The Female Juvenile Offender: Therapeutic Considerations

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Abstract

Historically, male adolescents have been incarcerated in juvenile detention facilities at higher rates than female adolescents. However, females are currently the fastest growing population in the juvenile justice system. Most counseling interventions for youthful offenders are designed for males; unfortunately, many researchers suggest that these interventions may not be effective for females, because female adolescents experience unique situations and circumstances. Furthermore, the interventions designed for female adult offenders may not be similarly applied to female juvenile offenders, due to cognitive differences between adults and adolescents. This paper reviews the existing literature related to the mental health needs of female juvenile offenders, and current counseling interventions that are used with female juvenile offenders are examined. Future research should focus on the development of empirically-based gender-specific and age-appropriate interventions for the growing population of female juvenile offenders.

Keywords: female juvenile offenders, female adolescents, delinquency, therapeutic interventions
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Since the inception of the juvenile justice system, male adolescent offenders have greatly outnumbered female adolescent offenders residing in juvenile detention facilities (Bloom & Covington, 2001; Cauffman, 2008; Garcia & Lane, 2013; Mellin & Fang, 2010; Morton & Leslie, 2005). However, over the past two decades, this trend has experienced a dramatic change. In 2013, approximately 14% of the inmates in U.S. correctional residential centers were female (OJJDP, 2013). Furthermore, the number of female adolescent arrests has recently outpaced the number of male adolescent arrests (Garcia & Lane, 2013). Over the past decade, arrest rates for certain violent crimes, such as simple assault and disorderly conduct, have increased amongst female adolescents and decreased amongst male adolescents (Barrett, Ju, Katsiyannis, & Zhang, 2015). Additionally, female adolescents are much more likely than male adolescents to be arrested and detained for status offenses, such as truancy, running away, and underage drinking (Barrett et al., 2015).

Despite the growing population of females in juvenile detention facilities, counseling interventions for juvenile offenders remain targeted toward males (Garcia & Lane, 2013; McGlynn-Hahn, Hahn, & Hagan, 2012; Morton & Leslie, 2005). Because the female brain is different from the male brain and the adolescent brain is different from the adult brain, it is logical to suggest that researchers need to focus on developing and testing counseling interventions that are designed specifically for female juvenile offenders (Cauffman, 2008; Morton & Leslie, 2005; Saulter, 2010).

**Literature Review**

According to researchers, female adolescents in the juvenile justice system have unique mental health needs and pathways to delinquency (Barrett et al., 2015; Garcia & Lane, 2013).
Cauffman (2008) and Selph, Ast, and Dolan (2014) found that female adolescents are particularly sensitive to interpersonal relationship distress; thus, unhealthy relationships with loved ones is a primary risk factor for female adolescent delinquency and recidivism. Therefore, counseling interventions that have been tested solely on male juvenile offenders or solely on female adult offenders may not be effective for treating female juvenile offenders (Morton & Leslie, 2005).

**Differences Between Male and Female Adolescent Offenders**

While male and female juvenile offenders share some commonalities, researchers suggest that there are several crucial differences (Barrett et al., 2015; Cauffman, 2008). According to Morton and Leslie (2005), female juvenile offenders are much more likely than male juvenile offenders to report experiencing childhood victimization, especially sexual abuse. Furthermore, prevalence rates for mental illness, especially depression, are higher for female juvenile offenders than for male juvenile offenders. Mellin and Fang (2010) found that an estimated 72% of females in juvenile detention centers had one or more mental illnesses, compared to 63% of males. Foy, Ritchie, and Conway (2012) conducted a meta-analysis and reported that 92% of female juvenile offenders met the criteria for one or more psychiatric disorders. Based on these findings, researchers state that counseling interventions designed for female juvenile offenders should give particular consideration to the effects of mental illness (Cauffman, 2008).

According to Dixon, Howie, and Starling (2004), over 70% of incarcerated female adolescents have a history of trauma. Selph et al. (2014) estimated that 92% of incarcerated female adolescents have experienced emotional, physical or sexual abuse. In addition, when compared to their male counterparts, female juvenile offenders report being physically or sexually abused for longer periods of time (Chesney-Lind, 1989; Finkelhor & Baron, 1986).
link between experiencing a traumatic event and acting out in ways that lead to arrest is stronger in female adolescents than in male adolescents (Cauffman, Feldman, Waterman, & Steiner, 1998; Selph et al., 2014). Unfortunately, many female juvenile offenders do not receive counseling services that address the effects of trauma (Teplin, Abram, McClelland, Washburn, & Pikus, 2005).

Another well-documented difference between male and female juvenile offenders is the development of interpersonal relationships and significance of these relationships to one’s sense of self (Morton & Leslie, 2005). While traditional theories, such as Erikson’s stage theory of psychosocial development, suggest that one forms a sense of identity by separating one’s self from others, the adolescent female development theory states that many females actually develop a sense of identity and self-esteem by building relationships with others (Morton & Leslie, 2005). Females, especially adolescent females, appear to be more relationally focused and experiencing a loss of a friendship may be perceived as a complete loss of one’s own identity. Because they are relationally driven, girls, much more than boys, engage in relational aggression (Morton & Leslie, 2005). Taylor & Bourdin (2014) defined relational aggression as “any behavior used to damage another person’ social relations” (p. 357). According to Belknap (as cited in Bloom & Covington, 2001, p. 6), due to the dichotomy of development of self between males and females,

programs for boys are more successful when they focus on rules, and offer ways to advance within a structured environment, while programs for girls are more successful when they focus on relationships with other people and offer ways to master their lives while keeping these relationships intact.
Moretti, Holland, and McKay (as cited in Taylor & Borduin, 2014) found that female adolescents with conduct problems use more relational aggression in their peer and family relationships than do male adolescents with conduct problems. The use of relational aggression as a frequent mode of communication appears to be especially prominent between female juvenile offenders and their mothers. Although family-based treatments are often employed with incarcerated female juvenile offenders, researchers have noted that the frequent use of relational aggression by females can interfere with the treatment process, as females may lie to and defy the therapists, family members, and peers who are trying to help them (Taylor & Borduin, 2014).

**Differences Between Adolescents and Adults**

According to Roush (2008), it is a mistake for mental health professionals to assume that adolescents are merely small adults and that counseling interventions for adults can be applied with similar success to adolescents. A counselor working with a juvenile must consider the juvenile’s age and developmental level, as Roaten (2011) found that a rapid wave of brain development begins around age 12 and does not end until around age 24. Compared to the adult brain, the adolescent brain produces higher levels of excitable neurotransmitters. Additionally, while adults rely on the prefrontal cortex to make logical decisions, adolescents, who have yet to fully develop the prefrontal cortex, often rely more on the amygdala. Taken together, these differences in brain development provide support for reasons why adolescents are more impulsive and sensation-seeking than their adult counterpart (Roaten, 2011).

Furthermore, because the frontal lobe in the brain, which is responsible for language production, is not fully developed in adolescents, adolescents may experience difficulty expressing themselves verbally (Roaten, 2011). Deficiencies in frontal lobe maturity also
account for why some adolescents find it difficult to accurately perceive the future consequences of their actions (Schad, 2011).

While both incarcerated adolescents and adults report enduring childhood trauma, adolescents may be at a greater risk for experiencing the negative effects that are associated with trauma. According to Solomon, Davis, and Luckham (2012), adolescents, on average, have fewer coping skills than adults and may therefore engage in more maladaptive responses to trauma (alcohol consumption, drug use, criminal behavior).

While the therapeutic alliance is a salient factor in all types of counseling, Roaten (2011) suggested that the therapeutic relationship is of the upmost importance for adolescent clients. Because adolescents often feel as if their lives are controlled by adults, the inherent power that a counselor holds in the therapeutic alliance can add to an adolescent’s perception of lack of autonomy. Therefore, when counseling adolescents as compared to adults, Roaten (2011) stated that it is much more important for counselors to present themselves as partners instead of as authorities. Fitzpatrick and Irannjejad (2008) encouraged counselors to give their adolescent clients some degree of control during counseling sessions by collaboratively establishing goals and tasks.

**Risk and Protective Factors for Female Juvenile Offenders**

In order to develop effective interventions for female juvenile offenders, one must be able to identify specific individual and societal factors that contribute to criminal behavior (Morton & Leslie, 2005) such as the experience of abuse and mental illness. Foy et al. (2012) classified female juvenile delinquent risk factors into five categories that include (a) community factors (neighborhood violence, sexism, discrimination, etc.); (b) family factors (divorce, low parental monitoring and support, parental mental illness, etc.); (c) interpersonal/peer factors (association
with deviant peer groups, absence of social support, etc.); (d) school factors (lack of involvement in prosocial extracurricular activities); and (e) individual factors (mental illness, intellectual deficiencies, low self-esteem, etc.). Countless other studies have duplicated these findings of risk factors with particular emphasis on low self-esteem, unstable family life, victimization, and deviant peer groups (Bloom & Covington, 2001; Cauffman, 2008; Morton & Leslie, 2005).

While these risk factors should by no means be seen as the sole causes of criminal behavior, they should be identified and addressed during counseling.

Protective factors for female juvenile offenders should be identified and strengthened in counseling because such factors can play a role in preventing recidivism (Cauffman, 2008). Common protective factors run in direct opposition to risk factors. Morton and Leslie (2005) identified seven salient protective factors: positive female gender identification; healthy interpersonal relations; positive self-esteem; individualism based on balancing self-importance with connection to others; future orientation; understanding of physical development; and strong family, school, and community support.

Specific Interventions for Female Juvenile Offenders

Based on what is known about the adolescent female brain and pathways to delinquency, several researchers have developed female-driven counseling interventions (Cannon, Hammer, Reicherzer, & Gilliam, 2012; Palidofsky & Stolbach 2012; Sautler, 2010). While these interventions need further testing, researchers are optimistic that female juvenile offenders can benefit from counseling. According to Piquero (2014), “Because adolescent offenders have not yet emotionally or psychosocially matured, their current (and future) criminal trajectories remain in a state of flux, and they are potentially responsive to effective interventions and correctional programming” (p. 128).
Due to frontal lobe immaturity, Roaten (2011) suggested that counselors should engage adolescents in expressive therapies such as art, music, or sand tray therapy so that there is less reliance on sustaining verbal conversation. Additionally Roaten (2011) suggested that such experiential activities may cater to the adolescent’s need for stimulation.

Some researchers have developed specific interventions for female juvenile offenders who have committed a wide variety of crimes (Cannon et al., 2012; McGlynn et al., 2012; Taylor & Borduin, 2014). Most of these interventions address the importance of interpersonal relationships, since the female brain is wired to value relationships (Morton & Leslie, 2005). The relational-cultural theory (RCT) is a feminist model that cites healthy relationships as a prerequisite for well-being (Cannon et al., 2012). RCT has been applied to female offenders in a juvenile detention facility to address relational aggression, relational competence, and bullying. Through a group counseling format, participants engaged in the education and practice of RCT concepts. At the end of the counseling program, participants displayed an increase in empathy, empowerment, and identification of negative peer influences. Participants also learned ways to engage in prosocial communication with others (Cannon et al., 2012). Goldweber and Cauffman (2012) found that many female adolescents are not always aware of their relationally aggressive behavior, so RCT-based therapy may be especially useful in helping adolescents identify their own personal negative interactions in interpersonal relationships.

Because female juvenile offenders engage in the frequent use of relational aggression, especially with their mothers, Taylor & Borduin (2014) suggested that family-based interventions targeting functional interpersonal relationships should emphasize ways to promote mutual warmth between an adolescent and her mother. Furthermore, teaching effective
communication strategies to reduce mother-daughter conflict may be useful during family therapy (Taylor & Borduin, 2014).

Due to the fact that a high percentage of female juvenile offenders report experiencing at least one traumatic event, Palidofsky and Stolbach (2012) emphasized the need for trauma-based interventions. These researchers reviewed a unique expressive arts intervention entitled *Fabulous Females* with a group of incarcerated female juvenile offenders. Fabulous Females was a musical theatre program that allowed participants to create and perform musicals based on their traumatic experiences. Individuals who participated in the Fabulous Females program increased their understanding of the link between past trauma and criminal behavior, established safe relationships with others, and learned how to make decisions for themselves. Although more research is needed, Palidofsky and Stolbach (2012) noted that musical theatre may be a useful intervention for helping female juvenile offenders create personal trauma narratives, experience universality, and practice social skills.

While group counseling provides a path for practicing social skills, according to Garcia and Lane (2013), many female juvenile offenders prefer individual counseling. Because low self-esteem has been found to be one of the most salient risk factors of female juvenile delinquency, Morton and Leslie (2005) advocated for the use of skills development and strengths-based interventions to empower female juvenile offenders. Low self-esteem can be exacerbated when these youthful offenders hear from others that they are bad because of their criminal behavior. Morton and Leslie (2005) suggested that, despite what theory a counselor uses while counseling these clients, most of the females need “a sense of hopefulness about the future… some sense that their gifts are worth mining and cultivating and nurturing” (p. 41).
Many of the counseling programs tested have been cognitive-behavioral in nature (Roush, 2008). One such program, the Juvenile Cognitive Intervention Program (JCIP), operated under the belief that criminal behavior is related to the use of cognitive distortions (McGlynn et al., 2012) and focused on restructuring juvenile offenders’ cognitive distortions associated with negative behaviors. Results showed that the JCIP program was effective in decreasing delinquent behaviors and attitudes in the short-term; however, longitudinal outcome studies have yet to be conducted (McGlynn et al., 2012).

Although cognitive-behavioral therapies are often used in juvenile detention facilities, Enns, Reddon, Das, & Boudreau (2008) emphasized the importance of first measuring the current cognitive functioning of each juvenile offender. These researchers examined executive functioning in 100 incarcerated female juvenile offenders and found that they scored lower on measures of planning and successive processing than did non-offending female juveniles. Therefore, Enns et al. (2008) suggested that traditional cognitive-behavioral therapies that focus on the building of problem-solving skills will not be effective with juvenile offenders until interventions that address specific cognitive deficits, such as planning, are used.

Cauffman (2008) cautioned against viewing all female juvenile offenders as a homogenous group. Treatment plans should always be tailored to the individual client. Therefore, there are some interventions that have been designed to treat special populations of female juvenile offenders. The Holistic Enrichment for At-Risk Teens (HEART) program was a counseling intervention designed for female juvenile offenders with substance use problems (Roberts-Lewis, Welch-Brewer, Jackson, Pharr, & Parker, 2010). The HEART program used coping skills training, social skills training, self-control strategies, group counseling, psychoeducation, family therapy, and 12-step programs to assist clients abstain from substance
use and delinquent behavior. At the center of the HEART program was cognitive-behavioral therapy; the program asserted that how a person thinks and views the world plays a role in her criminal behavior (Roberts-Lewis et al., 2010). Roberts-Lewis et al. (2010) tested the HEART program on 30 incarcerated female juvenile offenders and found that the girls improved in eight areas of functioning: mental health, family relationships, peer relations, educational status, vocational status, social skills, leisure and recreation, and aggressive behavior and delinquency.

Although brain immaturity causes many adolescents to have difficulty expressing themselves verbally (Roaten, 2011), one out of five incarcerated female juvenile offenders display problems understanding and using language that are beyond developmental norms, according to Sanger, Maag, and Spilker (2006). Given that female adolescents appear to place high importance on relationships and communication with others and that dysfunctional peer relations are a risk factor for delinquency, interventions that focus on social skills training and the development of social competence may be especially important for female juvenile offenders who display pragmatic deficiencies (Sanger et al., 2006).

While these interventions have been tested on female juvenile offenders who have committed crimes that range in severity from truancy to aggravated assault, Roe-Sepowitz (2007) stated that research on female adolescents that commit murder is limited. While society may view female adolescent murderers as dangerous and untreatable, many of the counseling interventions used with female offenders who commit lesser crimes are effective with female murderers as well. Some female adolescent murderers are sentenced as adults, thereby serving long prison terms, while others are sentenced as juveniles (Roe-Sepowitz, 2007). Although sentencing guidelines vary by state, in general, offenders sentenced as juveniles serve much shorter sentences before they are released back into the community than offenders sentenced as
adults (Redding, 2003). Roe-Sepowitz (2007) particularly emphasized the importance of social skills training, cognitive-behavioral therapy, and family therapy with offenders sentenced as juveniles, because they will often reintegrate back into society at a young age.

Despite the type of crime that a female juvenile offender has committed, most researchers agree that the most effective counseling interventions are the ones that address multiple components and risk factors, instead of single component interventions (Bloom & Covington, 2001; Foy et al., 2012; Roberts-Lewis et al., 2010). According to Cauffman (2008), “Evidence is emerging that gender-specific treatment methods can be effective, especially when they target multiple aspects of offenders’ lives, including family and peer environments” (p. 134).

**Implications for Future Research**

While research focusing on effective interventions for female juvenile offenders is increasing, more research is needed. None of the studies reviewed were longitudinal in nature; that is, none of the studies contained information about female juvenile offenders once they completed their sentences and were released from incarceration. Therefore, previous researchers only established short-term efficacy in reducing delinquency and improving mental health. According to Coleman, Kim, Mitchell-Herzfeld, & Shady (2008), “relatively little is known about delinquent girls and how they fare once they leave custodial care” (p. 355). Therefore, longitudinal studies that measure long-term success are still needed.

Although the research regarding effective interventions for female juvenile offenders is limited in scope, even less research has been devoted to effective reentry programs for incarcerated female juvenile offenders, according to Fields & Abrams (2010), who noted that family conflict and instability is higher among incarcerated female juvenile offenders than among incarcerated male juvenile offenders. In their study, these researchers discovered that
incarcerated female adolescents who were preparing to reenter society expressed anxiety about their pending living situations and their relationships with family members. Because family-based counseling and participation is often used with female juvenile offenders, future researchers should focus on the creation of counseling and reentry programs for incarcerated female juvenile offenders who do not have the support of a parent or adult guardian.

Finally, despite the growing recognition that the majority of female juvenile offenders have extensive trauma histories, Palidofsky and Stolbach (2012) stated that the link between trauma exposure and criminal behavior has yet to be fully explored. Furthermore, many female juvenile offenders with trauma backgrounds do not receive counseling that addresses the trauma. Therefore, future research should focus on the effects of trauma that lead to criminal offending and on the barriers that prevent incarcerated female adolescents from receiving trauma-focused interventions.
References


