

CHILD SEXUAL ABUSE AND THE JUVENILE JUSTICE SYSTEM: HOW THE  
STATE OF DELAWARE APPROACHES INTERVENTIONS TO DELINQUENCY  
IN CASES OF SEXUALLY ABUSED ADJUDICATED JUVENILES

by

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## **ABSTRACT**

Adjudicated juveniles often have histories of childhood sexual abuse. Children who are sexually abused are more likely to engage in delinquent behavior as juveniles and criminal behavior as adults. Childhood sexual abuse poses mental health risks that potentially contribute to delinquent and criminal behavior. In the past decade, the U.S. government has begun to examine the availability of mental health services in juvenile correctional facilities. In order for these mental health services to be effective, juvenile justice policies must take into account the contexts of the lives of these youth and design interventions and mental health services accordingly. Previous research has not examined how and if the juvenile justice system has addressed the issue of sexual abuse. The first purpose of this project was to examine previous research on child sexual abuse and delinquency. The second purpose of this project was to explore how the state of Delaware approaches adjudicated juveniles who have experienced sexual abuse. Interviews were conducted with professionals within the juvenile justice system including family court judges, juvenile probation officers, and advocates who specialize in childhood sexual abuse. These interviews examined how Delaware identifies childhood sexual abuse victims under juvenile justice custody, what the procedures are once this identification takes place, what types of resources and programs are allotted to this population and if the resources allotted to this population are appropriate and sufficient. In exploring these issues, this study aims to evaluate juvenile justice policy and perceptions in Delaware regarding the needs of juveniles who have experienced sexual victimization

## **Chapter 1**

### **INTRODUCTION AND LITERATURE REVIEW**

Scholars have long recognized the relationship between childhood victimization and offending. These relationships are multi-faceted and can be examined through a gendered lens. Males tend to exhibit offending behaviors more often than females. Females, on the other hand, tend to engage in behaviors that indicate an internalization of their victimization experiences such as substance abuse and running away (Silbert & Pines, 1981; Finkelhor, 1990; Wells, 1994; Harrison et al., 1997; Siegel & Williams, 2003). Differences in the types of offending behaviors and patterns are seen across genders. In adolescence, there are clear differences in pathways to offending, types of offending, and the type of treatment received within the juvenile justice system, based on gender of the adolescent. Although male and female adolescents who are involved in the juvenile justice system may act out in different ways, many have experienced similar situations that have acted as a catalyst to criminality. Scholars have acknowledged that adjudicated juveniles are more likely to have experienced child abuse than the general population (Gray, 1988; Dodge, Bates, & Petit, 1990; Widom & Maxfield, 1996). This abuse can have serious psychological effects on youth and may increase the likelihood of acting out through offending. The purpose of this research is to examine how professionals in the juvenile justice system in the State of Delaware perceive and approach juvenile offenders who have experienced child sexual assault (CSA) as well as to explore their efforts to treat and rehabilitate these youth.

## Pathways

Research on the effects of childhood sexual abuse on delinquency emerged in the 1970s, in large part by feminist scholars studying criminal offending in women from a life course or pathways approach. This approach looks at the components of an individual's life that may be related to her or his involvement in criminal offending. In the following years, victims of childhood sexual abuse in particular began to be studied in relation to offending (Belknap, 2007). It is common for female childhood sexual abuse victims to run away from home as adolescents. Running away often leaves girls with fewer options for economic survival and many girls resort to prostitution or selling drugs. Silbert and Pines (1981) interviewed 200 current and former prostitutes. This study revealed that sexual abuse is a pathway to running away, prostitution, and offending due to the need to survive on the street; 60% of the women reported experiencing sexual abuse before they were 16 years old. When asked why they got involved in prostitution, the women responded they were in need of food and money and did not have any alternatives (Silbert and Pines, 1981). Siegel and Williams (2003) looked at emergency room records of girls who had reported childhood sexual abuse in the 1970s and "matched" them with girls who did not have CSA histories and then looked at their offense histories. They found that the girls who had experienced CSA were more likely to have been arrested for running away, drug offenses, and prostitution. Widom and Kuhns (1996) found a strong link between childhood abuse and prostitution among females in their study. In their study, 10.37%

of their abuse/neglect group had engaged in prostitution while 5.6% of the control group had engaged in prostitution. The authors' data demonstrates that the relationship between childhood sexual abuse and risky sexual behavior may be due to the fact that many childhood sexual abuse victims run away from home, creating situations in which they are at risk of coming into contact with pimps and other sexual predators on the street. Years earlier, looking at an inmate sample, Chesney-Lind and Rodriguez (1983) found that out of the 16 incarcerated women they interviewed, 10 had experienced severe non-sexual abuse, half reported being raped as children, and 3 out of 5 had experienced some type of childhood sexual abuse.

Much of the research on childhood sexual abuse and offending has focused on females, and because of this, has focused on offending behaviors more common among women, such as prostitution and drug use. However, in more recent years, male offending has been studied in relation to victimization and childhood sexual abuse. Scholars find that childhood maltreatment, including physical abuse, sexual abuse, and neglect, increases the risk of delinquency in both males and females (Dodge, Bates, & Petit, 1990; Gray, 1988). Research shows that childhood victimization experiences increase that likelihood of arrest during adolescence.

Childhood victimization can have lasting effects and can increase the risk of offending in adulthood. Widom and Maxfield (1996) conducted a study following 1,575 cases from childhood through adulthood, controlling for race and gender, examining arrest records for individuals who had been abused and/or neglected compared to individuals who had not been abused and/or neglected. They found that

experiencing abuse and/or neglect as a child increased the likelihood of being arrested as a juvenile by 59%, as an adult by 28%, and for a violent crime by 30%. They also found that youth who had experienced abuse and/or neglect were younger at the time of their first arrest. Non-abused youth's average age of first arrest was 17.3 years old, compared to 16.5 years old for youth who had experienced maltreatment. The maltreated youth committed close to double the number of offenses compared to non-maltreated youth. The mean number of offenses committed by maltreated youth was 2.4 compared to 1.4 for non-maltreated youth. Maltreated youth were also arrested more frequently: 17% of maltreated cases had more than 5 arrests compared to 9% of non-maltreated cases. These findings indicate that children who experience abuse are more likely to be arrested more often, at younger ages, and commit more offenses than children who do not experience abuse, suggesting that childhood victimization experiences are a significant risk factor for offending and may be a pathway to offending behaviors and involvement in the juvenile justice system.

Min Jung Kim and colleagues (2009) conducted a longitudinal study of 248 boys and 209 girls from 297 families, examining the relationship between childhood maltreatment, running away, and delinquency. The study's findings were consistent with Widom's and Maxfield's research, showing a significant relationship between childhood maltreatment, running away, and delinquency (Min Jung Kim et al., 2009). The research reviewed here reveal that a pathways perspective provides insight into the reasons individuals engage in offending. Research using a pathways approach demonstrates the importance of examining individuals within the context of their life

experiences. By understanding offending behaviors within a context of earlier experiences, it is possible to better identify the causes, create more effective, appropriate treatment, and reduce offending.

### Gender Differences

In examining sexual abuse in particular, research reveals that both male and female adjudicated juveniles are more likely to have experienced childhood sexual abuse than youth in the general population. Scholars have linked sexual abuse with violent behavior. Herrera and McCloskey (2003) found that childhood sexual abuse was the strongest predictor of violent behavior among girls, even more so than physical abuse and neglect. Morash and Stevens (2010) found that a strong predictor of assaultive behavior in late adolescence is running away. This relationship is explained by other literature, focused on females, that points to a pathway that consists of experiencing sexual abuse, running away, and, in turn, engaging in violent behavior for self-protection on the street (Silbert & Pines, 1981; Widom & Kuhns, 1996; Steel & Herlitz, 2005).

The relationship between victimization experiences and offending behaviors is reflected in the types of offending engaged in by youth. The emotional effect of victimization experiences can shape the type of offending. A major gender difference emerges in the way negative emotions related to victimization are handled, and this difference is related to more pronounced gender differences in the types of offending

behavior among youth. Females have a tendency to internalize negative emotions associated with their victimization. This can manifest itself through self-mutilation, eating disorders, and withdrawal (Finkelhor, 1990, Wells, 1994). It is also common for females who have experienced sexual victimization to experience mental health problems such as anxiety and depression. Harris et al. (1997) conducted a study examining the relationship between childhood sexual abuse, alcohol abuse, drug use, and depression and anxiety among women. The study found that women who had been sexually abused were significantly more likely to have used illicit drugs and experienced depression and anxiety. The authors point out that drug use could serve as a way to self medicate for depression, and anxiety experienced by women who have been sexually abused (Harris et al. 1997).

Sexually abused adolescent females are more likely to engage in substance abuse as a result of their victimization, increasing the likelihood that they will become involved in the juvenile justice system. It is important to recognize the relationship between victimization and drug use in order to ensure sufficient and appropriate treatment for youth in the juvenile justice system. Self-mutilation is seen among females in juvenile detention centers. Dembo et al.'s (1993) study found that incarcerated girls are more likely than incarcerated boys to hurt themselves. Females may exhibit signs of anxiety and depression that are less obvious among boys; however, these behaviors may be strongly related to their offending. In order to effectively reduce offending, these relationships and behaviors must be better understood by professionals within the juvenile justice system.

Males have a tendency to externalize their negative emotions associated with their victimization. This can manifest through antisocial and aggressive behavior, and property crimes (Finkelhor, 1990, Wells, 1994). Sexually victimized males are more likely to handle feelings of powerlessness associated with sexual abuse by acting out with dominating and controlling others. Prostitution has also been found to be more common among males with sexual abuse histories than males who do not have sexual abuse histories. Wilson and Widom (2008) found that both males and females who had experienced childhood abuse and neglect faced a greater risk of engaging in prostitution.

Some research has found gender differences among child sexual abuse victims to be minimal. In looking at depression among male and female childhood sexual abuse victims, Runtz and Wall (1988) found similar depressive effects in both genders in a retrospective study of adults who had experienced childhood sexual victimization. Dube et al. (2005) conducted a survey of 17,337 adults who belonged to a health plan in California. The survey asked about childhood experiences and current health and social problems. Adults in the study who had experienced childhood sexual abuse were more likely to have drug and alcohol problems and to have attempted suicide. The authors found that childhood sexual abuse experiences occur frequently among both men and women, placing both male and female victims at heightened risk of “mental health, behavioral, and social outcomes” (Dube et al., 2005, p.434). In order to properly treat and identify symptoms of mental health and emotional problems among juveniles, it is crucial to understand the context and the meanings of their

behaviors. Understanding the emotional tendencies of both genders in relation to offending makes it possible to improve treatment for all youth by expanding awareness among juvenile justice professionals about a larger spectrum of behaviors.

Overall, studies reveal that adjudicated youth are more likely to have experienced childhood sexual abuse than youth in the general population. A longitudinal study of 204 adjudicated girls in Wayne County, Michigan conducted by Goodkind et al. (2006), examined the relationship between life experiences, traumatic childhood experiences, and delinquency. The study found that 39% of the adjudicated girls had experienced childhood sexual abuse. When looking at the prevalence of sexual abuse based on the level of juvenile supervision of girls' placement, Goodkind et al. (2006) found that sexual abuse experiences increased with the restrictiveness of the girls' juvenile supervision placement. The study found that 60% of the girls in residential treatment programs reported experiencing sexual abuse prior to their involvement in the juvenile justice system. Along with the higher likelihood of being in residential treatment, girls who had been sexually abused were more likely to have been in foster care, to be depressed, to have engaged in substance abuse, and to have attempted suicide (Goodkind et al., 2006). Girls in this study who had experienced sexual abuse indicated they experienced more difficulty accepting services compared to girls who had not experienced sexual abuse. This finding is consistent with the literature that has discovered that girls may have a difficult time trusting service providers if they have had negative experiences with adults or negative experiences within the juvenile justice system (Goodkind et al., 2006).

Child sexual abuse has the potential to cause serious mental health problems in victims (Tavkar & Hansen, 2011). Among juveniles who have childhood sexual abuse histories, there is a greater risk of suffering from anxiety, depression, suicidal thoughts, and completed suicides (Esposito & Clum, 2002). These trends have also been found among adult criminal populations. One study estimates mental illness to be two to four times higher in the adult correctional populations than the general adult population (Teplin, 1990). Scholars assert that the earlier identification and interventions take place for childhood sexual abuse victims, the more possible it is to prevent offending and reduce the risk of mental health problems (Dembo et al. 1992; Gover, 2004). Interventions become less effective the later they occur. Early identifications and interventions for adjudicated juveniles have the potential to reduce the probability that youths will become adult offenders.

### Symptoms

Finkelhor and Browne (1985) identify “four traumagenic dynamics – traumatic sexualization, betrayal, powerlessness, and stigmatization” (Finkelhor & Browne, 1985, 1) as the major psychological damages suffered by CSA victims. The authors argue that these dynamics can lead to behavioral problems due to the way they shape victims’ “cognitive and emotional orientation to the world”. Traumatic sexualization is exhibited in inappropriate sexual behavior and confusion regarding appropriateness of sexual behavior. The authors argue that CSA victims are socialized to use sexual

behavior as a way to barter for affection. Stigmatization has the potential to create a pathway for CSA victims to associate with deviant peer groups and illegal activity. Emotional pain and depressive symptoms attached to CSA are part of the dynamics of betrayal and powerlessness. Some CSA victims react to betrayal through anger and aggression. Powerlessness puts CSA victims at risk of feeling “unable to cope” which are feelings linked to runaway behavior. Moreover, the authors argue that male CSA victims are more likely to react to powerlessness with acting out in dominating and controlling ways over others (Finkelhor & Browne, 1985).

The mental health risks associated with childhood sexual abuse have serious implications. Gover (2004) addresses the importance of examining the relationship between sexual abuse and depression among an institutionalized sample of juveniles due to the fact that these youth are at an increased risk of experiencing depression and having contact with the juvenile justice system. The study surveyed 588 adjudicated juveniles in six facilities throughout the Mid-Atlantic region of the United States. Among the females in the study, 37.5% reported experiencing childhood sexual victimization compared to 8.4% of males. Females who reported sexual abuse history had the highest levels of depression. Males who reported sexual abuse history had lower rates of depression than females who reported sexual abuse histories but higher rates than females and males who did not report sexual abuse history. Females without a sexual abuse history exhibited lower rates of depression than females and males with a sexual abuse history but higher rates than males without a sexual abuse history. The study found that levels of depression among girls and boys who had a history of sexual

abuse were not significantly different. In order to sufficiently and effectively treat juveniles, professionals must have an understanding of the context in which mental health conditions occur. Understanding these contexts and their implications for treatment makes it possible to better identify youth at risk and provide appropriate treatment.

Esposito and Clum (2002) found that sexual abuse “directly affects the development of suicidal ideation and behavior in incarcerated adolescents” (p. 145). This study also found that sexual abuse and suicidal “ideation and behavior” (p. 145) are related to environmental factors such as the amount of support youth receive from others pertaining to the effects of their abuse. Hayes (2004) examined 79 incidents of suicide in 70 juvenile correctional facilities. In 38.6% of the suicide cases, the suicide victims had histories of childhood sexual abuse. Of the correctional facilities in the study, 22 administrators responded that they did not know if the suicide victim had a history of childhood sexual abuse. Hayes speculated that this finding may be linked to “the efficacy of intake screening at these facilities” (Hayes, 2004, 36). This study demonstrates the importance of identification. Childhood sexual abuse is a risk factor for depression and can have dangerous effects on youth. In order to protect and treat youth effectively, juvenile justice professionals must understand the effects of childhood sexual abuse and make identification a priority.

## Drug Use as Self Medication

Research reveals that drugs serve as a coping mechanism for depression suffered by victims of sexual abuse as well as a way to cope with working as a prostitute. Gilfus (1992) conducted interviews with 20 incarcerated women. In these interviews, Gilfus identified a pathway to offending that involved running away due to victimization at home, which led to prostitution as a means for economic survival, and drug use on the street as a way to cope with emotions related to victimization and the difficulties of life on the street (Gilfus, 1992; 70-80). Women in the study also identified drug use as a way to endure prostitution, saying they “had to be high to do it” (Gilfus, 1992; 80). Davidson and Chesney-Lind (2009) found that within their sample of male and female offenders, a large number of women experienced sexual victimization and abuse during childhood. The women’s sexual victimization often led to prostitution and their abuse histories created a pathway to illicit drug use to cope with emotional pain. For women in their study, drug use was a way to “self-medicate or escape” and there was a significant relationship between the women’s experiences of abuse and when their substance abuse began. For men, substance abuse developed in a different manner, “in terms of partying and in the context of ‘kicking back’” (Davidson & Chesney-Lind, 2009, 14). The authors suggest that the higher levels of abuse histories among women in the sample and their subsequent drug use could be attributed to the higher levels of need for mental health treatment. All of the women in the study received mental health treatment in the past compared to 55.6% of the men

(Davidson & Chesney-Lind, 2009, 16). Of the women in the sample, 69.2% reported experiencing childhood sexual abuse compared to 11.1% of the men. The authors argue that mental health treatment needs for women in the criminal justice system need to be addressed, given the high percentage of women whose lives have been affected by abuse.

McClellan, Farabee, and Crouch (1997) looked at the link between childhood maltreatment and later engagement in substance abuse and offending, comparing 1,030 incarcerated males and 500 incarcerated females in Texas prisons. Women in the study reported experiencing higher rates of abuse growing up (57.4%). Women also reported higher rates of running away from home, 48.6%, compared to 33.5% of men. Childhood maltreatment was found to be linked to adult depression, and depression rates were higher for women. Female inmates were more likely to report anxiety (77.3% vs. 68.9%), suicidal thoughts (19.5% vs. 10.7%), and attempted suicide (13.7% vs. 5.83%) compared to men (McClellan et al., 1997, p. 12). Women in the study who were addicted to drugs were more likely to have high levels of depression: 30% compared to 14% of women who were not drug addicted. Among male inmates, this pattern was also seen but to a lesser extent (15% vs. 6.2%). These findings are congruent with literature that links substance abuse to self-medication.

Thus, these studies reviewed demonstrate multiple negative consequences for youth who experience child sexual assault and that these effects are exacerbated for females.

## Professionals' perceptions of abused juveniles

Juveniles within the juvenile justice system come in contact with professionals in the juvenile justice system in varying capacities. These professionals often decide the treatment an individual will receive in the system. The perceptions that professionals form of an individual juvenile are crucial in that they alone often determine juvenile treatment and placement. Scholars have examined the effect of offenders' experiences of child abuse on professionals' perceptions of juveniles in the juvenile justice system. Stevenson (2009) reviewed research on "the relationship between childhood abuse and perceptions of juvenile offenders" (Stevenson, 333; 2009). Specifically, Stevenson (2009) examined the possible negative effects that a history of childhood abuse can have in determining treatment of juveniles within the juvenile justice system.

Stevenson (2009) compared seven control studies that examined the effect of childhood abuse on mock jurors' decisions on the treatment of a juvenile, to eight studies of juvenile court officials' (i.e., probation officers and juvenile court judges) perceptions of actual juvenile offenders who have a history of abuse (Stevenson, 333; 2009). The author found child abuse to be a mitigating factor when experimentally manipulated (Heath et al., 2003; Lynch & Haney, 2000; Garvey, 1998; Nunez, 2005; Nunez et al., 2007; Stalans & Henry, 1994); however, in actual cases within the juvenile justice system, child abuse has been found to be an aggravating factor (Grisso et al. 1988; Sanborn, 1996). Stevenson identifies "factors that co-occur with abuse

history...and how these confounds might account for the inconsistencies in these two bodies of research” (Stevenson, 333; 2009). One of these confounds is juvenile demeanor, including anger management problems, poor school performance, mental illness, and a chaotic family environment (Stevenson, 2009). These characteristics are often seen in juveniles who have been abused and increase the likelihood that juvenile court officials will perceive a juvenile as needing more restrictive and punitive treatment (Stevenson, 2009).

Salekin et al.’s 2002 study examined what characteristics determined juvenile court judges’ decisions to transfer juveniles to adult court. The authors found that juveniles’ attitudes and family situations were major factors that shaped these decisions. This finding indicates that when a judge perceives a juvenile as having a poor attitude and a bad family situation, the judge is likely to determine that the juvenile is in need of more punitive treatment than would be available within the juvenile justice system, and will transfer the juvenile to adult court. This is problematic because it suggests that abuse leads to further victimization within the juvenile justice system, which is supposed to act in the best interests of the child. Belknap and Gaardner (2002) looked specifically at females transferred from juvenile to adult court. They found, “Incidents of sexual and physical abuse, neglect and disorder in the family, school problems, and chemical dependency were persistent themes in their lives” (Belknap & Gaardner, p. 87). Salekin et al.’s and Belknap and Gaardner’s research suggest that it is possible that juveniles who come from

detrimental family situations and exhibit poor attitudes would benefit more from the rehabilitative treatment available within the juvenile justice rather than in the adult justice system. This juvenile justice approach has the potential to identify and manage emotional and mental health issues related to offending behavior. These emotional and mental health issues are common among youth with poor family backgrounds; therefore, a rehabilitative approach should be employed with these youth.

Vidal and Skeem (2007) found that juvenile court probation officers viewed juveniles who had been abused as more “dangerous” than non-abused juveniles. The study found that juvenile court probation officers

Expect that care for abused juveniles will be more difficult than non-abused juveniles and recommend more serious institutionalization, although they are more likely to recommend psychological services to abused juveniles (p. 493).

These findings present a complex issue. Although these psychological services may be necessary and beneficial to juveniles with abuse histories, the juvenile probation officers’ perceptions of these juveniles are potentially problematic. Probation officers’ perceptions of a juvenile can potentially be shaped by the juvenile’s abuse history before the probation officer gets to know the juvenile. This could hinder the probation officer’s treatment of the juvenile and result in the juvenile receiving inappropriate treatment within the juvenile justice system.

Research demonstrates biases in the perceptions of juvenile probation officers regarding race and gender of juveniles. Graham and Lowery (2004) found that juvenile probation officers held unconscious stereotypes regarding minority juveniles.

These stereotypes were connected to the idea that minority juveniles were more likely to reoffend and a sentiment that supported punishment. Gaarder, Rodriguez, and Zatz (2004) conducted a qualitative study examining juvenile probation with female offenders in which they found that, "...girls are seen as being very difficult to work with. Whether the officials blame or sympathize, they perceive the girls as being troubled and troublesome" (p.558). These preconceived conceptions concerning gender and race raise important issues regarding the treatment of juveniles within the juvenile justice system. In order for juveniles to receive treatment that will most benefit them, it is crucial that the professionals who work with them view them as individuals and examine the context of their lives rather than assess juveniles' behavior based on their race and gender.

Although research on the perceptions of professionals within the juvenile justice system is limited, particularly in regards to perceptions of juveniles who have been abused, research on this topic has received more attention in recent years. Marsh and Evans (2009) studied the effect of juvenile justice staff position, age, gender, race, ethnicity, and amount of training, on how punitive juvenile justice staff are towards difficult youth behavior. A major finding of this research was that, the more trained the staff were in areas of anger management, family counseling, life skills development, and behavior modification, the less punitive they were in treatment (Marsh & Stevenson, 2009). Other studies have found staff training to be a key aspect of successful juvenile justice rehabilitation programs (Montgomery & Landon, 1994; Zeegers, 2004). Staff also tends to rely on a more rehabilitative approach to handling juveniles when they go through more training (Roush & McMillen, 2000; Trupin et

al., 2002). In order for staff training to be effective, it is important for training to revolve around contemporary topics and issues that are relevant to the current youth in the juvenile justice system. These findings indicate the need for thorough training of juvenile justice staff and for the identification of the needs of juveniles within the juvenile justice system.

## **Chapter 2**

### **METHODS**

The present study explores the perceptions of professionals and their approaches to handling adjudicated juveniles who have child sexual abuse histories within the Delaware juvenile justice system. To more deeply understand the complexities of this issue, a qualitative methodology is employed. Semi-structured interviews were conducted with professionals who work with adjudicated juveniles in Delaware. The sample consists of 19 participants and includes family court judges, a prosecutor who handles juvenile cases, juvenile probation officers, including probation officers who are designated to work with youth who have engaged in inappropriate sexual behavior, state workers who handle the rehabilitation of adjudicated juveniles, and counselors who specialize in child sexual abuse. The majority of the participants identified as Caucasian or white. Two participants identified as African American. Thirteen of the participants were female; six were male. The ages of the participants ranged from 27 to 65 years old. The participants were selected using theoretical sampling as well as snowball sampling.

Table 1 Table 1: Summary of Sample

JOB	FEMALE	MALE
Probation officers	4	2
Counselors	4	1
Court Personnel	3	2
State Rehabilitative Supervisors	2	1

With permission of the participants, the interviews were tape-recorded in addition to hand-written notes taken throughout the interview process. Interviews focused on the resources available to adjudicated juveniles in Delaware with child sexual abuse histories and participants' beliefs and experiences related to their work with adjudicated juveniles in Delaware. Data collection began in August 2011 and continued through December 2011.

The interviews lasted approximately thirty minutes and included open-ended questions regarding the participants' personal thoughts, beliefs, and experiences involving adjudicated juveniles who have experienced sexual abuse (see Appendix A for a copy of the interview questions). The open-ended question format was beneficial in capturing rich detail about the context of participants' experiences and perceptions – responses that would not be revealed with close-ended questions on a survey. Participants were also encouraged to provide any additional information they deemed relevant.

Participants responded in different ways to the interview questions; some were very forthcoming and shared stories, while others seemed somewhat reluctant to provide a lot of details. I attempted to gain as much information as possible from all participants through the use of probes. While conducting the interviews, it was important to me that the participants felt comfortable stating their opinions and raising issues that related to the topic that I may not have asked but that they found important. I started each interview by giving the participant background information about my project and myself. I started out with broad questions and asked more specific and sensitive questions later in the interview. I made an effort to ask probing questions that were tailored to the responses of the participants as well as to their profession and their experiences. Interviews usually took place in the participants' offices. One interview took place in a coffee shop.

In my field observation notes, I recorded a description of the offices of the participants in order to contextualize their working environments and what youth in the juvenile justice system would see when meeting with the professionals. I paid attention to how the participants dressed, spoke (including tone of voice), and what their overall attitudes were toward adjudicated juveniles and offenders within the juvenile justice system in order to gain a deeper sense of their approach to working with adjudicated juveniles and how youth might perceive them.

Although the sample size was small, I was able to gather information from a wide variety of people who work directly with juvenile offenders and provided rich details about their beliefs and perspectives regarding the situations and experiences of

youthful offenders. The professionals in the sample were also knowledgeable about a range of mental health topics, such as what mental health services are available in the State of Delaware, what types of mental health treatments are needed for juveniles with troubled backgrounds, and what types of mental health and rehabilitative services have been effective for the adjudicated juveniles.

### **Chapter 3**

#### **ANALYSIS**

After conducting interviews, I transcribed the tapes verbatim. The interview material amounted to over 200 hundred typed pages of text. I gained more information from the interviews as I listened to them again. I found significant details and nuances in the interviews while transcribing. I made notes of points of interest throughout the transcriptions. I repeatedly read the interview transcriptions throughout the analysis phase.

For the purpose of this study, answers from 11 interview questions were analyzed. Findings were grouped into deductive themes and inductive themes. Deductive themes were congruent with themes found in previous research and interview questions were shaped by the literature review. The questions related to previous research on juveniles and results revealed how familiar the professionals were with research on juveniles. Examples of this include the level of familiarity the professionals had concerning research on gender differences, and the relationship between victimization and offending. The professionals also provided information regarding the trends they observed in the youth they encounter. If the professionals were familiar with research on juveniles, they would discuss whether the trends they observe with their juvenile caseload are consistent with trends in the research. Inductive themes emerged from the data. These themes focused on particular systemic

issues of the system in which the professionals work. Themes were identified if they were raised by at least three respondents throughout the interviews. These themes were analyzed for their meaning. Analysis of the responses was also analyzed according to the gender and type of profession of the respondent. The themes were further divided into categories and assigned codes. New themes emerged when responses were given that did not fit the codes already in place. This process repeated until the point of saturation was met and no new codes were identified.

## **FINDINGS**

This section exhibits the themes that emerged from the data. These themes include gender specific treatment, gender differences, changes in approaches to treatment, the effect of past abuse on current behavior, the effect of experiences within the family on current behavior, the role of mental health and offending, misdiagnosis, and assessment of state mental health services. Information is provided throughout the section on how members from each type of profession addressed the theme. Quotes have been included to aid in explaining the opinions, beliefs, and perceptions of the professionals in relation to the themes. Background information is provided to contextualize the circumstances and system structures of the State that is discussed throughout the findings.

## Observations of participants

Each of the participants had experience working with adjudicated juveniles in different capacities and thus presented different perceptions regarding juveniles and adequacy of state programs. I found that therapists' discussions of the juveniles reflected the flexibility and openness of their relationships with the youth. I sensed more rigidity in opinion from the interviews with supervisors of state offices regarding their relationships with juveniles. I found that probation officers' perceptions of juveniles fell somewhere in-between this spectrum of flexibility and openness of therapists and rigidity and distance that I sensed from state supervisors. Judges presented another type of perspective of juveniles that was similar to state supervisors but reflected the variety of youthful offenders in their caseloads. Overall, it seemed that professionals' perceptions were related to their position in the juvenile justice system and what role they performed in the system. Professionals who work most closely with youth exhibited the most flexibility and openness in discussing patterns in youth behavior and treatment.

In listening to the interviews, similarities in opinions were revealed among participants of the same profession. For instance, in each professional group, respondents used common vocabulary and figures of speech, and exhibited consistency in their perceptions and ideas. Reviewing the transcripts also made me very aware of the importance of looking at the relationships between the different professions. These relationships revealed important structural issues within the

juvenile justice system, to be discussed subsequently in this chapter. By analyzing each interview individually, themes emerged that related closely to the previous research findings cited in my literature review. When I analyzed interviews in relation to one another, new themes emerged from the data. Thus, this approach required me to look deeper into the text of the interview and analyze the text on a contextual level. The analysis was further refined when I looked at the relationship between the themes that emerged through an inductive strategy and the themes that emerged through a deductive strategy. It is to these themes I now turn.

## THEMES

### Gender Specific Programming: Should Males and Females be Treated Differently?

The term “gender specific treatment” arose in interviews with the majority of professionals when they were asked if treatment should differ for males and females in the juvenile justice system. Though probation officers are the professionals who deal most directly with juvenile offenders, only two of the six probation officers used the term. One of these probation officers answered the question by saying, “ Everyone says gender specific treatment is better”. She elaborated on this statement by discussing how girls are more difficult to work with than boys. So, while she was aware of some gender differences across the youth in her caseload, she did not mention specific needs that might differ according to gender or how youth might benefit from being treated from a gender specific approach. This nominal response differed greatly from the other probation officer who explicitly used the term “gender specific” and stated that different issues arise depending on individuals and types of victimization. Another male probation officer said that gender specific treatment should focus on healthy sexuality and relationships. This issue was connected to a larger concern voiced by an additional probation officer - that there is a lack of state services for females who have engaged in inappropriate sexual behavior. Two other probation officers emphasized a need for individualized treatment but did not

explicitly use the term “gender specific”. They both believed that it was important for juveniles to have a safe, comfortable space to talk to a counselor about their victimization while in treatment under the auspices of the juvenile justice system. Another probation officer did not focus on gender specific treatment in his answer, but stated that he felt strongly that girls’ and boys’ treatment programs should be separate because, “it creates too volatile a situation”. He said that when boys and girls are in the same facility, they sometimes become verbally and physically aggressive towards each other.

#### Gender Differences among Juveniles

Other issues related to gender were raised in most of the interviews with the professionals. Probation officers who work within the Inappropriate Sexual Behavior (ISB) Unit said that they did not have much experience working with females within that specific unit. If they had experience working with females, it was through working with female clients who were on probation for other types of offenses. All of the probation officers believed that gender differences were most pronounced with the juveniles who had experienced CSA. These differences included the types of offending behaviors exhibited in relation to the abuse, the emotional effects of the abuse and how youth exhibit emotions, and differences in the way society views males and females who have experienced sexual abuse. A major difference noted by the respondents was the types of offending behaviors exhibited by girls and boys. The

majority of professionals expressed that boys are more often perpetrators of inappropriate sexual behavior while girls engage in other types of non-sexual offending behaviors.

One of the probation officers in the ISB unit stated that there are a minimal number of females who are on probation for inappropriate sexual behavior but she speculated the lack of female cases sent to ISB may reflect more about the method the justice system uses to handle girls versus boys. She said,

There's only a couple (girls) in our entire caseload in the state. Now, whether that's really representative of them having sexually abused as a perpetrator may not be true because we tend to look at girls differently.

The probation officer told a story about a boy on her caseload who was victimized by his older sister. His sister was not charged with any crime but he was. The probation officer suggested that charging decisions may be affected by gender, which influences the sentencing in inappropriate sexual behavior cases in the juvenile justice system.

One of the court personnel professionals raised similar issues. He said, "We don't see a lot of female offenders as juveniles...I can't tell you if that's because there are fewer of them or that they're treated differently by the prosecution." He continued with this theme later on in the interview, discussing the fact that the state does not have a level 5 facility for females. The highest level secured residential facility for females in the state is Grace Cottage, which is a level 4 facility. He suggested that this may be because the population does not warrant a need for that type of facility or that it may be due to how females are handled within the system. He said, "When was the

last time you heard of a girl getting a mandatory minimum? It never happens. Now, I don't know if that's because we know we have no place to put them so we plead them down...". To better visualize the scope of juvenile corrections in Delaware, Table 2 shows the numbers of males and females in juvenile detention centers in the 2011 Fiscal year. The two detention centers listed in table 2 house pre-adjudicated youth. Ferris School and the three cottages listed in table 2 house adjudicated youth. Table 3 shows the numbers of males and females under juvenile probation or aftercare supervision in the 2011 fiscal year. Youth under juvenile probation or aftercare are adjudicated, this means that their case has been examined and a decision has been made regarding their case. Pre-adjudicated youth are youth who awaiting their case to be heard and decided.

Table 2      Table 2 – Males and Females in Detention Centers, 2011 Fiscal Year

Row Labels	Female	Male	Grand Total
Stevenson House Detention Center	66	325	391
New Castle County Detention Center	177	645	822
Ferris School		105	105
Grace Cottage	56		56
Mowlds Cottage		189	189
Snowden Cottage		92	92
Grand Total	299	1356	1655

Table 3 Table 3-Youth under juvenile or aftercare in 2011 fiscal year

	<b>F</b>	<b>M</b>	<b>Grand Total</b>
<b>Count of PERSON_ID</b>	<b>418</b>	<b>1076</b>	<b>1494</b>

Four out of the six probation officers stated that girls engaged in different kinds of offenses than did boys. For instance, girls are more likely to runaway, engage in substance abuse, act out in school, and behave in sexually “promiscuous” ways. The other two probation officers who work primarily with males in the ISB unit felt they did not have enough experience with females to comment on typical female behavior. Three of the probation officers said that females are difficult to handle because they present more complex emotional issues. One probation officer said she saw more mental health issues among her female clients who had experienced CSA. Another probation officer said that girls are more emotional than boys, but followed it up by stating that he feels there are societal expectations for boys to hold in their emotions.

Rehabilitative supervisors also addressed gender differences that they believe exist among juveniles. One rehabilitative supervisor said he believed that male and female offending differs. She said she believed that boys may engage more in violent types of offending while girls may have, “more of the promiscuity in their behaviors or running away.” Another rehabilitative supervisor also identified “promiscuousness” as a behavior more typical of females who have been victimized. He also said that girls who have been abused

...are usually defiant. They won't stay at home and they won't stay in programs...they hang out, generally with older males...they're not typically here for violent acts...it's more often that you try to serve them at lower levels, like probation or try to get them to go to counseling or get them to go to school...they constantly won't comply and so ultimately they end up getting deeper and deeper into the system.

He said that boys who experienced sexual victimization themselves are more likely to offend against another sexually and that this is the more common way of finding out if a male has been sexually abused.

Another rehabilitative supervisor said that girls report sexual abuse more often but said, "I don't think that means that boys aren't being sexually abused, they're not reporting." She said that girls are more typically victimized by someone older than they are, while boys are more typically victimized by someone closer to them in age. She said that it is more typical for girls to run away. She also identified different mental health issues experienced by males and females. She said that girls tend to exhibit symptoms of depression and PTSD as well as substance abuse and dependence. She said that boys may also be experiencing PTSD and depression but it may be that, "they're either showing the symptoms differently or not endorsing the symptoms for some reason, so they're not they're not sharing that they're experiencing them." She identified diagnoses that are more common among males. These consisted of "externalizing mental health disorders", such as ADHD, oppositional defiant disorder and conduct disorder. She did not know of any research that has correlated these disorders with sexual victimization but stated that these diagnoses were common to see in males.

The counselors discussed the different ways in which males' and females' emotions affect their behavior. Four out of five of the counselors said that males and females feel anger in relation to their victimization but that this anger is typically expressed differently. It was common for the professionals to say that boys express their anger outward through aggression towards others while it is more typical for girls to internalize their negative emotions. Females tend to self-harm and have eating disorders while males tend to engage in anti-social behaviors and possibly act out in violent ways. Three out of the five counselors mentioned that there is a greater tendency among girls to run away and engage in substance abuse to self medicate. One counselor said although it is more common to see self injury with females, it is not uncommon to see with males.

In contrast to the probation officers, all of the counselors believed that treatment services should be gender specific. One of the counselors believed that treatment programs for juveniles should not be completely separated by gender. She said, "...if you separate them completely like we do in some of our programs, I don't know that we give them the real practice and assistance in learning to develop healthy relationships." Another counselor said he believed there should not be any co-ed groups and said that the intimacy issues that come up for males and females are "radically different" and that treatment needs to acknowledge these differences. He stated that having males and females together adds a difficult dynamic and can hinder authenticity within group programs.

The three other counselors discussed masculinity issues that could potentially come up for men in CSA treatment programs. These counselors expressed a belief that different gender issues surface in dealing with CSA and that treatment needs to reflect these gender differences. The counselors discussed issues that come up for male CSA victims surrounding confusion regarding their sexuality. It was common for the counselors to express that males who have experienced CSA wonder if they are homosexual, particularly if a man has abused them. Male CSA victims who were perpetrated against by a female may feel confused regarding their victimization. This could be due to a societal double standard that exists for male and female CSA victims. This double standard was brought up in a number of interviews. The professionals explained that females are more likely to be accepted as CSA victims within society while males are less likely to be accepted as CSA victims. It is possible this can cause male CSA victims to question their victimization more than females.

One of the court personnel professionals discussed gender differences in how males and females explain their behavior. She said that females often provide information on why they acted out, and that it is common for females to provide a detailed account of what happened and what their thought process was while males tend to give significantly less information. Her suspicion was that it is more difficult for boys to disclose CSA due to a stigma surrounding CSA victimization among males. She believed that boys tend to be more violent when acting out, due to their trauma. Although she acknowledged that girls can be violent, she maintained that it is

more common to see other types of behavior among females such as running away and withdrawal.

Another court personnel professional addressed self-destructiveness among females. She described one female she had worked with who had been sexually abused:

She's been in and out of numerous facilities just trying to stabilize her mental health...She would runaway when we brought her back (home), she'd turn to drugs, self harming kind of behavior, every time we brought her back home from one of those facilities she'd seem stable...within a month or so of being at home with her mom she'd lose it and run away again, so we'd lock her up again...we were locking her up just to keep her alive because she was so destructive to herself."

This respondent explained that the girl had originally entered into the system through DFS (Division of Family Services) in her pre-teens and subsequently received minor criminal charges. The professional emphasized that her concern in this case was handling the mental health problems rather than the minor criminal charges.

It was common for court personnel to remark that males are more often perpetrators of sexual offenses. Some of the professionals cautioned that they could be generalizing, but believed that males CSA victims were more likely to become perpetrators of sexual offenses than female CSA victims. They based this on the youth they handle and what the gender tendencies they see with these youth in their offending behaviors. Two court professionals identified promiscuousness as a behavior that is more common among females. Some of the court personnel professionals discussed re-victimization of females who had experienced CSA. One of these professionals said, "...if they've been sexually abused, they act out sexually, it's their way of getting attention, or what they perceive as love from someone when it isn't." This was this professional's explanation of how she views of the pathway to re-

victimization among females. She discussed girls “putting themselves in a position” where they are likely to be victimized again.

#### Shift in Approach to Treatment: The Move Towards Trauma-Focused, Individualized, and Gender Specific Treatment

All of the rehabilitative supervisors discussed a shift in approaches to treatment that focuses on the context in which juveniles become involved in the juvenile justice system. One rehabilitative supervisor thoroughly explained that the state has been working on improving “trauma specific” treatment. She explained that this begins at the assessment level with trauma focused screenings when youth first enter the system and continues within the detention centers with staff who are trained to “deliver trauma specific treatment”. She was very knowledgeable on research on juveniles and had a deep understanding of national and local statistics on juveniles. There were clear connections in her discussion of Trauma focused treatment to CSA and how youth in the juvenile justice system should be handled.

Another rehabilitative supervisor focused his discussion on the shift in approach to treatment of females. He said, “...In the last ten years we’ve tried to focus on gender specific services.” These efforts have involved providing staff with education and training on gender differences and how to incorporate these differences in treatment of juveniles. I asked him what he thought caused that change in focus and he responded,

I think there was a national trend in that direction and I think we picked up on that...a consultant came in and spent a lot of time...and really helped us to rethink how we worked with that population.

In an interview with another rehabilitative supervisor, she talked about the shift in approaches to mental health treatment. She said, “I think the focus for Delaware is really changing...I think there’s a lot more collaboration going on now with the courts, the police, the kids’ department, other mental health professionals, and organization...a more holistic approach on how we provide services.” She indicated that she recognized this an improvement within the system.

One of the counselors identified efforts to enhance trauma focused treatment within the juvenile justice system in the state, she said, “we’ve really been working on getting our training up to par on dealing with trauma.” This particular counselor worked for a treatment center that handles a lot of youth who are involved in the juvenile justice system. While the other counselors did not mention a shift in the focus of treatment within the state system, the majority of these counselors work within treatment centers that treat a greater variety of children, some who are involved with the juvenile justice system and some who are not. It is possible that they did not recognize changes in treatment focus occurring in the state system because they do not work as exclusively with youth in the system. Their treatment centers were also more independent from the state and already used a trauma focused and gender specific approach.

All of the court personnel addressed a need for individualized and gender specific treatment. In discussing these issues, it was common for the professionals to state that there is a need to examine the context of the youth’s life in figuring out the root cause for the offending behavior. One of the court personnel professionals pointed

out changes that have occurred within the system in recent years. He discussed a new emphasis on early evaluations for youth as soon as they enter the system. He said, “in the last few years I think that there have been great efforts in stepping up early intervention with these kids...it’s gotten kids to treatment...months sooner.” Although the other court personnel professionals seemed knowledgeable on issues that were identified as components of the change in the system’s approach to treatment by other types of professionals such as gender and trauma specific treatment, he was the only court personnel professional who explicitly discussed recent changes in the system. He expressed that early intervention and treatment efforts have been beneficial.

Most of the professionals interviewed articulated that changes have been occurring in recent years in how the state approaches treatment for juvenile offenders. Some professionals indicated that these changes have arisen from research relating offending behaviors to traumatic life experiences as well as research on gender and offending. According the professionals’ statements regarding the shifts in approaches to treatment there has been a focus on screenings for early intervention and treatment. New efforts in the juvenile justice system recognize traumatic experiences, the life context of juveniles, and gender in approaching treatment. Overall these changes were identified by the professionals as beneficial for youth within the state.

## Effect of Past Abuse on Current Behavior

The majority of probation officers believed that most of the youth on their caseloads had experienced some type of prior abuse. When asked about sexual abuse in particular, all the probation officers asserted that sexual victimization was a common experience for these youth. All of the probation officers stated that it can be difficult to get kids to disclose their sexual abuse victimizations and that it can take a long time for kids to feel comfortable enough to talk about their abusive experiences.

Three probation officers said that boys in particular do not want to talk about their abuse. One of these probation officers raised masculinity issues in regards to keeping boys from disclosing their sexual abuse. One of the counselors explained the struggle boys who have been sexually abused have concerning masculinity issues,

They do not want anyone to know because automatically they think there's something wrong with them. They wonder if they're gay...things like that. They get very confused about their role as a man...they're more apt to keep it a secret and not say anything. Girls are still secretive but at least it's considered acceptable (to talk about their victimization). They've heard others talk about it...it's out there. So at least they have models to go by, boys don't.

A probation officer stated, "I honestly can't think of a boy who has wanted to talk about it." Another probation officer addressed the issue of the sexual double standard that exists for boys and girls, asking,

What 14 year old boy is going to say 'this 18 year old girl had sex with me and it's a bad thing', but the fact of the matter is, it's defined as a sex offense that same way it would be if an 18 year old boys did that to a 14 year old girl, but it's just not reported the same.

A similar issue was raised by another probation officer in regards to girls reporting their sexual victimization. She explained,

I had a girl who was having sex when she was 12 years old and she refused to see that she was victimized because she didn't see it as that...if someone used force upon them (girls), that's different, but they're less likely to take the age issue into account.

All of the rehabilitative supervisors interviewed recognized that it is common for youth within the juvenile justice system to have sexual victimization experiences. One of these rehabilitative supervisors said he believed that the rates of CSA among juveniles was, "...probably higher than average, particularly with the female population." Another rehabilitative supervisor who works within a juvenile detention facility readily recognized that youth in the facility have histories of CSA. She said that these youth

Tend to have stayed in programs longer. They needed more time to adjust to the programs, and would at times have a lot more problems than your normal juvenile who comes in with just some delinquency issues.

She believed that these problems typically consist of behavioral problems such as respecting authority, taking direction, and getting along with peers. Another rehabilitative supervisor focused a lot of her responses on trauma-focused treatment throughout the interview and identified sexual abuse as a trauma that may impact youth in many ways including their behavior. She expressed an understanding of research on the topic and said that, "Kids in the juvenile justice system most frequently report violent experiences." She connected this research to a recognition that youth in the juvenile justice system experience CSA at higher rates than youth in the general population.

### Effect of Experiences within the Family on Current Behavior

All of the probation officers highlighted family issues, specifically addressing the relationship between the juveniles and their families in some capacity. Three probation officers expressed concern about what children witnessed in their own families and/or if the children experienced sexual abuse within the family; these officers wondered how these childhood experiences would affect subsequent offending. As one probation officer said,

If you're brought up in a family where sexual abuse is pretty standard...it becomes a matter of them not really understanding that there's really anything wrong with it.

Another probation officer discussed how traumatic it can be for a child to be abused by a family member and recognized the detrimental effects of this type of abuse on childhood development. Another probation officer saw a connection between the "domestic chaos" experienced by a female who was also a victim of CSA and was subsequently acting out. All of these probation officers acknowledged that experiences within the family could have deep and long-term effects on the lives of children that could follow them well into adulthood.

A rehabilitative supervisor discussed developmental issues and juvenile behavior in relation to "dysfunctional families". She said,

Some of them come from families where fathers are incarcerated, mothers are involved with drugs, drug addicted, and they're left to fend for themselves and they do that by any means necessary. She discussed the need for family involvement in treatment services.

Three of the counselors that were interviewed discussed the impact of family situations on youth behavior. One of these counselors highlighted the dysfunctional family backgrounds of the youth she worked with who had been sexually victimized. She mentioned that it was common for parents of these youth to be drug addicted. Another counselor who works with youth who are not involved with the juvenile justice system as well as those who are stated that a difference she has noticed reflected the quality of their home life in their families. In telling me about one client's history, the counselor declared, "she had an awful home situation." She said that she saw this more often with youth who are involved in the juvenile justice system.

Another counselor talked about situations at home as a cause for girls to runaway in adolescence. She said, "Home was not safe so they were out a lot...". When asked what she meant by "home was not safe", she responded,

We hear a lot about domestic violence and assault. You've got the abuse by the father or boyfriend in the home. This makes people very vulnerable. So they may be seeing mom and dad or mom and boyfriend fighting and may have left the home and are now vulnerable to everything else that they're exposed to, or are just out and vulnerable.

The majority of court personnel raised issues concerning youth involvement in multiple state service agencies. The professionals consistently mentioned three state service agencies: the Division of Family Services (DFS), which handles abused, neglected and dependent children; Youth Rehabilitative Services (YRS), which handles pre-adjudicated or adjudicated youth; and Prevention and Behavioral Health (PBH), which focuses on prevention or early intervention and treatment of mental health and substance use problems. These agencies comprise the Department of

Services for Children, Youth and their Families. It was typical for professionals to raise the involvement with multiple agencies when discussing the situations of the families of youth within the juvenile justice system. Some professionals raised the issue of multi-agency involvement in discussing how they become aware of a youth's CSA history. One of these professionals said, "the children are so enmeshed in the system by the time they get to us, somebody's already heard about it (the CSA)."

Another professional who discussed this issue at length addressed a cycle she has observed regarding family involvement with state agencies. She said,

I started out...doing child support (cases)...there's a lot of cases that were absent parents...women would come in because they're getting welfare. They're required to go through the child support process and the child support proceeds go through the state, so you get to see some names that come up all the time. Then I went to the criminal division and I started to see some of the same names and now I'm doing the dependency and neglect cases and many of the kids that I prosecuted as juveniles are now teen parents or early twenties parents and the division of family services is involved...Because they didn't have particularly good role models from their own parents, so it tends to be a vicious cycle.

Through working within different areas of the system, she has seen connections between involvement in various state systems and families that are part of the system across generations.

Another court personnel professional addressed a relationship between offending, familial issues, and multi-agency involvement in the system. He explained, "I have a kid that was...doing well, (went to) RTC (residential treatment center), came out and then the issue becomes, well the mother's incarcerated, the father can't

manage the behavior, so now we've got a placement issue." When youth's parents are unable to handle their behavior, the youth must be placed somewhere by the state. Due to the family issues, the youth would become involved in two areas of the system because of their parent's inability to provide adequate care for them.

### Mental Health in Relation to Behavior

All of the rehabilitative supervisors addressed the connection between mental health issues and offending behaviors. One of these professionals believed that youth with mental health issues have more difficulty controlling their behavior than youth without mental health issues. She also recognized that it is more typical for youth with mental health issues to engage in substance abuse as a way to self medicate. Another rehabilitative supervisor also recognized a relationship between victimization and acting out and engaging in substance abuse. He also recognized a relationship between victimization and mental health problems but did not explicitly talk about mental health problems in relation to offending.

Another rehabilitative supervisor focused on literature that has examined the relationship between mental health and offending. She said,

Most of the research suggests that between 30% and 70% of youth in juvenile justice have one or more mental health disorders, that includes substance abuse dependence, whereas if you took the prevalence in the general population they're much, much lower.

She also said, "we know that kids who've experienced sexual abuse use substances as a way to cope."

All of the counselors identified depression, PTSD, and anxiety as the most typical mental health issues among CSA victims. Universally, the counselors discussed a relationship between mental health issues brought on by sexual victimization and behavior among youth. One of the counselors focused his discussion of this issue around the effect of trauma. He said,

When they (youth) progress developmentally, everything is built upon that fracture [CSA experience], so the distortions get bigger and they start making incredibly wrong choices...there's others that have been abused that continue to make right choices...but those that begin to go down a slippery slope...it's horrible.

The four other counselors focused more of their discussion around substance abuse and running away. One counselor explained a path that she believes is common for youth in the juvenile justice system. She said,

...those mental health issues are often times are precursors to the substance abuse, which then leads to the offending issues...If there's a typical path, it's that they start using drugs, generally marijuana is what they start with, which then leads to a lack of motivation, so maybe they quit going to school, so they might get a truancy charge, but then they don't comply because they're still using marijuana so they get a violation and they get bumped up to family court, then they start getting drug tested, then they're still dirty (testing positive for drugs), so they get a violation of probation because they're using...

She also raised an issue regarding the behavior of youth who experience depression, "the depressed kids tend to be less compliant with the probation requirements, really because they're too depressed to do what they're supposed to do."

## Misdiagnosis

Three out of five of the counselors interviewed raised concerns over the possible misdiagnosis of bi-polar disorder and ADD (attention deficit disorder) among youth who have experienced sexual abuse and have mental health issues. One of the counselors said,

A lot of times we'll have clients who are misdiagnosed with bipolar and, after doing a more through assessment, we'll feel that it's (the mental health problem) more related to their sexual abuse and more PTSD...with PTSD there's more of a path to healing...

The counselors expressed concern that misdiagnosis of bi-polar disorder and/or ADD can be detrimental to child development and the healing process subsequent to CSA.

Another counselor addressed this issue by describing a juvenile on her caseload:

I have a client...she actually didn't know she had been abused as a child until recently...she was re-victimized when she was a teen and later on, her family revealed, 'yes you were abused', and a lot of things made sense to her, but in the meantime, she had gone through counseling and had been diagnosed with ADD and manic depressive disorder and then when she came to me I really felt like, no, I really think it's symptoms of post traumatic stress disorder...this is why your body is responding the way it is, it's difficult, it's what happens when you get stuck in this fight or flight response...whereas if you say 'you're bi-polar,' there's this feeling like, 'oh well I have no control over that, this is just who I am.'

It was common for the counselors to discuss a "labeling" effect that a diagnosis of these disorders can have on youth. This counselor added that it would be beneficial for children to be screened thoroughly prior to bi-polar and ADHD diagnoses. However,

two of the court personnel professionals mentioned that they felt bi-polar disordered was over diagnosed.

### Assessment of Mental Health Services

All of the rehabilitative supervisors raised issues concerning the adequacy of the mental health services in the state. One of these professionals pointed out the effect of geography in the more rural part of the state. She stated, "Sussex County has historically been designated as an underserved area for mental health." She talked about a lack of transportation and a lack of service providers in Sussex County that make it difficult for people to get the mental health services they need. She also acknowledged that the state does not have as much child psychiatry options as it needs to meet the needs of the population. She raised the problem of youth not attending treatment, which she identified as a, "separate issue". She contends, "I think we need to understand better why kids in juvenile justice don't engage in treatment and through that possibly change how we deliver treatment."

Another rehabilitative supervisor said she felt there could be more mental health services available. She raised the need to find a way to encourage people to get their children mental health services earlier in the child's life. She believed that there is shame attached to being involved with mental health services. She believed this was particularly true in African American families. She said,

I can tell you with African American families there's a whole mental health piece in general, and especially with the men it's kind of taboo

that you go and get counseling or you go and get help...There has to be more acceptance and public education so you can change people's minds and thoughts around getting help.

A counselor discussed problems regarding access to mental health for people who are involved in the criminal justice system. She works more closely with adult offenders and noted,

I think one of the biggest challenges for people who are in the criminal justice system is accessing mental health services. Not that it has to be easy but it should be able to be integrated in their life...you've got a very...white middle class attitude about mental health treatment and how does that work into someone who has no structure in their life, has limited access to money, transportation, has five or six appointments that they now have to do to complete their sentence, and then you have throw in therapy...so I think we need more community based programs that integrate this re-entry with mental health services.

Another rehabilitative supervisor assessed mental health services from a systemic perspective. He said,

The system struggles with what to do with kids who do not have clinically serious mental health issues but offend...when it comes up we struggle with, 'does this kid need mental health services more than he needs juvenile correctional services?'

He did not specifically assess mental health services, but addressed the issues that arise pertaining to providing appropriate and adequate treatment to juveniles within the system.

A juvenile probation officer expressed frustration about the struggle to determine appropriate treatment. He said,

Someone is saying they're conduct (disordered) instead of figuring out what kind of trauma is causing it (the behavior), making it mental

health rather than conduct, and that's been a big battle and we have that battle with PBH (Prevention and Behavioral Health) all the time.

This juvenile probation officer's statement demonstrates his belief in having a strong focus on trauma-focused treatment and indicates that he feels this type of treatment is beneficial to youth. His statement demonstrates the systemic difficulties that can arise in implementing this type of approach to treatment in a system in which this approach is relatively new and is still being integrated.

The counselors interviewed expressed different views on the adequacy of mental health services in the state. One of the counselors believed that because Delaware is a small state, there are greater possibilities of networking and connecting people and she believed the state does a good job with this. Another counselor from the same organization felt that the mental health services were good but had concerns over whether the people that need them most are aware that they are available.

A counselor from a residential treatment center said, "it's not that we need more programs, it's that we need competency in the ones we have...when you have competency in the ones we have I think it can work better." Another counselor raised an issue concerning coordination of treatment services for youth. She said,

We bounce kids between programs so we can say we're addressing all of their issues but there's no real continuity, so someone who's treating them for their sexual abuse may not be looking at their drug abuse, which is going to impact their treatment for their sexual abuse, so it's just that it's too many little pieces of treatment that don't come together.

All of the court personnel provided personal assessments of the mental health services within the state, with equivocal results. One of these professionals believed that

general mental health service facilities for youth are good. She said there is sometimes limited space at these facilities but that overall space has not been a problem. She stated that sometimes children need to be sent to out-of-state facilities for specialized treatment. Another court personnel professional questioned the competence of the counselors in the state. She said,

I'm hearing from...PBH and the probation officers that they feel that some of the mental health and substance abuse providers are not as competent as we would like and I've had a number of therapists testify in my courtroom and some seem much more on the ball than others.

Another court personnel professional addressed a lack of services for youth adjudicated for a sex offense because there is no residential treatment for inappropriate sexual behavior in the state. He said that he believed that other mental health services in the state are adequate although there are some wait lists.

Two of the court personnel discussed a lack of service providers. They both mentioned waiting lists for children within the foster care and delinquency system and identified this as a problem. One of these professionals explained, "Can we link kids up with services? Sure. Can we get them the services when they need it, as in immediately? No..." He also raised issues surrounding insurance:

There are a limited number of providers or a limited number of providers who will take that particular type of insurance...it's quite possible that there's adequate supply and adequate demand but they may not link up in terms of the accessibility.

Another issue professionals addressed regarding assessment of mental health services was health insurance. One probation officer said, “A major issue that’s been coming up a lot lately...they (state treatment programs) don’t take people with private health insurance.” She explained that although most of the youth on probation are on Medicaid, some do have private health insurance and that private health insurance must be exhausted before accessing state services. She added, “...a lot of people just can’t afford even a co-pay to go in for therapy...the family doesn’t want to go to counseling because they just can’t afford it.”

A judge raised a concern surrounding health insurance and court orders. He said,

If a court orders someone to have services, in many instances it is specifically not covered by insurance because it is not determined to be medically necessary because only a medical practitioner or mental health practitioner can determine whether it’s appropriate.

He explained that he and other judges have adapted the wording of their orders in order to avoid this problem. It is crucial that court orders only order youth to have an evaluation and follow the treatment recommendation that results from the evaluation.

### Juvenile Sex Offenders

Issues concerning juvenile sex offenders were raised with each group of professionals interviewed. The professionals recognized a difference between juvenile sex offenders and adult sex offenders. They expressed concern that juveniles who

engage in inappropriate sexual behavior are too often viewed on the same level as adult sex offenders. One counselor said he believed that there is a

World of difference between a child who acts in a way that is defined as inappropriate according to the law and a true pedophile. One probation officer said she did not think that the majority of her clients that engage in inappropriate sexual behavior have intentions to harm others but rather had a poor understanding of boundaries and what is appropriate.

She said that it was rare that she had clients that were on the “more predator side of things.” A judge expressed similar feelings regarding juveniles that engage in inappropriate sexual behavior. She said that she viewed juvenile sex offenders as “a whole different animal” compared to adult sex offenders. She stated that she thought that “all the baggage” that is attached to adult sex offenders is unfairly attached to juveniles. A rehabilitative supervisor pointed out differences between youth who are in the “3<sup>rd</sup> or 4<sup>th</sup> generation of an incestuous family versus a predator who has more psychological issues who seeks out a victim” Overall, the professionals indicated that they recognized a difference between sexual predators and the majority of youth who engage in inappropriate sexual behavior.

A probation officer explained how he views differences in the levels of seriousness of offenses that constitute a juvenile engaging in inappropriate sexual behavior. He said,

I got a case this morning; the kid was arrested for unlawful sexual contact because he grabbed a girl’s butt and breast in school, I’m not saying that’s right...But from a sex offender perspective, I’m not sure that’s in the same category as the kid...that was anally penetrating his brother with a broomstick, now that’s a rape charge, but it’s still not the same category.

This statement addresses issues related to the sex offender registry laws in Delaware, which require juveniles charged with inappropriate sexual behavior to be part of the sex offender registry. This probation officer explains the problems that arise when all juveniles who engage in inappropriate sexual behavior are placed in one category. He explained that he felt some behaviors are more serious than others and indicated the law should reflect that.

A number of other professionals were critical of using Delaware's sex offender registry laws for juveniles. One probation officer said, "Delaware is probably on the top 2 or 3 most strict registration states in the country". He stated strict registration laws do not reduce offending because they are based on "stranger danger", that is that in order to protect yourself and your children from sex offenders, it is best to be aware of strangers that may potentially sexually offend. Focusing on "stranger danger" is not the best approach to handle sexual offending however, because sexual offense victims are most often perpetrated against by someone with whom they are familiar . He explained that the sex registration in Delaware does not reduce sex offending rates but forces juveniles who engage in inappropriate sexual behavior to be part of the sex offender registry.

The sex offender registry was identified as problematic in other interviews as well. Two professionals stated that youth that they had worked with encountered trouble when others found them on the sex registry website. One probation officer said that one of her client's family's had moved away after the client's class at the school he attended found him on the sex registry. A judge said a youth whose case she had

handled was kicked out of the university he was attending his freshman year because the university found out that he was on the sex registry for a minor inappropriate sexual behavior he had engaged in years earlier. This judge also discussed the difficulty youth encounter when looking for housing in the City of Wilmington due to the restrictions on how close in proximity registered sex offenders can be to schools, parks, and other locations. She said that she's seen cases in which youth could not return home to their families because their families live in the vicinity one of these types of places.

### Conclusion

The themes that emerged from the in-depth interviews provide insight into the thoughts, perceptions, and feelings of professionals within the juvenile justice system regarding the youth they work with and the system they work within. Professionals from similar fields often provided information that reflected a shared understanding of issues. The themes raised in the data reflect relevant issues concerning many aspects of the juvenile justice system. These issues include observations concerning the influence of families on youth behavior, perceptions of gender and victimized youth within the juvenile justice system, as well as perceptions of youth offending, and assessments of mental health services. These issues facilitate a discussion of various approaches to treatment for youth within the juvenile justice system. The next chapter provides a discussion of these findings in relation to the original research questions as

well as a discussion of new issues raised by the findings that can help guide future research.

## **Chapter 4**

### **IMPLICATIONS**

Many of the findings that emerged in the analysis mirrored trends addressed in previous research. The interviews revealed respondents have thought at length about issues in the research literature, such as the connection between gender and types of offending patterns, and issues related to mental health and offending. Some of the present study's findings confirm previous research findings, while other findings that emerged raise significant implications for juvenile justice practice and future research. In particular, the study's unique findings pertain to issues surrounding mental health services, gender and in addition to the changes in approaches to treatment that have emerged within the juvenile justice system.

Consistent with previous research, this study confirmed that professionals' caseloads include girls who are both victims and offenders in that they experienced CSA and were more likely to have been arrested for running away and drug offenses (Siegel & Williams, 2003). Other previous research has focused on the relationship between CSA and prostitution (Widom & Kuhns, 1996). The findings reflected more of a focus on running away as a survival strategy when one is a victim of CSA. This finding is consistent with research linking CSA, childhood maltreatment, and running away (Widom & Maxfield, 1996; Min Jung Kim et al., 2009). The professionals' assessments emphasized that running away was more common among females more

than males. Some findings emerged concerning the definition of “running away” and the implications this definition has on how gender and runaway behavior is perceived. National research on runaways has found differences in runaway behavior among youth. The explanations about why youth run away affect whether behavior is defined as running away. Whether a youth is running “to” or “from” a place or a person determines whether the behavior is considered running away (Hammer, 2002). The patterns identified in previous research regarding gender, CSA, and run away behaviors were raised in the current study. Professionals interpreted females who leave home as engaging in run away behavior because the females were running from something/someone. Boys, on the other hand, were less likely to tell the professionals if they had experienced abuse or other types of victimization. The boys’ silence results in less likelihood that professionals would interpret the male behavior as runaway behavior. This suggests a need to more closely examine the definition of runaway behavior and the effect of this definition on how male and female behavior is viewed in the juvenile justice system.

Findings were also consistent with extant research that has established a relationship between childhood maltreatment other than sexual abuse, including physical abuse and neglect, and offending (Dodge, Bates, & Petit, 1990; Gray 1988; Widom & Maxfield, 1996). Professionals in the current study acknowledged a higher prevalence of all types of abuse among youth in the juvenile justice system.

The findings were consistent with previous research regarding gender differences in the way negative emotions related to victimization are handled

(Finkelhor, 1990; Wells, 1994). Findings indicated that males have a tendency to externalize their emotions associated with their victimization; this can include sexually offending against others, acting out in violent ways, and committing property crimes. Findings indicated that females are more likely to internalize their emotions associated with their victimization; this can include self mutilation, eating disorders, and running away from home.

The professionals' discussions about mental health issues common among CSA victims were consistent with previous research that identifies depression and anxiety as commonly associated with CSA victims. This research also addresses a connection between these mental health issues and alcohol and drug use (Harris et al. 1997). Findings also focused on PTSD as an effect of CSA. Research has established a relationship between PTSD and CSA (Nada-Raja & Skeeg, 2011). Previous research has focused on the nature of the relationship between CSA and PTSD and ways of reducing the detrimental effects of PTSD. Although these issues are important, the current study presents issues surrounding PTSD, CSA and youthful offending.

The interviewees articulated concern over misdiagnosis of bi-polar disorder and ADD/ADHD among CSA victims. Professionals expressed that it is common for youth who act out to be diagnosed with ADD/ADHD when they actually have PTSD as a result of past trauma. This suggests a need for more research on the relationship between PTSD symptoms and youthful offending. The interviews indicated that a PTSD diagnosis offers more a "path to healing and recovery" than an ADD/ADHD diagnosis does not. Looking more closely at ADD/ADHD diagnoses among youth

who act out, along with examining PTSD in relation to youthful offending, may be beneficial in recognizing misdiagnoses and offer a better approach to juvenile justice treatment.

Some findings in the present study were consistent with Dembo et al.'s 1993 study comparing instances of self-mutilation by males and females in juvenile correction facilities. This study found higher rates of self-mutilation among females. The current findings were consistent with this previous research but professionals also suggested that it is important to not disregard the possibility of male engagement in self-mutilation. This suggests that it should become routine to look for self-harm committed by both males and females.

Findings indicated that females within the juvenile justice system are perceived as more difficult to deal with than males, have a greater tendency to be emotional, and may be more likely placed in juvenile justice facilities that handle severe mental health issues. These findings are interesting to examine in relation to Goodkind et al.'s 2006 study. Goodkind et al.'s study found girls with CSA histories in the juvenile justice system were more likely to be placed under more restrictive supervision. The study also found that girls who had CSA histories experienced more difficulty accepting services compared to girls without CSA histories. These previous findings are consistent with the current findings that indicate that professionals within the juvenile justice system perceive females as more difficult to work with than males. Professionals in the current study indicated that females with serious mental health issues related to their victimization may be placed in restrictive juvenile justice

placement in order to handle these mental health issues. These findings together indicate that while professionals may find females difficult to work with, females have difficulty accepting services. This may indicate that further work needs to be done to create compatibility with the approach to females and acknowledging their specific needs in addition to strengthening efforts to build or regain trust of girls in professionals.

Previous research findings on the effects of trauma were reflected in the current findings. These reflections can be seen in the professionals' discussions regarding shifts in approaches to treatment within the system. Previous research has established the serious implications of traumatic experiences during childhood as well as a need for early intervention and treatment for youth with histories of traumatic experiences and current mental health problems (Finkelhor & Browne, 1985; Gover, 2005; Exposito & Clum, 2002; Hayes, 2004). The current findings suggest that the juvenile justice system has taken these previous research findings into account in its approach to treatment. The state has recognized the benefits of early intervention and treatment that is trauma and gender focused. There have been efforts to incorporate these approaches within the Delaware juvenile justice system, however it is uncertain how in-depth these efforts are in creating real changes in treatment practices.

Current findings on juvenile justice professionals' perceptions of juveniles with abuse histories reflect previous research findings. This previous research indicates that youth in the juvenile justice system with childhood abuse histories may be treated differently by professionals within the juvenile justice system due to their

childhood abuse histories. The current findings indicate that professionals perceive youth with abuse histories as angry, difficult to treat, more likely to exhibit behavioral problems, and coming from dysfunctional family situations. This is consistent with Stevenson's 2009 study that found that anger management problems, mental illness, and a chaotic family environment increase the likelihood that juvenile court officials will perceive a juvenile as needing more restrictive treatment. The current findings along with previous findings suggest that youth with abuse histories tend to be perceived by juvenile justice having more problems than youth without abuse histories. These findings present problematic implications regarding the effect of professionals' perceptions on the treatment youth receive in the system. These perceptions may lead professionals to unreasonably employ a punitive treatment approach with these youth. This is problematic because it could impede rehabilitative treatment for youth who need it most.

The perceptions of probation officers that are presented in the current findings are somewhat consistent with Vidal's and Skeem's 2007 study that found that juveniles who had been abused were seen as more difficult to connect with and help than non-abused juveniles. Some of the probation officers in the current study articulated sentiments similar to this. It would be beneficial to look more closely at this issue and find strategies to better treat these juveniles and address their unique issues. Doing so could possibly make it easier for probation officers to handle abused youthful offenders. Findings in previous research studies that identified that probation officers see girls as being very difficult to work with are consistent with the current

findings (Gaarder, Rodriguez, & Zats, 2004). Probation officers in the current study indicated that girls present more emotional issues and do not cooperate with treatment. These professionals indicated that CSA among females was common and was often related to the emotional issues of the females they work with, thus contributing to why females tend to be perceived as more difficult. Understanding this connection could assist in devising more appropriate treatment responses.

Findings were consistent with previous research looking at the effect of staff training of juvenile justice professionals and how their position in the system affects how they approach treatment (Marsh & Evans, 2009). Consistent with previous research, the current study indicates that the more training and education the professionals had, the less punitive they were in their view of treatment. In the current findings, more training was also indicative of a more meaningful understanding of trauma focused and individualized treatment. This is consistent with previous research findings that indicate that staff tend to rely on a more rehabilitative approach to handling juvenile after participation in more training (Roush & McMillen, 2000; Trupin et al., 2002). Thus, it appears that training experiences manifest in a more holistic approach to juvenile treatment.

## **Chapter 5**

### **DISCUSSION**

In approaching the interviews in the study I made an effort to examine how youth who come into contact with these professionals would perceive them. I paid attention to the way the professionals presented themselves in their appearance, their manner of speech, and their places of work that youth would meet with them. I found that juvenile probation officers and counselors seemed more relaxed and approachable in their overall appearance. In contrast, though the probation officers clearly cared about the juveniles on their caseloads, as a whole they were not as soft spoken in their manner of speech and had a somewhat more serious affect. Their offices were not intimidating but they did not feel as comfortable or warm as the counselors' offices. The way that the probation officers and counselors appeared seemed appropriate for their profession. They were similar in that they seemed most in touch with the experiences of the youth they work with but probation officers were less likely to incorporate these experiences in their assessments of youth misbehavior.

The rehabilitative supervisors and court personnel professionals appeared different than the juvenile probation officers and the counselors but shared similarities in appearance and speech. Court personnel worked in buildings that could be intimidating to youth. When I interviewed them, they were wearing suits and professional clothing; when judges come in contact with youth, they usually are

dressed in judicial robes which could also be intimidating to youth. Both court personnel and judges seemed somewhat separated from the experiences and lives of juveniles. They were more familiar with literature and research but their discussions with me suggested that they had different relationships with juveniles than the counselors and probation officers.

The perceptions youth have of the professionals they come in contact with are important because it affects how they present themselves, behave, and the information they are willing to reveal about their past experiences. Developing rapport is important because it ultimately affects how professionals view the youth and determine treatment approaches for them. The perceptions of professionals and youth in relation to each other determine the willingness of juveniles to follow treatment protocols, thus influencing the effectiveness of treatment programs and rehabilitation.

As efforts have been made to shift the focus of juvenile justice treatment practices to a trauma-centered emphasis, new issues have arisen. It is not unsurprising that new issues have emerged as the system adapts to change, but it is important to examine these issues in order to make the new approaches to treatment effective. A major issue that emerged from the findings was a lack of coordination among agencies providing services to youth in the juvenile justice system. The findings of the current study suggest that the system would benefit from more communication between service providers working with youth in order to provide more continuity and connections in all areas of treatment a youth is receiving.

The interviews also reflected issues regarding differences in opinions among professionals in determining whether a youth is in need of mental health support or more punitive treatment. These findings indicated differences in opinions of “where to draw the line” with youth. Some professionals may determine a youth no longer needs mental health treatment while other professionals may feel that the same youth is in need of and could benefit from mental health treatment. One professional identified this as a “battle” that often occurs in determining treatment for youth. The findings indicate that there is a need for a more focused procedure or a range of guidelines that can be used to determine these decisions.

Significant findings emerged regarding mental health services in the state. Professionals discussed many concerns pertaining to access to mental health services. Professionals highlighted concerns that people who need mental health care the most may not be aware of the mental health services available or may not be able to access the services due to their personal circumstances. Professionals articulated that mental health services in the state are not easily accessible to populations with few resources. People may not have transportation or time to access services that would benefit them. There was also a concern voiced about the stigma attached to using mental health services, which are particularly salient for people of color in the state. Professionals proposed having more community based programs to make access to mental health care easier for those who need it.

The sex offender registry laws in Delaware were of serious concern to the professionals in the study. Professionals believed that these laws have detrimental

effects on youth and proposed that they are unjust when juvenile sexual crimes are treated in the same way that adult sexual crimes are handled. The major concern professionals raised was that the current sex offender registry laws place youth who engage in inappropriate sexual behavior that are often minor infractions in the same category as adult predators. The professionals indicated that the vast majority of these youth do not become adult sex offenders. They maintained that sex offender registry laws do not protect anyone from being sexually victimized and do not recognize that many of these youth are victims of sexual abuse themselves. These issues suggest a need to examine how the state handles youth who engage in inappropriate sexual behavior and whether or not the same standards should apply to youth sexual offenders vis-à-vis adult sexual offenders.

Despite efforts to use a gender specific approach to treatment in the juvenile justice system, the findings indicate that professionals do not always take into account how cultural norms influence gendered understandings of behavior. These issues are particularly problematic in treatment for youth with histories of CSA. Many of the professionals described female CSA victims as “promiscuous” and identified promiscuity as a factor that contributed to re-victimization. However, “promiscuity” was often defined by behavior, such as running away. When males participated in similar behaviors, their actions were not labeled as “promiscuous.” These flawed assumptions contribute to inaccurate labeling that blames young women for their own victimization, which in turn impedes treatment by not addressing the core issues related to the original victimization.

Misdiagnoses of ADD/ADHD also need to be examined more closely to ensure that youth are provided with appropriate treatment. Professionals articulated concern that youth with PTSD – due to child sexual abuse or other victimizations - are misdiagnosed with ADD/ADHD. It is harmful to medicate youth for behavior that could be more appropriately and efficaciously treated through therapy. More research needs to focus on these issues in order to better identify PTSD. Despite efforts that have been made to identify experiences of trauma among youth, there is more work to be done to identify effective ways of treating these trauma experiences and reduce offending.

This study provides an in-depth examination of the current approaches to treatment and rehabilitation of youth within state of Delaware. Although the study focused on juveniles with CSA histories, the information obtained throughout the research provides information on an array of prevalent issues presently concerning the juvenile justice system. The study exhibits issues regarding the sex offender registry in the state, mental health diagnoses of youth, and demonstrates the systemic changes that have taken place as a result of research on trauma and gender. In regards to the current study's findings on approaches to treatment for youth with CSA histories in Delaware's juvenile justice system, strides have been made in recognizing the effect of traumatic experiences on youth behavior. This recognition is reflected in early intervention and treatment efforts in child welfare agencies in the state including agencies that handle youthful offenders.

This study also sought to examine professionals' perceptions of youth with CSA histories. Although the majority of the professionals in this study were knowledgeable on research on trauma, gender, and individualized treatment, professionals' responses indicated that gender stereotypes and gendered cultural expectations persist within the juvenile justice system. The changes that have taken place are encouraging; however, there is still progress to be made in how gender is viewed. Until this progress is realized, many of these changes in approaches to treatment will remain superficial

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## **Appendix**

### **INTERVIEW GUIDE**

1. What types of programs or interventions are available in Delaware for adjudicated juveniles who have been sexually abused?
2. How long have you worked with juveniles?
3. What experience have you had with juveniles who have experienced child sexual abuse?
4. In the cases you have dealt with involving juveniles who have experienced child sexual abuse how did you find out about their history with child sexual abuse?
5. Do you believe there is a link between childhood victimization and offending?
6. Do you think that relationships between victimization and offending differ by gender?
7. Do you think that there are links between childhood sexual abuse and mental health problems?
8. Do you think there is a link between mental health problems and offending?
9. Do you feel there are adequate mental health services available to adjudicated juveniles in Delaware?