



Initiative to End Girls' Incarceration in Maine

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A person is walking away from the camera on a cobblestone street. They are wearing a dark jacket, dark pants, and a red beanie. They have a large backpack and are carrying a skateboard under their arm. The scene is set next to a brick wall. The entire image has a strong red color overlay. The text "National Context" is written in white, serif font across the middle of the image, flanked by two horizontal white lines.

National Context

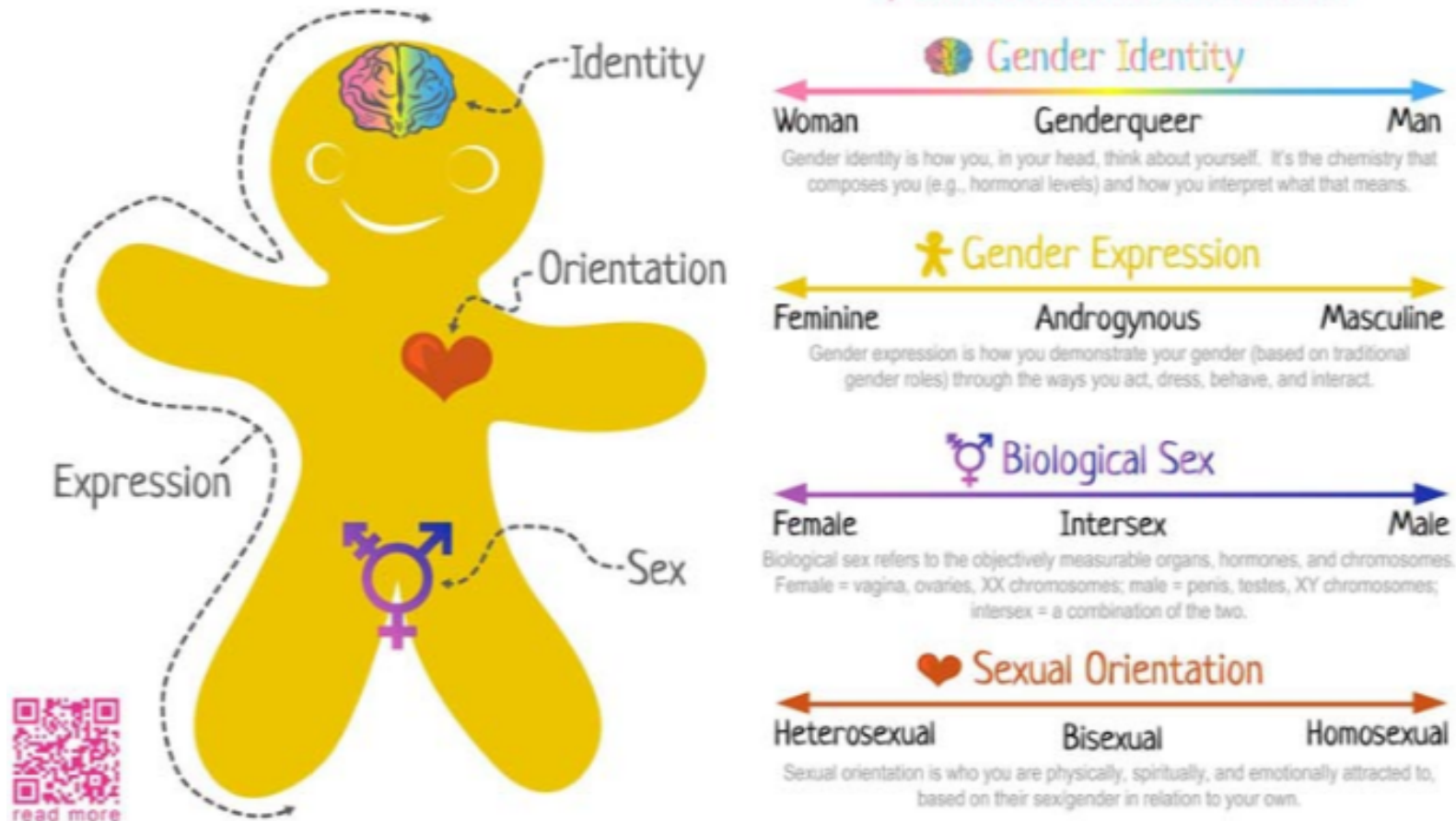
OUR BOLD GOAL

The Vera Institute has a vision and plan to end the incarceration of girls in the next ten years.

Unpacking the Word “Girl”

The Genderbread Person

by www.ItsPronouncedMetrosexual.com

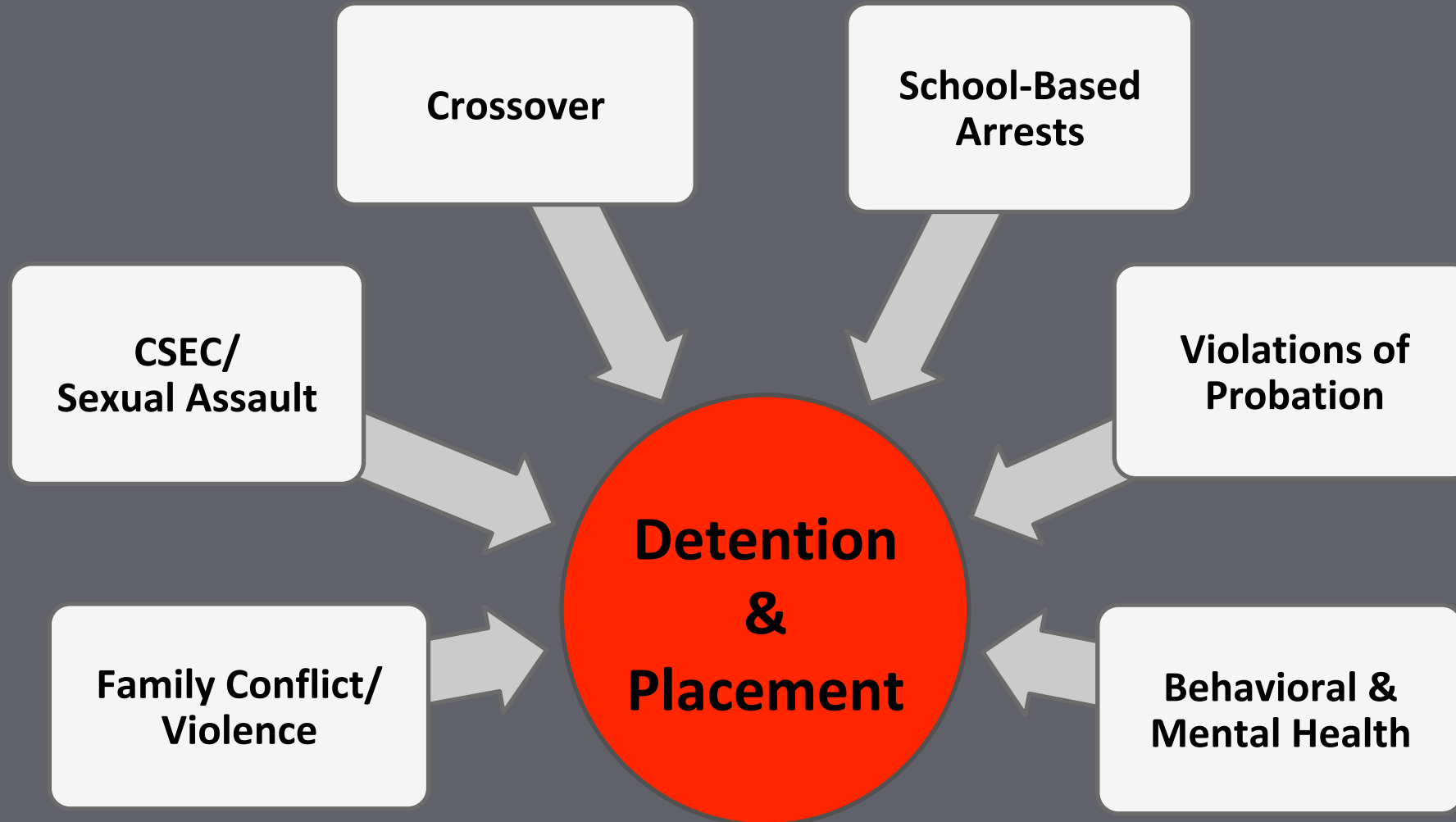


Recent reforms to the juvenile justice system have left girls and LGB/TGNC youth behind— especially girls and youth of color.

TODAY, GIRLS MAKE UP MORE OF THE JUVENILE JUSTICE POPULATION THAN AT ANY TIME IN HISTORY.

Justice systems have become the default when other systems cannot or will not meet girls' needs

Girls' Pathways into the Juvenile Justice System



Most girls are incarcerated for low-level offenses
that pose no risk to public safety
and are often rooted in personal histories of trauma and abuse.

More than

80%

of girls in the juvenile
justice system are

**VICTIMS OF
SEXUAL VIOLENCE.**

Instead of providing girls with the help they need,

the system locks
them up—

WHICH WE KNOW CAUSES FURTHER HARM.

Incarceration is **Not the Solution** to Girls' Challenges

GIRLS WHO ARE DETAINED AS JUVENILES ARE

5x more likely to die

from preventable causes by the time of young adulthood

LATINA GIRLS WHO ARE DETAINED ARE

9x more likely to die

Ending girls' incarceration is key to ending intergenerational cycles of confinement for future generations

CHILDREN OF INCARCERATED PARENTS ARE 3X MORE LIKELY TO BECOME INVOLVED WITH THE JUSTICE SYSTEM & MORE THAN HALF OF INCARCERATED WOMEN ARE MOTHERS OF MINOR CHILDREN.

WOMEN ARE THE FASTEST GROWING SEGMENT OF THE ADULT JAIL POPULATION

many were first incarcerated as youth

It's about equity for girls.

“One day I asked myself:

Have I ever incarcerated a boy because I was afraid he would be raped?

The answer was no.

That's an equity issue.”

Judge Catherine Pratt, LA County

It's about equity for LGB/TGNC youth.

40 percent of young people in girls' units identify as LGB/TGNC compared to **13 percent** in boys' units.

It's about race equity.

In NYC, the misdemeanor arrest rate for Latina girls is **6x** higher than for white girls.

For Black girls, it is **20x** higher.

It's achievable.

In Maine, there were **70** girls detained in 2018.

Only **5** girls were committed.

Most are confined for their own safety rather than for public safety.

Our Strategy

1

Target the top incarcerators

8 states together account for **more than 50%** of the nation's incarceration of girls.

2

Target the lowest incarcerators

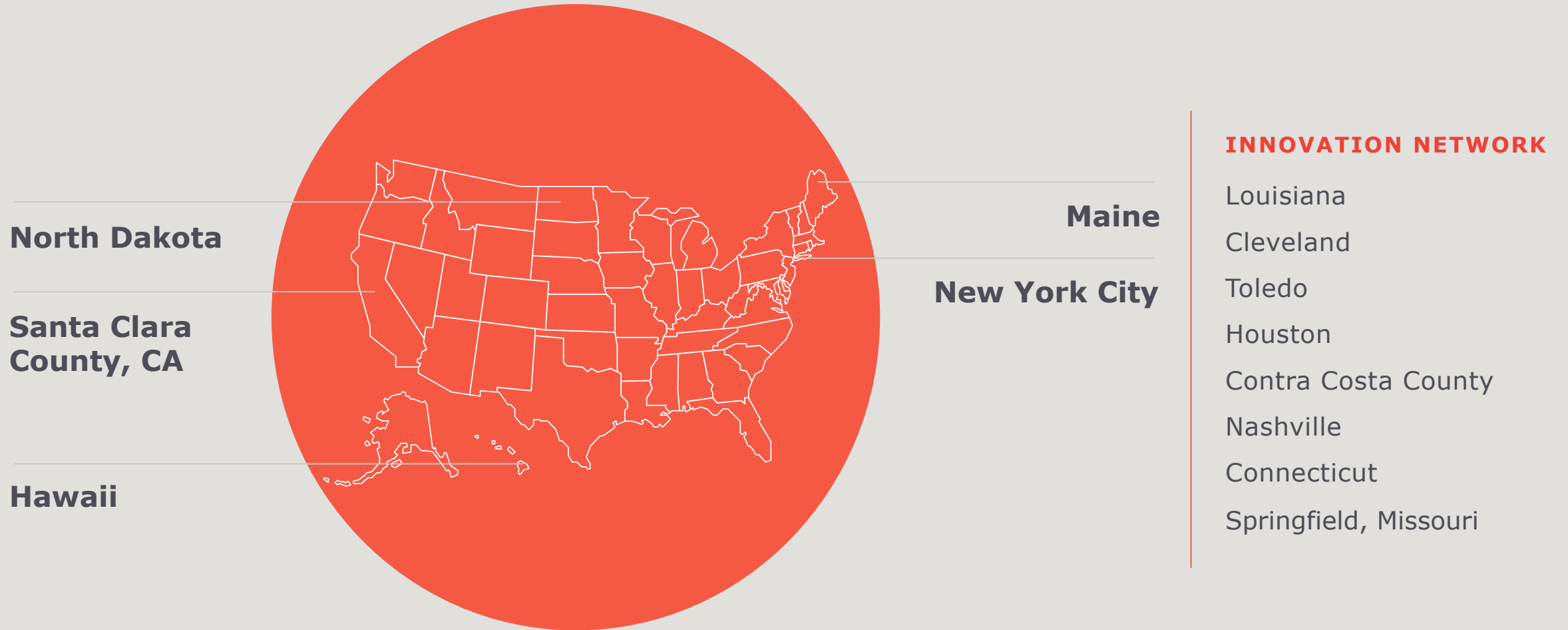
Work with the states that can get to **zero incarcerated girls quickly.**

3

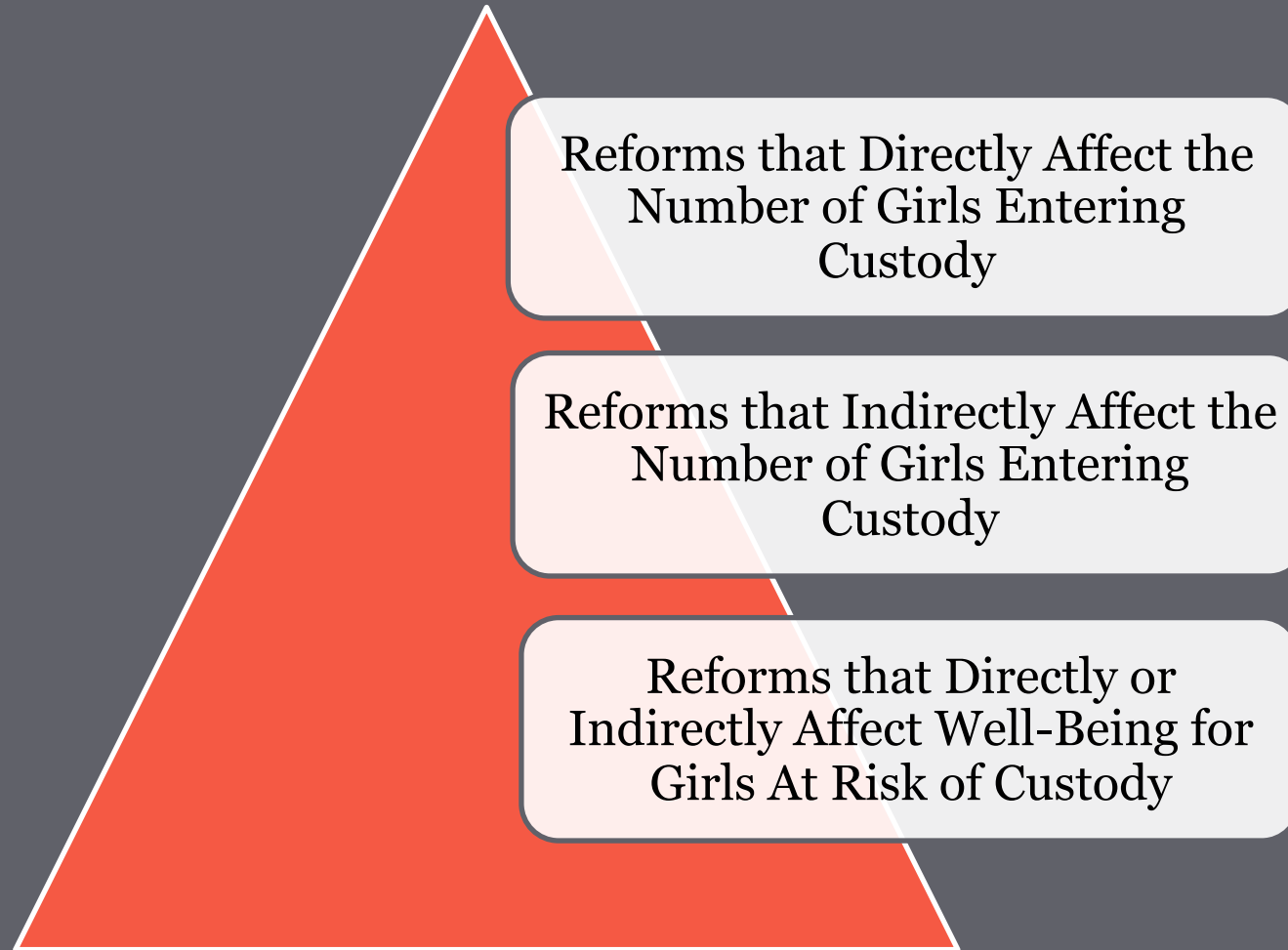
Devise new solutions

Pilot and evaluate new ideas to address some of the toughest problems posed by girls' incarceration.

End Girls' Incarceration Partner Jurisdictions



Prevention, Intervention, Alternative Framework



Ending Girls' Incarceration in Maine

Stakeholders

Girls in
Long Creek

The
Redwoods

Community
Service
Providers

RHY Service
Providers

Young
Advocates

Court Actors

DOC

Local
Researchers

Advocacy
Groups

Behavioral &
Mental Health
Providers

DHHS

DOE

OCFS

State
Leadership

Case File Review of Girls at Long Creek

Goals of Case File Review

- Deeper understanding of how pathways drive girls' entry into juvenile justice system in Maine
- Rich qualitative data to supplement quantitative data
- Deep dive into areas identified by stakeholders as key needs/concerns for girls
- Understanding the full picture for the girls that end up in confinement

Case Files

- 25 girls who had been admitted to Long Creek between 2014 – 2019
- 49 total admissions for commitment, detention, and shock sentences
- Focus on recent, including all but 1 committed girls between 2017-2019
- Black girls were disproportionately represented
- SOGIE information lacking

Case File Review Process

The documents most commonly contained in girls' case files included:

- Processing documents and dispositions
- JCCO reports
- Psychological evaluations
- Risk assessments
- Progress and disciplinary reports during time at Long Creek
- Relevant education and family histories, including child welfare involvement, service referrals, and community reintegration updates

Case File Review: Findings on Demographics

- Although the majority of girls in the sample were white, Black girls (including Black girls from African Immigrant families) were represented in the case files.
- The average age of girls was 15.9 years old, with a range of 12-19.
- Sexual Orientation, Gender Identity & Expression (“SOGIE”) data was not systematically gathered in the files, but there were girls whose files indicated that they were LGB/TGNC.

Education: School Instability

- The majority of girls (n=18) experienced periods of prolonged absence in school, ranging in length from a few weeks to a full year.
- They also transferred school often. For example, one young person had attended 12 schools in 5 different districts and eventually stopped attending school altogether.
- Some common reasons for school mobility were:
 - 1) caretaking responsibilities for younger siblings,
 - 2) homelessness,
 - 3) abuse in the home and moving back and forth between the homes of parents and other family members

Education: School Experiences

- Girls' case files contained information about stressors outside of school impacting their experiences in the classroom, including disruptive behavior in class.
- Stress from home and school climate both contributed to behavior in school.
- Mobility outside of school interfered with their ability to remain enrolled in the schools that were better suited for them.
- Gendered experiences informed both girls' ability to access school and their need to move between schools, including:
 - 1) sexual harassment based on SOGIE
 - 2) sexual harassment based on social media
 - 2) rape

Education: IEP & Special Education Status

Over half of the girls (n=14) had IEP or Special Education classifications in their files, including for issues related to:

- language and speech/language impediments
- conduct problems
- reading comprehension
- learning disabilities

Need to better understand the process for IEP or Special Education designation

Education: School Discipline

Girls experienced disciplinary actions that had the effect of removing them from their schools or classrooms:

- From what could be gathered by school records and intake documentation, some girls (n= 7) had been suspended, often numerous times, and some had been expelled (n=5).
- Experiences with expulsion occurred as young as 4th grade.

Education: Arrests in School

- Files documented that girls experienced school-based arrest (n=6)
- Arrests sometimes occurred for girls under the age of 13.
- Arrests were related to fighting, assaulting teachers, stealing computers from the school, and possession of marijuana.
- Diversion attempts by schools were rare, but were sometimes successful—namely when they included restorative approaches

Mental Health: Prevalence

- Of the 25 cases reviewed, most girls' (n=22) files contained psychological assessments and/or evaluations.
- Although not all files contained a formal psychological assessment, every girl whose case file we reviewed was identified as having mental/behavioral needs.
- All 25 girls were receiving mental health services – and even the girls who did not have psychological assessments in their files had informal notes referencing their mental health.
- The majority of girls (n=19) received mental/behavioral health services in the community before being admitted to Long Creek and between admissions to Long Creek, including hospitalizations due to suicidality, intensive substance use treatment, residential programs, or community-based family therapy, like FFT/MST.

Mental Health: Challenges in Continuum

- **Misuse.** Existing behavioral health residential placements are currently being inappropriately used in order to fill gaps in the community-based behavioral health service continuum, foster care continuum, and housing continuum.
- **Lack of access.** Conversations with stakeholders, as well as case file reviews, indicate that girls at Long Creek are commonly rejected or ejected from residential behavioral health placements.
- **Quality & Continuity of care.** Girls are cycling between Long Creek, long hospital stays, long stays in crisis mental health units, and temporary residential options. The transitions between these environments, and the circumstances surrounding girl's exits from them, can also be traumatic, contributing or worsening behavioral health.
- **Fit.** Government actors and advocacy groups reported that girls with specialized needs are sent out of state to Utah, Arkansas, New York and Vermont, among other locations to access residential treatment options, including PRTFs.

Mental Health: Pathway to Long Creek

- In some cases, girls' files documented that responses to their self-harm and suicide attempts led directly to their admission to Long Creek and/or to new delinquency charges.
- Several girls were arrested for the first time in residential mental health treatment centers and psychiatric hospitals. In all cases, the charge was assault on a staff member who was attempting to intervene in self-harming or suicidal behavior. These patterns continue at Long Creek because correctional settings are not positioned to respond to these behaviors.
- Mental/behavioral health services were often a part of girls' conditional release orders and often a point of violation that resulted in commitment at Long Creek.
- Girls who "requested" placement at Long Creek connected that request to poor experiences in the behavioral health system.

Housing

Housing instability and homelessness are of particular concern to providers in Maine and are key factor in the circumstances driving girls' justice-involvement in the state:

- ***Lack of Congregate Care and Gaps in Residential Continuum.*** Maine does not currently operate congregate care settings for girls within the child welfare continuum—group homes that do exist are behavioral health/substance use/MH facilities.
- ***Need for Long-term Youth Homelessness Resources.*** Maine has a range of services available to address youth homelessness including street outreach programs, emergency shelters, day/drop in programs, and longer-term transitional housing programs. However, stakeholders report that they are generally able to place minors in emergency shelter beds but struggle significantly to find good longer-term options.
- ***Homelessness Prevention.*** In some instances, youth were homeless because their families were homeless. In other instances, however, youth were homeless because of abuse in the home and/or family conflict, including rejection based on SOGIE that could be addressed through mediation and other home-based supports.

Substance Use: A spectrum

- Case files of a majority of girls (n=16) documented patterns of drug use, along a continuum from what may be considered normative adolescent use, to more significant and concerning substance use.
- The most commonly documented drugs girls were using included alcohol and marijuana. However, some girls were using a broader range of substances, including: LSD, crack, cocaine, heroin, MDMA, Oxycontin, Xanax, and Percocet.
- For most girls, onset of substance use appeared to occur during adolescence. However, in the context of familial substance use, some girls' files indicated they started using drugs before age 10.
- Researchers noted patterns of relapsing to substance use after significant life events (e.g. the death of a loved one).

Trauma

Across all 25 girls case files there were indications of traumatic experiences:

- Almost all girls (n=23) had experiences qualifying as child abuse, as defined by the federal Child Abuse Prevention and Treatment Act (CAPTA) under domains of physical abuse, neglect, sexual abuse/exploitation, emotional abuse, parental substance use, and abandonment.
- Over half of all girls (n=15) experienced **multiple** instances of sexual assault throughout their life.
- Of the 15 girls who experienced repeated sexual assault, 12 of their files indicated that there either were concerns about CSEC or confirmed involvement in CSEC. All girls with confirmed CSEC had a prior history of sexual abuse.
- Over half of all girls (n=15) were either separated from their families because they were removed from their custody or because their parents were incarcerated.

Poverty

All but one girl, (n=24) had evidence of experiencing family poverty. Case files showed that the DOC is facilitating girls' and their families' access to the following resources, which they may not otherwise have been able to access. This assistance is outside the mandate of the DOC and speaks to unaddressed economic need in the community:

- Welfare/SSI applications
- Dental check-ups
- Gynecological care & OB care (e.g., prenatal care, miscarriage)
- Immunizations
- Gas Cards/Hotel sponsorships for family visits
- Educational scholarships
- Career exploration services

Reform Areas

- Work towards a fully community-based continuum of care outside of the justice
- Better support girls' basic needs in the community, realizing their right to housing, food, education, safety, medical care, and access to healing supports
- Maintain standard that youth should only be confined if a public safety risk is present
- Implement policy and practice change among justice system actors that prevent arrest and increase diversion of girls from confinement
- Create grant opportunities for development of community-lead solutions

What is Gender Responsiveness?

- As of 2015, there were only 13 programs specifically for girls in juvenile justice system
- Most promising elements in programming for girls:
 - ✓ Relational
 - ✓ Restorative
 - ✓ Socio-culturally anchored
 - ✓ Individualized and youth-driven
 - ✓ Multi-level
 - ✓ Community-based
 - ✓ Strengths-based
- Rooted in ecological and empowerment theories

An Advocacy-Based Approach

Medical Model	Advocacy Model
Location of problem: the person	Location of problem: the context
Centrality of diagnosis	Centrality of rights
Need for symptom reduction	Need for strength enhancement
Patient as compliant	Young person as expert

- Achieve symptom reduction without directly targeting behavior
- Focus is on supporting girl to define and develop strategies to address the environmental context and root causes that underlie her challenges
- Aligns with social determinants of health models

Continuum of Community-Based Programs

Should include programming options rooted in:

1. Advocacy-based approaches
2. Social justice and collective leadership as healing
3. Economic justice as healing
4. Restorative justice and practices
5. Peer-based supports

Citations

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