Chapter 12

Special Concerns of Managing Adolescent Female Offenders in a Correctional Setting

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INTRODUCTION

Adolescent female offenders in a correctional setting are the smallest and most distinct correctional population with unique needs that must be adequately addressed. Such girls have proceeded through life unable to define constructive goals, implement constructive change, and identify or use available resources. The goal of corrections is that each girl become capable of correctly choosing and adapting to new environments when she returns to the community. More likely than not, the controlled structured environment of the correctional setting is the first, and often the only, opportunity for redirection and success that these girls have had to recover their lost potential. If this recovery is to happen, an appropriate and trained staff invested in the needs of these girls is imperative. Programs, policies, and approaches must be effectively tailored to this age- and gender-specific population. Histories of the youth and their families must be addressed. In the appropriate environment, these girls have the ability to change their lives to succeed. Adolescent female offenders can be the most exciting and rewarding correctional population with which to work.

Staff working with adolescent females in a correctional setting, however, face unique challenges in regard to professional distancing, fraternization, victimization,
staff stress, and orienting their families to be understanding of their work situation. Dealing with such challenges is mandatory.

This chapter first defines the demographics and needs of this population and systematically reviews approaches in specific areas that have been proven effective. Next, the population's needs are identified, with a special focus on abuse histories. Policies and structure are defined as the underpinning elements of effective management of the adolescent female offender. The chapter focuses on communication techniques, along with means to address staff perspectives, female adolescent human growth and development, housing, and transition to off-grounds activities. A lengthy section deals with mental health and medical issues of particular concern with adolescent female sex offenders. The families of origin for these girls are also addressed, along with approaches for the girls as they become mothers. Finally, effective staffing patterns and staff issues are defined.

I manage Southern Oaks Girls School, the maximum-security institution for adolescent girls which serves all seventy-two counties in Wisconsin and, by contract, adolescent female placements referred by the U.S. Federal Bureau of Prisons. We also serve the adult system when a girl receives an adult sentence at an early age. This institution was created in 1994 due to insight by the state legislature that delinquent adolescent girls are indeed a special population with unique needs. Our goal is to run an institution with positive outcomes through creative individualized case plans, committed staff, effective programs, and sound policies and procedures that make sense with this population. Professional distancing and data management are incorporated into everything we do. This may seem idealistic. Challenges from moment to moment cannot be anticipated, but the way we manage them can. Each staff member needs patience, consistency, knowledge, responsiveness, and the ability to smile to carry him or her through each challenge. Generalizations need to end.

Southern Oaks works with approximately 200 girls per year. The easiest, though probably not the most tactful, way to describe this population is as girls at the end of the line in the eyes of society, girls who are delinquent and have reached the point where the court feels there is no hope for their redemption in any other placement. Basically we provide treatment, academic education, structure, goals, vision, and skills for these girls to gain and maintain a successful life. The baseline goal for success is a confident, financially independent female head of household, who is not breaking the law or being abusive or abused. The potential for success is in the girls. One of our key measures of success for each girl released from the institution and type 2 supervision is whether she reoffends. Fewer than 7 percent of the girls who have been released from Southern Oaks commit a new offense to society that brings them back to us for a new commitment or places them into the adult system.

Where have the techniques described here originated? When I moved into the management of an adult female minimum-security facility there were few resources for the effective management of female populations. Over the past fifteen years the visibility of the female offender population has dramatically increased. When one looks at the subset of adolescent female offenders, few relevant studies exist. The corrections professionals dealing with these populations are the driving forces to increase visibility, initiate research, define data, author publications, and bring programs regarding this unique population into training academies and colleges and to other interested professionals. Many of these corrections professionals became the teachers
and authors, subsequently developed their own small business establishments to train others, and are by majority females themselves. They took the risk to focus on female offender needs against all odds. Pioneers from my perspective would be the National Institute of Corrections–National Academy of Corrections, Minnesota Department of Corrections, and the biannual National Workshops on Adult and Juvenile Female Offenders. My techniques are a blend of everything I have been able to discover from these pioneers of experience and knowledge, and from the female offenders themselves.

SNAPSHOT OF TYPICAL ADOLESCENT FEMALE OFFENDERS

Survivors of Dysfunctional Families

The term “family” refers to the individuals who are those family fragments or supportive others available to the girls. These are not intact families as we typically view them. Family, as the girls view it, is a place where they have had experiences that had a negative impact on their lives, yet a place to which they want to return with the idea that the next experiences will be positive. In the past five years the demography of girls entering corrections has changed for a variety of reasons. Those pioneer movements to make female offenders more visible and understood are surfacing. The financial outlook has shifted and dollars and cents are now a clear factor. Counties are coordinating their efforts to work with families through combined resources. The wonderful theory of “wraparound services” based on prevention is emerging in the implementation of community programs that meld services from a number of agencies to provide a collection of support services aimed at changing the futures of total families. Prevention services are providing girls information and assistance in the areas of abuse, support, and skill building. Intensive community supervision is now a common practice to enable us to keep delinquent girls in the community. Most often this involves electronic monitoring. Although some reports claim that girls may be treated more severely in the courts than boys (Bilchik, 1998), it is our experience that judges today look to other options before mandating incarceration for juvenile girls.

The girls who make up today’s offender population are clearly assaultive, unpredictable, needy, and streetwise. Their special education, mental health, and physical health needs have not been addressed, nor has their inability to relate or respond in a positive environment. “When those experiences (in early childhood) are primarily negative, children may develop emotional, behavioral, and learning problems that persist throughout their lifetime, especially in the absence of targeted intervention” (U.S. Department of Health and Human Services, 2001, p. 10). The girls entering our institutions demand intensive and effective responses from us.

Profile of a Typical Adolescent Female Offender

The typical girl at Southern Oaks resembles the national picture for an adolescent female offender. She is 14–15 years of age. She is not being raised by a birth-parent pair. Her world is of less than middle-class income, often poverty, in a transient home environment. She has probably witnessed her mother experiencing physical, emotional, and/or sexual abuse. She has herself, at about age 9, been victimized and the abuse
is most often unreported. Abusers have not been strangers, and more likely than not they have been relatives or adult male role models whom her mother has brought into the home. “Three abusive themes—incest, violence and alcoholism—were mentioned more than others when girls wrote about their fathers. Of all forms of father-perpetuated abuse, sexual abuse was the most common” (Shandler, 1999, p. 105). Abuse issues without counseling intervention result in lost self-esteem, negative self-image, and a feeling of worthlessness. It is at this point that negative codependent relationships and permissive sexual activity begin for this girl, at an average age of 12. School, the only structured environment she encounters, is interrupted. School absences occur to the point of near total truancy for six months prior to incarceration. Often the girl has been suspended from school. She then reverts to streetwise approaches. She feels worthless in a world without structure or positive, constructive direction. She uses alcohol and drugs to escape abuse and feelings of worthlessness.

Codependent relationships become this young female’s greatest addiction and often include gang involvement. Thirty percent of the girls at Southern Oaks have significant identified gang affiliation—their new family. Intervention occurs once a girl reverts to identifiable behaviors that violate the law—physical aggressiveness and theft being most predominant. Her family, the fragment that remains in her life, basically has “had it.” The new “family” of negative codependent relationships perpetuates the problem. Alternative placements occur—detention, foster homes, group homes, or mental health facilities as examples. An average of four out-of-home placements prior to incarceration. The girl has also most likely disappeared from her original family setting for periods of time without having her absences reported to law enforcement. She now “runs” from alternative placements. She comes to Southern Oaks with an average of ten law enforcement-reported runs. The girl may self-abuse to escape situations. Sexual permissiveness and drug use are also clear early signs of self-abuse. This defiant, gang-related, self-abusing, running, codependent, addicted female teen in puberty may also have mental health disorders.

**Understanding Girls’ Paths to Delinquency**

Meyer (2003) describes a “snowball theory,” including genetics, biology, and environment as factors in the paths these girls take to end up in the correctional system. Unless we understand the paths, we cannot work toward successful futures. As one rolls a snowball in snow, with the right characteristics, more snow sticks. Rolling downhill the ball grows larger and larger. “Genetics is like the velocity of the ball, which is predetermined. Environment is everything the ball hits along the way, which can determine the ball’s path” (Meyer, 2003, p. 10). Managers of correctional facilities for juvenile girls receive girls whose paths might more accurately reflect an avalanche theory.

Another theory is the “pathways” perspective. Survival of abuse, poverty, and substance abuse are the pathways to crime for this population. The sequence of events in offenders’ lives is the catalyst of their choices and behaviors. It is similar to the snowball theory in that events and environment align. The girl’s first encounter with the juvenile justice system is usually as a runaway, where the running is from violence and physical and/or sexual abuse (Bloom, Covington, & Raeder, 2003). For those responsible for incarcerated adolescent female delinquents, this theory helps make sense of
the collection of piecemeal background factors that appear with each girl. There is no one contributing factor that is “the fix.” The most effective and efficient way to deal with other corrections populations is to assess needs and prioritize programs and experiences to meet these needs. Prioritization is not so easy for these girls: Each piece of an adolescent female delinquent’s history blends into the others. The lack of adult role models, lack of intervention, lack of facts and records, abuse history, activities pursued for validation, educational needs, unstructured worlds, and inability to respond to redirection become an indistinguishable collection of needs. Meyer (2003) describes this population as stress-sensitive adolescents who are overwhelmed by negative situations. Program reviews and individual plans for these girls do not allow one to pick and choose specific treatment needs from a menu of academic education, parenting skills, anger management, social skills, alcohol and other drug abuse issues, codependency issues, cognitive interventions, independent living skills, leisure time skills, and so on. The girls need everything identified to repair their unique backgrounds and push them forward to gain lost potential, and more.

CRITICAL IMPACT OF ABUSE AND POSTTRAUMATIC STRESS DISORDER

Demographics aside, abuse is the life experience that appears to weigh most heavily in the direction the lives of these young women take. “[P]rolonged, severe, or unpredictable stress—including abuse and neglect during a child’s early years is problematic. The brain’s development can literally be altered by these experiences, resulting in negative impacts on the child’s physical, cognitive, emotional, and social growth” (U.S. Department of Health and Human Services, 2001, p. 6). Therefore, previous abuse environments are a paramount concern when managing this special offender population. Initially data told the story, and now research provides myriad reasons. One theory is that children store information as they develop through memories of their experiences. Memories provide a smooth and logical flow of the information so the brain manages experiences easily. “The creation of memories is part of our adaptation to our environment” (U.S. Department of Health and Human Services, 2001, p. 5). If the early environment includes abusive or neglectful experiences, the way decisions are made and experiences are perceived affects the view of one’s world throughout life. Without intervention to correct these perceptions, the spiral is downward, further impairing the ability of these girls to respond to nurturing and kindness.

Posttraumatic stress disorder (PTSD) follows exposure to extreme trauma. Extreme trauma is defined as life threatening or causing harm. PTSD results in fear, horror, and a sense of helplessness. It influences mental, emotional, and/or physical well-being and may disrupt or alter brain chemistry. Symptoms of PTSD include nightmares; flashbacks/intrusive images at anytime; and extreme emotional or physical reactions such as chills, heart palpitations, and panic attacks. (For more detailed discussion of PTSD, see Chapter 10, in this volume.) Girls present self-destructive behavior, depression, emotional detachment, and irritability/sudden anger. They have difficulty sleeping, lack concentration, and are disconnected when awake. Their self-esteem is low, and they have relationship problems (“Posttraumatic stress disorder,” 2000, p. 25).

These are the girls who come through our doors. Their paths and their responses to these paths are gender unique. They have experienced physical, emotional, or sex-
ADOLESCENT FEMALE OFFENDERS

MANAGING ADOLESCENT FEMALE OFFENDERS

Policies and Procedures

Every corrections department has basic policies and procedures, be they administrative rules, internal management procedures, security procedures, emergency procedures, employee work rules, procurement procedures, and so on. Anyone reading this volume knows the drill. Below these basic policies, in any institution for adolescents, is the layer of policies that address the special needs for adolescents in the areas of education, parental notice and permission, nutritional standards, and so forth. Then comes the policy structure necessary to manage an institution of adolescent females. To prepare staff and volunteers to work with and manage adolescent girls, one has to be a policy expert. It is difficult to reach the point at which all issues are being defined or any one policy is written to meet all unanticipated needs. Staff demand clear policies to be able to be consistent and to eliminate arguments with emotionally charged girls over basic operations. An organized institutional handbook includes chapters on facility management, health services, staff issues, youth management, union local agreements, post orders providing security staff clearly defined expectations during each shift and at each physical location, and a copy of the youth handbook. The goal of effective policies and procedures is twofold: (1) staff need the basis for consistent approaches that do not conflict with one another, and (2) adolescent females need opportunities to solve their own problems and reach toward their potential. “Poor decision making and problem solving skills are inherent in female offenders. They typically have not had the opportunity to make their own decisions—again as a result of abusive, controlling relationships. Staff easily can perpetuate this problem by solving offenders’ problems rather than offering viable alternatives and options which would teach offenders to weigh choices and make correct decisions” (DeBell, 2001, p. 57). Provided that parameters are clear, outlined by policy and incorporating a system for female offenders to work toward providing structure in their lives, opportunities exist to have positive experiences that will influence future behaviors. Girls thrive in a structured environment. The goal is for the girls to transition to being able to provide their own structure. Consistency is the key to success.

Consistency and Structure

These girls, who live in a world of being victimized and who survive by manipulation, must set aside excuses and live in the structure and consistency of an institution. It is within the consistency of structure that delinquent adolescents can let down their guard and get to work. These girls were provided little opportunity to gain the skills to put them in control of their futures. For some of the girls, specifically those whose mental health has an identified prognosis, the structure should be customized based on their abilities. The themes of structure and consistency must continue as these girls reintegrate into the community. This is one of the reasons we begin to plan for release upon admission. Structure in certain areas is critical for successful com-
Community reintegration. These girls come from chaotic environments. Each girl had the skills and opportunities to develop the ability to provide structure to her own life. They need to be able to create their own daily schedules that include school, work, leisure time, and so on. They need to incorporate good decision making into every action and activity that fills their lives. They must overcome the chaos of lives around them and direct their own paths.

At the point of arrival in reception the girls’ lives are out of their control. A correctional setting provides the opportunity to turn this misadventure around, to stop the velocity and direction of the ball, and to redirect paths. These girls need organization and structure in which to frame their experiences to move from codependency to independence. Their real strength comes from their self-esteem. For a girl to grow strong in herself, she needs the appropriate environment. The safer these girls feel, and the more they are in an environment that channels their activities toward skill building and success, the more they achieve and the happier they are. The correctional institution is probably the first safe and predictable environment they have experienced. Minimization of the unpredictable provides opportunities for these girls to begin to address their issues. However, my caution is that during the transition, the structure should not be lessened too soon or too rapidly. Girls need the opportunity to stay at the highly structured end of the continuum long enough to have a number of positive experiences and to gain sound basic skills such as organization, positive thought patterns, socialization, and communication.

Example: A Typical Day on the Unit

At Southern Oaks we have three priorities in regard to all the girls: academic education, treatment, and structure. To understand, let us look at one day at Southern Oaks. The girls are housed in assigned rooms. At no time are they to be in any room other than the one to which they are assigned. Girls do not have roommates. A weekly schedule is provided for each girl. Options and privileges are available within this schedule. Each girl has her own copy of her own schedule. Chores, based on youth levels, are fixed for the week. Thus, for instance, those who serve each meal are aware of their responsibility. The girls awaken early knowing they will not return to bed during the day, unless they are on sick cell as determined by a health service professional. They take showers alone, and at no time can two girls be in any shower area or the adjacent dressing area. Showers are timed by level. A degree of personalization is allowed in each room—there is a space for clothing, there is a specific space for school items, and there are cleanliness directives. A dress code exists for the uniforms, ranging from sweats to skirts, blouses, and sweaters. Food is uniformly served and the meal line is one of the few places where general conversation is not allowed. Food service is an area where, through the chore of distributing food, girls serve girls. The opportunity for verbal coercion or intimidation to manipulate portions or make food substitutions must not occur.

Each day is managed in fifty-minute periods from 5:45 A.M. until 10:00 P.M. While staff manage their worlds by military time, the girls do not. By 7:50 A.M. each girl is involved in programming. Girls on a unit are in defined groups with seven to ten in a group. School and treatment groups are managed as scheduled. At least one period is spent outside in physical activity, and some time is scheduled for aerobic exercise.

Case Plan

It is defined and is to design social work to provide group implementation community sections of a girls a chance at a skill. A child adult; continuum of.

The needs for information. It is worth integration of each girl's community. The future, st. Because, dysfunctional girls transition.
Each girl needs to be in her own life. Academic education at Southern is provided in any room. A weekly meal is available. Based on youth, a meal is served. The food is served. The girls are served. The meals are served. The meals are served. The meals are served. The meals are served.

10:00 P.M. While A.M. each girl is seven to ten in an aerobic period is aerobic exercise outside. Journals and goals are written daily. Expectations for each journal entry are clearly defined in the handbook, disallowing such entries as “Nothing happened today.” Journals and goal work are due for review at specific times. A level system (four levels) defines positive rewards. A fifty-minute period of “choice time” has a clear definition of which choices each girl has per the level system, with more privileges being available to those on higher levels. As an example, girls at higher levels can listen to music in their rooms, which is managed via speakers through the communications center. The handbook defines the radio stations allowed—light and easy or National Public Radio. No electronics are allowed in rooms. No prime-time television programs are allowed. After the evening meal some groups of girls watch the news and a current events activity follows. Girls manage unit cleanliness as scheduled. Each shift of unit staff provides points in a number of areas specified on the daily point sheet (see Appendix 12.1). Teachers meet once daily to define the total number of points each girl has earned for that day. Each provider submits points for each treatment program. Girls review points daily with staff. A movie is provided on each weekend day and each holiday. Telephone calls home occur on the first, second, and fifth Sunday each month, as well as on specified holidays. Levels determine the length of the calls. Girl Scout meetings occur primarily on weekends as scheduled, and everyone participates. Special events can be attended, and involvement in leisure time activities is based on levels. Religious events are available at scheduled times. Structure is clear and based on behavior.

Case Planning

It is the corrections manager’s job to ensure that each girl’s history is clearly defined and considered from the beginning in case planning. The most effective way to designate social worker staff at the ratio of no more than 1:50 as reintegration social workers. These individuals become specialists. They do not work the line or provide groups. Their purpose is solely to develop individual case plans; monitor their implementation; and at every opportunity link release planning with the county, court, community resources, and family. These individuals are the point of contact for corrections staff in relation to each girl on their caseload. “Managing by teamwork gives girls a chance to see adults modeling cooperation, respect, and good communication skills. A case management approach serves girls’ needs for connection with a caring adult; consistency; and networking to plan for coordination of services across a continuum of care” (Bilchik, 1998, p. 43).

The community appreciates not receiving contacts from numerous institution staff who need information, consents, and so on. Reintegration social workers are trained information links to focus every effort in the direction needed—to benefit each girl. It is worth using the valuable resource of a line treatment staff member as a reintegration social worker. As a result, resources are coordinated for the explicit benefit of each girl. Institution staff become wraparound specialists involving families and community. Though the ideal would be for community staff to be this invested in the girl’s future, such involvement while she is in a correctional institution seldom occurs. Because, more likely than not, the community to which a girl transitions includes a dysfunctional family, little structure, and a previously abusive environment, adolescent girls, perhaps more than any other special-needs population, need a continuum to transition into the community.
Similarly, effective management of incarcerated adolescent female delinquents requires an understanding of abuse and PTSD. Staff with various areas of expertise must work together to address these issues as well as to manage the behaviors that accompany them. Consider the challenges of a staff person managing a group of girls who manipulate, display PTSD symptoms, and have behavioral and mental health overlays. Consistency and patience are key. Because staff members are not saints, the administrator must factor in staff issues. Staff must have a clear and consistent means to respond and redirect the varied paths these girls have taken and to focus them on skill building to recover their lost potential.

**Gender-Specific Programming**

Gender-responsive programming provides girls with a safe opportunity to heal from trauma without fear that disclosure and discussion will carry negative consequences. It also provides girls with opportunities for success in which they can produce something of value to themselves and those around them (Sherman, n.d., p. 7).

Shay Bilchik (1998) states eloquently, “Girls travel different developmental pathways to delinquency than boys. Accordingly, programs in their experiences are best suited to preventing and treating female delinquency” (p. III). It is our job to assist the adolescent female offender in achieving the skills to deal with past issues that are interfering with her future success. She must gain knowledge and have a plan to be able to achieve the minimum baseline goal of confidence and financial independence as a female head of household who is not offending, being abusive, or being abused. Teicher (2000) provides hope in his review of meta-analysis on brain function. Positive environments can cause growth in situations in which negative environments have created deficits.

Gender-specific programs for delinquent adolescent female offenders are strengths based, relationship oriented, participatory, and experiential—and they address female human growth and development issues of adolescence. Programs across all disciplines need to be linked. Teachers and social workers should team to provide cognitive interventions/anticriminal thinking. All girls should receive, at a minimum, the skill-streaming portion of Arnold P. Goldstein’s aggression replacement therapy (see www.uscart.org, the website for the International Center for Aggression Replacement Training). All staff, from health services to line unit workers, should be aware of the specific skills the girls are learning and practicing to use them and reinforce appropriate skill use. Rote memorization should not be a part of any program. Activities should relate to real-life experiences, finding application and relevance in information provided in all disciplines. Girls must be able to create memories from experiences that will become applicable skills in future decision making and planning.

**Education**

Education is a priority. The selection of an administrator/institution superintendent with a background in education is an asset. The traditional method has been to select a corrections career staff with criminal justice and security backgrounds to manage a maximum-security institution. But the philosophy that such an individual can manage anywhere does not pertain in an institution for delinquent adolescent females. The administrator/institution superintendent in such an institution must have
female delinquents areas of expertise therapies, behaviors that define a group of girls and mental health issues are not saints, the consistent means to focus them on experience in the unique needs of female offenders and must be well versed in educational theory and practices.

School often provided the only structure in the pathway of an adolescent female. School was often her home and her link to the future until codependent addictions led her in another direction. Historically the girls at Southern Oaks have not experienced consistent academic success because of chronic truancy, disciplinary actions within the school setting, and large gaps in their developmental learning processes. Half the girls were previously identified as having special educational needs.

Institutional activities should revolve around education. Teachers should be available beyond the Monday-through-Friday tradition to include evenings and Saturdays. Even while in security status, which is removal from the general population due to substantial bad decision making, a girl should participate on some level in educational programming. Isolation should not be part of the continuum. Girls learn best in smaller groups through direct application of information and skills. Creative teachers integrate music and art into curricula. Adolescent female offenders must be provided with opportunities to experience consistent successes within academic and career/technical education. Programs must acknowledge the recovery process and maximize the strengths of these girls while effectively addressing skill deficits. Incarcerated delinquent females must, at a minimum, achieve educational performance in the grade level for their age before returning to the community. Ideally, each girl must have a career track and a plan to meet the minimal educational level necessary to qualify for future employment. The best plan does not return these girls to the school in which they were previously enrolled when they began to make bad choices, as it would be similar to returning an addict to a drug-using environment.

Through an experiential integrated approach, girls gain an average of two full grade levels for every six months of placement at Southern Oaks, as demonstrated by standardized testing. Career planning is paramount, and adolescent female offenders begin career planning as soon as they enter Southern Oaks. The development and implementation of a Lifework Education Plan (LEP) increase the probability that these girls will gain and maintain meaningful employment upon return to the community. The LEP exceeds the goal of entry-level employment without career progression or benefits. Each girl has one fifty-minute career planning section daily, facilitated by a teacher. Each girl works on a career portfolio throughout her stay. These are sophisticated portfolios. Documents included in each portfolio span beyond resume drafts to include samples of work. Girls actively participate in portfolio development, including items they feel to be of importance (e.g., a PowerPoint book report, the tape of a presentation, a typing test, and certificates achieved). The portfolio also includes a social security card and birth certificate. The career portfolio is a living document each girl can use throughout her lifetime.

HUMAN GROWTH AND DEVELOPMENT OF ADOLESCENT FEMALE OFFENDERS

New imaging studies have revealed that brain development extends into the teenage years. A gray matter growth spurt occurs in the frontal lobe just prior to puberty. This is the area for executive functioning: planning, impulse control, reasoning, and cognitive processing (Department of Health and Human Services, Public Health Service, National Institute of Health, & National Institute of Mental Health, 2001). It
is more than hormones that we are dealing with. Staff must understand behavior related to female gender and age.

The snowball/pathway theories posit that the metamorphosis of adolescence has been prohibited for adolescent female offenders. Their successful passage into adolescence will coincide with ceasing drug intake, becoming physically healthy, gaining self-esteem, and increasing executive functioning.

What I have found most interesting is the absolute ability of incarcerated adolescent girls to change destructive behavior patterns. Are we catching them at the right time in their human growth and development to influence the experiences that occur during the time of prepuberty brain development? Are the constant questioning of rules, the need for feedback, and the desire for verbal engagement all part of this human growth and development process? This is where clear policies with constant reviews, the provision of a highly structured environment, experiential learning, journaling and goals, and guiding these girls through optimum learning techniques are imperative.

A SYSTEM OF REWARDS

Level systems and structured programs of rewards based on achievement are effective. In my work with other populations, there were always some who decided to stay out of trouble and some who violated the administrative code and experienced due process and penalties on a regular basis. Those who avoided violating the rules were basically left alone. However, such a system should not be used for adolescent girls. When adolescent girls are left alone without a relevant reward system in place, they deliberately get into trouble to gain attention. There are unlimited level-systems options. At Southern Oaks we implement more than one because different populations need different programs.

Girls on the mental health unit, for example, need a level system that provides immediate gratification and sanctions. (See Appendix 12.2.) Reviewing their behaviors every two weeks would be pointless. They have difficulty relating to something that happened yesterday, let alone two weeks ago, as they have passed through so many changes in that time. Their level system must be in the here-and-now, with a strong structure based on graduated and progressive time increments. As girls on the mental health unit change levels, from moment to moment for some, staff explain reasons for the positive or negative movement with the structured level system to the girl and make a separate notation for other staff and practitioners. Reinforcement and redirection are constant. Girls in the general population, on the other hand, have a two-week structure. Due to individualized needs, some girls have modified structures and individual plans. Each girl has a daily point sheet.

Levels range from one, the lowest, to four, the highest. Girls who complete the reception process without receiving a major conduct report move to their general housing unit as a level two. A major conduct report for any girl removes her from the system during due process and security status, and if she is above a level one at the time of her infraction, she is reduced to the base level. Rewards center around bedtimes, canteen spending limits, and items that can be ordered (e.g., personal care vs. snack foods; responsibilities for jobs; time allotments for telephone calls home; attendance at special events; access to curling irons; approved radio via the intercom in their rooms; access to beauticians; and choices of extra privileges).

HOUSING

One of the small housing units is on a unit at facilities with a well-known ice cream shop. Prizes are minis products or a hot tub. The girls also had a coloring contest, which consists of a well-known ice cream shop. Prizes are minis products or a hot tub. The girls also had a coloring contest, which consists of a well-known ice cream shop.

While adm...
I take the time to interact with the higher-level girls. In the beginning, it seemed as if I only knew the girls who took up everyone’s time because of their bad choices. Now I come in on the weekend and do something I enjoy with the level three and four girls—photography. This allows me just to talk with them and in the end provide them some pictures to send home.

We also have coloring, unit decorating, door decorating, and essay and poetry “contests” to draw on the creative and artistic skills of the girls. Participation is optional. Girls with little self-esteem upon arrival take pride in such activities. They work together and help each other. These activities also provide opportunities for staff to interact with the girls in a different setting. When only a few girls took the initiative to join in the coloring contest one month, I provided the reward of a sundae of their choice from a well-known ice cream shop. They got to eat the ice cream during general out time. Prizes are minimal and most often from donations. They may be a few personal care products or a box of stationery. I usually follow up personally with my bag of “rewards,” which consists of coloring, crossword puzzle, and word-find books. I would never have guessed that girls, whose average age is 14, would be so entranced with basic coloring books—the favorites being Precious Moments, Lisa Frank, puppies, kittens, and horses. The girls also have their achievements noted in the bimonthly youth newsletter, often with pictures of their work or copies of their written pieces.

While administrative codes clearly define the discipline process, girls also need an administrative code for the achievement process. Because such a code is not in existence, we have to create our own approaches. The girls are made aware of other options through the youth handbooks. Opportunities are clearly defined in the level systems and through general activities that effectively and efficiently redirect the path of the snowball at any velocity.

**HOUSING**

One of the dynamics of adolescent female institution management is housing. Small housing units are most effective. The largest number of girls that can be housed on a unit at Southern Oaks is twenty-five. This is in contrast to the adolescent male facilities where a cottage holds fifty, or to adult cell halls. It is part of the dynamics that make a correctional institution for adolescent girls effective yet more costly to operate. The interactions among, and needs of, adolescent females demand small housing units. Dormitories, or large housing units, are ineffective given the manipulation, codependency, and adolescent human growth and development issues of this population. The smallest units should be those for girls with special needs, such as mental health housing.

**Rooms**

Rooms should be equipped to meet the needs of the girls. Staff cannot be everywhere all the time. These girls are under our supervision, and we are responsible and accountable for their health and safety. Each girl spends one-third of a twenty-four-hour day in her assigned room. Ideally, each room should have an intercom so a girl can contact staff as needed. Traditionally, “wet” cells are only available in security status. I believe this is a good practice. Using showers and toilets outside their rooms cre-
ates additional situations for interactions with staff and removes some of the facility and security problems of having running water in each room. I am a strong proponent for the scream alarm system. Each offender room has a receiver/speaker in the ceiling. A girl needs only to raise her voice to get a response from the communications center staff. Policies and procedures need to regulate the use of these systems by the girls. Thus the girls are prevented from falsely alleging inappropriate activities occurring in the room, as they will be asked, “Why didn’t you just speak up or hit the intercom alarm so staff could have provided an immediate response?” Rooms in security status and mental health housing units should be camera-monitored and have low-to-the-ground immobilization beds. At Southern Oaks we moved from metal immobilization beds to concrete slabs, and self-harm in these rooms has been reduced. Clothing hooks in all the rooms should be breakaway and curtains tear-down (held up by Velcro fasteners). Window openers should be suicide proof so nothing can be hung from them. Beds, single that are not low to the floor or bunk, should not have attachments or be designed so that something can be easily secured/tied to them. Addressing basic facility issues at the onset avoids a multitude of supervision issues for staff.

**Room Assignments**

One individual should be responsible for making room assignments. This individual should receive all information on each girl, thus creating a single point of contact for parents with issues. Allowing individual unit managers to make internal decisions results in at-risk situations. When only one individual is responsible for room assignment, girls cannot shop for the decision they want. At Southern Oaks, the program manager for treatment is the point of contact and the decision maker.

**Single-Cell Status.** Some at-risk girls should never have roommates. The preference is for all girls to be single-celled throughout the institution. Single-cell status is determined for girls who are sex offenders; those who are extremely aggressive not just in the institution but in their histories and offenses; girls who pursue physical relationships while in the institution; and girls with Axis I mental health diagnoses. Initially I believed that all the girls should be single-celled, but that belief has proven to be erroneous. Some girls are healthier and happier with roommates. The problem for management of this population is defending the fact that single-cell status is best for most girls when a cost-effective institution should use double cells. It is a fact that the number of offenders in single-cell status is higher in an institution that houses adolescent females.

**Racial Issues.** Racial issues should not be part of the housing assignment decision process other than to maintain interracial units and, if applicable, roommate assignments. Most of the girls come from homogeneous environments, and they have often not been out of their neighborhood; thus a correctional institution is their first integrated experience. Sensitivity to this issue should be part of the decision process.

**Traffic Patterns**

Traffic patterns on the unit should be limited. At Southern Oaks, we have the big hall “easy to observe” approach in a few units. Unfortunately, there is more to observe...
some of the many room. I am a strong receiver/speaker in the community of these systems appropriate activities speak up or hit the main? Rooms in secured and have low-rank metal immobile has been reduced tear-down (held up nothing can be hung about not have attachments) addressing issues for staff.

ments. This individual point of contact for decisions for room assignments for Oaks, the program maker.

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assignment decision, roommate assign- and they have often on is their first inter-decision process.

A. Oaks, we have the big re is more to observe because the traffic patterns are all focused in one area. Small units with smaller wings are most effective. The most effective is a T-formation allowing for three small wings with a security desk in the middle. At Southern Oaks, girls are not allowed to go down any hall past their room and are not allowed in any hallway other than the one in which they are housed. This is a controlled environment, and the rule that no girl is to go in another girl’s room is critical. If a girl does choose to enter another girl’s room, it is most likely to take something, hurt someone, or explore a relationship. Consequences are consistent—at least one night in security status and loss of level.

IT IS A CHALLENGE TO HOLD GIRLS ACCOUNTABLE

Consistently holding this population accountable for themselves is a necessity. Granted, these girls feel it is their job to watch over the consistency of every action in relation to every other person—not themselves. The survival fallbacks noted in the pathways and snowball theories, such as running, relationships, manipulation, self-harm, and challenging the rules, will occur as easily as in an institution as they did on the streets unless staff hold the girls accountable. The behaviors may take different forms, but they are the same reactions.

Accountability on housing units will prohibit the codependencies between adolescent female offenders that lead to relationships. Relationships are behaviors directly linked to codependent addictions. Staff must always be aware of and address “looks,” notes, comments, and innuendoes. Staff trained in staff-offender relations unique to this population will fully understand these needs. When more than one girl in a room is permitted, nighttime is the most conducive for trouble. The normal security practice is to stagger counts within maximum times. For the third shift we up it to every thirty minutes. A youth counselor who observes inappropriate activity is to radio the shift supervisor and not break vision with the situation. This action will prohibit the opportunity for girls to state that the youth counselor did not see what he or she thought was seen. Even if it is “just” rubbing a back, it is inappropriate and against the no-touch policy.

WATCHING THEIR EVERY MOVE

Delinquent adolescent girls are runners. National Runaway Switchboard Statistics for the year 2000 report that 85 percent of the calls are from youth ages 14-17, 75 percent are adolescent females and 42 percent have run away before, and the greatest issue of cause is family dynamics (see Wysiwyg://9/http://www.nscrisline.org/2000/stat.asp). Running from negative environments has been one of these girls’ escape mechanisms. Peter Slavin (2001), in “Runaways: Life on the Run, Life on the Streets?” cites greater rates of depression; conduct disorders; posttraumatic stress; physical, sexual, and emotional abuse; and alcohol and drug-abusing parents among runners. Running often becomes a habit, an adaptation to any environment. A secure correctional facility for juvenile girls needs facility design and policy interventions to keep them from escaping. One of the major rules in the Southern Oaks youth handbook is “no escapes.” A policy has to be that concrete. I maintain a policy with this population that I never employed for any other. Staff directly supervise any movement. Teachers pick up the girls from their units and escort them to school, social workers
do the same for group meetings, psychologists for therapy, health services staff for medical reviews, and so on. The girls are safe in the structure provided by this policy. In the beginning staff felt imposed upon. That was years ago, and now it is not only part of the routine but an opportunity for staff to interact with the girls on the unit and set the stage for the girls as they transition to another activity. Some of the most productive "talks" occur when a psychologist escorts a girl to the unit or when the girls are in movement with a nurse clinician. These are not confidential treatment discussions, nor do they cross any line of professional distancing. They allow the girl a forum for communications and a learning experience. Everything occurs within the secure perimeter. Everything that occurs is under the oversight of staff.

MAKING THOSE PROGRAM DECISIONS

Sunset House was established by the state legislature when it created Southern Oaks. It was a privatized unit in a separate secure perimeter where girls could have their children and experience regular community off-grounds without being in restraints. Sunset House was a transitional placement on the grounds of a maximum-security facility. In the beginning it was a great program option. Girls who achieved accountability could test their skills. However, times changed and so did legislation and options. Intensive sanctions, including electronic monitoring, were implemented across the state. Type 2 child caring institutions were introduced. Type 2 child caring institutions are privatized community placements similar to Sunset House, with which counties contract as a sentencing option. It was more logical for the transition Sunset House had provided to occur in a community closest to release. Thus, the girls normally placed at Sunset House were moved into the community. The law changed, lowering the age of adult commitment from 18 to 17 years old. The number of older post-high school girls most appropriate for Sunset House was therefore reduced. The privatized unit for eight girls was maintained, though it was expensive. To get the most "bang for the buck," eight girls continued to be placed there. The problem was that we were sending younger, much higher-risk girls who were not at the most appropriate point in skills development to succeed in this placement. Privatized staff were not prepared for the accountability needed for a higher-risk population. One day Sunset House staff took five girls to the library in a urban setting and two "left." Six conceptual and practical points to manage adolescent females and their programs emerged from this experience:

- When a program becomes outdated, cut it and take the political backlash.
- Although privatization has its place in corrections management, it is not effective as an independent unit within a maximum-security adolescent female facility. The two entities are different. They do not communicate as they should in a world with a client group demanding constant communication along all staff levels and among all disciplines. We use privatization through contracts with agencies that provide specialized services to all the girls in areas where staff work side by side sharing information. Such areas currently are health services, survivors of abuse, and spirituality.
- State staff are impecably trained; they have their training updated and modified as approaches change. No matter how one writes the request for purchase, an in the board of the manager. Staff such as escape training is so unique needs of choose carefully. These instances of Correction Prioritize!
- No matter how services is good.
- Even if the first or quished her real little contact riously as a wrong.

MENTAL HEALTH OFFENDERS

The fastest and rational most juvenile in correctional facilities (APHA; 2003) S theory: "With many juvenile j mental health problems segment of the population.

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purchase, an independently contracted unit is looking at dollars first. It is
the board of the private agency to which they report, not the corrections
manager. Staff time in training translates to dollars. In specialized areas
such as escape, personal searches, and contraband management, specialized
training is needed. Southern Oaks staff are trained in managing the
unique needs of these girls, but the privatized staff were not.

- Choose carefully where to invest in dealing with adolescent female offend-
ers. These institutions are probably among the most expensive Department
of Corrections operations because of both size and offender needs. Prioritize!

- No matter how one privatizes, the correctional agency contracting for the
services is holding the ball when a failure occurs.

- Even if the family of a girl has not supported her throughout her life, relin-
quished her when she defied them and ended up offending, and maintained
little contact while she was in an institution, this family will respond as liti-
giously as any other—“caring” and seeking fault when something goes
wrong.

MENTAL HEALTH CONCERNS FOR ADOLESCENT FEMALE OFFENDERS

The fastest emerging population in adolescent female correctional facilities is
girls with mental health issues. The most recent American Public Health Association
(APHA; 2003) Standards for Health Services in Correctional Institutions support this
theory: “With widespread dismantling of state mental health systems for children
many juvenile justice agencies are admitting large numbers of mentally ill youth.
Mental health programs must expand rapidly to meet the treatment needs of this grow-
ing segment of the population” (pp. 110–111).

The most frequent diagnoses for female offenders are depression, PTSD, and sub-
stance abuse (Bloom, Covington, & Raeder, 2003).

During the Intake Interview and Suicide Screen, Tammy reported that she has
a mental health diagnosis of depression and was prescribed Zoloft. She is not
taking it at this time because the prescription was not filled. She reports she
has made three suicide attempts by trying to overdose on pills. Two of these
attempts resulted in hospitalization. She tried to cut her stomach open with a
razor/knife in the past but was unsuccessful. She has suffered from traumatic
events such as physical abuse, two rapes, and prostitution. She has just found
out she is pregnant and is dealing with this reality as well. She stated she is
not having self-harm or suicidal thoughts at this time, and would alert staff if
she were to have these feelings. She does want to meet with clinical services
and is open to psychological services. (anon.—note from reception social
worker regarding latest intake during the drafting of this chapter)

Girls have higher rates of depression than boys throughout adolescence and are
more likely to attempt suicide. A number of studies done in state juvenile justice sys-
tems show females to have higher rates of mental health problems than do their male counterparts. A study of juvenile offenders in Georgia Youth Detention Centers, for example, revealed that nearly 60 percent of girls met criteria for anxiety disorder (in contrast to 32 percent among boys); 59 percent of girls had mood disorder (vs. 22 percent of boys). Suicide attempts and self-mutilation by girls are particular problems in juvenile facilities, as characteristics of the detention environment (i.e., seclusion, staff sensitivity, and loss of privacy) can add to the negative feelings and loss of control girls feel (National Mental Health Association, 2003).

**Staffing**

To effectively manage a mental health unit for adolescent girls, staffing is a priority. Staff must be oriented to the belief that juvenile offenders do not respond to situations within the staff member's normal frame of reference. The concerns and needs of this population are clearly defined in their demographics. At Southern Oaks, our staff includes a doctoral psychologist supervisor and three doctoral psychologists. All four are licensed in Wisconsin. Southern Oaks also links with a unique program in the boys' facility which brings us four or five doctoral candidate psychology interns from the American Psychological Association's approved Clinical Psychology Internship Program. We contract for psychiatric services to manage medications. A treatment specialist rounds out the team. This master's-degree licensed social worker provides counseling and dialectical behavior therapy (DBT). DBT is an evidence-based, cognitive-behavioral treatment originally developed for the chronically suicidal patient with borderline personality disorder. Since its inception, DBT has been adapted as a treatment for other, complex, difficult-to-treat disorders, particularly those involving repetitive self-harm behaviors. DBT has been extensively researched and found to be effective in treating a wide range of psychiatric conditions in a variety of treatment settings. Each girl is assigned a psychologist. Psychologists are part of each team staffing; they are copied regarding all activities for, and reports on, their assigned girls; they work closely with reintegration social workers; and they include themselves in special events for the girls and assist in supervision of activities. Staff on the mental health unit are intrinsically linked to all activities. Such a team cannot be isolated from the general institution operations and remain effective.

**Intensive Treatment Beds**

With current economic funding reductions, programs that previously met the special needs of this population in communities were eliminated. These adolescent females were now violating laws and being placed in adolescent female correctional institutions. Females with mental illness were originally placed in general corrections populations where they were at risk to themselves and to others. When a number of these girls at Southern Oaks spent the majority of their placement in security status, stayed at Southern Oaks long enough for release to an expensive adult mental health placement, or moved to the jail pending an adult trial for staff assault, we took action and created intensive treatment beds within our smallest unit of eleven rooms. On January 1, 2000, Southern Oaks, with funding from the Office of Justice Assistance, opened the Stepping Up Intensive Mental Health Program. It is clear that these girls can reduce securi-
can reduce security status stays, choose not to assault staff, manage behavioral outbursts, focus on self-direction rather than harm, learn and grow, and reintegrate successfully into the community. The key elements of the program include unique approaches for teaching behavioral and social skills, medication management through interdisciplinary approaches, and a reasonable, finite behavioral-level system that provides moment-to-moment direction and feedback. The transition to independent thinking needs to be slow, reasonable, and incremental. Girls thrive when their treatment team, teaching team, youth counselors, and clinical services and/or medical staff communicate and work together even as they move to general population units.

Continuous evaluation of the program is needed to defend funding. At the last review, the girls in the intensive treatment program were an average age of 14 1/2 and were adjudicated to Southern Oaks from counties across the state of Wisconsin—none from the same county. Ethnicity included 62 percent white, 24 percent African American, and 14 percent Native American. Their crimes were felonies ranging from damage to property, disorderly conduct, and theft to false imprisonment, possession of and endangerment by use of weapons, and battery. Battery was the leading charge in numbers. The average number of prior offenses was thirteen, ranging from thirty-six prior offenses to one (sexual assault of a child, making her a registered sex offender). Only one girl was in the custody of her mother; there were no parents in the lives of the other girls. Parents, adoptive or biological, ran the gamut from being incarcerated to having been severely abusive of the girl to having been severely abused by the girl, with multiple attempts on the parents’ lives and the lives of their other children. In some situations either the county or the Wisconsin Adoption Unit was guardian, and in one case no court-appointed guardian had been established. The girls averaged ten out-of-home placements, with an average of two of the ten being in inpatient treatment in recognized mental health treatment facilities. Like the rest of the general population, most were victims of abuse at an early age, with 12 as the average age of first consensual sex. The average number of consensual partners was high among this group—10.4. All but one used drugs regularly: Marijuana and alcohol were the lead drugs of choice; inhalants and ecstasy second. Twenty-five percent were verified gang members, mainly being used for sex.

A comparison/control group was identified of girls who would have met the Axis I mental health criterion of girls placed on the new unit. The outcome statistics for the girls without appropriate intervention (i.e., those in the control group) were so disheartening that something had to be done. Outcomes for the comparison/control group averaged 3.6 significant self-injuries and 1.3 significant staff/youth assaults per girl per 100 days at Southern Oaks. Forty percent of their placement time was spent in security, and 7.2 percent of total placement time was spent in mental health institution placements. The courts placed 33 percent of these girls in state mental health institutions upon release. The most significant fact was that 41.7 percent received adult convictions resulting from significant staff assaults and were moved to adult incarceration.

Following implementation of specific therapeutic interventions, all negative outcome areas defined in the comparison/control group were reduced. Interventions included conservative and creative medication, skills training, cognitive-behavioral therapy, a customized behavior management system, and addressing past issues therapeutically. These actions also involved rebuilding family, whenever possible, and...
locating alternate support systems. Additional treatment groups and two psychotherapy sessions occurred weekly. Continuous crisis intervention and increased direct contact with staff were integrated into all activities. Staff assaults were reduced by 50 percent, self-injuries were reduced by 30 percent, and security unit placement days were reduced by half. Most significantly, girls moving into adult corrections or mental health placements were reduced to zero. The cost of placement in the mental health unit, though at a greater daily rate than the general population at Southern Oaks, was dramatically cheaper than that of traditional mental health placements in county or state mental health facilities.

**Specific Staff Approaches for At-Risk Girls**

**Suicidality and Self-Harm.** “Already excessively emotional, female offenders are quick to perceive their new environment as a threat to their existence and voice or act out in suicidal ideation” (DeBell, 2001, p. 58). Girls involved in the system have a variety of emotional needs connected to their high incidence of depression, PTSD, and low self-esteem. Because such a high percentage of girls in the juvenile justice system have been sexually abused, trauma treatment designed to help them recover from abuse and loss is critical (Sherman, n.d.).

Observation and communication of behaviors between all staff is imperative. It starts in the reception unit. The potential for self-harm for any new intake should never be underestimated. An assessment should occur immediately upon arrival. At Southern Oaks we use the Massachusetts Youth Screening Inventory (MAYSI-2) for depression and suicide risk. The APHA (2003) lists standards of satisfactory compliance:

Close observation must be available for youth with evidence of suicidal risk, including arm’s length supervision when clinically warranted. Mentally ill youth, youth who are newly incarcerated, and youth recently adjudicated and transferred far from home are at great risk for suicide and other self-injury behaviors. Because most successful suicides in this age group are lethal “gestures,” health care, mental health, counseling, and security and supervision staff must be trained to recognize the warning signs of depression and suicide risk. (p. 113)

The sooner a new commitment is oriented to day-to-day unit operations and the youth handbook, the lower the risk of impulsive actions in response to being placed in the institutional environment. Although some girls have mental health needs that prohibit their participation in activities on the reception unit, they still need the orientation information and programming provided on that unit. Staff should be open to completing the reception programming with a girl while she is in security status, and/or while she is on the mental health unit. Any girl who acts out during the reception process and ends up in the due process system with security status should begin counseling with clinical services staff as her actions may be her means of communicating special needs.

Many adolescent females who self-harm do not engage in life-threatening activities. “Cutter” is a term used in the current milieu. This behavior usually precedes incar-
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eration. Scars on arms, usually discovered during the initial intake, are an indicator of cutting. Tamala Edwards (1998) describes females who cut as feeling unwanted, alien, and unreal. These girls first try to escape via alcohol or drug use. The next step is self-abuse, purposeful cuts or burns, as a way of staying alive. If a girl hurts herself on the outside it is to relieve pain on the inside. More than half are victims of sexual abuse, and most are victims of abusive or neglected childhoods. “Cutters are people frozen in trauma” (Edwards, 1998, p. 93). There are many concrete activities that provide a safe and secure environment to meet the needs of these youth. Besides assessments and clinical intervention, the environment needs to be free of dangers. In the reception unit, shaving is not allowed. Girls on general units cannot shave while they are on level one. Girls on the mental health unit may shave if they achieve the highest level, four, but a female staff member must supervise the activity. Girls in the mental health unit are pat-
searched when leaving or returning to the unit. All bulletin boards in youth rooms are virtual bulletin boards—a space is framed with lines of paint for them to hang person-
al items using tape. There are no staples or paper clips on the mental health or reception unit. For some girls even possession of eyeglasses is regulated. Proactive restrictions control risk situations, and restrictions are lessened gradually.

It is true that adolescent female offenders use suicide threats and gestures to gain attention. When a girl makes a threat, staff should err on the side of caution. Staff may be disciplined under the health and safety work rule for not reporting instances of threats to self-harm. When that happens, all staff refocus. But erring on the side of caution is a more progressive approach than trying to pick up the pieces if a girl’s ges-
ture turns into the real thing.

Any time an adolescent female offender indicates her intentions to self-harm, staff must create a safe environment for her. She may well deny any such feelings, at which time staff should use empathy while placing her on checks and/or in a camera-monitored room in security status. Staff should move directly to the suicide gown and waist restraints with wrists in posies at each side of the waist if necessary. Staff members must monitor, counsel, and involve clinical services. The continuum of interventions includes a number of approved interventions that are implemented based on individual needs. Specific training and policies must be in place for any intervention. Mitts and restraint chairs are examples. Immobilization should occur under strict approvals, and with constant monitoring. There are times when one-on-one supervision around the clock, despite the related overtime, is the best investment. Such steps should be used with caution. Caution is striking the balance between safety and unhelpful responses to the behaviors. Fillmore and Dell (2002) categorize physical restraints, segregation, judgmental approaches, unclear policies responding to self-harm, and lack of awareness of a general policy as most unhelpful.

Policy implementation that is punitive, without reason, and/or exceeding justification is destructive and must be addressed by management through the disciplinary system for staff. Staff must be trained to understand that punitive approaches with girls are not effective. Fillmore and Dell (2003) also state: “A punitive approach also had negative repercussions for staff as reflected in lower morale and stress” (p. 22). Staff have to believe in what they are doing and why they are doing it. They need to know that the steps they take under the direction of a shift supervisor in dealing with a girl are the most appropriate. Staff cannot be left hanging when they are immobilizing a youth after all other interventions have failed. Communication by the shift super-

AIDS

Adolescent Female Offenders

12-21
visors as the intervention continuum escalates is imperative. An open-door policy for management, at all levels, allows staff the opportunity to express their feelings openly, to gain an understanding of why management does what they do, or to propose management ideas concerning review and modification of procedures.

**Cultural Issues.** Within the criminal justice system, adolescent girls with Native American heritage are tied to religious and cultural beliefs, often without appropriate guidance and understanding. Misunderstanding of their heritage is common with these girls, as they seek to escape from life situations. They believe, for example, that movement over the river (“crossing over”) to death will gain them freedom from all the problems we have reviewed as part of their demographics and lack of self-worth. They feel they can start over through the passage after death. This passage is an honored movement for elders, but Native American juvenile girls take a different view of the tradition. They take action to end their lives with intent. It is imperative to provide them culturally relevant education programs, attempt to involve their tribal people, and focus quickly when they move toward depression or self-harming actions.

**Copycat Syndrome.** Staff must not underestimate the “copycat syndrome,” as the domino effect is labeled, when a youth self-harms or a traumatic situation occurs. One girl acts out and the behavior is managed. Soon after this event, another girl mimics the behavior. The primary example is a suicide attempt. There may be other less dangerous trends such as hands in security toilets swelling up and becoming stuck, staples in arms, hair being pulled out to use for strangulation, threads extracted from suicide gowns, and falling from sinks in wet cells. Each incident requires an immediate response from staff. Each incident needs to be dealt with uniquely, deterring the dominoes from falling. For example, when we received permission from her guardian, we provided a short, attractive haircut for a girl who valued the long hair with which she was strangling herself. She stopped the behavior because her short hair was useless in these endeavors. Others who valued their long hair stopped the behavior, too.

**Intensity of Staffing Key**

More intense staffing in the area of clinical services is required for adolescent female offenders. Treatment social workers provide groups for girls on a daily basis. Psychologists meet with the girls one on one for therapy sessions. The needs of these girls must be addressed for them to be able to move forward as healed and positive human beings. *The Guiding Principles for Promising Female Programming* (Bilchik, 1998) summarizes the value of therapy settings to “provide a safe, secure place for girls to address painful experiences related to family dysfunction, sexual abuse, substance abuse, or other situations in which they may have felt isolated, ashamed, or at fault” (p. 49).

In support of a strong clinical services staffing pattern, clinical intervention is the preference in combination with the use of psychotropic drugs. This combination has proven to be necessary for the drugs to be most effective. Often severe aggression improves through a psychotherapeutic program without active medication treatment (Bender, 2003). Specific services provided by the clinical services unit at Southern Oaks include mental health and suicide risk screenings and crisis intervention, with
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al intervention is the nis combination has severe aggression medication treatment es unit at Southern s intervention, with twenty-four-hour on-call availability for mental health emergencies. Psychotherapy is provided for psychiatric and/or behavioral issues (individual, group, and family). Each girl in the institution, not limited to the mental health unit, has an assigned clinician. Approximately 68 percent of girls admitted to Southern Oaks are seen on a regular basis by clinical services staff. Clinicians make psychiatric medication referrals. Approximately 37 percent of girls at Southern Oaks receive some type of psychotropic medication. Psychologists manage the Chapter 51 involuntary commitment process and treatment program transitions for girls needing more intensive psychiatric intervention. They define observation status, suicide precautions, and the use of a variety of restraint options to prevent self-harm. It is the clinical services staff who manage the Chapter 980, Sexually Violent Persons Act, evaluation and tracking process. They actively participate in all multidisciplinary treatment planning and review activities. They develop individualized behavior management plans for girls in security status to transition the girls back to the general institution population. They also provide clinical supervision of nonlicensed psychologists, psychology and social work interns, and master’s-level social work staff who are pursuing state certification, as well as training for all staff regarding mental health topics.

MEDICAL ISSUES FOR ADOLESCENT FEMALE OFFENDERS

Health Services Staff

Adolescent female offenders in a correctional setting are most often receiving age- and gender-appropriate basic medical education, medical care, and dental care for the first time. Services provided them must be unique and must provide a link to future services realistically available to them upon their return to the community. In addition, health services staff need to be on site during nontraditional hours to address the medical issues related to behavioral trends. Most of the cell entries and at-risk behaviors occur between 7:00 P.M. (1900) and 10:00 P.M. (2200). Staffing patterns for health service units need to include at a minimum two shifts, seven days a week, and on-call services during a third shift. If there is only adequate coverage available for one shift, it should be the second shift. Girls are more responsive to working with one staff member rather than a rotation of health service professionals. Nurse clinicians take on specific units of assignment, and each focuses on an area of expertise. One nurse clinician, for example, manages pregnant youth, one manages diabetic girls, another manages mental health issues, and another eating disorders. Training and education are focused on the staff member with that area of expertise in each assignment area, resulting in better services to the girls. Girls with special needs appreciate the consistency and expertise of the assigned health services staff in each area.

Health services staff need to be integrated into all institution operations. Staff members on this unit need to have a presence on the health and safety committee—in overall institution policy development and in food service issues, for example. They are part of the team to mesh information providing the most effective treatment for each adolescent female offender. They cannot be isolated. They are first responders when medical issues are involved. They check regularly on any immobilized girl, or one on suicide watch. They receive copies of health service-related reports on the activities of all the girls, from refusing meals or medication to self-harm ideations.
Health services staff are also expert in many areas of staff training. Their training of other staff in medication distribution, blood-borne pathogens, epinephrine (a device for counteracting life-threatening bee sting allergies), fit testing of masks for airborne pathogens, and so on, is invaluable. They also write the policies and train staff in the management of youth using universal precautions and for youth with specific medical issues such as pregnancy, asthma and allergies, and diabetes. Health services staff give hepatitis B shots and do tuberculosis testing. They take a health scan of staff prior to training in principles of subject control and they do triage for staff injuries.

Though I supervise the health services manager, I am dependent on the expertise of the professionals in this unit and their ability to provide medical direction. They work with all disciplines throughout the institution to redirect the paths of these girls toward healthy lives.

**General Health**

Within hours of admission health services staff administer an intake assessment, the MAYSI-2 screening, to identify risk for self-harm. They screen for tuberculosis, pregnancy, sexually transmitted diseases (STDs), HIV (human immunodeficiency virus), vision and hearing problems, anemia, hepatitis, rubella, head lice, urinary tract infections, and immunization histories. They educate and communicate with the girls every step of the way. Health services staff are adept at laws, consents, and confidentiality. Half the girls received have STDs. Multiple studies confirm the high rate of STDs among incarcerated adolescent females, documenting figures such as 33 percent, 41 percent (American Academy of Pediatrics, 2001), and, at Southern Oaks, 50 percent. Amazingly there are few cases of HIV infection or AIDS (acquired immunodeficiency syndrome) identified in juvenile correctional facilities (American Academy of Pediatrics, 2001). Health services staff provide specific training to all youth, covering STDs, personal hygiene for females, HIV, breast self-exams, nutrition, pregnancy prevention, skin care, and reproduction. Health services staff provide a continuum of services from intake until after release. Education on birth control is part of release planning. A supply of medications, and prescriptions (“scrips”) to continue medications, must be in place upon release to bridge the gap for a girl until she can link with a provider in the community.

I must make special note here regarding consent issues. “In many cases, youth cannot provide legally adequate informed consent due to young age, immaturity, or diminished mental capacity. Special consideration must be given to issues of parental consent, confidentiality, informed consent, and the right to refuse treatment” (American Public Health Association, 2003, p. 111). Such issues are challenging, and it is the health services staff who interact with transient, uninvolved parents/guardians who are uneducated in the areas of health needs. These staff members must have great patience and human relations finesse to get what is needed for the girls they are treating. Staff are not only educating each youth but each parent/guardian so he or she is willing to sign consents. When necessary consents cannot be acquired by any means, which includes involvement of agents and social workers in the community, it becomes necessary to obtain court-ordered consent. This situation crops up more often for girls than for any other population.
Dental Needs

Dental needs of adolescent females are great. The American Academy of Pediatrics cites a “90% prevalence of dental caries or missing, fractured, or infected teeth” (National Mental Health Association, 2001, p. 2). “Dental caries (soft, decayed area in a tooth and fractured front teeth) are the most common physical health problems among incarcerated youth. Moreover, adolescence is the age of greatest incidence of caries in permanent molar teeth. Intervention stops deterioration and preserves the permanent teeth through adulthood” (American Public Health Association, 2003, p. 111). And most important, replacing the missing front tooth of a juvenile girl can promote lifelong self-esteem.

Pregnancy Issues

Consider the breadth of knowledge health staff must impart when dealing with pregnancy issues. All the girls need basic education. Most do not have factual knowledge or understand their unique reproductive systems, neither functions nor parts. Those who arrive pregnant most likely have not had prenatal care. Often it is at this placement that they first discover they are pregnant, and their parents need to be told. Counseling sometimes leads to abortion as the option selected. The state will not pay for this procedure, so funding must be obtained from the family or elsewhere within a fairly short time. An institution needs a policy on termination of pregnancies and post orders defining staff performance expectations for staff who take girls for this procedure. Consider a situation, for example, where willing security staff who take this assignment pull up to a clinic only to find protesters and a television station camera crew. Picture the girl pleading with the staff member to follow through. Picture the staff member’s choice to maintain the girl’s anonymity by taking the pillow case off a pillow that was brought for the transport and veiling it over her head, then walking the girl into the clinic in shackles, while the state vehicle sits in the lot with state plates. It is time for policy modification.

In preparation for delivery, when a baby is carried to term, each pregnant girl at Southern Oaks has a folder prepared to include transportation authorization, medical information, and who needs to be called to be present, if anyone is identified, during delivery. Often no family member chooses to be present, and staff coach the girl through delivery. Sometimes girls naturally abort during a pregnancy, and a policy must be in place to manage such a situation. Consider the trauma for girls who have selected the adoption option and for staff supervising in a hospital while the adoptive parents take the baby. Although this option is seldom selected, it is challenging for staff to remain neutral at all times. Often the families of the girls want them to keep their children, no matter how dysfunctional the family history is. The prospects of these young mothers to survive independently and be prepared for the responsibilities of the next eighteen years seem dim, as do the futures of the children who are being born into the family cycles that brought their mothers to incarceration. Thus community reintegration plans for these girls also have to include every aspect of needs for their children.

Health services staff are the individuals with expertise to develop myriad specialized policies. They attend to intricate needs and concerns. Unique restraint policies must be in place for the transportation of pregnant girls. Similar policies must accommodate out-of-control pregnant youth in the institution. Staff have policies to follow
when babies are maintained in critical-care settings longer than the mother. Health services even has a procedure for girls who want to pump breast milk when the baby is being kept in the community near enough to make pickups. Birth should be prepared for upon intake. Application for funding for medical care for the baby must be immediately initiated in the county in which the institution is located and the birth will occur. It would be negligent to assume that this girl will be back in the community before she delivers, or that the pregnancy is at such an early stage that delivery cannot occur. These girls have the highest-risk pregnancies. Birth may occur at any time, and often labor is short. Moreover, litigation is still an issue in relation to the six-figure cost of the neonatal care unit. Staff should not be put in the situation of a having a birth occur in transport.

**ADOLESCENT FEMALE OFFENDERS AND THEIR CHILDREN**

Sunset House, the privatized eight-bed transitional living unit within the secure perimeter of Southern Oaks previously discussed, allowed girls to have their children on grounds for extended periods. As with all concepts, Sunset evolved as reality surfaced and needs became evident. We learned about the girls and their children from this program and developed a valuable approach, which under other circumstances and in other budgetary times could have become a model.

Sunset House provided practical information on how to manage adolescent females with children with the goal of making them independent. First sexually abused at an average age of 9, having first consensual sex at an average age of 12, being addicted to codependent relationships, having no previous parenting role models, and now becoming mothers as adolescents—what management and policy information can we derive from this? In fact, these girls can become acceptable mothers with a commitment for the cycle not to repeat itself. But staff cannot expect these girls to be mothers based on their own historical references of upbringings.

Sunset House began with the vision that girls would simply have their children with them in this setting, long term, no issues. The reality was that most of the children of the girls lived with the girls’ families of origin. Often if a family relinquished the child, they would lose public assistance. Some of the children had been court-ordered into foster care, and foster parents would not relinquish the child either. The result was a gradual progression from a visit in the visiting room to a visit at Sunset House with the guardians of the child to a visit at Sunset House without the guardians to an overnight and eventually to five consecutive overnights. The mother signed an agreement that she would be responsible for the care and supervision of her child, or for child care by a peer or staff member. She also agreed to be responsible for cleanup, respectable and responsible parenting, no disruption, goal setting, and the completion of parenting and nutrition classes. One item in the agreement was, “It is understood that all clothing, formula, baby food, medical an special needs of your child will be provided by the person with the custody or guardianship of your child. Sunset will provide certain items (i.e., cribs, playpen, highchair, bedding, etc.).” The child-care provider signed a second agreement. Sunset House staff had the responsibility to manage medical coverage in the county in which Southern Oaks is located.

Training an adolescent mother to be a parent is a major challenge. However, Sunset House provided the ideal environment. In general, the girls had never had the
mother. Health for medical aid the institution is this girl will be at such an early pregnancies. Birth is still an issue in not be put in the

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within the secure ve their children ed as reality sur- arr children from er circumstances nage adolescent it. First sexually erage age of 12, enting role mod- and policy infor- ceptable mothers expect these girls s ve their children most of the chil- newly relinquished had been court- child either. The on a visit at Sunset out the guardians mother signed an in of her child, or sible for cleanup, ad the completion “It is understood your child will be child. Sunset will i.” The child-care onsibility to man- trolled. Challenge. However, had never had the

opportunity or skills to parent, yet now there was a child in the community who would be their responsibility. Although they were scared, they now had the opportunity to practice the skills they had acquired and to bond with their child. Under the direct oversight of staff, the girls could practice their skills up to five days a week. The bonding turned out to be slower for the children of these girls than for their mothers. The children, normally under 3 years of age, were accustomed to the individuals they had been with on a daily basis. Their own mothers were strangers, or people they saw infrequently via institution visits. They were not ready to shift bonds they had made to their temporary caregivers to birth mothers they did not know.

Sunset House was most effective because it was a very small unit physically located away from the main buildings. Mothers with their children were in a more realistic home setting. Curiosity and interruptions from the rest of the population were limited to the seven other girls in that unit, some of whom were also mothers. They provided respect and support for the program rather than disrupting it. The computerized simulated babies were also piloted in this unit.

Unfortunately, within the smallest offender population in the Department of Corrections, adolescent females with children is an even smaller subset, and when budget reductions had to be made, this program was eliminated on July 1, 2002, after eight years in operation.

ADOLESCENT FEMALE SEX OFFENDERS

Adolescent female sex offenders make up the smallest population in the field of corrections. In 1994, we did not think we would have any. Now at Southern Oaks we are seldom without one sex offender, and we usually average three. Consider the limited knowledge and expertise available to provide guidance to “treat” this subgroup. Visualize the funding issues, and therefore lack of resources, due to limited research in a field with numbers so small. This subgroup of juvenile girls is truly a challenge.

The primary concern of institutional management is the choices adolescent female sex offenders may make in relation to other adolescent female offenders with codependency issues. The dynamics create optimal possibilities for problems. If anything were to occur, even with consent, we are mandated to report the incident to law enforcement. This is another situation in which previous nonsupportive family members come “out of the woodwork,” so to speak, if they feel their daughter has been in anyway compromised.

Operationally and logically adolescent female sex offenders are single-celled. They go to the bathroom alone and shower alone. Great care is taken in deciding in which unit, groups, or youth configurations they are to become involved.

Not only are adolescent female sex offenders few in number, but their crimes are also unique and seem always to be unrelated to one another in trend or topic. Although there are threads that pass through all sex offender treatment, group therapy is most often ineffective when adolescent females are involved. A group with an offender whose victims were young boys, an offender whose victims were adult women, an offender who touched her sister inappropriately, and another who picked up this charge in a kidnapping situation in the company of adult offenders is not unusual. Many of these girls are diagnosed with mental health problems, and they are often placed in intensive treatment beds. The degree and source of each girls’ personal trau-
FAMILIES OF ADOLESCENT FEMALE OFFENDERS

The family provides experiences as each girl begins her path in life. The girls’ histories are similar in regard to their relationships within the family. Their childhoods are experiences of disconnection, not growth-fostering empathy. “To change their lives, women need to experience relationships that do not repeat their histories of loss, neglect, and abuse” (Bloom et al., 2003, p. 55). Had intervention occurred earlier, they might have taken different paths and their lives would have been easier. If the attachment process (i.e., emotional relationships with other people) is disrupted, the foundations for future growth are disrupted and the focus becomes day-to-day needs for survival. The base for emotional relationships is family, and abusive and neglectful caretakers are the disruption (Wilson, 2003). Many girls then look to gang association or membership to escape abusive families (Moore & Hagedorn, 2001), which only results in another abusive “family” relationship.

I thought the girls should be represented in this section, so I asked them if they perceived their families as having any part in their coming to Southern Oaks. Their responses had themes supported by demographics and supporting both the pathways perspective and snowball theories. One girl stated, “My family and I had a love-hate relationship.” Another revealed, “I had a pretty dysfunctional family who had a big part in my arrival here. My mother left me permanently by terminating her parental rights. It’s taken my whole preteen and teen life trying to get over it.”

One girl felt her family had a part in her corrections placement, “My family was and still is abominable. They are selfish, greedy, and very self-centered. They believe beating a child teaches them to be stronger.” Responses ranged from, “My family was broken up all over the place,” to “I grew up in foster homes.” In reflection regarding whether family influenced her decisions, one girl stated, “Yes, mostly every single one of them. I would define my family as hectic. Another word just drifting in my head is Hades! Totally! If I could tell you one thing I would rather want in my life to take place of how it used to be, it would be to die . . . To Be With God!” And last, “I’ve pretty much had a lonesome life. I’m 14 now. Both my parents did drugs, one’s still using. They never reached out and showed me any love or affection I needed when growing. My family hated me. It’s like I didn’t even exist in this world.”

When asked to define an ideal family, the girls’ responses mirrored each other’s love, care, support, no abuse, honesty, being there for each other, and keeping promises. These girls know what the basis for success might have been. One stated, “Two parents, Mom and Dad with a job that cared for their kids and spent a reasonable amount of time with them. Supportive moneywise and emotionally,” Another said, “Family is a bond. Regardless if it’s blood relatives or not, your family is the persons who support you and love you regardless of what you say or do. They’re always there for you, provide for you, and help you in your time of need. They don’t disdain or judge you. They accept you for who you are.” And last, “It would be a fantasy for me! I would probably have a whole house full of helpful friends. I don’t want to explain it to you, because I’ll have to say for not part . . .” Lesson plans offenders, conductions, corrections (1), personal communrelationships as rehabs. Bridging the gap the girl for community to create the l

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because I'll have to fantasize and I'm not going to do that, because I'll never get it. Sorry for not participating."

Lesson plans from the Curriculum Development Project Working With Female Offenders, conducted by the National Institute of Corrections and National Academy of Corrections (1989), in Longmont, Colorado remain poignant. The lesson on "interpersonal communications" explains how the female offender does not abandon family relationships as males do, and that what she thinks and feels centers on these relationships. Bridging the gap between reality, historical paths, and constructive futures for the girls requires the full and wise use of energies, abilities, and resources. Bridging this gap is often the only option. It is the job of corrections management to prepare the girl for community reintegration from reception. Working with the county and the family to create the best options is imperative.

"Successful reentry initiatives require leadership and commitments from a variety of stakeholders—all of whom share professional and personal interest in programs' successes—including crime victims, victim service providers and advocates; offenders, their families and those who support them; community representatives and volunteers; and criminal and juvenile justice professionals" (Lehman et al., 2002, p. 1). Linking with these dysfunctional families demands finesse and patience. Families should be involved in case planning and present at program review sessions. Every effort should be made to engage them in parent-teacher conferences and multidisciplinary teams (M-teams) for special education needs identified youth. Clinical services staff need to conduct family counseling with the girls. The county worker should conduct home visits to actually determine suitability of placement and interventions. Again, wraparound services come into play. At every possible juncture, the successes and accomplishments of the girls need to be shared with their families. Families should also become involved in long-range planning for their daughter's future to include post-high school and career options.

Many of the girls have nobody. A review of the demographics of the girls in the mental health intensive treatment program confirms this fact. It is probably logical that the most challenging girls have the least support readily available. More dependence on county resources and involvement by community agents in planning is needed. Traditionally, family interest peaks near release, when the peak should be on the girls' entry into the institution. Independent living options, or viable long-term out-of-home placements, need to be defined and an orientation process provided. Support networks must be located, engaging special-interest groups.

COMMUNITY REINTEGRATION

Community transition is a challenge. It is easy to contain the activities of girls in a maximum-security setting, but during reintegration to the community girls face the environmental problems with which they were living when they committed their crimes. When they do not employ the skills the institution has provided them, they employ the "escapes" they used previously. However, in Wisconsin, girls are released for a "trial visit." This means that upon community reintegration, they remain the responsibility of the institution for a period of ten to thirty days, which is decided in the review process authorizing their release. The "trial visit" is an effective means to allow us to bring a girl back to the institution for a short period to redirect her with-
out involving the courts. When Southern Oaks first opened, after a girl "ran"—now a "escape"—the county sheriff had to be involved in her apprehension. As a result of these initial experiences, we began planning for release at the point of each girl's entry into Southern Oaks and honed specialized release planning.

We know that the girls want to go back to their "families," which is part of their female need and because it is a familiar setting for them. However, the families do not change with the girls, nor do they accept the belligerent independent emotional girls they knew as having changed. Sending girls back to families with all the previous environmental problems intact is less than effective. Now counties have "wraparound." My definition of wraparound is the coordination of services needed for all members of the families and their environment to most effectively initiate change and provide strong futures. We often use transitional placements, such as foster homes and halfway houses. The word "transition" means that the counties then work with these placements, as the girls test their skills outside a secure perimeter, before they transition home. It also means that the girls going directly to a family placement, which is often a relative other than a parent, must have a safety net to address their needs when the girls feel their only outlet is to run, self-harm, or relink with bad, codependent addicted parents or others.

Girls must have concrete experiences for successful community reintegration. Visions do not suffice. With adolescent female offenders, adaptation to the environment needs to be carefully managed. Each opportunity must be examined for relevance as a learning experience. Each environmental adaptation is unique because the youth is, in general, a throwaway adolescent girl. It is such a fragile continuum to move a girl from being a throwaway to a success, and to reorient her path beyond genetics. The key is to always move forward and to redirect the girls when they falter and step back. Each achievement has to be a success they can internalize. Transition from one environment to another cannot be abrupt. Therefore, helping the girls visualize opportunities and transition may include a furlough. The furloughs we use are mostly staff escorted. It is certainly beneficial for new foster parents, or staff from a transitional placement, to meet with the girls while they are in the institutional setting. For example, it is not effective for the staff from a transitional institution, such as a halfway house or type 2 child caring institution, to merely review records, speak with staff, and interview the girl. Staff need time with the girls before release. Girls must become familiar with the transition placement and their day-to-day rules, operations, and expectations. A youth being taken to a future placement under the direct supervision of staff to become familiar with the new environment is viable. Times continue to change, and we currently have a reentry grant in place, which will include highly structured furloughs under periodic supervision of staff. What is not effective is backstepping—letting the girls go to an onsite experience for a short time and then expecting them to come back into the institution without intricately assisting as they process the concrete experience. The next time they return to the setting they will do so with confidence and succeed.

STAFF WORKING WITH ADOLESCENT FEMALE OFFENDERS

Although adolescent girls are the smallest correctional population, they are the population with the greatest needs and the greatest number of skill deficits. But, for instance, each time there are budget cuts, the smallest and most costly programs are reviewed. Managers at Southern Oaks have to defend their institution while working...
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with one of the most difficult populations. It is the job of correctional managers to jus-
tify their existence, educate central office administrators, and rally support.

Staffing Patterns

Staffing patterns are more intense and nontraditional at Southern Oaks in order to
meet the needs of the girls. Effective staffing patterns were discussed earlier in the
section on medical issues for adolescent female offenders. One of the most unique and
effective elements of the Southern Oaks staffing pattern is the integration of correc-
tions social workers into unit staffing patterns. Licensed and degreed social workers
are part of the regular staffing pattern on each unit. They post for their jobs by shift
and cover two shifts seven days a week. The general unit staffing pattern of 2-2-1 con-
ists of a security staff member and a corrections social worker working together on a
unit for the first and second shifts, rather than two security staff members. Each social
worker also has an area of treatment expertise in one of seven topics and provides four
groups per shift in that area of expertise, rotating throughout the institution. When the
social worker assigned to a unit is on another unit providing a treatment program,
another social worker shifts onto the first unit to provide treatment in that area. Social
workers work straight eight-hour shifts and eat meals on their assigned unit with the
girls, providing meal supervision. The constant interaction between the girls and
social work staff is imperative to the effective treatment of this population. Youth
counselors, not correctional officers, provide security coverage. They are not uni-
formed. They do not need the uniform of an authority figure to best meet job expec-
tations.

It is also important to have male staff working in a female institution. Most of the
girls have had only male role models who disrespect and abuse. The role modeling of
male staff is imperative to the girls in gaining appropriate skills and perspectives.

Staff Training

In the 1980s and early 1990s inappropriate staff training resulted in litigation in
all areas of corrections. Recently, in Wisconsin, deficits resulted in position cuts of
institution staff, and Southern Oaks is the only juvenile institution that retained a training
officer. She now covers shift supervision for a portion of her job duties, which
keeps her current. Her main focus is maintaining state-of-the-art skills for all staff in
their roles as managers of a unique population. Staff must be aware of and trained in
the most realistic means of meeting the needs of this clientele. Their preservice and
on-the-job training at the institution is coordinated by a training officer on site rather
than at the central academy. Nonsecurity staff also receive preservice training on site.
Orientation for new employees focuses on subjects covered in this chapter. The orienta-
tion needs to include numerous examples and open discussion. Annual update train-
ing is not limited to the traditional blood-borne pathogens, principles of subject con-
rol, CPR, and first aid. Staff must remain current in the most effective approaches in
working with adolescent female offenders. Training programs directly related to delin-
quent juvenile incarcerated females should include demographics and needs of the
population, professional distancing, interpersonal communications, stress factors,
observation and needs assessment, universal precautions, deescalation, and unique
supervision issues. Specialized training in suicide prevention, medication management, gang issues, restraint chair use, and so on should also be provided. Maintaining staff knowledge provides staff members with the vision to do their jobs more consistently and justifiably with greater ease and effectiveness.

Professional Distancing

Correctional managers must strike a balance in a world in which personal involvement of staff with the girls compromises authority (see lesson plan on staff-offender relations; National Institute of Corrections & National Academy of Corrections, 1989, pp. 4–8) and compassion on the part of staff is necessary for the girls to change (Bilchik, 1998). Female offenders live within a relationship-based social system and maintain a “highly emotionally charged environment and consequently highly emotionally charged communications” (see lesson plan on interpersonal communications; National Institute of Corrections & National Academy of Corrections, 1989, pp. 3–15). The girls need to focus on their self-esteem and inner strength rather than on building strengths through external relationships. Good correctional policies avoid conflict, manipulation, and fuzzy boundaries and force the girls to focus on their own inner strength. Basic policies should involve clear guidelines on touching, fraternization, and privacy. Touching, as an example, should only be allowed as a medical response, when an offender is in restraints, or when escorting an offender in full restraints, as defined in the “principles of subject control” continuum and in patsearches, with more than one staff member present. “Without clear policies and/or institutional management philosophy, the subject of touching can be very nebulous and perplexing” (see the lesson plan on staff-offender relations; National Institute of Corrections & National Academy of Corrections, 1989, pp. 4–9).

Staff should be addressed by their last names, and the girls should not know first names of staff. Nicknames are never allowed. DeBell (2001) defined it best:

Female offenders often will commence calling staff members (both male and female) by parental names (i.e. “Momma Smith” or “Daddy Jones”). This is almost unheard of in a male offender population. Staff are seen and emerge as parental figures in the female offenders’ lives and fulfill parental obligations that were either neglected prior to incarceration or absent altogether in the offenders’ lives. (p. 59)

Staff must be trained and monitored not to share their personal lives with the girls. At Southern Oaks, if a girl asks a personal question, such as “Are you married?” staff are to return the focus to the girl. Staff are trained to say something like the following: “That is not important for you to know, what is important is what will your choices be in this area?” Personal knowledge about staff members leads to manipulation of staff, and often to fraternization issues, and thus such information is not to be shared.

Inappropriate Sexual Relations Between Adolescent Female Offenders and Staff

Just as offenders must be held accountable for their actions, so must employees. If a staff member observes or becomes aware of instances of abuse or questionable behavior, it becomes his or her responsibility to report this information. When super-
on, medication management is provided. Maintenance of trust to do their jobs more coherently.

which personal involvement plan on staff-offender conflict can be based on baseline and contextually highly emotional and social communications. Corrections, 1989, pp. 4-11. Staff must know where to draw the line in regard to their relationships with the girls. The most eloquent policy is no insurance policy. Staff sexual misconduct is one of the most prevalent issues related to gender differences (Bloom et al., 2003, p. 13). The definitions of staff misconduct vary. According to McCampbell, Layman, Buell, and Smith (2003):

Sexual misconduct includes, but is not limited to, acts or attempts to commit such acts as sexual assault, sexual abuse, sexual harassment, sexual contact, obscenity, sexual gratification for any party, unreasonable and unnecessary invasion of privacy, behavior of sexual nature or implication, and conversations or correspondence suggesting a romantic of sexual relationship. Staff sexual misconduct is also behavior such as sexualized name calling between offenders, and between staff and offenders, staff who “observe” offenders of the opposite sex during a period of partial or total nudity for periods of time longer than necessary for facility security interests, staff having physical contact with offenders outside the need of searches and related security functions, and staff who make explicit comments about the physical appearance of offenders. (p. 27)

An institution manager must maintain a system of balance in situations in which emotionally charged manipulative girls may claim staff misconduct. “Administrators must develop protocols and training that strive to eliminate sexual misconduct. Explicit prohibition of all sexual contact between staff and inmates, regardless of who initiates it or whether it is arguably consensual (and there is not consensual with juveniles), should be adopted to send a message of zero tolerance. Only if all such contact is treated as abusive and warranting termination can the safety of inmates and the integrity of the institution be ensured” (Bloom et al., 2003, p. 118).

All allegations must be taken seriously and acted on immediately. All staff must inform any report they receive to the superintendent without hesitation. Staff must be trained to know that the process in these situations is investigation and referral. If the investigation finds probability, the staff member will be placed on administrative leave with pay. The youth will be ordered to maintain confidentiality throughout the process, and any breach of this policy will result in a security stay. A polygraph will be offered to the youth and consent of the guardian obtained. If the youth allegations are false, due process will follow. Every effort is taken to ensure that this does not become a “chilling” process, thereby dissuading other girls from future reporting. Youth and staff involved are to be kept informed and the process moved along as rapidly as possible. Retaliation is addressed.

In 2003, Wisconsin adopted Wisconsin Act 51 prohibiting sexual contact between offenders and correctional staff and making it a felony offense to have sexual contact. The fine is not more than $100,000 or imprisonment for not more than forty years, or both. This new law is welcomed by institution managers.

Male staff are the minority in an adolescent female institution. Although sexual misconduct does not occur only in opposite-sex relationships, it does occur in opposite-sex relationships in the majority of the instances. Each time there is an allegation,
other male staff feel they are the next to be targeted. We have a program led by a psychologist supervisor who meets with male staff. Managers also must be supportive at all times in a situation in which they cannot share details due to confidentiality of personnel actions.

Battery to Staff by Adolescent Female Offenders

The concerns in the area of staff assault are unique to this population, and it is imperative for institution managers to address them proactively. In my experience, juvenile girls physically harm correctional staff more often than does any other population, and the subset of juvenile girls with mental illness most frequently engages in these activities compared to those in the general population. Safety and security plans and daily program operations need to address such assaults before they happen. Additional staff carry two body alarms, one an independent Spider system and the second part of the handheld radios. Numerous areas are camera monitored, focusing on traffic areas, common areas, and mental health rooms and security cells. The girls are impulsive and emotional. Most actions against staff are not premeditated. The major incidents occur during cell entries or emergency responses to out-of-control behaviors. The challenge for administrators when a staff member is hurt is to support the staff member and protect against a reaction that may affect the life of a girl. Staff would prefer every assault to be referred to local law enforcement for prosecution.

A clear written agreement with local law enforcement and the district attorney needs to be in place and distributed to all staff. The superintendent must be the one to make a referral to the district attorney and he or she must consider the following elements:

- Maturity of the youth;
- Intent of youth actions—premeditated and focused on a particular staff member;
- Degree of assault—hurt must be substantial, needing medical attention;
- Prior youth behaviors—previous delinquent assaultive behaviors;
- Probability of further staff assault;
- Whether the student would encourage others by example, expressly, or by his or her presence, to defy staff authority and thereby erode staff ability to control a particular situation;
- Youth impairment as a result of mental health issues and awareness of what was happening;
- Whether the injury occurred during a cell entry involving a team of trained and suited-up staff;
- Whether the situation occurred during an intervention by a team of trained staff; and
- Whether the situation is worthy of referral and more likely than not prosecutable.

Staff are personally offended when they are hit or kicked or their hair is pulled. This is a normal human response. They maintain their jobs knowing the impulsiveness of their customers.

SUMMARY

Adolescent female offenders, despite their demographics, present an appropriate adult role model. Many of these girls find a way to connect with others, and in some cases, they have self-harm, substance abuse, and crime. Though their diagnoses and trauma seem relevant. This population, focusing on self-esteem issues, is placed in an adolescent female offender placement. Appr...
A program led by the staff must be supportive due to confidentiality.

The population, and it is, is human. In my experience, no one else frequently engages in petty and security plans before they happen. All system and the second order, focusing on traffic cells. The girls are emaciated. The major out-of-control behavior is to support the life of a girl. Staff sent for prosecution. A strict attorney needs to be the one to make any following elements:

- particular staff
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- saviors;
- expressly, or by other staff ability
- id awareness of team of trained
- team of trained
- than not pro-
- their hair is pulled...ng the impulsiveness

of the clientele with whom they are working, yet when a situation occurs their initial reaction is the desire to receive justice.

Staff need to be addressed as victims beyond worker's compensation, through meetings with critical incident stress debriefers and employee assistance programs. Each situation needs to be considered individually, basing decisions on the best outcome for both staff and youth. When a referral is made, the staff member will need support throughout the process. He or she will need assistance in initially dealing with the injury, deputies, and detectives investigating the situation, and throughout the court process. Staff should not go to court alone but should be accompanied by another staff member, most often management. Staff need to be supported and guided as they face the stress of dealing with an unknown process that causes them to face their attacker and determine the future of a girl they have managed and who, more likely than not, will return to the institution under their supervision again.

Staff Stress

No individual, manager, or line staff should be employed to work with adolescent female offenders unless he or she wants to be there. This is not just a job to earn a daily wage. It is a unique career choice. But working in an institution for adolescent female offenders is stressful. It is highly stressful for staff to come to work in an emotionally charged and unpredictable environment. Staff spend each day providing structure and direction to a population that thrives on routine yet spends the greatest amount of their time attempting to disrupt it.

How staff manage stress determines the success of the girls, the success of the staff themselves, and the success of the families of staff. Over the past two years Southern Oaks was a pilot for a staff stress reduction program funded by an Office of Justice Assistance grant. The outcome was knowledge that management needs to be more involved with and, perceptive of, the needs of staff and their families. Any effort to involve families of correctional staff in informational programs about jobs and/or adolescent female offenders allows family members to make informed decisions on how they react to the stress of their loved one. Management must assist staff in seeking other state employment when they discover that this is not the work site for them.

SUMMARY AND CLOSURE

Adolescent female offenders are a unique population in a correctional setting. Staff, youth management, and programs must be tailored to this population to be effective. Demographics present a victimized female entering puberty without self-esteem or appropriate adult role models, with a dysfunctional home life, and most likely in poverty. Many of these girls have mental health issues. Their pathways in life have steered them to self-harm, escape, codependent addictions, substance abuse to mask feelings, and crime. Though they are brought to us as victimizers, they carry the baggage of victims and trauma themselves. Correctional policies for these girls must be succinct and relevant. This population needs structure, consistency, treatment, and education—all focusing on self-esteem. In managing this special population, staff must understand the girls and their families and origins and accept and address their uniqueness. Activities in an adolescent female institution will be different from those in any other correctional placement. Approaches must be consistent, reasonable, and gender specific.
Codependent issues shift in an all-female society, requiring attention to movement within the institution and housing. Mental health concerns run the gamut from de-stigmatization and intervention to sometimes just keeping a self-harming girl alive at a moment. Directing activities through a strengths-based system of rewards, levels, systems, and privileges is one of the keys. These girls must have the opportunity to oper- sition at the point at which they are directing their pathways and making good decisions. Adolescent female offenders in a corrections setting must appropriately transfer new skills to the community, family, and their children for successful futures.

Staff in all disciplines are the lifelines to change. Staffing patterns, and the way staff do their jobs, must also be unique to meet the needs of this population. Professional distancing will reduce manipulation and inappropriate relationships. Sexual situations will occur and must be dealt with. Management must have active operational plans for staff assaults and the stress of staff and their families.

All girls must leave the institution prepared for a successful life. They need to know how to locate and use community resources for everything from medical to leisure time activities. Arming the girls is important. Their weapons are what they will need to survive on the streets to make the next generation different from the past—and a minimum of a confident, financially independent female head of household (adult female offenders on average have two children) who is not breaking the law or being abusive or abused.

I will allow the girls at Southern Oaks to close this chapter. I end with their wishes as they return to the community. If an institution’s staff understand the underlying reasons for these wishes and provide the skills to help the girls make them come true, these girls can achieve success.

• “To do anything and everything I can to help support my family and make them happy. By doing this I will be happy myself. I will always love them unconditionally.”

• “I’d wish that I never return. I can’t say I won’t come back, because I don’t know what the future holds. I do know what I want for myself and sometimes things happen the way you want them to. I know by being here, I have changed. Sometimes you just have to move on with your life. Maybe being with your family is a good thing, in my case it is not. I have to let that dream go and move on, make better dreams for myself, ones that help me succeed.”

• “I want to let girls know that there are people to get help from and don’t let no one bring you down.”

• “To never have to do drugs or hurt myself to take care of myself again.”

• “It would be for me and my brothers and sisters to get reunited with our mother who is in a maximum security like I’m in. I wish she knew what she was risking when she was young.”

• “To be a successful person.”

• “To make better decisions and spend time with my mama and talk with her more.”

• “I’d wish for 100 more wishes!”
PRISONS

References


Appendix 1
Daily Point Sheets

OAK UNIT POINT SHEET
Shift

Date

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Total Points From First Shift

First or Second Shift

Unit Rec. / Ambiance 1" / 2"
Chores 1" / 2"
Journals & Daily Logs 1" / 2"
Totes

Second Shift

Hygiene / Personal Grooming
Attitude
Responsibility / Follow Rules
Peer Relationships
Staff Relationships
News Assignment
Bedtime

Target Behaviors (0-12 Pts.)
Treatment Groups (10 Pts. Possible)

Total Points from Second Shift
Total Points for the Day

Target Behaviors:

1. 
2. 

Social Worker Comments:

3 Pts. Meets or exceeds expectations by taking personal initiative without prompting.
YOUTH NAME: ______________________

2 Pts. Meets expectations with minimal prompting.
CURRENT LEVEL: ______________________

1 Pts. Needs improvement, excessive prompting necessary.

Initial All Changes

If no News, youth will receive 2 Pts.
Youth must have 130 Pts. to make the day

Week Of: _______ Through _______

If in Group, youth will receive 15 Pts.
NON School day, youth must have 90 Pts. to make the day

Total Good Days: _______
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Staff: Please be sure to enter the date and your initials with your comments.

**FIRST SHIFT YC COMMENTS:**

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**SECOND SHIFT YC COMMENTS:**

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## Appendix 2
### Daily Behavior Rating Scale

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Chapter 13

Youthful Offenders Incarcerated in Adult Institutions

by William Sturgeon, M.A.

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INTRODUCTION

I decided to write this chapter in the first person because I am so intensely involved with the incarceration of youthful offenders in adult correctional institutions. I have also included some stories that I believe will help to illustrate the difference between adult and youthful offenders in adult correctional institutions. Many of the mistakes, false starts, and incorrect assumptions associated with managing the youthful offenders incarcerated in adult institutions that I have written about in this chapter were made by me.

A great deal has been learned since states began incarcerating youthful offenders (juveniles) in relatively large numbers in adult institutions (Bureau of Justice Statistics, 2000). Of course, this learning is a two-edged sword. The positive edge is that adult institutions now have developed effective strategies for working with juveniles incarcerated in adult institutions. The negative is that a significant number of juveniles had to be incarcerated in adult institutions to acquire this knowledge.

The term “youthful offender” refers to both males and females. Admittedly, there are more males than female youthful offenders, but as much effort has gone into planning and implementing female youthful offender programs. Just as it was eventually determined that youthful offenders in general needed special programming, it was further determined that female youthful offenders needed to have a program designed especially for adolescent females (Sturgeon, Bryant-Thompson, & Gymph, 2002). Two states, South Carolina and Texas, have dealt with the issue by creating a program specifically for females.

THE RISE OF INCARCERATION OF YOUTH AS ADULTS

Upswing in Violent Youth Crime Shakes Traditional Juvenile Justice System

In the mid-1990s the nation thought, with some degree of accuracy, that it was experiencing an upswing in serious violent crimes being committed by juveniles (Blumstein, 1996). The news media sensationalized many of the crimes that were being committed by juveniles and painted a picture of an entire generation of teenagers spinning out of control.

There were those, in both government and academia, who predicted the onset of the “superpredator.” These “superpredators” were said to be so violent and so out of control that it would take drastic, even draconian measures, to control them, and for society to regain control.

America’s beleaguered cities are about to be victimized anew by a paradigm-shattering wave of ultra-violent, morally vacuous young people some call “the super-predators.”

Legislatures Reach Out

Juvenile crime populated cities that there were indications of juvenile crime, there was a response to the “targeted” scientists of the problem which was effective intervention.

Without care-ful reforms in the way handled. Some states to be incarcerated system (Cole & Sn...
At least that is the consensus emerging within precinct houses, university think tanks and living rooms across the country. Indeed, some of those who have become experts against their will can testify that in some places the super-predators have already arrived.

The trend should concern all Americans, wherever they live. Pathologies first in the cities rarely stay there for long.

—Boston Sunday Globe (May 19, 1996)

There was an unforeseen outgrowth of all the news coverage and hype regarding the violent juvenile crimes. People started to question the effectiveness of the entire juvenile justice system. They questioned the effectiveness of the juvenile courts, juvenile judicial sanctions (probation, house arrest, etc.), and juvenile detention (incarceration) to deter crime, to punish, and/or to rehabilitate juvenile offenders. Representatives from every arena—political, judicial, criminal justice, local educational authorities, and academia—believed that there needed to be drastic changes in the juvenile system. Some people felt that the juvenile justice system had not kept up with the social changes (drugs, gangs, etc.) that directly affected juvenile crime. That these violent juveniles needed to be “taught a lesson” was the mantra of many at that time.

In a matter of a few months, the entire juvenile justice system that had existed for nearly 100 years was being disassembled to some extent (Kotlowitz, 1994). Youthful offenders who committed serious crimes would be held in adult jails, tried in adult courts, and sentenced to adult prisons. The die had been cast, and for the remainder of the 1990s and the early part of this millennium, the new laws remained in effect.

It did not take long for politicians to respond to growing public concern. Other public figures, police chiefs, sheriffs, county attorneys, and even some school officials started to look at ways of getting this perceived violent crime crisis under control and to punish the perpetrators.

Legislatures Respond to Perceived Problem

Juvenile crime was increasing in several areas of the country, specifically heavily populated cities that had large and growing gang populations. However, although there were indications that the nation was experiencing some upswing in violent juvenile crime, there was no reliable evidence that would confirm a national problem (epidemic), as some news media outlets and others were reporting. Yet some people began to respond to the “perceived” violent juvenile crime issue even though without any targeted scientific studies to determine whether there was a problem, what the scope of the problem was, whether it “truly” was a national problem, and what the most effective intervention methods would be for dealing with the problem.

Without careful deliberation, legislatures nationwide pushed through sweeping reforms in the way juveniles who were arrested for violent (adult) crimes would be handled. Some states legislatures made it easy for juveniles arrested for adult crimes to be incarcerated in county jails, tried as adults, and sentenced to the state’s prison system (Cole & Smith, 2004).

Other state legislatures made it somewhat more difficult to try a juvenile as an adult by requiring some form of a judicial hearing/process prior to the juvenile court
Historical Response of Adult Facilities to Juveniles

In the past there had been isolated cases in which one or more juveniles would commit some heinous crime that would result in their being tried as adults and sent to state prison. When they arrived, they were probably housed in the infirmary, where the medical staff became their surrogate parents. If they were not housed in the infirmary, they would be housed in a cell block and/or dormitory with some older inmates who would “try” to help them adjust to prison life.

On occasion, youthful offenders would have to be housed in the protective custody area of the adult prison for their own protection. They would be housed in a protective custody area when prison officials determined that the juveniles could be in danger for a variety of reasons, or that the crime(s) that they committed was so heinous (usually sexual crimes or crimes of extreme violence against children or the elderly) that even the hardened inmate population would try to harm them in retaliation. Other reasons could be because of their physical stature (small, frail, etc.) or because they were cognitively slow.

One problem these “specialized” living arrangements created was that youthful offenders did not, for the most part, receive any programming—because they were not permitted to be around the general population inmates. Thus, they did not receive educational services; recreational activities were hit or miss; and group counseling, for the most part, was precluded because of the danger associated with having a youthful offender mixing with the adult inmate population. Individual counseling occurred when a counselor had time and/or took a special interest in a youthful offender. In most cases, youthful offenders did not even get a chance to socialize during meals because they were not permitted to eat with the adults.

The difference in the 1990s was the increasing number of youthful offenders committed to adult correctional institutions. The temporary housing arrangements no longer worked, as the rising number of juvenile inmates began to create problems that interfered with the “orderly” operation of the institutions. It was during this period that the term “youthful offender” became an accepted label for identifying adjudicated juveniles who were being incarcerated in adult institutions. The actual term “youthful offender” was taken from the National Institute of Corrections Academy (1996) training course. The word “violent” was dropped from the title of updated versions of the course.

Recognizing Youthful Offenders as a Special Needs Population

Once the court adjudicates juvenile offenders as adults, they instantly become part of the adult criminal justice system. Many youthful offenders did not fully comprehend what it really meant to be part of the adult criminal justice system where treat-
ment is tangential to the process, not primary as in the juvenile system. From the moment they were adjudicated, youthful offenders were treated as adults. Unfortunately, all too many of them did not know how to be adults, which made their transition to adult corrections very difficult.

Originally, there were those in adult corrections who believed as one warden stated: "If they are tried and convicted as adults, then as far as I am concerned, they are adults and they'll be treated like adults." It was not long, however, before most of the decision makers realized that they should classify these youthful offenders as a "special needs" population. Special needs inmates are defined by the American Correctional Association (2004) as those having "a mental and/or physical condition that requires different accommodation or arrangement than a general population or juvenile normally would receive. . . ." (p. 185).

The remainder of this chapter addresses the real-life operational issues associated with incarcerating youthful offenders in adult correctional institutions. It will get down to the finite detail, how adult correctional institutions have had to adapt/change to manage these juveniles who have neither the maturity and self-control nor the sophistication to know how to act in an adult correctional institution.

When the state legislatures amended the laws permitting the incarceration of juveniles in adult institutions, they did not fully appreciate or take into account all the other state laws, codes, and regulations that would have to be amended or created. Also, the legislatures did not take into account that there were other state and federal laws associated with the care, education, and medical and dental care of "minors," regardless of where they "live." The legislatures had legally, for the purposes of the criminal justice system, adjudicated adolescents into adults, but there were many other issues that they never addressed or, I believe, imagined.

As powerful as state legislatures are, they are not more powerful than nature. They could wave a wand and make these adolescents adults in the eyes of the criminal and judicial system, but they could not make them actual adults, emotionally, socially, or physiologically. These factors became crucial in the development of youthful offender programs. Adult correctional agencies soon came to realize that they were incarcerating adolescents.

As more agencies began to receive more youthful offenders, it became evident that programs to manage this population and curricula for staff training were necessary. Youthful offenders were proving to be more difficult to manage than other "adult" populations. In late 1994 and early 1995, Nancy Shomaker, Technical Assistance Manager for the National Institute of Corrections Academy (NICA), took the lead and assembled a team to develop curricula to instruct adult correctional personnel in the techniques for managing youthful offenders in adult correctional institutions. This effort on Shomaker's part led to several states adopting NICA's model for incarcerating youthful offenders. It was this initial model that I implemented in South Carolina.1

The learning that took place during this period was significant. Assumptions that were made during the planning process and that were proven incorrect during the implementation process included the following:

- **Assumption:** The youthful offenders will be given the same diet as the general adult population. This proved to be an incorrect assumption.
  **Experience:** Youthful offenders did in fact need special diets that, for
example, reduced the amount of sugar intake, increased the amount of milk they received each day, and included an evening snack.

- **Assumption:** Normal security staffing patterns would provide sufficient security coverage for the youthful offender program. **Experience:** Security staffing levels had to be increased.

- **Assumption:** The adult offenders would teach the youthful offenders the ropes. **Experience:** The youthful offenders were so immature that they antagonized the adult inmates. It was not long before the adult inmates did not want anything to do with the youthful offenders.

The National Institute of Corrections (NIC) has sponsored two distance learning workshops. The first was in 1998, the second in 2004, via satellite. NIC sponsored numerous technical assistance grants to adult correctional agencies working with youthful offenders, as well. This was one occasion when government was ahead of the curve.

**YOUTHFUL OFFENDERS—RECOGNIZING AND DEALING WITH THE DIFFERENCE FROM ADULT INMATES**

Historically, adult correctional agencies have been able to adapt to most real-life situations relatively easily. A significant difference that most adult correctional agencies found when dealing with youthful offenders was this population's inability to accept the situation they were in. For many of the youthful offenders, this was their first taste of life's harsh reality. Although many of them had had some exposure to the juvenile justice system, few had experienced the adult correctional system.

It soon became clear to everyone involved with the actual incarceration of youthful offenders in adult institutions that there were some dramatic differences to be dealt with. Youthful offenders lacked the maturity and sophistication to adjust and/or accept their new and very different living environment. Their impulsive, sometimes violent, behavior and lack of understanding of the consequences of their behavior—good or bad—set this group far apart from other adult inmate populations. One youthful offender told me, "You are the only person who told me 'no' and meant it." He went on to say that he would use various manipulation techniques to get out of things he did not want to do and/or do what he wanted to do and was told he could not. He would lie, feign illness (he was an asthmatic), and/or nag his mother, teachers, or other adults or authority figures until they just gave in. He found early on that the manipulation techniques did not work well in the adult correctional environment. This individual found his first few months in an adult institution very difficult.

Speaking from firsthand knowledge, adult corrections managers underestimated the impact of youthful offenders because they did not truly comprehend how different this youthful offender population would be and just how dramatically day-to-day operations would be affected as a result of the difference.

**Housing Options**

At the onset, adult correctional agencies used two approaches to assign living areas to youthful offenders. Some agencies "spread" the youthful offenders through-

...their various facilities, attempting to limit the number of disruptive offenders. There was a belief that by assigning violent youthful offenders to a separate and specialized violent offenders unit, or 18-year-old adolescent unit, locked in their cells for 10-12 hours a day, the adult institution would become a more "sanitized" environment, eliminating "wallowing" walls, refusing to cooperate, and generally behaving unacceptably. Over time, agency staff realized that the "new" issues never entirely disappeared, but the housing juveniles and adolescents in adult institutions...
out their various facilities, a “systemwide approach.” The logic behind this approach was to limit the number of youthful offenders in any one institution, thereby reducing the amount of disruption and violence the youthful offenders could create. At that time there was a belief/myth (predicated by the media and others) that these juveniles were so violent that they were unmanageable. Make no mistake, there were and are some very violent youthful offenders who need to be held in special units within the adult correctional system, but in my experience they are the minority, not the majority.

Other agencies separated the youthful offenders into their own housing units. Initially, some of these living units became unmanageable and there was continuous upheaval and violence in the forms of physical assaults, breaking of furniture, “tagging” walls, refusing of orders, and so on. The majority of the physical assaults were offender on offender, but there were a few assaults on staff. There was a period in one adult institution when all the youthful offenders were held in a lockdown status—that is, locked in their cells twenty-three hours a day. Imagine locking a 14-, 15-, 16-, 17-, or 18-year-old adolescent in a 9' X 11' cell for twenty-three hours a day, seven days per week, for an extended period of time. Some of these youthful offenders were in single cells, and some were in two-person cells.

Over time, agencies became more aware of the complexities associated with managing youthful offenders in adult institutions. Housing youthful offenders in “specialized” units became the preferred approach for adult institutions. Agencies also started to deal with the fact that this “specialized” population was one with a multitude of “new” issues never before faced by the people who manage and operate adult correctional systems and institutions. Adult correctional systems soon discovered that just housing juveniles separately was only part of the answer. Other issues that had to be addressed were programs, nutritional requirements, educational mandates, and medical, dental, and clothing needs.

**Special Juvenile Programming**

**Calibrating “Toughness.”** It became clear that youthful offenders would need a specific, structured program designed to meet their unique needs, one with incentives and punishments that were “age specific.” A significant group of both juvenile and adult corrections professionals believed that the “toughness” of youthful offender programs should not be based, for example, on how many sit-ups or push-ups an offender could do. At the time, military-type “boot camps” were the rage, based on the premise that the tougher the physical training, the better the program. The more progressive approach to program toughness, however, was to require youthful offenders to confront and acknowledge the behaviors and activities that landed them in an “adult” prison.

*Note:* experience has demonstrated that youthful offenders would rather do push-ups or sit-ups than face the personal issues that are the root causes of their problems. Many of them have very well developed manipulation and coping skills that assist them in escaping the reality of their situations. A good youthful offender program places the responsibility for their criminal behavior right back on the youthful offenders. Taking away the excuses and transference of blame is what really makes a youthful offender program “tough.”

**Treatment-Oriented Rehabilitation Programming.** Many of the youthful offenders’ problems are of their own making, but in some cases society and its agencies are
responsible for these youthful offenders being incarcerated in adult institutions. I have
personally seen numerous cases in which early and effective interventions could po-
sibly have changed life’s direction for some of these juveniles. I am not making excuses
for their behavior but, rather, placing some of the blame where it belongs. Adult
prisons are the end of society’s road.

For a brief period, some agencies struggled with what would be the best direction
to take with the youthful offenders. Should they follow the hard-core rhetoric that
some politicians and others were spewing or should they take a treatment-based
approach for dealing with the youthful offenders? Correctional professionals through
the years have developed a unique knack for picking up on what is really important.
They realized early on that most of these offenders would be returning to the streets.
They felt that it would make more sense to try to rehabilitate them while they were in
the adult institutions so that when they got out they would not return.

Most of the nation’s youthful offender programs were thus built around three core
elements:

1. Structure: Youthful offender programs would initially be very structured.
   As the offenders progressed through the program, the structure would
   start to “break away.”

2. Behavior: There would be a “no tolerance” policy for bad behavior.
   However, behavior would not be the sole indicator for successful com-
   pletion of the program. The rationale for this is, as most correctional
   professionals will tell you, that smart inmates/offenders will not cause any
   problem and will coast their way through their sentences.

3. Performance: Performance was added as an indicator for successful com-
   pletion of the youthful offender program. The rationale was that these
   juveniles had to go to school, adhere to the physical conditioning re-
   quirements of the program, and attend counseling sessions. For an example of
   a program’s performance element, consider the South Carolina model:

   BEHAVIOR AND PERFORMANCE

The YOIP is a behavior- and performance-driven program. Completion
of any phase is based on the offender’s behavior and performance and
achieving educational goals, participation in counseling programs and
work. These achievements are based on an individualized program plan
prepared for the offender during the Assessment and Orientation week.
An offender may be set back (required to repeat one or more weeks)
within any phase for not meeting standards for behavior and perform-
ance. The offender must meet expectations for all functional areas of
the program. The Case Management Team will advise the offender on
a weekly basis (Phase I and II) and monthly (Phase III) of his/her standing
and merit ratings for the period covered. An offender may be recycled
(removed from a phase) back to an earlier phase for serious problems
with behavior and performance. (South Carolina Department of
Youthful offender programs were, for all practical purposes specialized therapeutic communities (TCs), but they could not be identified as such because the “public” wanted youthful offenders to be punished. A TC is defined by the American Correctional Association (2004) as “a designed social environment with programs for substance-use disordered patients within a residential or day unit in which the social and group process is used with therapeutic intent” (p. 185).

One youthful offender program was having difficulty selling the treatment approach to the governor. The governor had promised to crack down on crime, and thus he did not want to appear “soft.” It was suggested to the governor that renaming the youthful offender program with a stern, hard-sounding name would disguise the treatment base of the program. The governor accepted the premise and permitted the program to be treatment based.

What was happening was that adult correctional systems were going through a “learning curve” on how to manage youthful offenders incarcerated in adult correctional institutions. What was still not completely understood at the time was just how intricate this learning curve would be. It was to cause several adult correctional systems to reassess many of their operations. The process was further complicated by the fact that the youthful offenders were already on site, their numbers growing daily. Each day thus became a learning experience for everyone who was working with this population. Some of these learning experiences were rewarding and some were disconcerting. For example, one youthful offender would progress through the program, reach a point near “graduation,” and then do something that would result in his being held back in the program. After this scenario was repeated a few times, it was realized that this individual was acting out because he did not want to leave the program. When confronted, he admitted it was so; he believed that the lifestyle he had in prison was better than what he would have if he left. (I have only experienced something comparable with adults in cases in which an inmate has been in prison for many years and has become institutionalized.)

Programming in the Context of Adolescent Development. Barry Glick was instrumental in assisting adult correctional agencies in understanding the stages of adolescent development and its importance in operating a youthful offender program. According to Dr. Glick, adolescence consists of three phases:

1. Early adolescence, which is approximately from ages 11–14;
2. Middle adolescence, which is approximately from ages 15–17; and
3. Late adolescence, which is approximately from ages 18 through early 20s (Glick & Sturgeon, 1998).

We found that illustrating the characteristics associated with these stages of adolescent development greatly assisted adult correctional personnel, who were responsible for developing programmatic activities, disciplinary “sanctions,” and rewards for the youthful offender program.

It shortly became obvious that the youthful offender population would need “specific” programming tailored to their unique and “age specific” needs. Getting the personnel and time to develop a program from the ground up proved to be a real strain
on the system(s). Those adult correctional systems that understood the special youthful offender programming made the sacrifice of staff, time, and develop programs that would meet their particular system’s requirements. These are examples of individual system requirements:

- One system had to schedule the gym for indoor recreation at 7:00 A.M., so as not to completely disrupt the orderly operations of the institution for the adult population and yet give the youthful offenders their indoor gym time. This institution was in an area of the country that experienced snow and other inclement weather, so indoor recreation was important.

- One system had a new institution that was built to be used for “young” offenders. It had new living areas and a wonderful educational area for both academic and vocational work. There were numerous spacious outdoor recreation areas. It was earmarked by the agency’s administration to be the institution where the youthful offender population would be located. Something unexpected happened during the period between when the institution was finished and when the youthful offender population was to move in, however. In the interim period, the institution was used to house a more mature adult population, one that required little management, and the staff became used to these adults. Therefore, when some youthful offenders arrived, the staff found them difficult to manage. Numerous attempts were made to convince the staff that the youthful offender population could be managed and that they would settle down. There were meetings and training sessions, but it was soon determined that the staff had become so resistant to the idea of having the youthful offender program at that institution that the program was not going to work. The agency moved the youthful offender program to an institution that was old and ill equipped for a juvenile program but had a warden and staff who welcomed the opportunity to try a new program. This facility and staff were, and still are, very successful. A crucial lesson was learned from these events: The adult correctional staff’s willingness and ability to accept and work with youth offenders is far more important than the physical plant.

The next significant issue that had to be addressed was trying to use adult programming for juveniles. To fill the programming needs for youthful offenders, some agencies tried to adapt the programmatic materials they were using with their adult inmates. This proved to be a fruitless effort. Even the time spent adapting these adult programs was a waste. The programming used for adult prisoners proved to be inadequate, ineffective, and in some cases harmful to youthful offenders. For example, consider a scenario where youthful offenders sit in a drug education group counseling session with 50-year-old drug abusers who have been “locked up” four or more times and who would perform for these youthful offenders. The last thing that we wanted was to have the youthful offenders look up to these (career) criminals as people to be emulated. We quickly learned that youthful offenders were very impressionable and that they could work for us or against us. In hindsight, common sense should have dictated that programmatic materials designed for adults were not meant to be used for adolescents. We could incorporate this impressionability into the youthful offender programming.
and staff training. In numerous cases, the correctional staff became the role models for the youthful offenders.

Another approach that was used initially by some youthful offender programs was to try to incorporate programming models that were available from the juvenile justice systems (juvenile detention) only to discover that they were not appropriate for youthful offenders who are incarcerated in adult institutions. Adult corrections did not have the same staffing ratios (staff to inmate) and/or the number of professional staff (psychologists, social workers, and counselors) that many of these programs required.

**Education.** From a corrections management standpoint, education issues were centered on the time of day the youthful offenders would attend school, how long their schoolday would be, whether the institution would have to provide special education, and what course of study would be used. As has been mentioned previously, change comes hard in a correctional environment. One teacher in a youthful offender program said that if she had wanted to deal with smart-mouthed kids, she would have stayed in the public school system, and that she was not going to be teaching youthful offenders.

To encapsulate, the solution to the internal educational issues requires the reader to understand that the educational activities that were being conducted prior to the introduction of youthful offenders' programs. Those activities included, for the most part, GED, limited special education, adult education—life skills, and vocational education. Once the youthful offenders appeared on the scene, there had to be major “philosophical and operational” changes to the internal educational process.

It became evident that there would have to be a significant amount of remedial education to get the youthful offenders up to the point where they could take the GED test and pass it. Reading levels of the youthful offenders were all over the scale, from second and third grade to high school. Thus the institutional educational personnel had their work cut out for them and the majority of them responded. They had to quickly develop new curricula, find new teaching materials, and so on. It was not an easy task, yet staff rose to the occasion over and over.

It was decided by most departments that had a youthful offender program to adhere to their state’s laws on the number of hours that they would provide education. In some cases, the institutions just could not provide the exact number of classroom hours per day that their state required, so they built into their daily schedule “supervised” study halls at night in an effort to make up for the shortfall in the number of classroom hours.

The time of day that the youthful offenders would be in the education area depended on the other operations of the institution. For instance, if a majority of the adult inmate population was using the educational area in the morning, rather than create more animosity than already existed between the adult inmate population and youthful offender population, the youthful offenders went to school in the afternoon or evening. This operational philosophy also held true for recreation, meals, and so on. Adult correctional institutions are complex places to manage and operate, so it is better not to go to war over things when there are alternatives. In some institutions there was a great deal of friction between the adult inmate population and the youthful offender population. Most of the friction was because the adult population believed that the youthful offenders were getting special treatment: meals, snacks, organized recreation, and so forth. Was their allegation of youthful offenders receiving special treatment correct? It
all depends on how it is explained. Youthful offenders were considered to be a special population because it was determined by the correctional administrations that required special living areas, staffing, and programming, much like elderly inmates who are mentally retarded are considered special populations.

The importance of having a well-structured, active, and comprehensive educational program as a core component of youthful offender programs cannot be overstated. Without question, these are some of the most difficult students any teacher could have. Many of the youthful offenders lack basic skills, because of poor attendance and little to no parental support, and have diagnosed and undiagnosed learning disabilities. Again, I am not making excuses for their behavior or criminal activities. I am just stating what has been learned about youthful offenders.

**Suicide Prevention Training.** All staff working with youthful offenders must be trained in the signs and symptoms of suicide. Youthful offenders often act impulsively and irrationally. The standing rule should be that if any staff member has the slightest suspicion, inkling, or feeling that a youthful offender might be considering suicide, he or she should immediately alert the proper mental health personnel. Staff should be instructed that if they sense a youth is in imminent danger of committing suicide, they should not leave the youth alone.

Anecdotal evidence indicates that youthful offenders should always be considered a suicide risk regardless of how long they have been incarcerated, unlike their adult counterparts. In my experience, once adults have settled in and accepted their individual circumstances, they adjust to prison life and move on. Youthful offenders, however, always present a suicide risk because they have a difficult time accepting their individual situation. For example, when a youthful offender finally realizes that no one is going to get him out of prison and all appeals have failed and his lawyers stop visiting or accepting his telephone calls, he can become a real suicide risk.

**Inmate Management and Techniques**

After numerous serious incidents around the country involving youthful offenders being incarcerated in adult institutions, it became obvious that adult corrections had to stop and look at how it was trying to manage juveniles in its care and custody. The traditional inmate management methods and techniques were not working with the youthful offender population. In some cases youthful offenders were actually using these techniques against the agencies. The youthful offenders were able to manipulate the system to meet their adolescent needs because agencies were still experiencing a learning curve. For example, when adult inmates are involved in a serious incident they can be held in disciplinary segregation until they appear before a disciplinary board. If they are found guilty of serious charges, they may be sentenced to an administrative segregation (Ad/Seg). Most adult inmates will do anything to stay out of Ad/Seg. Youthful offenders, however, tend to find a safe haven in Ad/Seg. To illustrate this point, in 1998 one agency reported that every disciplinary segregation and Ad/Seg cell throughout the entire system was filled with youthful offenders! Most of the violations were serious enough to get the offenders locked up in segregation but not usually serious enough, in most cases, to pick up a new charge. This phenomenon caused systemwide management problems with the adult inmates; dangerous adult inmates could not be housed in segregation units because there weren't any cells available.
Looking back, I believe that the foregoing example was the first tangible indicator that the traditional management techniques that were used to manage adult inmates were not working well in the management of youthful offenders.

What adult inmates perceive as loss of freedom and punishment, juveniles may view as a chance to escape from the structured living environment and requirements of the youthful offender program.

PLANNING MODEL FOR YOUTHFUL OFFENDER PROGRAM IMPLEMENTATION

Developing and implementing any program in an adult correctional environment is a challenging task. The implementation process will be much easier if the new program is completely thought out and all the needs, impact, and issues are identified and resolved ahead of time.

No matter how completely we develop a new program, however, when the actual implementation begins, additional issues may arise. A model, however, greatly reduces the number of problems, thus helping to reduce confusion among the staff and frustration among the offenders.

The South Carolina team used the NIC model because the development and implementation of a youthful offender program posed multidimensional problems and I believed that this model would help keep everyone focused on the needs and issues. Furthermore, I was hoping that our responses to any of the problems we discovered in using the model in South Carolina would assist other teams around the country to develop and implement operationally sound youthful offender programs that would be accepted by the adult corrections community. The NIC model requires users to carefully consider every possible issue connected with each element of the model. There are five elements:

1. Purpose;
2. Paper;
3. People;
4. Places; and
5. Equipment/technology/materials.

Each element is both independent of and interdependent on the others. As a planning team moves from one element of the model to another it can easily return to a previous element or elements and make changes. Many people who have used the model have remarked how flexible it is. It permits users to move forward without preventing them from returning to an element to make a change that they would not have discovered was needed if they had not continued to move on.

Purpose Elements: Why We Do What We Do

Common sense would seem to dictate that the purpose element of the model should be focused on first. How often is something created and implemented without any thought to the actual purpose for doing it or having it. Anyone in adult corrections can point to a multitude of policies and procedures whose purpose is ambiguous,
because they really do not say anything. By making purpose the focal point, everyone who uses any other element of the model is prompted to always ask the “purpose” of everything else contained in every other element of the model.

Consider this example: At one point a number of planners were trying to get support for and to develop a plan to wake the youthful offenders each morning at 4:00 A.M. Discussion was very lively and all the participants had what they believed were valid points for instituting the early wake-up call. Some of the participants, who had been in the military, told (relived) how they were awakened at 4:00 A.M. when they were in Basic Training (I am an Army veteran and went through Basic Training. Looking back, I could not then or now understand the purpose of getting up at 4:00 A.M., or if it made me a better soldier). Some other participants reminisced that in their youth they had to get up at that hour to do their chores before going to school. This discussion narrowed in scope when the participants were asked what would be the purpose of waking up the youthful offenders at 4:00 A.M.? Some of the responses were, “to teach them a lesson,” “to make them men,” “to let them know who is in charge.” The group was then asked to really define the purpose of their responses. Just what lessons were these youth to be taught by an early wake-up? How does waking up at 4:00 A.M. make anyone a man (or woman)? How does waking up at 4:00 A.M. teach the offender who is in charge? No answers, or should I say logical (nonemotional) answers, came from the group. Not one participant could articulate any credible purpose for waking up the youthful offenders at 4:00 A.M. In fact, what did come out of this discussion were the difficulties that would come out of waking up the offenders at 4:00 A.M. For instance, security staff would have to report to work by 3:30 A.M.; programming would be required to fill the time until breakfast was served at 7:00 A.M.; the institution would have to replace the staff who came in at 3:30 A.M. in an 11:30 A.M. shift change, an awkward time, falling in the middle of the day for the rest of the institution in terms of meals, school, work, formal count, visiting, and so on.

Throughout my involvement with youthful offender programs throughout the country, I always ask myself and others what the purpose is for doing or not doing something. If we can identify and logically articulate a real purpose for doing something (or not doing something), the necessary actions to accomplish the task will become clearer and make the task easier to accomplish.

**Paper Element: Mission, Policies, and Procedures**

The “paper” element of the model dealt with all the paper that would be needed to ensure that the program would be successful and meet the program’s “stated mission” and goals. It was during the process of developing the paper element of a youthful offender program that some of the real legal and operational issues began to surface and problems became apparent.

**Mission Statement.** The first task for most agencies was a policy to formally establish the youthful offender program and outline the mission of the program, goals, elements, duration, and eligibility (medically, mentally, psychologically).

The “paper” element—specifically policies and procedures that would have to be created and/or edited/adapted to legitimate a youthful offender program—proved to be a significant task. Some examples of the paper that would need to be adapted or cre-
yal point, everyone eluded the "purpose" for trying to get support at 4:00 A.M. belied were valids, who had been in when they were in sing. Looking back 00 A.M., or how it in their youth they his discussion nar- te purpose of waking up, "to teach them g." The group was lessons were these at 4:00 A.M. make him the offender who answers, came from rose for waking up his discussion were n at 4:00 A.M. For programming would the institution would in. shift change, an itution in terms of as throughout the doing or not doing se for doing some- plish the task will

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offender population was similar to what they were experiencing at home with their teenage children. (One correctional sergeant told me that after going through the adolescent development section of the training manual it helped her better understand her own teenage children.)

When a youthful offender is given disciplinary writeups for what could be constituted as normal adolescent behavior, there is a permanent effect. The disciplinary files remain with the offender throughout his entire adult corrections experience. I reviewed one youthful offender's personnel file, and it was about two and a half inches thick. As I read through the disciplinary writeups, I discovered that many of them were "technical" violations—for example, being out of place, disobeying a direct order, insubordination, disrespect, possession of tobacco (cigarette butts), possession of dangerous contraband (cigarette lighter), adult magazines, and so on. Keep in mind that in the adult corrections world every facet of an inmate's life relates back to his or her file: housing assignments, job assignments, classification level, eligibility for educational programs, and so forth. If an inmate’s file has violence and/or a significant number of rule violations, it will affect him or her for years to come. This is a difficult fact for youthful offenders to comprehend. Also, many youthful offenders have trouble accepting the consequences for their behavior. There are two realities in adult corrections: (1) it is unforgiving for past indiscretions, and (2) it has a long memory. What immature youthful offenders do during their first few months of incarceration may haunt them for a very long time.

Another issue with the disciplinary process was the amount of time that passed from when the youthful offender committed the disciplinary violation until the final disciplinary action(s) were imposed. These time periods were built into adult disciplinary processes to ensure that the requirements of the court decisions were met. But it became crystal-clear that for discipline to be effective with youthful offenders, it had to be immediate, meted out close to the time of a violation.

The dilemma was twofold: First, which "violations" would be disciplined by "immediate" sanctions and which "violations" would be disciplined by the established disciplinary process? We decided that "immediate" sanctions would be used when the violation committed by any of the youthful offenders was within the "minor" violation category of the established disciplinary system. Second, what would constitute the "immediate" sanctions? We needed something that would let the youthful offenders know right away that their behavior and/or performance were unacceptable, yet we could not violate the youthful offenders' rights and protections under the court decisions. This part of the dilemma was resolved by detailing the types of immediate sanctions that could be used. Examples include the following:

- Clean the shower rooms and toilets—in the evening when the other youthful offenders are in bed. (We made sure, however, that the youthful offender got his required number of hours of sleep.)
- Clean the interior/exterior of the living areas.
- Perform kitchen police (KP) work (cleaning up the kitchen).
- Do push-ups (never more than twenty at a time).
- Have restrictions put on the use of electronic equipment.

- Write a comp was unaccept

For those who process to accompn seem like an easy policy, and/or proc prisingly, the adult process than was t required to follow t that the administra tional managers an ous management requirements set b officials are aways that creates some t

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1. Letter to par
2. Specialized
3. Special staff
4. Special visit
5. Mandatory t
YOUTHFUL OFFENDERS INCARCERATED IN ADULT INSTITUTIONS

Write a composition (with no misspelled words) explaining why the action was unacceptable.

For those who do not work in the field of corrections, changing the disciplinary process to accommodate the needs of the agencies and the youthful offenders may seem like an easy task. But, I can assure you that changing any established process, policy, and/or procedure is not easy in adult corrections. In this instance, perhaps surprisingly, the adult inmates were more upset about this change in the disciplinary process than was the staff. The adult inmates felt that the youthful offenders should be required to follow the same rules that they were required to follow and were concerned that the administration was mollycoddling the youthful offenders. Of course, correctional managers and staff may also resist change, among other reasons because numerous management techniques, styles, and operations have been designed to meet requirements set by court cases, consent decrees, and court orders. Also, correctional officials are always hesitant to change something that is working because a change that creates some type of crisis (riot, escape, murder) could be a career-breaker.

In our experience, however, it was not long before the new immediate sanctions began to work. Youthful offenders soon realized that an individual officer, counselor, and/or teacher could impose immediate sanctions on them for rule violations. No longer was their misbehavior and/or lack of performance going to be tolerated. Although this was a successful management technique, it was not without its failures. Some youthful offenders would not behave or perform regardless of the “immediate” sanctions and thus had to be charged under the formal disciplinary process and receive sentences in line with the adult sanctions—sentences to Ad/Seg, which meant that they would receive zero good time, they could lose good time, and they could lose privileges (visiting, telephone, etc.)

Whether the inmates are adults or youthful offenders, there is no magic bullet to meet the needs of each one. What can be said about immediate sanctions is that in the majority of cases they work. They also empower the correctional staff assigned to work in the youthful offender program with the tools they need to manage this unique population. Operationally speaking, the immediate sanctions accomplished their mission. It also spotlighted the need for other policies, procedures, and, in some cases, changes in state laws so that adult correctional agencies could effectively and legally incarcerate youthful offenders.

I used the disciplinary process and the creation of immediate sanctions to demonstrate how involved the paper element is. Numerous other documents had to be amended or created, a detailed discussion of which is beyond the scope of this chapter, but a few examples will give readers an idea of the extent of the paper areas that needed to be addressed:

1. Letter to parents explaining the mission, goals, and objectives of the program;
2. Specialized rulebook for youthful offenders;
3. Special staff training requirements;
4. Special visiting regulations; and
5. Mandatory school attendance.
People Element

The next element of the model is people. The people element of the model interacts with every person who has any involvement with the youthful offender program.

Total Staff Involvement. Often when new inmate programs are developed and implemented in a correctional environment, it is only the correctional personnel who will be directly involved with that program who are considered for training or given information about the program. In South Carolina, however, it was determined that every person who would come into contact with youthful offenders, regardless of how infrequently or tangentially, would receive training in the mission, goals, adolescent development, and management techniques used in the youthful offender program. Everyone from cooks to nurses were trained about youthful offenders, and as the program(s) grew, this training proved to be very beneficial. It is widely accepted that because the staff were trained in how youthful offenders may behave, they were better prepared to deal with the behaviors manifested by youthful offenders. It has to be stressed that correctional personnel who normally work with adult inmates were not used to sudden outbursts, being cursed at, inmates refusing direct orders, spontaneous suicide attempts, and so on. The youthful offender training gave the staff the tools to deal with the adolescent behavior that is an everyday part of working in a youthful offender program.

Keeping Family Involved. When developing ways to keep parents informed and involved with their youthful offender I assumed that the offender’s parents would want to be active in their son/daughter’s incarceration and rehabilitation. In a “majority” of cases, my assumption proved to be wrong. A large number of the youthful offenders came from single-parent homes, and that parent was busy with other siblings, was “out of the picture,” or, had given up hope. Then there were parents who did not want to have continuous and active involvement, which was a prerequisite of the program. (And some youthful offenders did not want their parents involved and/or were openly skeptical about the depth of their parents’ commitment.)

An important point of interest: several youthful offenders were interviewed and asked what the word “home” meant to them. Overwhelmingly, their responses described “home” as a physical structure (place)—an apartment, house, motel room, and/or shelter. Few tied any emotional or familial meaning to the word “home.”

In a great many cases, it was the grandparents, most often the grandmother, who came to visit the and who accepted the collect telephone calls from the youthful offenders. Regarding telephone calls, in today’s jails and prisons, inmates/offenders can only make collect calls to their family and friends. These collect calls can become very expensive for the person paying the bill. I mention this because some of the youthful offenders’ families and friends had to put a “block” on their telephone number to stop the offender from calling that particular number. Sometimes the offender was not told in advance that the “block” was going to be put on the number so when it happened it was traumatic, and the correctional staff would have to help the youthful offender overcome the rejection and disappointment.

Visiting Day Issues. As noted previously, I was intensely involved with youthful offender programs and thus observed firsthand many of the obstacles that correctional agencies and personnel had to overcome. One of the most difficult times for me,
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personally, was visiting day. An offender would get excited about his upcoming visit. He would spend all of his free time in the morning making sure that his uniform was just right and that his highly polished boots were ready to go. As soon as visiting hours started, there was a different mood in the living areas. This mood is very hard to describe; it was one of excitement tempered with anxiety and fear. Youthful offenders whose visitors showed up, and whose visits went well, came back to the living area on cloud nine. Those whose visitors did not show up, or who had a “bad” visit, returned to the living area in a bad mood. As many youthful offenders had poor to very poor coping skills, operationally, we always ensured that there was sufficient staff on duty in the living areas during and after visiting hours. This additional staffing was necessary in the event a situation occurred during or after visiting hours. The most common event that took place related to a “no show” visit or bad visit was an outburst, usually of obscenities, and on occasion some throwing of items.

A real-life example of a visit gone wrong is that of “Joe,” a youthful offender convicted of drug charges who was progressing nicely in the program. He was doing well in school and his counselors said he was making good progress in both his individual and group sessions; the security officers were pleased with the way he conducted himself in the living area and at his work assignment. On one particular Sunday Joe had a visit from his mother. Neither the security officers in the visiting area nor I (because I was also there) noticed anything out of order during his visit. When Joe returned to the living area he became openly hostile and abusive toward the security staff and other offenders. He was taken out of the living area where I had an opportunity to speak with him. Initially, he would not tell me why he was acting out in such a manner. After a few minutes of what I call “directed silence”—that is, no one talking, but everyone looking at each other in a nonthreatening way—Joe said that he was disappointed and embarrassed because his mother had come to visit him “stoned.” He knew that his mother had a drug problem, but she had been telling him that she was clean and was getting ready for his graduation from the program and his coming home. Joe was referred to his counselor to learn ways to face this issue and manage his anger.

The Criminal Justice Community. The people associated with the youthful offender program included judges, district/county attorneys, school departments, internal and external medical personnel, parole officials, and politicians. These stakeholders all had their own issues, but what concerned most of them was how the program worked. Some of the criminal justice and judicial people wanted to know whether the program was “tough”: Were the youthful offenders going to be “learning a lesson?”

For the most part, the criminal justice community did not become too involved with youthful offender programs. Their wanted the offender to be locked up and out of their hair. They did, however, realize that most of the youthful offenders would be getting out of jail or prison at some time in the future and would be back on their streets. Thus they hoped to see the youthful offender rehabilitated, but they were cynical and had every right to be cynical. A great number of the youthful offenders that were now in adult prisons had long juvenile histories with police and courts.

The judicial community, including parole agencies, had varied interests. Some of the judges were interested in the makeup of the youthful offender program(s), while others maintained that until some legal action was filed, their duty was fulfilled at sentencing. A few defense attorneys talked about challenging the requirement of all youthful offenders completing the youthful offender program. To my knowledge no
defense attorney ever filed any action to waive his or her client from completing the program. (The worst youthful offender program was far better than general population or protective custody). As an aside (and not criticism), while defense attorneys fought either to keep their clients in the juvenile system or to get them returned to the juvenile system, many of those clients sat in county jails for extended periods during which they received few or no services.

Parole departments and individuals across the country are still having difficulties with managing youthful offenders who have been released from adult correctional institutions. Although these youthful offenders have been locked up and may have completed a youthful offender program, it does not mean that they have been rehabilitated. They still need a great deal of supervision, coaching, encouragement, guidance, and reinforcement. There are people working on training initiatives and curricula to train parole personnel on how to manage this unique youthful offender parole population.

Some people from the civilian educational community (i.e., local schools) were interested in finding ways to drop the youthful offenders from their rolls. Others were ambivalent regarding the educational status/need of the youthful offenders. In the vast majority of cases, it was difficult to get the offenders' school records. Another sticking point was “special education” and who would pay for it. In most cases, after numerous conversations, the school districts ultimately would pay. (It is only fair to note that most of the youth in the youthful offender program(s) around the country were not at the top of their classes and did cause their fair share of disciplinary problems for their individual schools.)

Some civilian school districts, however, became intricately involved with the education of youthful offenders incarcerated in adult institutions. An excellent example of commitment and involvement is the relationship between the school district and the state of Alaska’s Spring Creek Correctional Center, a youthful offender program located in Seward, Alaska.

It has been my experience that the institutional educational personnel met the challenges that the youthful offenders brought to them with professionalism and commitment. In many cases it was a teacher or guidance counselor who signaled that a youth was having emotional issues and needed to see a counselor, thereby heading off a crisis.

The people crucial to the success of a youthful offender program were the correctional staff who had “direct” contact with the youthful offenders on a daily basis. I cannot say enough about the correctional personnel with whom I have met and worked during my involvement with youthful offender programs across the country over many years.

At first no one fully appreciated how important it was to have the same correctional staff assigned to the youthful offender program on a continuous basis (some correctional institutions rotate position assignments on a regular basis). Having the consistency of the same staff greatly enhanced the program’s effectiveness, aided in reducing violence, and added stability to the living areas.

**Place Element: Location Issues**

The place element in the model takes into account every place to which the youthful offenders will have access during their time in the program. Places are critical when dealing with youthful offenders in terms of the following:

- The overall facility design
- Keeping things secure
- Keeping things clean
- Having adequate space and facilities

In the process of the overall safe and secure facility, planning of the facility and the location of the facility is a key aspect. The overall design of the facility is important in terms of the layout and design, which can influence the behavior and outcomes of the youthful offenders.

Staff safety is another major concern in the design of any facility. It is important to consider the safety of staff members, including the design of the facility and the location of the facility. The proximity of other facilities, such as schools and hospitals, can also play a role in the design of the facility.

Further, the design of the facility should take into account the needs of the youthful offenders, including the need for adequate space and facilities. This can include designing the facility to accommodate the needs of the youthful offenders, such as providing adequate space for activities and programs.

Identifying the needs of the youthful offenders and designing the facility to accommodate those needs is crucial in creating a safe and secure environment. This can include designing the facility to accommodate the needs of the youthful offenders, such as providing adequate space for activities and programs.
YOUTHFUL OFFENDERS INCARCERATED IN ADULT INSTITUTIONS

The overall safety of staff, offenders, and inmates;

- Keeping the youthful offenders safe from each other;
- Keeping the juveniles separate from the adult inmates; and
- Having adequate space for whatever activities needed to be conducted.

In the process of trying to identify a place to locate a youthful offender program, the overall safety of staff, offenders, and inmates was a major factor. There was concern that the youthful offenders would be in danger of being physically assaulted or raped if they were exposed to the adult inmate population. Thus it was important that the location of at least the living area be isolated from the adult inmate population. We learned early on, however, that the youthful offenders posed more of a threat to some of the adult population than the adults posed to the youth. The youthful offenders' immaturity, compulsiveness, and lack of the ability to comprehend that there would be consequences for their behavior meant that they sometimes reacted violently to a situation.

Staff safety also was a paramount concern. Working with the youthful offender population requires places where both the offenders and the staff can be observed all the time. The goal was to never have a place where a staff person would be out of sight of another staff member or alone with an offender (counselors, mental health professional, and medical personnel were special cases; security officers would be stationed close by in the event they were needed but would not be able to hear any conversations).

Further, there needed to be a place where the juveniles would be safe from each other. Make no mistake, there were and are some very violent youthful offenders who prey on the weaker offenders and/or the youthful offenders who just want to do their time and get out or go into the general population. Also, there is an "adolescent boy thing," where young men try to find out who they are and to define their identity. Thus it was important for the living areas to have good sight lines, allowing staff to see an entire area from several stationary points.

Lavratories and showers areas are always a concern. It is a well-established fact that physical assault take place in prison shower areas. For the most part, staff cannot see directly into these areas because of privacy issues, so it is imperative that there be adequate staff on duty to be able to move around and closely supervise these areas.

Identifying (adequate) space where all activities associated with a youthful offender program can be conducted can be challenging too. Space in any adult correctional institution is at a premium. Place concerns are another reason why each department of corrections has to develop its own youthful offender program. Some programs had to offer almost all the programming in the living areas because of the lack of space and/or because the movement of the youthful offenders from the living areas to the other areas of the institution for programs would have caused major disruptions in the operations of the institution. (Always an issue was the separation of the sight and sound of the youthful offenders from adult inmates.)

People developing youthful offender programs learned to be satisfied with whatever space they could get, especially when they and their programs were Johnny-come-lately to an institution. I was always amazed with how ingenious those responsible for locating space for youthful offender activities could be. For example, normal corridors leading from one living area to another were transformed into lounge areas
(chairs, pictures on walls, magazines on a table, etc.) for those youthful offenders they had achieved a high level in the program.

In any youthful offender program the place element also has to give offenders a feeling of safety. It is important for offenders to feel safe in their living areas. For the most part, the youthful offenders accepted the reality that when they moved around the institution, there might be places where their safety could be in jeopardy (work assignments, medical and dental appointments, etc.).

Some of the methods used to keep juveniles’ living areas as safe as they can be in an adult correctional institution include the following:

- Establish and maintain security policies and procedures for the living areas:
  - Control inmate movement (tight control of who goes out of the area and who is permitted in the living area);
  - Have an “active” contraband control program (spontaneous and thorough); and
  - Require consistent enforcement by “everyone” who works with youthful offenders.
- Maintain sufficient security staffing (the number of staff assigned to a youthful offender living area depends on the physical design of the living area, the number of offenders assigned to the living area, the “level” of the offenders, and the number of other staff who “work” in the living areas (counselors, teachers, unit managers, etc.).
- Intervene immediately if there is conflict between offenders.

Equipment/Technology/Materials Element

The equipment/technology/materials element of the model also applies to the creation of a program for youthful offenders. Because some of the youthful offenders were under 18 years of age, they could not use the motorized equipment that many institutions use in their normal operations. One youthful offender program, as part of its programming, had the offenders working at farming operations part of the day, but there was no equipement the youth could not operate because they were under age. Again, this was another area that state legislatures did not take into consideration when they changed the laws and permitted juveniles to be incarcerated in adult correctional institutions.

Youthful offenders and technology proved to be interesting. Like other adolescents, offenders enjoyed playing video games, watching television, and listening to music. This did not go unnoticed by the people responsible for developing rewards and sanctions to be used as incentives and punishments for the performance and behavior of the youthful offenders. Immediate sanctions were discussed previously, and restricting the use of various technologies as a means of disciplining youthful offenders who committed minor rule violations proved to be very effective.

The first group of youthful offenders also enjoyed a “slight” advantage over some staff in the area of computer skills. As youthful offenders were coming into adult cor-

In the continuing effort to keep the technology that is just as effective in one institutional element and as safe, welded metal guards, etc., that had been installed.

In the materials used in the construction of the new institution, comfort being that the young offenders came the new uniforms preferred to wear low-cut shoes and to wear the prison uniforms that would allow for immediate sanctions.

Even though we regard to footwear, march and participate in an orange “cloth shoe" meeting and expressly to feet and ankles with good shoes. In this purchase from the oxygen with a very long was there any bro-

One adult insti-bound fence with lighting that this institution would provide suff-

Shortly after the staff and beyond the face of the young offenders. Most of the corrections institutions establish their own materials for these offenders were mi-

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Youthful offenders who were moved around in jeopardy (work safe as they can be in sections, so too were computers. It was not long before the staff caught up with their computer skills.

The technology that was being used to secure the adult inmate population proved to be just as effective with youthful offenders. There were some security gaps between the fence material and fence posts that needed to be closed up. Some institutions, just to be safe, welded new material over some of the grates (leading to the sewers or roof vents, etc.) that had smaller openings.

In the materials area, the first thing that had to be dealt with was the clothing and footwear that the youthful offenders had to wear. Adult correctional institutions have clothing and footwear that fit adults, in adult sizes. With the introduction of youthful offenders came the need to purchase smaller sizes. The youthful offenders would have preferred to wear low-riding pants, but they found out that they would be required to wear the prison uniform in a prescribed manner and not to do so would be grounds for immediate sanctions.

Even though we used the model very effectively, we missed an important issue in regard to footwear. Part of the youthful offender program required the offenders to march and participate in physical training. Initially, the youthful offenders were issued orange “cloth shoes” known as “bobos.” The bobos had orange cloth uppers and a “thin” rubber bottom and were cheap! After a short time, the nurse came to a team meeting and expressed concern about the number of lower extremity injuries, mostly to feet and ankles. It was her opinion that it was because the offenders did not have good shoes. In this program, the youthful offenders were not permitted to have, or to purchase from the canteen, sneakers or running shoes. Even with all the planning, we missed that very important point. The problem was corrected immediately before there were any broken bones or other serious injuries.

One adult institution that had been designated to house that agency’s youthful offender program had a less than desirable exterior perimeter. It had a single chain-link fence with lighting but no motion detection of microwave technology. The agency felt that this institution’s internal security and comprehensive youthful offender program would provide sufficient security until a second perimeter fence could be erected.

Shortly after the youthful offenders were moved into this institution, an offender approached a staff person and asked, “Is it true that there are snakes and alligators out there beyond the fence, because that is what one of the guys said?” The person raised his eyebrows and said he did not know but would not go out there. This incident, I believe, established an external perimeter in the minds of these adolescent youthful offenders. Most of the youthful offenders were from metropolitan areas and this correctional institution was out in the country.

Another thing that fell within the materials element was a “classification” instrument. When people come into an adult correctional system they are “classified” using an instrument that assesses the risks and needs of the inmates. The instruments that the adult corrections system uses have been developed to assess adults, not adolescents. Therefore, the instruments did not do an effective (or fair) job of assessing youthful offenders. Initially, because of this classification instrument, some youthful offenders were misclassified to a higher security level than they needed.

The people responsible for the education of the offenders spent hours identifying educational materials that could be used with them. Finding appropriate reading materials for these offenders proved to be challenging because so many of them had such low reading skills.
The “model” proved to be very helpful in keeping me and the development team from several state departments of corrections across the country focused on what was needed to create and implement a youthful offender program that would operate effectively within the confines of an adult correctional institution.

LESSONS LEARNED

Since the first youthful offender programs started in the mid-1990s, a great deal has been learned about managing youthful offenders incarcerated in adult institutions. As noted earlier, there was a pronounced learning curve that had to be overcome before real learning and progress could happen. It was realized only after everyone had “direct” involvement with youthful offender programs that the day-to-day management methods, techniques, and disciplinary systems that adult corrections had used for years would not be effective in managing youthful offenders. Once these facts were accepted, the real learning began. From that learning an effective youthful offender program became a reality. We discovered ten basic components required for a successful youthful offender program:

1. **Youthful offender programs have to be well thought out and have clearly stated goals and objectives for their programs.** You must think in terms of the duration of the program, any specific criteria that would preclude youthful offenders from attending the program (e.g., physical limitations, mental retardation, mental health issues that require intensive treatment or hospitalization, and being designated an “extremely” violent offender). The goals and objectives for a youthful offender program should be developed around the age-specific programming and the day-to-day structure of the program. All the programming should be centered on requiring the youthful offenders to focus the behavior and performance that caused them to be incarcerated. The goals and objectives of the program should clearly define the performance and behavior parameters that staff will enforce and offenders will adhere to while they are in the program and afterward.

2. **The core of a youthful offender program has to be programmatic.** As mentioned previously, the programs must be directed at addressing the behavior and/or performance (or lack of performance) that has caused these offenders to be incarcerated. The programs should be age and intellectually specific to the offender. The baseline testing done during reception is good source for getting raw data from which you can select the appropriate programs. Constant evaluation of all the programs in the youthful offender program should be conducted on a continuous basis.

3. **A youthful offender program must have stages, phases, steps, etc., built into it as means of rewarding offenders for positive performance.** Progression through the stages, phases, and steps demonstrates positive movement through the program. There is also the positive experience, for the offenders, of successfully completing something. They earn the privilege of advancing to the next stage, phase, and steps. Anecdotal evidence suggests that a thing rather than offender illness have been taken into consideration when determining the group's Phase or adjusting to program. Establishing educational and treatment goals.

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6. **Specialized to work with your adolescent developmental youth offender program**

7. **Personnel should make certain offender program to the consist**

8. **Special diets, etc.**

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suggests that the youthful offenders responded better to receiving something rather than taking something away. This quote from a youthful offender illustrates this point. “Go ahead, take away my points. People have been taking things away from me all my life.” When considering the duration of each stage, phase, and step of a youthful program the agency should determine how long, it believes, it will take the offenders to complete the programming assigned to each stage, phase, and step. For example, Phase One programming is designed to assist youthful offenders in adjusting to prison life, to establish the basic principles of teamwork, to establish educational goals, to complete intake testing and assessments, and to introduce individual and groups counseling.

4. The entire adult correctional community (security, programs, food service, medical, education) has to work cooperatively to present a unified front and offer a seamless delivery of services to the offenders. The most effective way to get “buy-in” from all the member of the correctional community is through specific assignments with evaluation methods. For example, food service staff are responsible for ensuring that the evening snacks are delivered to the youthful offender living area(s) at a specific time. Also, it is their responsibility to ensure that snack are nutritious.

5. The youthful offender program must have age-specific programs. Substance abuse programming and conflict resolution should be designed for adolescents. Educational programs must address the numerous skill levels that are found in any youthful offender population. To assess educational programming needs, comprehensive initial testing should be conducted when youthful offenders enter the correctional system. Staff should be prepared to deliver educational programming at the elementary, middle, and high school levels. (Note: Some youthful offender programs have chosen not to conduct all the initial “in-processing” educational testing until the offender has been assigned to the program for two to five days. Anecdotal evidence from the field has demonstrates that the offenders score higher on standardized tests after they have had an opportunity to settle in.)

6. Specialized training is necessary for all adult correctional staff who will work with youthful offenders. As discussed previously, understanding adolescent development will greatly assist correctional staff in managing youthful offenders.

7. Personnel should be primarily assigned for at least one year to the youthful offender program. Having the same staff working in the program adds to the consistency of delivering the program.

8. Special diets, including evening snacks, are essential.

9. A sufficient budget is critical. Correctional administrations must understand that youthful offender programs are costly.

10. Traditional adult correctional security staffing patterns are inadequate for youthful offender programs.
SUMMARY

Youthful offenders are now a fact of life for many adult departments of corrections around the country. A great deal has been learned about how best to manage youthful offenders while they are incarcerated. The adult correctional community has met the numerous challenges that the youthful offenders presented and they did this with professionalism and caring. Youthful offender programs around the country continue today to render age- and gender-specific programming and services to the youthful offenders committed to their custody. Many of the people who work with youthful offenders believe that “as long as we have them, let’s do our best to ensure that they never return to prison after their release.”

Although the adult corrections community has done an outstanding job in creating programs for youthful offenders the reality still exists that adult prisons are made for adults. What I believe is needed are specialized correctional institutions whose sole purpose is to incarcerate youthful offenders. Initially, these institutions could incorporate all that we have learned over the past years. These institutions could also be used by correctional professionals, social scientists, and academicians to study the issues that youthful offenders present, correctional methods/techniques, and effective programming for youthful offenders.

Author’s Note

A great deal of what is contained in this chapter can trace its origins back to the basic efforts that were made by the NICA and The South Carolina Department of Corrections, Alaska Department of Corrections, Texas Department of Corrections, Nevada Department of Corrections, Indiana Department of Corrections, Massachusetts Department of Youth Services, Louisiana Department of Corrections Services, Arkansas Department of Corrections, and the many dedicated people who work in youthful offender programs all over the country. These organizations are, in my opinion, the pioneers on how to manage youthful offenders in adult institutions.

Footnotes

1 Special recognition must be given to (then) Director Michael Moore and to the staff of the South Carolina Department of Corrections for their courage, dedication, persistence, and professionalism. Mr. Moore and the staff of the South Carolina Department of Corrections showed courage in granting permission for this completely new and untested program to be implemented. Mr. Moore expressed to me on numerous occasions that he believed that corrections needed to provide the effort, personnel, and finances necessary to support a youthful offender program.

2 I have attempted not to use the word “prison” very often in this chapter because adults’ views of prisons are only what they have seen on television or the movies, thereby filtering their ability to see anything positive happen in prisons. However, in this case I think it is appropriate because, in some instances, it took using the word “prison” to shock youthful offenders into accepting the reality of where they were and that they would be there for some time.

3 In fairness to that governor and others, the nation at that time was torn between trying to save the youthful offenders or putting them in jail and throwing away the key. I really believe that much of this consternation was because of the sensationalism that the media was spreading.

4 Interviews that I conducted with some youthful offenders who were housed in Ad/Seg revealed that they were willing to sacrifice freedom to “get away” from the “youthful offender program,” and for the feeling of safety. Another outgrowth of these interviews was that some youthful offenders would prefer sitting in an Ad/Seg cell rather than going to a confrontational counseling session, attending school, or taking a test.
Composition writing was my favorite sanction: It made a juvenile think about what he did or did not do and it helped him develop writing skills. This particular immediate sanction was the most disliked by the youthful offenders and staff alike. The juveniles disliked because it was time-consuming and difficult for the many who had poor writing skills. Staff disliked the sanction because the offenders would drive them crazy asking them to read their composition and make sure there were no misspelled words.

The staff quickly discovered that requiring youthful offenders to do something academic was more of a punishment than push-ups, or cleaning toilets. A youthful offender had to work much harder, and found it much tougher, to write a paragraph with no misspelled words than to do twenty push-ups or to do manual labor.

Personally, I found it gratifying that the staff was moving from physical exercises to mental exercises. I learned early on that these youthful offenders, once they had been in the program for a while, could do twenty push-ups with their eyes closed.

I have never been really sure of what “lesson” they were supposed to learn: How to survive in adult prison, become a better criminal, or what?

After talking with numerous male youthful offenders, I have come to the conclusion that they act out so quickly, and at times so violently, because they are homophobia. Most of the youthful offenders whom I spoke had heard the rumors of the homosexual rapes that take place in prison. Some even told stories about guys in their neighborhoods who came out of prison “queer” because they had been raped so many times. What they did convince me of was that what happened to youthful offenders and/or how youthful offenders acted while they were incarcerated was reported back to their home and neighborhoods.

Although most physical limitations can be accommodated in a well-designed program, these decisions should be made after consulting with the medical personnel.

A juvenile’s retardation would make him a likely victim of others in the program. Also, retardation could preclude the better juvenile from becoming involved in programming.

Examples of performance are how offenders will maintain their living environment (cells/dormitory), how they will address staff (sir, name, officer, mister, etc.), how they will maintain their personal appearance, how they will perform their personal job assignments, how they will perform in individual and group therapy, and how they will behave and perform in school. Examples of parameters for behavior should include a zero-tolerance rule for fighting, swearing, drug use (including smoking), lying, and disrespect to other offenders and/or staff.

References


