

An Exploratory Study of Female Juvenile Offenders: Harris County, Texas, 1993-2004

**Valerie D. JACKSON, Jennifer N. FOSTER, Moni TARANATH-SANGHAVI,
Bonnie J. WALKER***

ABSTRACT

Female offenders are the fastest growing population in the criminal justice system. The purpose of this study is to determine the month or months that most female juvenile offenses occur in Harris County (the largest county in the State of Texas), identify the average age of the offender, investigate the possibility of a relationship between ethnicity and referrals for offense of females identified in this population, evaluate the rate of increase/decrease of female juvenile referrals to the Harris County Juvenile Probation Department annually and over an 11-year period. The researchers obtained system information (offense date, age, date of birth and race) for 18,790 female juvenile offenders that were referred to the Harris County Juvenile Probation Department (HCJPD) from 1993-2004. The results indicated that during the 11-year time frame, the profile of juvenile offender became older (average age being 10 in 1993 and 14.5 by 2004) and more likely to be a minority (Latina or African American). Also, the month in which female juvenile offenders were most frequently referred to HCJD was December, followed by March and April. An evaluation of female juveniles referred between 1993 – 2004 to HCJPD compared to the Harris County female juvenile population showed a disproportionate representation of African American females entering the juvenile justice system for the first time. Finally, there was a significant increase in referrals seen from 1999 (878 referrals) to 2000 (3,408 referrals). Factors that may have contributed to these findings included: sexual, emotional, and physical abuse; mental illness, societal trends', and juvenile laws and regulations.

Keywords: Juvenile, Female, Offender, Harris County, Probation Department

* Prairie View A&M University.

Texas Family Code 51.02 defines juvenile offender as a person who is 10 years of age or older and under 17 years of age, or a person who is 17 years of age or older and under 18 years of age who is alleged or found to have engaged in delinquent conduct or conduct indicating a need for supervision as a result of acts committed before becoming 17 years of age (http://www.tjpc.state.tx.us/about_us/juv_justice_overview.htm#OVERVIEW%20OF%20THE%20TEXAS%20JUVENILE%20JUSTICE%20SYSTEM).

Female juvenile offenders are the fastest growing population in the criminal justice system. Chesney-Lind & Sheldon (1998) reported that between 1988 and 1997 the number of arrests of juvenile male offenders increased 28%, while the number of arrests of female juvenile offenders increased 60%. With such an increase in female offenders, studies that focus on adolescent females are essential to adequately address intervention and prevention strategies for this population.

According to Barnow, Schuckit, Lucht, Ulrich, & Freyberger (2002), female juvenile offenders have been described as:

- 1) 14 to 16 years old,
- 2) having grown up poor and in high crime neighborhoods,
- 3) likely to belong to an ethnic group,
- 4) having a poor academic history,
- 5) a drop out,
- 6) experiencing some type of abuse or exploitation,
- 7) abuser of drugs and/or alcohol,
- 8) having unmet medical and mental health needs,
- 9) having feelings of hopelessness,
- 10) unable to imagine a successful future.

According to the Texas Youth Commission, during the years of 1989 and 1993, the rate of arrests of adolescent females increased by 55% (Prescott, 1997). By 1999, 670,800 girls under age 18 were arrested in the United States (27% of all juvenile arrests), an increase of 33% from 1990 compared to a 5% increase for boys (American Bar Association and National Bar Association, 2001; Snyder, & Sickmund, 2000). In addition, during this time the types of offenses committed by female juveniles changed drastically, becoming more serious and violent. The Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Juvenile Offenders and Victims 2006 National Report showed that there has been an alarming increase in the number of arrests of juvenile female offenders for violent offenses.

Nationally, females accounted for 15% of juvenile offenders in residential placement in 2003. Minority juveniles made up 55% of this population. Minorities made up 38% of the juvenile population in 2003 and 61% of juveniles in residential placement. Nationally, the ratio of the custody rate for minorities to that for Whites was 2.6 to 1 (OJJDP, 2003). These results

indicated that there is an overrepresentation of minority females in detention facilities and jails. It is not clear whether this overrepresentation is the result of differential police policies and practices, different behavior by minority youth, or racial bias (Poe-Yamagata & Jones, 2000)

Many juvenile offenders have histories of exposure to violence, neglect, abuse and trauma (Hunsicker, 2007). Chesney-Lind (2001) estimated that more than 60% of girls in the juvenile justice system have been victims of physical abuse and 54% have been victims of sexual abuse, compared to 20% in the teenage female population as a whole (Stock, Bell, Boyer, & Connell, 1997). A study of girls in the California juvenile justice system found that 92% of juvenile female offenders had been subjected to some form of emotional, physical, and/or sexual abuse (Acoca & Dedel, 1998).

According to Belenko, Sprott, & Petersen (2004), girls and minority youth in the juvenile justice system often grow up in unstable and stressful family environments characterized by poverty, violence and a multigenerational pattern of incarceration and substance abuse (American Bar Association and National Bar Association, 2001). In a study of detained girls, more than 95% were assessed as lacking a stable home environment and 46% of girls' fathers had been incarcerated (Acoca, 1999). This lack of stable families fragmented family structures, and the dearth of positive adult role models place youth at high risk for delinquency and substance abuse (Loeber & Farrington, 1998).

It is also estimated that up to 75 % of young offenders have a substance abuse disorder (Skowrya & Coccozza 2000). In the year 1995, the Federal Bureau of Investigation reported that the number of driving under the influence and liquor law violations had doubled from the previous year. The high number of alcohol violations suggests that for many of the youths, their substance abuse is linked to their involvement in the juvenile justice system. In 1997, 29 % of arrested girls tested positive for one or more illegal drugs, compared with 57 % of boys. During the year of 1999, the number of youths that tested positive for an illegal substance was between 38 and 69 % and was reported in 12 cities (Belenko, et al., 2004). During this time both minority groups and females in particular were being affected by substance abuse. Researchers proposed that due to the differences in cultural and legal status for alcohol and drugs, the relationship between drugs and violence is more likely to derive from properties of the illegal distribution system (Goldstein, 1985), while the relationship between alcohol and violence would be expected to be more related to ingestion of the substance, whether due to pharmacological effects, cultural expectancies surrounding alcohol's use, or both (Parker, 1995; Alaniz, Parker, Gallegos, & Cartmill, 1998).

According to Hunsikcer (2007), the number of young offenders diagnosed with mental health and substance abuse disorders is also rising, and research has shown a possible correlation between juvenile mental health disorders, offending behavior, and recidivism. Studies of juvenile female offenders have identified a significant relationship between their reported severe sexual, physical and emotional abuse and their high-risk behaviors (substance abuse, gang activity and truancy) and mental health disorders (post-traumatic stress disorder, major depression, anxiety and eating disorders) (Acoca, 1999).

Due to the dramatic change in the juvenile justice system in the rates of arrest, it is alleged that this increase of juvenile arrests is unfortunately expected to continue. It has been estimated that there will be an increase of 30% of 15-16 year old youths involved in juvenile crimes by the year 2010 (Stone, 1998). In 1997, 26% of the juvenile arrests were of girls and over a third was under age 15. Between 1993 and 1997, arrests of boys for violent offenses declined by 9%, while those for girls increased by 12%. Aggravated assaults, the most frequent of the violent offenses committed by juveniles, increased for girls by 15%, while declining for boys by 10%. Between 1993 and 1997, arrests of girls for drug abuse violations more than doubled (a 117% increase). In 1988 26% of the serious crimes committed by females were by girls under 18 years; in 1997 this figure climbed to 31% (Federal Bureau of Investigation, 1988-1999).

The number of juvenile court cases involving detained females between 1989 and 1993 has increased at a rate of 23% which is significantly greater than the number of detention cases for males which was reported as 18% (Poe-Yamagata & Butts, 1996). According to the Child Custody Census conducted by the OJJDP in 1993, there were 6,408 girls being held in public juvenile facilities (Girls Inc., 1996). Of those girls in custody, 12% had committed violent crimes and 12% were in custody for status offenses. This trend continued in 1994, as 25% of all juveniles arrested that year were female adolescents (Girls Inc., 1996; Chesney-Lind, 1997).

The current study involved reviewing data from Harris County, the largest county in the State of Texas which includes the Houston metropolitan area. The purpose of the study was to determine the month or months that most female juvenile offenses occur, identify the average age of the offender, investigate the possibility of a relationship between ethnicity and referrals for offense of females identified in this population, evaluate the rate of increase/decrease of female juvenile referrals to the Harris County Juvenile Probation Department annually and over an 11-year period.

Method

Materials

The researchers obtained system information (offense date, age, date of birth and race) for 18,790 female juvenile offenders that were referred to the Harris County Juvenile Probation Department (HCJPD) from 1993-2004.

Procedure

Statistical analyses were conducted to answer the following questions:

1. What is the overall population of female adolescents in Harris County for the years 1993-2004?
2. What is the average age of Harris County female juvenile offenders for 1993-2004?
3. What is the increase/decrease of the female juvenile offender intake overall for each year and ethnic group?
4. During what month(s) did the female juvenile offenders commit the most crimes?
5. How does the number of referrals compare to the female adolescent population overall for each year and ethnic group?

Results

The analyses evaluated the year, age and ethnic group of first-time female juvenile offenders that were referred to the Harris County Juvenile Probation Department (HCJD) from 1993 to 2004. The sample consisted of 18,790 females ranging in age from 10-17 years. In 1993, the average age of the juvenile female offenders was 10 and showed a steady increase through 2004 at 14.5.

The racial breakdown of the sample included African American, Asian, Latina, and White females. Due to the small number of Asian females, as well as those listed as "Other", we omitted those individuals from further analysis. The number of overall first-time referrals ranged from 3 in 1993 to 3,791 in 2004 (see Figure 1).

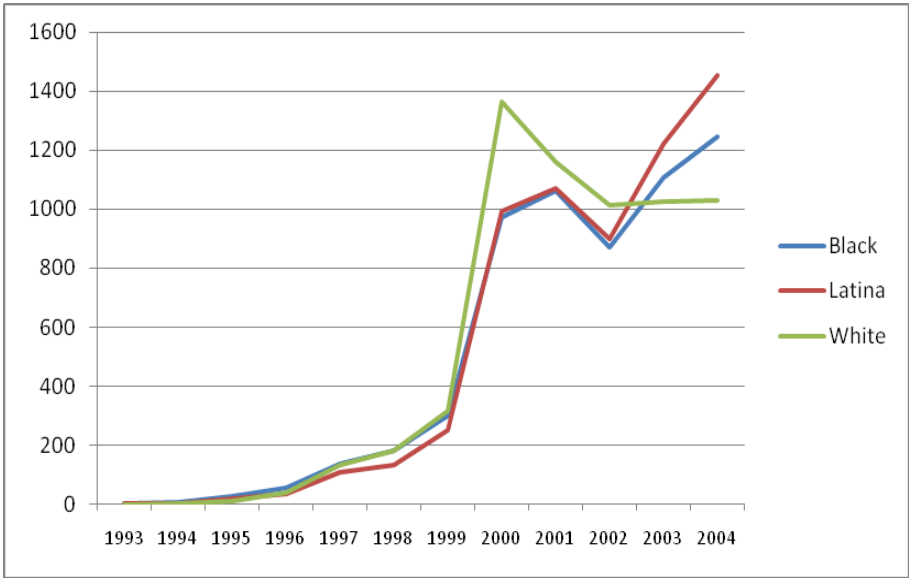


Figure 1. Number of first-time juvenile female referrals from 1993 – 2004.

Of those, in 1993 two were African American and one was Latina. By 2004, 1,245 were African American, 1,453 were Latina, and 1,030 were White. Between the years 2000 and 2004, there was a significant difference among the number of referrals in regards to race ($\chi^2(4, 2) = 138.261, p = .000$). (See Figure 2).

Figure 2. Race of the juvenile female offenders and first-time referrals from 1999 – 2003

	1999	2000	2001	2002	2003
Black	278 37.5%	1,079 28.6%	1,063 31.6%	899 30.6%	1,086 32.3%
Latina	288 28.6%	1,121 29.2%	1,105 31.8%	934 31.7%	1,128 35.6%
White	293 36.1%	1,141 40.1%	1,124 34.6%	950 35.8%	1,147 29.9%
Total	866	3332	3292	2,783	3,356

In regards to the months in which the female juvenile offenders commit the most crimes, it was found that in December (11.9%) HCJPD received the

majority of their referrals from 1993 to 2004. March and April (9.3%), were the second highest months in which referrals were made to the Department.

In 1996, African American female juveniles comprised 21.3% of the juvenile female population in Harris County and accounted for 42.6% of the female juvenile referrals made to HCJPD. Hispanic females comprised 33% of the juvenile population in Harris County and accounted for 26.4% of the female referrals to HCJPD. White females comprised 41% of the female juveniles in Harris County and accounted for 31% of the referrals made to HCJPD. By 2004, African American female juveniles comprised 21.1% of the female juvenile population in Harris County and accounted for 33.4% of the female juvenile referrals made to HCJPD. Hispanic females comprised 41% of the juvenile population in Harris County and accounted for 39% of the female referrals to HCJPD. White females comprised 33.4% of the female juveniles in Harris County and accounted for 27.6% of the referrals made to HCJPD (See Figure 3).

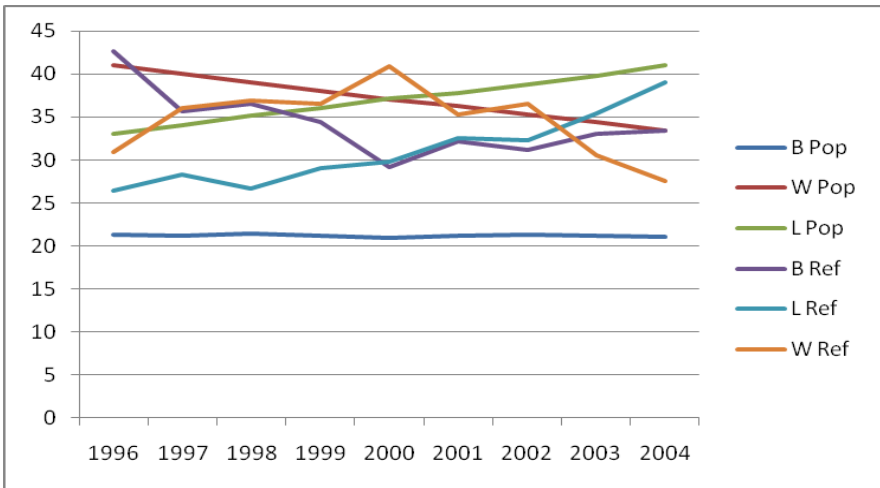


Figure 3. First-time juvenile female offender's year of referral and their race compared to the juvenile female population in Harris County

Discussion

This study revealed information regarding the first-time referrals of female juvenile offenders to Harris County Juvenile Probation (HCJPD) in the years between 1993 and 2004. The results indicated that during the 11-year time frame, the profile of female juvenile offenders became older (average age being 10 in 1993 and 14.5 by 2004) and more likely to be a minority (Latina

or African American). Also, the month in which female juvenile offenders were most frequently referred to HCJD was December, followed by March and April. An evaluation of female juveniles referred between 1993 and 2004 to HCJPD compared to the Harris County female juvenile population showed a disproportionate representation of African American females entering the juvenile justice system for the first time. Finally, there was a significant increase in referrals seen from 1999 (878 referrals) to 2000 (3408 referrals).

There are several factors that possibly are related to the constant increase in female juvenile offenders being referred to the Juvenile Justice System. A few issues that might have and may continue to affect the number of female juvenile referrals is sexual, emotional, physical abuse; increase in mental illness, societal trends, and changes in juvenile laws and regulations.

Sexual, Emotional, and Physical Abuse

McCabe, Lansin, Garland & Hough (2002) have suggested that abuse or victimization such as sexual, emotional, or physical abuse could be possibly related to the high risk behavior seen in girls and consequently the growing population in the criminal justice system. This research has also shown that a majority of female offenders have experienced either sexual and/or physical abuse; they may be single, heads of households, with all the implications of poverty and parenting; and may have low self-esteem with a high incidence of suicidal behavior (McCabe, et al., 2002). A recent large scale survey by Davis, Schoen, Greenburg, Desroches, & Abrams (1997) showed that one out of five girls has reported that they have been sexually or physically abused. A majority of these girls said they wanted to leave home because of violence. The research also illustrated that these girls showed a high rate of depression and an increased likelihood to have problems with substance abuse and eating disorders.

Mental Illness

Several studies have confirmed that female juvenile offenders experience more mental illness than do non-delinquent adolescent females and males (Steinberg & Avenevoli, 2000), attempt suicide more frequently (Chesney-Lind & Sheldon, 1998), and engage in early sexual experimentation (Acoca, 1999). The estimated cases of mental disorder for boys were 27% compared with 84% for girls (Timmons-Mitchell et al., 1997). Loper (2000) reported that female juvenile offenders have higher rates of depression, eating disorders, and previous psychiatric hospitalizations. On every scale, delinquent girls

studied by the Oregon Social Learning Center had more significant mental health problems than boys and 75% of the girls met the criteria for three or more DSM IV, Axis I diagnoses (Sherman, 2005). A survey taken in 1997 reported findings that 84% of female juvenile offenders in Texas had a mental disorder. It was found that 80% of the youth had a mood disorder, 47% as having anxiety disorder, and 20% of the female juveniles were reported as having attention deficit hyperactivity disorder (Prescott, 1997). According to Timmons-Mitchell, et al. (1997), of the anxiety disorders, approximately 6 to 41% of youths were reported as having posttraumatic stress disorder.

Studies have indicated that around 70% of the estimated 90,000 adjudicated youths in the local and state adult juvenile justice placements or facilities have a mental health disorder such as conduct disorder, anxiety and or depression (Snyder & Sickmund, 2006). These youth are at a risk of suicide four times higher than the general juvenile population. In a general prevalence study of mental disorders among adolescents in the juvenile justice system, the National Juvenile Court Data Archive estimated that in 1989, approximately 1.27 million youths were referred to juvenile court and of those approximately, 118,700 to 186,000 met the criteria for at least one mental disorder (Prescott, 1997). Further, they found that the estimated number of youths having a diagnosable substance disorder ranged between 17,000 and 271,000 (Otto, Greenstein, Johnson and Friedman, 1992). Kataoka et al. (2001) found that female juvenile offenders were three times more likely than female adolescents in the general population to have clinical symptoms of depression or anxiety. Teplin (2001) reported that among female juvenile detainees, 31% of females had an anxiety disorder, 28% had an affective disorder, 47% had substance abuse or dependence, 46% had a disruptive behavior disorder, and 74% had at least one of the above.

Societal Trends

This increase in female juvenile offenders may be a result of a number of trends in this country: the shifts in the economy, the decline in the extended family and the increase in single parenthood, access to more lethal weapons, and the growing role of gangs. Mental disorders and substance abuse is another common indicator of crimes being committed by juveniles, however a child's social economic status should also be taken into consideration. An estimated 26% of children living in America are below the poverty line, which increases the risk of them being victimized. During the years of 1985 and 1994, the cases of child abuse and neglect increased by 50%, and it is not

unusual for offenders who have victimized others to have a history of being victimized themselves (Stone, 1998).

The recent increases in youth violence, including the increasing proportional contribution to overall rates of lethal violence (Blumstein, 1995), is an area that needs further exploration, if one of the ultimate goals of such research is the prevention and reduction of the incidence of violence (Parker & Auerhahn, 1998). If the trend of these serious offenses committed by female juveniles worsens, the cycle of this violence will inevitably continue.

Juvenile Laws and Regulations

There was a significant increase in female juvenile referrals in Texas between 1999 and 2001. There were two legal courses of actions that were put into effect prior to 1999: the Juvenile Justice Reform Act of 1998 and Zero Tolerance policies. The Juvenile Justice Reform Act of 1998 was prompted by public concerns over the increased incidence of violent juvenile crime. State legislators responded with measures which altered existing policies and practices in juvenile courts. Some changes that were implemented included the development of a statewide database where a minor's offending history could be accessed by juvenile justice professionals to assist them in making critical decisions, integrating the Right of Crime Victims and Witnesses Act into juvenile justice court proceedings, and increasing community and victim involvement are through the Reform Act (Birkett, 1999).

Zero Tolerance policies represent a disciplinary orientation intending to deter disruptive behavior through the application of severe punishments (Skiba, Reynolds, Graham, Sheras, Conoley, & Garcia-Vazquez (2006). Zero Tolerance was originally developed as an approach to drug enforcement but eventually became widely adopted in schools in the 1990's as a policy that mandated consequences regardless of the seriousness of behavior, details of the circumstance, or situational perspective (Skiba, et al, 2006). Zero Tolerance policies have prompted controversy due to regulations being vague, and in some cases, implemented even when a behavior is not a clear threat to school safety. Also, the policy employs out-of-school suspension and expulsion, which results in the removal of an increased number of students from the opportunity to learn. With the inability to have access to an educational environment the likelihood for the juvenile to have contact with the juvenile justice system increases. Evidence indicates an over-representation in suspension and expulsion found consistently for African American students (Skiba, et al, 2006). Research indicates that disproportionate representation is not entirely due to economic

disadvantage or students exhibiting higher rates of disruption or violence but rather African American's being disciplined more severely for less serious for less serious or more subjective reasons (Skiba, et al., 2006).

Conclusion

The female juvenile's behavior may potentially be grounded in the family's inability to operate productively, as well as the juvenile's own dysfunctional thought patterns. Private and Federally funded programs that incorporate these two approaches have the propensity to have long term positive effects on troubled/at-risk female juveniles. Cognitive-behavior management focuses on the restructuring of maladaptive thinking in order to change negative emotions and behaviors. The family system perspective holds that individuals are best understood through assessing the interaction between and among family members. A report presented at the 2006 American Psychological Association's (APA) annual convention, pointed out that Zero Tolerance policies are not effective and have caused more harm than good in schools throughout the United States (Graves & Mirsky, 2007). Policies that focus more on punishment instead of behavior modification for juveniles were shown to increase referrals to the justice system but not reduce crime rates. School Systems, Juvenile Justice Departments and Community-Based programming will need to implement cognitive-behavior management and a family system therapeutic model in their intervention and prevention planning for the female juveniles with behavior problems.

Future Research

The direction of this research is to continue to evaluate the profile of the female juvenile offender that is entering the juvenile justice system in order design effective programming for treatment, intervention, and prevention. There needs to be ongoing efforts made toward identification of problematic areas for the female juveniles in the community in order to potentially decrease their involvement in the juvenile justice system. After-school programming, mentorship groups, empowerment workshops/seminars, therapeutic services, and community-wide involvement become pertinent components in the attempt to decrease crime and promote productive citizenship in our society.

REFERENCES

- Acoca, L. (1999). Investigating in girls: A 21st century strategy. *Juvenile Justice*, 6(1), 3-13.
- Acoca, L. & Dedel, K. (1998). *No place to hide: Understanding and meeting the needs of girls in the California juvenile justice system*. San Francisco: National Council on Crime and Delinquency.
- Alaniz, M.L., Parker, R.N., Gallegos, A., Cartmill, R.S. (1998). Immigrants and violence: the importance of context. *Hispanic J. Behav. Sci.* 20(2): In press.
- Amaro, H., Blake, S., Schwartz, P., & Flinchbaugh, L. (2001). Developing theory-based Substance abuse prevention programs for young adolescent girls. *Journal of Early Adolescence*, 21(3), 256-293.
- American Bar Association and National Bar Association. (2001). *Justice by gender: The lack of appropriate prevention, diversion and treatment alternatives for girls in the justice system*. Washington, DC: Author.
- Barnow, S., Schuckit, M. A., Lucht, M., Ulrich, J., & Freyberger, H. J. (2002). The importance of a positive family history of alcoholism, parental rejection and emotional warmth, behavioral problems and peer substance use for alcohol problems in teenagers: A path analysis. *Journal of Studies on Alcohol*, 63, 305-316.
- Belenko, S., Sprott, J. B., & Petersen, C. (2004). Drug and Alcohol Involvement Among Minority and Female Juvenile Offenders: Treatment and Policy Issues. *Criminal Justice Policy Review*, 15(1), 3-36.
- Blumstein A. 1995. Youth violence, guns, the illicit drug industry. *J. Crim. Law Criminol.* 86(1): 10-36.
- Birkett, J. (1999). Juvenile justice reforms- county & state. *Journal of the DuPage County Bar Association*, Retrieved January 21, 2008 from http://www.ncmhjj.com/pdfs/publications/GAINS_Adol_girls.pdf.
- Chesney-Lind, M. (1997). *What about girls? Hidden victims of Congressional juvenile crime control*. Unpublished paper, Women's Studies Program: University of Hawaii at Manoa.
- Chesney-Lind, M. & Sheldon, R. (1998). *Girls, delinquency, and juvenile justice*. Belmont, CA: Wadsworth/Thomson Learning.
- Chesney-Lind, M. (2001). What about the girls? Delinquency programming as if gender mattered. *Corrections Today*, 63(1), 38-45.
- Davis, K., Schoen, C., Greenberg, L., Desroches, C., & Abrams, M. (released September 1997). *The Commonwealth Fund Survey of the Health of Adolescent Girls*. New York: Commonwealth Fund (publication forthcoming).
- Federal Bureau of Investigation. (1999). *Crimes in the United States:1999*. Washington DC: Author.

Federal Bureau of Investigation. (2000). *Crime in the United States, 1991*. Washington DC: U.S. Department of Justice.

Freshman, A., & Leinwand, C. (2001). The implications of female risk factors for substance abuse prevention in adolescent girls. In J. D. Atwood (Ed.), *Family systems/family therapy: Applications for clinical practice* (pp. 29-51). New York: Haworth.

Girls Incorporated. (1996). *Prevention and parity: girls in juvenile justice report*. Girls Incorporated National Resource Center & the Office of Juvenile Justice and Delinquency Prevention, Indianapolis, IN.

Goldstein P.J. (1985). The drugs/violence nexus: a tripartite conceptual framework. *J. Drug Issues* 15:493-506.

Graves, D. & Mirsky, L. (2007). *American Psychological Association report challenges school zero tolerance policies and recommends restorative justice*. Washington, DC: Restorative Practice EForum.

Greene, Peters, & Associates. (1998). *Guiding principles for promising female programming: An inventory of best practices*. Retrieved from <http://ojjdp.ncjrs.org/pubs/principles/contents.html>.

Hunsicker, L. (2007). Mental Illness Among Juvenile Offenders: Identification and Treatment. *Corrections Today*, 69(5), 60.

Kataoka, S., Zima, B., Dupre, D., Moreno, K., Yang, X., & McCracken, J. (2001). Mental health problems and service use among female juvenile offenders: Their relationship to criminal history. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(5), 549-555.

Loeber, R., & Farrington, D. (1998). Never too early, never too late: Risk factors and successful interventions for serious and violent juvenile offenders. *Prevention* 7(1), 7-30.

Loper, A. B. (2000). Female juvenile delinquency: Risk factors & promising interventions. *Juvenile Justice Fact Sheet*. Charlottesville, VA: Institute of Law, Psychiatry & Public Policy, University of Virginia.

Mcabe, K. M., Lansing, A. E., Garland, A. & Hough, R. (2002). Gender differences in psychopathology, functional impairment and familial risk factors among adjudicated delinquents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47, 860-868.

Neihart (1998) (Neihart M 1998 Creative ability, Gifted children, Education, and mental illness) Office of Juvenile Justice and Delinquency Prevention. (2003). Census of Juveniles in Residential Placement. *OJJDP Statistical Briefing Book*. Retrieved 04/19/08, from <http://ojjdp.ncjrs.gov/ojstatbb/corrections/qa08209.asp?qaDate=2003> database.

Otto, R.K., Greenstein, J.J., Johnson, M.K., & Friedman, R.M. (1992). Prevalence of mental disorders among youth in the juvenile justice system. In J.J. Cocozza (Ed.), *Responding to the Mental Health Needs of Youth in Juvenile Justice System*. Seattle, WA: The National Coalition for the Mentally Ill in the Criminal Justice System.

- Parker R.N. (1995). Bringing “booze” back in: the relationship between alcohol and Homicide. *Journal of Research in Crime and Delinquency*, 32(1): 3-38.
- Parker, R. N., & Auerhahn, K. (1998). Alcohol, Drugs, and Violence. *Annu. Rev. Sociol.*, 24, 291-311.
- Parker, R.N, & Rebhun, L.A. 1995. *Alcohol and Homicide: A Deadly Combination of Two American Traditions*. Albany: State Univ. NY Press. Health and Juvenile Justice.
- Poe-Yamagata, E. & Butts, J. (1996). *Female offenders in the juvenile justice system: statistics summary*. NCJ 160941. Office of Juvenile Justice and Delinquency Prevention, Washington D.C.:U.S. Department of Justice.
- Poe-Yamagata, E., & Jones, M. (2000). *And justice for some: Differential treatment of minority youth in the justice system*. Washington, DC: Building Blocks for Youth.
- Prescott, L. (1997). *Adolescent Girls with Co-Occurring Disorders in the Juvenile Justice System*. Retrieved January 21, 2008 from [http:// www.prainc.com](http://www.prainc.com).
- Sherman, F. T. (2005). Pathway to juvenile detention reform:Detention reform and girls challenges and solutions. *Pathways*. Baltimore,MD:The Annie E. Casey Foundation.
- Skiba, R, Reynolds, C., Graham, S., Sheras, P., Conoley, J. & Vazquez, E. (2006). *Are zero tolerance policies effective in the schools? An evidentiary review and recommendations*. Washington, DC: American Psychological Association.
- Skowyra, K. & Coccozza, J. (2000) Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system. Washington, D.C.: OJJDP and the National Center for Mental Health and Juvenile Justice.
- Snyder, H., & Sickmund, M. (2000). *Juvenile offenders and victims: 1999 national report*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Snyder, H., & Sickmund, M. (2006). *Juvenile offenders and victims: 2006 national report*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Stock, J. L., Bell, M. A., Boyer, D. K., & Connell, F. A. (1997). Adolescent pregnancy and sexual risk-taking among sexually abused girls. *Family Planning Perspective*, 29(5), 200-203.
- Stone, S. S. (1998). Changing Nature of Juvenile Offenders, conference presentation, [http:// ojjdp.ncjrs.org/conference/track1.html](http://ojjdp.ncjrs.org/conference/track1.html).
- Teplin. L. (2001). *Mental health: An emergency issue*. Paper presented at the American Correctional Health Services Association Multidisciplinary Training Conference, Atlanta, GA.
- Timmons-Mitchell, J., Brown, C., Schultz, S.C., Webster, S.E., Underwood, L.A., Semple, W.E., (1997). *Final Report: Results of a Three Year Collaborative Effort to Assess the Mental Health Needs of Youth in the Juvenile Justice System in Ohio*. (Unpublished Report). Columbus, OH: Ohio Department of Youth Services.
- U.S. Bureau of the Census. (2002). *United States Census 2000*. Retrieved from [http:// www.census.gov/main/www/cen2000.html](http://www.census.gov/main/www/cen2000.html).