

Abstract

Although research on populations of incarcerated female adolescents has increased, there remains a dearth of qualitative research that speaks to the life narratives of these girls. Existing research suggests this population is deeply troubled, which necessitates a better understanding of their lived experience to more thoroughly inform prevention and rehabilitation efforts. This article is one of the first to assess a wide range of traits and characteristics of girls in custody. The Multidimensional Inventory of Development, Sex, and Aggression (MIDSA) was administered to 30 girls in custody at a juvenile detention facility in California. Individual narrative reports were generated, and their aggregate results were analyzed. Results are first presented at an aggregate level and details from some individual cases are used to provide an especially rich description of particular circumstances, behaviors, and motivations of these girls. Preliminary findings illustrate the chaotic family backgrounds of the sample and the prolonged and varied trauma they have experienced. Results also suggest that the high rates of self-reported antisocial behavior in which these girls engaged involved a considerable amount of physical aggression and interpersonal violence. Trauma-informed approaches in the juvenile justice space are discussed.

Key words: adolescent girls, MIDSA, custody, self-reported offending

Understanding Adolescent Girls in Custody using the Multidimensional Inventory of Development, Sex, and Aggression (MIDSA)

Girls represent the fastest growing incarcerated population in much of the Western world but there is still comparatively little known about them. In many jurisdictions, they continue to be managed either as though they are more similar than different to boys or as though they are predestined to become incarcerated women. They warrant extensive description and understanding because their pathways to crime and custody, even if gendered, are unique, and there is promise in approaches that prioritize trauma-informed care to best address those pathways.

Overall, fewer female adolescents are incarcerated than male adolescents and most empirical inquiry and scholarship involving incarcerated juvenile populations has typically focused on boys (Chesney-Lind & Shelden, 2014). As the number of girls having contact with the criminal justice system has increased, so too has research that focuses on female samples. Although still lagging behind research on their male counterparts, our available knowledge of incarcerated female juveniles consistently includes the following observations: (1) there are more similarities than differences in the reported criminality of boys and girls; (2) even though they might engage in similar behaviors, their motivations appear to be gendered; (3) their pathway through the criminal justice system is gendered; (4) their lives preceding incarceration are punctuated by severe trauma, (5) poly-victimization is not uncommon; (6) employing a trauma-informed approach makes sense.

This article summarizes the literature around these themes before outlining the present study. To be sure, not all adolescents who experience childhood maltreatment have subsequent contact with the criminal justice system. But it is well established in the juvenile delinquency

literature that maltreatment, abuse, trauma, and adversity are common in the lives of incarcerated adolescents compared to adolescents in the general population (Adams et al., 2013; Baidawi & Sheehan, 2019; Tillman & Prazak, 2018; Vitopoulos et al., 2019; Whitted et al., 2013; Wood et al., 2002). Although this is observed in both female and male adolescents, research suggests that this finding is particularly amplified for incarcerated girls and that they have higher rates of victimization (Chesney-Lind & Shelden, 2014; Lederman et al., 2004).

In addition to higher rates of victimization, research also suggests that incarcerated girls experience more different types of abuse (poly-victimization) than their male counterparts. Foy and colleagues (2012) reviewed 33 studies about the trauma-related mental health of female juveniles and concluded that there are consistently high rates of girls most commonly being exposed to multiple types and incidents of trauma. This finding is also echoed in more contemporary research on incarcerated female adolescent samples (Asscher et al., 2015; Barrett et al., 2015; Moore et al., 2013; Vahl et al., 2016; Vitopoulos et al., 2019). Further, when considering the particular type of maltreatment, Foy and colleagues (2012) concluded that girls, more so than boys, were often exposed to significant violence in both their individual family settings *and* their broader community context. This suggests a pervasive pattern of violence that permeates all aspects of girls' lives prior to their incarceration.

Against this backdrop of trauma and maltreatment, it is unsurprising that adolescent girls often come into contact with the criminal justice system for status offenses such as running away and underage drinking (Chesney-Lind & Shelden, 2014). These offenses are conceptualized as “crimes of survival” that serve as coping mechanisms or a means of escape from abusive and traumatic environments (situation, family, relationships, community, home) (Tillman & Prazak, 2018). What is less well understood and explained, is the level of physicality exhibited by

incarcerated teenage girls. Although fewer girls are arrested and incarcerated for violent offenses compared to boys, girls do commit what can be considered ‘lower-level’ violent offenses against the person, for example, simple assault rather than aggravated assault or murder (Ehrmann et al., 2019).

Officially recorded increases in girls’ involvement in some violent offenses may be the result of differential responses by parents and criminal justice system practices rather than an actual increase in violent behavior (Chesney-Lind & Shelden, 2014). Nonetheless, incarcerated girls do display aggressive behavior, including when self-reporting about undetected behaviors (Adams et al., 2013; Asscher et al., 2015; Lederman et al., 2004). The main gender difference is that girls commit fewer violent offenses than boys (Adams et al., 2013; Ehrmann et al., 2019) and that when they do, it is less serious than that perpetrated by boys (Asscher et al., 2015; Ehrmann et al., 2019). If their violence predominantly occurs as a response to abuse or maltreatment and that abuse is more likely perpetrated by someone known to the victim, it would follow that the retaliatory violence would therefore be most often directed at known individuals or family members. This is consistent with other findings that male violence is typically more instrumental, more aggressive, and more frequent than female-perpetrated violence (Girls Incorporated, 1996; Smith & Waterman, 2005), which in turn is less aggressive and more reactive, impulsive, and expressive in nature (Komarovskaya et al., 2007; Smith & Waterman, 2005).

Perhaps the most well-established gender difference observed in adolescent offending is that boys act out and girls act in. Extant samples of incarcerated girls consistently demonstrate internalizing responses to abuse whereas boys tend to externalize their experiences (Docherty et al., 2016). For example, the modal responses for women trauma survivors includes the use and

abuse of drugs, promiscuity, prostitution, and early pregnancies, and the development of anxiety, depression, or eating disorders. In contrast, adolescent boys tend to ‘externalize’ their traumatic experiences, and ‘act out’ by directing their anger and pain outwards and exhibiting conditions such as oppositional defiant disorder and conduct disorder (Crijnen et al., 1999; Whitted et al., 2013).

This observed gender differential has one exception: in the most high-risk forensic populations, girls who present with the most profound symptoms of mental health concerns engage in externalizing behaviors that are particularly serious (Fazel et al., 2008; Tillman & Prazak, 2018). Further, while findings are mixed (Dierkhising et al., 2013; Whitted et al., 2013), there is a growing body of research suggesting they also have higher levels of co-occurring internalizing and externalizing symptoms compared to incarcerated boys (Cauffman, 2004; Docherty et al., 2016; Vahl et al., 2016; Van Damme et al., 2014). Essentially, although the relationship between trauma and subsequent offending is neither linear nor guaranteed, the girls who *do* come to the attention of the criminal justice system for the most violent crimes evidently report much more profound histories of adverse childhoods.

Given aggression and externalizing behaviors are contrary to the usual expectation of female behavior, its observation warrants further exploration. There is some preliminary evidence suggesting that the type of abuse experienced is pertinent to the development of certain behavior. For example, girls who are exposed to physical abuse histories (Asscher et al., 2015; van der Put et al., 2015), or who have experienced poly-victimization (van der Put et al., 2015), are particularly susceptible to committing violent offenses as adolescents. Similarly, externalizing behaviors characterized victims of physical abuse and neglect whereas internalizing problems characterized victims of sexual abuse (van der Put et al., 2015). For those who have

experienced poly-victimization, co-occurring internalizing and externalizing symptoms were more common (van der Put et al., 2015).

Incarcerated girls have often experienced physical abuse and poly-victimization. Taken together, research suggests that aggression and externalizing behaviors may in fact be the norm for this population rather than just for their male counterparts. The use of violence by girls in the context of existing relationships with their family members (Girls Incorporated, 1996) is not surprising given the occurrence of maltreatment, abuse, and trauma in these familial settings. What manifests in adolescence as aggressive and antisocial behavior might best be explained as the result of maladaptive coping strategies that develop in response to the trauma and turmoil of chaotic families and dysfunctional childhoods (Tillman & Prazak, 2018).

The present study. As the number of female adolescents in custody grows, more research has been directed towards understanding, predicting, and preventing their problematic behaviors. As our knowledge grows, there remains a lack of qualitative research to make meaning out of these girls' experiences. To that end, the present study was largely exploratory and aimed to examine the self-reported attitudes, feelings, and behaviors of an incarcerated sample of adolescent girls using the Multidimensional Inventory of Development, Sex, and Aggression (MIDSA, 2011). The MIDSA (2011) has been administered to more than 4000 men, women, and boys in both correctional and community settings in several jurisdictions across the world (Guay et al., 2015), but this is the first time it has been administered to a sample of girls in custody. The present study examines in depth an incarcerated sample of 30 girls with an extensive computerized survey tool that provides a detailed picture of their early childhood, family life, abuse experiences, educational achievements, custodial history, self-reported criminal history, as well as numerous attitudinal and personality variables. In addition to being the first

administration of this tool on a sample of this type, the present study explores and seeks to provide a context for understanding the thoughts, feelings, and behaviors of this understudied but growing population.

Method

Participants. Participants were 30 girls serving custodial sentences at a juvenile correctional facility in California. According to the staff at the facility, the average sentence length was three to six months, and their offenses varied, ranging from substance use and running away to theft, prostitution, and gang-related violence. The girls ranged in age from 15 to 18 years, with a mean of 16.43 years. The sample was ethnically diverse with 63% identifying as Hispanic/Latina and 30% identifying as African American. (Participants who identified as being of mixed race could select more than one category.)

Measures. The Multidimensional Inventory of Development, Sex, and Aggression (MIDSA, 2011) is a contingency-based, computerized inventory that was originally designed to assess male sexual offenders prior to starting psychotherapeutic intervention. It builds on and is a substantial revision of the Multidimensional Assessment of Sex and Aggression (the MASA; Knight & Cerce, 1999; Knight et al., 1994). Respondents answer questions about their life history including: childhood, family, and relationships; school, mental health, and criminal histories; as well as their thoughts, feelings, attitudes, and behaviors in childhood and adolescence. It contains a substantial number of domains critical to the assessment of risk in male and female adults and adolescents (MIDSA, 2011).

It is important to first acknowledge the obvious differences between men and women and the limitations inherent in the extension to women of an instrument that was designed for and has

been validated upon samples of men. Considerable effort was expended on the construction of gender-neutral language, the provision of gender appropriate examples, as well as the addition of female-specific questions, and the conversion of male items to female items (Harris et al., 2016; Parent et al., 2018; Schatzel-Murphy et al., 2009).

Procedure. The MIDSAs were administered on laptop computers (unable to be connected to the internet) to girls in groups of four at a time, over a period of twelve months. The first author visited the facility the day before each data collection day to explain the study and recruit interested participants. Girls were eager to participate and with the facility's permission, received granola bars and bottled water during the administration of the test. The girls did not receive any other enticement or reward for their participation. Appropriate IRB approval for research with a vulnerable population of human subjects was obtained from the facility and its ethics committee, as well as the county, the juvenile court judge, and the first author's university (blinded for peer review but available on request). Participants were informed that they could stop the test at any time without penalty. One girl chose to abort her test (about twenty minutes after beginning). On average, the girls took approximately 90 minutes to complete the MIDSA. All 30 MIDSAs were administered in English.

Readability analysis indicated that the tool was written at a fourth-grade reading level. This threshold is consistent with previous studies of incarcerated juveniles. All participants passed the initial 'reading test' and no girls reported any substantial difficulties with literacy (beyond the occasional request for a definition). The participants almost without exception expressed concern about maintaining their anonymity and all inquired where their answers would "end up." We explained that results would be reported in the aggregate, and that any individual case study information would be presented anonymously. No identifying information was

collected by the researchers and girls were assigned unique identifiers upon arrival. Importantly, almost all participants commented that they felt grateful for having been given a voice and were glad their responses might “help people understand them better.”

Results

Demographics and Criminal Involvement. We begin by providing some general demographic information and describing the offending histories and family backgrounds of the girls in the sample. Most of the girls ($n = 26$; 87%) in the sample had been arrested more than once. Although their average age at the time of data collection was 16.43 years, their mean age at first arrest was 12.63 years (Range: 11-17 years). Their average number of prior arrests was 7.4 (SD: 8.3; Range: 1-36) and they reported having served an average of 5.8 separate sentences, prior to their current sentence (SD: 5.7; Range 1-25). Ten girls (33%) reported having been previously incarcerated more than ten separate times.

More than half of the girls in the sample (53.3%) reported having received professional psychological treatment. Self-reported diagnoses (provided as answers to an open-ended prompt) included: “family problems” (x3), “PTSD from sexual abuse” (x2), “gang issues,” “running away from foster care,” “psychological damage from extremely abusive caretaker,” and “manipulation and revenge.” Of the 14 girls who reported having taken prescription psychiatric medication, the average age of onset was 13.71 years (SD: 3.8; Range: 4-18 years) with two girls reporting having taken psychiatric medication before the age of 10.

Consistent with what is understood about the dark figure of crime (Farrington et al., 1988), the participants in the present study self-reported a much greater amount of offending than that which appeared in their official records. For example, 12 girls (40%) reported an

official charge for assault but more than twice as many (83%) self-reported that they had “fought or hurt another person.” No participants reported ever being charged with robbery but five girls self-reported that they had “held up someone” with a weapon and 80% ($n = 24$) endorsed the item, “I did things involving stealing, fraud, or robbery.” Almost everyone in the sample reported carrying a weapon at some point with 50% admitting to carrying a gun and 88% admitting to carrying a knife. A further 43% reported carrying a weapon other than a gun or knife. By way of example, Table 1 contains both the self-reported frequencies and arrest statistics for each of several crimes contained in the MIDSA. Because crime labels vary widely by jurisdiction and the MIDSA is used internationally, the questions ask about specific behaviors rather than using legal jargon. For this reason, the offenses in Table 1 are listed using the language as it appears in the MIDSA.

Family Life. The MIDSA contains a detailed timeline which requires respondents to indicate how long they lived with various adult caregivers. Options include: living at home (with any combination of biological parents, step-parents, adopted parents, grandparents, or other relatives); living in alternative care (such as foster homes, group homes, or orphanages); time spent in custody (at a juvenile hall or detention center); time spent in a psychiatric hospital; living alone; or being homeless/a runaway/on the street. Only four girls (12%) reported living with both of their biological parents from birth until their current sentence. Of the remaining participants, half (44%; $n = 13$) were raised by a single mother and half (44%; $n = 13$) lived in unstable environments with more than one caregiver change. Of the 13 girls who were raised by a single mother, three had fathers in the home for the first few years of their lives (moving out when the girls were five, six, and eleven) and in four cases, a step-father moved in at some point

(when the girls were eight, ten, and thirteen). The remaining six girls were raised exclusively by a single woman (four by her mother and two by her grandmother).

The remaining 13 girls were raised in many different environments by multiple caregivers. Two examples are provided in Figure 1. Six girls had lived in foster care and six lived in a group home at some point. Four girls reported having lived in both a group home and a foster home. In the space of 16 years, one girl (Figure 1a) reported living with her birth mother (until age four), a female relative, two separate foster mothers, and two separate group homes. By the age of 17, a second girl (Figure 1b) reported having lived with her birth mother and her birth father (although at separate times), two different stepmothers, and her paternal grandparents. In addition to these caregivers, she also lived in two group homes, was incarcerated on multiple occasions, and spent some months living on the street.

When they construct the timelines, participants fill in their answers as best as they can remember, in six-month increments. It should be noted that this is therefore an approximation (and likely, an underestimation) of the domestic and residential mobility they have experienced. During the administration of the MDSA, many girls shared, verbally, that their sentences had been “a few weeks here or there” and they would “bounce around between mom and dad for a few weeks at a time.” During data collection, we emphasized that an approximation of the actual time spent at each location was acceptable, and that the emphasis was on capturing the number of unique caregivers or homes the girls had experienced.

Socio-economic status is difficult to ascertain from the MDSA. There are no specific questions on estimated household income and even if there were, it is unlikely that a teenager with a strained parental relationship could (or would) correctly answer such a question. So,

although specific numbers were unavailable, it is important to note that more than three quarters of the sample (76.7%) reported being raised in a household where they were “routinely unable to purchase sufficient food and basic necessities.” Of the girls who had brothers or sisters, more than half (55.6%) had a sibling who had been arrested at least once and a quarter (25.9%) had a sibling who had been committed to a mental institution at least once.

Childhood abuse. The self-reported prevalence of physical and sexual abuse by the participants in the present sample is largely consistent with the existing literature on system-involved adolescent girls. By way of example, Table 2 contains the self-reported prevalence of various and specific types of physical abuse experienced at the hands of biological mothers and fathers. (The MIDSA provides the same level of detail for *all* reported caregivers, but in the interest of brevity only biological parents are included here.) Almost all the girls (90%) reported being physically punished as a child. Specifically, 100% of the 11 girls who reported living with their biological father at some point reported having been “hit, spanked, and physically punished” by him at least once. Almost half (45%) of those girls reported being hit or spanked as often as every day, and a quarter (27%) said they were hit with a weapon or punched/kicked as often as daily.

Fourteen of the 30 girls reported ever living with their biological mother. Of those 14 girls, 100% reported that she “hit, spanked and physically punished” them, 71% said she hit them with a weapon, and 50% reported ever being punched or kicked. Almost a third of the sample (30%, $n = 9$) reported having been sexually abused by their father and 60% ($n = 18$) reported having sex with an adult male (over the age of 18) before they were 16 (two before their 12th birthday, eight when they were aged 13-14, and eight when they were 15-16 years old).

Crimes of Survival. Many of the offenses for which girls are arrested are conceptualized elsewhere as “crimes of survival” (such as running away, prostitution, and substance abuse) and are best understood as ways of escaping various kinds of trauma. Most of the participants (77%, $n = 23$) reported having run away from home at least once and three girls admitted to doing so more than 50 times. Of the six girls who had lived in foster care, five reported running away from their foster families. Eleven girls reported having lived in detention prior to their current sentence and all of them (100%) admitted that they had escaped from that institution at least once.

One Girl's Story. Once the MIDSAs are administered, the data are transformed in two ways. First, raw data are imported into SPSS for aggregate level analysis. Second, a comprehensive individual report (of approximately 60 pages) is generated for each participant. Reports include a wealth of detailed text that provides a narrative description of the participants' responses as well as tables and scales that compare the individual respondent's attitudes and behaviors with those of a normative sample. In clinical practice, these reports are used to assist therapists in their intake and assessment procedures, in the preparation of pre-sentence reports, or for allocating treatment resources. The MIDSA has also been frequently used as a tool in the assessment of individuals in the US under Sexually Violent Person legislation (MIDSA, 2011; J. Sims-Knight, personal communication). The detailed reports can be used to provide rich qualitative data to supplement more formally structured interviews and have also been used by researchers in subsequent conversations with a study participant to jog their memory or supplement other provided details (anonymized for peer review).

This section reviews the narrative report of one of the girls in the present sample to provide a thorough and more detailed picture of the participants. Any identifying information has

been removed and to protect the anonymity of the participant, she will be hereafter referred to using the pseudonym “Rita.”

Rita is a 17 year old Latina, who, at the time of data collection, was serving a three month sentence for assault. She reported a total of 23 arrests, beginning at age 13 and has served 16 separate custodial sentences over a 24 month period. When asked about her mental health, she reported having seen a total of four therapists and being prescribed seven different psychiatric medications, beginning at age 14. She has been institutionalized on ten separate occasions and estimates that she has spent a total of six months in psychiatric facilities. When asked about the nature of her diagnoses she endorsed the “anger” and “anxiety” response options and entered “manipulation and revenge” at the open-ended prompt.

Rita’s official criminal record includes one conviction for running away and multiple charges and convictions for violence and drug-related offenses. Her list of self-reported offenses is much longer. Frequency of involvement was measured by Likert scales with the following response options: “once,” “2-10 times,” “11-50 times,” “50+ times.” She reported having engaged in general theft (50+ times), having stolen a car (once) and admits to having burgled a home (2-10 times) and to killing animals (2-10 times). Rita estimated that she had “carried a gun” and “held someone up using a gun” between 11 and 50 times, each. Finally, she disclosed that she has “physically assaulted males,” “physically assaulted females,” and “physically assaulted family members” (11-50 times each).

Although only officially charged between 2 and 10 times with substance-related offenses, Rita self-reported considerable drug and alcohol use. Before her 12th birthday she reports sniffing glue and using Ritalin and sleeping pills weekly, and routinely using alcohol, cocaine, and

marijuana on a daily basis. As a teen (13 to 17 years of age), she reported using PCP “once or twice;” using ecstasy, crystal meth, and alcohol weekly; and cocaine and marijuana daily.

Rita’s parents had seven children: three daughters and four sons. Her biological parents never married, but she was raised by them both until she was eleven (except for 18 months between the ages of three and five, when she lived with her maternal grandmother). She lived with her father for a year at age 12, and then moved back to live with her mother. Since the age of 15 she has been in and out of custody (16 times) and mental health facilities (10 times) (see Figure 2). She describes a difficult relationship with her abusive father, who raped her while she was living with him. She reports being a frequent victim of his physical punishment and abuse (where she endorsed the following actions: hitting, punching, and kicking). She reports that her father was frequently stoned, high, or drunk (“more than 50 times”) and was frequently hospitalized for mental problems (again, endorsing “more than 50 times”).

Rita had a turbulent time in school but managed to complete the 11th grade. She reported engaging in minor disruptive behavior in elementary school and repeating the seventh grade. She reports being suspended or expelled more than 50 times in high school and indicated that she frequently picked fights with other students and skipped school. Although she has never held a formal job, when prompted with an open-ended question about how she made money, she explained “by manipulating men and relatives into giving me money.”

Rita’s scores on many of the individual items that make up the MIDSA scales indicate cause for concern. Specifically, her scores were extremely high for the following scales: “lack of empathy,” “conning and superficial charm,” “hostility towards women,” “physical fighting,” “fantasies of hurting people,” “cruelty to animals,” and “child molester cognitive distortions.”

Her scores on the individual items within each scale were examined in more detail because they were so high. For example, “child molester cognitive distortions” consists of six items that endorse attitudes conducive to or supporting sexual behavior with children. The scale captures the perspective that children are sexual beings and downplays the possibility that sexual contact with an underage person causes any harm to the child. Items include “Society makes a much bigger deal out of adults having sex with children than it really is” and “many children who are sexually assaulted do not have any major problems because of the assaults.” It makes sense for an adult who has sexually abused children to endorse these items, but at first glance, it appears counterintuitive for a young woman in custody to have scored so highly on a scale that measures cognitive distortions consistent with pedophilia. We suggest that a more useful explanation might be that this is evidence of normalization of abuse by a survivor. Feeling that “it’s not that big a deal” or that “it doesn’t cause that much damage” is probably best interpreted as a coping mechanism from the perspective of a survivor of abuse who is minimizing the damage she experienced so she can emerge stronger, favoring toughness and resilience. The implications for using tools and scales such as these with samples that differ from the tool’s original intent are clear and will be considered in more detail in the discussion.

Rita also endorsed the following statements as true: “because prostitutes sell their bodies for sex anyway, it is not so bad when someone forces them sexually,” “girls or women who get drunk at a party are really at fault if someone takes advantage of them sexually,” and “if a woman or girl does not strongly resist sexual advances, she is probably willing to have sex.” Again, at first glance it looks like she is endorsing rape myths and expressing hostility towards women. However, her opinions on these individual items make sense when one considers she has engaged in prostitution and likely views it as a relatively harmless way to make money, where

she feels that she is in control. Her responses might also indicate self-loathing or poor self-image (Cunliffe & Gacono, 2005) as a way of dealing with her past. Rita's responses here are perhaps better interpreted as resignation to rather than acceptance of rape myths consistent with the violent gang culture in which she was raised, as well as an attempt to cope with or survive her own sexual abuse by minimizing the damage of that abuse, resisting the self-identification as victim, and emphasizing her ability to overcome adversity.

Discussion

Girls who enter the juvenile justice system are known as a notoriously difficult population. First, their apparent deviation from the norm of male-perpetrated crime and misconduct makes them a particular challenge for law enforcement. Second, because they typically experience so much trauma, they present extraordinary challenges for treatment providers and correctional officers. Finally, as a protected population who satisfy multiple categories of vulnerability (as incarcerated minors who are likely survivors of abuse and could potentially be pregnant), they present unique obstacles for researchers (Slater et al., 2013).

This study contributes to what is known about incarcerated girls by examining their anonymous self-reported responses to literally thousands of items. The resultant picture is one of profound trauma and adverse childhood experiences marked by: physical violence and sexual assaults at the hands of caregivers; psychiatric diagnoses of PTSD and anxiety; considerable familial and residential mobility; multiple caregiver combinations; lengthy stays in alternative care; and homelessness, abandonment, and neglect.

Consistent with existing results from adult samples, the girls in this study admitted to having participated in much more frequent and more severe offenses than those for which they

were arrested, formally charged, or convicted. Although not particularly surprising, this result underscores the importance of triangulating information from as many sources as possible and appropriate to properly gauge the true nature of one's involvement in delinquency (Slater et al., 2013; Zimmerman & Harris, 2013). Although it might be the case that participants exaggerated their self-reported involvement in criminal activity compared to that which was officially recorded, our results were consistent across the sample as a whole, and are also in line with the generally accepted mismeasurement of crime and, in particular, unreported crime.

Future directions are many and include a comparison of the present sample of young women with more than 200 adult female college students, attending a large public university in the same US county. These MIDSA's have already been administered and we anticipate that such a comparison will shed light on the divergent pathways observed for girls who were raised within a similar socio-economic status, in the same cultural environment, and the same ethnically heterogeneous jurisdiction. We look forward to beginning to unpack and better understand how those pathways unfold and how some end in detention and despair when some lead to resilience and the opportunity to pursue a college education.

The information contained in the MIDSA narrative report underscores the value of individualized assessment for the making of decisions about participants in the criminal justice system. It captures information that is typically not available in clinical records or during a personal interview. It lends itself to assessment-based treatment and can be useful in several kinds of therapy. The extensive developmental history is of particular use to trauma-informed treatment. Not only does it give a complete caregiver history (described earlier), it tracks the type of abuse by each caregiver plus other people in the respondents' lives. Furthermore, it asks respondents to focus on behaviors and the frequencies with which they happened and asks

questions in neutral language so as not to enflame biases. For example, it never asks whether the respondent was abused; rather, it asks, how many times the respondent had sexual contact with each of the people she has listed as sexual contacts. It does not ask if the parent figure was emotionally abusive; it asks a series of questions such as “How frequently did your [caregiver] say she wished you had never been born?” Thus, both the occurrence and the level of abuse are clearly documented. In addition, the scales (such as the emotional abuse scale just described) have all been validated.

In addition to trauma-informed therapy, the MIDSA lends itself to the Risk-Need-Responsivity (RNR) model of intervention (Andrews & Bonta, 2006; Andrews et al., 2011; see also Hanson et al.’s, 2009 validation of the RNR approach for juveniles and adults who have committed sexual crimes). It also provides information on school, work, and romantic intimacy, helpful in positive therapies, such as the Good Lives Model (Ward & Stewart, 2003; Willis et al., 2014; Yates & Prescott, 2011).

Consistent with the essential elements of the RNR Model (Andrews et al., 2011), the MIDSA will ultimately allow for the individual to be compared with comparative samples of both other system-involved youth as well as nonclinical samples of community controls. Given the total number of adolescent female MIDSA is currently only 30, the results have not been normed or validated yet, but the authors are working hard to increase those numbers and the subsequent statistical power. Such comparisons will better inform individual treatment decisions as well as enable the tailoring of programming at a wider systemic level. Here, we specifically recommend more attention be directed towards interrupting the cycle of sexual abuse, homelessness, and criminal activity and reiterate the value of offering wraparound mental health services that extend beyond the end of one’s custodial sentence.

Limitations. Sample bias is a limitation that must be addressed. It is not expected that the results contained in this study can be readily generalized to other samples of system-involved youth or to broader populations of juvenile girls. On the one hand, girls are observed to be incarcerated for status offences (Chesney-Lind & Shelton, 2014; Herrera & Harris, 2013) and many women are in custody for nonserious and nonviolent crime (such as fare evasion or nonpayment of fines). On the other hand, studies have indicated that only the most cognitively impaired and severely victimized women enter correctional facilities (Warren et al., 2002).

Given the nature of our present results, we suspect that our sample is more reflective of the latter bias and that these participants have transcended more societal norms and laws than might generally be the case (Slater et al., 2013). Although it is too early to properly discern whom our results best reflect, one explanation is that our results are consistent with Smith and Waterman's (2006) prediction that an emerging group of violent female offenders who display "substantial character pathology with a criminal lifestyle encompassing prostitution, chronic drug addiction, and violence" (p. 435) who clearly warrant further study. Regardless of the generalizability of our findings, the profound extent of adverse childhood experiences is equally undeniable and behooves us to take a more trauma informed perspective moving forward.

Conflict of Interest Statement:

The corresponding author states that there is no conflict of interest for the first or second author. The third author is the co-creator of the inventory used to generate data for the present manuscript and that inventory is commercially available as a clinical instrument.

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