Female juvenile offenders' experience with revocation

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FEMALE JUVENILE OFFENDERS’ EXPERIENCE WITH REVOCATION

A DISSERTATION

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Abstract

A qualitative study of female juvenile offenders’ experience with revocation to a detention facility was conducted. Ten female youths were interviewed about their experiences at the detention facility and with revocation. Through a grounded theory qualitative analysis of structured interviews, themes were identified and a theory developed. Categories include precipitating environmental stressors, positive and negative effects of being in the juvenile justice system, risk factors for revocation, and protective factors reducing revocation.

Keywords: female juvenile offenders, detention, revocation, qualitative analysis
Table of Contents

Abstract .................................................................................................................................................. ii
Acknowledgements ............................................................................................................................... v
Introduction ............................................................................................................................................ 5
Literature Review ................................................................................................................................... 8
  Risk Factors for Juvenile Delinquency .............................................................................................. 8
  Research With Incarcerated Juvenile Offenders .............................................................................. 18
  Juvenile Offenders’ Experiences With Incarceration ..................................................................... 22
  The Needs of Female Juvenile Offenders ......................................................................................... 28
Method .................................................................................................................................................. 31
Results .................................................................................................................................................. 38
  Precipitating Contextual Stressors .................................................................................................. 40
  Positive and Negative Effects of Being in the Juvenile Justice System .......................................... 46
  Risk Factors for Revocation ............................................................................................................ 54
  Protective Factors Reducing Recidivism ......................................................................................... 62
Discussion ............................................................................................................................................. 71
  Prior Contextual Stressors .............................................................................................................. 71
  Positive and Negative Effects of Being in the Juvenile Justice System .......................................... 74
  Risk and Protective Factors for Revocation ..................................................................................... 76
Implications ........................................................................................................................................... 80
Strengths and Limitations of the Current Study ............................................................................... 81
Directions for Future Research ................................................................. 83
Conclusions .............................................................................................. 83
References ............................................................................................... 85
Appendices ............................................................................................... 90
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Introduction

Although rates of arrest for juveniles have decreased in the last decade, as of 2008 they remained high, with 6,318 juveniles (i.e., youths ages 10 to 17 years) arrested for every 100,000 juveniles in the U.S. population (Office of Juvenile Justice and Delinquency Prevention [OJJDP], 2009). For every 100,000 juvenile females in the population, close to 4,000 were arrested in 2008; this number represented a 25% increase in female juvenile arrest rates since 1980 (OJJDP, 2009). As arrest rates for females have increased in the past three decades, conducting research on female juvenile offenders has become an important area of study.

Extensive research has been conducted on juvenile offenders, covering a wide range of topics (e.g., protective and risk factors, recidivism, and personality characteristics) and using a wide range of research methods (Tinklenberg, Steiner, Huckaby, & Tinklenberg, 1996). One method of research utilized is a qualitative approach, which provides juveniles with the opportunity to talk about their experiences at length and researchers with the opportunity to gain unique perspectives from the adolescents’ viewpoints. This particular approach has been used to research juveniles’ experiences of incarceration (Ashkar & Kenny, 2008; Cope, 2000) as well as risk factors for incarceration (Tankersly, 2006). Although researchers have tended to focus on either male or female participants, there have been noticeably fewer studies on female offenders. Available research indicates that female juvenile offenders’ experiences differ from those of their male counterparts (Boddy Media Group, 1997).
Despite deterrence from future criminal behavior being one of the main goals for incarceration, recidivism remains a concern among juvenile offenders. Juveniles with a history of incarceration who are subsequently found guilty of committing new crimes might be required to return to a detention facility. According to Oregon state law, youths can return to a juvenile detention facility for one of two reasons: They can either be found guilty of committing a new crime (recidivating) or their parole can be revoked (Oregon Administrative Rules [OAR], 2011). Revocation can take place when an offender violates or does not meet conditions of his or her parole (OAR, 2011).

Juvenile recidivism researchers have primarily used quantitative means to identify factors associated with juvenile recidivism (e.g., drug use, family, community characteristics; Mulder, Brand, Bullens, & Van Marle, 2010). Only a few qualitative studies have been conducted to address the issue of recidivism among either male or female juvenile offenders; however, the researchers have focused on the incarceration or treatment experience rather than what occurred once juvenile offenders were back in the community (Abrams, 2006; Lane, Lanza-Kaduce, Frazier, & Bishop, 2002). No known qualitative studies included interviews with juveniles about their experience with revocation after they had recidivated or after their probation had been revoked. Therefore, juveniles’ perceptions about their reasons for recidivating or being revoked and factors that contributed to this situation have not been identified.

The purpose of the current study was to gain further insight into female juvenile offenders’ experience with revocation and subsequent return to jail through interviews with incarcerated female youths about their revocation. A qualitative approach was utilized to gain detailed information about their revocation experiences. In the next
section, a comprehensive review of previous literature on risk factors associated with juvenile offending and recidivism as well as on the incarceration of juveniles and recidivism (with a specific focus on the experiences of the youths) is presented.
Literature Review

A substantial amount of research has been conducted on juvenile delinquency. The areas presented in the following sections were chosen because they relate to the research question. First, risk factors for both male and female juvenile delinquency and recidivism are reviewed, beginning with areas that have been most comprehensively addressed in the literature and them moving to those least comprehensively addressed. Second, research about the characteristics of juvenile offenders and treatment are reported. Third, information about male and female juvenile offenders’ experiences with incarceration and their perceptions about recidivism are presented. Fourth, the unique needs of female juvenile offenders are addressed.

Risk Factors for Juvenile Delinquency

A substantial amount of research on risk factors associated with juvenile delinquency has been conducted, as has research on recidivism among juvenile delinquents (Chauhan, Reppucci, & Turkheimer, 2009; Katsiyannis, Zhang, Barrett, & Flaska, 2004; Tille & Rose, 2007; Zhang, Barrett, Katsiyannis, & Yoon, 2010). Some of this research has been focused on the perceptions of juvenile offenders and their understanding of why they engaged in delinquent and illegal behaviors (Putniņš, 2010; Simões, Matos, & Batista-Foguet, 2008). Specific risk factors for juvenile delinquency that have been identified include neighborhood context, peer and family influences, trauma, substance abuse, mental health problems, and academic achievement (Chesney-Lind, Morash, & Stevens, 2008). Some researchers have gone a step further in identifying how specific risk factors might differ for male juvenile offenders versus female juvenile
offenders (Galbavy, 2003). Other researchers have focused on identifying risk factors associated with recidivism. Both the study of risk factors for juvenile delinquency as well as risk factors for recidivism among juvenile offenders is crucial in understanding juveniles’ experience with engaging in illegal and delinquent behavior that subsequently leads to detention and/or revocation. Therefore, the following section highlights previously researched risk factors for male and female juvenile delinquency as well as risk factors associated with recidivism among juvenile offenders.

The research presented was conducted with juvenile offenders in a variety of contexts. Specifically, some juvenile offenders were in the community, others were in detention centers, and others were incarcerated in adult settings. Further, the studies took place in several states in the United States as well as in other countries. For these reasons, the language used to describe juvenile offenders varies across studies, even though the experiences of the juvenile offenders might be similar. For example, detention and incarceration have both been used by researchers to describe an adolescent who was in a locked facility as a result of committing a crime. In order to maintain the integrity of the individual research studies, whenever possible the language utilized in the studies will be replicated in the description of those studies below.

Peer influences. Research has generally supported the premise that peer influences have an impact on juvenile offending. Simões et al. (2008) conducted focus groups with 24 institutionalized juvenile male offenders between the ages of 11 and 18 years to identify the offenders’ perceptions about risk and protective factors for juvenile delinquency. The location of the study was not specified. These juvenile offenders
identified delinquent friends as a main contributor to engaging in delinquent behaviors and nondelinquent friends as a protective factor.

Similarly, Putniņš (2010) asked 516 male and female Australian youths who were either placed in a detention facility or involved in a community restitution program as a result of criminal involvement to complete a questionnaire about their personal reasons for offending. The participants were between the ages of 10 and 24 years; however, two thirds were 15 to 17 years of age. One category endorsed was labeled social conformity, which included a statement indicating that the youth offended because friends were offending (44% of respondents endorsed this statement during the initial assessment). It was unclear whether endorsement of this response varied by gender of the respondent.

Although such research has indicated that peer group does have an influence on juvenile offending, few researchers have addressed how peer-group influences might vary based on the offender’s gender. Galbavy (2003) interviewed 10 male juvenile offenders (with a mean age of 17.5 years) and 10 female juvenile offenders (with a mean age of 15.3 years) incarcerated in the Hawaiian Youth Correctional Facility about why they offended, with some questions focused on peer influences. There were notable differences between the perceived impact of peer relationships reported by male and female juvenile offenders. Specifically, all males blamed peers for their deviant behaviors, and 60% reported a need to impress friends. However, 90% of female respondents blamed themselves more than they blamed their friends for their deviant behaviors. Further, 60% of female participants reported not being concerned about their friends’ views of their behaviors.
Based on the above studies, peer influence is a self-reported factor in juvenile offending. Further, the importance of peer influences on juvenile offending has been shown in one study to vary by gender, with male juvenile offenders reporting a greater influence of peers than female juvenile offenders.

**Trauma.** A second area of risk associated with juvenile delinquency is trauma. Krischer and Sevecke (2008) compared 185 detained male and female youths (14 to 19 years of age) with 98 male and female youths from a school (15 to 17 years of age) in Germany. The adolescents completed a self-report questionnaire about childhood trauma. They determined that incarcerated adolescents reported significantly higher scores for all abuse scales, including physical abuse and emotional neglect, than nonincarcerated adolescents. Incarcerated females had significantly higher scores on sexual, emotional, and physical abuse scales than did incarcerated males.

Similarly, in a study by Belkamp and Holsinger (2006), 281 male and 163 female juvenile offenders who resided in Ohio’s detention facilities completed a survey with questions about demographics, abuse, family, school, peers, and self-esteem. Participants were 12 to 20 years of age. Both males and females reported that they had experienced verbal, physical, and sexual abuse. However, females reported having experienced each type of abuse with significantly greater frequencies than did males. Specifically, almost three fifths of female juvenile offenders reported a history of sexual abuse by either a family or nonfamily member, whereas only one fifth of males reported such a history. Thus, some research has shown that a history of trauma is often present among juvenile offenders and is perhaps more common among females than males.
Bright, Ward, and Negi (2011) conducted a qualitative study with nine women who had been involved in the juvenile justice system as youths. The crimes committed and sanctions received by these youths ranged in severity. Eight of these nine women reported a history of victimization. Four of the women reported a history of childhood sexual abuse. This study thus further demonstrated the prevalence of trauma among females involved in the juvenile justice system.

**Family influences.** Another risk area generally supported by research is the impact of the juvenile offenders’ family. In the study by Simões et al. (2008) described above, the researchers reported that male juvenile offenders identified poor relationships with their parents (including a lack of attachment, attention, and communication between the youths and their parents) as a critical reason that the youths had become involved in delinquent behaviors. Many females (59%) in California’s juvenile justice system have reported that their relationship with their parents was the most influential contributor to their illegal behavior (Chesney-Lind et al., 2008).

Pasko and Dwight (n.d.) interviewed 30 female offenders (ages 15 to 22) as part of a larger study about female juvenile offenders in Colorado, which included background data from 105 female youth offenders. Much of their research focused on assaultive behaviors committed by these youths. However, the researchers also identified that many of the youths experienced problems with their home environments, which included domestic violence, arguments with parents, parents with substance use problems, and parents with employment problems. Of the 30 youths interviewed, 20 of the girls identified wanting a better relationship with their mothers and 18 of the youths addressed wanting a better relationship with their fathers.
In the study by Galbavy (2003) described above, self-reports from male and female juvenile offenders indicated a difference between how males and females perceived their families to have impacted their illegal behaviors. Specifically, most males did not blame their deviance on family problems, unless criminality was related to drug use accepted by the family. However, 80% of females blamed their families rather than their friends for their illegal behaviors. Most of the females interviewed (70%) reported a need to run away from home in order to escape family problems. In the study by Belknap and Holsinger (2006) described above, 14% of female juvenile offenders surveyed reported that they would prefer living in a detention facility rather than at home, which was significantly higher than males’ endorsement of this question.

The above studies indicate that, overall, both male and female juvenile offenders have identified family factors as a contributor to their criminal behavior. However, male and female offenders have reported different perceptions of the way in which family influences have impacted their behavior. Statements from these juveniles are supported by research that has shown a correlation between family discord and recidivism. For example, Chauhan et al. (2009) reported a significant correlation between parental physical abuse and criminal recidivism for White female juvenile offenders.

**Substance use.** A relationship between substance use and juvenile offending has been reported across research studies. In the second part of the study by Simões et al. (2008), 275 male juvenile offenders (either institutionalized or supervised in the community) 11 to 18 years of age completed a questionnaire about their delinquent behavior and related factors. Substance use was found to be the main predictor of delinquency over other factors, such as school, family, and psychological symptoms. In
another study, Australian male and female juvenile offenders reported that drugs and alcohol were one reason they engaged in illegal behaviors (Putniņš, 2010). Specifically, during the initial assessment, 34.7% of participants endorsed an item indicating that they had been under the influence of a substance at the time of the crime, and 26.6% of participants endorsed an item indicating that they had engaged in crime to support their drug habit. It was unclear whether endorsement of this response varied by gender of the respondent.

Research on female juvenile offenders has indicated that substance use is a major concern for this population as well. An analysis of substance use among female juvenile offenders in the United States revealed that female juvenile offenders were using a variety of substances, including alcohol, marijuana, amphetamines, and cocaine (Chesney-Lind et al., 2008). Further, Kataoka et al. (2001) interviewed 54 female adolescent offenders (14 to 18 years of age) residing in a secure juvenile probation camp in California. Areas addressed during the interview included demographics, criminal history, use of mental health and education services, presence of depressive or anxiety symptoms, and substance use. The researchers determined that female juvenile offenders who recidivated were more likely to have a substance use problem than were female juvenile offenders without a history of recidivism. Based on the above research, substance use has been shown to be a factor in criminal behavior among female juvenile offenders as well as to have an impact on recidivism.

**Mental health.** The mental health of juveniles has been addressed in the literature as a possible risk factor for criminal behavior. In the study by Kataoka et al. (2001) described above, 37% of incarcerated female adolescent offenders endorsed symptoms of
anxiety, depression, or both. The authors noted that, when they compared their sample to female adolescents in the general population, female offenders were 3 times more likely than nonoffenders to endorse clinical symptoms of depression or anxiety.

Tille and Rose (2007) considered whether emotional and behavioral problems were correlated with recidivism among female adolescent offenders. In Washington, 116 incarcerated female offenders ages 13 to 18 years completed a survey packet that included a self-report instrument about emotional and behavioral problems. Results indicated that recidivist female juvenile offenders had higher scores on a scale of anger and irritability as well as a scale of depression and anxiety than did first-time female juvenile offenders. Taken together, these studies indicate that mental health problems are prevalent among female juvenile offenders.

**Neighborhood context.** One risk factor that has been identified as related to juvenile delinquency is the type of neighborhood in which the juvenile resided before detention. A disproportionately large number of juvenile offenders released from detention have returned to disadvantaged communities with greater poverty and crime as well as fewer available resources than more affluent communities (Anthony et al., 2010). Neighborhood factors and race were addressed in a study of female juvenile offenders and recidivism in Virginia (Chauhan et al., 2009). Participants in this study included 122 female juvenile offenders between the ages of 14 and 19 years, and interviews, self-report measures, data about neighborhood context, and arrest information were obtained for most of the offenders. These researchers reported that there was a significant relationship between neighborhood disadvantage and criminal recidivism for both White and Black females. However, they also noted that Black females lived in more disadvantaged
neighborhoods than did their White counterparts. Further, they found a significant correlation between witnessing neighborhood violence and criminal recidivism for Black females. Thus, this study suggests that characteristics of the neighborhood in which the offender lived and to which the offender will return after detention, including neighborhood violence, are related to recidivism among female juvenile offenders.

**Education.** The importance of education for juveniles and its possible impact on criminal behavior has also been assessed through research. Anthony et al. (2010) reported that male and female youths involved in the juvenile justice system have been faced with specific educational challenges related to the disruption in services when they were moved to a detention facility and again when they were released from the facility; in addition, many had special educational needs. They reported that these youths have been at an educational disadvantage, and research has indicated that many of these youths are working at a grade level that is at least three years below what would be appropriate based on their age (Anthony et al., 2010). The difficulties faced when juveniles try to reenter school environments as well as potential discrepancies between their age and grade level could be disheartening for youths and lead to dissatisfaction with education.

Galbavy (2003) reported that most of the male juvenile offenders interviewed in the study described above did not like school and had dropped out. However, most female offenders reported that they performed well in school and had not dropped out. Although the importance for juveniles of being involved in an education system is well documented, the different ways in which this factor might impact male offenders versus female offenders has not been explored in depth.
Prior experiences related to the juvenile justice system. Some researchers have hypothesized that the nature of a juvenile’s detention experience might impact his or her future behavior. To address this research question, Winner (1997) compared male and female juveniles who were transferred to adult court with youths who remained in juvenile court, looking at a series of characteristics including offense type and quantity, prior referrals, age, and gender. Rearrest information was gathered for 7 years, and results indicated that juveniles who committed property crimes and who had been transferred to adult court had fewer rearrest charges than did juvenile offenders who had committed the same type of crime and remained in juvenile court. However, all other youths who were transferred to adult court (e.g., those charged with violent crimes) had more rearrest charges than did juvenile offenders who had committed similar crimes and who had remained in juvenile courts. Such results suggest that sanctions typically viewed as more severe may not have a substantial impact on some juvenile offenders’ recidivism rates (i.e., for those charged with violent or non-property crimes).

Barnoski and Aos (2001) utilized data from Washington State to identify whether placing juvenile offenders on parole would impact recidivism rates. They determined that at a 12-month follow-up there were no statistically significant differences between the recidivism rates of juvenile offenders who received parole and those who did not receive parole.

In sum, research supports many risk factors associated with both male and female juvenile delinquency. These risk factors include neighborhood context, peer influences, trauma, family influences, substance use, mental health problems, and education. In many studies, these risk areas are factors for recidivism among juvenile offenders as well.
Research With Incarcerated Juvenile Offenders

A large body of research has been developed about juvenile offenders detained in facilities as a result of criminal behavior. Researchers have addressed areas that are often related to the risk factors identified above, such as mental health concerns and substance abuse (Cauffman, 2004; Köhler, Heinzen, Hinrichs, & Huchzermeier, 2009; Robertson, Dill, Husain, & Undesser, 2004). Other researchers have focused on aspects of detention and incarceration, rather than aspects of the juvenile. For example, there is a growing body of research on the efficacy of treatment approaches with juvenile offenders (Landenberger & Lipsey, 2005). A brief overview of some of this research is addressed here. Quantitative methodology was utilized in all of the studies presented.

Characteristics of incarcerated juvenile offenders. Mental health and substance abuse problems in juvenile offenders are two characteristics that have been researched in many studies. For example, Köhler et al. (2009) researched the prevalence of mental health disorders in male incarcerated juvenile offenders in Germany. Among males younger than 18 years of age, 7.9% of them met criteria for Depression, 71% of them met criteria for Alcohol Abuse or Addiction, and 94.7% of them met criteria for Conduct Disorder.

Similar research has been conducted in the United States. Cauffman (2004) collected data on 18,607 admissions to juvenile detention centers in Pennsylvania. When five scales of the Massachusetts Youth Screening Instrument Version 2 (Angry-Irritable, Alcohol/ Drug Use, Depressed-Anxious, Somatic Complaints, and Suicidal Ideation) were analyzed, 70% of male juvenile offenders and 81% of female juvenile offenders were in the clinical cutoff range on at least one of these scales. Cauffman noted that
female juvenile offenders presented with significantly more mental health symptoms than did male juvenile offenders across all five scales.

Roberson et al. (2004) utilized information from 482 Mississippi male and female youths in detention centers who completed the Adolescent Psychopathology Scale. Results indicated that 85.2% of juvenile offenders scored in the moderate to severe range for at least one clinical scale. Also, the prevalence of 16 specific disorders (as identified by high scores on the clinical scales) was significantly different for males and females. Some scales on which females scored significantly higher than males included Attention Deficit Disorder, Anorexia Nervosa, Generalized Anxiety Disorder, Major Depression, and Posttraumatic Stress Disorder. These studies demonstrated that mental health and substance abuse symptoms are prevalent among youths in detention centers, especially among female juvenile offenders. Further, for certain mental disorders, females endorsed more symptoms, which indicated that they might have specific mental health needs that are different from males.

Other researchers have considered demographic information and its relationship to the prevalence of mental health problems and substance use. Vaughn, Wallace, Davis, Fernandes, and Howard (2008) determined that African American juvenile offenders in Missouri reported fewer mental health problems and substance use than did Caucasian juvenile offenders. However, African American juvenile offenders reported higher numbers of delinquent behaviors than did Caucasian juvenile offenders. Although male and female juvenile offenders participated in this study, females only represented 12.85% of the total sample size. Therefore, the results might not be as representative of female juvenile offenders as they are of male juvenile offenders. In a similar study, Langrehr
(2011) reported that White male juvenile offenders in a correctional institution were 19 times more likely to be diagnosed with an internalizing disorder, such as depression or anxiety, than were their Black counterparts. Based on this literature, race appears to be related to the prevalence of diagnosed mental health disorders among detained juvenile offenders.

Other researchers have reported solely on the mental health of female juvenile offenders. Specifically, Goldstein et al. (2003) studied comorbid symptom patterns in 232 female juvenile offenders (ages 12 to 18 years) in Massachusetts’ juvenile justice facilities. These youths completed the Massachusetts Youth Screening Instrument and either the Millon Adolescent Clinical Inventory or the Child Behavior Checklist—Youth Self-Report. The results indicated that 63% of girls were depressed and 56.3% were anxious, with a significant correlation between these two internalizing problems. Further, girls who scored in the clinical ranges for these symptoms had higher scores on scales for substance use, family discord, and suicidal ideation. Also, the researchers identified a relationship between internalizing and externalizing symptoms. This research indicates that mental health symptoms appear to be prevalent and often comorbid for females in the juvenile justice system.

**Treatment for incarcerated juvenile offenders.** Research has also been conducted to assess the efficacy of treatment approaches for incarcerated juvenile offenders. One meta-analysis indicated that cognitive-behavioral treatment for both adult and juvenile offenders was an effective method in reducing recidivism rates (Landenberger & Lipsey, 2005). Quinn and Shera (2009) argued that Dialectical Behavior Therapy (DBT) within a group context was an appropriate and effective
treatment modality for male and female incarcerated youths. They reported that DBT treatments have been found to be effective in reducing suicidal acts, externalizing behaviors including aggression, and internalizing behaviors. One unique program in New Mexico teamed incarcerated juvenile offenders with dogs (Harbolt & Ward, 2001). The juvenile offenders were responsible for training and taking care of the dogs. The authors reported that through this experience adolescents related to the dogs, learned that behavior modification could have a positive impact on a life, and demonstrated caring behaviors. These studies indicated that behavioral treatments have been effective in yielding positive changed behaviors among juvenile offenders.

As reported above, prevalence rates for substance abuse among incarcerated juvenile offenders are high. To address this problem, substance abuse treatment has been utilized with incarcerated juvenile offenders. Chassin, Knight, Vargas-Chanes, Losoya, and Naranjo (2009) conducted a study with 429 male adolescent juvenile offenders in the United States who had endorsed substance use. Some of these offenders (34%) had received a variety of treatments while incarcerated and others (66%) had not received any treatment. Those who received treatment demonstrated a significantly greater reduction in alcohol use than their predicted use (which was based on their past use).

Overall, these studies have provided valuable information about some of the characteristics of juvenile offenders and their response to treatment. Mental health symptoms and substance abuse remain prevalent among juvenile offenders. Information about these symptoms was often obtained directly from the adolescents using specific questions or self-report measures. In order to gain further insight into the experience of
incarcerated juvenile offenders and their perception of risk factors and incarceration, some researchers have utilized qualitative methodologies.

**Juvenile Offenders’ Experiences With Incarceration**

Qualitative research methodology presents an opportunity for researchers to gather more detailed, in-depth information regarding this experience and is a beneficial addition to the growing body of research about juvenile offenders. The researchers in the following studies employed qualitative methodologies to address juvenile offenders’ experiences with incarceration. Few researchers have conducted qualitative studies to explore juvenile offenders’ experiences with incarceration while the youths were incarcerated. In most of these studies, researchers have interviewed either only male offenders or only female offenders. Of note, the majority of studies have been focused on the experiences of male offenders.

**Male juvenile offenders.** In one study with male juvenile offenders, Ashkar and Kenny (2008) interviewed 16 Australian juvenile offenders about their experiences with incarceration. Offenders were between the ages of 16 and 19 years and had committed serious offenses such as sexual assault, armed robbery, and murder. Most were repeat offenders. In their responses, offenders spoke about prison culture, which included bullying, substance use, and antagonism between youths and employees. They also identified dissatisfaction with the medical and educational services provided to them. Finally, they spoke about loss of autonomy, privacy, and connections to family and friends.

Diamond, Misch, and Goldberg (2001) interviewed 19 male juvenile offenders in a young offender institution in the United Kingdom and reported on the youths’
experiences of residing in the facility. Although the authors noted that this facility had problems that seemed to be more severe than those at other facilities in that region, some of the themes they identified were consistent with other studies. Specifically, the youths spoke about repetitive routines, bullying, conflict with staff, and isolation from family.

Cope (2000) narrowed the focus of juvenile offenders’ experience in prison settings by interviewing young offenders about drug use in prisons. She interviewed 30 offenders between the ages of 16 and 21 years; each participant was interviewed up to three times. The gender of the participants was not specified in the article. Cope determined that, although 27 participants reported that they had used marijuana while incarcerated, the frequency of marijuana use was significantly reduced when compared to use before incarceration. She noted that some inmates had altered or stopped their drug use in order to meet short-term goals for parole or transfer. Offenders also reported making decisions about what drugs they would use based on what was compatible with their current environment and what would aid them with coping and time management.

Across these studies, male juvenile offenders incarcerated in detention facilities reported similar experiences. Of note, these offenders indicated that difficulties associated with incarceration included separation from family members, bullying behaviors, tension between staff and residents, and substance use among youths.

**Female juvenile offenders.** Limited research has been conducted on female juvenile offenders’ experience with incarceration. Some authors have attributed this lack of research to the fact that fewer female youths are incarcerated than are their male counterparts; therefore, female juvenile offenders can be harder to access than are male juvenile offenders (Hartwell, McMackin, Tansi, & Bartlett, 2010). However, there is a
growing body of literature on female juvenile offenders. In one such study, The Boddy Research Group (1997) conducted four focus groups with 26 female juvenile offenders in Iowa, followed by individual interviews with three of these participants to find out about the issues facing them, including incarceration and effectiveness of treatment options. Their results indicated that female juvenile offenders often had histories of sexual and physical abuse and neglect. Further, many of them reported past drug use. The juveniles described parents having an influence on delinquent behavior by either losing control of their children or actively participating in the behaviors with the juvenile. Once these juveniles entered government treatment facilities, they reported viewing the programs with skepticism and distrust. They reported that positive relationships with and trust of staff members would be beneficial for them, but most of the participants described themselves as being distrustful of staff members. Other areas of concern for these youths included sexual relationships, motherhood, and suicidal ideation. To date, this is the only known study on female juvenile offenders and their experience with incarceration.

Female juvenile offenders identified similar experiences as male juvenile offenders, such as having difficulty trusting in the program and wanting improved relationships between staff and youths. They also reported substance use as being a contributing factor to their incarceration which is similar to the experiences reported by male juvenile offenders. However, female juvenile offenders also identified concerns unique to them that were not addressed by male juvenile offenders. Specifically, female juvenile offenders spoke about sexual relationships and motherhood as being issues that concern them.
Treatment of male juvenile offenders and recidivism. Other researchers have focused on specific aspects of incarceration and treatment programs and how the programs are perceived and experienced by juvenile offenders. One reason for taking this approach is to identify factors that impact recidivism among juveniles. To date, all known qualitative studies on this topic only included male juvenile offenders.

Abrams (2006) utilized participant observation, ethnographic interviews, and records reviews of 19 male juvenile offenders to study treatment experiences that could potentially have an impact on recidivism. Participants had been placed in one of two residential correctional facilities in Minnesota as a result of having committed a crime and the experiences of the juveniles were notably different at the two facilities. Specifically, juveniles in one facility spoke about “faking it” (Abrams, 2006, p. 80) by displaying changed behaviors or thoughts that were not accurate. After this initial experience, some juveniles started to find benefit in the treatment facility and utilize staff and treatment to their advantage. Other youths continued to view the program as not being beneficial and, for many of these youths, the idea of being placed in a facility was a deterrent for future crime. Those who viewed the program as beneficial were able to identify more concrete ideas for their future after release than were offenders who did not find the program beneficial. However, in both facilities, many juvenile offenders demonstrated limited abilities to consider difficulties that would be present once released. Specifically, many youths spoke about a desire to retain the same peer group they had had prior to placement in the treatment facility, even if this peer group included delinquent individuals. Overall, three main concepts were identified based on the data collected across facilities. First, offenders felt confused while trying to understand their
prior delinquent conduct in a therapeutic environment. Second, secure confinement did not present as a substantial deterrent, especially for individuals who were accustomed to institutional living. Finally, juvenile offenders were uncertain about their abilities to apply new skills and change behavior in the community. Overall, juveniles had some unrealistic thoughts about reentry into society and the ways in which they would resist carrying out criminal behaviors.

In another study, Lane et al. (2002) analyzed interviews of incarcerated juvenile offenders in Florida to determine juvenile offenders’ thoughts about different levels of juvenile and adult sanctions and the perceived effectiveness of these sanctions as deterents from future criminal behavior. Participants were 144 male offenders between the ages of 17 and 20 years who were incarcerated in Florida’s juvenile and adult correctional facilities as a result of crimes they committed as adolescents. Most individuals had a history of prior arrests and had experienced different types of sanctions as a result. Overall, offenders viewed more intensive juvenile sanctions as more effective than less intensive juvenile sanctions because the more intensive sanctions included programs for educational and employment training as well as counseling. Most juveniles in adult facilities believed that adult sanctions did not have a positive impact on their attitudes or behaviors. However, when adult sanctions were seen as being a deterrent from future crime it was often because the experience of being incarcerated was terrible.

The above research was focused on individuals who were incarcerated or in a treatment facility at the time of the interview. However, other researchers have integrated information from male youths who recidivated and returned to a detention facility with male youths who remained in the community. In a study by Hartwell et al. (2010), 35
male youths between the ages of 14 and 20 years who had previously been in a Massachusetts residential treatment facility due to criminal behavior were interviewed after their initial release. Of these participants, 18 remained in the community without arrests for at least 3 months after being released and were interviewed at community reentry centers. Seventeen participants were rearrested in the same time frame and were interviewed in a either a detention or secure treatment facility. Regardless of whether or not they recidivated, offenders reported that, once they returned to the community, peers, drugs, their environment, and a lack of money were the influences that made refraining from criminal behavior the most challenging. They reported family contact and support, school involvement, a job, and activities to be positive influences that helped them to stay away from criminal behaviors.

Hanrahan, Gibbs, and Zimmerman (2005) gained a unique perspective by interviewing male adult offenders in the United States about the offenders’ experiences on parole and with revocation. Specifically, the participants in this study were men who had been arrested in adolescence, sentenced to adult prison, released on parole, and then had their parole revoked which resulted in a return to prison. At the time of the interviews, most men were in their early 20s. Several themes were identified from the interviews. Of note, many of the men reported that they had had some expectation before being paroled that they would engage in criminal behavior or return to prison after being paroled. These men described the transition from prison to parole as exciting and difficult, as well as replete with practical challenges for survival in the community. Most of the offenders described a desire to connect with family members when released. They reported that assistance and support was most likely to come from other parolees and
family members, not from parole officers. Overall, the men had a wide range of feelings about parole officers, who were seen as ranging from useless to helpful. With regard to revocation, the men described the return to prison as being abrupt, but not unexpected.

The above studies have shown that male juvenile offenders might not be prepared for their release from a facility and subsequent return to the community. Specifically, many male juvenile offenders had unrealistic ideas about their return to the community and how they would refrain from criminal behavior. Upon returning to the community, male juvenile offenders identified several factors as being particularly challenging in regard to refraining from criminal behavior. These factors included peers influences, their environment, a lack of money, and drugs. Also, offenders reported that more intensive juvenile sanctions were perceived as more effective due to the available educational and employment training as well as counseling. It is possible that these services would address issues related to peer influences, substance use, and monetary challenges.

**The Needs of Female Juvenile Offenders**

Overall, there has been a greater research focus on male juvenile offenders than on female juvenile offenders, which is demonstrated in the above research on risk factors, incarceration, and treatment. Researchers who included male and female offenders in the sample did not always find differences in risk factors based on gender (Putniņš, 2010). However, other research has indicated that perceptions of juveniles about their reasons for engaging in illegal behaviors did differ based on gender (Galbavy, 2003). Further, male and female offenders have reported different experiences with incarceration.

The importance of studying male juvenile offenders separately from female juvenile offenders has been addressed in the research, particularly because research can
have an impact on the implementation of programming for juvenile offenders. For example, Shepard (2002) stated that gender-specific programming is needed for female juvenile offenders because they have specific needs that are different from their male counterparts. Specifically, he reported that female juvenile offenders have greater mental health and medical needs than do male juvenile offenders.

Women who have been involved in the juvenile justice system are able to offer a unique perspective about the needs of female juvenile offenders. Garcia and Lane (2010) interviewed 34 incarcerated adult women in the United States about specific needs of female adolescents involved in the juvenile justice system. These women had all been involved in the juvenile justice system. In focus groups, these women spoke about what they believed adolescent females needed from the juvenile justice system. Some of the needs included placements that had more structure, discipline, and consequences; dedicated female staff members; probation officers who were more involved than typical probation officers tend to be; and counseling and treatment programs. Other identified needs were the involvement of parents in treatment and education opportunities. This research is further indication that gender-specific programming for female juvenile offenders would likely be beneficial.

In conclusion, research has shown that some risk factors for juvenile offending as well as for recidivism may be different for male and female juvenile offenders. Further, these two groups have reported different experiences with incarceration (Ashkar & Kenny, 2008; Boddy Media Group, 1997). Gender-specific programming has been seen as needed for female juvenile offenders (Shepard, 2002); however, there is little research available that addresses the needs of female juvenile offenders. Although there is less
research available on risk factors for female juvenile offenders and on their incarceration experiences than there is for males, research has been done on these topics. However, to date there is no known research about female juvenile offenders’ experiences with recidivism or revocation. Therefore, the examination of female offenders and their experience with revocation as well as perceptions about why the revocation occurred will be beneficial in gaining greater, detailed understanding of factors associated with female revocation and recidivism.

**Purpose of the Current Study**

The purpose of the study was to gain an in-depth understanding of female juvenile offenders’ experiences with and perceptions of revocation. To adequately address each female juvenile offender’s experience with revocation, an understanding of her perceptions of incarceration was obtained as well.

In order to study this topic, I interviewed female juvenile offenders in a close-custody Oregon Youth Authority (OYA) facility. Only juvenile offenders who were in the facility due to a revocation were interviewed. This research was exploratory and qualitative in nature because there is not yet literature available about female juvenile offenders’ experiences with revocation. Further, more detail about the youths’ experiences can be obtained using a qualitative methodology rather than a quantitative approach. A grounded theory qualitative approach was utilized to analyze the data and a theoretical model of female juvenile offenders’ experiences with revocation was derived from the data.
Method

Participants

In order to be eligible for participation, youths had to be incarcerated due to a revocation, fluent in English, and under 18 years of age at the time of the revocation. Further, they must have demonstrated an understanding of the informed consent documentation and agreed to have the interview recorded. A total of 13 eligible youths were listed in OYA’s database. However, two youths were at an external treatment center due to mental health concerns and were unavailable for interviewing. Of the 11 eligible participants available, only one declined to be interviewed. She did not provide a reason for her decision not to participate.

Participants were thus 10 female juvenile offenders who had their parole or probation revoked and consequently were incarcerated at OYA’s Oak Creek facility. OYA has referred to this facility as both a close-custody facility and a youth correctional facility (YCF; Oregon Youth Authority, 2012). OYA defines a youth correctional facility as “an OYA secure facility designed to provide custody for offenders committed to the legal or physical custody of the OYA” (OYA, 2008, p. 1). The Department of Administrative Services (2002) defines close-custody facilities as secure facilities that include youth correctional facilities in addition to youth accountability camps and work-study camps. Therefore, close-custody facilities represent a broader range of facilities than youth correctional facilities. Youths reported that the length of time they were at this facility since their revocation was anywhere from a few days to almost 6 months. An
OYA study of length of stay for youth offenders in close-custody facilities between 2000 and 2009 indicated that 50% of female offenders were released within 197 days (OYA, 2010). All of the youths in the current study had been at the facility for less than 180 days when interviewed.

At the time of interview, five participants (50%) were 16 years of age, four (40%) were 17 years of age, and one (10%) was 18 years of age. In terms of ethnicity, four youths (40%) reported they were Caucasian, four youths (40%) identified as both Caucasian and Native American, and two youths (20%) reported they were Hispanic. An OYA (2012) report stated that in Oregon “approximately 58 percent of youth offenders are Caucasian, 25 percent are Hispanic, 11 percent are African American, 4 percent are Native American, and 1 percent are Asian American, with the remaining 1 percent not self-identified” (p. 1). The information in the 2012 OYA report did not include data on biracial youths. However, a comparison of the current study to reported youth offenders in Oregon indicated that there was a larger percentage of youths in the current study (40%) who identified as Caucasian and Native American than the percentage of Oregon youths offenders identified as Native Americans (4%).

Eight (80%) of the participants were in high school (in Grades 10, 11, and 12) and two participants (20%) had earned their General Educational Development (GED) diploma. A few of the youths reported that their education did not follow the typical pattern of high school students. For example, one youth reported being in 11th grade but having 12th-grade credits, and another youth reported that, despite not having completed all the credits necessary, she had continued to move up grades. Access to the youths’ files was not granted, and, therefore, most of the information provided by the youths, such as
grade level, mental health diagnoses, and arrest history, could not be confirmed by file review.

None of the youths reported being revoked because they had committed a new crime. Eight youths (80%) reported that they had been revoked because of a parole violation. One youth (10%) stated that she had been revoked as a means of keeping her safe, and another (10%) reported that she had had nowhere else to go when her treatment program decided to remove her from the program.

Research Design

I utilized a qualitative methodology for the present research. A qualitative approach is appropriate when trying to gain insight into someone’s experience and detailed information about that phenomenon is required (Morrow, 2007). Because the research question was about female juvenile offenders’ experiences with revocation and because little is known to date about their experiences, a qualitative methodology was most appropriate. More specifically, a grounded theory approach was utilized. In grounded theory, individuals are able to describe a particular phenomenon that took place in their lives and provide extensive data about it (Charmaz, 2008). Charmaz (2008) reported that, in grounded theory, analytic categories are developed through study of the data in order to create a theory about the phenomenon. Further, she noted that data are gathered and analyzed simultaneously in order to develop a theory.

Materials and Procedure

Informed consent process. In order to ensure that participants were adequately protected, I received approval from the Institutional Review Boards (IRB) of both OYA and Pacific University before beginning data collection. Potential participants were
identified by OYA staff as being in the facility due to a revocation and having been revoked before turning 18 years of age. According to OYA guidelines, OYA may provide informed consent for offenders younger than age 18 (minors) in its legal custody. An OYA representative who has legal guardianship of the minor offenders signed the informed consent document (see Appendix A). It was OYA’s preference to sign one blanketed form covering all potential participants because it helped to ensure confidentiality. In addition, it was determined that obtaining parental/guardian consent for all eligible youths would be a significant hardship. However, parents/guardians received a letter that explained the study and gave them an opportunity to request that the youth’s data not be included in the study (see Appendix B). OYA staff sent out this letter, and the return address was the researchers’. This ensured another layer of confidentiality. I did not receive any opt-out letters requesting that the data not be included.

The informed consent process and interviewing occurred in a staff office on one of the facility’s units. Other staff and youths were unable to hear the interview but could see into the office. It was necessary to be in a room with windows for safety precautions. Youths were individually brought into the interview room by a staff member. I explained the purpose of the study individually to potential participants and reviewed informed assent or consent. Participants under 18 years of age were given an informed assent document (see Appendix C). The one participant who was over 18 years of age was given an informed consent document (see Appendix D). Informed consent and assent was provided both verbally and with the written document. Per OYA’s request, eligible youths were asked to sign the document regardless of whether they agreed to participate to help ensure confidentiality should my locked briefcase have been searched by staff.
The one youth who chose not to participate was thanked for her time and she was allowed to leave immediately. As part of the informed consent and assent process, I explained to potential participants that they could discontinue the interview at any time without penalty. Limits to confidentiality were also addressed in the informed consent. Individuals were told that I would have to break confidentiality if I learned of certain types of information: specifically, if I believed they were at serious risk for harming themselves or others, or if I became aware of abuse of children, elderly individuals, or individuals with developmental disabilities. Participants were given an opportunity to ask questions. Those who verbally agreed to participate and who demonstrated an understanding of the document were then interviewed. Although my briefcase was searched once in my presence during a visit to OYA, all documents were in folders that were not opened, and confidentiality was maintained. Further, I was not provided with any information during the interviews that required me to break confidentiality.

**Interview protocol.** Once a participant agreed to be interviewed, signed the informed assent or consent document, and asked any questions she had, the digital recorder was turned on with the participants’ knowledge. Each youth was first asked demographic questions regarding general information about herself, her crimes, and her incarceration experiences (see Appendix E). Next, each participant was asked a series of questions in a semi-structured interview about her experience with revocation (see Appendix F). Interview questions were developed based on the research purpose and consisted of over 10 inquiries about the youth’s experiences with release and revocation. In order to obtain a full understanding about the revocation process, questions about the girls’ experience at Oak Creek were also asked. Interview questions and inquiries were
predominantly open-ended (e.g., *Tell me about your experience with leaving Oak Creek and then getting revoked*).

During the interview, additional questions were asked as needed to clarify or follow up on information provided by the participants. Further, when a grounded theory methodology is utilized, data analysis is an ongoing process that occurs simultaneously with data collection. Therefore, in later interviews, additional questions were asked to reflect important areas that were identified in initial interviews. For example, substance use was mentioned in the initial interviews, so I asked about it in some later interviews if it was not brought up by the participant. Interview length was dependent upon how long it took each participant to answer the questions, with interviews lasting between 20 and 60 min.

**Data analysis.** From the beginning of the research project throughout the data analysis, I utilized a research journal to record my thoughts about the research process and explore potential biases and assumptions. During transcription, I listened to each interview multiple times. Charmaz (2008) identified the steps taken to develop a theory using a grounded theory methodology, and these steps were followed. First, line-by-line coding of each transcript was completed, which means that each line of the data was defined and coded. Based on coding the data in this manner, theoretical categories were developed. In the second step, focused coding was completed and larger sections of data were synthesized and categorized. In this step, it is important to “move across interviews and observations and compare people’s experiences, actions and interpretations” (Charmaz, 2008, p. 97). Therefore, data from several interviews were compared and coded into categories. The next step was axial coding, in which the data were reorganized
and assembled in a new way. Specifically, categories were linked to subcategories and their relationship was identified.

Once categories were identified, memo-writing was completed in order to ensure that appropriate categories were developed. As part of this process, I wrote about each category and broke it apart into components. Patterns were identified. It was not possible for me to interview youths again after analyzing the data in order to conduct theoretical sampling. Therefore, further data were not collected to aid in the development of the identified categories. A second reader (another student with experience in qualitative research) independently followed the same steps outlined above to identify patterns, categories, and an overall theory in several of the transcripts. Both analyses were incorporated into a final theoretical analysis about female juveniles’ experiences with revocation.
Results

As was discussed in the literature review, words such as incarceration and detention had different meanings across studies and the language used in each study was retained in the literature review. The language used in the current results and discussion refers to incarceration and detention in the same manner as the participants used them. Specifically, *incarceration* refers to being in the one locked facility, typically for an extended period of time, and defined by the youths as jail. The youths in this study referred to themselves as being incarcerated and viewed the facility as a jail. *Detention* refers to being in a detention center, which was different from jail because it was at a different location and because typically the youths are only there for a short period of time, sometimes as brief as a day or two. The youths considered detention to be a slightly less punitive setting than jail. *A residential treatment facility* can be locked or unlocked and is considered to be a less restrictive environment than either jail or detention, and the youths are given more privileges in these facilities than in detention or youth correctional facilities. The terms used by the youths do not exactly match OYA definitions. For example, as was noted above OYA has referred to the facility in which the youths resided as both a close-custody facility and a youth correctional facility, and not as a jail.

As shown in Figure 1, I developed themes and a model to represent the girls’ experiences from before entering jail through revocation. Four categories along this timeline were identified. First, *Precipitating Contextual Stressors* existed prior to incarceration. *Positive and Negative Effects of Being in the Juvenile Justice System* represented important aspects of being in treatment centers, detention, and incarceration.
Risk Factors for Revocation

- Need to Escape/Impulsivity
- Ongoing Family Dysfunction
- Repetition of Old Behaviors
- Negative Peer Influences
- Unacknowledged Problems

Protective Factors Reducing Revocation

- Returning to Family
- Making Healthier Life Choices
- Owning Past Life Choices
- Using Supports

Precipitating Contextual Stressors

- Trauma History
- Family Dysfunction
- Substance Use
- Mental Health History

Positive and Negative Effects of Being in the Juvenile Justice System

- Power of Relationships
- Loss of Adolescence
- Problems in Treatment
- Opportunity to Heal

Incarceration

Release

*Figure 1.* A theoretical model of female juvenile offenders’ experiences from prior to incarceration through revocation.
Finally, both *Risk Factors for Revocation* and *Protective Factors Reducing Revocation* were identified in the girls’ responses to questions about their experiences following release. Each of these categories will be addressed in further detail below, using the girls’ own language to highlight their meanings. Occasionally, specific information, such as the name of a placement, age when an incident occurred, or type of family member being discussed, was removed from quotations to further ensure confidentiality. Within each category, themes are presented in order from those most frequently addressed by the youths to those least frequently addressed.

**Precipitating Contextual Stressors**

Four themes related to aspects of the girls’ lives before they entered detention were discussed repeatedly: trauma history, family dysfunction, substance use, and mental health history. Not all youths discussed each of these themes; some identified one or two stressors as being present for them and did not address others. Further, some of these themes overlapped. For example, a description of a girl being abused by a relative represented both a trauma history and family dysfunction.

**Trauma history.** Many of the youths spoke about a trauma history before they entered detention. Traumas included emotional, physical, and sexual abuse; neglect; and being the victim of crimes. Some girls spoke very frankly about their trauma histories. For example, one girl stated, “When I was little I was raped by my [relative] and then, um, when I was [age], I was kidnapped.” Usually these statements were made when the girls were responding to general questions and were talking about their past; they were not asked about trauma unless they talked about it or alluded to it first. Family members (e.g., biological parents, stepparents, and more distant relatives) were often, but not always, the
perpetrators of the abusive behaviors. Abusive behaviors by family members included emotional abuse (e.g., name calling), physical abuse, and sexual abuse, as well as neglect. One girl spoke about being put in foster care a few times because of her mother’s behavior, which included giving her alcohol when she was a toddler.

Many of the traumatic events described were incidents that occurred repeatedly or situations that lasted for a long period of time. One girl talked about her family often leaving her home alone or treating her badly when they were home. Additionally, she described them as keeping her isolated by not letting her interact with peers. She described harsh punishments, such as being locked in a dark room without any belongings for not earning perfect grades. Further, some of the girls reported experiencing repeated traumas:

When I was [age] I was taken away and put in foster care ’cuz my [relative] beat and molested me. Like, I don’t remember it, and the second time we didn’t get taken away because my mom was using, we got taken away because my mom had signed over custody to my [relative] so that she could get back on her feet, and my [relative] was letting her husband live with us and he had done stuff to her [children] and DHS found out and the house was filthy. I mean, DHS had spent like $1,000 to get us started on a new house and stuff, ’cuz the old trailer, I kid you not, three feet just all over the house crap. Like, there was feces, human and dog and, you know, pee and clothes and just disgusting stuff. And mold. Above my bed there was black mold. So DHS got us a new house. They weren’t ready to take all [number] kids yet. They were like, “Okay, we can give her a chance.” And I wake up and this guy is kissing me. This 40-year-old guy is kissing me and I’m like, “Oh my god.”

Other girls only hinted at a trauma history instead of speaking about it directly. For example, one youth stated, “I’ve had a lot of things happen to me in my past.” Two of the 10 youths mentioned trauma when they were talking about the mental health treatment they have received. For example, one girl talked about a past therapist who wanted to talk about her sexual abuse history, which she did not want to discuss with him.
and which led her to dislike him as a therapist. Another girl talked about participating in group therapy for victims of abuse and trauma. However, neither of these girls directly spoke about their experience with trauma.

Likely compounding the impact of these traumatic events was the fact that seven girls described experiencing traumas once they became involved in the juvenile justice system. Some girls described traumatic events occurring while they were incarcerated, most often related to assaults by peers. However, other girls described traumatic events that occurred when they were released from detention. These incidents might have taken place when the youth was residing at home, in a residential facility, or while she was “on the run.” One girl described a situation in which she and a female peer had left a facility and were using drugs and alcohol with a male stranger. She engaged in sexual activity with the stranger and immediately afterward the situation changed and the man became angry. She described fearing for her life and that of her friend and believing that they would both be assaulted by the man. As several of the above examples suggest, some of these girls repeatedly found themselves in traumatic situations and seemed to move from one traumatic situation to the next.

**Family dysfunction.** In this study, I considered “family” to include to biological families, blended families (including stepfamilies), and adoptive families. The girls often spoke about the family environments in which they grew up, and family dysfunction was a consistent theme. This theme overlapped substantially with trauma history because, as discussed above, family members were often the perpetrators of abuse. However, family dysfunction encompasses a wider range of problems, and trauma was only one aspect of that dysfunction. Girls discussed other types of dysfunction within their families, such as
family substance use, role confusion (e.g., parentification), and communication problems.

Some of the girls talked about being in foster care anywhere from one time to multiple times, further complicating their relationships with their parents.

Six of the 10 youths talked about family members having substance abuse problems that impacted their relationships and the family’s functioning. Most girls identified the family members as having significant, long-lasting addiction problems with drugs, such as methamphetamine and heroin. Some girls very specifically identified the presence of drugs; for example, two girls stated, respectively, “My mom shot up meth the whole time I was in her stomach,” and “My uncle tried to get me high multiple times.” Yet other youths alluded to the problem without providing details, such as when one participant stated, “There are a lot of drugs in my house.”

Role confusion was identified as being present in some families and occasionally appeared to be the result of parental substance use. For example, one youth spoke about having to take care of her mother when her mother was on drugs: “She’s been trying to make up for a lot of her neglect because the majority of my childhood before I was out on the street she was either sleeping or messed up and I would have to babysit her.” Another girl talked about having to take care of her family while her mother used methamphetamines and the impact on their relationship and interactions when her mother became sober:

My mom, she’s got [number] years sober now off of meth which, very very heavy meth user back in the day, she was a big user back in [town] which is where I was raised. I was mom. I had the run of the house. I bathed the [siblings], got them to school, got them fed, everything. I was mom and so my mom got into some trouble and we moved up here and so she could get sober and stuff and we got put into foster care and I was still, you know, having to hold everything together so we could get back with my mom. And when we get back with mom, my mom is trying to be mom,
and I’m just like, uhh, like, who are you? Like, you were not here for me when I wanted you.

These girls described situations in which they were parentified and took care of their parent, siblings, or both. One youth talked about not knowing how to interact with her mother once her mother started acting like a parent because her mother had not behaved like a parent when she was using drugs. Yet, in other families, family members had poor boundaries with their children, which resulted in role confusion. One girl talked about her father telling her to commit crimes:

When my dad was alive he would push me to do crimes and stuff…My dad was abusive and, um, when, like, I would come home from school or just hanging out with friends and he would be like, “You need to go do this” and I’d be like, “Go do what?” And then I remember this last time I came home and I was on the run. He was like, “You need to go and rob a house,” and I was like, “Where?” And he told me where. And so I went and I robbed this house and then I came back home and then I went to [relative’s] house and robbed the house and came back home. And then me and my dad got in a big fight and I robbed another house and I came back home…Pretty much I was daddy’s little girl and anything he could get, like…He would tell his friends that his daughter was badass and like gangster as fuck and whatever would keep him telling his friends that I was like, “Alright.”

Poor communication and a lack of close bonds to parents were also discussed. For example, one youth stated, “My whole life has been like a big secret to my mom, my adopted mom. It’s been a secret that I’ve hid from her my whole life.” Another youth noted, “My real family I don’t trust. Even though my mom wants to get back to know me, I just don’t trust her.” Another girl talked about having trouble knowing whether her stepfather cared about her or only cared about her mother. Another youth stated, “Coming up, I didn’t have a mom and dad telling me what I could and cannot do. I mean my mom and dad don’t care.” She believed that she did not have any close family
members and would not have support from any family member when she was no longer incarcerated.

**Substance use.** Not only did the girls talk about substance use by other family members, eight girls reported that they had used alcohol and/or drugs as well. Most girls who reported using substances acknowledged that they had used the substances before they were incarcerated. The drugs used and severity of the problem varied significantly across participants. Two girls reported that they only drank alcohol and did not use other substances. They did not identify significant problems based on their substance use. Other girls talked about using a wider range of drugs. One girl talked about taking pills, stating:

My drug of choice at first was just alcohol and marijuana. I was like that’s all I’m going to do, you know, and then I moved to pills, I moved to, umm, to snorting them, popping them, smoking them…Vicodin, Xanax, Oxys. Whatever, whatever I could get my hands on that would get me fucked up.

Some girls talked about the negative behaviors they engaged in as a result of drug use. For example, one youth stated, “Before I came to [current facility], I was shooting up meth and sleeping with, like, way older men; it was ridiculous.” Some started using drugs again when they were released from incarceration, whereas others stayed clean or used drugs to a lesser extent.

**Mental health history.** Only three of the 10 girls directly talked about having been diagnosed with mental illnesses or having mental health problems and symptoms before being incarcerated. This theme was overtly talked about the least frequently when compared with the other precipitating environmental stressors. One girl described having Posttraumatic Stress Disorder from “sexual abuse, physical abuse, mental abuse.”
Another girl talked about being afraid of loud noises and people, to the extent that she would not talk to most people. She described these behaviors as being “part of my disabilities.” However, based on the traumatic events experienced by many of the girls and the histories they described, it can be inferred that many girls likely experienced mental health symptoms. Further, other girls talked about being diagnosed with mental illnesses and/or being put on medications once they were incarcerated, and it can be inferred that they also experienced mental health symptoms before incarceration.

**Positive and Negative Effects of Being in the Juvenile Justice System**

During the interviews, four themes related to aspects of the girls’ lives once they became involved in the juvenile justice system were identified: *Loss of Adolescence, Problems in Treatment, Power of Relationships,* and *Opportunity to Heal.* The path that each girl took from first becoming involved in the juvenile justice system to incarceration and the length of time each girl spent in the juvenile justice system varied. Involvement in the juvenile justice system typically included a history of being arrested multiple times, residing in residential facilities, and/or spending time in detention. Regardless of the experience each girl had with the juvenile justice system, they ultimately were incarcerated. Once released, the girls’ experiences also varied substantially; some lived with family and some went to residential facilities. Further, some youths were on parole during that entire period after release and others were not. All of the youths engaged in behaviors that led to their revocation after release and subsequent re-incarceration. Most of the girls reported being involved in the juvenile justice system for a few years prior to interview. A few of the youths had difficulty identifying how long they had been in the juvenile justice system, how many times they had been arrested, and/or how many times
they had been in detention. All of the girls identified negative consequences associated with being incarcerated and being part of the juvenile justice system. However, some identified positive outcomes as well.

**Power of relationships.** Girls discussed the power of relationships more frequently than any other themes in this category. Eight of the 10 youths spoke about their relationships with staff members and peers at the jail. Some youths also discussed relationships with people outside of the jail that they had developed while they were in the juvenile justice system, such as relationships with parole officers or staff from other facilities. However, relationships with staff members and peers at the current facility were addressed more frequently and in greater detail than relationships with people outside of the jail. Both positive and negative relationships were discussed by the youths. Four youths talked about only negative relationships, three girls identified positive and negative relationships, and one youth reported only positive relationships.

Six girls identified negative relationships that occurred with both staff and peers, whereas one youth only spoke about negative relationships among peers. For example, one youth stated the following about peers:

I don’t like females. Not necessarily females, but young ignorant ones. And, um, I tried my very best to distance myself from them because I feel like a completely different species of human… A lot of the girls here are very materialistic, very judgmental, um, very, um, close-minded, and I think their attitudes are really ugly.

Another youth noted that “the kids here are even meaner and staff got, like, staff have been getting more ruder to me lately… and I don’t trust any of them.” Similarly, girls reported that their peers often told lies about each other and engaged in verbal and physical altercations. One youth identified negative patterns in how she acted towards
other people: “I cussed staff out, I got in fights with other youth here. I did a lot of that type of stuff. Smart mouth staff.”

Girls also discussed how staff members behaved towards the youths. One youth gave an example that highlights negative peer relationships and her perception of a staff member’s response, which impacted the youths:

I watched a fight happen with a girl, her whole face puffed up like five times the size of her face and she had like two baseballs around her eyes because the staff waited about 3 to 5 minutes before he intervened and he didn’t do that for any other reason, just to watch it, and that happens with multiple youth and multiple staff. So, I watch girls, like, get beat up with keyboards and just random stuff like that, which is just ridiculous.

Another youth gave a different example of staff members’ and youths relationships with each other:

The staff that don’t care, they all target youth. There was this one youth that they targeted for her whole stay and she almost stayed on the desk program because they targeted her so much. And they would talk crap about her with the other youth, and they will talk crap about staff with other youth, and I think that, really, even if I don’t like the person that they are talking about, it’s really disrespectful, and we are supposed to be following their leads.

A third youth identified how she would have preferred staff members to act towards the girls, and similar sentiments were addressed by other youths as well:

I feel like they could give us more hope, make us feel like we are gonna make it, and don’t, like, when we are talking about stuff with them, like, don’t just play it off as a joke and don’t make it seem, like, you know, you don’t care even if you are faking it that you care, you know. Make it so that the person that you are talking to, that youth, knows that you are really there for them. Just don’t make it seem like, you know, you are just here for the money.

Additionally, three girls reported that staff and/or peers were meaner to them when they returned to the facility than staff and/or peers had been when the girls were first incarcerated, simply because they were revoked.
Four youths discussed having positive relationships with adults working in the juvenile justice system: Two girls talked about relationships with staff at the jail, one youth identified positive relationships outside of the facility, and one girl talked about positive relationships with adults in both settings. Some girls did not give specific details about these relationships but provided positive opinions of some staff members. For example, one youth stated, “There’s, like, maybe five staff that actually give, like, care about us.” Other girls gave more details about their positive experiences interacting with staff:

There was a staff here who, um, helped me a lot with my drug and alcohol treatment. He runs all my groups and he’s known me since I was [age], so that’s almost [number] years. And he’s been, like, more of a father figure than my own has, so he’s really helped me kind of get through it.

Another youth discussed her relationships with staff members and the impact she believed it had on her revocation:

I have a good report [sic] with a lot of the staff here because I have been here so long and I share a lot of stuff that’s happened to me with some of the staff. ’Cuz I honestly, when I left I didn’t want to leave. Because I never had this many people care about me before in my life. You know, so I got used to it, so I didn’t want to leave it, and I think that’s one of the reasons why I am back also.

Relationships outside of the treatment facility were also important to youths. Two youths identified having positive relationships with their parole officers. One talked about her relationship with her parole officer and a staff member from another facility and what happened when she thought people in her life no longer cared about her:

My P.O. was constantly checking in with me. Taking me out to ice cream. Telling me how well I was doing. I had a treatment coordinator that was the best. And she constantly pushed me. If I did something wrong at school she would come to me and be like, “Come on, you know what you are supposed to be doing.” There was always somebody that was there to tell me to continue to do good and you know when I realized that people
didn’t care anymore and, well, that’s how I felt, I was like, “Okay, I don’t care anymore either.”

**Loss of adolescence.** Seven of the 10 youths identified incarceration as having a negative impact on their development and limiting their experiences. Some girls made general, vague comments, such as: “Oh my god, I was raised in detention.” This theme addresses the girls’ experience while they were incarcerated and represents what they believed had happened to them as well as what they missed in society as a result of being incarcerated. For example, one youth stated, “I mean, you are confined, you are like an animal.” Another youth stated that being incarcerated made her feel very young:

> Like we are big babies, they feed us, you know, they watch us shower, they have to, umm, unlock the bathroom, like you have to snap to get off your bunk and I understand, okay, safety precautions, but I’m not 3 years old. They say go sit on a desk. Okay, I feel like I’m in the third grade again.

These youths identified life skills that they had not developed or necessary items that they did not possess (e.g., photo identification cards) as a result of being incarcerated. For instance, one youth stated, “I probably have homies right now who have babies, moms, and a house and they got a job and while I am in here not knowing how to do those things because I was locked up for 3 years.” Another youth reported, “I am trying to go to [name of a residential treatment program], which is supposed to help me get an ID, help me get a birth certificate, help me get a job, kind of become part of society.” Another youth spoke more generally when she stated, “I’m almost an adult so I need to learn how to be an adult.”

Five youths reported not being able to participate in typical activities of adolescence as a result of being incarcerated and in the juvenile justice system. They
talked about what they missed in society while they were incarcerated. Some youths discussed being away from their family; for example, one girl said:

I’ve been gone for 3 years. I haven’t been home for 3 years. And I was like, so, I was so close, like, within 1 week I would have been able to go on my first home pass within 3 years and I blew it and I came back and so that was really hard for me.

Another girl reported that she had not been present for the last four of her sister’s birthdays as a result of being in the juvenile justice system. Another youth talked about looking forward to an opportunity to enjoy summer for the first time in a few years: “I will get the chance to live my fucking summer without being locked up, like the last three and a half summers I’ve been fucking in facilities.”

Some of these youths identified an inability to engage in typical teenage activities. Specifically, one youth stated, “It takes you from, like, your loved ones on the outs, you know. Your freedom’s gone….it still, like, handicapped me. I never got to drive, never got to go to prom, never got to go to homecoming. Never got to enjoy those kind of things, but life goes on.” Another youth’s statement showed a similar sentiment: “I want to have that normal teenage life. I want to go to prom and I want to do those things, but whatever.” Further, throughout some of the interviews, a loss of relationships with peers was identified. One youth discussed the negative impact of moving from one facility to another and leaving people with whom she had developed strong relationships.

Problems in treatment. Five of the 10 youths discussed perceived problems regarding their mental health treatment, which included medications, diagnoses, availability of therapeutic services, and type of services provided. Three of the youths noted that they felt “crazy” on the medications. One youth reported: “I was on, like, eight
different meds so I was, like, crazy… [they] tell me stories about myself and I don’t even remember doing that stuff.” Another youth stated:

They put me on a lot of really hard-core medication and diagnosed me with, um, mental illnesses, which is kinda funny because they are not supposed to diagnose anybody under the age of 18 with any mental disease but they diagnosed me with [personality disorder], slight [psychotic disorder], and they put me on like multitudes of psych medications that weren’t supposed to be mixed. Turned me crazy.

One girl reported that her medication had been lost by facility staff before a home visit, and she stated that not taking the medication had had negative consequences for her. Other youths talked about severe mental health symptoms that they had experienced while being incarcerated, such as suicidal and homicidal ideation: “I would have got out within the first four months, but I was having thoughts of killing people, but they kept me here longer.”

Many of these girls identified specific therapeutic services that they wanted but did not receive or problems with the therapeutic services with which they were provided, including their perception that the treatment was not effective for them. For example, one youth stated:

They do have a good drug and alcohol treatment group, but they don’t really have a good realistic skills group, like, um, we don’t get very much therapy here. We have therapists here, but it’s very hard to meet with one and they don’t really help achieve much or help with much.

Another girl reported:

For girls that don’t have skills, like those people skills or skills to cope, DBT is a good one, but for those of us that have gone through it 10, 20 times, honestly it’s not beneficial. I’ve been going through it for the last 3 years so it’s not beneficial to me. I mean I can rehearse that book to you.

One girl reported that available groups seemed to be cancelled without a specific reason. Girls also reported that they wanted more treatment:
I think that we need a more steady treatment, um, schedule. A lot of the groups during the day that we are supposed to be doing treatment, they don’t follow through. A lot of the staff are lazy and they don’t want to do it, and I think that, um, we need a treatment group kinda helping integrate people into, like, the realities of being part of society. Because whether you are a criminal or drug addict or both you are gonna be struggling with integrating back into society. I know that I am terrified of normal people.

Two girls specifically talked about difficulty developing positive therapeutic relationships with their therapists. For example, one youth reported that she had requested a female therapist, but she was sent to a male therapist whom she did not like. Another youth stated:

And my therapist ended up leaving and, um, I got another therapist and that was really cool. I mean she was really cool, you know…And um, and then that therapist left too and the new therapist was somebody that I had knows from the program that I had ran from when I got my [crime against person] charge. So, I didn’t like her, I didn’t like her in the first place and now she’s supposed to be my therapist. Ooh, she irritated the shit out of me.

Additionally, a few of the girls spoke about a lack of treatment facilities available to them once they were no longer incarcerated. They talked about having to stay in jail longer than necessary until an appropriate facility became available and they believed there was an absence of available facilities that would accept them and meet their needs. For example, one youth stated:

Now it’s just like I’m waiting to get into a program that will better benefit me. Like an independent living program. Because I don’t want to go into any of these other programs that aren’t as beneficiary to me I have to wait longer and sit here longer just to get into a program that will best fit me.

**Opportunity to heal.** The final theme in this category, *Opportunity to Heal,* encompasses a positive aspect of being incarcerated and was discussed by four of the 10 youths. They reported that being incarcerated was good for them. One of the youths stated, “I am actually really glad that I came back here because if I wouldn’t have come
back here I probably would have kept messing up over and over again. so it’s kinda like a reset.” Three of the youths noted that being incarcerated was helpful in giving them an opportunity to get sober and gain perspective on their lifestyles. One girl stated:

> It took me a really long time for me to realize that, like, [drug] was, um, killing me and even harder to, um, contemplate letting go of my [partner] because, um, even though I know he wants the better good for me, I know that you can’t quit using for anybody but yourself.

Another youth made a similar statement:

> If I didn’t come back this time I would probably be dead right now. I, umm, I got, umm, some different drugs and was doing different things, I was way deeper into anything than I had ever been so it was just like, honestly, I am so glad that I got the chance to come back... I think that this time being able to get my, let me be clean for a little bit, see what’s up, and notice that the people I was hanging out with weren’t good people and giving me that time to really figure it out...and take it seriously was a, like, miracle, because I would have never ever in a million years while I was using taken a step back and been like, “Oh, these people I’m hanging out with are kinda shady.” So, I mean, I really am glad that I got to come back.

**Risk Factors for Revocation**

Five risk factors for revocation were identified as themes: *Need to Escape/Impulsivity, Negative Peer Influences, Ongoing Family Dysfunction, Alternative View of Problems,* and *Repetition of Old Behaviors.* Some youths identified certain factors as being related to their revocation or as having led to other problems. These factors are closely related because for many youths more than one factor was present around the time the girls’ parole was revoked. In fact, in some of the quotes below more than one factor can be identified within the same quote and those quotes can be used to describe more than one theme. However, for each youth, the combination of behaviors and risk factors were unique to the girl and her individual situation.
Need to escape/impulsivity. Nine of the 10 youths stated that they had escaped difficult situations, often without thinking through their decisions. For these youths, escaping most often took the form of leaving a placement or home without permission. Some of them spoke briefly about “running” and mentioned it when talking another topic or why they violated parole. However, others described their situations in greater detail. For example, one youth talked about her difficult home environment and stated that she had stopped returning home as a result:

My mom was going through chemotherapy and radiation so she had really bad burns on her chest. She had second-degree and third-degree burns all over her chest from the radiation and, you know me, [age] and trying to help my mom bandage that, and put burn cream on it, and help her get dressed, and get in the shower, and wash her hair, um, just getting her a cup of coffee in the morning, helping her get out of bed, um, you know. That was hard for me and, um, that’s really when I stopped coming home when I felt like that was too much.

She eventually spent nights at a peer’s home, which violated her parole. Her situation was unique from the other youths in that she slowly started staying out more and more frequently and eventually did not return home for a longer length of time. Most other girls left home or a placement more impulsively. This need to escape and subsequently running from a situation was directly related to revocation and return to jail for six youths. One youth stated:

I graduated and went to my house, and then I left for 2 days, and went out for 2 days, and then I turned myself in thinking I would at least get house arrest or something, but I came back here.

Some youths talked about running after getting into arguments with family members. One youth stated that she had left home after an argument with her father and she had not returned home for 2 months. Another youth stated:
I ended up getting into an argument with my family. So I left the facility, I left the program. I left with another girl, and I just ended up coming back here ’cuz I left the program and wasn’t able to come back because it was past 8 days.

Many of the youths who impulsively left poor situations reported that this behavior had occurred more than once; for some, this behavior was a typical response to a stressor. For instance, one youth stated:

Um, I wasn’t good with change, so I bounced around a lot, and that messed up with my whole mental stuff. So, whenever I went to a new place, I wouldn’t talk, I would be testing the staff. Um, if I felt like I was gonna get harmed I would run.

Another youth stated:

Yeah, but before that I would just run from foster homes, from just little programs, little, you know, like, shelters. I would just, I didn’t care, I would just run…’Cuz at the time, I would rather kick it with the homeless.

One youth recognized that she ran away when situations became difficult and that this behavior would have to change if she was to successfully live with her mother and stay out of jail: “Being able to be there [home] and when I get mad I can talk to her about it instead of going to running away. Just [not] straight going back to ‘Oh, I’m just going to run away’.”

**Ongoing family dysfunction.** Eight of the 10 youths reported that family dysfunction had continued while they were involved with the juvenile justice system. Family included biological families, adoptive families, and foster families. Family dysfunction typically took several forms, including arguments, name calling, poor communication, difficulty adjusting to living with each other, and substance use among family members. One youth reported having difficulty adjusting to her mother acting like a mom after years of her mother using substances that impacted her ability to
appropriately parent, and the girl stated that this change had negatively impacted their relationship and increased stress. Two youths talked about family members’ drug use having a negative impact on them. One youth stated, “My brother, he was going through a relapse at the time…seeing him would make me want to use just because of how he was, and I knew he had stuff in his backpack.” Another youth noted, “I stopped having home visits because my [relative] tried getting me high, and my [different relative] and me got in a fight. That was on my birthday.”

Two youths identified arguments with family members as leading directly to events that resulted in parole revocation. For example, one youth talked about having a disagreement with her mother, causing her to leave the home:

My dad is dead. And she was like, “Fuck you, you are a piece of shit just like your dad who’s dead.” I was like, “Fuck you,” and I left…I wouldn’t have left if it wasn’t for her. I’d be fine.

Another youth discussed arguing with her family, but she also addressed the impact that her parents’ arguing had on her:

I was going on home visits while I was there, and the weekend before I left I got in a huge argument with my family, and, like, I got told I wasn’t trying. I wasn’t doing anything. And I just felt, like, wow. Like, I’m taking all my time to do this treatment and do this program and no one is noticing it…And, you know, my mom and dad were fighting also at home, so it wasn’t a help at all. Like, my parents were constantly arguing, constantly fighting. So when I found out that my family had gotten in a fight, that my mom and dad had gotten in an argument, like, I called my mom. And my mom was in tears and my dad was just yelling in the background. I was like, “I give up.”

Two youths reported feeling that family members did not provide them with enough positive reinforcement. They addressed this perceived lack of support from family members when they were talking about their situation that led to revocation. One youth stated:
Just feeling like giving up. If other people didn’t care, then I didn’t care. Especially ones that I was doing it all for. Basically, I felt if they don’t care, whatever, you know...There was always somebody that was there to tell me to do good and, you know, when I realized that people didn’t care anymore and, well that’s how I felt, I just was like, “Okay, I don’t care anymore either.”

Another youth stated that a lack of positive reinforcement also negatively impacted her attitude about working hard to follow the rules:

So, I mean, after that 3 weeks, whatever, I was doing so good and I was like why isn’t anybody telling me nothing you know, shit, I’ve been doing so good compared to what I have been doing in the past and nobody was saying nothing. And I was getting mad. I was like, you know what’s the point in me doing good, you know, and trying and nobody’s even noticing it, so I just kind of gave up; I was like, “Fuck everybody.”

Repetition of old behaviors. Eight of the 10 youths repeated past problematic behaviors when they were out of jail that had an influence on their return to jail. These were usually the behaviors that had first led to incarceration. The girls continued to act, at least to some extent, in similar problematic ways, such as using drugs, running away, avoiding treatment, and breaking the rules. For example, one youth stated, “I stopped my meds…I started refusing groups.” Most of the youths engaged in more than one type of problematic behavior. For instance, one youth used drugs and violated multiple rules at a treatment facility by bringing contraband into the facility and engaging in romantic relationships with peers. Another youth repeatedly violated small rules at her treatment program, which ultimately led to her revocation.

Four youths talked about continuing to engage in substance use after they were released from jail. After their release, some girls used drugs to a lesser extent than they had in the past or used substances other than their prior drug of choice, whereas other girls developed drug problems that were worse than the problems they had before they
were incarcerated. One youth talked about the first time she used drugs after she was released:

When raves came around, it was either stay home or stay at a friend’s and go to a rave. And I went to a few and never got in trouble, never got, like, I never used, never nothing, and then finally towards the end I was like, whatever, like I have gone to 12 raves, I might as well do something. And then me and my mom got into a huge ass fight, and it was the night of the biggest rave in [town] and, like, my mom was just being really rude. And so I ran from home, and I went to this rave, and I got….I didn’t get fucked up. I, like, smoked weed and I tried drinking, again.

This particular quote demonstrates the interconnected nature of the themes; that is, arguing with a family member (an act that is representative of the prior theme, Ongoing Family Dysfunction) interacted with the youth’s decision to go to a rave with friends (an act that is representative of the prior theme, Negative Peer Influences) and ultimately led to substance use and parole violation.

Five youths talked about continuing to leave a situation that they did not like, ultimately running away. These youths continued to run away from environments that were similar to what they had run from in the past, such as their homes, foster homes, and treatment programs. One youth stated, “And I was kicking it a lot, and I went on the run, and the girl I went on the run with snitched on me or, whatever, and I got turned back here.” Another youth, who had run from multiple placements before, described running away again and subsequently being revoked as a result:

The day I got revoked, I was at my foster home and it was, um, I’ve been out running ’cuz my foster parents were calling me “stupid bitch” and so I jumped out of a two-story window and they called the cops. But I’m smarter than the average cop. I hid when they went by, and I was trying to go to my old group home because staff, this was at midnight when they caught me, and I know exactly where it was it was in the same district, and I was trying to get there because there was this one dude, one of that staff that used to help me with religion and he was like really cool to hang out with and I kinda missed him and I, I wasn’t really thinking. I was just
heading that way, and all of a sudden I’m like, “Oh yeah, let’s go that way,” and, um, I stopped for some reason, and then the cops came by and saw me, and then they are like, they pulled up and asked me if I’m that person, and I just took off running again.

Negative peer influences. Six youths discussed being involved in negative situations with peers that led to revocation and return to jail. For this theme, peers included friends, romantic partners, people from the youths’ lives in the community, and people who resided in facilities with the youths. Illegal drug activity with peers was most frequently mentioned. Specifically, one youth stated:

I had gotten back in touch with my best friend from [number] grade and, you know, she’s a recovering meth addict. So, um, me and her, you know, we started drinking and we started going out and doing things and, of course, she has a kid so we are trying to find people to babysit the kid so it’s just all types of stuff. But yet we are still trying to be home on time to take care of the baby...It was kinda like this unspoken agreement that we had, somebody had to be more sober than the other to take care of the baby.

Another youth saw someone who had sold her drugs in the past, and he played a large role in her subsequent relapse:

Well, when I gave a hug to this guy, he was a dealer of mine, I wasn’t planning on him slipping anything in my pocket, I was giving him a hug and telling him that I missed him because he wasn’t just a dealer. When you are homeless and you create relationships with people, it’s a lot more intimate. And I’ve known him for years, and I gave him a hug and told him I missed him, and was telling him that I had just gotten out and, ah, he was one of those dealers that would, like, put the piece of dope in the back of the rig so you could just give that to somebody without them having to worry about needing a needle and, ah, he somehow slipped it in my pocket and said “Because I know you’ve always been a faithful customer and I’ve owed you for awhile, enjoy.” And, like, I was just terrified at that point.

A third youth refrained from using drugs but had urges to use drugs because of her friends. She stated, “I had seen my friends and they were doing drugs and I wanted to do that.”
Other youths mentioned peer influences on other types of behaviors. One youth spoke about going to raves with her friends and boyfriend without her family’s knowledge of her actions. Another youth talked about engaging in many romantic relationships with peers at treatment programs, despite such relationships being against the rules. Another behavior mentioned was running away from a treatment facility with other girls from the program. One youth stated:

I dipped out [left the facility] with two of the other girls. I only wanted to leave with one, but she wanted to bring the other one, and we were on the run and, um, didn’t have anywhere to go.

**Unacknowledged problems.** Six of the 10 youths spoke in a manner suggesting that they avoided addressing their problems, were in denial about their problems, or lacked insight into their problematic behaviors. It was not possible to determine from the interviews the youths’ exact perspectives and reasons for how they viewed problematic behaviors. However, the youths’ views represented an alternate way of thinking about their behaviors because they had been told by adults in their lives, such as parole officers, that these behaviors were problematic. Occasionally, youths accepted responsibility and demonstrated insight about some of their behaviors while they displayed limited or no insight about other behaviors. For example, two youths did not view drugs and alcohol as being a problem for them, despite having used these substances in a manner that impacted their functioning. One youth stated, “The crimes I committed when I got first got put on [juvenile justice system], I mean, I was drunk as hell, but, nah, I don’t think that they’re problems.” Another youth talked about the first time she was incarcerated and how she was excited to be released because she wanted to engage in past behaviors that had gotten her in trouble, such as partying with friends. Yet, she simultaneously told
herself that she would not be incarcerated again. She did not demonstrate an understanding of how her actions were related to the consequence of incarceration.

Other youths minimized their behaviors and did not view them as a good reason for being in trouble with the juvenile justice system. For example, one youth stated, “I’ve never really broken my parole except for leaving my house.” Another youth noted, “In that time, though, I had got caught in the bathroom with this girl and it was the one time, like, we weren’t doing anything wrong was the time that we got caught. I was pissed off.”

This particular youth also minimized bringing drugs and other contraband into her residential treatment facility. Another youth minimized her refusal to follow treatment guidelines at a residential treatment facility, as follows:

The only treatment groups that I wasn’t going to was the ones that did not really apply to me. I was like, “Why am I going to like 32 groups a week and some of them are just learning about women’s rights activists’ crap?” And I don’t really care about that stuff. It’s not happening now, why should I care?

Other youths shifted responsibility from themselves to others. For example, one youth stated:

I just think that, like, [current facility] has their own outlook on me. I just feel like, this program here, being locked up, they have their own idea on me. I don’t know, I don’t feel like I did anything.

**Protective Factors Reducing Recidivism**

In addition to the risk factors for revocation just discussed, the girls also identified protective factors reducing recidivism. Four protective factors were identified as themes: *Owning Past Life Choices, Making Healthier Life Choices, Returning to Family, and Using Supports.* The protective factors identified are related to risk factors because some of the themes represent positive and negative aspects of the same topic. For example, the protective factor *Returning to Family* is related to the risk factor *Ongoing Family*
Dysfunction. Additionally, Making Healthier Life Choices countered Repetition of Past Behaviors. The protective factors were either directly stated by the youths or were developed based on observations about how the youths spoke about their current and past situations. Because all of the youths were ultimately revoked and sent back to jail, it cannot be said that these factors would eliminate revocation. However, youths reported that some of these factors motivated them to follow the rules and stay out of trouble. Because these themes typically represented how the girls were thinking at the time of the interview, they may show a shift in thinking from incarceration to the time of interview and might indicate that a youth would be more successful when released in the future. However, because the girls were still incarcerated at the time of interviews, the impact of changed attitudes on future behaviors can only be hypothesized.

Returning to family. Seven of the 10 youths talked about being motivated to succeed or follow the rules so they could return to their family and/or be present for children in their lives. Consistently, they wanted to be in their family members’ lives. For some youths, these family members were the same people with whom there was family conflict or dysfunction that was identified in the theme Ongoing Family Dysfunction. However, other youths were trying to succeed for other family members with whom they appeared to have minimal to no conflict. Being with family members was identified as something that had been a past motivator during times when the youth had not been incarcerated. For example, one youth stated:

I just really liked being with my mom and stuff, ’cuz, like, I haven’t been home in years. And so being home with my mom and seeing my mom and stuff, I was just – and being home with my brothers and, like, my stepdad. I just loved it, and so I didn’t want to fuck it up.
Another youth spoke about utilizing multiple family members to help her maintain sobriety:

I called my best friend who was pregnant at the time. My mom. My [relative] who is in recovery and more than a year clean. I wrote to my [different relative] who is in prison. He’s an adult. He wrote me back, and he’s doing good and he’s been asked to sponsor in there and that’s really inspirational. So having all the good things helped me to stay with my recovery and not even think twice about using drugs.

Some youths reported the presence of young children who were new additions to their family as a motivation to engage in positive behaviors. They noted that they had missed much of the child’s life and wanted to be present for more of it. One spoke about being present for her niece as a motivating factor the first time she was released from jail:

Well, at first, like, those first 3 weeks I was just doing good for my niece, my best friend’s kid. I was doing so good and I was like, “Okay, I’m not gonna miss her life” ’cuz by that time, I mean, I saw my best friend when she was about to pop and then I got locked up and I got locked up before she had her baby and it was like, like, that hurt me so bad and then, you know, I didn’t. After, you know, she had her baby, I mean I got here [date] and she had her baby [date] and I was in detention [date] and I was there and 6 months went by, and I got out, and I was there for that kid, and I took care of that baby. That baby was like my own. I saw her as my own, and I was like, “Okay, I’m gonna do good for her.”

Another youth talked about a relative’s child being future motivation. She stated, “I went to my best friend’s and brother’s baby shower and I got to feel my brother’s baby kick and one of the main reasons for wanting to stay clean now is to be part of her life.”

Four of these seven youths reported that siblings were a motivation for them to perform well. One youth stated that having been able to talk to her sister during a difficult time would have helped her make a better decision than the one she ultimately made, which led to revocation. She reported:

If I had been able to talk to my little sister and have her talk me out of leaving, I wouldn’t have left. Because my little sister is the world to me,
she’s the world…if I had been able to talk to her that night, tell her that I love her and have her tell the same thing to me, to tell me not to run. I wouldn’t have done it.

Other youths talked about their siblings being influential in their desire to be released and to stay out of jail. They each had different reasons for wanting to do well for their siblings. One spoke briefly about her brother and stated, “So, I need to stay strong for him and I need to keep doing good.” Another talked about her incarceration having an impact on her brothers:

Oh, me wanting to be with my little brothers, ’cuz, yeah, I don’t really like being at home, but I love my little brothers to death. So yeah, I try my hardest to do good because of them and it was so sad because like now they know like what this is, they know what this place is, and, um, like, when I’m gone my parents tell them that I’m here. So they are like, “Why are you in here?”

One youth talked about having a complicated relationship with her sister, yet ultimately to be making an effort to maintain good behavior and get released from jail for her sister. She stated:

I have raised her [sister] since she was 3 days old. So it’s like I have always had the motivation to go home and do good for her. But at the same time it’s, like, it’s hard to do good because she is such a brat.

Making healthier life choices. Six youths talked about decisions to make more positive, healthier life choices. Some of these decisions and behaviors were evident for some girls before they returned to jail when they were trying to follow rules. However, other girls talked about a desire to make healthier life choices in the future when they are released from jail. Refraining or trying to refrain from drug use was one way in which girls attempted to make good decisions. One youth stated:

So, I am continuing to do good and just really trying hard to stay away from substances. And for me to leave my program, be out in the
community with my friends that I used to use with, and not use, that was a big thing that my P.O. looked at. So that was a good plus on my side.

Another youth spoke about relapsing, but then immediately made a smart decision. She reported:

I ended up relapsing and I went straight to my mom, and I said, “Hey, I relapsed.” Because I knew if I lied I would have continued to keep using, and I didn’t want to do that so I pretty much asked to get sent back here, so they revoked me. And I’m glad I’m here, even though I hate this place.

Other youths talked about accepting treatment and using learned information to help them succeed. They demonstrated an understanding of the treatment and what they personally needed to accomplish in order to make positive changes in their lives. One youth talked about how Dialectical Behavior Therapy (DBT) was effective for her:

Well, some of it [DBT skills] I do because I have to, but some of it, I do it because, like, I, it makes me think. Like, if I’m having a hard time in this area today, then maybe tomorrow I can work on it. And it keeps me up to date on how I feel, you know, because if I am just feeling crappy all the time and I keep telling myself that I felt crappy all the time, it’s just gonna continue. But, if I kinda look and I think, “Hey, I should work in this area,” maybe work in this area the next day, then maybe, you know, make progress.

Another youth talked about actively working on her treatment while incarcerated to maintain sobriety when she is released:

I just had to ask staff and I was able to get a prevention plan, drug prevention plan, and I put myself in new groups when it was my time to be in groups, like drug and alcohol, and I went out of my way to get different types of treatment work so I would be prepared to get back to [treatment facility]. I wrote multiple lists of who I did drugs with, where not to go, where to go, who to hang out with, umm, stuff like that.

Some of the youths talked about their futures, sometimes discussing what they would need to do in order to be successful and stay out of jail after their release. These girls talked about wanting to go to a treatment facility. For example, one youth stated:
But, yeah, I think that going to a program first is going to be good for me ’cuz it gives me time to transition back into the community instead of just kind of throwing me out there. It’s a step down and I’ll work my way out.

Another youth expressed a desire to remain on parole, even if it meant that she would stay on parole longer than necessary, because she recognized that this type of support was important for her: “I want to stay on parole until I can prove stability for about a year.” Other girls addressed future goals, such as hopes for what might happen when they returned home or a few years after their release. Some youths talked very positively about their futures and identified healthy goals, such as having plans to graduate from high school, perhaps to attend college, and ultimately to become productive members of society. One youth addressed a desire to play sports as being motivating for her:

I really want to go back and prove coach wrong. Because my coach told me, “You are never gonna be able to play [sport] again if you continue the pattern that you are doing. So for me its kinda like, I really am trying to get in shape, you know. And I’m trying to go back and play [sport]. So that’s one thing that I am really working for.

Another youth talked about a long-term goal to graduate from college:

I will probably go to [college] in [town] because that’s my home town. And, um, like, it’s gonna be awhile ’til I can go there because I am going to be going to some programs to keep me from going back to my old lifestyle. But, I’m gonna go to [college], take as many years as it takes to get my [type of] permit and I probably want to get my [type of] degree.

**Owning past life choices.** Five of the 10 youths indicated that they had taken responsibility for some, if not all, of their past actions. Some youths were able to speak honestly about their past actions and mistakes, referring to how they had acted the first time they were incarcerated. One youth stated, “Honestly, the first time I was here, I faked it to make it 100%. I did. My mind was getting back out, partying, getting fucked
up, you know, doing whatever it was that I wanted to do.” She realized that she had not made an effort to change her lifestyle. Another youth recognized the need to change her actions if she wanted her situation to change:

*When I first got here, I thought I could just do what I want. So I did…My P.O. said you’re not getting out of here, and I didn’t like that, you know, so I was like, well, if I don’t like the results, then I think I should start changing how I act. So I started changing how I acted.*

This youth then identified one reason that she believed she had engaged in negative behaviors that led to her revocation:

*I never had this many people care about me before in my life. You know, so I got used to it, so I didn’t want to leave it, and I think that’s one of the reasons why I am back also. Um, self-sabotage myself out there.*

Her statement demonstrated her efforts to think about herself honestly and insightfully and to take responsibility for her actions. Another youth spoke insightfully about her past behaviors and positive changes she had made:

*I mean, before that, I was on the run, I wasn’t very healthy. So I got healthy…Just, I lived life to the fullest, I didn’t – I was very impulsive, a lot more impulsive than I am now. But I wouldn’t think, like, I don’t know, I just didn’t think a lot.*

Youths also demonstrated insight into their past behaviors and what they needed to do in the future to proceed in a positive manner. Not only did they recognize past mistakes or problems, but they demonstrated insight and maturity by identifying what they would need to do in the future to address or change these problems. One youth stated:

*I am a person to bottle all my stuff in, like all my feelings and just everything that’s going on, so just one thing that I am going to change when I leave here is I’m gonna talk to my family. Tell my mom what’s up and be like, “I’m having a hard day at school.” And if I get triggered, I am gonna talk to my parents.*
Another youth spoke about her changed attitude toward sobriety and gained insight about herself from the last time she was incarcerated to the present incarceration:

Last time I was here I was super, super confident. This time I know there’s a lot of things I have to be wary of and that I need to have a stronger support group, um, I have a lot of communication problems and social skills I need to work on and, um, I realize that I’m codependent, which was really hard.

Using supports. Four youths spoke about utilizing supportive people, outside of family members, and programs to help them succeed when they are released from jail.

Some participants reported having used these supports in the past when they were going through difficult times to help them engage in positive behaviors or refrain from negative actions. One youth stated:

I was going to NA meetings, AA meetings, meeting with my sponsor. She’s been clean for 17 years; she’s a really good friend of mine. A few of my guy friends that I have known for a long time, like, they only smoke weed and they know that’s not something that I do so I felt safe around them, and they’d go to meetings with me and, like, try to support me. And, uh, a friend of mine who actually, used to be my dealer, uh, I met, I saw him at a meeting and he was clean, and, uh, me and him started spending a lot more time together, and, ah, that helped me cope for awhile.

Although some of the people whom this youth viewed as being supportive would not necessarily be people whom staff members would identify as appropriate peers or support people, they were helpful for this particular youth.

Other youths talked about utilizing supports in the future when they are released from jail. One youth noted that she would need to use these supportive people more than she has in the past: “I’m gonna use those people that are there for me to tell me not to do something or to do something. Like, I’m just gonna try to use my support system more than I did last time.” Another youth had a more specific plan for how she was going to
use her supports in the future and was currently working on cultivating those relationships. She stated:

I’m going to a program so it’s going to be harder for people to get a hold of me anyways. Even if they do know I am out. I’m actually, I have a couple people writing me right now who are really supportive of me. They are like, “We want you to be clean, you are so much better when you are clean. And, like, come to NA meetings with us.” And they are supporting me, they want me to do good. A supporting group of friends.
Discussion

The purpose of the present study was to gain insight into the experiences of incarceration and revocation from the perspective of female juvenile offenders. Therefore, a qualitative methodology was utilized in which the youths answered open-ended questions about jail and revocation. A theoretical model and themes were developed from the information provided by the youths.

The themes derived from the data collected in this study represent topics that are generally consistent with available literature. However, there are some inconsistencies and areas of divergence between current literature and the results from this study. Further, no known qualitative literature has addressed female juvenile offenders’ experiences of revocation and, therefore, some results are not easily compared to current literature. The results will be considered below in the context of available literature. Further, the results are discussed in a format consistent with format of the theoretical model. Prior Contextual Stressors represents one category and all the factors discussed below are themes within that category. Positive and Negative Effects of Being in the Juvenile Justice System is the second category within the theory and the themes in that category are also discussed together. Finally, Risk Factors for Recidivism and Protective Factors Against Recidivism are the last two categories of themes within the theory and are, therefore, discussed last in this section. Subsequently, the theory will be discussed.

Prior Contextual Stressors

Participants in this study discussed prior contextual stressors that have been addressed previously in the literature as risk factors for juvenile delinquency.
Specifically, many youths in the current study identified a history of trauma, mental health problems, family dysfunction, and substance abuse. Girls reported physical, sexual, and emotional abuse as well as neglect, and they most frequently identified family members as perpetrators. Similarly, Kirscher and Sevecke (2008) and Belkamp and Holsinger (2006) both reported that trauma histories were present for substantially more female juvenile offenders than for male juvenile offenders. For example, Belkamp and Holsinger reported that close to three-fifths of female juvenile offenders endorsed a history of sexual abuse. Although female and male juvenile offenders were not compared in the present study, the prevalence of trauma histories for these girls was high and is consistent with past research findings.

Another theme identified as present for these youths was *Family Dysfunction*, which is also consistent with prior literature. The youths reported family dysfunction beyond abusive relationships, such as family members’ substance use, role confusion, and communication problems. Although Simões et al. (2008) studied male juvenile offenders, the youths in their study reported poor relationships with their parents, suggesting a possible parallel with the current findings. Further, Chesney-Lind et al. (2008) found that 59% of females in California’s juvenile justice system considered their relationships with their parents to be the most influential contributor to their illegal behavior.

A history of substance use was reported by many of the youths in the current sample. This finding is consistent with other research on female juvenile offenders. Specifically, Chesney-Lind et al. (2008) found that female juvenile offenders used a range of illicit substances, including alcohol, marijuana, amphetamines, and cocaine. The
girls in the current study reported using a variety of illegal substances, including alcohol, marijuana, cocaine, heroin, and methamphetamines, among other drugs.

Youths in the current study also reported a history of mental health problems prior to incarceration. Although I did not interview male youths, this result is similar to Cauffman’s (2004) finding that female juvenile offenders presented with more mental health problems than male juvenile offenders admitted to juvenile detention centers.

Two risk factors for juvenile delinquency that have been identified in prior literature were discussed by youths during the interviews, but these factors were not reported consistently enough to be noted as initial risk factors in the current study. First, Simões et al. (2008) reported that male juvenile offenders identified delinquent friends as a main contributor to delinquent behavior. Galbavy (2003) also found that male juvenile offenders blamed friends for delinquent behaviors more than did female juvenile offenders. In the current study, peers were not discussed as being a substantial factor in the youths’ initial offending. However, negative peer influences were discussed as a risk factor for revocation and will be addressed later in this section. Second, Anthony et al. (2010) identified educational challenges for male and female juvenile offenders related to working below grade level and disruptions in services. However, none of the youths in the current study addressed school or their education as problematic.

Neighborhood context, a factor identified in prior studies, was not discussed by any of the youths in this study. Anthony et al. (2010) determined that neighborhood context was a risk factor for juvenile delinquency in that youths involved in the juvenile justice system often return to disadvantaged communities. However, the youths in the current study did not talk about the quality of the neighborhoods to which they returned.
In fact, the topic of neighborhoods and communities was not addressed by the youths at all during the interviews.

In sum, most of the risk factors identified in past literature, including family problems, trauma history, substance use, and mental health history were reported by the youths in this study. Risk factors of educational problems, peer influences, and neighborhood context were not identified as risk factors to incarceration by these youths, suggesting that these factors were not relevant to them.

**Positive and Negative Effects of Being in the Juvenile Justice System**

The youths’ descriptions about incarceration are consistent with some prior literature and inconsistent with other research. In this study, the themes identified as positive and negative effects of being in the juvenile justice system include *Loss of Adolescence, Problems in Treatment, Power of Relationships, and Opportunity to Heal.*

Youths in this study spoke about missing some aspects of their lives as a result of being incarcerated. These included not being able to see friends or family and a lack of the ability to develop skills typically learned during adolescence. Similarly, Ashkar and Kenny (2008) found that Australian male juvenile offenders spoke about losses of autonomy and connections to family and friends. Further, Diamond et al. (2001) found that male offenders felt isolated from their families.

In the current study, youths spoke about positive and negative relationships with detention staff, peers, and staff outside of the jail, such as probation officers. Consistent with this finding are results from prior studies indicating that male juvenile offenders reported conflict with staff, bullying, and antagonism between youths and employees (Ashkar & Kenny, 2008; Diamond et al., 2001). However, these prior studies did not
discuss positive interactions between the offenders and staff, whereas positive relationships were repeatedly addressed by the female offenders in the present study. One study indicated that female juvenile offenders wanted to have positive relationships with staff but that they were distrustful of staff and did not have positive relationships with them (Boddy Research Group, 1997). Another study found that adult women who had been involved with the juvenile justice system as youths believed that positive role models, such as female mentors, should be available for female youths involved in the juvenile justice system because of the importance of building relationships (Bright, et al., 2011).

Youths’ perceptions of treatment, which was discussed within the theme of problems with treatment, was consistent with available literature. Youths in the present study talked about being dissatisfied with the treatment they received, which included the girls’ perceptions of being misdiagnosed and put on the wrong medications. Similarly, Ashkar and Kenny (2008) noted that male juvenile offenders expressed dissatisfaction with the services received. Lane et al. (2001) reported that male juvenile offenders perceived more intensive services that included educational and employment training as more effective than less intensive services, and some of the female youths in the current study also talked about wanting more opportunities to learn skills.

Other inconsistencies between available literature and the current study related to juvenile offenders’ experience of incarceration. Specifically, available literature did not include reports that youths viewed incarceration positively and as an opportunity to heal and work on sobriety, whereas in the current study some youths used their incarceration to become healthy and/ or work on sobriety. Additionally, Cope (2000) determined that
most youth offenders in her study used drugs while incarcerated, but none of the youths in the current sample reported using drugs while incarcerated or identified it as something that other youths did.

In sum, female offenders in the present study identified problems similar to those identified by other incarcerated youths in prior studies, such as lost opportunities and lack of interaction with family members and friends, problems with staff and peers, and dissatisfaction with the services, including treatment. However, youths in this study identified positive aspects to being incarcerated, including having good relationships with staff and an opportunity to make changes in their lives, such as abstinence from drugs; prior studies did not address these positive aspects of incarceration.

**Risk and Protective Factors for Revocation**

The themes identified as risk and protective factors for revocation are specifically related to what happened between the first release from jail and subsequent return to jail. The present study is unique in that it specifically addressed female juvenile offenders’ perceptions of and experiences with this revocation period. Thus, limited research is available to which the findings can be appropriately compared.

One risk factor for revocation identified by nine of the 10 youths was a need to escape. Most of the youths had previously run away from home, foster care, and/or treatment programs and described running away multiple times. Although Galbavy (2003) did not interview youths who were specifically revoked, she found that 70% of female offenders had run away to escape family problems. Similarly, some of the youths in the present study spoke about arguing with family members and subsequently running away. Another risk factor for revocation found in the current study was negative peer
influences. Similarly, Hartwell et al. (2010) found that male juvenile offenders reported that peers were one factor that made it challenging to refrain from engaging in further criminal behavior.

*Ongoing Family Dysfunction* was determined to be another risk factor for revocation in the current study. No known studies specifically address ongoing family problems and their relationship to a youth’s continued involvement in the juvenile justice system. However, family problems have been frequently referred to a general risk factor for juvenile offending (Chesney-Lind, et al., 2008; Galbavy, 2003; Simões, 2008).

*Alternative Views of Problems* was identified as another risk factor for revocation by youths in the current study. Abrams (2006) found that male juvenile offenders “faked it” by displaying changed behaviors or thoughts that did not accurately represent their internal thoughts, which is related to the risk factor of avoiding and denying problems.

*Repetition of Old Behaviors* was determined to be another risk factor for revocation in the current study and included continued using substances, running away, avoiding treatment, and breaking the rules. Although this theme has not been specifically addressed in available literature, male juvenile offenders have identified drugs and their environment as being challenges to refraining from criminal behavior (Hartwell et al., 2010).

One risk factor for recidivism and revocation in available literature was not addressed by the female juvenile offenders in the current study. Specifically, male juvenile offenders identified a lack of money as something that made it challenging to refrain from criminal behavior (Hartwell et al., 2010). None of the youths spoke about
money in the current study, suggesting that money was not a salient factor for them relative to the other factors they addressed.

Protective factors against revocation were identified in the present study. *Owning Past Life Choices* is a protective factor which is about taking responsibility for past choices and recognizing that past actions were problematic for them. This theme has not been identified in available literature. *Making Healthier Life Choices* was also determined to be a protective factor in the current study. Abrams (2006) found that some male youths were able to benefit from being in a treatment facility and utilize the treatment and staff to their advantage which is representative of one way in which youths can make healthier choices for themselves. Similarly, some female youths in the present study reported that they found treatment to be useful for them and became more engaged in treatment than they had been previously.

*Returning to Family* was another protective factor because youths in the present study often reported working hard in treatment and trying to follow the rules in order to see family members. Hanrahan et al. (2005) found that male offenders spoke about their experience of being released from a juvenile facility in a similar manner. Specifically, these men described a desire to interact with family members when released. Another study demonstrated that male juvenile offenders viewed family contact and support as a deterrent from engaging in criminal activity (Hartwell et al., 2010). Finally, female juvenile offenders in the current study utilized supports, including people outside of the family who were positive influences, as a protective factor against recidivism. Garcia and Lane (2004) found that adult women offenders believed that female juvenile offenders needed to interact with dedicated staff members and have support from probation officers
who were more involved than most probation officers, indicating that supportive people in the youths’ lives are of paramount importance.

Male juvenile offenders have identified school involvement, employment, and activities to be protective factors as well (Hartwell, et al., 2010). These protective factors were not identified by the female youths in the present study. However, some of the female offenders in the current study had been in residential treatment facilities when previously released from jail and therefore were not employed or engaged in activities, which could be one reason for the discrepancy.

In sum, four protective factors were identified as themes in the present study: Ownving Past Life Choices, Making Healthier Life Choices, Involving Family, and Using Supports. Overall, limited prior literature was available that addressed protective factors for female juvenile offenders. However, involving family and making healthier life choices have been identified as protective factors for male juvenile offenders.

The Theoretical Model

The theoretical model follows a timeline from pre-incarceration, through the youths’ interactions with the juvenile justice system, and ultimately to their subsequent revocation to jail. Information about the youths’ experiences prior to their involvement with the juvenile justice system was relevant to their revocation because some of the factors present (e.g., trauma or substance use) impacted their later functioning and incarceration. In addition, the interconnected nature of the themes was apparent in the participant’s statements, particularly with respect to risk factors for revocation and protective factors against revocation. For example, one youth described a situation in which she argued with family members (which is representative of Ongoing Family
Dysfunction) and, in response to this argument, ran away (which is representative of a Need to Escape). Because running away is a behavior in which she had previously engaged, this also represents Repetition of Past Behaviors. Further, the same factor could represent either a risk factor or a protective factor for revocation. Specifically, family was identified as both a risk and a protective factor. Additionally, Using Supports represented positive relationships with people outside the family and Negative Peer Influences addressed poor relationships with people outside of the family. Finally, some themes were similar throughout all stages of the youths’ experiences. For example, family and relationships were addressed by the youths from pre-incarceration to the present.

Implications

The model developed in the current study could be beneficial to the jail at which the youths from this study resided and to other juvenile correctional facilities. Specifically, themes indicating the presence of Prior Contextual Stressors provide information about the types of youths who are initially incarcerated and treatments as well as the structure of facilities could lead to a modification in services to best meet the needs of girls with these specific histories. Additionally, youths spoke about poor relationships with some staff members and discussed actions by staff members that were inappropriate. Perhaps training or monitoring of staff members could reduce such problems. Conversely, youths also spoke about the importance of positive relationships with staff members and how this had a positive impact on their behaviors. This information could help inform the hiring and training of staff members so that staff members develop positive relationships with the youths.
Based on the information provided by the youths, risk and protective factors for revocation were identified as well as a theoretical model. The factors identified within the model could be particularly useful to correctional facilities because treatment programs can be modified to address these factors. For example, treatment programs could be modified to address all of the precipitating environmental stressors, such as by including specific interventions to address symptoms the youths likely experience due to trauma histories, substance use problems, and family interactions. If these treatment programs were implemented early into the youths’ involvement with the juvenile justice system, it could have an impact on their future involvement with the juvenile justice system. Additionally, it could be beneficial to help youths cultivate positive relationships with family members and identify other supportive relationships before being released. At the same time, if correctional facilities specifically address the risk factors in the course of treatment, youths will have better skills for handling these risk factors when they are released. For example, youths could be provided with information about how negative interactions with family members was triggering for youths similar to them or that youths similar to them often run away when faced with difficult situations instead of facing those situations. Youths could benefit from discussions about the different themes identified, how their attitudes and decisions fit into the model, and areas in which they need to continue to address in treatment, such as identifying more positive supports in their lives.

**Strengths and Limitations of the Current Study**

Female juvenile offenders are typically underrepresented in the literature compared to their male counterparts. Female juvenile offenders’ experience with revocation has not been addressed at all in prior literature. Therefore, the results of the
current study fill a gap in the existing literature. Another strength of this study was that a qualitative methodology was followed from the onset of the study through analysis. Therefore, youths’ perceptions about incarceration and revocation as well as what topics areas were important to them are highlighted in the themes. Many of the themes identified were apparent in over half to almost all of the interviews which demonstrates the presence of commonalities among interviewees and the strength of the model. Categories were developed from youths responses to open-ended questions and, therefore, these categories represent the youths’ perceptions and were not imposed as might occur in other research methods. This methodology was strengthened by the fact that all of the participants were cooperative throughout data collection and provided answers to all questions asked. As a result, detailed information about the girls’ experiences with incarceration and revocation was provided, and a comprehensive theoretical model was developed from the youths’ self-reports.

However, limitations to the current study were present. Although interviewing 10 youths provided a great deal of information, it was a lower number than originally anticipated. Although I attempted to collect data from all eligible participants, due to the small number of revoked youths at the facility during the data collection period, a larger sample was not available. Another limitation was that youths were not interviewed a second time after initial themes had been identified. Girls who had not discussed a specific theme (such as a history of trauma) could have been asked directly about whether they had experienced an event related to that theme or whether it applied to them. Alternatively, youths could have been shown the theory and asked for feedback about
whether or not they agreed with the theory. Another limitation is that I was not allowed access to the youths’ records and, therefore, could not corroborate their self-reports.

**Directions for Future Research**

It is unknown at the time of gathering data which youths interviewed in the current study would be revoked again after release and which youths interviewed would be released and remain out of jail. Further research should be conducted to determine whether there are notable differences in the themes identified by youths who have succeeded in remaining out of jail after revocation and those youths who return to jail after revocation. A longitudinal study that included interviewing the youths when they were first incarcerated, revoked, and either revoked again or living in the community would provide interesting comparative data. Interviewing youths as well as staff at the jail to determine whether staff members identify similar themes based on their observations of revoked females could provide useful data. Further, replicating this study in other parts of the United States or in other countries to determine whether or not risk and protective factors are similar to the youths in the Pacific Northwest could yield data that would further strengthen researchers’ understanding of revoked female juvenile offenders.

**Conclusions**

The themes identified in the current study generally supported the existing literature. Most of the related, available literature has addressed risk factors, and the precipitating environmental factors in this study were consistent with what has been found by prior researchers. Specifically, many female juvenile offenders have histories that include trauma, family dysfunction, substance use, and/ or a mental health history.
Youths discussed incarceration as being both negative and positive. The negative aspects to incarceration, which included a loss of adolescence, problems with treatment, and poor relationships with staff and peers, were also addressed in the literature. However, positive aspects to incarceration, which included good relationships with staff and using the time incarcerated to heal, were not found in prior literature. The current risk factors for revocation (denying problems, ongoing family dysfunction, needing to escape, repeating past behaviors, and peer influences) have generally been identified in similar studies, particularly for male juvenile offenders. The current protective factors against revocation (taking responsibility for past choices, making better choices, involving family, and utilizing supportive relationships) have also been generally identified in similar studies. However, no known studies specifically addressed female juvenile offenders’ experience with revocation and, therefore, these comparisons have been made with samples with different characteristics (e.g., male juvenile offenders). Overall, this study has identified themes that are consistent with the available literature while building upon an existing literature base by providing unique data.
References


Appendices

Appendix A

Informed Consent Document for OYA Representative

1. Study title

Female Juvenile Offenders’ Experience with Revocation (IRB 022-12)

2. Study personnel

<table>
<thead>
<tr>
<th>Name</th>
<th>Samantha Simon, MA, MS</th>
<th>Genevieve Arnaut, PsyD, PhD</th>
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<tr>
<td>Role</td>
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<tr>
<td>Telephone</td>
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3. Study invitation, purpose, location and dates

Under your permission as the OYA facility representative and legal guardian of potential participants, your wards are invited to participate in a research study about female juvenile offenders’ experience with revocation. The project has been approved by the Pacific University IRB and OYA IRB and is expected to be completed by 7/31/12. The study will take place at OYA’s Oak Creek Correctional Facility. The results of this study will be used to inform future research and provide OYA staff with information about revocation.

4. Participant characteristics and exclusionary criteria

Participants must be in a close custody OYA facility due to a revocation. Participants must be female and have been under the age of 18 at the time of revocation. Further, participants must speak English fluently. Participants who do
not meet these three criteria are not eligible for participation. The researcher can
discontinue the interview at any time. Reasons that the researcher might
discontinue the interview include the following: all necessary information was
obtained, no more relevant information can be gathered, the interviewee presents
as significantly distressed, or the interview has proceeded for longer than 90
minutes.

5. Study materials and procedures

This qualitative study does not utilize standardized or existing measures or
instruments. The primary method for obtaining information from the participants
is through a demographics questionnaire and semi-structured interview developed
by the lead investigator and based on the research question. In order to conduct
this research, the study materials I will have include; informed consent and assent
forms, demographics questionnaires, the semi-structured interview, digital
recorders, and flash drives. These items will be stored in locking cases.

It is expected that there will be between 10 and 20 participants in this study. Each
participant will be interviewed privately in a room with only the principal
investigator and the participant. The investigator will ask a series of questions to
the participant and will be audio recording the responses. It is expected that
interviews will last no longer than 90 minutes with most being between 30 and 60
minutes in length. There are no additional costs to the subject.

6. Risks, risk reduction steps and clinical alternatives

a. Anticipated risks and strategies to minimize/avoid

Participants will not be exposed to physical, social, legal, or economic risks as the
result of participation. However, participants could be exposed to emotional risks
because they will be talking about a difficult life experience. It is unlikely that
participants will experience emotional risks as a result of participation because
they can choose what to disclose. However, it is possible that the topic will cause
some emotional distress for some participants. If a participant appears to become
upset during the course of the interview, I will ask if she would like to take a
break and/ or discontinue the interview. At the end of interviews, individuals who
request the name and contact information of the Behavioral Treatment Services’
director (Whitney Vail, PsyD) will be provided with that information. Dr. Vail is
a mental health professional who will either meet with the participant or assign an
appropriate mental health professional to meet with the participant.

c. Advantageous clinical alternatives

This study does not involve experimental clinical trials.

7. Adverse event handling and reporting plan
The IRB office will be notified by the next normal business day if minor adverse events occur (e.g., a participant demonstrates significant emotional distress as a result of the interview) and will be handled as follows: The interview will be discontinued and the participant will be provided with the contact information for Dr. Whitney Vail at Behavioral Treatment Services.

It is considered very unlikely that a major adverse event would occur as a result of this study. However, the IRB office will be notified within 24 hours if major adverse events occur as will OYA.

8. Direct benefits and/or payment to participants
   a. Benefit(s)

   There is no direct benefit to you as a study participant.

   b. Payment(s) or reward(s)

   Participants will not be paid for their participation.

9. Promise of privacy

   Results will be kept in a confidential manner. In order to ensure confidentiality, all eligible participants will sign the informed assent documentation. For individuals who verbally choose to participate, interviews will be digitally recorded and kept in a locked briefcase. Participant names will not be attached to the recorded interviews, but rather each participant’s assigned ID number will be associated with each interview. Only the researchers will have access to the master key attaching participant names with ID numbers. Additionally, transcripts of the interviews will be kept confidential and participant names will not be attached to transcripts. Transcribed interviews will be kept in password protected documents and, when printed during the analysis phase, will be stored in a locked box.

   What each participant says during the interview will be kept confidential. However, there are a few situations in which the researcher will have to break confidentiality. If the participant talks about wanting to kill herself or cause significant physical pain to someone else, the researcher will tell the OYA representative who consented to participation. If the participant talks about committing a future crime, the researcher will report it. If the participant talks about abuse of a child or another protected population (e.g. people with developmental disabilities), the researcher might have to report it. The researcher will tell the OYA representative who consented to participation and the participant when confidentiality needs to be broken. The researcher will answer your questions about confidentiality throughout the study.

10. Medical care and compensation in the event of accidental injury
During your child’s or ward’s participation in this project it is important to understand that she is not a Pacific University clinic patient or client, nor will be receiving complete mental health care as a result of participation in this study. If she is injured during participation in this study and it is not due to negligence by Pacific University, the researchers, or any organization associated with the research, you should not expect to receive compensation or medical care from Pacific University, the researchers, or any organization associated with the study.

### 11. Voluntary nature of the study

Your decision whether or not to permit participation of OYA wards will not affect your current or future relations with Pacific University and Oregon Youth Authority. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences. If you choose to withdraw permission after beginning the study, inform the interviewer and interviewing will cease. You will tell the interviewer whether or not the information that you provided before withdrawing can be used in the study or if you would prefer for the data to be discarded.

### 12. Contacts and questions

The researcher(s) will be happy to answer any questions you may have at any time during the course of the study. If you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at (503) 352-1478 to discuss your questions or concerns further. If you become injured in some way and feel it is related to your participation in this study, please contact the investigators and/or the IRB office. All concerns and questions will be kept in confidence.

### 13. Statement of consent

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I grant permission for all eligible youths in my custody who provide informed consent or informed assent to participate in this study. (The individual names of eligible youths will not be provided on this form so as to maintain confidentiality of the participants.)

I understand that the investigators will also obtain each eligible participant’s independent assent or consent before further activity.

I understand that I may withdraw this permission and/or that a participant may withdraw assent at any time without consequence.

I have been offered a copy of this form to keep for my records.

I give permission for the researcher(s) to digitally record all interviews.

I give permission for the researcher(s) to examine each participant’s file, but to use only the information specifically described above.

Participant’s full name (please print)

Parent/guardian’s name (please print)

Parent/guardian’s signature Date

Principal investigator’s signature Date
Appendix B
Opt-Out Letter for Parents

April 1, 2012

Dear Parent:

You are receiving this letter because your daughter is currently at Oak Creek Facility, an Oregon Youth Authority (OYA) residential facility. She is eligible to be in a research project being done by a graduate student at Pacific University. The study is taking place with the permission of OYA, and only girls who have agreed to participate are being included. Due to the very low chance of risk and the small amount of time and effort the study will take, information will be collected from all girls who agree to be in the study. In this case, girls who agree to participate will be interviewed and all information will be kept confidential. However, if you do not want any information collected from your child to be used for this study (even though she would only be interviewed with her agreement to participate), you may tell us this by signing and returning this form. For information to be kept out of the study, we must have this form by May 1, 2012.

Below is information about the study:

1. Study Title

Female Juvenile Offenders’ Experiences with Revocation

2. Study Personnel

<table>
<thead>
<tr>
<th>Name</th>
<th>Samantha Simon, MA, MS</th>
<th>Genevieve Arnaut, Psy.D., Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role</td>
<td>Graduate Student Researcher</td>
<td>Faculty Advisor</td>
</tr>
<tr>
<td>Institution</td>
<td>Pacific University</td>
<td>Pacific University</td>
</tr>
<tr>
<td>Program</td>
<td>School of Professional Psychology</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Telephone</td>
<td>(503)352-2900</td>
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</table>
3. **What This Study Is About**

In this research study, we are looking at the revocation process at Oregon Youth Authority (OYA) and your child’s experiences with it.

4. **Why Your Child Qualifies**

Your child can participate if she is a female who is at Oak Creek because of a revocation. Also, she must speak English and have been younger than 18 years old when revoked. She must understand this informed assent form. She must agree to be tape recorded.

5. **What Will Be Done**

If your child agrees to participate, she will be interviewed alone by the researcher. The researcher will ask questions about her age and race (demographics). The researcher will ask her questions about what it is like at Oak Creek and her revocation. The interview will be tape recorded and kept confidential.

6. **Possible Risks**

There are not any direct benefits to you or your child, but your child’s responses will help the researchers understand the revocation process better. Although many steps are being taken to keep confidentiality, it is possible that there could be a breach in confidentiality. The questions asked may remind your child of some hard or emotional times in the past that may cause her to feel uncomfortable or upset (e.g., anxious, angry, or sad). If she feels this way, the researcher will give her the phone number for Dr. Whitney Vail at OYA’s Behavioral Treatment Services. Your child can stop the interview at any time.

8. **Adverse Event Handling and Reporting Plan**

If your child experiences adverse events (e.g., upsetting feelings that do not go away), the researcher might have to notify Pacific University’s IRB within 24 hours.

8. **Benefits**

There is no direct benefit to you or your child for participating in the study.

9. **Promise of Privacy**
What your child says during the interview will be kept confidential (private). Your child’s name will not be attached to the information she provides.

However, there are a few situations when the researcher will likely have to tell people about what your child says. If your child talks about wanting to kill herself or hurt someone else, the researcher will tell OYA staff. If your child talks about committing a future crime, the researcher will report it. If your child talks about abuse of a child or another protected population (e.g., elderly people), the researcher might have to report it. The researcher will tell your child if she might have to break confidentiality. The researcher will answer your child’s questions about confidentiality throughout the study.

10. Participation is Voluntary

Your child’s participation is completely voluntary. Your child can choose to not answer any questions that she does not feel comfortable answering. Your child can stop at any time without consequences. If your child changes her mind about participating after beginning the study, your child gets to choose whether she wants the information that she already gave to be destroyed or to be included in the study. Further, if you do not want the data from your child’s interview to be included in the study, you can send us this form. Your child’s or your own decision whether or not to participate will not affect your current or future relations with Pacific University or OYA.

11. Parental Option

If you agree for your child’s data to be included, you do not have to do anything. If you do not want your child’s information to be included in this study (even though she would only be interviewed with her agreement to participate), you may notify us of this by returning this form. If you have any questions, you can contact the researchers at the above e-mail addresses or phone number.

If you do not want your child’s data to be included in the study, please check the box below, clearly write your child’s full name, sign the form, and return it in the enclosed envelope. If it is okay with you for your daughter’s information to be included, you do not need to do anything.

☐ I do not want my child’s information to be included in the study.
Child’s Full Name

Parent’s Signature  Date
Appendix C

Participant Informed Assent

6. Study Title

Female Juvenile Offenders’ Experiences with Revocation

7. Study Personnel

<table>
<thead>
<tr>
<th>Name</th>
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8. What This Study Is About

In this research study, we are looking at the revocation process at Oregon Youth Authority (OYA) and your experiences with it.

9. Why You Qualify

You can participate if you are a female who is at Oak Creek because of a revocation. Also, you must speak English and have been younger than 18 years old when you were revoked. You must understand this informed assent form. You must agree to be tape recorded.

10. What Will Be Done

If you agree to participate, you will be interviewed alone by the researcher. The researcher will ask questions about your age and race (demographics). The researcher will ask you questions about what it is like at Oak Creek and your revocation. The interview will be tape recorded and kept confidential (private). If you agree to participate, try not to use your name or the name of other girls at Oak Creek to keep the information you give confidential.
6. Possible Risks

There are not any direct benefits to you, but your responses will help the researchers understand the revocation process better. The questions asked may remind you of some hard or emotional times in the past that may cause you to feel uncomfortable or upset (e.g., anxious, angry, or sad). If you feel this way, the researcher will give you the phone number for Dr. Whitney Vail at OYA’s Behavioral Treatment Services. Although many steps are being taken to keep confidentiality, it is possible that there could be a breach in confidentiality. You can stop the interview at any time.

7. Adverse Event Handling and Reporting Plan

If you experience adverse events (e.g., significant upsetting feelings that do not go away), the researcher might have to notify Pacific University’s IRB within 24 hours.

8. Benefits

There is no direct benefit to you for participating in the study.

9. Promise of Privacy

What you say during the interview will be kept confidential (private). Your name will not be attached to the information you provide.

However, there are a few situations when the researcher will likely have to tell people about what you say. If you talk about wanting to kill yourself or hurt someone else, the researcher will tell OYA staff. If you talk about committing a future crime, the researcher will report it. If you talk about abuse of a child or another protected population (e.g., elderly people), the researcher might have to report it. The researcher will tell you if she might have to break confidentiality. The researcher will answer your questions about confidentiality throughout the study.

10. Participation is Voluntary

Your participation is completely voluntary. You can choose to not answer any questions that you do not feel comfortable answering. You can stop at any time without consequences. If you decide to stop answering questions after beginning the study, you get to choose whether you want the information that you already gave destroyed or included in the study. Your decision whether or not to participate will not affect your current or future relations with Pacific University or OYA.
11. Statement of Assent

All of my questions have been answered and I agree to participate in this study, I understand that I may withdraw at anytime, for any reason, without consequence.

Participant’s signature                        Date

Principal investigator’s signature            Date
Appendix D

Participant Informed Consent

1. Study title

Female Juvenile Offenders’ Experience with Revocation

2. Study personnel

<table>
<thead>
<tr>
<th>Name</th>
<th>Samantha Simon, MA, MS</th>
<th>Genevieve Arnaut, PsyD, PhD</th>
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<tr>
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<td>Faculty Advisor</td>
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3. Study invitation, purpose, location and dates

In this research study, we are looking at the revocation process at Oregon Youth Authority (OYA) and your experiences with it.

4. Participant characteristics and exclusionary criteria

You can participate if you are a female who is at Oak Creek because of a revocation. Also, you must speak English and have been younger than 18 years old when you were revoked. You must understand this informed consent form. You must agree to be tape recorded.

5. Study materials and procedures

If you agree to participate, you will be interviewed alone by the researcher. The researcher will ask questions about your age and race (demographics). The researcher will ask you questions about what it is like at Oak Creek and your revocation. The interview will be tape recorded and kept confidential (private). If you agree to participate, try not to use your name or the name of other girls at Oak Creek to keep the information you give confidential.
6. Possible Risks

There are not any direct benefits to you, but your responses will help the researchers understand the revocation process better. The questions asked may remind you of some hard or emotional times in the past that may cause you to feel uncomfortable or upset (e.g., anxious, angry, or sad). If you feel this way, the researcher will give you the phone number for Dr. Whitney Vail at OYA’s Behavioral Treatment Services. Although many steps are being taken to keep confidentiality, it is possible that there could be a breach in confidentiality. You can stop the interview at any time.

7. Direct benefits and/or payment to participants

a. Benefit(s)
   There is no direct benefit to you as a study participant.

b. Payment(s) or reward(s)
   Participants will not be paid for their participation.

8. Adverse Event Handling and Reporting Plan

If you experience adverse events (e.g., significant upsetting feelings that do not go away), the researcher might have to notify Pacific University’s IRB within 24 hours.

9. Benefits

There is no direct benefit to you for participating in the study.

10. Promise of Privacy

What you say during the interview will be kept confidential (private). Your name will not be attached to the information you provide.

However, there are a few situations when the researcher will likely have to tell people about what you say. If you talk about wanting to kill yourself or hurt someone else, the researcher will tell OYA staff. If you talk about committing a future crime, the researcher will report it. If you talk about abuse of a child or another protected population (e.g., elderly people), the researcher might have to report it. The researcher will tell you if she might have to break confidentiality. The researcher will answer your questions about confidentiality throughout the study.
11. Participation is Voluntary

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12. Contacts and questions

The researcher(s) will be happy to answer any questions you may have at any time during the course of the study. If you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at (503) 352-1478 to discuss your questions or concerns further. If you become injured in some way and feel it is related to your participation in this study, please contact the investigators and/or the IRB office. All concerns and questions will be kept in confidence.

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Participant’s Name

Participant’s Date of Birth
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<th>Participant’s Signature</th>
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<tr>
<td>Principal investigator’s signature</td>
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Appendix E

Demographics Questionnaire

1. How old are you?

2. What is your ethnicity?

3. What is your primary language?

4. What is the highest grade at school that you have completed?

5. Are you planning to attend school when you leave OYA?

6. Why were you revoked?
   a. Technical violation
   b. Committed new crime
   c. Other _____________________

7. Approximately how many days have you been at Oak Creek since your revocation?

8. What crime led you to being at Oak Creek most recently?

9. How many times have you been in detention (including this time)?

10. How many days in all have you been in detention (including this time)?

11. How many times have you been arrested in all?

12. What is the most serious crime for which you have been arrested?
Appendix F

Interview Questions

1. Tell me about your experience in Oak Creek.
   a. What did you like about Oak Creek?
      i. Prompts: Peers, Staff, Structure, Safety
   b. What didn’t you like about Oak Creek?
      i. Prompts: Peers, Staff, Structure, Rules, Loss of Freedom
   c. What type of preparation, if any, did you have for leaving the facility?
      i. Prompts: Special classes, Training, Discussions with staff or peers, Meetings with family
   d. Did your perception of Oak Creek change over time? How so?

2. Tell me about your experience with leaving Oak Creek and then getting revoked.
   a. What was it like to leave the facility?
      i. Where did you go?
      ii. What did you do?
      iii. What were the challenges in staying out of trouble?
      iv. What were the things that helped you the most in staying out of trouble?
   b. Why did you get revoked?
      i. What factors contributed to your revocation? (Tell me about the day you got revoked.)
         1. Substance Abuse
         2. Family
         3. Friends/Peers
         4. Romantic Relationships
         5. School
         6. Traumatic Experiences
         7. Money
      ii. What, if anything, do you think could have prevented you from getting revoked?
      iii. What could OYA have done to better prepare you for leaving the facility?
3. Possible Lessons
   a. Are you going to do anything differently when you leave this time to prevent getting revoked?
   b. What advice would you give someone being released from Oak Creek for the first time?

4. Is there anything we have not talked about that you think is important for me to know?