Addressing the Needs of Young Women and Girls of Color Involved in Intervening Public Systems
INTRODUCTION

BUILD A SOLID PLATFORM FOR EFFECTIVE INTERVENTIONS

Policymakers should make decisions with the best possible information. Listening to the voices of young women and girls and collecting and using data to guide policy work are two ways that policymakers can get more complete information to inform their decisions.

ENSURE GIRLS CAN STAY WITH THEIR FAMILIES AND IN THEIR COMMUNITIES WHENEVER POSSIBLE

All children, including young women and girls, do better when they are safely connected to their families in their communities.

SUPPORT YOUNG WOMEN AND GIRLS IN SCHOOL AND IN WORK

Education and workforce participation are essential for girls to be economically successful and independent as adults.

PROMOTE THE HEALTH AND WELL-BEING OF YOUNG WOMEN AND GIRLS

Poor and minority children have more health problems and less access to health care than their peers.

COMBAT VIOLENCE AGAINST AND EXPLOITATION OF YOUNG WOMEN AND GIRLS

Domestic violence and sexual exploitation are two entry points into the child welfare and juvenile justice systems that disproportionately affect young women and girls of color.

PREVENT DEEPER SYSTEM INVOLVEMENT

In addition to supporting children and families to prevent their involvement with intervening public systems, policies should also work to prevent extended and/or deeper system involvement, including moving from the child welfare system to the juvenile justice system, which can lead to significantly worse outcomes.

CONCLUSION

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INTRODUCTION

Young women and girls of color are disproportionately represented in intervening public systems, including the child welfare and juvenile justice systems. Involvement with these systems is related to poor outcomes for all children and youth, yet young women and girls of color face unique challenges. Public systems often overlook the strengths of young women and girls of color and are frequently ill-prepared to address their distinct needs. Systems that are meant as short-term interventions are too frequently becoming places where young women and girls of color grow up. This can result in an alarming trajectory that often involves early and unplanned pregnancies, homelessness and sexual abuse and exploitation.

Public systems need to incorporate gender-responsive policies and practices to best support the girls in their care to prevent these and other poor outcomes.

Public policies also play an important role in improving the ways in which we support young women involved in these systems. For public policies to best respond to the particular needs of young women and girls of color, they must be created in ways that advance prevention and address trauma. At the same time, they must provide solutions that go beyond reducing and mitigating risks to advancing opportunities to thrive. It is time to shift the prevailing narrative about this population of young women so that they are understood and supported as assets to their families and communities, the next generation of leaders and future drivers of our economy.

This policy brief aims to shine a spotlight on the disparities young women and girls of color experience when involved in intervening public systems, as well as highlight policies that either focus specifically on these girls or offer the flexibility needed to successfully adapt to better meet the needs of girls, particularly girls of color. It scans state and local public policies involved with, or at risk of involvement with, intervening public systems, and provides a snapshot of important work taking place across the country to promote better outcomes for young women and girls of color.

There is a significant absence of data on the needs of young women and girls of color. Nevertheless, an abundance of research demonstrates that youth of color involved with child welfare, in general, have poorer outcomes than their peers. They are more likely to be placed in congregate care settings (and youth who live in congregate care have poorer outcomes than similar youth in family-like settings), do poorly in school, have unplanned pregnancies and end up homeless and victims of domestic and other forms of violence when they leave foster care.

Furthermore, girls experience a unique sexual abuse to prison pipeline. Between 41 and 85 percent of sexually exploited children have experienced foster care. For girls in the child welfare system, placement in congregate care settings doubles the risk of juvenile justice involvement. The same is not true for boys. Once involved, the juvenile justice system is frequently unequipped to address the experiences of violence and trauma that place girls at further risk of victimization.

Regrettably, many communities where women and girls of color in foster care have lived have histories of disinvestment that have contributed to housing instability, low-performing schools, limited access to high-quality health care and other services and few opportunities to connect to well-paying jobs. These disadvantages are even starker in tribal communities. Worse still, service providers, systems and other stakeholders often have neither the research nor the data to fully understand the strengths and needs of young women and girls of color, which frequently results in a lack of knowledge of effective interventions for those they are intending to serve. Systems must better meet the needs of all young women and girls, with special attention to women and girls of color who can become invisible when public systems rely on interventions designed for all girls or all youth.

There is an urgent and compelling need to change the trajectory for young women who are affected by the compounding and negative effects of gender and racial discrimination, personal and community violence and their involvement in foster care, juvenile justice and other intervening public systems. We need to better understand young women and girls’ aspirations, challenges and opportunities and collectively develop the right set of policies, programs, public messages and community strategies to support them to become healthy and productive adults.

* We use the term intervening public systems to reflect that girls and young women in foster care and with child welfare involvement are also likely to be involved with other service systems such as juvenile justice, mental health, domestic violence and services for homeless and runaway youth, among others.
This policy brief is intended to:

- Shine a spotlight on the experiences and challenges faced by young women and girls of color involved with child welfare, juvenile justice and other intervening public systems
- Call out areas where better data collection is needed, especially data disaggregated by factors, such as age, gender and race, to better design and implement policy and practice
- Provide examples of policy strategies that promote girls’ well-being, in part by recognizing the trauma they experience and the barriers they face
- Make young women and girls of color visible and elevate awareness about both their needs and strengths

The following strategies highlight opportunities for public policies and programs to better meet the needs of young women and girls of color through federal, state and local efforts to:

- Build a solid platform for effective interventions
- Ensure that young women and girls can stay with their families and in their communities wherever possible
- Support young women and girls in work and school
- Promote the health, positive relationships and well-being of young women and girls
- Combat the violence against and exploitation of young women and girls
- Prevent deeper system involvement

BUILD A SOLID PLATFORM FOR EFFECTIVE INTERVENTIONS

Policymakers should make decisions with the best possible information. Listening to the voices of young women and girls of color and collecting and using data to guide policy work are two ways that policymakers can get more complete information to drive their decisions. This foundation allows for policy to be better aligned with the needs of young women and girls of color involved with intervening public systems. However, to do that well, most jurisdictions would need to change some of the infrastructure currently used to make their decisions. Enhanced collection and analysis of data coupled with meaningful incorporation of youth voice are important strategies that begin to better support young women and girls of color in intervening public systems. Both strategies allow for the development of policy that is more closely aligned with the needs of girls while also providing a mechanism for accountability that is hard to achieve by any other means.

Conduct Additional Data Collection and Analysis

Public systems should collect and disaggregate data by race, ethnicity, Indian Child Welfare Act (ICWA) eligibility, gender, identity and age and support data analysis on the interplay of these categories. This is an important way to begin to appreciate the intersecting factors that impact the lives of young women and girls of color and to take into account compounding disadvantages when they are present. Data must be captured in such a way that it provides a nuanced understanding of the experiences and needs of young women and girls of color. Without appropriately detailed data, there is no way to measure the current disparities or the impact of interventions to improve outcomes for young women and girls of color in contact with intervening public systems. This understanding enables agencies to both diagnose the factors leading to differential treatment and poorer outcomes for this population, as well as assess the impact of subsequent reform efforts.

Unfortunately, the data on young women and girls of color involved with intervening public systems are often not available. This is particularly troubling for dual-involved youth, as it creates significant gaps in what is known about them, from a lack of information about whether a young person is expectant or parenting to a complete lack of data on the trajectories and outcomes of these young women and girls. There is also a need for better data on the impact of both racial disparity and the cumulative impact of those disparities over time.

Washington State passed legislation in 2007 requiring the Department of Social and Health Services to convene an advisory committee to analyze data on racial disproportionality and racial disparity from the state child welfare and juvenile justice systems. This committee reports to the legislature annually on remediation plans and any measurable progress. The data collected provides information on racial and ethnic groups, ICWA eligibility and geographic region and focuses on four areas of system performance: the level of involvement of children of color at each stage in the system, including the points of entry and exit, and each point at which a treatment decision is made; the number of children of color in low-income or single-parent families involved in the state’s system; the family structure of those involved in the state’s system; and the outcomes for children exiting the system.

Incorporate the Voices of Young Women and Girls

Incorporating youth voice encourages positive youth outcomes and increases the likelihood that policies meet the needs of girls. Youth engagement leads to reduced risky behavior, increased success in school and greater civic participation later in life. There are a variety of ways to meaningfully incorporate youth voice—though sustaining that involvement can be difficult. Doing it well requires not only engagement of young people, but diverse and consistent engagement throughout policymaking and planning processes. Statewide youth advisory bodies, such as youth councils, that work with legislators, executives and state children’s cabinets, can help to ensure
the voices of youth are heard and play a meaningful role in shaping the policies that impact their lives. Quality youth advisory structures institutionalize youth voice in the policymaking process. This is particularly important for young women and girls of color who are involved in intervening public systems and whose voices are often excluded from important decisions that impact their lives.

A sustainable and effective way to incorporate youth voice is through the establishment of youth advisory councils. To include a diversity of voices on these councils, some state and local governments are ensuring the involvement of young people involved with the child welfare or juvenile justice systems. The Washington, D.C. Youth Advisory Council, for example, secures broad-based input by establishing membership criteria that leads to a diverse and representative advisory group. The council consists of 32 members between the ages 13 to 22 selected from various parts of the District (three members from each of the eight District wards and eight at-large representatives who have experience with the juvenile justice system and child welfare system). Membership reflects a broad range of diversity encompassing, but not limited to, relevant differences, such as ethnicity, location of residency, religion and gender. The Youth Advisory Council advises the Mayor, the City Council, public schools and other key decision-makers in the community and District government. The DC YAC is a host agency with the Mayor’s Summer Youth Employment Program and selects 40 youth participants between 14-22 years old to participate in the program. The program provides enrichment opportunities to participants in the areas of Life Skills, Etiquette, Effective Communication Skills, Career and College Readiness and Personal Development.

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ENSURE GIRLS CAN STAY WITH THEIR FAMILIES AND IN THEIR COMMUNITIES WHENEVER POSSIBLE

All children, including young women and girls, do better when they are safely connected to their families in their communities. Sadly, involvement with the child welfare and juvenile justice systems can lead to the removal of children from their families and communities, and placement in foster care or more restrictive congregate care or juvenile detention environments. Although these interventions are sometimes necessary to ensure the safety of children or the community, removal from family—and placement in congregate care facilities in particular—can put young women and girls at increased risk of commercial sexual exploitation and higher rates of pregnancy and homelessness. For young women and girls, connection to family is vital, and services should provide families with the supports they need to safely care for their children in their homes whenever possible. Research asserts that high-quality interventions aimed at keeping families together and children in their communities lead to better outcomes for children and youth and reduced recidivism for young people involved with juvenile justice systems. The services and supports provided to young people at risk of, or involved with, intervening public systems have to be culturally appropriate, family-focused and incorporate the principles of positive youth development. Without appropriate support, past trauma from system involvement or other causes may go unaddressed or be exacerbated.

Keep Families Together Whenever Safety Can Be Ensured

There is significant racial and ethnic disproportionality and disparity across child welfare systems. Black and American Indian/Alaska Native children, including girls, are over-represented in foster care nationally. In many jurisdictions, there are also disproportionate rates of Hispanic and Latino children in foster care. Children do best when they are cared for by their parents. Unfortunately, families living in poverty - who are disproportionately families of color - have a significantly higher likelihood of experiencing crises. Nearly half of families (47 percent) who have their children removed from their homes have trouble paying for basic necessities. To ensure that girls can safely stay in their homes with their families, it is critical for public systems to work together to help families meet their concrete needs and to address the multiple barriers that are often present.

North Carolina’s Family Preservation Services is a legislatively supported, intensive model that incorporates characteristics of the successful Homebuilder’s Model. It is a short-term, strengths-based crisis intervention program provided primarily in the family’s home or community. An evaluation of the first 10 years of implementation found that Intensive Family Preservation Services significantly impacted out-of-home placement rates, particularly for children of color. The evaluation found that although families of color were significantly more likely to have children removed than White families, among families who received Intensive Family Preservation Services, children of color were less likely to be removed from the home. In addition, Intensive Family Preservation Services led to an overall reduction in out-of-home placements for children of color.

Develop Alternatives to Detention

Although the total number of children in confinement has decreased since 1997, particularly among Asian American/Pacific Islander and Latino youth, huge racial disparities remain in youth confinement rates. African American children are nearly five times more likely, and Latino and American Indian youth are between two and three times more likely, than their White peers to be confined. Although boys comprise the majority (86 percent) of
children in residential placement, girls are far more likely than boys to be confined to residential placement after committing status offenses.²⁰ In 2011, 11 percent of girls in residential placement were there because of status offenses, as compared with 3 percent of boys. Black and American Indian girls face the highest rates of residential placement (179 and 123 per 100,000, respectively) as compared with Hispanic girls (47 per 100,000), White girls (37 per 100,000) and Asian girls (11 per 100,000).²¹

One alternative to detention is community-based interventions. Delinquency-prevention programs in community settings can divert youth from the juvenile justice system, serving youth placed on informal or formal probation or youth parolees returning to the community after a residential placement.²² The most successful community programs emphasize family interactions and provide skills to the adults who supervise and work with the youth.²³ In no case has an institution-based program proven more effective than a community-based program in a rigorous evaluation.²⁴

“Through the Detention Response Program, The Opportunity Alliance in Maine’s Cumberland County provides an alternative to detention that seeks to maintain youth, ages 11 to 20, in their communities and divert youth from secure detention. Although girls as a whole are under-represented in residential placement in Maine, Hispanic girls are disproportionately represented.²⁵ Detention response workers address the needs of youth and their families with a primary focus on reducing the likelihood of unnecessary and inappropriate incarceration and facilitating release from secure detention. They work on a continuum of the least restrictive interventions and develop individual plans to assure appropriate levels of support and supervision depending on the youth’s risk level and identified needs. The Detention Response Program provides intensive, community-based supervision, monitoring and case management for youth. Services are designed to keep youth from committing additional crimes or interfering with an ongoing court process while reducing the need for costly pre-trial detention. The length of service is intended to be brief with a maximum of 60 days.”²⁶

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Ensure Girls Remain in School

Zero-tolerance policies in schools criminalize behaviors that are common responses to trauma and often operate as a vehicle to push students of color into the juvenile and criminal justice systems. This vehicle, known as the “school-to-prison pipeline,” increasingly disproportionately impacts girls of color. Black and American Indian/Alaska Native girls are suspended at higher rates (12 and 7 percent respectively) than White girls (2 percent) and most boys.12 Girls are often referred to juvenile or criminal justice systems from schools as a result of behavior common to those who have experienced trauma, like fighting with their peers, disrupting class and talking back.13 Additional research shows that teachers may exercise disciplinary measures against girls of color, particularly Black girls, for not conforming to “traditional” norms of femininity, such as being quieter and more passive.14

In 2013, Denver, Colorado, reached a historic intergovernmental agreement (IGA) between Denver Public Schools (DPS) and the Denver Police Department (DPD). Policy language in the agreement clarifies and limits the role of school resource officers (SROs), ensuring that SROs differentiate between disciplinary issues and crimes, respond appropriately and de-escalate school-based incidents whenever possible. Denver’s DPS adopted a discipline policy that emphasizes the use of restorative approaches to address behaviors and is designed to minimize the use of law enforcement intervention. SROs meet with community stakeholders at least once per semester and participate in meetings with school administration when requested. The IGA requires recurring training of SROs and school administrators on how best to deal with youth issues and on topics such as child and adolescent development and psychology, age-appropriate responses, cultural competence, restorative justice techniques, special accommodations for students with disabilities, practices proven to improve school climate and the creation of safe spaces for lesbian, gay, bisexual, transgender and questioning students. The IGA also includes training on student due process rights.15

Connect Young Women to Opportunities to Work

There are significant differences in workforce participation between girls of color and their White counterparts. In 2014, 29.7 percent of Black girls and 22.6 percent of Hispanic girls age 16-19 were unemployed, as compared with 15.4 percent of White girls and 10.5 percent of Asian girls.16 In recent research in California, Minnesota and North Carolina, Black women who had left the foster care system were disproportionately less likely to be working (41 percent) and more likely to be looking for work (44 percent) than their White peers (61 percent and 36 percent, respectively), and more likely to be employed part-time rather than full-time when compared with their male counterparts. By age 24, female youth who were formerly in foster care earned on average $1,500 less per hour than their male peers.17 A similar study in New York City found that about 50 percent of former foster youth between the ages of 21 and 24 are unemployed at any given time.18

Young mothers who are expectant or parenting face additional barriers to accessing both education and employment. Research on the labor force participation of former foster youth found, “motherhood may prevent women from seeking employment or from being able to accept employment because of a lack of affordable or reliable childcare. Evidence also suggests that mothers are less likely to be hired, and if hired they are offered lower wages than comparable non-mothers or fathers. The labor market can be especially difficult for low-skilled, urban, African American mothers, who are often perceived by employers as problematic employees.”19 This is particularly troubling because although the overall teen pregnancy rate has fallen dramatically since 1991, the rates of live births per 1,000 girls between the ages of 15 and 19 years old is still disproportionately high for Black, Hispanic and American Indian/Alaska Native girls (39.0, 41.7 and 31.1, respectively) as compared with that of White girls (18.6).20

The High-Risk Young Mothers Program, operated by nonprofit Roca Inc.—which primarily uses state funds from the Massachusetts Pregnant and Parenting Teen Initiative (MPPTI)—connects high-risk young mothers to the workforce through targeted, data-driven case management, stage-based education and employment training. The program targets underserved young women ages 16 to 24 who are either pregnant or single parents, already involved in risky or harmful behaviors and who are in danger of putting themselves and their children in harm’s way.21 In 2014, more than three-quarters of the girls served in the program (77 percent) were Hispanic/Latina. Seventy-seven percent of all the girls enrolled in the program reported being victims of violence (sexual, physical or emotional). 63 percent were involved in the child welfare system and 94 percent had dropped out of school.22

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SOURCE U.S. DEPARTMENT OF LABOR, BUREAU OF LABOR STATISTICS.
PROMOTE THE HEALTH AND WELL-BEING OF YOUNG WOMEN AND GIRLS

Poor and minority children have more health problems and less access to health care than their peers. Girls of color experience higher rates of obesity, teen pregnancy and asthma than their White counterparts. Health problems can lead to issues like absenteeism in school, which can affect achievement and lead to involvement with intervening public systems. Health care is a critical service for girls of color in the child welfare and juvenile justice systems. To promote the health and well-being of young women and girls of color, systems must take a holistic approach that addresses the unique needs and challenges that they encounter. Barriers to health care include the lack of access to comprehensive and timely services and gaps in coverage. When coupled with systems that fail to appropriately address trauma, young women and girls’ needs often go unmet. This negatively impacts their overall well-being. Furthermore, LGBTQ and expectant and parenting youth face additional obstacles to achieving positive outcomes and would benefit from services and supports tailored to their specific needs. Policies that aim to better support young women and girls of color, including those who are LGBTQ or expectant and parenting, can improve well-being and promote positive outcomes for these populations.

Ensure Access to Health Care for System-Involved Girls

Children, particularly girls, involved in juvenile justice systems often face barriers to full and fair access to health care. The Office of Juvenile Justice and Delinquency Prevention’s (OJJDP) 2010 Survey of Youth in Residential Placement found that two-thirds of youth reported a need for health care to attend to dental, vision or hearing needs, illness or injury. More than one-third, however, said that one or more of their health care needs were not addressed. Data from child welfare systems show that nearly 90 percent of children entering foster care have physical health problems, 55 percent have two or more chronic conditions and almost 25 percent have three or more chronic conditions.

Lack of access to services is especially concerning when it comes to mental health care, where girls are disproportionately underserved. Some estimate that 81 percent of girls (compared with 69 percent of boys) in the juvenile justice system have at least one mental health disorder. Girls in juvenile facilities report higher numbers of emotional or mental problems and traumatic experiences: 42 percent of girls report past physical abuse, 44 percent of girls report past suicide attempts and 35 percent of girls report past sexual abuse. Boys reported these abuses at 22 percent, 19 percent and eight percent, respectively. Despite the prevalence of these issues and need for mental health services, only 47 percent of youth facilities provide mental health assessments for all residents, and 88 percent of youth who receive mental health counseling do not meet with a certified mental health professional.

Although a large number of youth entering residential juvenile justice facilities—including nearly all crossover youth (youth who had formerly been in foster care)—may be eligible for Medicaid or CHIP, federal law prohibits most states from using these programs to pay for services due to the federal “inmate exclusion.” This rule leads most states to terminate Medicaid coverage when youth enter juvenile justice facilities. Other states, however, are working to ensure children in both juvenile justice and child welfare systems have access to the health care services for which they are eligible.

Pennsylvania’s Integrated Children’s Service Initiative ensures that all system-involved children receive the services for which they are eligible regardless of their entry point into the system. The initiative calls for all child-serving systems within a county to plan together for one system in which appropriate services can be accessed, ensuring coordination of services and clarity in funding roles. The Integrated Children’s Initiative differentiates between the role of Medicaid and juvenile justice or mental health funding; ensuring that Medicaid eligible services provided to youth in the justice system are funded through Medicaid despite youth being referred to them through the justice system. This allows for Medicaid reimbursement for services having a “qualified treatment component,” such as Multi-Systemic Therapy. It also clarifies that Medicaid funding should be used to pay for medically necessary services, while juvenile justice funding should be used to pay for those that are not deemed medically necessary. The Department of Public Welfare also works to identify behavioral health providers who have served juvenile Justice clients and add them to the roster of Medicaid certified providers.

Address the Trauma Experienced by Women and Girls

The risk of experiencing various types of trauma differs by race and ethnicity. Children of color are more likely to experience child maltreatment, particularly witnessing family violence, and are significantly less likely to receive treatment to address trauma, leading to disparate rates of post-traumatic stress. The experience and effects of trauma are extremely common and debilitating for children involved with child welfare. Entry into the child welfare system is usually preceded by some traumatic family event and can cause additional trauma due to separation from family, school, neighborhood and community, as well as fear and uncertainty about the future. The 2012 U.S. Attorney General’s Task Force on Children Exposed to Violence concluded that childhood trauma is also associated with involvement in the juvenile justice system, with the vast majority having survived exposure to violence and lived with the trauma of those experiences.

Trauma and abuse often drive girls into the juvenile justice system, as evidenced by their disproportionately higher rates of past trauma. The rate of girls in the juvenile justice system

42% OF GIRLS IN JUVENILE FACILITIES REPORT PAST ABUSE

44% OF GIRLS REPORT PAST SUICIDE ATTEMPTS

35% OF GIRLS REPORT PAST SEXUAL ABUSE
who have experienced complex trauma (five or more Adverse Childhood Experiences, or ACEs) is nearly as high as their male counterparts.\(^{10}\) Once in detention, girls are offered inadequate mental and medical services, putting them at risk of re-traumatization. Many detention facilities focus on punishment, rather than fostering healthy development and providing young girls with the supports they need to address trauma. As The National Crittenton Foundation reports, “this lack of attention to healthy development in secure facilities leads to high rates of recidivism, with girls leaving institutions in worse shape than when they went in.”\(^{16}\)

In Illinois, the Department of Child and Family Services (DCFS) has embraced trauma-informed care in its child welfare system. DCFS received a federal Title IV-E waiver to implement the Illinois Birth through Three (IB3) project—which assesses young children for trauma symptoms when they enter care and provides evidence-based, trauma-informed services to their caregivers. The system also received a federal Permanency Innovations Initiative (P3I) grant to improve permanency outcomes for youth in foster care, with a focus on responding to trauma. Funded through the U.S. Children’s Bureau, the project serves youth ages 11 to 16 who have been in out-of-home placements for two years and may have experienced two or more placements since entering care, and are experiencing mental health symptoms.\(^{17}\) Along with their foster parents and birth parents (when the goal is reunification), the youth receive TARGET (Trauma Affect Regulation—Guide for Education and Therapy) services, which can be adapted to assist men and women from various age groups, cultures and ethnicities who have had a variety of traumatic experiences.\(^{18}\)

**Promote the Well-Being of LGBTQ Youth**

Meeting the needs of youth who identify as LGBTQ is an additional aspect of improving experiences and outcomes for girls and young women of color involved in intervening public systems. Forty percent of girls in juvenile detention identify as LGBTQ, and 85 percent of these girls are girls of color.\(^{19}\) These young women are also over-represented in the child welfare system. Youth involved in intervening public systems who identify as LGBTQ often have had to grapple with the combined effects of trauma, stigma and the risk of rejection due to their sexual orientation and gender identity. These adverse experiences can lead to poor health and mental health outcomes, as well as making them more vulnerable to commercial sexual exploitation and more likely to be in the sexual abuse to prison pipeline.

Compared with cisgender, heterosexual youth, LGBTQ youth are more likely to experience negative health outcomes. LGBTQ youth have higher rates of substance abuse, including tobacco, alcohol and other drug use, along with higher rates of depression, anxiety and suicidal ideation. These youth are more likely to be targeted because of their sexual orientation, gender identity or expression, and are more likely to be injured in a fight, threatened or injured with a weapon while at school, experience dating violence, be forced to have sexual intercourse and avoid school due to safety concerns.\(^{20}\)

In Massachusetts, the Department of Youth Services strives to create a safe and affirming environment for all youth. In addition to a comprehensive anti-discriminatory policy, the Department has implemented LGBTQ youth-specific training within juvenile justice settings, including identity disclosure best practices and intake procedures that avoid heteronormativity and respect a youth’s preferred name, pronoun, bathroom and placement. Mental and physical health policies recognize that LGBTQ youth may face additional need, while inclusive communication procedures emphasize the importance of not equating all concerns to a youth’s LGBTQ identity. Clear steps are outlined if any violation or discriminatory act occurs, which may lead to staff termination.\(^{21}\)

**Support the Health and Well-Being of Expectant and Parenting Youth**

Young women and girls who are expectant or parenting face many significant barriers to health and well-being and have more complex needs than their non-parenting peers. Research suggests that these young women are over-represented in intervening public systems and are less likely to have their needs met by these same systems. For example, adolescent girls in foster care are 2.5 times more likely to have a baby by age 19 than their peers not in foster care, and by age 25, about 59 percent of former foster youth are parents.\(^{22}\) Research shows that approximately 10 percent of female youth in both street and shelter are currently pregnant.\(^{23}\) Despite the fact that one-third of girls in juvenile justice facilities have been pregnant,\(^{24}\) a recent national survey by OJJDP found that only 18 percent of juvenile justice facilities provided the basic service of pregnancy testing at entry.\(^{25}\)

Data on teen parenting also differs significantly by race and ethnicity. Estimates from 2013 data show that 11 percent of adolescent females in the United States will give birth by age 20, with substantial differences by race and ethnicity.\(^{26}\) Eight percent of White adolescent females, 16 percent of Black adolescent females and 17 percent of Hispanic adolescent females.\(^{27}\) Although race-specific data on young parents involved with the child welfare and juvenile justice systems is not available, it is highly likely there are disparate rates of young women and girls of color who are expecting and parenting based on their disproportionate involvement in intervening public systems and the increased likelihood that they become teen parents. Additional research connects a history of sexual abuse to the increased likelihood of early pregnancy. Among girls in the juvenile justice system who are or have been pregnant, several studies have found that the risk for pregnancy is increased by childhood trauma and sexual abuse.\(^{28}\) A 2012 survey by The National Crittenton Foundation revealed that 49 percent of young mothers in the juvenile justice system and 40 percent of young mothers in the child welfare system reported a history of sexual abuse.\(^{29}\) These young families face significant challenges to becoming healthy, stable and successful for both parents and their children. They also present policymakers and child welfare administrators with an opportunity to design a comprehensive set of policies and programs that expand opportunities for parents and their children; reduce risks to child safety, permanency and wellbeing; and build the resiliency and protective capacities that exist within these young families.

New York City’s Administration for Children’s Services developed a new, comprehensive, citywide policy to address the sexual and reproductive health care needs of youth in foster care 12 years of age and older. The Administration developed key strategies aimed at creating opportunities and reducing risks for expectant and parenting youth and their children. In addition to outlining caseworker responsibilities and youth rights to services, there are explicit policies related to young women and girls who are expectant or parents and young men and boys who are fathers or are about to be fathers. Strategies embedded in the policy:

- Assess the needs of the young fathers.
- Encourage young men and young women to co-parent their children when possible.
- Require the use of an assessment tool to find permanent resources for these youth and their children as they transition.
- Mandate that services be trauma-informed and developmentally appropriate.
- Enhance foster parenting training specific to the needs of expectant and parenting youth and their children with the goal of increasing placement stability.
- Advocate for the involvement of expectant and parenting youth in various aspects of outreach and feedback.\(^{30}\)

Data from child welfare systems show that nearly 90 percent of children entering foster care have physical health problems, 55 percent have two or more chronic conditions and almost 25 percent have three or more chronic conditions.\(^{31}\)
DOMESTIC VIOLENCE AND SEXUAL EXPLOITATION ARE TWO ENTRY POINTS INTO THE CHILD WELFARE AND JUVENILE JUSTICE SYSTEMS THAT DISPROportionately AFFECT YOUNG WOMEN AND GIRLS OF COLOR. UNFORTUNATELY, WOMEN AND GIRLS OF COLOR MAY FACE ADDITIONAL BARRIERS TO RECEIVING SUPPORT AND SERVICES WHEN THEY EXPERIENCE SEXUAL VIOLENCE. SURVIVORS MAY FEAR OR DISTRACT POLICE, OR THEY MAY FIND THAT SERVICE PROVIDERS DO NOT OFFER THE CULTURALLY RELEVANT HELP THEY NEED. MANY SURVIVORS DO NOT REPORT THE CRIME TO AUTHORITIES OR SEEK HELP BECAUSE OF SOCIAL OR GEOGRAPHIC ISOLATION, CITIZENSHIP STATUS, RACISM, SOCIAL STIGMA OR LANGUAGE BARRIERS. TO SUCCESSFULLY ADDRESS DOMESTIC VIOLENCE AND SEXUAL VIOLENCE AGAINST YOUNG WOMEN AND GIRLS, ATTENTION TO THESE BROADER SOCIETAL FACTORS IS CRITICAL, AS IS A STRONG FOCUS ON CULTURE-SPECIFIC NEEDS.

Support Healthy Relationships and Victims of Domestic Violence

Domestic violence takes a number of forms, including intimate partner violence and family violence. Children are exposed to both sexual violence and violence between parents and other family members in their homes. Studies estimate that 10 to 20 percent of children are at risk for exposure to domestic violence. One study estimates that as many as 10 million teenagers are exposed to parental violence each year, placing them at an increased risk of being abused or neglected. Children who live with domestic violence face numerous risks, such as the risk of exposure to traumatic events, the risk of neglect, the risk of being directly abused and the risk of losing one or both of their parents. In general, girls exposed to domestic violence exhibit more internalized behaviors, such as withdrawal or depression. Far too many young women and girls in America experience domestic violence and sexual assault, and women and girls in some communities of color face particularly high rates of these crimes. Black, American Indian/Alaska Native and multi-racial women and girls experience extremely high rates of intimate partner violence during their lifetimes. Young women and girls who are undocumented immigrants also face significant challenges, as abusers often use their partners’ immigration status as a tool of control. In such situations, it is common for a male batterer to exert control over his partner’s immigration status to force her to remain in the relationship. Furthermore, in a study of 724 adolescent mothers between the ages of 13-18, one out of every eight pregnant adolescents reported having been physically assaulted by the father of their babies during the preceding 12 months. Of these, 40 percent also reported experiencing violence at the hands of a family member or relative. The South Carolina Department of Social Services (SCDSS) Domestic Violence and Batterers Intervention Programs provide support and assistance for crisis intervention and prevention services for victims of intimate partner violence (including domestic violence, dating violence and sexual assault as it occurs in the context of domestic or dating violence), their dependents and abusers. The services are carried out through a network of community-based nonprofit and private service providers. SCDSS agencies provide therapy services that are appropriate to the needs of recipients with regard to their experiences with domestic violence, as well as any other issues relevant to the individuals’ particular needs. Services include emergency shelters, advocacy to victims in immediate crisis and those in need of long-term support, safety planning, support groups, counseling, client needs assessments, transportation, information and referrals, legal advocacy and assistance securing housing, employment, food stamps and other related assistance. Children are referred to the appropriate agency for individual and group counseling, age-appropriate safety planning, healthy communication, skill building, and activities for children living in the shelter. Domestic violence shelter program staff also provide education and prevention programming that emphasizes the role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including discrimination based on age, race, ethnicity, gender, religion, ability or disability, sexual orientation, class, veteran status, education status, citizenship status or income. Prevent the Sexual Exploitation of Young Women and Girls

The commercial sexual exploitation of children (CSEC) occurs when individuals buy, trade or sell sexual acts with a child. Vulnerable children, including runaway and homeless youth and young people involved with intervening public systems, are often targeted by pimps and traffickers. Exploitors frequently draw children into prostitution and other forms of sexual exploitation using psychological manipulation, drugs and violence. It is common for girls to run away as a response to sexual abuse, yet as runaways these girls are placed at a higher risk of sexual exploitation. Girls are disproportionately represented in runaway caseloads, accounting for approximately 60 percent of runaway cases over the past 20 years. A study of 42 federally funded human trafficking task forces found that 94 percent of victims of sex trafficking are female, and roughly three-quarters are people of color. Children are at significant risk, as 40 percent of the 2,555 investigations opened by human trafficking task forces in a two-year period involved the prostitution or sexual exploitation of a child. Many youth also engage in survival sex as a means to obtain shelter, food or other protection. Homelessness is one of the most common drivers of this behavior, and national estimates of youth involved in survival sex range from 10 to 50 percent. Youth of color are significantly more likely to engage in survival sex than their White counterparts. In a New York City study found that 85 percent of CSEC youth were female, 67 percent were Black and 59 percent were between the ages of 16 and 17. New Jersey was one of three states to receive a perfect rating by the Polaris Project regarding its laws to combat human trafficking. In New Jersey, child victims of sexual exploitation are immediately recognized as victims of a crime in need of protection and services, granted immunity from prosecution and diverted from juvenile delinquency proceedings. They are instead directed to child welfare services. Under New Jersey law, convictions for prostitution that were committed as a result of trafficking can be vacated from a victim’s criminal record. Victims receive state services and protection, including counseling, job assistance, housing, continuing education, legal services or a human trafficking caseworker privilege. Law enforcement receive mandated training, including courses of study on the handling, response procedures, investigation and prosecution of human trafficking cases.
In addition to supporting children and families to prevent their involvement with intervening public systems, policies should also work to prevent extended and/or deeper system involvement, including moving from the child welfare system to the juvenile justice system, which can lead to significantly worse outcomes. For example, the longer period of time that youth are involved with child welfare, the more likely they are to fail to achieve a permanent family outcome and to age out of the system. In addition, as children remain in foster care for extended periods of time, they are more likely to experience multiple placements and to move to more restrictive forms of care. Preventing deeper system involvement might be accomplished by providing more family-based treatment care, rather than using congregate and other residential placements for children experiencing problems and for older youth in foster care. When young people are convicted and detained for crimes, they too often experience group or residential placements as opposed to interventions that are more developmentally appropriate, and as a result, they are at increased risk of poorer outcomes.

Girls of color are petitioned, detained and committed through the juvenile justice system at disproportionate rates. After being formally charged, girls of color are more likely to be convicted and more likely to be detained that their White counterparts. In 2013, Black girls were 20 percent more likely to be detained than White girls, and American Indians/Alaska Native girls were 50 percent more likely to be detained than White girls. African American girls comprise 14 percent of the general youth population but 33.2 percent of the girls detained and committed, and Native American girls comprise 1 percent of the general youth population but 3.5 percent of detained and committed girls.

Girls in juvenile detention facilities report higher numbers of emotional or mental problems and traumatic experiences compared with boys: 42 percent of girls report past physical abuse, 44 percent report past suicide attempts and 35 percent report past sexual abuse. According to the 2009 Girls Health Screen Validation Study, more than one in five girls entering detention had experienced sexual assault within the previous week. Girls in detention also face higher rates of Post-Traumatic Stress Disorder (PTSD) and depression, both of which are often linked to experiences with trauma.

Girls are more likely to be charged with status offenses and more likely to be placed in detention because of status offenses than young men and boys. Girls comprised only 16 percent of the overall detained population in 2011, but almost 40 percent of the youth detained for status offenses. In the same year, girls accounted for 40 percent of status offense cases that resulted in out-of-home placement, although they were just 12 percent of youth receiving such dispositions overall. Girls of color are also disproportionately represented among those detained for status offenses. Of the girls who were detained for status offenses in 2011, 40 percent were Black, 12 percent were Hispanic and 3 percent were American Indian. The Deinstitutionalization of Status Offenders (DSO) core requirement of the Juvenile Justice and Delinquency Prevention Act (JJDPA) provides that youth charged with status offenses and abused and neglected youth involved with the dependency courts may not be placed in secure detention or locked confinement. However, Congress created the Valid Court Order (VCO) exception in 1980, a loophole that allows for children to be detained if they violate court orders prohibiting them from committing certain status offenses.

Decriminalize Status Offenses

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The child may be returned to their home if both the child and their parent agree, or they may be placed in an emergency shelter family home. Children who are habitually truant are referred to pre-court interventions and diversion programs, including referral to a student assistance team to informally determine whether services such as mentoring or counseling would help improve their attendance. If a parent is responsible for a child of compulsory school age who is truant, fines may be levied against the parent. The parent may also be required, among other things, to attend school with the child, perform community service at the child’s school or participate in a parenting class.

Support Youth Dually Involved with Child Welfare and Juvenile Justice

Youth whose lives have been shaped by parental or guardian absence or neglect or who have experienced sexual abuse, physical abuse, emotional abuse or other forms of trauma are more likely to engage in behavior that will bring them into early, frequent and prolonged contact with the juvenile justice system. As a group, these children and families are often underserved and do not generally receive the services intended to address their histories of abuse, neglect and trauma. Frequently, they move from one system to another, experiencing unintended additional trauma associated with the failure of the two systems to coordinate efforts. There is no single solution to best address the needs of youth and families who find themselves involved in both systems, however, some jurisdictions have begun to actively develop solutions for dually involved youth that reflect the characteristics of their communities, agencies, and families.

Research suggests that dually-involved youth are disproportionately children of color and disproportionately young girls. A three-year study in Los Angeles County found that seven percent of all first-time offenders had a child welfare history, however, 14 percent of African American first-time offenders during this time had a child welfare history. Moreover, at the national level, girls comprise 20 to 25 percent of the juvenile justice population but an even higher 33 to 50 percent of dually-involved youth. These differences reflect a need to better serve young women and girls of color who are involved with multiple intervening public systems.

In May 2010, the Pennsylvania Department of Public Welfare, Office of Children, Youth and Families circulated a bulletin that provides an overarching state-level framework supporting county efforts to develop local shared case responsibility protocols for youth under the direct supervision of children and youth agencies, juvenile probation offices or both concurrently. The bulletin included cross-jurisdictional service provisions for youth and their families being served by Juvenile Probation Offices/County Children and Youth Agencies (JPO/CCYA) and other agencies, highlighting the benefits of collaborative relationships and multidisciplinary case planning. Ensuring coordination among agencies in Pennsylvania helps to avoid service duplication, yields better outcomes and ensures greater fiscal accountability. In contrast to unilateral decision-making and approaches that do not take into consideration the goals and requirements of other agencies involved with youth and their families. Formal court proceedings result in ‘dual adjudication’ orders that identify child welfare and probation shared case responsibilities for youth determined to be both dependent and delinquent. In less formalized scenarios outside of a court order, each agency (child welfare or probation) considers how services from the other agency could benefit the youth and family and improve outcomes in a wide range of dual-status cases.

CONCLUSION

By making the experiences of young women and girls of color involved in multiple systems more visible, this brief highlights the national challenges and opportunities that lie ahead in strengthening supports and closing the gaps that currently prevent them from becoming healthy, whole adults—able to lend their strengths to our nation’s economy and general well-being. What is overwhelmingly clear is that when we lack the most elemental information about girls’ unique needs and experiences—particularly when viewed in light of their experiences as survivors of trauma and often untold abuses—developing effective strategies for their success, although a moral imperative, remains a challenge. States and local governments are increasingly recognizing the problems and are beginning to resolve both the causes and effects of multiple system involvement. The use of legislation and policy, deliberate coordination of services and a recognition of the myriad underlying issues that present as runaway, delinquency or other troubling behavior, are encouraging steps in the right direction. The work ahead however, is getting more specific. Too few of the measures highlighted in this scan were developed to explicitly protect the young women and girls who are being disproportionately affected. The hope is that the efforts highlighted in this brief indicate that the groundwork is beginning to be laid for a national framework that holds as its general philosophy that girls of color who experience the trauma of abuse, violence and neglect will not be punished for trying to survive. Rather, they will be supported on a trajectory that provides for concrete needs; builds the tools, skills and supports to succeed; and embodies hope for the future.
64. Bragg (2013). (See note 60).
71. Saar et al. (2015). (See note 2).
73. Finklea et al. (2015). (See note 70).
75. Dank et al. (2015). (See note 74).
80. Saar et al. (2015). (See note 2).
82. Acoca et al. (2014). (See note 36).
85. Sickmund et al. (2015). (See note 84).
89. National Conference of State Legislators. (2011). (See note 32): Only 47 percent of youth facilities provide mental health assessments for all residents, and 88 percent of youth who do receive mental health counseling do not meet with a certified mental health professional.
92. Herz et al. (2012). (See note 10).