GENDER MATTERS:

MEETING THE PHYSICAL AND MENTAL HEALTH NEEDS OF DETAINED GIRLS

POLICY RECOMMENDATIONS TO THE COOK COUNTY JUVENILE TEMPORARY DETENTION CENTER

Prepared by Health and Medicine Policy Research Group

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Principal Recommendations: Cook County Juvenile Temporary Detention Center (CCJTDC)

Organizational/Policy:

1. Creation of an Office of Girls Justice Services either within the CCJTDC or the Cook County Circuit Court Juvenile Justice Division. A managerial-level staff person will head this Office and report either to the Office of the Transitional Administrator or the Chief Judge of the Cook County Circuit Court or a designee. The Office of Girls Justice Services will focus on the well-being of detained girls and will plan and implement female-specific and culturally relevant programming at the CCJTDC.

2. Direct care staff should provide group programming for girls tailored to the needs of the particular living unit, at least twice a week for 30 minutes per session, including but not limited to healthy relationships, parenting skills, life skills and conflict mediation.

Physical and Mental Health:

3. Expansion of the established medical clinics at the Center for female residents, based on a research-based evaluation of current service offerings with a particular focus on the provision of health education. Center medical personnel in consultation with the Chicago Department of Public Health and county health partners will identify strategies to provide comprehensive health and sexuality education that includes information on chronic disease and substance abuse.

4-A. The implementation of a validated gender-specific and developmentally appropriate health screening instrument to identify and prioritize health problems and needs (including those related to trauma) of girls and young women.
4-B. All girls shall receive an individualized and trauma-informed mental health assessment which will generate an appropriate treatment plan and/or referrals based upon the girl's presenting needs and length of stay at CCJTDC. The mental health professionals charged with conducting the assessments will incorporate gender-responsive and culturally relevant queries pertaining to personal abuse (physical, emotional, and verbal), community violence and other traumatic events.

5. Creation of comprehensive and integrated health and mental health service teams for all girls with an anticipated length of stay of 30 days or longer and/or serious presenting needs from the individualized mental health assessment. These teams will integrate medical and mental health screenings, assessments and treatment for this population.

6. The female living units shall be developed and maintained as specialized living units, staffed by an adequate number of personnel with special training in developmental and culturally appropriate female-responsive programs.

Other Health and Safety:

7. Immediate adoption of a policy supporting a systematized distribution of adequate personal hygiene items, sanitary clothing (including, but not limited to undergarments, pajamas, shoes, and clothing for court appearances) and bed linens and towels.

8. The Detention Center should be utilized as a practicum site for doctoral-level clinical psychology and psychiatry students to provide ongoing mental health and trauma-informed services to girls.

9. Aggressive implementation of a new facility policy and procedures for reporting abuse.

Introduction

The turbulent history of conditions at the Cook County Juvenile Temporary Detention Center (CCJTDC) has received widespread public attention in recent years. In 1999, a lawsuit was filed in federal court that required fundamental reforms to bring the CCJTDC up to constitutional standards. (The Center currently houses an average of 500 youth between the ages of 10 and 16 years). Many detailed reports prepared by court-appointed experts, compliance administrators, and independent advocacy organizations have detailed the deterioration of conditions and services for detained youth. The critical absence of top leadership, allegations of on-going physical abuse, lack of basic services and necessities, and inadequate medical and mental health care services were among the major issues jeopardizing the health and safety of the residents even during the unprecedented period of litigation and public attention.

Court ordered-agreements, implementation plans, panels of juvenile experts, and consultants in correctional planning and administration offered technical assistance and specific benchmarks for measuring improvements to achieve mandated standards. The "Modified Implementation Plan" is the final comprehensive document which outlines the steps CCJTDC must take to implement the reforms mandated in the original Doe v. Cook County case (1999) and the subsequent "Memorandum of Agreement" approved and entered into by the U.S. Federal Court in 2002. Yet, despite years of various interventions, promises for progress at CCJTDC continued to be broken while youth continued their entries and exits into a negative environment.

The Health and Medicine Policy Research Group (HMPRG) Court-Involved Girls Advocates Group agrees with Professor Thomas Geraghty, "Next Friend" of the class of youth detained at CCJTDC and Director of Northwestern University's Bluhm Legal Clinic, that "this case [*Doe v. Cook County*] has reached a crossroads."[1] The arrival at a crossroads can be a powerful opportunity to think, act and move in new directions. Several recent developments indicate that meaningful changes are occurring for youth detained in the CCJTDC. Some of these positive developments are as follows:

- the appointment of an experienced, professional and independent Transitional Administrator,
- the legislative mandate transferring certain duties to the Office of the Cook County Chief Judge and Probation Department,
- the renewed planning efforts of Cook County's "Girls Link" to engage in gender-responsive policy and program development,
- the increasingly active and visible public and legal advocacy conducted by a myriad of groups including non-profits, public & private health and education providers, academics, and youth and their families.

Whether or not this crossroads will lead to substantive facility-wide and systems-wide reforms on behalf of detained youth depends largely upon the collaborative processes that we consciously form and engage in.

Background of HMPRG Court-Involved Girls Advocates Group

In 2002, Health and Medicine Policy Research Group, an independent non-profit health policy organization, created the Court-Involved Girls Advocates Group [hereafter referred to as the Advocates Group], which provides education, research, and advocacy dedicated to improving policies and services relevant to the health of incarcerated girls throughout Illinois. The Advocates

Group is comprised of policy makers, direct caregivers, academics, civil rights organizations, and community organizations committed to addressing the full spectrum of physical and mental health needs of court-involved girls.[2] We have developed extensive and deep partnerships with court-involved girls, particularly in Cook County and Warrenville, Illinois, as well as with advocates, service providers, judicial staff, and performing arts organizations.

In response to the growing awareness of the health challenges faced by girl offenders, HMPRG, along with girls at the CCJTDC, developed a "Girls Bill of Health Rights" in 2005.[3] In this unprecedented effort, the girls created their own health agenda which led to public and legislative advocacy in Springfield and at other Department of Corrections Youth Centers in the state. Since the creation of the Girls Bill of Health Rights, the Advocates Group has continued to work for policy reform amongst the fragmented systems in which the girls are involved.

Beginning in December of 2006 and continuing through 2007, the Advocates Group developed an advocacy agenda dedicated to the empowerment of girls by helping them address issues of health and violence in their lives, as well as advocating for the development and implementation of gender-responsive policies, programs, and treatments at the CCJTDC. With assistance from the ACLU-Illinois, HMPRG conducted an extensive review and analysis of the January 2007 Modified Implementation Plan (MIP) for both content and compliance with gender-specific and responsive programming mandates. The Group also studied the mandates for appropriate medical care and mental health services for both boys and girls with special attention to female health requirements. In addition, HMPRG staff analyzed the twelve statements that comprise the Girls Bill of Health Rights in the context of existing federal, state, and international laws and treaties.

Over the past several months, HMPRG staff identified and collaborated with key CCJTDC medical, mental health and special programs staff (and contract providers) to understand current service/program levels and to identify barriers to effective service delivery. The product of these meetings is the set of recommendations presented in this document which uniquely address and synthesize the Girls Bill of Health Rights and certain mandates contained in the "Modified Implementation Plan". Our dynamic advocacy agenda is directed toward reforming policies and programs to improve the health and well-being of Cook County's most vulnerable and invisible young women.

Snapshot of Incarcerated Female Youth in Illinois

A report prepared for the Illinois Juvenile Justice Commission[4] using 2004 data highlights the following:

- Girls comprised 22 percent of all juvenile arrests in Illinois.
- Girls are arrested for different reasons than boys:
    - Females were arrested in higher proportions than males for minor offenses such as truancy, running away, & prostitution than males.
    - 34% of all female arrests were for violent offenses as compared with 24% for males.
- A total of 191 girls ages 13-16, or 11% of total youth commitments, were legally committed to a facility run by the State Department of Corrections (now Illinois Department of Juvenile Justice).

- A total of 3,014 girls ages 10-16 years, or 18%, were admitted to secured detention facilities throughout the state.
- Black youth (girls and boys) were court-committed to the Illinois Department of Corrections 4 times more often than white youth.
- Census figures provided by the CCJTDC illustrate that on any given day, approximately 55 girls (or 11 percent of the total population) reside at the CCJTDC. They are housed in 3 distinct units, each having 22 beds.

Though the numbers of incarcerated girls are small in comparison to boys, data shows that girls are being detained at CCJTDC (or local county-run) detention facilities in increasing numbers from 2005 to 2006 with an estimated increase again in 2007.[5] This disturbing trend suggests that the female population is functioning within a system designed for male offenders. Perhaps the important question that policy makers and juvenile justice officials should be encouraged to ask is: Under what conditions do most girls and female adolescents develop and grow to their fullest potential? What are the strategies/practices juvenile justice organizations have implemented to create those conditions for females during periods of detention? What types of policy interventions are required to create and foster healthy adolescent development?

Health Needs of Incarcerated Female Youth

Research studies have shown that historically, the health-related needs of detained young women were disregarded because their low population in the overall correctional system did not warrant female-oriented health services.[6] As a result, little attention was paid to serving young women with individualized treatment and female-specific programs in the institutional setting. However, girls exhibit significant physical and mental health needs that differ in both kind and degree from boys, for whom most facilities have been designed.

1. Girls enter the juvenile justice system at a serious medical and psychological disadvantage:
   - Among a sample of girls in detention in 1996, almost nine out of ten (88%) experienced one or more serious physical and/or mental health disorders.[7]
   - In Cook County, 3 out of 4 (seventy-five percent) of a sample of detained girls exhibited a prevalence of mental health disorders.[8]
   - A survey conducted in a Philadelphia facility found that 54 percent had been hospitalized for psychiatric reasons.[9]
2. Girls are more likely to have suffered from sexual and/or physical abuse before entering the system
   - A survey conducted in a Philadelphia facility of female juvenile detainees found that 81 percent reported experiencing trauma of some type.[10]
   - In Cook County, 14% of girls reported experiencing rape or forced sex.[11]
3. Girls have complex biology and face significantly higher risks of reproductive health problems than young men and their peers in the general population.
4. Girls are more likely to engage in risky sexual practices at a younger age, putting them at increased risk of contracting a sexually transmitted disease.
   - In Cook County, 94% of detained female youth reported having engaged in vaginal sex.[12]
   - 47% of girls in one study reported they had their first consensual sexual experience by age 13.[13]

- A 1998 health screening by the Chicago Department of Public Health found 1 in 4 girls enter the juvenile justice system positive for either chlamydia or gonorrhea.[14]
- In a Wisconsin facility, 24% of girls reported having at least one sexually transmitted disease.[15]

5. Girls may become pregnant, enduring high-risk pregnancies, thereby presenting a public health challenge.
   - In Cook County, one study found over 20% of girls on probation are pregnant or parenting.[16]

The Unique Impacts of Violence and Trauma on Female Youth

In general, youth in the juvenile justice system are disproportionately minority, impoverished, poorly educated, and lack social networks.[17] Certain risk factors, including physical and sexual abuse, a troubled family environment, parental substance abuse and/or incarceration, and neglect, are common in the backgrounds of both male and female incarcerated youth. Because of their violent histories, these adolescents typically express themselves in aggressive, confrontational or self-destructive ways, leading them into the juvenile justice system.

Recent empirical research illustrates that girls' pathways into delinquency differ from boys, due largely to experiences of childhood violence and trauma. Moreover, empirical evidence supports the finding that delinquent girls experience trauma differently and more frequently than delinquent boys. Males are more likely to report having witnessed a violent event, while females are more likely to report being the victim of violence.[18] In another study, girls reported significantly higher levels of physical punishment and sexual abuse and higher levels of psychological distress (e.g., Post Traumatic Stress Disorder (PTSD) and depression) than boys.[19] According to The Coalition for Juvenile Justice, it is estimated that between 40 and 73 percent of teenage girls in the juvenile court system have been physically abused, as compared with 26 percent of girls in the general US population.[20] Childhood abuse is clearly a significant risk factor for subsequent delinquency, and substantial research indicates a high correlation between female delinquency and a history of physical and sexual abuse.

Yet little attention has been given to the emotional, sexual and physical violence many girls have experienced before their entry into the system. Rather than recognizing and seeking to understand the impacts of abuse on girls' behavior, most girls in lock-up are unfairly and incorrectly stereotyped as "criers, liars, and manipulators."[21] Many widespread corrections practices, such as isolating and restraining detainees, not only fail to address or treat the underlying causes of negative behaviors but can trigger or escalate severe anxiety, aggression, and numbing of emotions, all symptoms of PTSD.[22]

The Case for Gender-Specific, Individualized Treatment

Interventions that Address Gender Differences

Unfortunately, mainstream criminology has been slow to recognize the importance of gender and the unique risk factors for girls' delinquency. There is significant research documenting gender-specific differences among delinquents which impact their treatment and management within the juvenile justice system. In "*The Gendered Nature of Risk Factors for Delinquency,*" University of Colorado Professor Joanne Belknap explains:

> "The ramifications of the traditionally male-centered approaches to understanding delinquency not only involve ignorance about what causes girls' delinquency but also threaten the appropriateness of systemic intervention with and treatment responses to girls."[23]

Female-responsive services and developmentally appropriate programs within juvenile correctional institutions are a necessary component for girls' successful development as individuals and as family and community members. Female-responsive services can be defined as those which intentionally "allow female identity and development to affect all aspects of program design and service delivery".[24] Professor Rebecca Maniglia, who developed this working definition for the National Institute of Corrections, elaborates:

> In a female responsive program, all aspects of the specific service delivery system (and the larger system in which it operates) are designed while looking through a female lens. Practitioners, therefore, make an intentional effort to understand the literature on female identify and development and to use this information when designing specific program elements and general service delivery systems. In essence, all policy and program development then must be examined to ensure that it is meeting the specific and varied needs of girls.[25]

But Northwestern University Professor Bernardine Dohrn warns that gender-specific programming "could be useful or dangerous. . . We must guard against notions of girl-specific programming that reinforces outdated, narrow notions of femininity. . . [and] assume a single racial, cultural, and class understanding of what is appropriate or effective for girls."[26] The HMPRG Court-Involved Girls Advocates group concurs—and in the following discussion, reviews the recent record in promoting gender-neutral rather than gender-specific policies.

Cook County Policy Picture: What About Restorative Justice for Girls?

The operational decline of the CCJTDC occurred against the backdrop of statewide reforms embracing the philosophy of "balanced and restorative justice" (BARJ). With the passage of the state's Juvenile Court Act of 1987, Illinois responded to juvenile crime by endorsing a policy of rehabilitation over punishment. The "Balanced Approach" intervention endorses three operating principles at every step of the juvenile justice pipeline: accountability, public safety, and competency development. These three principles combine to balance the needs of the three parties involved in a crime —the offender or law violator, the crime victim, and the affected community. The Juvenile Court Act also recognized—both explicitly and implicitly—that children and adolescents are not "little adults" and thus possess different needs and capabilities during periods of incarceration.

Over the years, the CCJTDC has embraced the "balanced and restorative justice" model. Its successful implementation depends upon two other sister-tenets endorsed by state policymakers (and contained in Illinois law): individualized treatment and positive youth outcomes. So far, in practice, it appears that policy makers and juvenile justice leaders continue to interpret these principles through a gender-neutral lens—one which will not serve the best interests of detained girls nor lead to a more rehabilitative culture at the CCJTDC.

One of the core principles of restorative justice often overlooked by policy makers, program planners, and department/facility administrators is the "equal protection and due process"

provision in the BARJ mission statement. "The justice process is respectful of age, abilities, sexual orientation, family status, and diverse cultures and backgrounds, whether racial, ethnic, geographic, religious, economic or other. All are given equal protection and due process."[27] Thus gender, (though it should be explicitly rather than implicitly identified in the above "equal protection" clause) is an important component in the fulfillment of restorative justice goals. Engaging in comprehensive systems reform for all youth depends on the fundamental understanding that the effective synthesis of the "balanced approach" and individualized interventions cannot be implemented in authentic ways without gender-responsive policies and practices.

The following recommendations are intended to guide the leadership of CCJTDC to create and implement gender-specific and developmentally appropriate policies, programs and practices that will allow adolescent girls to heal, develop, and attain their potential both during and beyond detention.

HMPRG Court-Involved Girls Advocates Group Recommendations:

Recommendation #1: Office of Girls Justice Services

Creation of an Office of Girls Justice Services either within the CCJTDC or the Cook County Circuit Court Juvenile Justice Division. A managerial-level staff person will head this Office and report either to the Office of the Transitional Administrator or the Chief Judge of the Cook County Circuit Court or a designee. The Office of Girls Justice Services will focus on the well-being of detained girls and will plan and implement female-specific and culturally relevant programming at the CCJTDC.

The Office will serve as the girls' voice within the facility and to the Cook County Court. The managerial-level staff assigned to head the Office will employ/assign a liaison staff to the Probation Department. The Office will further support the physical and mental health services delivered directly or contractually, including Cermak Health Services and Isaac Ray Center. We also recommend that the Office facilitate the creation and administration of facility-wide protocols for cross-departmental female-specific program planning between medical personnel, mental health personnel, direct care staff, caseworkers and probation officers.

Support by the HMPRG Court-Involved Advocates Group:
The HMPRG Advocates Group offers to identify both public and private funding streams to support the mission and work of the Office of Girls Justice Services. We will actively support efforts to solicit and obtain a technical assistance grant from the National Institute of Corrections, among others, to initiate a planning process and dialogue for implementation.

Recommendation #2: Girls Group Programming

Direct care staff should provide group programming for girls tailored to the needs of the particular living unit, at least twice a week for 30 minutes per session, including but not limited to healthy relationships, parenting skills, life skills and conflict mediation.

In order to provide direct care staff with the expertise and skills in running these groups, we also recommend mandatory, specialized training in female development, girls' physical & mental

health needs (including trauma), competency development for girls, gender identity, and staff/client relations. The Office of Girls Justice Services will be responsible for creating and delivering the training.

Support by the HMPRG Court-Involved Advocates Group:
HMPRG offers to organize and convene a forum of external partners interested in supporting curriculum development for both the group programming as well as the training for staff. We also offer to assist in:

- creating linkages to external partners interested in working with girls on social, recreational and artistic programs targeted to the developmental and health-related needs of girls. These organizations will meet with girls in small groups to develop social programs in the area of life skills training, such as cooking, shopping, and money management.
- convening a sub-group of external partners to work with Chicago Public Schools and CCJTDC Deputy Superintendent of Programs and Professional Services to guarantee compliance with the legal mandate of daily one-hour large muscle activity for all residents.
- supporting new funding for social, recreational and artistic programs targeted to the developmental and health-related needs of girls.

Recommendation #3: Health Service Expansion

Expansion of the established medical clinics at the Center for female residents, based on a research-based evaluation of current service offerings with a particular focus on the provision of health education. Center medical personnel in consultation with the Chicago Department of Public Health and county health partners will identify strategies to provide comprehensive health and sexuality education that includes information on chronic disease and substance abuse.

Positive Recent Developments:
In an effort to respond to the ever-growing crisis in the health status of the CCJTDC youth, Cermak Health Services physicians and administrative staff established the following female-only and subspecialty medical clinics at the Center in the Fall of 2007:

- Female reproductive clinic: Started October 2007, two sessions on Tuesdays. Offers physical examinations, individual counseling in reproductive health, including STD prevention. Additional supplemental services recommended include group sessions in sex education, pregnancy and parenting.
- Ob-Gyn/pre-natal clinic: Started October 2007, one session on Thursday. Offers regular physical examinations for pregnant residents, referrals to obstetricians, individual counseling, vitamins and vitamin maintenance, appropriate labs, and contraception after childbirth. Additional supplemental services recommended include health education and access to mental health services, including counseling regarding options to terminate a pregnancy or continue with a choice to keep or place the child for adoption; education concerning health pregnancy, including nutrition education, infant care and parenting
- Chronic care clinic: Offered every Wednesday (for male and female youth) for asthma
- Specialty clinic: includes obesity and nutrition counseling
- Acne clinic: (for male and female youth)

While we recognize and support the efforts of the physicians and other health care professionals at the CCJTDC to institute these clinics for both male and female residents, it remains unclear how available they are to the entire population of girls and if there exists a referral process or protocol for girls' participation. Moreover, we are unaware at this time if girls are uniformly informed of the scheduling of these clinics and can elect to attend them or if they can do so only if they meet certain medical criteria (such as STD infection). Finally, discussions with medical providers at CCJTDC indicate that they need assistance in the provision of comprehensive health education to support the clinical offerings described previously.

In addition to the above recommendation, we recommend the following:

- All medical staff serving girls at the female-only clinics will preferably be female.
- Youth are able to continue receiving currently prescribed medications upon entry into CCJTDC
- Health professionals who are not adolescent specialists may require more specialized training to ask more comprehensive questions about STD/HIV sexual and other risk behaviors.
- Social workers and/or case managers should assume a central role in collaborating with medical and mental health professionals to develop recommendations for aftercare for discharged youth. Priority should be given to locate a "medical home" in the youth's home community, including Stroger Hospital's Adolescent Services Department. Appointment planning, the effective transfers of prescription medication and the distribution of condoms should all occur before or at the point of release.

Background

The National Commission on Correctional Health Care *Standards for Health Services in Juvenile Detention and Confinement Facilities* requires health authorities, such as CCJTDC, to:

> provide for the physical and mental well-being of the population and should include medical and dental services, mental health services, nursing, personal hygiene, dietary services, health education, and attending to environmental conditions.

For facilities housing females, "obstetrical, gynecological, family planning and health education services are provided as needed."[28]

Unlike some juvenile detention centers in the country that house girls, there exists a health care infrastructure at CCJTDC. Cermak Health Services of Cook County, an affiliate of the Cook County Bureau of Health Services, is the health care delivery system for the Cook County Jail and assumed responsibility for health care at CCJTDC in 2006. As the on-site provider for medical, nursing, and dental services at CCJTDC (as well as some limited health education), the remaining health standard components mandated by the NCCHC, namely personal hygiene, dietary services, health education and attending to environmental conditions may not be within the scope of services Cermak is required to offer. As a result, other providers and/or entities should be recruited and hired to do so in order to successfully comply with this standard.

From February of 2006 through approximately March 1, 2007, CCJTDC was on probationary status with the NCCHC. During March 2007, the NCCHC withdrew accreditation. To date, the NCCHC has not reaccredited CCJTDC, although Cermak has indicated its intention to secure accreditation.

Support by the HMPRG Court-Involved Advocates Group

With the support of the following partners: Dr. Carl Bell, UIC School of Medicine, UIC Hospital, UIC Departments of Psychiatry, Social Work, and Psychology; UIC Center for Research on Women and Gender; Center of Excellence in Women's Health; Chicago Department of Public Health, Planned Parenthood, Illinois Caucus for Adolescent Health and the Chicago Women's Health Center, HMPRG offers to:

- convene a working group of external partners to support the goals of the health providers at CCJTDC, including improving physical and environmental conditions;
- identify and help recruit community-based partners to offer group educational programming to complement the medical care/services provided;
- expand the Female Reproductive Clinic to address STD/HIV prevention through skill building targeted to modify multiple HIV risk behaviors and to prevent disease transmission;
- support all efforts to secure reaccreditation by the NCCHC.

Recommendation #4: Health and Mental Health Screening and Assessment

4-A. The implementation of a validated gender-specific and developmentally appropriate health screening instrument to identify and prioritize health problems and needs (including those related to trauma) of girls and young women.

4-B. All girls shall receive an individualized and trauma-informed mental health assessment which will generate an appropriate treatment plan and/or referrals based upon the girl's presenting needs and length of stay at CCJTDC. The mental health professionals charged with conducting the assessments will incorporate gender-responsive and culturally relevant queries pertaining to personal abuse (physical, emotional, and verbal), community violence and other traumatic events.

We acknowledge and support the application of current screening and evaluation instruments, specifically the MAYSI-2 on the mental health side and the health history on the medical side, which include one or more queries about physical abuse. Yet in order to capture a more complete picture of the nature of violence and abuse experienced by youth before entering detention and its impact on behavior (past and potentially in the future), we recommend the following:

- The health history for females should include additional queries about the youth's history of personal and community violence, trauma, loss, and childhood abuse.
- Mental health promotion and prevention strategies shall be employed with the girls, with an emphasis on coping skills and adaptive capacities.
- Staff should be specially trained to inquire about a history of trauma when they interact with youth who present behavior problems.
- Care should be taken to select instruments that are developmentally appropriate for the target group of youth who will be screened and assessed.
- The administration of a standardized diagnostic needs assessment to identify girls with co-occurring disorders of substance abuse and mental health disorders.

We also support the current work to link the results of screening and assessment with the identification of appropriate interventions and provision of services, and propose that existing policies, practices and protocols incorporate the products of this work. We acknowledge both the difficulty of providing treatment to a transient population, as well as the lack of community services for linkage once the girls are released.

Background

During the last year, progress has been made around mental health screening and assessment for CCJTDC youth. Since summer of 2007, intake staff at CCJTDC have administered the MAYSI-2 as an emergency mental health screen upon arrival for new residents. Its purpose is to identify any immediate mental health crisis, the potential risk of suicide or harm to self or others, and to determine whether the youth is currently on any type of psychotropic medication. It is also used to identify youth who require further mental health assessment or evaluation.

The following is a description of the health and mental health protocols described in meetings with CCJTDC health and mental health staff. Youth are screened at intake using the MAYSI-2. Nursing staff reviews indicators and interviews youth within 2 hours and at that point may consult with Isaac Ray or Stroger staff. Usually within 24 hours of the youth's arrival at the facility, a psychologist or licensed clinical social worker administers a general mental health screen through a structured interview. One or more queries relating to abuse are included in these interviews but we are unaware of the total number of queries on this subject. Appropriate referrals are then made.

On the medical side, following a health intake screen by nursing staff, a pediatrician interviews the youth. It is not clear whether physicians and other health professionals regularly review or have been provided the results of the MAYSI-2 or the psychologists' findings. A list of presenting medical issues is developed for each youth and is shared with mental health staff. In addition, each youth listed on the "mental health roster" (Axis I and diagnosis of substance abuse), approximately 25% of all detainees, is monitored by a multidisciplinary team comprised of a psychologist, social worker and psychiatrist. Moreover, the girls' units currently are organized through a team structure which also includes a nurse practitioner.

As of January 2008, Probation oversees the function of intake up through the time the youth is placed on a particular unit. Upon information provided to HMPRG, there exist "multiple opportunities to elicit girls' experience with violence and trauma."

But the identification of mental health needs for this most disadvantaged population should not rely solely on information from mental health screening. Due to the significantly high rates of personal abuse experienced by females entering detention, especially inner-city girls, the Advocates group is calling upon CCJTDC to conduct an individualized and trauma-informed mental health assessment for each girl entering CCJTDC. Experienced mental health professionals will conduct a thorough review of information from multiple sources, including family interviews, case records and mental status examination, must measure a range of mental health concerns. As Richard CoCozza writes in *The Blueprint for Change* (NCMHJJ): "A mental health assessment will yield more detailed, and sometimes diagnostic information about a youth's mental health status and can be used to form the basis of treatment recommendations."[29]

Support by the HMPRG Court-Involved Advocates Group

HMPRG offers to convene a conference, forum or series of meetings on the screening, diagnosis and evaluation of the impacts of abuse, violence and trauma in the histories of girls and female adolescents, focusing on short-term (detention) facilities. We offer to convene leading researchers in the field, Terry McDermott, Executive Director of the Department of Women's Justice Services at the Cook County Jail, CCJTDC Health Services Administrator, chief CCJTDC psychologist and psychiatrist, other clinical psychologists and psychiatrists serving this population, to help support procedures and protocols to identify, treat and refer female youth with various levels of mental

health symptoms/disorders, from intake through release into the community.

We also offer to organize meetings with community health and mental health service providers to form stronger linkages with CCJTDC. We will also advocate for increased local and state funding for community health and mental health services.

Recommendation #5: Integrated Health and Mental Health Service Teams

Creation of comprehensive and integrated health and mental health service teams for all girls with an anticipated length of stay of 30 days or longer and/or serious presenting needs from the individualized mental health assessment. These teams will integrate medical and mental health screenings, assessments and treatment for this population.

In addition, we recommend:

- The CCJTDC medical directors and staff in cooperation with facility leadership and Isaac Ray Center directors will support the development of a phased plan of appropriate interventions based upon the needs identified in the individual screening and assessment process. An integrated team approach will create an opportunity to capitalize on the youth's period of confinement (length of stay) in order to accurately identify presenting mental health and physical health needs of the youth entering the system. Based on this information, CCJTDC will develop capacity to:
    - Ensure youth have access to emergency and short-term treatment
    - Determine which services will be provided to the youth inside the facility and which by other organizations/agencies who will come in to the facility to provide services
    - Create linkages with community based providers to provide treatment and other appropriate interventions

- Intervention/service teams will be created for each girl based upon need and may be made up of some or all of the following: medical provider, mental health provider, case manager, detention counselor supervisor, probation officer (when assigned), and school social worker or nurse. Regular staffings by the service team will be conducted with a frequency depending on the presenting needs of the girl and her length of stay. The resident and if appropriate, one or more adult family members will participate in developing an individualized treatment plan and/or aftercare discharge plan.
- Case managers and/or social workers should use select and pertinent information (respecting all confidentiality requirements) for community linkages/health services and to address the girls' corollary needs, such as transitional housing and finishing school.
- Case managers and other direct care staff will require specialized training if they are to participate on the multidisciplinary teams.

<u>Background</u>

In 2007, the average length of stay for youth detained youth at the CCJTDC ranged from 18.2 days for females to 25 days for males. Though juvenile detention was designed to safely detain youth awaiting adjudication, disposition or placement in a correctional or probation program, the CCJTDC (a 498-bed facility) houses approximately 450 youth ages 10-17. As of March 28, 2008, of the 39 girls housed in detention, 25 or 64 percent have been detained for 30 days or less. Eleven residents (or 28 percent of the total) have been detained for between 31-60 days.

One 16 year-old female has been detained for over 7 months and another 18year-old for 2.5 years. An unknown number of the total population are awaiting placement somewhere else while it is believed that a significant proportion of the youth are on probation violations.

This combination of a large number of youth with varied case status and projected lengths of stay presents a complicated set of challenges for facility administrators, program directors/staff, and health and mental health staff to provide timely and appropriate levels health and mental health services—from screenings to comprehensive assessments to treatment, and with community re-entry, linkages to community services and resources, which are often extremely difficult to find.

The National Center for Mental Health and Juvenile Justice Policy Research Associations, supported by The Office of Juvenile Justice and Delinquency Prevention (OJJDP), addresses the dilemma of the short-term nature of juvenile detention placements and concerns by many over "net-widening" by supporting the following approach to create an extensive mental health system within the juvenile justice system:

> ". . . for ensuring that youth have access to mental health treatment, the better approach is to establish linkages with community-based mental health providers to provide treatment to youth while they are in detention."[30]

The authors recommend that "responsibility for treatment be shared between the juvenile justice and mental health systems, with primary responsibility shifting between the two agencies depending on the point of contact within the juvenile justice system" for youth who cannot be diverted to community-based treatment at probation intake.

Examining the juvenile justice system as a continuum (Stage 1: pre-adjudicatory processing, Stage 2: placement in a secure correctional facility or on probation supervision and Stage 3: re-entry to the community following a juvenile correctional placement), the authors conclude that "the mental health system would have primary responsibility for providing treatment at the front and back ends of the continuum while the juvenile justice system would have primary responsibility for mental health treatment in the middle of the continuum, for youth who are committed to secure care and placed on probation supervision."

Support by the HMPRG Court-Involved Advocates Group

We offer to support a conference or series of meetings convened in conjunction with the Health Services Administrator, among others to be identified serving CCJTDC youth, to lobby for increased funding and to create and implement policies and protocols for instituting complete and integrated medical-mental health examinations for all youth.

We offer to work with appropriate members of the Transitional Administrator's Office and his management team, in addition to consultants, and Cook County Probation to assist in a systematic identification of current external providers who will assume case management and health-related services to the youth upon re-entry to their home communities.

Recommendation #6: Female Living Units

The female living units shall be developed and maintained as specialized living units, staffed by an adequate number of staff with special training in developmental and culturally appropriate female-responsive programs.

In addition:

- We recommend the development of one special needs unit that implements multi-disciplinary treatment-planning based on comprehensive mental health diagnoses and a complete substance abuse diagnosis. The other female unit(s) will house girls with less serious mental health issues and will receive appropriate programming based upon their psycho-social, educational and other presenting needs.
- We support the implementation of a behavioral management system that is consistent with empirical and practical research regarding adolescent female development.
- Girls units should be organized and managed with specially trained case managers for this select population.

Support by the HMPRG Court-Involved Advocates Group

- HMPRG offers to convene a workgroup with the Office of the Chief Judge, Circuit Court of Cook County, Cook County Juvenile Probation, Cook County Department of Women's Justice Services, including Mental Health Director Doreen Salina, chief CCJTDC psychologist and psychiatrist, the health services administrator, program director, advanced nurse practitioners, social workers, and teachers, among others, to assist CCJTDC in the planning and implementation of the special-needs units.
- HMPRG offers to meet with the JTDC Deputy Superintendent of Programs and Professional Services and any other staff or consultants recommended by the Office of the Transitional Administrator to recommend supplemental training curricula for all direct care staff working with the girls on these units.

Recommendation #7: Personal Hygiene

Immediate adoption of a policy supporting a systematized distribution of adequate personal hygiene items, sanitary clothing (including, but not limited to undergarments, pajamas, shoes, and clothing for court appearances) and bed linens and towels.

Support by the HMPRG Court-Involved Advocates Group:

HMPRG offers to form a delegation of health care and girls/women's advocates, plus a John Howard Association, Inc. representative, to convene a meeting with appropriate detention center personnel to address the health implications of unsanitary undergarments and to identify internal policy and procedural barriers in resolving these problems.

HMPRG offers to advocate the Cook County Board for sufficient funding to provide adequate staffing to monitor and implement facility policies/protocols pertaining to the purchasing and distribution of the personal hygiene and related items identified above.

Recommendation #8: Clinical Practicum Site

The Detention Center should be utilized as a practicum site for doctoral-level clinical psychology and psychiatry students to provide ongoing mental health and trauma-informed services to girls.

In discussion with CCJTDC staff, they are planning to work on this at a later date, given that they

are currently solidifying other mental health service changes. We suggest that at the appropriate time, students be considered for provisions of both individual and group therapy, including self-esteem, gender roles, safety and health relationships. We encourage the targeting of services for sexual violence, substance abuse, and PTSD. We also suggest a senior clinical psychologist direct the on-site students.

Support by the HMPRG Court-Involved Advocates Group

HMPRG Advocates Group offers to convene a series of working group meetings/forum with the Cook County Department of Women's Justice Services, including Mental Health Director Doreen Salina, CCJTDC Health Services Administrator, chief CCJTDC psychologist and psychiatrist, and the program director, among other Isaac Ray professional mental health staff who serve Detention Center residents, to develop and implement the Center's program as a practicum site, as specified in the recommendation.

Recommendation #9: Policy and Procedure for Abuse Allegations

Aggressive implementation of a new facility policy and set of procedures for reporting abuse.

We commend and support the major reforms instituted during the past year by the Office of the Transitional Administrator, including the immediate reassignment of staff charged with the alleged abuse to a no-contact position and the investigation of all allegations of abuse by one of two investigators.

In order to address the number and significant proportion of abuse-related cases reported and subsequently assigned for investigation, we support the creation of all protocols which assist youth to report alleged incidents of abuse and/or threats to their physical safety. Such protocols should be evaluated by the Office of the Transitional Administrator on a periodic basis to measure effectiveness in ensuring a safe and stable environment for the detainees. The policy should include explicit prohibitions of staff from working with youth if there has been one or more substantiated finding(s) of physical abuse.

Support by the HMPRG Court-Involved Advocates Group

Upon the closing of the Office of the Transitional Administrator, we offer to convene expert partners to support the creation of an independent entity to provide oversight for the investigation and resolution of reports of allegations of abuse against staff.

HMPRG also offers to convene a series of meetings to include representatives from the Illinois Center for Violence Prevention and DCFS to review existing CCJTDC protocols for reporting and investigating alleged cases of abuse or neglect and compare them with those employed in neighboring counties.

Conclusion

Research and best practices illuminate new and successful ways to address the challenges posed by the growing population of incarcerated girls. Meeting the physical and mental health needs of adolescent girls in the juvenile justice system continues to be one of the leading challenges in serving this growing population, and it is essential that these be addressed. Otherwise, "the multiple, escalating and as yet unquantified health risks facing girls in trouble with the law and

their children constitute a medical and social time bomb."[31] They need regular medical and mental health care services and integrated programs that are ***individualized, gender-specific and trauma-informed***, delivered within a healing and positive environment. Gender-specific juvenile justice programming must "be robust, inclusive, individualized, and free of gender stereotyping—yet take into account the histories and needs of girls in juvenile justice."[32] In addition, we support female responsive programming designed to:

- Measurably improve physical health outcomes for girls, including reproductive health and early assessment, diagnosis and medical care for infectious and communicable diseases
- Measurably improve mental health outcomes, with a focus on female trauma

"Timely interventions may avert subsequent and often chronic social problems among traumatized youth."[33] Access to treatment and high-quality services for girls during and after their periods of incarceration must become a statewide priority. We must plan and act with urgency, renewed commitment and through sharpened collaboration to prevent girls' re-entry into the juvenile justice system. If left untreated, many of these social problems follow the youth into adulthood when they often re-offend. The corrections community understands that the failure to treat gendered-risks of abuse and violence and the varied health needs of girls is a matter of public health and safety. By developing gender-responsive and individualized programs, policies, and treatments for girls from intake through community re-entry, the Cook County Juvenile Temporary Detention Center will fulfill its mandate to help create productive citizens while also preventing a growing public health problem. Yet perhaps more importantly, we will be making a long-term investment in altering the health status and life pathways of our most vulnerable youth population for the rest of their lives.

Appendix A

Bill of Health Rights for Incarcerated Girls

A **right** is defined as something that all people deserve, simply because they are human beings. This bill of rights was created by young women who are or have been incarcerated in Cook County's Juvenile Temporary Detention Center. **These are rights that all young women deserve, regardless of their involvement with the juvenile justice system.**

1. **Family Contact.** We believe girls should be able to see their children more than once a week and without a judge's special permission. Girls should be allowed to see their immediate family members regardless of age.
2. **Accurate Information.** We believe girls should have access to information about their health records and their court case details.
3. **Personal Privacy and Confidentiality.** We believe girls have a right to privacy that includes their personal information as well as their bodies and personal space.
4. **Food, Water, and Exercise.** We believe girls should have access to nutritious food, sufficient water, and daily exercise.
5. **Proper Hygiene.** We believe girls should have more time to bathe, quality bathing products, as well as clean clothes and towels more often.
6. **Adequate & respectful mental health care.** We believe girls should have access to counseling services for their mental health.
7. **Another Chance.** We believe girls have the right not to be treated as criminals upon their release from detention and to be connected with community resources prior to release.
8. **Medical care.** We believe girls have a right to receive medical attention and medicine when they are ill.
9. **Gender-specific care.** We believe young women struggle with issues that are specifically related to their experience as girls, and deserve support in doing so from people who understand those issues.
10. **Freedom from discrimination and verbal & physical abuse.** We believe girls have a right to be respected by both staff and peers.

Through a partnership between Health and Medicine Policy Research Group and Girl Talk, this document was created in 2005 by both girls in and recently released from detention.

Appendix B
HMPRG Court-Involved Girls Advocates Group Participants

Archibald	Joanne	Associate Director	Beyond media Education
Berent	Elizabeth	JD Project Director	University of Illinois-Chicago, Dept of Psychiatry, Institute for Juvenile Research
Caulfield	Ginny	Deputy Chief Probation Officer	Cook County Juvenile Probation & Court Services
Clarke	Elizabeth	President	Juvenile Justice Initiative
Cottle	Judith	Volunteer	John Howard Association and Chicago Foundation for Women
Cox	Tamara	Regional Program Consultant	U.S. Department of Health & Human Services, Region V
Franco-Payne	Esther	Program Director	Chicago Metropolis 2020
Garland-Olaniran	Sheilah	Midwest Coord., Collective Bargain.	National Nurses Organizing Committee/Children and Family Justice Center
Jean-Baptiste	Aisha	Outreach Worker	Chicago Women's Health Center
Jordan-Lee	Regina	Program Director	Chicago Dept. of Public Health, Division of Adolescent Health
Kennedy	Leslie	Executive Director	Chicago Girls' Coalition
Key	Kenya	Clinical Psychologist	Cook County Sheriff's Office, Department of Women's Justice Services
Klonsky	Amanda	Girls Program Coordinator	Nancy B. Jefferson School
McCarty	Nancy	Executive Director	Music Theatre Workshop
McDermott	Terrie	Executive Director	Cook County Sheriff's Office, Department of Women's Justice Services
Mika	Eva	Research Associate	Cook County Commission on Women's Issues
Moorthie	Mydhili	Project Coordinator	University of Illinois-Chicago, Center for Research on Women & Gender
Odell	Laurie	Outreach & Education Coordinator	Chicago Woman's Health Center
Palidofsky	Meade	Artistic Director	Music Theatre Workshop
Palmert	Jessica	Program Director	Chicago Girls' Coalition
Pollack	Wendy	Director, Women's Law & Policy Project	Sargent Shriver National Center on Poverty Law
Salina	Doreen	Director, Mental Health Services	Cook County Sheriff's Office, Department of Women's Justice Services
Schaffner	Laurie	Associate Professor	University of Illinois-Chicago, Criminal Justice Dept.
Schriber	Sarah	Attorney	American Civil Liberties Union - Illinois
Smith	Gail	Executive Director	Chicago Legal Advocacy for Incarcerated Mothers (CLAIM)
Studzinski	Anne	Director	Illinois Childhood Trauma Coalition
Thorn	Amy	Program Intern	Chicago Girls' Coalition
Turner	Lori	Attorney	American Civil Liberties Union - Illinois
Valencia	Kaitrin	Legal Advocate	Cook County Juvenile Probation & Court Services
Walsh	Diane	Legal Officer for JJ Division	Cook County Juvenile Probation & Court Services
Wolff	Paula	Senior Executive	Metropolis 2020
Wooley	Frances	Director	North Lawndale Juvenile Justice Collaborative
Wozniewski	Carol	Executive Director	Mental Health America in Illinois
Zeglen	Patricia	Deputy Chief Probation Officer	Cook County Juvenile Probation & Court Services

Notes:

[1] Memorandum In Support of Motion for Appointment of Receiver at 1, *Jimmy Doe, et al. v. Cook County, et al.*, (N.D. Ill. May 29, 2007) (No. 99 C 3945).
[2] See Appendix B for list of individual participants and affiliated organizations/agencies
[3] See Appendix A.
[4] Illinois Criminal Justice Information Authority. (2007). Juvenile Justice System and Risk Factor Data: 2004 Annual Report, v-vi. Also see slide presentation: Betsy Clarke, Connecting the Pathways: Legislative and Policy Agenda for Youth in Juvenile Justice in Illinois, Juvenile Justice Initiative of Illinois. Retrieved from web October 2007 from:
http://www.icjia.state.il.us/public/pdf/ResearchReports/Juvenile%20Justice%20Risk%20Factor%20Data%202004%20Annual%20Report.pdf.
[5] Illinois Criminal Justice Information Authority. (2003-2007). [Juvenile Monitoring Information System (JMIS)]. (2003-2006). Cook County Juvenile Temporary Detention Center. Unpublished raw data.
[6] Douds, A., Gallagher, C.A., & Dorbin, A. (2006). Gender equivalence in the provision of health services in juvenile justice residential facilities. *Corrections Today,* 68, 51-53.
[7] Acoca, L. (1998). Outside/Inside: The violation of American girls at home, on the streets, and in the juvenile justice system. *Crime and Delinquency,* 44-4, 561-589.
[8] Teplin, L., Abram, K., McClelland, G., Dulcan, M., Mericle, A., & Washburn, J. (2006). Psychiatric disorders in youth in detention. *OJJDP Juvenile Justice Bulletin, 15.*
[9] Ambrose, A. M., Simpkins, S. (1999). Improving conditions for girls in the justice system: The female detention project. Retrieved from the National Juvenile Defender Center website: http://www.njdc.info/pdf/factsheetgirls.pdf.
[10] Ibid.
[11] Salina, D., Lesondak, L. (2007). Providing effective STD/HIV prevention programming for youth involved in the criminal justice system. Unpublished manuscript, 12.
[12] Ibid.
[13] Schaffner, L. (2006). *Girls in Trouble with the Law*. Rutgers University Press.
[14] Salina, D., Lesondak, L. (2007). Providing effective STD/HIV prevention programming for youth involved in the criminal justice system. Unpublished manuscript, 9.
[15] Matson, S., Bretl, D., Wolf, K. (2000). Health care needs of detained youth. *Journal of Correctional Health Care, 7*, 245-261.
[16] Keller, K. (2002). Juvenile female offenders in Cook County: Trends and outcomes. Juvenile Court of Cook County, Research Unit-Probation Department. Presented at the American Society of Criminology annual meetings.
[17] Dohrn B. (2004). All Ellas: Girls Locked Up. *Feminist Studies,* 30-2, 302-323.
[18] Steiner, H., Garcia, I., Matthews, Z. (1997). Posttraumatic stress disorder in incarcerated juvenile delinquents. *Journal of the American Academy of Child and Adolescent Psychiatry,* 36-3, 357-365.
[19] Wood, J., Foy, D., Goguen, C., Pynoos, R., James, C.B. (2002). Violence exposure and PTSD among delinquent girls. *Trauma and Juvenile Delinquency: Theory, Research, and Interventions*, 109-126.
[20] The Coalition for Juvenile Justice. (2007). Fact Sheet: Girls and the Juvenile Court System.
[21] Gaarder, E., Rodriguez, N., Zatz, M. Criers, liars, and manipulators: Probation officers' views of girls. (2004). *Justice Quarterly,* 21-3, 547-578.
[22] Ford, J.D., Chapman, J. F., et al. (2007). *Trauma among youth in the juvenile justice system: Critical issues and new directions*. National Center for Mental Health and Juvenile Justice (NCMHJJ).
[23]Belknap, J. (2006). The Gendered Nature of Risk Factors for Delinquency. *Feminist Criminology,* 1-1, 48-49.
[24] Maniglia, R. National Institute of Corrections: Gender responsive services. (2006) *Pennsylvania PTSD Post*, 1-6, 3.
[25] Ibid.
[26] Dohrn, B. (2004). All Ellas: Girls Locked Up. *Feminist Studies.* 30-2, 317-18.
[27] Illinois Criminal Justice Information Authority. (2006). Implementing Balanced and Restorative Justice: A Guide For Juvenile Detention, 6.
[28] 3-JDF-4C-14 in Standards for Juvenile Detention Facilities, Third Edition, American Correctional Association (1991), 81.
[29] Skowyra, K.R., Cocozza, J.J. (2007). Blueprint for Change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system. *The National Center for Mental Health and Juvenile Justice Policy Research Associates Inc.*, 23.

[30] Ibid, 41.
[31] Acoca, L. (2004). Are those cookies for me or my baby? Understanding detained and incarcerated teen mothers and their children. *Juvenile and Family Court Journal*, 68.
[32] Dohrn B. (2004). All Ellas: Girls Locked Up. *Feminist Studies.* 30-2, 318.
[33] Abram, K.M., Teplin, L.A., et al. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Arch Gen Psychiatry,* 61, 408.