Westat

Survey of Youth in Residential Placement:

Youth's Needs and Services

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SYRP Report

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This report was prepared under cooperative agreement number 2001-JR-BX-K001 with the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. NCJ 227660.

Suggested citation:
Sedlak, A.J. and McPherson, K. (2010). *Survey of Youth in Residential Placement: Youth's Needs and Services.* SYRP Report. Rockville, MD: Westat.

Acknowledgments

The success of any large, new and challenging effort depends on contributions from many skilled and dedicated people. Andrea J. Sedlak, Ph.D., Vice President and Associate Director of Human Services Research at Westat, directed a talented team committed to quality results.

Carol Bruce, Ph.D., a Research Analyst at Westat, was design manager of SYRP recruitment and information systems, and SYRP analyst. Other Westat staff made key contributions to SYRP, including those principally responsible for instrument design and development (David Cantor, Ph.D., Associate Director of Survey Methods at Westat); recruitment and data collection (John Hartge, Senior Study Director); management information and data systems (John Brown, Senior Systems Analyst; and Alfred Bishop, Senior Systems Analyst); sample design and weighting (Gary Shapiro, M.A., Senior Statistician; Shiela Krawchuk, M.Sc., Senior Statistician); and analyses (Karla McPherson, Ph.D., Senior Study Director). Monica Basena, M.A., Research Analyst, and Ying Long, M.S., Programmer, offered invaluable support in developing the final SYRP analysis file, the foundation of the findings reported in this Bulletin series. Many other dedicated Westat staff, too numerous to name here, also provided critical assistance and expertise.

The National Council on Crime and Delinquency assisted Westat during the SYRP design, recruitment, and early analyses. NCCD staff contributed substantially to those efforts, including Madeline Wordes, Ph.D., Senior Researcher; Eileen Poe-Yamagata, M.S., Senior Research Associate; and Christopher J. Hartney, Senior Research Associate.

The SYRP project team is very grateful for the support and guidance of OJJDP program managers Joseph Moone, Barbara Allen-Hagen, and Janet Chiancone, as well as the constructive and generous contributions of the many members of the SYRP Advisory Board. All of us also want to thank the many state directors and hundreds of local facility administrators for providing the information, space, and staff support needed to conduct the survey and to the thousands of youth participants for their cooperation and candor.

Preface

The Survey of Youth in Residential Placement (SYRP) is the third component in the Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) constellation of surveys providing updated statistics on youth in custody in the juvenile justice system. It joins the Census of Juveniles in Residential Placement and the Juvenile Residential Facility Census, which are biennial mail surveys of residential facility administrators conducted in alternating years. SYRP is a unique addition, gathering information directly from youth through anonymous interviews. A set of OJJDP Bulletins introduces the first national SYRP and highlights some key findings. A series of corresponding research reports, such as this one, provides more comprehensive information on the first national SYRP findings.

This research report describes youth's emotional and psychological needs, substance abuse problems, medical needs, and educational status as well as the relevant services they receive in custody. Other research reports in this series present the youth's characteristics and backgrounds, describe their conditions of confinement, and report their victimization experiences in custody and identify factors related to risk of these events. A technical report gives additional information about the survey design and methodology. SYRP reports as well as the SYRP online data analysis tool are available at www.syrp.org.

Table of Contents

List of Tables

List of Figures

Introduction

SYRP provides the first nationally representative findings on the self-reported needs of the population of youth who are in custody because they are charged with or adjudicated for offenses.[1] This report details what the youth report regarding:

- Their overall emotional and psychological problems, and the counseling they receive in custody;
- Their substance abuse problems prior to entering custody, and the substance abuse counseling they receive in their facility;
- Their medical needs and services; and
- Their educational status and the educational services the facility provides to them.

The SYRP findings are based on interviews with a nationally representative sample of 7,073 youth in custody during spring 2003, using audio computer-assisted self-interview (ACASI) methodology. Analyses examined youth's answers on different topics for all youth in custody and assessed differences among subgroups of youth offenders in custody, based on their sex and placement program (i.e., detention, corrections, community-based, camp, or residential treatment). When other studies offered corresponding data about youth in the general population, analyses compared these to the SYRP results for youth in custody. For more information, see the sidebar "Surveying Youth in Residential Placement: Methodology."

SURVEYING YOUTH IN RESIDENTIAL PLACEMENT: METHODOLOGY

The Survey of Youth in Residential Placement (SYRP) is the only national survey that gathers data directly from youth in custody, using anonymous interviews. OJJDP designed SYRP in 2000 and 2001. It surveys offender youth between ages 10 and 20, drawing a nationally representative sample (n=7,073) from all youth in the universe of State and local facilities identified by the Census of Juveniles in Residential Placement (CJRP) and Juvenile Residential Facility Census (JRFC) surveys.

SYRP interviewed youth from a selection of 205 eligible, responsive facilities on the census list as of September 2002. The survey team interviewed 7,073 youth between the beginning of March and mid-June 2003. Surveys were electronic, and used an audio computer-assisted self-interview (ACASI) system to ask questions and record answers. With this system, youth wear headphones and hear a prerecorded interviewer's voice "read" the words on the screen. Youth indicate their response choice by touching it on the screen. The computer program automatically navigates to the next appropriate question, based on the youth's earlier answers, storing all the data anonymously and securely.

Statisticians assigned weights to reflect the sampling probabilities of the facility and the youth responders and adjust for nonresponse. In this way, the survey of 7,073 provided accurate estimates of the size and characteristics of the national youth offender population in custody (estimated as more than 100,000 youth).

All SYRP reports present findings in terms of estimated numbers (rounded to the nearest multiple of 10) and percentages in the national population of youth in residential placement. As with any survey of a representative sample, SYRP's findings are not exact measures, but are estimates about the full population that have a known degree of precision. SYRP research reports indicate the

precision of estimates in tables by giving the 95-percent confidence interval (CI). The CI specifies the range in which the estimate would fall in 95 out of 100 comparable replications of the study.

Emotional and Psychological Needs and Services

SYRP asks youth a series of questions about their emotions and mental states over the past few months and about some lifetime background experiences indicative of or associated with emotional problems (prior suicide attempts, exposure to traumatic events, and prior experiences of abuse or neglect). Other questions ask about whether they have met with a counselor at their facility to help them deal with their feelings or emotions.

Mental and Emotional Problems and Traumatic Experiences

SYRP questions on emotional and mental problems reflect the seven topical domains shown in table 1. Most items derive from the Massachusetts Youth Screening Instrument, or MAYSI (Grisso, Barnum, Fletcher, Cauffman & Peuschold, 2001; Grisso & Barnum, 2006),[2] but the suicide attempt question derives from other research (Goldston, 2000) and the items on attentional problems are from the Global Appraisal of Individual Needs, or GAIN (Dennis, 1999; Dennis, White, Titus, & Unsicker, 2006). Because the SYRP does not include all MAYSI items, the MAYSI scoring system does not usually apply. However, on a few topics where the SYRP interview included many or most MAYSI subscale items, the ensuing discussion indicates how the SYRP results relate to the MAYSI "caution" and "warning" classifications.[3]

Table 1 lists the interview questions pertaining to each problem domain, giving the percentages of youth who answer "yes" to each. Except for the items on youth's background experiences of certain traumatic events and their history of suicide attempts, the questions ask youth whether they have had the feeling or experience "in the past few months."[4]

Attention difficulties. Substantial percentages of youth report having problems that typically reflect ADHD symptoms (U.S. Department of Education, 2003a)—staying focused (distractibility), organizing and managing activities (executive functioning), and modulating their level of physical activity (hyperactivity). Self-reports on these items are not diagnostic of ADHD, so these findings do not indicate the rate of ADHD per se in the custody population. Nevertheless, SYRP shows that these difficulties are not infrequent. Nearly one-half of youth (45%) say they have a hard time paying attention at school or work. Almost as many (41%) report having a hard time staying organized or getting everything done. About one-third (32%) have a hard time staying in their seat or where they are supposed to stay. Slightly more than one-third of youth (38%) say "no" to all three of these items. Twenty-three percent of youth report one problem, 21% report two, and 18% say they have all three difficulties.

Table 1. Youth's Mental and Emotional Problems and Traumatic Experiences.

Question:* ("Have you. . .")	Percentage of Youth	95% CI
Attention Problems		
Had a hard time paying attention at school or work	45	*(43 – 48)*
Had a hard time staying organized or getting everything done	41	*(38 – 44)*
Been unable to stay in a seat or where you were supposed to stay	32	*(31 – 34)*
Hallucinations		
Seen things other people say are not really there	14	*(12 – 15)*
Heard voices other people can't hear	12	*(11 – 13)*
Anger		
Been easily upset	68	*(66 – 70)*
Lost your temper easily or "had a short fuse"	61	*(59 – 63)*
Felt angry a lot	61	*(50 – 63)*
Hurt or broken something on purpose, just because you were mad	30	*(28 – 32)*
Anxiety		
Had nervous or worried feelings keep you from doing things you want to do	51	*(49 – 54)*
Had nightmares that are bad enough to make you afraid to go to sleep	17	*(16 – 18)*
Isolation/depression		
Felt lonely too much of the time	52	*(49 – 54)*
Felt that you don't have fun with your friends anymore	32	*(29 – 34)*
Trauma		
† Had something very bad or terrifying happen to you	70	*(68 – 72)*
† Seen someone severely injured or killed (in person—not in the movies or on TV)	67	*(66 – 69)*
Had a lot of bad thoughts or dreams about a bad or scary event that happened to you	32	*(30 – 34)*
Suicidality		
Felt like life was not worth living	26	*(23 – 28)*
Wished you were dead	20	*(18 – 22)*
Felt like hurting yourself	16	*(14 – 18)*
Felt like killing yourself	15	*(13 – 16)*
† Tried to kill yourself	22	*(20 – 24)*

Notes: CI = confidence interval. Facility concerns prevented asking the suicidality questions of 120 sample youth (representing 3 percent of the population of youth in custody). Between 11 and 131 sample youth refused or answered "don't know" in response to these questions (representing less than 2 percent of the population in custody). In each case, the percentage given is based on youth who provided substantive answers.

* Except as noted, questions asked youth about their recent feelings and experiences (i.e., "In the past few months have you. . .").

† These questions ask youth about their lifetime experiences (i.e., "have you EVER, in your whole life. . .").

Hallucinations. Only about one-seventh of youth (14%) say that, in the past few months, they have seen things other people say are not really there, and around one-in-eight (12%) say they have heard voices other people do not hear. The fact that 82% of youth in custody say "no" to both questions indicates that there is considerable overlap in the subgroups reporting visual and/or auditory hallucinations: 10% of youth in custody indicate experiencing one of these, whereas 8% report having both kind of dissociative experiences.

These two questions are included in the MAYSI 5-item *Thought Disturbance Scale*, which is intended to index problems in reality orientation that can signal serious mental disorders. This particular MAYSI scale only applies to males. MAYSI assigns males with even a single endorsement on this scale to its "caution" range (suggesting possible clinical significance), whereas those who endorse two or more are in the "warning" range (indicating immediate need for clinical attention). SYRP finds that among males in custody, 9% report one type of dissociative experience (i.e., are in the MAYSI "caution" range), and another 7% report both (i.e., are in the "warning" range on MAYSI). Thus, their MAYSI scores on these items would advise followup for at least 16% of males in custody, during which a counselor would determine whether the youth is currently experiencing the symptoms and whether there are alternative explanations for the symptoms, such as drug use (Grisso & Barnum, 2006).

Anger. The responses shown in table 1 document the emotional volatility of the custody population. Two-thirds of youth (68%) say that, in the past few months, they have been easily upset, and nearly as many (61%) say they have lost their temper easily or felt angry a lot. The fourth item is the most extreme in the group, asking whether youth hurt or broke something on purpose because they were mad. Although it elicits fewer endorsements, nearly one-third of youth in custody (30%) say that they have done this in the few months preceding the interview.

The number of anger items that youth endorse also underscores the prevalence of angry feelings among youth in custody. Only 19% of youth say "no" to all 4 items; 14% say "yes" to one item; 17% report two items; 28% acknowledge three items; and 22% indicate that all four items apply to them. Note that, combining these last two groups, one-half of youth in custody (50%) answer "yes" to three or four of these questions.

The 4 SYRP questions in this domain all derive from MAYSI's 9-item Angry-Irritable Scale. These are too few scale items to classify SYRP youth by MAYSI criteria, since that system requires a minimum score of 5 for the "caution" range.

Anxiety. The two anxiety items listed in table 1 are among the questions on MAYSI's 9-item Depressed-Anxious Scale, which is discussed below. More than one-half of youth in custody (51%) indicate that, over the past few months, nervous or worried feelings have kept them from doing what they want to do, whereas 17% report having nightmares that are bad enough to make them afraid to go to sleep. Quite a few of the youth who acknowledge bad nightmares also endorse the first item about nervous or worried feelings, as can be seen from the fact that 13% of the custody population answered "yes" to both items, whereas 42% affirmed just one of these items.

Isolation/depression. The two items listed under this topic in table 1 also derive from MAYSI's 9-item Depressed-Anxious Scale. More than one-half of youth in residential placement (52%) claim that they feel lonely too much of the time, and nearly one-third (32%) say that in recent months they have felt they no longer have fun with their friends. Although these can be realistic reactions to the circumstances of incarceration, which undoubtedly precludes many accustomed activities with friends and family, they are nonetheless also important indicators of the emotional difficulties the custody population faces. Thirty-five percent of the youth acknowledge that one of these statements is true for them, and nearly one-fourth of the youth (24%) say "yes" to both descriptors.

Trauma. The SYRP interview included three of the 5 items from the MAYSI Traumatic Experiences Scale. The MAYSI authors have not defined "caution" or "warning" cutoffs on this scale, but instead recommend followup with youth who respond "yes" to any of its items. Table 1 shows that large majorities of youth report experiencing the lifetime events, having something very bad or terrifying happen to them (70%) or personally seeing someone severely injured or killed (67%). Nearly one-third (32%) say that, in the few months before their interview, they had a lot of bad thoughts or dreams about a frightening experience. Few youth in custody (15%) say "no" to all three trauma questions. Rather, one-fourth (25%) say "yes" to one trauma question; 36% say "yes" to two of the questions; and nearly one-fourth (24%) answer affirmatively to all three questions.

As noted above, the two anxiety items and the two isolation/depression items in table 1 are derived from the MAYSI 9-item Depressed-Anxious Scale. However, that scale also includes one of the anger items ("Felt angry a lot") and one of the trauma items ("Had a lot of bad thoughts or dreams about a bad or scary event that happened to you"). Taken together, then, SYRP questions on emotional problems include six of the 9-items on this MAYSI scale. MAYSI designers classify scores of 3 or higher in the "caution" range, while scores of 6 or higher are in the "warning" range. Using only the abbreviated 6 items included in SYRP to develop a conservative (minimum) estimate of the prevalence of problem scores in the custody population, 42% of youth have "caution" scores and another 6% have scores at the "warning" level. As the MAYSI guide advises, high scores on the Depressed-Anxious Scale may reflect youth's reactions to being in trouble with the law and placed in custody (Grisso & Barnum, 2006).

Suicidality. The SYRP interview included the five questions about suicidality given in the last section of table 1. The first four of these, about youth's recent suicidal feelings and thoughts, are from the MAYSI 5-item Suicide Ideation Scale (Grisso et al., 2001; Grisso & Barnum, 2006). The last question, about youth's lifetime history of suicide attempts, has been asked in numerous studies and is included in several standardized assessment instruments (Goldston, 2000), including the Adolescent Suicide Interview (ASI) and its update, the Multimedia Adolescent Suicide Interview (MASI), the Children's Interview for Psychiatric Syndromes (ChIPS), the Schedule for Affective Disorders and Schizophrenia, Epidemiologic Version (K-SADS-E), and the Harkavy Asnis Suicide Scale (HASS) (Ambrosini, 2000; Harkavy-Friedman & Asnis, 1989a, 1989b; Lucas, 1997; Weller et al., 2000).

As table 1 shows, between 15% and 26% of the youth say that in the past few months they had the suicidal feeling described in the question, with the greatest percentage reporting that they felt like life was not worth living (26%) and the fewest (15%) saying that they had felt like killing themselves. Nearly one-third of the youth (30%) affirm one or more of these recent suicidal feelings, with 11% affirming all four of them.

The SYRP interview includes 4 of the 5 items on the MAYSI-2 Suicide Ideation Scale. The MAYSI scoring classifies youth who endorse 2 items in the "Caution" range and those who endorse 3 or more items in the "Warning" range (Grisso & Barnum, 2000). By these standards, the SYRP estimates show that at least 5% of the youth custody population score solely in the "caution" range (monitor as possibly clinically significant), while another 15% score in the "warning" range (requiring immediate clinical attention), for combined total of 20% of youth with classified scores (caution and warning scores).

More than one in five youth (22%) say that, at some point in their life, they tried to kill themselves. Nearly two-thirds of these (or 15% of the total custody population) also reported one or more recent suicidal feelings. Considering both recent feelings and past suicide attempts, 37% of youth in custody say "yes" to one or more of the SYRP questions on suicide.

There is a strong relationship between youth's MAYSI Suicide Ideation scores and their history of suicide attempts: whereas only 13% of youth with low (nonclassified) MAYSI scores on this scale (i.e., zero or one) say they ever tried to kill themselves, considerably higher percentages of youth with MAYSI "Caution" (33%) or "Warning" scores (70%) report past suicide attempts.

General population comparisons. Questions like those in the SYRP interview have evoked lower levels of suicidal ideation from general population youth samples (Velez & Cohen, 1988; Lewinsohn, Rohde and Seeley, 1996; Andrews and Lewinsohn, 1992), most of which were geographically limited. However, there are a few nationally representative comparisons.

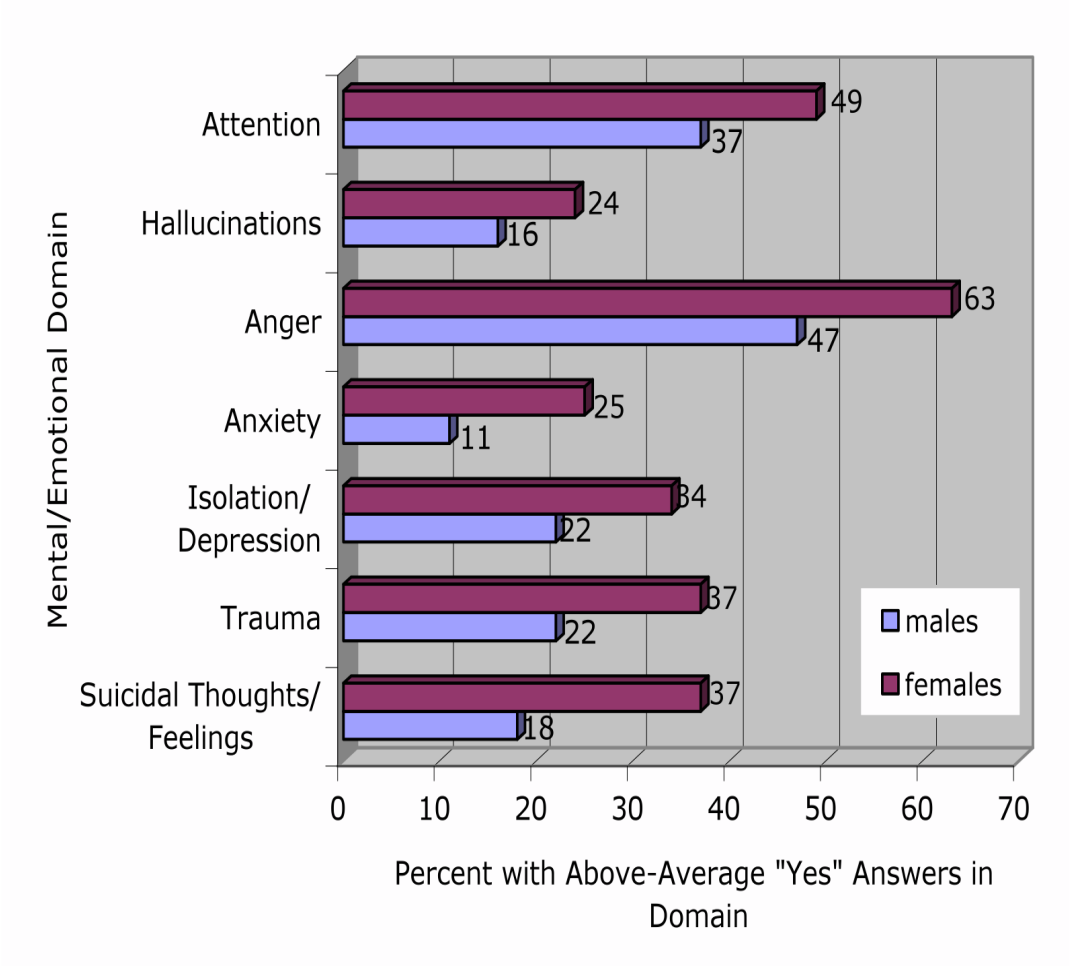
Two national studies included youth in the SYRP age range (10 to 20 years) and asked about suicidal thoughts, but neither covered the full SYRP age range. Moreover, neither asked about the "past few months" as in the SYRP question and both asked about whether the youth had "thought about" killing themselves, rather than whether they had "felt like" killing themselves, as SYRP does. The National Comorbidity Study Replication (NCS-R) provides data showing that 6% of 18 to 20 year olds seriously thought about suicide during the previous 12 months (Harvard School of Medicine, 2005). The Youth Risk Behavior Survey (YRBS) offers the only available nationally representative data on suicidal ideation in the high school age group.[5] The 2003 YRBS (U.S. Department of Health and Human Services, 2004a, 2004b) showed that 17% of general population high school youth say they seriously thought about suicide in the previous 12 months.

Comparisons with general population data on the prevalence of lifetime suicide attempts are dramatic and completely consistent. The SYRP rate of 22% is much higher than rates of 3% to 10% reported for local general population samples (Andrews & Lewinsohn, 1992; Lewinsohn et al., 1996; Reinherz et al., 1995; Meehan et al., 1992; Safer, 1997; Shaffer, Vieland, Garland, Rojas, Underwood, and Busner, 1990; and Velez and Cohen, 1988). The two waves of the National Comorbidity Study (the NCS-1 and NCS-R) provide the only nationally representative data on the lifetime incidence of suicide attempts in the general population (Harvard School of Medicine, 2005). Both studies show that the rate is 6% for ages represented in SYRP.[6] Thus, the lifetime prevalence of suicide attempts in the custody population is more than twice the highest rate found in local general population surveys and nearly quadruple the rate in national samples.

Sex differences in mental/emotional problems and traumatic experiences. Significantly higher percentages of females report problems in all areas. Figure 1 illustrates this by showing the percentages of youth who answer "yes" to more than the average number of questions in each domain.[7] Thirty-seven percent of males in custody indicate that more than one of the 3 attention items applies to them, whereas nearly one-half of the females (49%) do. Only 16% of males, but nearly one-fourth (24%) of the females, report any hallucinatory symptoms at all. Regarding anger, close to one-half of males (47%) endorse more than two of the items in this domain, in contrast to nearly two-thirds of the females (63%). Just slightly more than one-in-ten males (11% in custody say they experienced more than one of the anxiety items in recent months, as compared to 25% of females. Both of the isolation/depression items apply to 22% of the

males, but more than one-third of females (34%) say "yes" to both items in this area. Likewise, 22% of males, but more than one-third of females (37%) report all 3 past trauma experiences.

Figure 1. Percentages of Males and Females with Above-Average Numbers of "Yes" Responses to Questions about Recent Mental and Emotional Problems*



*All sex differences are statistically significant.

Answers concerning suicidal thoughts and feelings reflect a similar but slightly stronger pattern, with females twice as likely to "yes" to more than one of these items (37% of females vs. 18% of males). Also, in addition to the higher rates of reporting recent mental/emotional difficulties depicted in figure 1, females are more than twice as likely to report ever having tried to kill themselves (44% of females vs. 19% of males).

Program differences in mental/emotional problems. Figure 2 reveals that youth in different programs report problems in two areas at different rates: attention problems, and suicidality. Attention-related difficulties are most prevalent among youth in residential treatment programs, where 45% of program residents say "yes" to more than one of the 3 attention items. Youth in community-based and camp programs have the lowest rates of attention-related symptoms, with just 34% in each program indicating more than one complaint in this domain.

Residents in detention and correction programs fall between these extremes, with 41% and 39%, respectively, saying "yes" to more than one attention item.

Figure 2. Program Differences in Percentages of Youth with Above-Average Numbers of "Yes" Responses on Attention Problems and Suicidal Thoughts or Feelings.

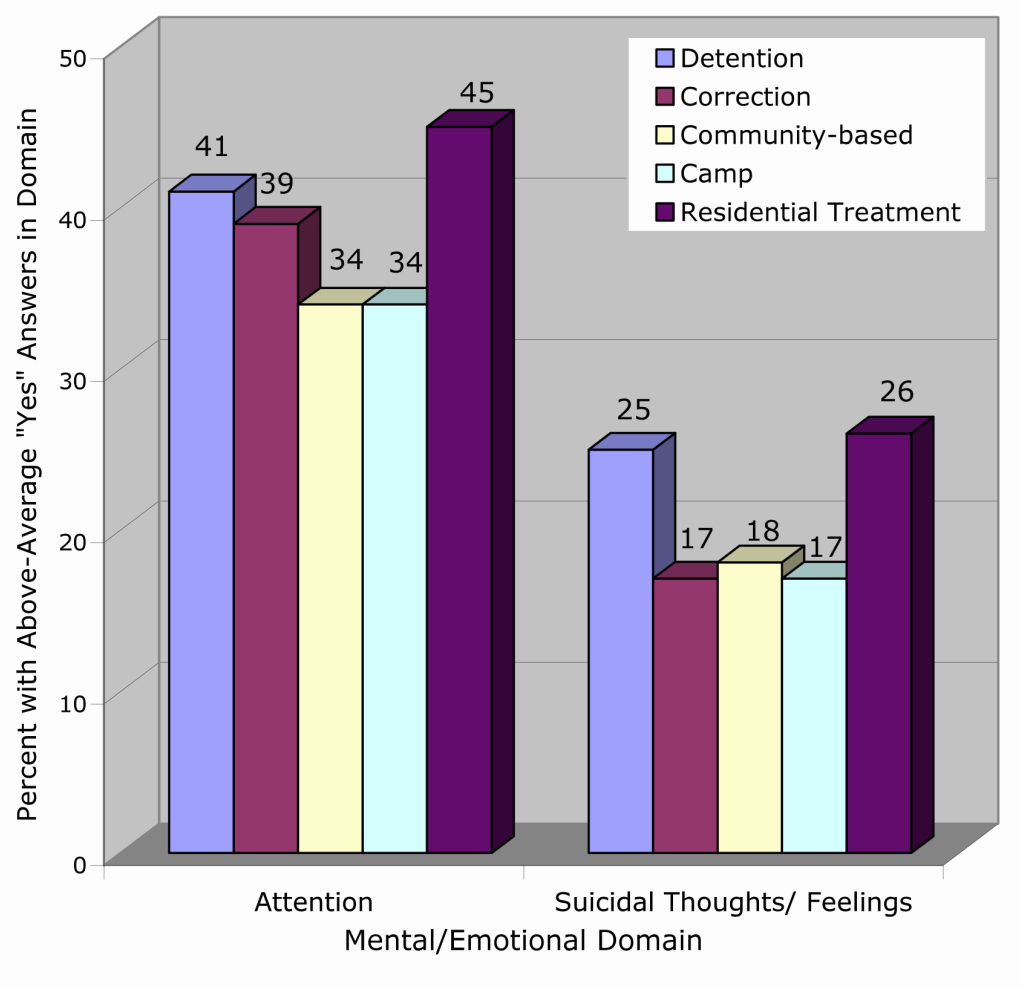


Figure 2 also indicates that residents in detention and residential treatment programs stand out as having the highest rates of suicidal ideation, with 25% and 26%, respectively, saying that they recently experienced more than one of the thoughts or feelings described. Significantly fewer youth in other programs (only 17% to 18%) report as many items in this area. Not shown in this figure are the significant program differences in histories of suicide attempts. Reports of previous suicide attempts are most prevalent among youth in residential treatment programs (33%) and lowest among youth in camp programs (14%), with rates in both of these programs significantly different from rates in other types of programs (22%).

Prior Abuse

SYRP asks youth about their experiences of physical abuse and sexual abuse before entering custody (i.e., events that occurred while they "were living with [their] family or in another household"). The prior physical abuse question asks: "did a grown-up in your life hit, beat, kick, or physically abuse you in any way?" Youth who say "yes" to this screener receive follow-up questions as to how many times this happened, who did this to them, and what, if any, injuries they suffered as a result. SYRP asks two key questions about prior sexual abuse. The first question asks about molestation events: "did a grown-up ever touch your private parts when you didn't want them to, or make you touch their private parts?" The second prior sexual abuse question asks about sexual assault (forced sex) experiences: "did a grown-up ever force you to have sex?" Here, too, follow-up questions ask about the circumstances, including how many times the sexual abuse event happened, who did this to them, and what, if any, injuries (other than the sexual assault itself) they suffered as a result.

Table 2. Youth's Experiences of Prior Sexual or Physical Abuse

Prior Victimization	Percentage of Youth	95% CI
Physical Abuse		
Frequent (>10 times)	*19*	*(17 – 22)*
Injurious	*18*	*(17 – 20)*
Any physical abuse	*25*	*(23 – 28)*
Sexual Abuse		
Molestation	*10*	*(9 – 12)*
Assault (forced sex)	*7*	*(6 – 8)*
Assault with intrusion	*5*	*(4 – 6)*
Any sexual abuse	*12*	*(10 – 13)*
Combined Abuse Experiences		
Neither type of prior abuse	70	*(68 – 73)*
Physical abuse only	18	*(16 – 20)*
Sexual abuse only	4	*(4 – 5)*
Both types of abuse	7	*(6 – 9)*

Notes: CI = confidence interval. The percentages shown are based on 6,868 participants with answers to the sexual abuse questions, 6,880 sample youth with answers to the physical abuse questions, and 6,855 sample youth with answers on both types of prior abuse.

Table 2 presents youth's reports about any prior sexual abuse experiences and about their prior physical abuse experiences that were frequent (occurred more than 10 times) or that caused injury. Nearly one-fifth (19%) of youth in custody report prior experiences of frequent physical abuse, while 18% of youth say they experienced injury from prior physical abuse. Some youth indicate they experienced both frequent and injurious prior physical abuse; so considering these experiences together, one-fourth (25%) of youth disclose histories of physical abuse. One in ten youth (10%) report they were sexually molested, and 7% say that an adult forced them to have sex. This latter group includes 5% of youth in custody who indicate that the forced sex involved intrusion sex.[8] One-eighth of youth in custody (12%) report experiences of one or more types of prior sexual abuse. Taken together, 30% of youth report some history of prior abuse: 18% indicate only prior physical abuse, 4% only prior sexual abuse, and 7% both prior physical and sexual abuse.

Table 3 describes the circumstances of youth's abuse experiences, showing the perpetrators and injuries they report in answering the follow-up questions. Most youth with frequent or injurious physical abuse identify their abuser as a father or stepfather (57%), more than one-third (35%) say their mother or stepmother abused them, and one-fifth (20%) identify their brother or sister as

their abuser. Two-thirds of youth with frequent or injurious physical abuse histories (67%) say they suffered bruises, cuts, or a black eye as a result, while 16% or fewer reported other injuries. Youth describe very different circumstances for prior experiences of sexual abuse. Most commonly (42%), their abuser was someone not listed among the alternatives provided. This must refer to a known adult not living in their household. The next most common sexual abuse perpetrator is a father or stepfather (24%), followed by another adult in the household (21%), and an adult stranger (20%). Mother's boyfriends (13%) and siblings (10%) are next; other kinds of perpetrators mentioned by fewer than 10% of prior sexual abuse victims. Similar to physical abuse, the most common injuries from sexual abuse are bruising, cuts, and/or black eyes (21%).

Table 3. Perpetrators of Prior Abuse and Resulting Injuries

Prior Abuse Circumstance	Physical Abuse		Sexual Abuse	
	Percentage of Victims	95% CI	Percentage of Victims	95% CI
Perpetrator				
Brother or sister	20	*(17 – 22)*	10	*(8 – 12)*
Father or stepfather	57	*(53 – 60)*	24	*(18 – 30)*
Mother or stepmother	35	*(31 – 39)*	8	*(5 – 11)*
Foster parent	5	*(4 – 7)*	6	*(3 – 8)*
Mother's boyfriend	17	*(14 – 20)*	13	*(10 – 17)*
Father's girlfriend	3	*(2 – 4)*	8	*(5 – 11)*
Other adult in household	16	*(13 – 18)*	21	*(18 – 25)*
Adult stranger	---*	---*	20	*(17 – 24)*
Other	16	*(14 – 19)*	42	*(36 – 47)*
Injury				
Bruises, black eye, cuts	67	*(64 – 70)*	21	*(18 – 24)*
Knocked unconscious	16	*(14 – 18)*	5	*(3 – 7)*
Concussion	10	*(8 – 11)*	4	*(2 – 5)*
Internal injuries	8	*(6 – 9)*	8	*(6 – 10)*
Broken bones or teeth	13	*(11 – 15)*	4	*(2 – 5)*
Knife or stab wound	9	*(7 – 11)*	2	*(1 – 3)*
Other	16	*(14 – 18)*	10	*(7 – 12)*

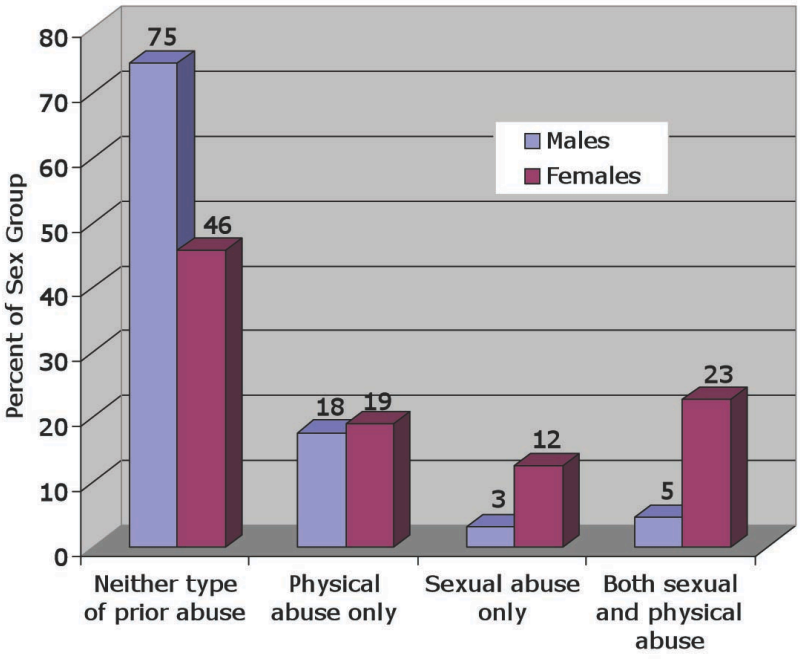
Notes: CI = confidence interval. Percentages are based only on youth who report the prior abuse (n=24,210 physically abused; n=11,340 sexually abused). Youth could identify multiple perpetrators or types of injury, so row percentages sum to more than 100 in each category.

*This response ("An adult you did not know") was not listed as a perpetrator of prior physical abuse.

Sex differences in prior abuse experiences. Females are nearly twice as likely as males to report prior frequent or injurious physical abuse (42% versus 22%) and females are more than 4 times as likely as males to report prior sexual abuse (35% versus 8%). Considering all prior abuse experiences, a majority of females in custody report having experienced one or both types of prior abuse, as depicted in figure 3.

The figure reveals that only 46% of females, but 75% of males, are not prior abuse victims of either type. Although comparable percentages of females and males report only physical abuse histories, females are more often victims in the other abuse categories: 4 times as many females indicate only sexual abuse experiences (12% of females versus 3% of males) and more than 4 times as many females report both sexual abuse and physical abuse (23% of females versus 5% of males).

Figure 3. Sex Differences in Percentages of Youth with Prior Abuse Experiences.



There are also sex differences in the circumstances of prior abuse. Females with frequent or injurious physical abuse more often identify their perpetrator as a sibling (24% of female victims versus 18% of male victims), their mother or stepmother (45% of female victims versus 32% of male victims), or others not listed among the answer alternatives provided (22% of female victims versus 15% of male victims). In contrast, male physical abuse victims more often identify their father or stepfather as their abuser (58% of male victims versus 50% of female victims). Female physical abuse victims are more likely to report receiving bruises, cuts or black eyes (74% of female victims versus 65% of male victims) or other injuries not on the list provided (19% of female victims versus 15% of male victims).

The patterns are similar for injuries resulting from prior sexual abuse: female sexual abuse victims more often report bruises, cuts or black eyes compared to male sex abuse victims (25% of female victims versus 18% of male victims); more female sexual abuse victims also report other injuries not listed (13% of female victims versus 7% of male victims). However, the only differences in perpetrators of sexual abuse are in the percentages of victims who identify a mother's boyfriend or a father's girlfriend as their abuser: females more often identify mother's boyfriends (19% of female victims versus 9% of male victims), whereas males more often identify father's girlfriends (14% of male victims versus <1% of female victims).

Program differences in prior abuse experiences. Only camp programs stand out as having significantly fewer victims of prior abuse compared to other types programs. Just 17% of youth in camp programs report experiencing frequent or injurious physical abuse in the past compared to 26% of residents in other types of programs. Similarly, only 4% of camp program residents answer affirmatively to one or both of the sexual abuse questions, in contrast to 13% of residents in other programs.

Prior abuse and suicidality. Youth in custody who have histories of prior abuse are more likely to have attempted suicide than are youth with no past victimization and abused youth are also more likely to have recent suicidal feelings and thoughts.

Suicide attempts are most common among youth with histories of both physical and sexual abuse (62%). Close to one-half (44%) of youth with only sexual abuse history report a past suicide attempt and more than one-third (36%) of youth with only prior physical abuse have attempted suicide, compared to just 13% of youth with no prior abuse experiences.

In addition to having higher rates of suicide attempts, youth with prior victimization have higher rates of recent suicidal thoughts and feelings. One-half (49%) of youth with a history of both physical and sexual abuse answer "yes" to more than one of the questions about recent suicidal ideation, compared to one-third of those with a single form of prior abuse (34% of youth with only prior sexual abuse; 33% of those with only prior physical abuse), and just 13% of youth with no prior abuse.

Mental Health Services

SYRP obtains information both about psychological services that are available in the facility and about the specific services individual youth received. As described in the *Introduction to the Survey of Youth in Residential Placement* (Sedlak, 2010), SYRP documents facility circumstances and practices at the time of youth's interviews by having the facility administrators verify and, if necessary, update their answers to OJJDP's most recent Juvenile Residential Facility Census (JRFC). These administrative data include information about the availability of mental health services at the facility and describe the facility's procedures for screening new youth for suicide risk. In addition, the SYRP interview includes a series of questions asking youth about counseling they received while living in their current facility.

Screening for suicide risk. SYRP classifies youth as shown in table 4, based on their facility's practices for screening youth for suicide risk when they enter, considering whether their facility conducts such screening, and if so, when it occurs, whether it applies to all youth, and who conducts the screening.

Although most youth reside in facilities that evaluate at some of their residents for suicide risk after their arrival, there is considerable variation in how quickly this screening occurs and whether it applies to all youth. Slightly more than one-half of youth in custody (55%) are in facilities that definitely evaluate all youth within their first 24 hours in the facility. Another 11% are in facilities that evaluate all youth, at least some of them within 24 hours but also on more delayed schedules as well.[9] About one-in-twelve youth (8%) are in places that assess all youth but on later schedules—none within their first 24 hours at the facility. Another 8% of youth are in facilities that do not evaluate every youth, assessing only those who communicate risk or exhibit need, but they do evaluate some youth very soon, within 24 hours of their arrival. Nearly one-tenth of youth in custody (9%) are in facilities that conduct only more delayed evaluations for some of their residents, whom they select because of what they say or how they behave. Another 9% of youth live in facilities that do not screen any youth for their suicide risk.

Males and females live in facilities with similar screening practices. This is also true for youth with histories of suicide attempts and youth who answer "yes" to more than one of the questions about their recent suicidal thoughts and feelings. Thus, percentages shown in the top section of table 4 apply equally to all these subgroups: 34% of youth in these categories enter facilities that either do not screen all youth or, if they do screen all youth, do not do so within 24 hours of their arrival.

Table 4. Youth in Custody by the Facility's Practices on Screening Entering Youth for Suicide Risk

Facility Screening Practices	Percentage of Youth	95% CI
Which youth and when facility screens		
All youth, definitely within 24 hours	55	*(45 – 64)*
All youth, at least some in 24 hours	11	*(5 – 17)*
All youth, none in 24 hours	8	*(3 – 14)*
Some youth, some in 24 hours	8	*(4 – 13)*
Some youth, none in 24 hours	9	*(5 – 13)*
No youth	9	*(3 – 15)*
What staff do the screening		
Only mental health professionals	31	*(25 – 37)*
Mental health professionals and other trained staff	19	*(13 – 25)*
Only trained staff (but no mental health professionals)	15	*(9 – 21)*
Untrained staff along with others (whether mental health professionals or trained staff)	18	*(14 – 23)*
Only untrained staff	8	*(4 – 13)*
No staff conduct screening	9	*(3 – 15)*

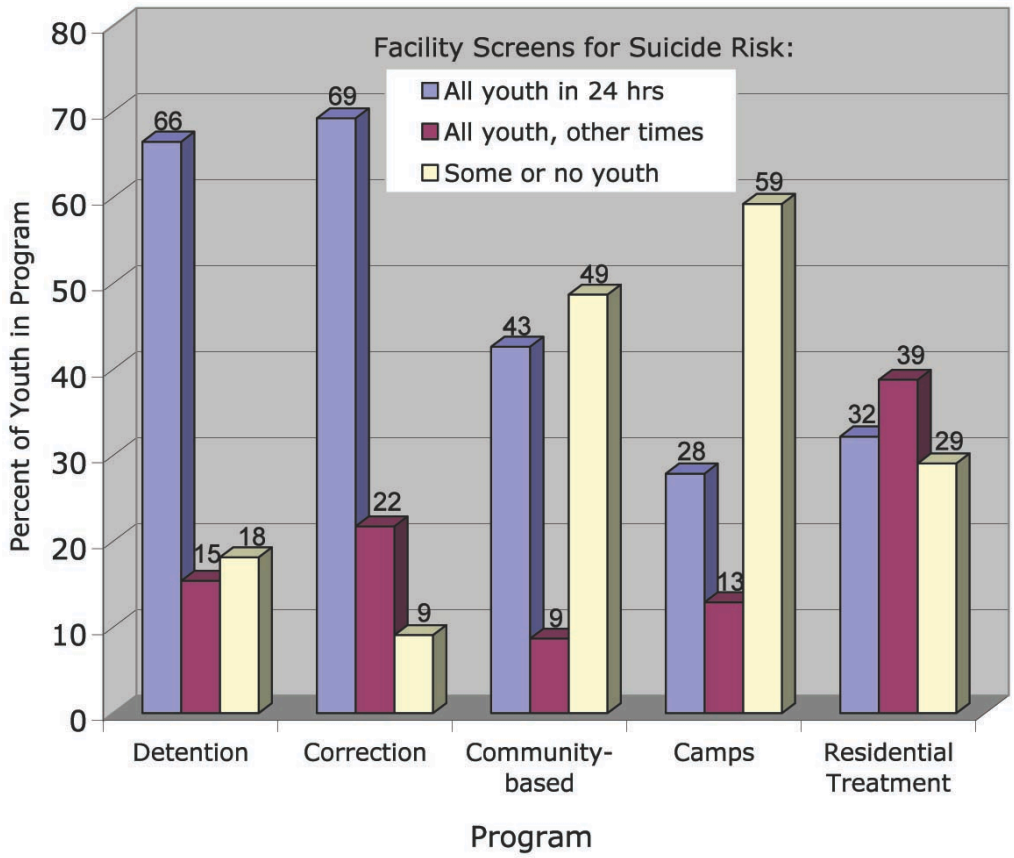
Note: CI = confidence interval.

There are, however, systematic program differences in screening practices, as can be seen in figure 4. The graph indicates general similarities between detention and correction programs, where more than two-thirds of youth reside in facilities that screen all youth within 24 hours (66% in detention, 69% in correction programs), with comparably fewer youth in places that screen all youth at later times (15% in detention, 22% in correction), or where screening is not universal (18% in detention and 9% in correction). The distributions of youth in community-based programs and camp programs resemble each other, with the large percentages of these youth in facilities at one or the other extreme in terms of screening practices. One-half or more of youth in these programs are in facilities that screen only some or no youth for suicide risk (49% in community-based programs; 59% in camps), with the next largest subgroup of youth in facilities that screen all their youth within 24 hours of their entry (43% in community-based programs; 28% in camps). Finally, youth in residential treatment programs stand out from the rest in that they are more evenly distributed across programs at all levels of screening: one-third (32%) are in places that use comprehensive and rapid screening; 39% are in facilities that screen all their youth but not within 24 hours; and 29% are in programs that screen only some or none of their youth.

It should be noted that although the figure 4 graph illustrates general program differences, it also obscures program differences in the percentages of youth who are in facilities that do no screening (as these are subsumed into the last category, "some or no youth"). Extremely few or no youth in detention (2%), correction (0%), and residential treatment programs are in facilities that conduct no screening (5%), whereas considerable percentages of youth in community-based (29%) and camp (28%) programs are in facilities with no suicide risk screening.

Overall, two-thirds of youth (66%) live in facilities where mental health professionals have some role in suicide risk screening. Mental health professionals are defined here as psychiatrists, psychologists with at least a master's degree in psychology; and social workers with at least a master's degree in social work (LCSW or MSW). However, qualifications of staff who perform screening range widely, with more than one-fourth of youth (27%) living in places where untrained staff performs this function.

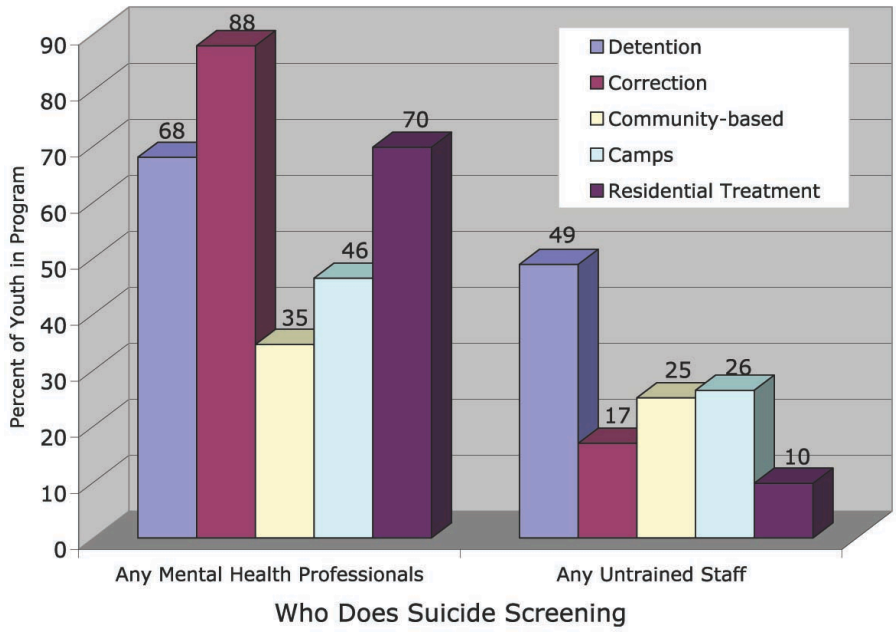
Figure 4. Percentages of Youth in Facilities with Different Screening Practices, by Program.



The range of staff and staff combinations that do suicide screening are shown in the bottom section of table 4. Slightly less than one-third of youth (31%) live in facilities where mental health professionals are the only staff members assessing youth for suicide risk. Nearly one-fifth of youth (19%) are in places that use both mental health professionals and other trained staff to screen for suicide risk. This category includes counselors or intake workers who have been trained by a mental health professional as well as medical staff, if they conduct any screening. Only trained staff (with no involvement by mental health professionals) are responsible for screening 15% of youth on suicide risk, whereas facilities housing 18% of youth have some untrained staff involved in suicide risk screening, although these share screening responsibility with others who have greater expertise (whether mental health professionals or other trained staff). Untrained staff has sole responsibility for screening 8% of youth in custody on suicide risk. Considering these last two categories together, nearly one-fourth of youth in custody (23%) live in places where residents receive suicide screening by untrained staff. As noted above, 9% of youth live in facilities that conduct no suicide risk screening.Here again, there are no differences between males and females

in terms of who conducts screening in their facilities, no differences between youth with prior suicide attempts and those without, and no differences related to how youth answer the questions about recent suicidal thoughts and feelings. However, there are differences across different programs related to the use of mental health professionals and untrained staff, as figure 5 depicts.

Figure 5. Percentages of Youth in Facilities That Use Any Mental Health Professionals or Any Untrained Staff to Screen for Suicide Risk, by Program.



Youth in correction programs are most likely to be in facilities where mental health professionals screen for suicide risk (88%), but these most qualified screeners are also relatively common for youth in detention and residential treatment programs (68% and 70%, respectively). In contrast, youth in camp (46%) and community-based programs (35%) have significantly lower rates of access to screening by mental health professionals. Despite the fact that detention programs provide most of their youth with mental health professionals for suicide screening, they also provide the highest rates of screening by untrained staff, with untrained staff involved in suicide screening in facilities that house about one-half of detention program residents (49%). Untrained staff are screening in places where about one-fourth of youth in camp and community-based programs live (26% and 25%, respectively). Untrained staff are least involved in screening youth for suicide risk in correction and residential treatment programs (17% and 10%, respectively).

Mental health services available. Facility administrators indicate whether their institution provides mental health services other than a suicide evaluation. These include services inside as well as outside the facility, evaluations and appraisals by mental health professionals to diagnose or identify mental health needs, ongoing mental health therapy, and ongoing counseling.

Table 5 shows that 97% of youth in custody have access to some form of mental health service beyond suicide evaluation, and 91% of youth in custody are in institutions that provide these services inside the facility itself. In all cases, mental health professionals provide evaluations or assessments. However, less than one-half of youth (47%) are in places that provide these evaluations for all youth. For 77% of youth in custody, the facility offers ongoing therapy by mental health professionals, but more youth (88%) are in facilities where counselors (not mental health professionals) provide the mental health services.

Table 5. Availability of Mental Health Services in Youth's Facilities

Mental Health Services	Percentage of Youth	95% CI
Any, inside or outside the facility	97	(94 – 100)
Any inside the facility	91	(86 – 96)
Evaluation/appraisal by mental health professional	91	*(85 – 96)*
Ongoing therapy by mental health professional	77	*(70 – 84)*
Counseling by a counselor for mental health problems	88	*(83 – 94)*
Any outside the facility	47	(38 – 57)
Counseling by a counselor for mental health problems	31	*(23 – 39)*
Mental health services by a mental health professional	43	*(33 – 53)*
Psychotropic medications prescribed/monitored by		
Medical staff inside the facility	81	*(73 – 89)*
Medical staff outside the facility	38	*(29 – 47)*

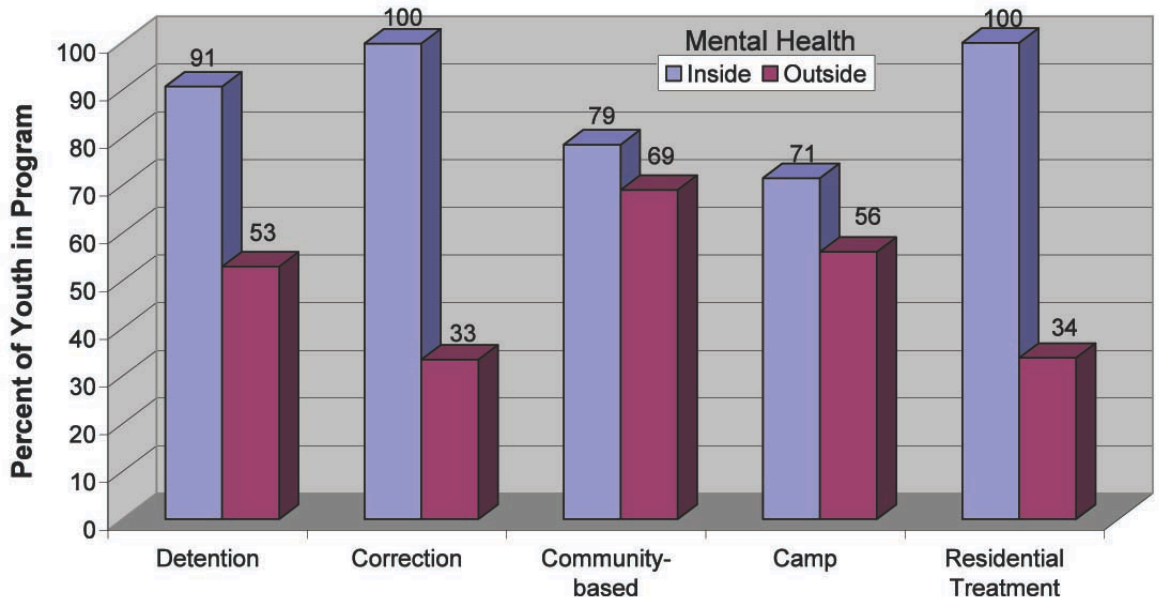
Note: CI = confidence interval.

Onsite medical staff prescribes or monitors psychotropic medications in facilities where 81% of youth reside. Some youth (47%) live in facilities that provide offsite mental health services. These include offsite services by a counselor for 31% of youth, by a mental health professional for 43% of youth, and by outside medical staff who prescribe or monitor psychotropic medications in places holding 38% of youth in custody.

Males and females are generally in facilities that offer similar mental health services, but a higher percentage of females are in places where mental health professionals provide evaluations or appraisals to all youth (59% of females vs. 44% of males).

There are also differences across program types in the percentages of youth who have access to mental health services in their facilities, as figure 6 displays.

Figure 6. Percentages of Youth in Facilities That Provide Mental Health Services Inside or Outside, by Program.



Nearly all youth in correction and residential treatment programs have mental health services inside their facilities, as do 91% of those in detention programs. Inside services are somewhat less available to residents of community-based and camp programs (79% and 71%, respectively), but youth in these programs also have the highest access to outside mental health services (69% and 56%, respectively). Youth in correction and residential treatment programs have the lowest rates of access to outside mental health services (33% and 34%, respectively).

There is no relationship between the general availability of mental health services in youth's facilities and their mental health needs, as indexed by their answers about mental and emotional problems, prior traumatic experiences, or their prior abuse histories. However, youth with prior suicide attempts are slightly but significantly more likely to have access to mental health services inside their facility (94% vs. 90%).

Counseling that youth receive. During the SYRP interview, youth indicate whether they have seen a counselor at their current facility, and if so, how frequently, when they last saw the counselor, and the format of their counseling sessions (e.g., group, individual, etc.). Youth who receive any counseling also rate how helpful it is.

More than one-half of youth in custody (53%) say they have received counseling to help them deal with their feelings and emotions since coming to their current facility. Those who say they have not received any counseling indicate various reasons:[10] some believe that they do not need to talk to a counselor (42%), some are not comfortable talking about their feeling (30%), some do not trust the counselors (27%), and some report that they simply do not like the counselors (15%). One-fifth of youth who have not seen a counselor (20%) admit that they do not know how to arrange to talk to a counselor or report that their facility does not provide counseling (18%). Note that this is not the complement of the finding above on the percentage of youth in facilities that provide ongoing counseling because the facility may provide counseling services only to some youth or only to youth in specific sections or programs, or some youth may not be aware of the counseling services available at their facility. There are also youth who say they had no counseling in their current facility because they felt their problem was not that serious (17%), or it has not bothered them since their arrival (11%).

Among youth who have had counseling in their facility, one-third report seeing the counselor once a week during the past month (34%). However, more of these youth have more frequent counseling sessions: twice weekly for 14% and three or more times a week for another 23% of these youth. Fewer than one-fourth say that that their counseling sessions occurred less than once a week (22%), and only 7% of youth who have had any counseling say they had no sessions in the past month.

Youth who receive any counseling indicate the format of their sessions, choosing as many types as apply from a list provided. The majority (70%) describe individual sessions, nearly one-half (47%) indicate group sessions, 18% say their counseling sessions included members of their family, and 7% say they received some other form of counseling.

The majority of youth who receive counseling consider it to be helpful: 42% call it "very helpful" and 38% say it is "somewhat helpful." Only 19% report it is "not very helpful."

There are distinct differences across program types on youth's answers to nearly all questions concerning counseling: in the percentages of residents receiving counseling, the types of counseling they receive, the frequency of their counseling sessions, youth's reasons for not seeking counseling, and their reactions to counseling they do receive. Majorities of youth in residential treatment (77%) and community-based programs (67%) say that, since coming to their current facility, they received counseling to help them deal with their feelings and emotions. Only about one-half of residents in correction (54%) and camp programs (47%) report having counseling at their current facilities. Detention programs, which have the shortest average stays, also have the lowest percentage of residents receiving counseling (30%).

Three reasons youth give for not receiving counseling differ across programs. Feeling uncomfortable about talking about their feelings is more common among youth in residential treatment programs (40%) and least common among youth in detention programs (26%), whereas 30% to 33% of youth in other programs offer this reason. Detention program youth are least likely to say the reason they have had no counseling is because they do not like the counselor (10%, compared with 17% to 21% of youth in other programs). Residential treatment programs have the highest percentage of residents saying they do not trust the counselors (36%), whereas the lowest percentages of youth give this reason for not having counseling in detention (22%) and camp programs (23%). Intermediate percentages of residents in correction (30%) and community-based programs (31%) provide this as a reason they have not received counseling.

There are program differences in the prevalence of different counseling formats as well. Individual sessions are most commonly reported in residential treatment programs (79%) and least often mentioned by youth in camp programs (61%). Between 66% and 72% of youth in other programs who receive counseling say they have individual counseling sessions. Group sessions are least common in detention programs, with just 31% of counseled youth identifying this arrangement, compared to between 48% and 54% of youth in other programs. Family counseling sessions, although not typical in general, have their most frequent use in residential treatment programs, where one-third of youth receive this format (34%) and in community-based programs, where one-fourth of residents report having sessions with their family present (26%). Comparatively fewer youth in other programs (between 7% and 11%) mention family counseling.

There are program differences in the frequency of counseling. More youth receive frequent counseling sessions in community-based and residential treatment programs, where sessions occur two or more times a week for 44% of youth, compared to other programs where 32% of youth receive counseling this frequently.

Although the majority of youth in all programs regard their counseling as helpful to some degree, there are some program differences on this measure. Most notably, detention programs have the highest percentage of residents saying that their counseling is "not very helpful" (26%). The lowest percentage of youth giving this poor rating in residential treatment programs (14%), and intermediate percentages of youth do so in other programs (18% to 21%).

There are no differences between males and females in terms of the percentages that report receiving counseling, or in most reasons for not having counseling. However, females more often than males explain they have not had counseling because they did not know how to arrange to talk to a counselor (25% of females, compared to 19% of males). In contrast, males more often say

they have not had counseling because they "don't need to talk to a counselor" (44% of males, compared to 31% of females). Among youth who do receive counseling, females are more likely to receive counseling on a weekly basis (45% of females, compared to 32% of males), but more males receive their sessions on the most frequent schedule of three or more sessions a week (24% of males, compared to 16% of females). There are also sex differences in the formats of counseling sessions, with more females reporting individual counseling (85% of females vs. 67% of males), but more males say they receive group counseling (49% of males vs. 40% of females). Females more often regard the counseling they receive as only "somewhat helpful" (42% of females vs. 38% of males) or as "not very helpful" (24% of females vs. 18% of males). In contrast, males more often rate their counseling experiences as "very helpful" (44% of males vs. 34% of females).

Youth's Mental Health Needs vs. the Counseling They Receive

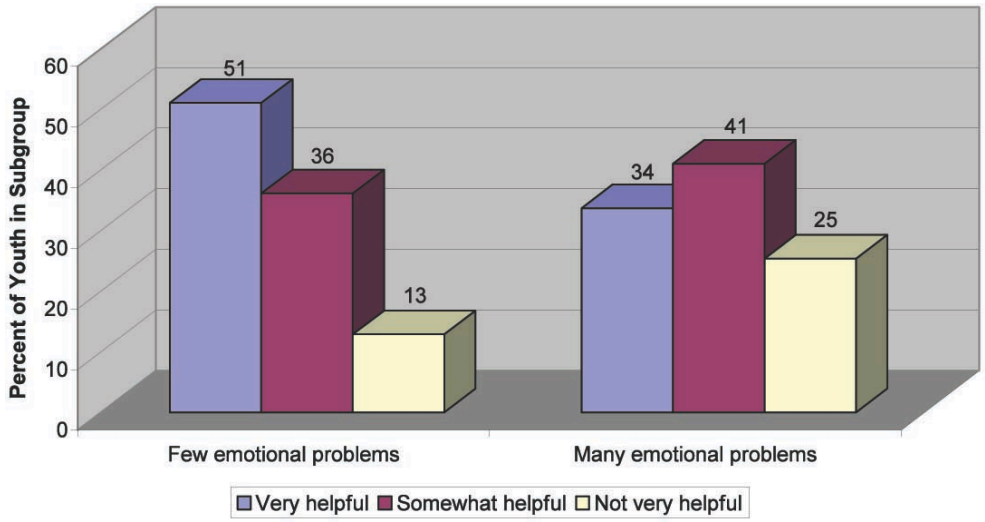
The authors examined the relationship between youth's reports about receiving counseling in their facility and their apparent needs for counseling, as reflected in their answers about mental and emotional problems, prior suicide attempts, and prior physical and sexual abuse.

Youth's self-reports about the problems listed in table 1 are not related to their experiences of counseling in their current facility—they are equally likely to receive counseling in their current facility regardless of their answers about recent mental and emotional problems or previous traumatic experiences.[11] However, more youth who have ever attempted suicide receive counseling (60%) compared to those with no suicide attempt history (51%). Also, more youth with prior abuse histories say they have seen a counselor in their current facility (58%) compared to those without prior abuse (50%). Among youth who have received counseling, the frequency of their counseling sessions does not correlate with any SYRP measure of their need for counseling.

At the same time, youth whose answers indicate a need for counseling give poorer ratings to any counseling they do receive. Figure 7 compares the ratings of youth who have more than the average number of mental/emotional problems in two or more of the domains listed in table 1 with the ratings of youth who indicate fewer problems.

The pattern is virtually identical for youth with and without histories of suicide or prior abuse. In the figure, about one-half of youth who have few mental/ emotional problems (51%) consider their counseling to be "very helpful" compared to just one-third of youth who identify more problems (34%). On the other hand, only one-eighth of youth with few problems (13%) rate their counseling as "not very helpful" in contrast to one-fourth of more troubled youth (25%).

Figure 7. Ratings of the Helpfulness of Counseling by Youth with Few vs. Many Emotional Problems.



Substance Abuse Needs and Services

History of Alcohol and Drug Use

SYRP asks youth to report their lifetime use of alcohol and a variety of illicit drugs. Table 6 presents the SYRP list of substances and the percentage of youth in custody who say they have ever used each substance. The last column in this table shows how the youth in custody compare to 12- to 20-year-olds in the general population, using findings from the National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration, SAMHSA, 2008).[12]

There are significant and substantial differences between youth in custody and those in the general population on their lifetime use of both alcohol and drugs. Whereas about four-in-ten youth in the general population have never tried either alcohol or any illicit drugs, only 12% of the custody population has never used any of the substances listed. Thus, nearly nine-in-ten youth in placement have used alcohol or drugs. The top section of the table indicates that the custody population has more than two times the rate of lifetime experience with both alcohol and illegal drugs as their age peers in the general population.

Nearly three-fourths of youth in custody (74%) have used alcohol, compared to a little more than one-half (56%) of youth in the general population. The drug most frequently reported across the board is marijuana, with more than eight-in-ten youth in custody (84%) saying that they have used it compared to less than one-third (30%) of youth in the general population.[13]

Almost one-third (30%) of youth in custody report ever having used cocaine or crack, which is five times the rate in the general population (6%). Almost as many youth in custody (26%) say they have used Ecstasy, again compared to just 6% of youth in the general population. More than one-fifth of juveniles in custody (22%) say they have used crystal meth, and nearly as many (19%) say they have used acid or LSD or inhalants. In contrast, methamphetamine and LSD are relatively uncommon in the general population, reported by fewer than one in twenty youth, but 12% of youth in the general population have used inhalants. While 7% of youth in residential placement say they have used heroin, the general population figure is significantly lower, at less than one percent. Thus, across the board, youth in custody have more extensive histories of drug use than youth in the general population.

Table 6. Lifetime Use of Alcohol and Drugs by Youth in Custody and by Youth in the General Population Ages 12 – 20 Years

Measure	Youth in Custody		12 – 20 Year Olds in the General Population
	Percentage of Youth	95% CI	
Pattern of alcohol and drug use			
Alcohol only	3	*(2 – 3)*	21
Drugs only	13	*(12 – 15)*	5
Alcohol and drugs	72	*(70 – 74)*	35
Neither	12	*(11 – 13)*	39
Substance ever used			
Alcohol	74	*(71 – 76)*	56
Marijuana or hashish	84	*(82 – 85)*	30
Cocaine or crack	30	*(27 – 32)*	6
Ecstasy	26	*(24 – 28)*	6
Crystal meth	22	*(18 – 26)*	2
Acid or LSD	19	*(17 – 21)*	4
Inhalants	19	*(17 – 21)*	12
Heroin	7	*(6 – 9)*	<1
Other illegal drug	23	*(21 – 26)*	NA
Any illegal drug	85	*(84 – 87)*	40
Any illegal drug other than marijuana	50	*(46 – 53)*	27

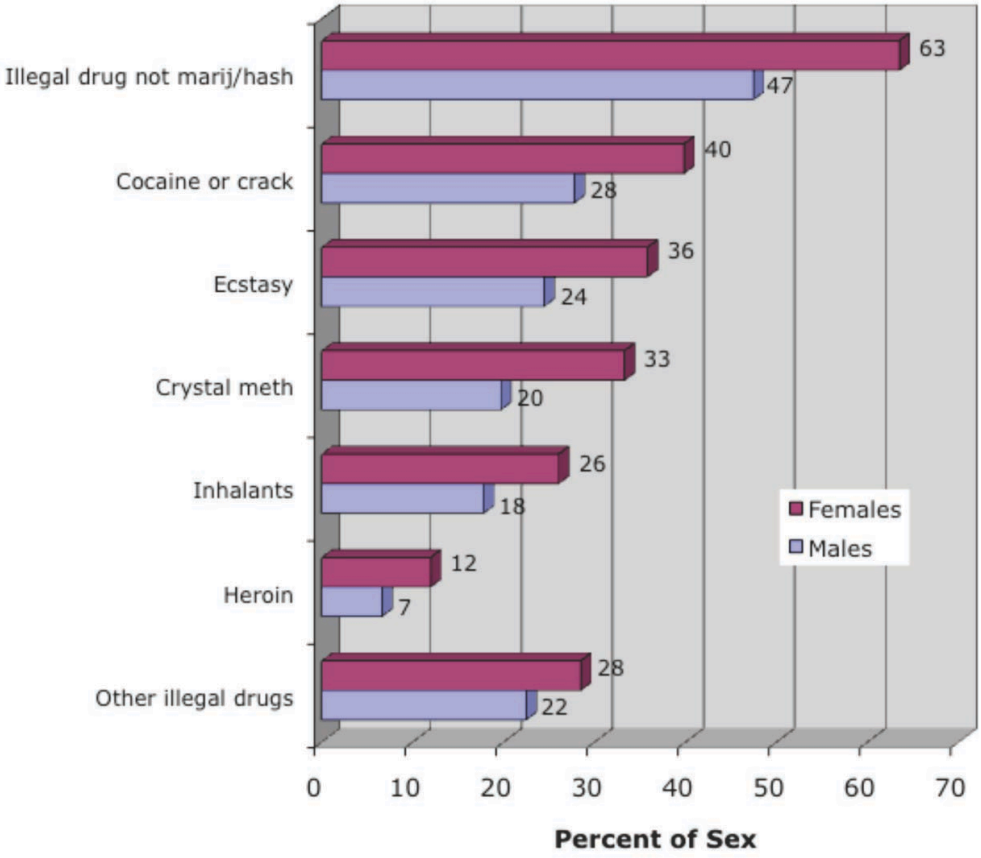
Note:s CI = confidence interval. General population percentages are computed from the National Survey on Drug Use and Health, 2003, at the Substance Abuse and Mental Health Data Archive (SAMHDA) Online Data Analysis System.
http://webapp.icpsr.umich.edu/cocoon/SAMHDA/DAS3/00064.xml

Sex differences in history of alcohol and drug use. Females report significantly more experience with the substances listed compared to males. More females than males report ever using any substance listed (91% of females, 87% of males), ever drinking alcohol (80% of females, 73% of males), and ever using an illegal drug (88% of females, 85% of males). In addition, more females (78%) than males (71%) report ever using both alcohol and drugs, and more females (47%) than males (33%) report having ever used 4 or more of the listed substances. Figure 8 graphs sex differences in lifetime experience with specific illegal drugs. Males and females are statistically similar only in their reports of marijuana/hashish and acid/LSD, so the figure excludes those drugs.

Program differences in history of alcohol and drug use. There are no systematic differences in the pattern of reported substance use according to youths' program except in the case of one substance: crystal meth. Over one third of youth in camps (35%) report the use of

crystal meth. This is statistically similar to the reports by youth in detention programs (25%), but greater than the number of youth in the other three programs (17%–20%).

Figure 8. Sex Differences in Percentages of Youth Who Ever Used Illegal Drugs.



Substance-related Problems

If youth report any previous substance use, SYRP asks them a series of questions to ascertain the extent of their use and any substance-related problems they had in the few months before they were taken into custody.

More than one-third of youth (37%) say they drunk or very high on alcohol or drugs *every day* and more than another one-fifth (22%) were drunk or very high several times a week during the few months before entering custody. Just 19% of youth in custody say they were not drunk or very high on alcohol or drugs at all during that timeframe.

Table 7 summarizes youth's substance-related problems during the few months immediately prior to their current custody.[14] More than one-half of all youth in custody (54%) report that they used alcohol and drugs on the same occasion during that period. Four in ten (42%) say they got into trouble while high or drinking, and a similar percentage (39%) say that alcohol or drug use kept

them from meeting their responsibilities at school, home, or work. About one-third of youth (34%) report a blackout experience,[15] and one in five (21%) say their parents or friends thought they drank too much. Altogether, two-thirds of youth in custody (68%) report at least one of these problems during the months leading up to their current custody.

Table 7. Substance Problems in the Few Months Prior to Current Custody, for All Youth in Custody and by Sex

Substance-related Problem	All Youth		Sex	
	Percentage	95% CI	Boys	Girls
Youth used alcohol and drugs at the same time	54	*(52 – 57)*	54	59
Youth got into trouble when high or drinking	42	*(41 – 44)*	42	47
Alcohol or drug use kept youth from meeting responsibilities at school, home, or work	39	*(36 – 41)*	37	46
Youth had been so drunk or high they couldn't remember what happened	34	*(33 – 36)*	33	41
Parents or friends thought youth drank too much	21	*(20 – 23)*	21	25
At least one of the above problems applied	68	*(66 – 70)*	67	71

Note: CI = confidence interval.

Sex differences in substance-related problems. Males and females show similar patterns in their frequency of use of drugs and alcohol in the months preceding their current custody; however, females report more problems associated with substance use than males. As shown in last columns in Table 7, more females than males report every one of the problems related to their use of drugs or alcohol. More females say they used drugs and alcohol together, got into trouble when they were high or drinking, failed to meet their responsibilities due to alcohol or drug use, had blackout experiences, and had family or friends who thought they drank too much.

Program differences in substance-related problems. The only statistically significant difference across programs is on the percentages of youth who say that, in the few months preceding their entry into custody, they got into trouble when they were high or had been drinking. This problem is most frequent among youth in residential treatment programs (49%) and least frequent among youth in detention programs (38%).

Substance Abuse Services

As described above for mental health services, SYRP also obtains information about both substance abuse services available in the facility, both through administrators' updates to their most recent responses on the JRFC and by asking the youth directly about the specific drug and alcohol counseling they have received in their current facility.

Screening for substance problems. SYRP reports the numbers of youth living in the facilities described, not the numbers of facilities. Classifying youth as shown in table 8, on the basis of their facility's practices for screening youth for substance abuse problems, it is evident that substance abuse screening is not universal. In fact, nearly one-fifth of youth (19%) reside in facilities that do not evaluate any youth for substance abuse problems. On the other hand, more than one-fourth of youth (27%) are in places that evaluate all youth within 24 hours or even before their admission to the facility. Note that, ignoring when screening occurs, nearly two-thirds of youth (64%) are in facilities that do screen all youth for substance abuse problems at some point during their stay.

Table 8. Youth in Custody by Their Facility's Practices for Screening Entering Youth to Identify Substance Abuse Problems

Facility Screening Practices	Percentage of Youth	95% CI
Facility screens who and when		
All youth, definitely within 24 hours	27	*(20 – 34)*
All youth, at least some within 24 hours	13	*(8 – 17)*
All youth, none in 24 hours	24	*(18 – 30)*
Some youth, some in 24 hours	7	*(4 – 9)*
Some youth, none in 24 hours	10	*(5 – 16)*
No youth	19	*(12 – 25)*
Facility uses what screening methods (all that apply)		
Staff-administered questions/interview	63	*(54 – 71)*
Standardized self-report instruments	50	*(41 –58)*
Visual observation, medical exam, drug tests	47	*(38 – 56)*
Self-report checklist inventory	41	*(35 – 48)*
Records of previous tests/treatments	5	*(1 – 9)*

Note: CI = confidence interval.

The second part of table 8 shows the methods facilities use to screen for substance abuse problems, with youth included in all methods their facility applies. Most youth in custody (63%) reside in facilities using staff-administered questions or interviews to assess youth for substance problems. One-half (50%) are in places that use standardized assessment tools; 47% are in placement where facilities assess by visual observation, medical exams, or drug tests. Two-fifths of youth (41%) reside in facilities using self-report checklists. A few youth (5%) are in places that say their screening involves a review of available records that indicate past problems or treatment.

The majority of youth in custody are in facilities that test residents' urine for the presence of drugs at least under some circumstances. Table 9 indicates that this practice is most common (applies to 57% of youth) when drug use is suspected or facility staff find a drug present. One-half of youth are in facilities that say they administer urine tests for drugs at the request of the court or probation officer. More than one-third of youth (37%) live in places that conduct random drug tests on residents. Just 29% undergo urine testing upon their arrival in the facility, and less than one-fourth (22%) are tested each time they reenter the facility.

Males and females live in facilities that have similar approaches to screening entering youth for substance abuse problems and for testing residents' urine for the presence of drugs, whether at entry or at other times during their stay. Youth who report having two or more problems related to substance abuse in the few months before they entered custody are slightly but significantly more likely to be in facilities that use urine tests (75% of youth with problems vs. 71% of other

youth) and in facilities that use standardized screening instruments (52% of youth with problems vs. 47% of other youth).

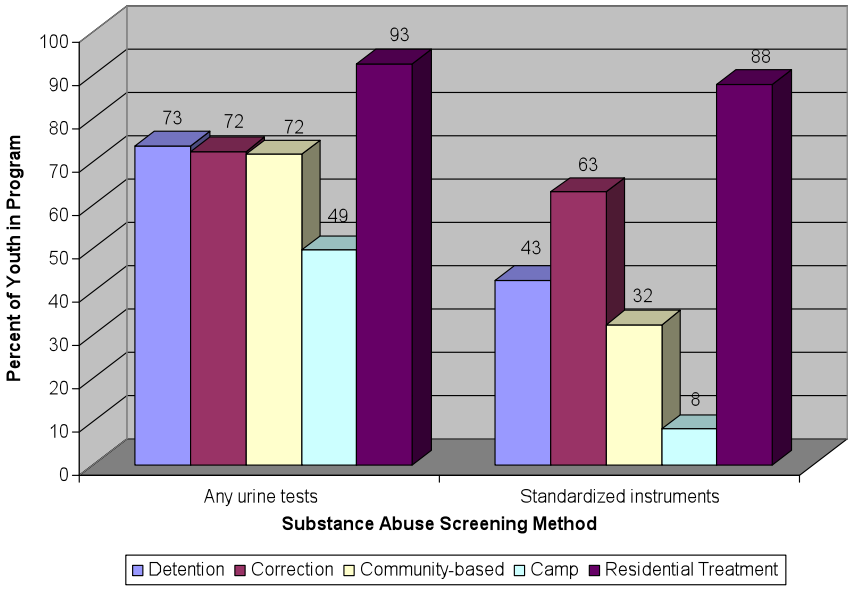
Table 9. Youth in Custody by Their Facility's Use of Urine Tests for Drugs

Facility Use of Urine Tests	Percentage of Youth	95% CI
Any use of urine tests	73	*(66 – 80)*
When drug use is suspected or drug is present	57	*(50 – 64)*
At the request of the court or probation officer	50	*(44 – 56)*
At randomly scheduled times	37	*(30 – 44)*
After initial arrival in the facility	29	*(22 – 35)*
Each time youth reenter the facility during their stay	22	*(17 – 27)*

Note: CI = confidence interval.

Although there are no program differences in whether facilities screen residents upon entry or in whether they screen all entering residents, figure 9 reveals that there are substantial program differences in the use of two screening methods: urine tests and standardized instruments. Youth in residential treatment programs are most likely to receive both types of assessments, 93% are in facilities that use urine tests and 88% are in places that use standardized instruments to screen youth for substance problems upon entry. Urine tests are also used in facilities that house majorities of youth in detention, correction, and community-based programs (72% to 73%). Standardized instruments are used in facilities that hold the majority of youth in correction programs (63%), but are less common in other programs. Less than one-half of youth in detention (43%) or community-based programs (32%) are in facilities that use standardized instruments to screen youth at entry. Camp programs make the lowest use of these screening methods: Camps that use urine testing hold only about one-half of camp residents (49%) and those that use standardized instruments have just 8% of all youth who are in custody in camps.

Figure 9. Program Differences in Percentages of Youth in Facilities That Use Urine Tests or Standardized Instruments to Screen for Substance Abuse.



Substance abuse services available. Facilities may provide substance abuse services beyond urinalysis and substance abuse screening, and they may offer such services inside or outside of the facility. Eighty-seven percent of youth in custody live in facilities that provide at least some substance abuse services, whether inside or outside the facility. The first section in table 10 shows that facilities most commonly offer services onsite. While some facilities offer outside services in addition to inside services, very few youth (just 4%) are in places that offer substance abuse services only outside the facility.

Table 10. Substance Abuse Services Available in Facilities that Hold Youth in Custody

Substance Abuse Service	Percentage of Youth	95% CI
Location of service		
Only inside the facility	68	*(59 – 77)*
Only outside the facility	4	*(<1 – 7)*
Both inside and outside the facility	15	*(9 – 22)*
Neither—no substance abuse services provided	13	*(7 – 18)*
Type of service		
Substance abuse education	86	*(80 – 92)*
Ongoing treatment for substance abuse by any professional or counselor	83	*(77 –89)*
Development of a treatment plan to specifically address substance abuse problems	64	*(57 – 72)*
Assignment of a case manager to oversee substance abuse treatment	48	*(39 – 57)*
Special living units in which all young persons have substance abuse offenses and/or problems	17	*(13 – 21)*
Qualifications of service providers		
Only certified substance abuse treatment professionals	22	*(16 – 29)*
Only noncertified counselors	10	*(6 – 14)*
Both certified substance abuse treatment professionals and noncertified counselors	50	*(43 – 57)*
Neither	17	*(11 – 23)*

Note: CI = confidence interval.

Substance abuse education is the service most widely available, with 86% of the youth in facilities that offer this. Ongoing counseling or therapy services are also extensively offered, available in facilities that house 83% of youth in custody. Notably fewer youth (64%) are in facilities that develop treatment plans to specifically address youth's substance abuse problems, and less than one-half of youth (48%) are in places that assign a case manager to oversee youth's substance abuse treatment. Relatively few youth (17%) are placed in living units that are specialized for youth with substance abuse problems.

Who provides the substance abuse counseling or therapy varies. The providers may be professionals, including certified substance abuse counselors, psychiatrists, psychologists, or social workers,[16] or counselors who are not certified for substance abuse treatment. Nearly three-fourths of youth in custody (73%) are in facilities where substance abuse treatment professionals provide therapy and 60% are in places where noncertified counselors offer substance abuse counseling. However, as shown in the last section of table 10, facilities that house one-half the youth in custody (50%) offer services by both certified professionals and noncertified counselors. Less than one-fourth of youth (22%) are in places where certified professionals provide all substance abuse

treatment. One in six youth (17%) have no available substance treatment providers in their facility, and one in ten (10%) have only noncertified counselors.

Males and females are in facilities that provide different degrees of access to some substance abuse services. Significantly more males are in facilities that offer substance abuse education (88% of males vs. 77% of females) and that have specialized living units for youth with substance abuse problems (19% of males vs. 7% of females). Also, more males are in places that have ongoing treatment for substance abuse (84% of males vs. 75% of females).[17]

Not surprisingly, there are extensive program differences in substance abuse services. Youth in correction programs are more likely to be in places that provide any such services only inside the facility (86% of correction youth vs. 60% of youth in other types of programs). Community-based programs are nearly alone in offering substance abuse services entirely outside the facility, an arrangement that affects 18% of youth in these programs, but very few youth in other types of programs (<1%). Youth in residential treatment programs are most likely to be in facilities that offer substance abuse services at both inside and outside locations (39%), with youth in detention and correction programs least likely to have this mix of services available (8%). Facilities that hold youth in community-based and camp programs provide both inside and outside services to 19% of these residents. Detention and camp program youth are most likely to be in places that offer no substance abuse services at all (22% of detention and camp youth vs. 7% of other youth). Program differences in the kinds of substance abuse services offered predominantly reflect the fact that youth in detention programs, which are typically very short-stay environments, are less likely to have any of the substance abuse services available to them. Fewer detention youth are in places that offer substance abuse education (72% vs. 91% of other youth in custody); detention youth are less likely to be in facilities offering ongoing substance abuse treatment (66% vs. 89% of youth in other programs); and fewer detention youth are placed where staff develop specific substance abuse treatment plans (37% vs. 74% of other youth) or where case managers oversee substance abuse treatment (21% vs. 58% of other youth). SYRP finds no youth in detention or community-based programs who are in facilities that provide special living units for those with substance abuse problems.[18] Such specialized units are most prevalent among youth in correction programs (44%), but they are available to some youth in residential treatment (16%) and camp programs (7%). Youth in detention are least likely to have only certified substance abuse treatment professional providing any services (8% vs. 28% of youth in other programs), but they are most likely to have substance abuse services offered only by noncertified counselors (24% of youth in detention programs vs. 5% of other youth).

Youth with greater substance abuse problems have somewhat greater access to substance abuse services in placement. Those who report being drunk on alcohol or high on drugs every day during the few months prior to their placement are slightly but significantly more likely to be in facilities where staff develop treatment plans to specifically address substance abuse treatment (69% vs. 62% of other youth), where case managers oversee substance abuse treatment (53% vs. 45% of other youth), and where the facility provides specialized units for youth with substance abuse problems (19% vs. 16% of other youth). Similarly, youth who report having 2 or more problems related to their drug or alcohol use in the few months before entering custody are more likely to be where staff develop substance abuse treatment plans (68% vs. 61% of other youth) and with substance abuse case managers (51% vs. 44% of other youth).

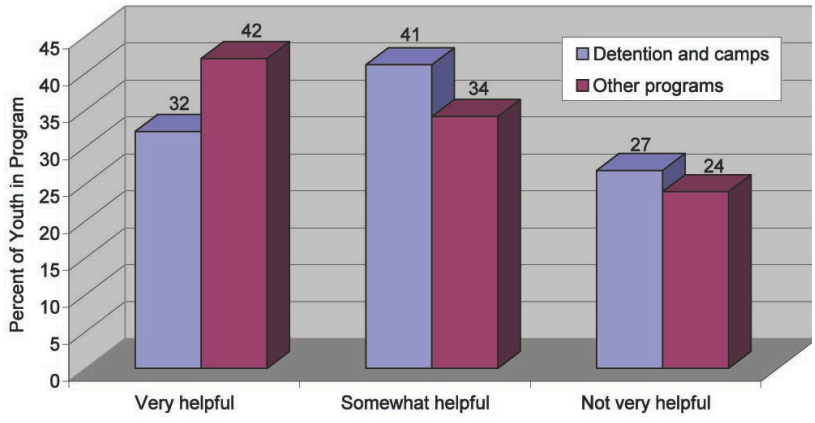
Substance abuse counseling that youth receive. SYRP asks those youth who report any substance use whether, since coming to their current facility, they have received any substance abuse counseling (specifically, "counseling to help you stop using drugs or alcohol"). One half (51%) of these youth say they have received this type of counseling. Substance abuse counseling sessions are relatively frequent. More than one-third of counseled youth (38%) say they had weekly sessions during the month before their SYRP interview, about one-sixth (18%) had sessions twice weekly, and more than another one-fourth (26%) report having this type of counseling three or more times per week. Only 12% of counseled youth indicate their recent sessions occurred less often than once a week, and just 6% say they had no sessions during the previous month.

Group counseling sessions predominate, with 72% of the youth who receive substance abuse counseling reporting this format. Although less common, a substantial percentage of counseled youth (43%) say that their substance abuse counseling entailed individual meetings with the counselor. It is relatively rare for youth to receive substance abuse counseling in the context of family sessions (14%). More than one-fourth of counseled youth (27%) report receiving more than one type of counseling format.

Three-fourths of counseled youth consider their substance abuse counseling helpful to some degree; 39% say it is "very helpful," and another 36% regard it as "somewhat helpful." Only one-fourth (25%) of youth who receive counseling say it is "not very helpful."

Males and females who admit prior alcohol or drug use are equally likely to say they have received substance abuse counseling since entering their current facility; they report similar schedules for their counseling sessions during the month prior to their interviews; they have equivalent views of the helpfulness of their counseling; and comparable percentages say they receive group counseling and family counseling. However, females are significantly more likely to have more than one form of counseling (38% of females vs. 26% of males).

Figure 10. Program Differences in Youth's Ratings of the Helpfulness of Their Substance Abuse Counseling.



As seen above with the general availability of substance abuse services, there are also notable program differences in the percentages of youth who report actually receiving substance abuse counseling. Youth in detention programs are least likely to receive this service (28%), whereas those in residential treatment programs are most likely to receive it (72%). An intermediate percentage (56%) of residents in other types of programs indicate having substance abuse counseling since coming to their facility. Although counseled youth in different programs report similar substance abuse counseling

schedules, they indicate significant differences in the prevalence of two formats: individual and family counseling. Youth in residential treatment programs receive individual counseling significantly more often than youth in other programs (59% of counseled youth in residential treatment programs compared to 38% in other programs). Family counseling is most common in residential treatment programs, where more than one-fourth of counseled residents indicate they have received substance abuse counseling with their family present (26%). About one-sixth of youth in detention and community-based programs (17%) say they received family counseling to help them stop using alcohol or drugs, but the family format is quite rare in correction and camp programs (6% of counseled youth). Youth's perceptions of the helpfulness of the substance abuse counseling they receive also differ across programs. The key differences appear in figure 10, which shows that youth in detention and camp programs provide less positive ratings.

Fewer detention and camp youth see their counseling as "very helpful" (32% vs. 42% of youth in other programs), whereas more see it as only "somewhat helpful" (41% of detention and camp youth vs. 34% of other youth) or as "not very helpful" (27% of detention and camp youth vs. 24% of other youth).

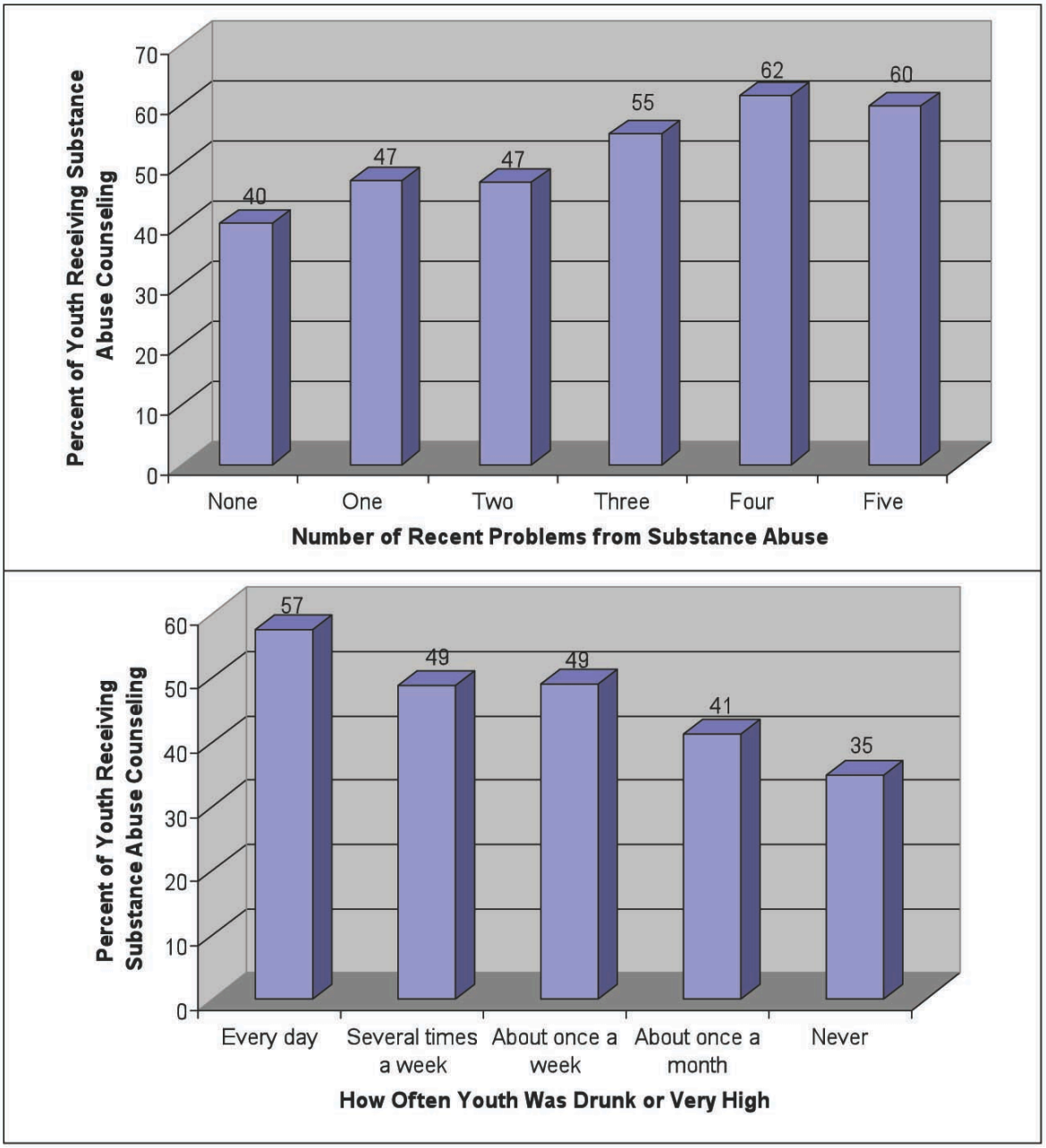
Youth's Substance Abuse Needs vs. the Counseling They Receive

Youth who report any recent problems stemming from drug or alcohol use are more likely to receive substance abuse counseling (54% of those who report problems, compared to 40% of youth reporting no recent problems).

Moreover, as figure 11 shows, there are significant direct relationships between youth's likelihood of receiving substance abuse counseling and both the number of recent problems they report and how often they say they were drunk or high on alcohol or drugs during the few months preceding their entry into custody. Whereas only 40% of youth who report no recent problems receive counseling, 60%-62% of those who report four or more receive substance abuse counseling. The more often youth say they were high on alcohol or drugs in the months before entering custody, the higher the percentage of youth who are receiving counseling in their current facility: 57% of those who were high every day receive counseling, compared to just 35% of those who say they were never high during the months before coming into custody.

Among youth who receive substance abuse counseling, the frequency of their sessions is a function of the number of recent substance abuse problems they report and the extent of their usage prior to entering custody. Those who say they were high several times a week or more often in the few months before their entry have substance abuse counseling more frequently. Whereas 37% of youth who were high less often have counseling sessions two or more times a week, 46% of those who were high on drugs or alcohol several times a week or more have substance abuse counseling on this very frequent schedule. Similarly, the more intensive counseling schedule relates to the number of substance abuse problems youth say they had in the few months preceding their custody. Youth who indicate two or more of the problems listed in table 7 are more likely to have substance abuse counseling at least twice a week (46%) compared to youth who admitted fewer problems (38%).

Figure 11. Percentages of Youth Who Receive Substance Abuse Counseling as a Function of Their Recent Problems and Pre-Custody Frequency of Use.



The number of different substance abuse counseling formats youth receive also correlates with various measures of their need for substance abuse services. Among youth who receive any form of substance abuse counseling, one-third of those who report being high on a daily basis prior to entering custody (33%) receive more than one type of counseling, compared to less than one-fourth of youth who were high less frequently (23%). Also, more youth who indicate two or more problems due to their drug or alcohol abuse receive more than one counseling format (32% of those with two or more problems vs. 19% of youth who report fewer or no problems).

Youth who report problems due to their substance abuse and those who admit to being high more often prior to their entry into custody rate the helpfulness of their substance abuse counseling less positively. Only about one-third (35%) of youth who say they were high several times a week or more before their current custody rate their counseling as "very helpful" compared to more than one-half of other counseled youth (51%). At the same time, more than one-fourth (28%) of these frequent users consider their counseling to be "not very helpful" compared to less than one-sixth (16%) of other counseled youth. The pattern is similar for youth who report recent substance-related problems before their custody: 37% of counseled youth who indicate they had any problem rate their counseling as "very helpful," compared to 49% of counseled youth with no substance-related problems, while 26% of those with any problem consider their counseling to be "not very helpful," in contrast to 19% of youth with no substance-related problems.

Health Needs and Services

Healthcare Needs

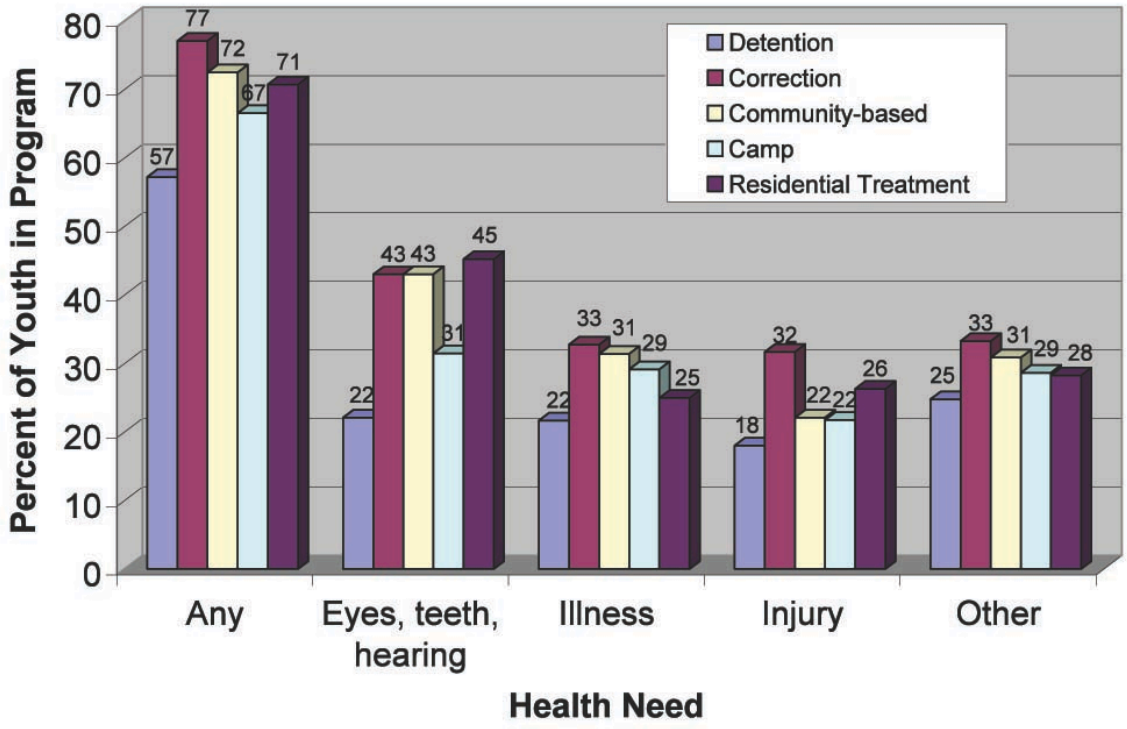
The SYRP interview asks youth whether, since coming to the facility, they have ever needed medical care in any of four areas: illness; injury; eyes, teeth, or hearing; or other physical needs. Note that need for medical care may be understated here because SYRP asks youth if they have *ever* needed care in each of the four areas since their current placement; it does not ask how many times they may have needed care within each category. More than two-thirds of youth in custody (69%) indicate that they needed some form of medical care. The most common need is for treatment of vision, dental, or hearing problems, with more than one-third of youth (37%) identifying needs in this area. Illness ranks second, with more than one-fourth of youth in custody (28%) saying that they needed care for illness during their stay in the facility. Nearly as many youth (25%) claim they needed care for an injury, while more than one-fourth (29%) say they have needed care for some other physical need not included in the SYRP list. One-third of youth of youth in custody (33%) identify more than one kind of healthcare need.

More than one-third of youth (37%) say they use some type of medication on a regular basis. Among youth who take regular medication, 21% take it for a physical illness or condition; nearly one-half (49%) take it for mental or emotional problems; and 43% say take regular medication for something not listed in the answer choices. Five percent of youth who take regular medication say they do not know its purpose.

Sex differences in health needs. Males and females identify different needs in every area of health care. Significantly more males report needing treatment for injuries (26% vs. 19%). In contrast, more females report needs in every other healthcare area. More females say they have needed care for vision, dental, or hearing problems (44% vs. 35%); for illness (33% vs. 27%); and for other physical needs beyond those listed (42% vs. 27%). In addition, more than one-half (56%) of females in custody are taking regular medication, compared to only one-third of males (34%). Among youth who are on regular medication, more females say it is to treat their mental or emotional problems (59% of females vs. 46% of males).

Program differences in health needs. As figure 12 shows, fewer youth in detention programs (57%) report any health need compared to youth in the other, committed programs (67% or more). Also, more youth in correction programs (77%) report health needs than youth in camps (67%). There are significant program differences on every category of health need, but the patterns of differences vary. More youth in correctional, community-based, and residential treatment programs indicate need for vision, dental, and hearing care than do youth in detention and camp programs (43% to 45% v 22% and 31%, respectively). More youth in correctional programs report injury (32%) compared to all other youth, and more residents of community-based (22%) and residential treatment programs (26%) report injury than youth in detention (18%). Program differences for illness and for other health needs not listed in SYRP are very similar. More youth in correctional and community-based programs (33% and 31%, respectively) report having been ill than do youth in detention (22%) and the same percentages of youth in correctional and community-based programs report health needs not listed compared to 25% of detention youth. In both cases, youth in camp and residential treatment programs do not differ from others.

Figure 12. Prevalence of Healthcare Needs Among Youth in Different Programs.



As might be expected by the nature of their programs, more than one-half of youth in residential treatment programs (57%) say they take medication on a regular basis, more than in any other program. About four in ten youth in community-based programs (42%) take regular medication, fewer than in residential treatment but more than in the remaining program types. About one-third of residents in detention (33%) and correction programs (34%) say they are on regular medication. Camp programs have the fewest youth who take regular medication (24%).

Among youth who are on medication, the only program-related difference in reasons youth give for this is in the percentages of youth who say it is to treat their mental or emotional problems. Nearly two-thirds of medicated youth in residential treatment programs give this explanation (63%). Camp youth who take medication are least likely to mention this as the reason (33%), compared to between 42% and 50% of youth in other programs.

Healthcare Services Received

In contrast to mental health and substance abuse services, for which SYRP has both administrative data and youth's reports, SYRP's only information about healthcare services comes from youth's interview answers. For each healthcare need youth identify, they indicate whether they or not they received the needed care.

Considering all youth who report any health need, 64% say they received all the care they needed, while 13% had some, but not all, of their healthcare needs addressed. Nearly one-fourth (23%) of youth who needed some type of health care report that they received no care. Needed care for illness and injury is more often fulfilled than care for other health needs. Three fourths (74%) of youth who say they needed care for illness also say they received the care. Similarly, 72% say they received the care they needed for an injury. About two-thirds (68%) of youth who needed care for their eyes, teeth, or hearing say they received that care, and among youth who said they needed care for some physical need other than those listed, 64% also say they received that care.

Sex differences in health care received. Significantly fewer females (59%) say they received all the care the needed compared to males (65%). This reflects females' lower rates of receiving needed health care for illness as well as for injury. Whereas three-fourths of males (76%) say they received the care they needed for illness, this is true for only two-thirds of the females (67%) who needed this care. Similarly, 73% of males received treatment for injuries, compared to 66% of females.

Program differences in health care received. Only youth in detention programs stand out as not having all their health care needs fulfilled (21% of detention youth, compared to 13% of other youth). This reflects detention residents' significantly lower rate of receiving needed care for their eyes, teeth, or hearing (51%), compared to youth in other programs (71%), as there are no program differences in receipt of care for other health needs.

Educational Needs and Services

Educational Needs

Another report in this SYRP series, *Youth Characteristics and Backgrounds* (Sedlak & Bruce, 2009), describes the educational backgrounds of youth in custody, presenting information about a number of their educational needs. Table 11 reiterates and expands these findings, providing

additional details both about the custody population and about the rates of comparable needs among youth in the general U.S. population.

Table 11. Educational Needs of Youth in Custody Compared to Youth in the General Population.

Educational Need	Youth in Custody		Youth in General Population
	Percentage	95% CI	
Not enrolled (not a graduate), all ages 10-20	21	*(20 – 23)*	5% [a]
Below modal grade, all ages 10-20	48	*(45 – 52)*	28% [a]
Dropped out	13	*(12 – 15)*	4%, grades 10-12 [b]
Suspended or expelled Suspended Expelled	61 57 28	*(59 – 63)* *(55 – 59)* *(26 – 30)*	7% suspended, of all enrolled [c] <1% expelled, of all enrolled [c] 10% suspended, lifetime rate, 12-17 yr olds [d]
Repeated a grade, all ages	25	*(22 – 27)*	11%, lifetime rate, 12-17 yr olds [d]
Diagnosis of learning disability, all ages	30	*(29 – 32)*	4%, 12-17 yr olds [e]

Notes: CI=Confidence Interval.
SYRP questions about suspension, expulsion, and grade retention refer to youth's experiences in the year before they entered custody. Youth's status relative the modal grade for their age reflects their status as of the October preceding their interview. (Available statistics on the general population reflect students' ages in October.)

[a] Computed from Table 2, U.S. Census Bureau, 2005

[b] Shin, 2005

[c] Tables 152 & 153, U.S. Department of Education, 2007

[d] Lugaila, 2003

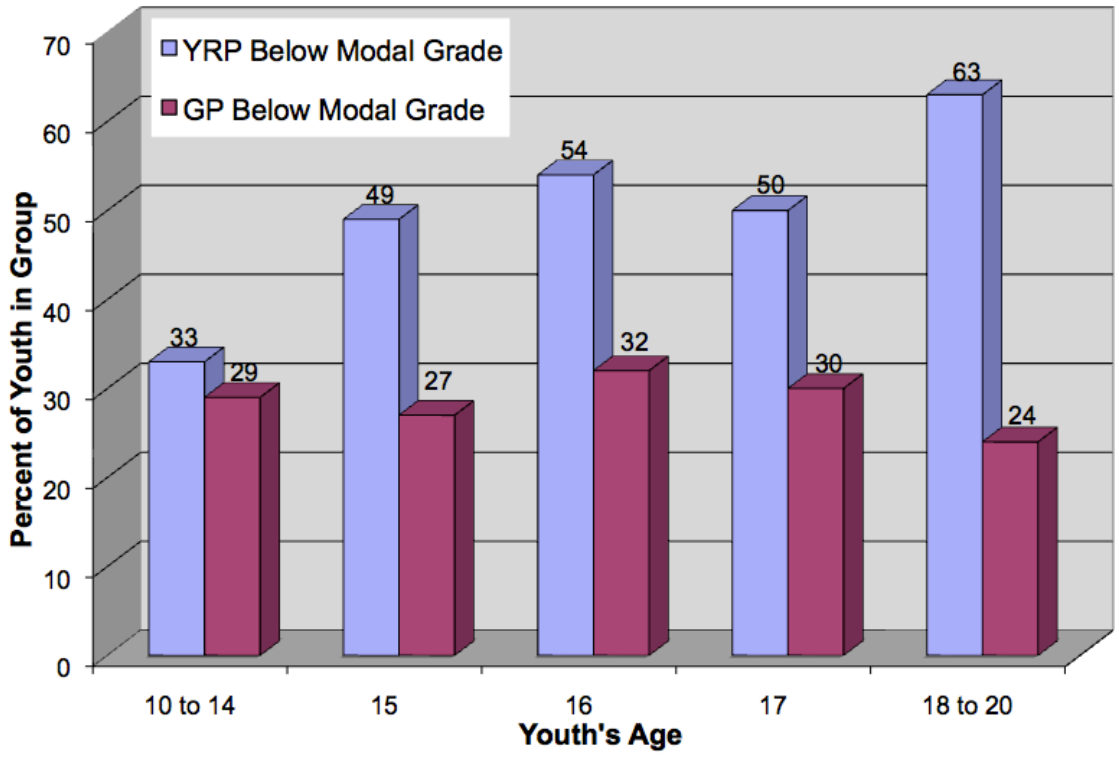
[e] Table 1-2, U.S. Department of Education, 2005

More than one-fifth of youth in placement say they were not enrolled in school at the time they entered custody although they had not yet graduated from high school or earned a GED. This is more than four times the percentage of general population youth in the same age range (10 through 20 years) who are non-graduates and not enrolled. This measure is sometimes termed the "status dropout rate," since it tracks the rate of individuals in the population who have effectively dropped out of school (Kaufman, Alt, & Chapman, 2004; Smink & Schargel, 2004).[19]

Based on youth's current grade level (or the grade level they were in when they were last enrolled in school) and their graduation status, it is possible to classify them relative to the grade attainment that is modal for their age (Hauser, Pager and Simmons, 2000; Lugaila, 2003; Shin, 2005; U.S. Census Bureau, 2005).[20] Table 11 shows that nearly one-half of youth in custody (48%) are below the grade that is modal for their age, which approaches two times the general population rate for 10- to 20-year-olds.

Figure 13 graphs the rates of substandard grade progress for different age groups in the custody population and general youth population. As Sedlak and Bruce (2010) report in *Youth's Characteristics and Backgrounds,* smaller percentages of youth in custody are ages 10 to 14 or 18 to 20, so these ages are grouped together in this figure.[21]

Figure 13. Percentages Below the Modal Grade for Their Age Among Youth in Residential Placement (YRP) and in the General Population Youth (GP).



The percentages of youth below modal grade attainment are higher in the custody population in nearly all age categories. They do not differ statistically, however, among 10- to 14-years-olds. Rather, the poor grade progress of youth in custody emerges dramatically among the 15-year-olds and remains notably higher at all subsequent ages. In the general population, the percentage of 18- to 20-year-olds who are below modal grade is lower than the percentage of 17-year-olds (24% and 30%, respectively). This undoubtedly reflects general population youth educationally catching up to some extent, as by graduating later from high school or earning their GED. The exact opposite pattern occurs among youth in custody. The percentage below modal grade level leaps upward from an already high level (50% of the 17-year-olds) to close to two-thirds of the 18- to 20-year-olds (64%).

The SYRP interview asks youth who were not enrolled in school when they entered custody to explain why. Thirteen percent of youth in custody report that they were not enrolled because they had dropped out. Note that these youth constitute only a portion of all those without high school credentials who say they were not enrolled at the time they entered, as described above. Table 11 shows how youth who explicitly indicate that they dropped out compare to the "event dropout rate" in the general youth population (a rate that reflects youth who dropped out during a specific school term). The dropout rate for the overall custody population (ages 10 through 20 in SYRP) is more than three times higher than the event dropout rate for students in grades 10 through 12 in the general population.

Youth report whether, in the year preceding their entry into custody, they were expelled or suspended from school. As shown in table 11, 61% of youth in custody report that they experienced one or both of these disciplinary actions. Most of these (57% of all youth in custody) say they were suspended, but more than one-fourth (28%) acknowledge that they were expelled. As the table indicates, these rates are significantly and substantially higher than any measure of the rate of these actions in the general population.

Similarly, youth report whether, during the year before they were taken into custody for their current offenses, they repeated a grade in school. One-fourth of youth in custody (25%) admit this experience. This is more than two times higher than the percentage of 12- to 17-year-olds in the general population (11%) who were *ever* held back a year in school.

Nearly one-third of youth in custody (30%) say that, an expert, such as a doctor or a school counselor, told them that they have a learning disability. This percentage is more than seven times higher than the rate for 12 to 17 year olds in the general population.

Sex differences in educational needs. Males and females differ on several educational needs. Overall, significantly more males (50%) are below modal grade attainment compared to females (41%). This parallels the pattern in the general population where 32% of males between ages 10 and 20 are below modal grade compared to 24% of females.[22] In contrast, however, more females (16% of females vs. 13% of males) say they were not enrolled at the time they entered custody because they had dropped out of school. Males, who have a comparable status dropout rate, are more likely to explain their nonenrollment with one or more of the other answer alternatives. Although there are no sex differences in the percentages who say they repeated a grade or were suspended, more males report that they were expelled (29% of males vs. 23% of females) and were diagnosed with a learning disability (31% of males vs. 25% of females).

Program differences in educational needs. Several measures of educational need vary systematically across different programs. Fewer youth in detention and camp programs say they have repeated a grade (21% of detention and camp residents vs. 27% of other youth) and fewer detention and camp residents (52%) compared to residents in other programs (60%) say they were suspended from school in the year preceding their entry into custody. Rates of learning disability are significantly higher among youth in correction (33%) and residential treatment programs (36%), compared to those held in other types of programs (27%).

Educational Services Received

Youth report on whether and for how long each day they attend school in their facilities and what types of educational services they received.

Almost all youth in residential placement (92%) attend school in their facilities. About one-half the youth in custody (45%) say they spend at least 6 hours a day in school; six in ten (62%) spend at least 5 hours; and three-fourths (76%) spend at least 4 hours a day in school. When considering only those youth who have not yet earned a high school diploma or equivalent credential, these percentages rise only slightly, to 47%, 64%, and 78%, respectively.

Table 12 gives the percentages of youth in custody who report receiving other specific education services in their facility. One-fifth (20%) say they had GED preparation in their facility, and 11% received GED testing. Those figures rise to 27% and 16%, respectively, among youth who are at least 16 years old. About one-fifth report receiving job training (19%) or special education (22%), whereas only 5% say they have taken college coursework at their facility. Nearly one-half of youth in custody (47%) say they did not receive any of these services in their facility.

Table 12. Educational Services Youth Receive, for All Youth in Custody and by Program

Educational service	All Youth in Custody		Program				
	Percentage	95% CI	Detention	Correction	Community -based	Camp	Residential Treatment
Special education	22	(21 – 24)	18	25	23	19	29
GED preparation	20	(17 – 24)	13	26	19	20	20
GED testing	11	(9 – 14)	6	17	9	9	14
College coursework	5	(4 – 6)	3	7	8	5	3
Job training	19	(17 – 21)	8	28	22	20	15
None of the above	47	(44 – 50)	65	35	48	45	42

Note: CI = confidence interval.

One-half of youth in custody (51%) think that their facility has a good school program. This rises to 58% of those who say they attend school for 6 or more hours per day.

Sex differences in educational services received. Males and females do not differ in their reports about their school attendance or school hours. Concerning other educational services, similar numbers of each sex say they have received GED preparation and GED testing. However, more males say they have received job training (20%) and special education (23%), compared to females (13% and 18%, respectively). Also, slightly but significantly more males (6%) report receiving college coursework compared to females (4%). On the other hand, significantly more females (57%) than males (45%) say they received none of these other educational services. Similar numbers of males and females believe that their facility has a good school program.

Program differences in educational services received. There are small but statistically reliable program-related differences in whether youth report attending school in their facilities, but more variation across the programs in how many hours a day youth spend in school. Figure 14 combines this information by including youth who do not attend school in the '0 to 2 hrs' per day category.

The programs tend to fall into three groups in this figure, with youth in community-based and residential treatment programs attending school for the most hours each day, youth in detention and camps the least, and youth in correction programs falling in between. About six in ten youth in community-based and residential treatment programs attend school for 6 or more hours per day, in contrast to less than one-half of youth in other programs. At the other end of the time-in-

school spectrum, these community-based and residential treatment programs have among the lowest percentages of youth attending school for 3 hours or less. In camp and detention programs, only about one-third of residents attend school for 6 or more hours a day, whereas more than one-fifth of these youth have 2 or less hours of schooling in their daily routines.

Figure 14. Percentages of Youth in Different Programs by the Hours per Cay They Spend in School.

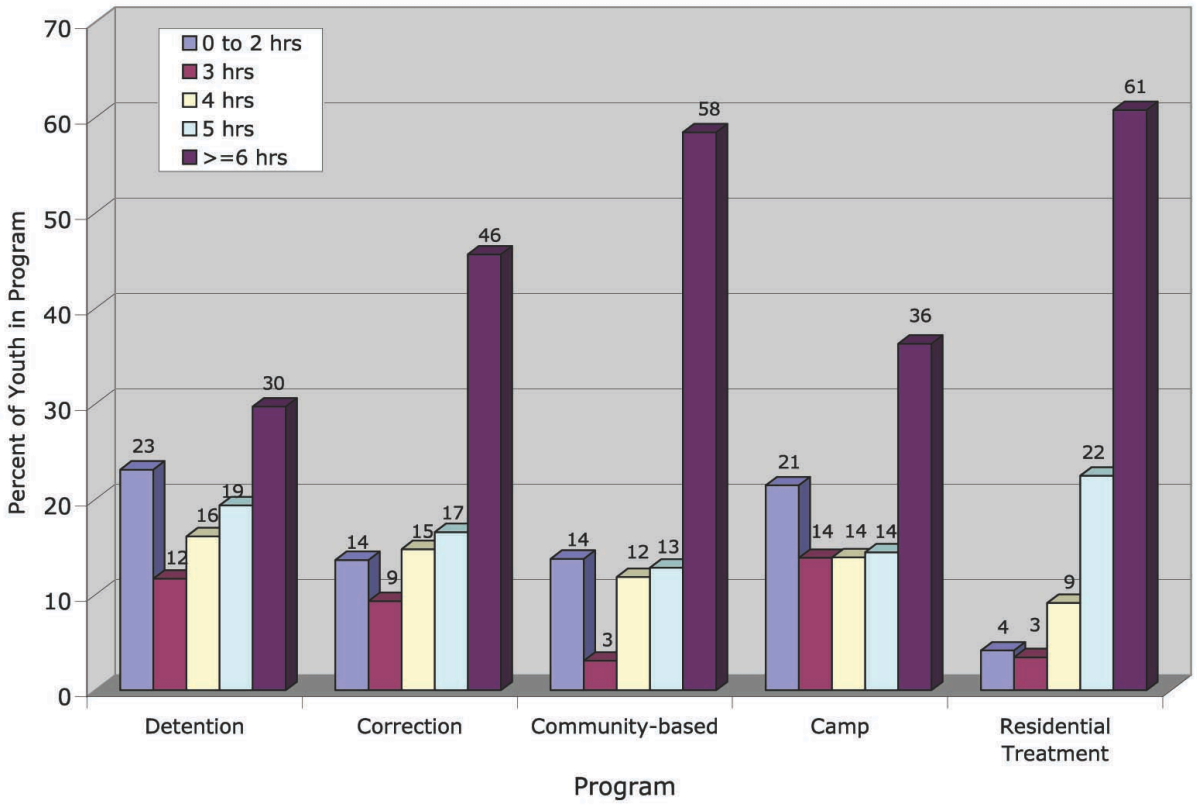


Table 12 shows that programs differ significantly in the percentages of residents receiving any of the educational services listed, but that most of these differences are relatively small. In general, the highest percentages of youth receiving these services are in correction programs and the lowest percentages are in detention. This is reiterated in the last row of the table, which reveals that nearly two-thirds of detention youth (65%) say they receive none of the services listed, while only one-third of youth in correction programs (35%) report this.

In light of the differences in services indicated in the foregoing table and figure, it is not surprising that youth's views of the quality of their facility's educational services also differ by program. The least-served youth--those in detention—have the poorest view of their facility's school program (42%). Nevertheless, the highest rates are not from the most highly served youth in correction programs. Rather, youth in residential treatment programs have the most positive views of their facility's education program: nearly two-thirds (65%) of youth in residential treatment say their facility's school program is good. One-half of youth in correction, community-based, and camp programs think their facility's school program is good (52%). Across programs, fewer youth who say they received none of the educational services listed in table 12 (44%) consider their facility's school program good, compared to youth who received any of the services (57%).

Youth's Educational Needs vs. the Services They Receive

Fifteen percent of youth who are at least 16 years old say they graduated from high school or received a GED certificate since coming to their facility. This percentage rises to 22% among those age 16 years and older who have been in their current facility for 180 days or longer. There are no sex differences in this outcome, but there are program differences. Again, the highest rate is among youth in correction programs, where one-fifth (20%) report this accomplishment. The lowest rates occur both in detention programs (8%) and in residential treatment (9%). One-seventh of youth in community-based and camp programs (15% in each) earn their high school diploma or GED while at their facility.

Youth who are below the grade level that is standard for their age are no more or less likely to be attending school in their facility or to spend different amounts of time in class compared to other youth when they do attend. One educational service does appear to be more targeted to those who are off-track academically: Youth who are below modal grade level are slightly but significantly more likely to receive GED preparation (22%), compared to youth who are on track (19%). However, the other significant relationships between youth's grade status and educational services appear to either reflect the impact of services on their academic status or reiterate their progress. Thus, youth who are on-track in terms of grade level are more likely to have received GED testing (57%), compared to youth who are below modal grade level (43%). More youth who are making satisfactory progress according to the modal grade index say that they graduated high school or completed their GED since coming to their facility (31%) compared to no youth who are below modal grade level. Similarly, more youth who are at or above their modal grade level also receive college coursework (8%) compared to those who are below standard grade level (3%).

Less than one-half (46%) of youth with a diagnosed learning disability say they have received a special education program while in the facility, although this is significantly higher than the percentage of youth without a diagnosed learning problem who say they received a special education program (12%), presumably to address their other special needs.

Conclusions and Recommendations

SYRP provides a unique perspective on circumstances of juveniles in custody. By directly asking youth offenders about their mental, emotional, educational and physical problems and whether they are getting the services they need, SYRP offers the first nationally representative findings on the needs of the full population of youth in custody for offenses. It also places youth's needs in context by combining their answers with what facility administrators report about their screening protocols and the services the facilities provide. The results reveal a broad range of needs, show the extent to which existing services address these needs, and identify a number of areas where improvements should be made.

Mental Health Services

In the past decade, the juvenile justice and mental health arenas have increasingly recognized the scope of the mental health needs of youth involved in the juvenile justice system and the inadequacy of services to meet these needs (Mears, 2001). As a result, standardized screening instruments (e.g., MAYSI) have gained wide acceptance, more service providers have turned toward evidence-based treatment approaches, and more juvenile justice and mental health agencies have collaborated to devise coordinated, integrated solutions (Skowyra & Cocozza, 2006, 2007). Although the SYRP questions about mental and emotional symptoms are in no way diagnostic of specific mental health disorders, they do indicate the general scope of self-reported problems in a number of domains.

Youth in residential placement for offenses report problems in all mental/emotional areas. Problems with anger are especially prevalent, with one-half the youth population saying "yes" to the majority of these questions. This is consistent with the SYRP finding that 43% of these youth are currently in placement for a violent offense, including murder, rape, kidnapping, robbery, or assault (Sedlak & Bruce, 2010). Depressed and anxious symptoms are also common, with 48% of the custody population nationwide endorsing 3 or more of the 6 items that SYRP included from this MAYSI scale.

Suicide is the third leading cause of death among adolescents, and a prior suicide attempt is the single most important risk factor (Wintersteen, Diamond, and Fein, 2007). One-fifth of the youth in placement admit having two or more recent suicidal feelings and the prevalence of past suicide attempts (22%) is notably higher than for their peers in the general youth population.

The majority of youth (70%) report some type of past traumatic experience. Nearly one-third (30%) indicate a history of prior abuse, whether frequent or injurious physical abuse, sexual abuse, or both. The SYRP data also indicate substantial correlations between youth's histories of past abuse and both their recent suicidal feelings and their past suicide attempts.

Mental health services in the form of evaluation, ongoing therapy, or counseling are nearly universally available in the facilities, with 97% of youth living in places that provide one or more of these services either inside or outside the facility. However, the same is not true for suicide risk screening. Despite the relatively high suicidality risk in the placement population, individual screening for suicide risk is not universally available. More than one-fourth of youth (26%) are in facilities that do not screen all youth for suicide risk. The percentage rises to 34% of youth in custody when including those in facilities that do not screen anyone within 24 hours of their arrival, and it reaches 45% when adding youth in places that do not screen everyone within their first 24 hours at the facility.

Despite the general availability of basic mental health services, only a little over one-half of youth in custody (53%) say they have personally met with a counselor at their current facility to help them contend with their feelings or emotional problems. Those who received counseling report relatively frequent sessions, and 80% consider their counseling to be "very" or at least "somewhat" helpful. Unfortunately, one-fifth (20%) of youth who have not seen a counselor say it is because they do not how to arrange to talk to a counselor.

SYRP also reveals the unevenness in the qualifications of mental health providers. Only 77% of youth are in facilities where mental health professionals provide ongoing therapy inside the facility. Moreover, the qualifications of staff doing suicide screening are generally even lower. Over one-fourth of youth (27%) are in places where the staff conducting suicide screening are untrained, while just under one-third (31%) are in facilities that assign only mental health professionals to this important screening function.

Thus, taken together, the findings presented here indicate that current mental health services for youth in custody still fall short of key recommendations for practice: that every youth be systematically screened for suicide risk as well as other mental health needs and that all mental health screens and assessments be administered by properly trained staff (National Commission on Correctional Health Care, 2004; Skowyra & Cocozza, 2006, 2007). Since many facilities still do not currently meet the NCCHC standards, Desai and his colleagues (2006) observe that any movement toward this goal would constitute a major improvement in the juvenile custody system.

Recommendations:

- **Improve coverage of mental health services.** SYRP findings suggest that mental health services are not reaching the youth who need them. Although mental health services are generally available across facilities, nearly half of youth have not met with a counselor at their current facility and less than half are in facilities that provide mental health evaluations or appraisals for all residents. Additionally, these appraisals seem to make little difference for whether a youth receives counseling—youth are equally likely to receive counseling in their current facility regardless of their answers about their recent mental and emotional problems or previous traumatic experiences.

- **Raise standards for the qualifications of mental health providers.** SYRP documents considerable unevenness in the qualificaitons of mental health providers. Nearly 9 in 10 youth (88%) are in facilities where staff who counsel youth about their mental health problems are not mental health professionals. Youth whose survey answers indicate a need for counseling give poorer ratings to any counseling they do receive.

- **Obtain information to guide improvements in mental health service systems.** Did youth receive any mental health treatment before they entered custody? What are their treatment needs when they are released from custody? Is there continuity in the services they receive after returning to the community?

Drug and Alcohol Treatment

Researchers have documented a potent relationship between drug use and serious delinquent behavior (Huizinga, Loeber, Thornberry & Cothern, 2000). The findings presented here underscore the prevalence of substance use and substance-related problems among the youth in custody for offenses. However, despite their high rates of substance-related problems, one-fifth

(19%) of youth in custody are in facilities that do not screen any youth for substance-use problems and this increases to one-third (36%) when including youth in places that do not screen everyone. Also, although screening tools have proliferated in the past decade (McBride, VanderWaal, Terry, & Van Buren, 1999), only one-half of youth in custody are in places that use standardized assessment tools to identify those with substance-use problems. While most youth are in facilities that conduct urine tests to identify drug problems under some conditions, only about one-third are in facilities where such testing systematically affects all youth (i.e., 29% are where youth are tested upon arrival, 37% are tested at random during their residence, and 22% are tested each time they reenter the facility).

SYRP data show that, at least to some degree, substance abuse counseling is differentially targeted to youth who need it. That is, youth who report substance-related problems are more likely to receive substance abuse counseling and they are even more likely to receive counseling, and receive more frequent counseling sessions, when their problems are more severe. Nevertheless, even among youth who report four or more recent substance-related problems, less than two-thirds (60-62%) say they have received any substance abuse counseling in their current facility.

The standards of substance abuse treatment or counseling range widely. As McBride et al. (1999) point out, comprehensive, reliable assessment is just a first step. Effective intervention requires that the assessment then be used to guide development of a comprehensive treatment plan. The fidelity of the plan, in turn, depends on the quality of case management, with the case manager ensuring that the youth receives the appropriate services on schedule and that the youth remains engaged in the treatment process. However, the findings here show that less than two-thirds of youth (64%) are in facilities that develop individualized substance-abuse treatment plans, and under one-half (47%) are in places that assign case managers to oversee and monitor plan compliance. Admittedly, youth's perceptions of the effectiveness of their counseling may not index its true effectiveness. However, in light of these findings on the formulation and management of substance-abuse treatment plans, it is interesting to observe that the youth with the highest needs for substance abuse counseling give their counseling the poorest ratings. Fewer youth who were high several times a week or more often before their current custody rate their substance abuse counseling as "very helpful" (35% vs. 51% of other counseled youth) and more rate it as "not very helpful" (28% vs. 16%).

Recommendations:

- **Target substance abuse counseling and treatment more effectively.** SYRP documented extensive substance abuse problems in the custody population, but existing intervention and treatment programs are not serving large sectors of youth who need them. Only about half of youth who report recent problems related to drug or alcohol use have received substance abuse counseling in their current facility.

- **Provide more comprehensive substance abuse interventions and use more qualified substance abuse service providers.** Substance abuse education and counseling are widely available, with the large majority of youth held in facilities that offer these services. However, less than two-thirds of youth are in facilities that develop specific treatment plans, less than half are in

facilities that assign a case manager to oversee youth's substance treatment, and just one in six youth are in living units specialized for substance abuse problems. Moreover, three in five youth are in facilities where noncertified counselors offer substance abuse counseling, whereas less than one-fourth of youth are in facilities where certified professionals provide all subtance abuse treatment.

- **Obtain information to guide improvements in drug and alcohol treatment programs.** As with mental health services, the information needed to establish a continuum of care in this area is lacking. Did youth receive any drug or alcohol treatment before they entered custody? What are their treatment needs when they are released from custody? Is there continuity in the services they receive after returning to the community?

Health Services

Recently, there has been renewed attention to the medical needs of juveniles in the justice system, reaffirming the imperative to provide them with quality care (American Academy of Pediatrics, Committee on Adolescence , 2001; Moritsugu, 2007; Society for Adolescent Medicine, 2000) and attempting to formulate some general performance standards (National Commission on Correctional Health Care, 2004). The SYRP findings presented in this Bulletin indicate prevalent physical health needs in the custody population, with more than two-thirds (69%) of the youth reporting some type of healthcare need. More than one-third (37%) indicated that they needed care for their teeth, eyes, or hearing. More than one fourth of youth needed care for illness (28%), injury (25%), or some other physical healthcare need not listed in the SYRP interview (29%). Although SYRP did not inquire about the specific nature of illness or injuries, Morris (2005) has reviewed research documenting communicable diseases, especially sexually transmissible infections, hepatitis, and positive tuberculosis tests, as well as orthopedic problems, gastrointestinal disorders, cancer, and dermatologic concerns. Needed care for injuries entails continuing care for injuries received prior to entering custody as well as injuries while in placement stemming from sports, fights, assaults, suicide attempts and other self-injurious behaviors, and simple accidents (Tennyson, 2004).

Recommendations:

- **Formulate a universal standard of health care for youth in custody.** Despite recent increased attention to the health needs of incarcerated youth, there is no universal standard of care. SYRP findings show that the unmet needs of youth in custody are nontrivial. More than one-third of youth with some type of healthcare need did not receive all the care they needed, including more than one-fourth of youth who needed care for illness and more than one-fourth of those with an injury requiring medical attention.

- **Obtain information to guide improvements in healthcare delivery systems for incarcerated youth.** Necessary information is lacking in this domain as well. Little is known about youth's healthcare needs at the time they

enter custody, about the injuries or illnesses they acquire during their time in residential placement, about how they obtained health care before they entered custody, whether they had health insurance, or how they will obtain health care after their release.

Educational Services

As Wasserman et al. (2003) point out, academic achievement and school bonding are interdependent, and youth with low commitment to school are at risk for delinquency (Hawkins et al., 1998). It is no surprise that researchers have documented that youth with educational difficulties have a heightened risk of behavior problems (Byrd, Weitzman & Auinger, 1997) violence (Borowsky, Ireland & Resnick, 2002), and crime (Levitt & Lochner, 2001; Lochner & Moretti, 2004)[23] or that adult correctional populations are substantially below general population peers in their educational attainment (Harlow, 2003). SYRP findings document the extent of educational deficits in the national population of youth in juvenile justice custody. Youth in placement have an extremely high nonenrollment rate (21%) when entering custody, more than four times that of their age peers in the general youth population (5%). Nearly one-half of youth in placement (48%) are below the grade level appropriate for their age, compared to 28% of youth in general. The majority of youth in custody (61%) say they were expelled or suspended during the year before they entered custody, which is dramatically above the incidence (<8%) of these disciplinary actions among all enrolled youth. Compared to age peers in the general population, more than twice as many youth in custody report that they were held back a year in school (25%).

For youth in the general population, a typical school day is 6 to 7 hours long (U.S. Department of Education, 2003b), but less than one-half of youth in custody (45%) say they spend at least 6 hours a day in school. Consistent with this, only about one-half (51%) of all youth in custody think that their facility has a good school program, but a significantly higher percentage (58%) of youth who attend school for at least 6 hours a day consider their facility's school program good. Nevertheless, SYRP does indicate that the large majority of youth in custody (92%) attend school in custody, and this differs from their situation at the time they entered custody, when 21% were not enrolled at all and 61% were suspended or expelled in the previous year. Thus, it is not surprising to see that more than one-fifth (22%) of those 16 or older who are in their facility 180 days or more report earning their high school credentials during their time in custody. Other data also chart the academic progress of youth in juvenile justice custody. For example, among students in detention and in juvenile corrections enrolled in reading and math programs under Title 1, Part D of the No Child Left Behind Act, between 71% and 81% showed positive changes via pre- and post-assessments over a 90-day period during the 2004-2005 school year (The National Evaluation and Technical Assistance Center for the Education of Children and Youth Who Are Neglected, Delinquent, or At-Risk, NDTAC, 2008).

Nearly one-third (30%) of youth in custody say they were diagnosed with a learning disability, which is more than seven times the rate of specific learning disability among their age peers in the general population. Burrell and Warboys (2000) note that the Federal Individuals with Disabilities Education Act (IDEA) imposes a "child find obligation" that requires identifying, locating, and evaluating all youth with disabilities, and determining whether eligible youth receive needed special education and related services. This identification effort should occur even in short-term facilities,

such as detention centers, with information then shared with the youth's subsequent placements. SYRP findings suggest that current educational services for youth in custody are still some distance from this goal. Nevertheless, consistent with Mears and Travis' (2004) observation that the juvenile justice system is ill-equipped to take youth's disabilities into account in educational services, youth's self-reports in SYRP show that less than one-half (46%) of those with a diagnosed learning disability are receiving a special education program while in custody.

Recommendations:

- **Obtain systematic information about youth's educational needs and services in placement.** Little information is available on how facilities address the educational needs of youth in custody—what curriculums they use, whether these match what youth would receive in their community, and whether they asses and target materials and assignments to individual youth's needs.

- **Define more specific minimum standards for educational services for youth in custody.** SYRP findings indicate that, despite the fact that they are considerably their unincarcerated peers, most youth in custody spend fewer hours in school than youth in the general population. In addition to increasing general educational services, facilities should expand special education services. Although youth in custody have seven times the rate of diagnosed learning disabilities compared to youth in the general population, less than half receive a special education program while in custody.

Females in Custody

SYRP reveals a number of important differences between the needs of females in residential placement and those of males, as well as in the services that are available to them in their facilities and the services they directly receive while in custody. All are consistent with others' findings on local samples showing that females in residential placement have more mental health and substance use problems (e.g., Hubbard & Pratt, 2002; Teplin et al., 2002) and prior abuse histories (Blum, Ireland, & Blum, 2003; Hennessey et al., 2004).

Higher percentages of females report more than the average number of mental or emotional problems and traumatic experiences, and the female vs. male percentage differences are not trivial. Specifically, 8% more report a hallucinatory symptom, 12% more females report more than one problem related to attention, 12% more females acknowledge more than one isolation/depression symptom, 14% more females affirm more than one anxiety question, 15% more females identify more than two past traumatic experiences, 16% more females admit more than two anger items, and 19% more females report more than one suicidal thought or feeling. Moreover, females reveal nearly twice the rate of past physical abuse (42% vs. 22%), more than twice the rate of past suicide attempts (44% vs. 19%), and more than 4 times the rate of prior sex abuse (35% vs. 8%).

As reported in *The Survey of Youth in Residential Placement (SYRP): Youth Characteristics and Backgrounds,* females are more likely to be in residential treatment programs, and findings reported here indicate that nearly all youth in residential treatment programs are in facilities that provide mental health

services onsite. Despite this, there are no differences between males and females in the percentages that report receiving counseling in their facilities and or in most reasons for why they do not receive counseling (except that more females, 25% vs. 19%, say it is because they do not know how to arrange to talk to a counselor). More females receive individual counseling (85% vs. 67%), although less females receive group counseling (40% vs. 49%), and females are less likely to have their counseling sessions on the most frequent schedule. Females also offer less positive ratings of the helpfulness of their counseling.

SYRP findings detail females' substantially greater histories of drug and alcohol use. More females report using each of substance listed and nearly one half of females (47%) but only one third of males (33%) report having ever used 4 or more of the listed substances. Although males and females show similar patterns in the frequency of their drug/alcohol use just before entering custody, females report more recent problems associated with their usage.

Despite females' greater substance abuse problems, males and females in facilities with similar approaches to screening youth for substance problems. Moreover, females actually appear to have less access to substance abuse treatment. Females are less likely to be in facilities that offer substance abuse education (77% of females vs. 88% of males), that have specialized units for substance abusing youth (7% of females vs. 19% of males), or that provide ongoing treatment for substance abuse (75% of females vs. 84% of males). At the same time, there is no difference in the percentages of males and females who say they have directly received counseling geared to help them stop using drugs or alcohol, although more females who do receive such counseling report having more than one counseling format (38% vs. 26%).

Females have different needs in every area of health care. Although males more often need treatment for injuries, females have greater needs in all other areas: illness (33% vs. 27%), vision, teeth, hearing (44% vs. 35%), and other physical care needs (42% vs. 27%). However, fewer females report receiving all the care they needed (59% vs. 65%). Also note that females are more likely to be taking regular medication (56% vs. 34%), and among youth who do, females more often say it is to treat emotional or mental problems (59% vs. 46%).

Education is the only area where females in custody do not exhibit greater needs than their male counterparts. More males are below modal grade level (50% vs. 41%), more males are expelled (29% vs. 23%), and more males say they have a diagnosed learning disability (31% vs. 25%). Males and females do not differ in the percentages that attend school in custody or earn their high school credentials. However, more males receive job training (20% vs. 13%), whereas more females receive no educational service beyond their regular school hours (57% vs. 45%).

Cooney et al. (2008) note the lack of research on the effectiveness of programs for females in the juvenile justice system. Concurrent with the SYRP work, OJJDP convened the *Girls Study Group* (Research Triangle Institute, 2004), a multi-year effort conducting a comprehensive review of the literature on girls in relation to delinquency to uncover who they are, identify patterns and trends in females' offenses, and determine how these differ from those of males and how the juvenile justice system responds. The goal is to develop a coherent research knowledge base that can guide prevention and response. This SYRP report contributes additional information about the needs of females in custody that can guide appropriate juvenile justice responses and future services.

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Endnotes

[1] Not all youth in custody have been charged or adjudicated for offenses. Some have been placed in custody because of safety and health concerns (e.g., such as keeping them away from abusive parents or guardians). SYRP targeted the population of youth who were placed in custody as the result of an offense.

[2] MAYSI is a 52-question survey designed to help juvenile justice facilities identify youth with special mental health needs.

[3] As a general rule, on most MAYSI scales, youth attain the "caution" range by scoring higher than about two-thirds of the youth in probation intake, secure pretrial detention, or reception centers, which is a subset of the population that SYRP represents. In the MAYSI population subset, about one-in-ten youth in those contexts score in the "warning" range. MAYSI score distributions may differ in the full population of youth in custody, but that issue cannot be examined here because (as noted in the text) the SYRP interview does not include all the items on the MAYSI subscales. However, on those MAYSI subscales where SYRP includes enough of the subscale items that some youth do attain scores in the problematic ranges, this should be regarded as a minimum estimate of the percentage of the custody population who would provide "caution" or "warning" scores on the full set of MAYSI items. That is because, if SYRP had included all the scale items, youth would have had the opportunity to endorse more items. In that case, SYRP would show that a higher percentage of youth in custody attained scores in the MAYSI "caution" and "warning" ranges.

[4] The listing includes the three background experiences because SYRP asks all these questions in the same interview section. Moreover, MAYSI includes the listed traumatic events in the *Traumatic Experiences* scale.

[5] A companion survey to the NCS-R included adolescents. However, the NCS-A findings were not available at the time of this writing.

[6] The authors analyzed both datasets online at the Inter-University Consortium for Political and Social Research (ICPSR) website: the NCS-1 data online analysis webpage is located at < http://www.icpsr.umich.edu/cgi-bin/SDA/ICPSR/hsda?samhda+06693-0003> and the NCS-R data access page is available at < http://www.icpsr.umich.edu/cgi-bin/SDA/ICPSR/hsda?setupfile=icpsrpub&datasetname=20240-0002&ui=1>.

[7] This classification uses the rounded averages for the overall population of youth in custody, which are as follows: attention (1 "yes" answer), hallucination symptoms (zero "yes" answers), anger (2 "yes" answers), anxiety (1 "yes"), isolation (1 "yes"), trauma (2 "yes" answers), and suicidal thoughts or feelings (1 "yes" response).

[8] That is, they said "yes" when asked "Did this person put any part of their body inside you?"

[9] Unfortunately, because of the way the JRFC questions are worded, this category is ambiguous. It

may include some youth who are in facilities that screen everyone within 24 hours and then again at later times, if necessary.

[10] Youth could choose as many reasons as apply, so these percentages sum to more than 100%.

[11] These analyses identified youth as needing counseling if they provided more than the average number of "yes" responses in 2 or more of the domains listed in Table 1.

[12] SYRP includes youth ages 10 through 20, but substance use by those below 12 years of age is very infrequent, so excluding them in computing SYRP percentages has almost no discernable effect on the percentages shown in the table. Specifically, the only differences are that the percentage of youth in custody age 12 or older who have ever used any illegal drug is 86% (vs. 85% in the table) and three confidence intervals shown in the table are slightly modified in the more restricted age sample: for alcohol CI is 72–76%, for marijuana/hashish CI is 83–86%, and for any illegal drug other than marijuana CI is 47–53%.

[13] The SYRP interview asks separate questions about marijuana and hashish, whereas the National Survey on Drug Use and Health (NSDUH) combines the two substances in a single question. Because nearly all youth who say they have used hashish also say they have used marijuana, table 6 combines the two to simplify comparison with the general population results.

[14] The interview questions asking about the problems listed in Table 7 are taken from the MAYSI and the GAIN. All but the item about responsibilities are from the MAYSI *Alcohol/Drug Use* subscale (Grisso & Barnum, 2006). The item about responsibilities is from the GAIN (Dennis, 1998). The MAYSI *Alcohol/Drug Use* subscale includes 8 items. Only 4 of these are included in the SYRP interview, too few to classify SYRP respondents according the MAYSI Caution and Warning cut-offs.

[15] A blackout is a period of memory loss for events that occurred while a person was intoxicated (White, 2003). Alcohol-related blackouts are common in adolescents who are clinically diagnosed with alcohol dependence and abuse (Martin et al., 2007).

[16] A counselor is defined a person whose highest degree is any Bachelor's degree or a Master's degree in a field other than psychology or social work; a substance abuse professional is someone who has been certified as a substance abuse or addiction counselor, a psychiatrist, a psychologist with at least a Master's degree in psychology, or a social worker with at least a Master's degree in social work.

[17] This difference does not meet the traditional test for statistical significant (i.e., $p < .05$), but it is statistically marginal, at $p<.07$, and noteworthy in the context of females' substantially higher rates of substance abuse problems.

[18] SYRP findings derive from a sample, so one cannot conclude that such cases do not exist, only that they are too few to be detected in the size of the SYRP sample. Note that SYRP participants are 7% of the estimated universe of youth in custody.

[19] The alternative measure is the "event dropout rate," which reflects the number of individuals who drop out during a school year or semester. Status dropout rates are generally higher, since individuals who lack a high school credential and are not enrolled accumulate in the population. Also, the status dropout rate is typically published for youth ages 16 through 24 (whereas SYRP reflects youth only through age 20). As a result, the authors used Census data tables to compute the general population statistics for Table 11 for the comparable age ranges indicated there.

[20] Reports concerning the modal grade distribution of children in the general population have identified this by the modal grade for a child of a specific age in October (Hauser, Pager, and Simmons, 2000). Using this approach, the modal grades for children ages 10, 12, 14, and 16 are grades 5, 7, 9, and 11, respectively.

[21] Available statistics on youth in the general population reflect youth's ages as of October. For this comparison, the authors adjusted the ages of youth in custody. Adjustments reset youth's ages to the previous October for comparing percentages below grade level, and to the October preceding their entry into custody for comparing percentages enrolled at the time of entry into custody.

[22] As for Table 11 and Figure 13, the authors computed these rates for youth in custody using their grade attainment at the age they were in October preceding their entry into custody and established general population comparisons from computations based on Table 2 from the U.S. Census Bureau (2005).

[23] However, Huizinga et al. (2000) found that the strength of relationship between school problems and serious delinquency varied across their different geographic samples.