____ Example to community/
other juveniles |
| E. _____ Failure to take part in
ordered treatment or
services | J. _____ Frustration/exasperation
within system |
| F. _____ Punishment | K. _____ Needed treatment
source not available
locally (specify _____

_____) |

EASTERN REGION - FEMALE COMMITMENTS SURVEY
April, 1990

III. In chronological order, and by VAJIS codes, list all client-related intake contacts documented or referenced in the case folder; include contacts for the child both as offender and "subject" (custody, etc.) Enter in appropriate column to distinguish between contacts:

- (1) not resulting in petition (e.g., warned and released, adjusted at intake, unofficially supervised, diverted to other agency etc);
- (2) petitioned but not adjudicated 'guilty' (e.g., found innocent, withdrawn, nolle prossed, continued generally, etc); or
- (3) resulting in charge(s) on which the child was convicted.

For reduced charge(s), enclose original in (), and connect by 'arrow' to eventual conviction offense:

Intake Date	No Petition	Not Convicted	Convicted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

IV. List any professional evaluations on this child, done before or after Court Service Unit contact; check (✓) if a result of Court or CSU initiative. Was this a (type) medical, neurological, psychological, substance abuse, etc. evaluation? Briefly state what service or placement was recommended:

Date	Court/CSU Initiated?	Type Evaluation	Service/Placement Recommended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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V. List predispositional placements of this child, at any time during her court-related history, and prior to this commitment; include transfers (i.e. while in same predispositional status) between placements. Such placements may include detention (secure or less), crisis facility, emergency foster care, hospital, special placement trial visit, etc:

Placement Date	Placement Name/ Type	Time Spent
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Reference by line number (above) any of the predispositional placements that were prematurely terminated, and brief reason why:

Line No.	Reason Terminated
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EASTERN REGION FEMALE COMMITMENTS SURVEY
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VI. List dispositional residential and/or service placements of this child, made at any time before this commitment. Identify by name and type:

Placement Date	Placement/Service Name & Type	Time Spent
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Reference by line number (above) any of the residential or service placements that were prematurely terminated, and brief reason why:

Line No.	Reason Terminated
_____	_____
_____	_____
_____	_____
_____	_____

VII. List all residential placements or services that were explored to some extent for this child, that she did not enter; do not list those for which no referral activities occurred. Briefly, explain why child did not enter placement/service (e.g. no opening; lack of funds; rejected by program; lack of family support; court ordered other disposition, etc.)

Placement/Service	Reasons Did Not Enter
_____	_____
_____	_____
_____	_____
_____	_____

APPENDIX C
OFFENSES AND VAJJIS CODES

CODE	LEVEL	OFFENSE DESCRIPTION
444*	1	ABANDON/NEGLECT CHILDREN
719	1	ABC VIOLATION
536	1	ACCESSORY AFTER THE FACT (AIDING AND ABETTING)
420	1	ADULTERY
479	1	ASSEMBLE - UNLAWFUL (PARTICIPATE)
121	1	AUTO - UNAUTHORIZED USE
654	1	AUTO LICENSE LAWS
900	1	AWOL/DESERTED ARMED SERVICES
458*	1	BEGGING
452	1	BREACH OF PEACE, DISTURBING PEACE
102	1	BURGLARY - ATTEMPTED
500	1	CONSPIRACY TO COMMIT CRIME - MISDEMEANOR
530	1	CONTEMPT OF COURT
446	1	CONTRIBUTING TO DELINQUENCY OF CHILD
447	1	CRUELTY TO CHILDREN
454	1	CURSING, ABUSING, OBSCENE LANGUAGE
648*	1	DEFACE SERIAL NUMBER
535*	1	DESTROYING EVIDENCE
160	1	DESTROYING PRIVATE PROPERTY - VANDALISM <\$200
161	1	DESTROYING PUBLIC PROPERTY - VANDALISM <\$200
430	1	DISORDERLY CONDUCT
450*	1	DISORDERLY CONDUCT
451	1	DISORDERLY HOUSE
449	1	DISTURBING SCHOOLS
455*	1	DRINKING IN PUBLIC
600	1	DRIVING UNDER THE INFLUENCE ALCOHOL
601	1	DRIVING UNDER THE INFLUENCE OF NARCOTICS
300	1	DRUG AND DISORDERLY/DRUNK IN PUBLIC
774	1	DRUG LAWS OTHER THAN NARCOTICS
471*	1	EXCESSIVE DOG BARKING
537	1	FAIL TO APPEAR/CAPIAS - VIOLATION OF COURT ORDER
646	1	FAILURE TO REPORT ACCIDENT
623	1	FAILURE TO STOP FOR RED LIGHT OR STOP SIGN
652	1	FAILURE TO SURRENDER OPERATOR'S PERMIT
622	1	FAILURE TO YIELD RIGHT OF WAY
525	1	FALSE INFORMATION
621	1	FAILURE TO GIVE PROPER SIGNAL
051*	1	FIGHTING
466	1	FIREMENACE (BURNING LAWS) - CARELESS
133*	1	FLIMFLAM
423	1	FORNICATION
130	1	FRAUD - DEFRAUD BY FAKE PRETENSE <\$200
413*	1	FREQUENT HOUSE OF ILL FAME
700	1	GAMBLING/BETTING
999*	1	HABITS AND PRACTICES
660	1	HABITUAL OFFENDER
610	1	HIT & RUN - NO INJURY <\$50
626	1	HITCHHIKING

CODE	LEVEL	OFFENSE DESCRIPTION
710*	1	ILLEGAL MANUFACTURE OF LIQUOR
713*	1	ILLEGAL POSSESSION OF LIQUOR
711*	1	ILLEGAL SALE OF LIQUOR
712*	1	ILLEGAL TRANSPORTATION OF LIQUOR
415*	1	IMMORAL CONDUCT
534*	1	IMPERSONATING AN OFFICER
421*	1	INCEST
981	1	INEBRIATE - DRUNK IN PUBLIC
442	1	INTERFERING WITH MARITAL RELATIONS
533	1	INTERFERING WITH OFFICER (FAIL TO OBEY)
117	1	LARCENY - ATTEMPTED
113	1	LARCENY - PETIT
467*	1	LITTERBUG
460*	1	LOITERING
456*	1	MALICIOUS MISCHIEF
724	1	NARCOTICS - POSSESSION (MISDEMEANOR)
641	1	NO OPERATOR'S LICENSE, NO CHAUFFEUR'S LICENSE
531*	1	NON ATTENTD AS WITNESS
443	1	NONSUPPORT
453	1	NUISANCE
470	1	OBSCENE MATTER
538	1	OBSTRUCTIONG JUSTICE
779	1	OTHER OFFENSE AGAINST ALCOHOL AND DRUG LAWS
488	1	OTHER OFFENSE AGAINST MORALITY, DECENCY, PEACE
190	1	OTHER OFFENSE AGAINST PROPERTY <\$200
996*	1	OTHER OFFENSE AGAINST PUBLIC JUSTICE
996	1	OTHER OFFENSE AGAINST PUBLIC JUSTICE, POLICY, AND PROPER Y
629	1	OTHER OFFENSE AGAINST TRAFFIC AND VEHICLE LAWS
725	1	PARAPHERNALIA/POSSESSION
727	1	PARAPHERNALIA/POSSESSION AND SALE
726	1	PARAPHERNALIA/SALE
115	1	PICKPOCKETING
118	1	POSSESSION OF STOLEN GOODS (RECEIVING STOLEN PROPERTY)
620*	1	RECKLESS DRIVING AND SPEEDING
532	1	RESISTING ARREST
116	1	SHOPLIFTING <\$200
457*	1	SLANDER AND LIBEL
721	1	SMIFFING GLUE
060	1	THREATENING BODILY HARM
170	1	TRESSPASSING
792	1	USE OF FALSE NAME - TRUE NAME LAW
459*	1	VAGRANCY, SLEEP IN CAR
122	1	VEHICLE - TAMPERING WITH/SETTING IN MOTION
429	1	VIOLATION OF MARRIAGE LAWS
653	1	VIOLATION OF MOTOR VEHICLES LAWS (UNSPECIFIED)
989	1	VIOLATION OF PROBATION/PAROLE/PARDON - DELINQUENT

CODE	LEVEL	OFFENSE DESCRIPTION
023	2	ABDUCTION OF CHILD BY PARENT
511*	2	ACCEPTING A BRIBE
150	2	ARSON PROPERTY <\$200
050	2	ASSAULT (SIMPLE)
043*	2	ASSAULT - ATTEMPTED
479	2	ASSEMBLE - UNLAWFUL (CARRY WEAPON)
120*	2	AUTO THEFT
131	2	BAD CHECKS
440*	2	BIGAMY
060	2	BRANDISHING A FIREARM
106	2	BREAK & ENTER - ATTEMPTED
105	2	BREAK & ENTER - UNARMED
510*	2	BRIBERY/ATTEMPTED BRIBERY
100	2	BURGLARY - UNARMED
412*	2	CONDUCTING A BAWDY HOUSE
500	2	CONSPIRACY TO COMMIT CRIME - NONCAPITAL FELONY
185*	2	COUNTERFEITING
464	2	CRUELTY TO ANIMALS
160	2	DESTROYING PRIVATE PROPERTY - VANDALISM >\$200
161	2	DESTROYING PUBLIC PROPERTY - VANDALISM >\$200
469	2	DISCHARGING FIREARMS, EXPLOSIVES
140*	2	EMBEZZLEMENT
541	2	ESCAPE - AIDING
540	2	ESCAPE/ATTEMPTED ESCAPE
080	2	EXTORTION (BLACKMAIL)
468	2	FALSE ALARM - BANK THREAT
465	2	FALSE ALARM AND TAMPERING (OTHER FIRE OFFENSES)
180	2	FORGERY (CHECKS)
181	2	FORGERY (OTHER DOCUMENTS)
130	2	FRAUD - DEFRAUD BY FAKE PRETENSE >\$200
986	2	FUGITIVE/ESCAPE
610	2	HIT & RUN - INJURY OR >\$50
425	2	INDECENT EXPOSURE
477	2	INTERFERE WITH FIREMEN
111*	2	LARCENY - FARM ANIMALS
110	2	LARCENY - GRAND
424*	2	MOLESTING
723	2	NARCOTICS - POSSESSION (FELONY)
090	2	OTHER OFFENSE AGAINST PERSON
190	2	OTHER OFFENSE AGAINST PROPERTY >\$200
472	2	OTHER SEX OFFENSES (NONVIOLENT)
481*	2	OTHER WEAPON LAW
522	2	PERJURY - FALSE SWEARING
103	2	POSSESSION OF BURGLARY TOOLS
489	2	POSSESSION OF FIRE BOMB
124	2	POSSESSION OF STOLEN CAR(S)
410*	2	PROSTITUTION
114	2	PURSE SNATCHING
021	2	RAPE - STATUTORY
453	2	RIOT
720	2	SALE/DISTRIBUTION OF NARCOTICS - SCHEDULE 3, 4 OR 5
422*	2	SEDUCTION

CODE	LEVEL	OFFENSE DESCRIPTION
116	2	SHOPLIFTING >\$200
411	2	SOLICITING AND PANDERING - PROCURING
151*	2	SOLLICIT OTHERS TO COMMIT CRIME
476	2	TELEPHONE - MISUSE (PROFANITY/ABUSE OVER TELEPHONE)
154	2	THREATENING USE OF EXPLOSIVES
052	2	THROWING MISSLES OR OBJECTS AT AUTO
480	2	WEAPON - CONCEALED

CODE	LEVEL	OFFENSE DESCRIPTION
152	3	ARSON PROPERTY >\$200
040	3	ASSAULT (FELONIOUS)
105	3	BREAK & ENTER - ARMED
100	3	BURGLARY - ARMED
024	3	CARNAL KNOWLEDGE OF CHILD
500	3	CONSPIRACY TO COMMIT CRIME - CAPITAL FELONY
153	3	DESTRUCTION OF PROPERTY - EXPLOSIVES
414*	3	DETAIN FEMALE FOR PROSTITUTION
042	3	MAIM/MAYHEM
011	3	MANSLAUGHTER - INVOLUNTARY
722	3	NARCOTICS - POSSESSION WITH INTENT TO SELL
025	3	RAPE - AIDING AND ABETTING
033	3	ROBBERY - ATTEMPTED
032	3	ROBBERY - OTHER/UNSPECIFIED
720	3	SALE/DISTRIBUTION OF NARCOTICS - SCHEDULE 1 OR 2
044*	3	SHOOTING INTO OCCUPIED DWELLING
045	3	SHOOTING INTO OCCUPIED VEHICLE

CODE	LEVEL	OFFENSE DESCRIPTION
071*	4	ABDUCTION
150	4	ARSON OF BUILDING
070	4	KIDNAPPING
010*	4	MANSLAUGHTER - VOLUNTARY
004	4	MURDER - ATTEMPTED
003	4	MURDER/MANSLAUGHTER - VOLUNTARY
473	4	OTHER SEX OFFENSES (VIOLENT)
020	4	RAPE
022	4	RAPE - ATTEMPTED
030	4	ROBBERY - ARMED
031*	4	ROBBERY - BANK
400*	4	SODOMY - FORCIBLE
012*	4	USE OF FIREARM IN COMMITTING A FELONY

APPENDIX D

COURT SERVICE UNIT SURVEY

Respondent

Court Service Unit

Position

Date

Years in Position

Years in youth services

In the spaces on the next page, please:

1. List the residential services in which you have placed (or assisted in placing) court-involved youth. (Residential refers to private or public 24-hour care facilities, i.e., hospitals, group homes, children's homes, etc.)
2. List the non-residential services to which you have referred court-involved youth. Non-residential refers to community-based services, i.e., outpatient, day treatment, in-home supervision, outreach, etc.)
3. Place the letter "M" next to those services to which you have referred only males. Place a parentheses around the "M" if the program only serves males, i.e., (M).
4. Place the letter "F" next to those services to which you have referred only females. Place a parentheses around the "F" if the program only serves females.
5. Place the letter(s) corresponding to one or more of the problem/need areas next to those services which you think sufficiently address those areas for the court-involved youth you refer.
 - a. emotional disorders
 - b. delinquent/antisocial behavior
 - c. family dysfunction
 - d. beyond parental control
 - e. teen pregnancy
 - f. learning disabilities
 - g. child physical abuse victimization
 - h. child sexual abuse victimization
 - i. substance abuse
 - j. sex offenses
 - k. mental retardation
 - l. independent living skills

APPENDIX D

FACILITIES USED BY CSUs TO ADDRESS
PROBLEMS/NEEDS OF YOUTHFUL FEMALE OFFENDERS

EMOTIONAL DISORDERS

STATED RANK ORDER =====	FACILITIES USED =====	CSU'S LISTING NEEDS =====
1.	United Methodist Home	13
2.	Jackson-Feild Homes	10
3.	Graydon Manor The Pines	8
4.	Grafton James Barry Robinson Portsmouth Psychiatric Hospital	6
5.	Southwestern State Hospital Hughes Memorial Shalome Et Benedictus Central State Hospital	5
6.	DeJarnette Mental Hospital St. Alban's, Radford Bridges Treatment Center Charter Hospital St. Joseph's Villa Peninsula Psychiatric Hospital Tidewater Psychiatric Hospital Roanoke Salem Psychiatric Hospital Dominion Psychiatric Hospital	4
7.	Poplar Springs Hospital Serenity Lodge Tidewater Psychiatric Institute Lutheran Family Services Psychiatric Institute of Richmond	2
8.	Life Center of Galax ACU Discover House St. Albans Youth Haven II Roanoke Men's Rehabilitation Center Virginia Baptist Home Virginia Baptist Hospital Indian Path Hospital St. Mary's Psychiatric Center Addington Hall, Duffield Anchor House II Girls' Attention Home Psychiatric Institute of Washington	1

EMOTIONAL DISORDERS

**STATED
RANK
ORDER**

=====

FACILITIES USED

=====

**CSU'S
LISTING
NEEDS**

=====

Residential Youth Services
Springwood
Rivers Bend
Woodrow Wilson
Oasis Independent Living
Brookfield, Inc.
Mountain Wood
Sparc House
Southside Medical Center
Virginia Beach Psychiatric Center
Kids' House
Peninsula Hospital Partial Program

INDEPENDENT LIVING

STATED RANK ORDER =====	FACILITIES USED =====	CSU'S LISTING NEEDS =====
1.	United Methodist Home	8
2.	Jackson-Feild Homes	6
3.	Discovery House	4
4.	Job Corps St. Joseph's Villa Hughes Memorial	3
5.	James Barry Robinson Lutheran Family Services Hampton Place Brookfield, Inc.	2
6.	Serenity Lodge Heigeria Roanoke Valley Psychiatric Center Girls Group Home, Lebanon Graydon Manor Alexandria Shelter Program Florence Crittenden Home Family Oriented Group Home Exodus House Primavera Oasis Independent Living Family and Children's Independent Living Program Regional Group Home Tidewater Regional Family Group Home Connections/Catholic Charities of Richmond Peninsula Psychiatric Hospital Portsmouth Psychiatric Hospital	1

DELINQUENT/ANTI-SOCIAL BEHAVIORS

STATED RANK ORDER =====	FACILITIES USED -----	CSU'S LISTING NEEDS =====
1.	United Methodist Home	17
2.	Jackson-Feild Homes	14
3.	Hughes Memorial	6
4.	Virginia Baptist Children's Home Shalome Et Benedictus St. Joseph's Villa Graydon Manor The Pines Portsmouth Psychiatric Hospital	5
5.	Serenity Lodge Peninsula Psychiatric Hospital Tidewater Psychiatric Institute Girls Group Home, Lebanon Girls Attention Home Loudoun Youth Shelter Charter Westbrook Hospital	4
6.	Anchor House II St. Albans, Radford Dominion Psychiatric Hospital Grafton Oasis House Regional Group Home Bridges Treatment Center	3
7.	Anchor Co-Ed Facility Sanctuary, Roanoke Southside Regional Group Home Discovery House Mountain Wood Lutheran Family Services DeJarnette St. John's Hospital	2
8.	Crossroads, Lynchburg Joy Ranch Presbyterian Children's Home Virginia Baptist Hospital Oak Hill Secure Detention Homes	1

STATED RANK ORDER	FACILITIES USED	CSU'S LISTING NEEDS
=====	=====	=====
	Youth Haven II	
	Coyner Springs, Roanoke	
	Roanoke Memorial Rehabilitation Center	
	Roanoke Salem Psychiatric Center	
	Addington Hall, Duffield	
	Fog Program, Lebanon	
	30 District Fog Home	
	Job Corps	
	Virginia Employment Foster Care	
	Psychiatric Institute of Washington	
	Second Genesis	
	Alexandria Shelter Program	
	Springwood	
	Psychiatric Institute of Richmond	
	Rivers Bend	
	People Places	
	Family Oriented Group Home	
	Abraxas House	
	Exodus House	
	Hampton Place	
	Poplar Springs Hospital	
	Brookfield, Inc.	
	Family and Childrens Individual Living Program	
	Virginia Treatment Center	
	Bon Air Learning Center	
	Kindred Home	
	Sparc House	
	Tidewater Detention Less Secure	
	Tidewater Detention Secure	
	Family Oriented Group Homes	
	Virginia Beach Psychiatric Center	
	Serenity Lodge	
	Straight	
	Tidewater Regional Family Group Home	
	Lake House	
	Norfolk Detention House	
	Kids House	
	Lutheran Family Services	

LEARNING DISABILITIES

STATED RANK ORDER =====	FACILITIES USED -----	CSU'S LISTING NEEDS =====
1.	United Methodist Home Jackson-Feild Homes St. Joseph's Villa	4
2.	Grafton School James Barry Robinson	3
3.	St. Alban's, Radford Hughes Memorial The Pines Woodrow Wilson Graydon Manor	2
4.	Environs for Human Services Psychiatric Institute of Washington Dominion Psychiatric Hospital Loudoun Youth Shelter Psychiatric Institute of Richmond Rivers Bend Charter Westbrook Hospital Virginia Treatment Center Peninsula Psychiatric Hospital Portsmouth Psychiatric Hospital Tidewater Psychiatric Institute	1

PHYSICAL ABUSE VICTIMIZATION

STATED RANK ORDER =====	FACILITIES USED =====	CSU'S LISTING NEEDS =====
1.	Jackson-Feild Homes	7
2.	St. Joseph's Villa	3
3.	The Pines Peninsula Psychiatric Hospital Portsmouth Psychiatric Hospital	2
4.	Virginia Emergency Foster Care VEFC Homes St. Albans, Radford Bridges Treatment Center Fog Program Girls Group Home, Lebanon United Methodist Childrens Home Shelter Care of Northern Virginia Community Teaching Homes Grafton Charter Westbrook Hospital Crisis Intervention Home Tidewater Detention Less Secure Portsmouth Psychiatric Hospital Tidewater Psychiatric Institute Grafton School Lutheran Family Services	1

CHILD SEXUAL ABUSE VICTIMIZATION

STATED RANK ORDER =====	FACILITIES USED =====	CSU'S LISTING NEEDS =====
1.	Jackson-Feild Homes	6
2.	St. Joseph's Villa The Pines Portsmouth Psychiatric Hospital	3
3.	Peninsula Psychiatric Hospital	2
4.	Virginia Emergency Foster Care VEFC Homes St. Albans, Radford Bridges Treatment Center Fog Program, Lebanon Girls Group Home, Lebanon Sheltercare of Northern Virginia Family Oriented Group Homes Central State Hospital Crisis Intervention Home Tidewater Detention Less Secure Tidewater Psychiatric Institute Grafton School Lutheran Family Services	1

SUBSTANCE ABUSE

STATED RANK ORDER =====	FACILITIES USED =====	CSU'S LISTING NEEDS =====
1.	Shalome Et Benedictus	13
2.	Mountain Wood Serenity Lodge Primavera	5
3.	Charter Hospital Portsmouth Psychiatric Hospital	4
4.	Life Center of Galax St. Albans, Radford Heigeria The Pines Peninsula Psychiatric Hospital	3
5.	Roanoke Valley Psychiatric Center Southwestern State Hospital Second Genesis DeJarnette Central State Hospital Heigeria United Methodist Family Services St. John's Hospital Tidewater Psychiatric Institute	2
6.	Multilodge, Roanoke Virginia Baptist Hospital Detox M.H.S. Bristol Memorial Home Indian Path Hospital St. Mary's Psychiattrtic Center Arlington Hospital A.T. Girls Attention Home Dominion Psychiatric Hospital Graydon Manor Loudoun Youth Shelter Springwood Virginia Baptist Children's Home Poplar Springs Hospital	1

STATED
RANK
ORDER

FACILITIES USED

CSU'S
LISTING
NEEDS

=====

=====

=====

St. Joseph's Villa
Bon Air Learning Center
Sparc House
Regional Group Home
Tidewater Detention
Oasis House
Jackson-Feild Homes
Perspectives

FAMILY DYSFUNCTION/BEYOND PARENTAL CONTROL

STATED RANK ORDER =====	FACILITIES USED =====	CSU'S LISTING NEEDS =====
1.	United Methodist Family Services	16
2.	Jackson-Feild Homes	14
3.	Virginia Baptist Children's Home James Barry Robinson Portsmouth Psychiatric Hospital St. Joseph's Villa	6
4.	Hughes Memorial Home Graydon Manor The Pines Peninsula Psychiatric Hospital	5
5.	St. Alban's, Radford Anchor House II Grafton Charter Westbrook Hospital Oasis Independent Living	4
6.	Shalome Et Benedictus Fog Program, Lebanon Lutheran Family Services Southside Regional Group Home Tidewater Psychiatric Hospital	3
7.	Sanctuary Roanoke Virginia Baptist Hospital Youth Haven II Girls Group Home, Lebanon Mountain Wood Girls Attention Home Regional Group Home DeJarnette Dominion Psychiatric Hospital Loudoun Youth Shelter Serenity Lodge	2
8.	Anchor Coed Facility Children's Center Heigeria Oak Hill Blacksburg Shelter Home Bristol Memorial Home Addington Hall, Duffield Bridges Treatment Center	1

STATED RANK ORDER	FACILITIES USED	CSU'S LISTING NEEDS
=====	=====	=====
	Virginia Emergency Foster Care	
	Serenity Lodge	
	Girls Attention Home	
	Psychiatric Institute of Washington	
	Sheltercare of Northern Virginia	
	Residential Youth Services	
	Community Teaching Homes	
	Alexandria Shelter Program	
	Loudoun Youth Shelter	
	Psychiatric Institute of Richmond	
	Rivers Bend	
	Abraxas House	
	Exodus House	
	Poplar Springs Hospital	
	Brookfield, Inc.	
	Family and Children's Individual Living Program	
	St. John's Hospital	
	Virginia Treatment Center	
	Bon Air Learning Center	
	Kindred Home	
	Sparc Home	
	Crisis Intervention Home	
	Hampton Place	
	Tidewater Detention Less Secure	
	Tidewater Detention Secure	
	Job Corps	
	Tidewater Regional Family Group Home	
	Lake House	
	Norfolk Detention House	
	Kids House	
	Peninsula Hospital Partial Program	
	People Places	

TEEN PREGNANCY

STATED RANK ORDER =====	FACILITIES USED =====	CSU'S LISTING NEEDS =====
1.	Jackson-Feild Homes	4
2.	United Methodist Family Services	2
3.	Florence Crittenden Hughes Memorial St. Albans Graydon Manor St. Joseph's Villa Regional Group Home Lutheran Family Services/Newport News/Foster	1

APPENDIX E

QUESTIONNAIRE

Respondent's age: _____ years _____ months Date: _____

1. Prior to being sent to Bon Air (or other placement), what did you need help with?*
2. While at Bon Air, what do you want to work on?
3. What are the Good Things about Bon Air?
4. What are the things that should be changed at Bon Air?
5. When you get home, what will you need help with?*

* After girl has responded, ask whether she needs help with any of the following: (Ask for an explanation following any positive response)

Drug/Alcohol Use
School
Sex
Medical/Dental/STD
Family problems
Choosing Friends
Use of Leisure Time
Abuse
Anger Control
Running Away
Diet

6. Did your learning center (probation) counselor ask you what problems you needed help with? yes___ no___
7. Did your learning center (probation) counselor ask you what problems your family needed help with? yes___ no___
8. Do you think that you are receiving services for your problems and needs? yes___ no___
9. Do you think that your family is receiving services for the family's problems and needs? yes___ no___

APPENDIX E

PERCEPTIONS OF PLACEMENT: Good Things

Bon Air Learning Center

a little freedom (2)
can get GED
consequences for everything
teaches life skills
counseling (3)
chance to go to school
it's easy - like summer camp
you earn things like home visits
nothing (2)
going off-campus

Jackson-Feild/ Eleventh House

can go where we want (2)
learn independence
freedom
learn responsibility
learn to accept self and others
staff try to help you - help me understand myself
chance to think and straighten my thoughts out
help me in communicating with parents
meet new friends
nothing (2)
better than BALC - take you out to community, boyfriend can come here, can go on home visits
staff treat you like they treat their own kids
don't have to stay under staff 24-7
can go off-campus
you have a group that supports you
can go to public school & home visits
not locked - staff have a lot of trust in kids who come here
sit and think of things - a lot of growing up to do
can talk to people

Regional Group Homes (Tidewater)

more freedom than detention home, hospital (2)
work more in counseling (3)
food (3)
staff easy to talk to, my counselor (3)
keep you busy
no parents here
have choices
no comment
they take you places
some staff
can talk about feelings
privileges (video movies, trips to movies & the mall, allowance)
groups (2)
earn respect for self
go to school
get more responsibility
have a tutor
meet new people, get close to staff

PERCEPTIONS OF PLACEMENT: Things that should be changed

Bon Air Learning Center

bars off the windows
go outside more
use phone more
counselor holding me back
want to socialize with girls in other cottages
want to smoke
staff should receive drug-testing
hire new staff
need less rules in school and program
should be harder so people could learn more
better food - so no bugs in it (3)
bad staff attitudes
too much stripping of floors
staff don't set a good example (cursing)
staff make up their own rules
need more visitation
staff pick on you, get smart with you
need new staff

Jackson-Feild/ Eleventh House

nothing
need more consequences (for running)
have to be 16 to date, have to be 16 to smoke
more time to yourself - without group members (5)
rules about boys visiting
not enough socializing in community (3)
be able to see family without group
food
boyfriends' parents have to come to group home

Regional Group Homes (Tidewater)

rules
food (2)
new facility needed, remodeling
more volunteers needed (for girls without families)
eliminate group consequences
kids' attitudes
counselors should be more confidential* and dedicated *(2)
privileges (longer walks permitted, should take you places, home
visits on first weekend, longer phone calls, more phones, snacks)
don't like it
staff nagging
should be no consequences for not eating meals
program needs to be more strict with girls
boys and girls are on the same floor
some staff have personal grudges against certain residents
too much cleaning of house