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THE CASE FOR TRAUMA-INFORMED, GENDER-SPECIFIC PREVENTION/EARLY INTERVENTION PROGRAMMING IN REDUCING FEMALE JUVENILE DELINQUENCY IN FLORIDA

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ABSTRACT

This article describes the statutory recognition of the need for prevention/early intervention juvenile services in Florida that are both trauma-informed and gender-specific. It examines how childhood trauma can impact at-risk children and the gendered aspects of such trauma. The article then describes the PACE Centers for Girls, a Florida-based school, currently undergoing a comprehensive evaluation, which attempts to incorporate elements that fulfill the statutory recommendations into its programming.

INTRODUCTION

There is a powerful correlation between childhood trauma and subsequent experiences such as school difficulties,¹ entry into the juvenile justice system, and recidivism.² Both male and female youth in the juvenile justice system have experienced disproportionately high levels of traumatic events when compared with the non-juvenile justice population; yet there is an even higher prevalence of certain types of trauma for

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¹ Christina D. Bethell et al., *Adverse Childhood Experiences: Assessing the Impact on Health and School Engagement and the Mitigating Role of Resilience*, 33 HEALTH AFFAIRS 2106, 2111 (2014).

² Karen M Abram et al., *Posttraumatic Stress Disorder and Trauma in Youth in Juvenile Detention*, 61 ARCH. GEN. PSYCHIATRY 403, 407 (2004).

girls, such as emotional, physical, and sexual abuse.³ As research demonstrating this correlation has emerged, youth advocates have called for prevention/early intervention programs for pre-delinquent at-risk youth and youth already in the juvenile justice system, which take into account the impact of childhood trauma—specifically the gendered aspect of certain trauma.⁴ In Florida, statutes respond to this demand by mandating trauma-informed⁵ and gender-specific⁶ prevention/early intervention programming.

Part I of this article briefly describes the need for prevention/early intervention as outlined in Florida statutes. Part II establishes the parameters of effective trauma-informed practices utilizing research focused on childhood trauma. Part III outlines the parameters and requirements of gender-specific programming and describes how intersection of trauma and gender has implications for effective services. Part IV describes an example of a Florida-based alternative school—the Practical Academic Cultural Education (PACE) Center for Girls, Inc.—that incorporates trauma-informed, gender-specific prevention/early intervention services tailored to meet the needs of girls at risk of entering the juvenile justice system. By describing the Florida statutory requirements regarding trauma-informed and gender-specific programming for at-risk juveniles, considering the underlying research that supports these statutes, and outlining an example of a program for girls that strives to incorporate these elements, the authors suggest that a more uniform framework built on empirical research and proven approaches would be beneficial.

I. PREVENTION/EARLY INTERVENTION PROGRAMS IN THE FLORIDA JUVENILE JUSTICE SYSTEM

Florida Statutes expressly recognize the importance of prevention and early intervention programs in addressing juvenile delinquency.⁷ Florida Statute Chapter 985,

³ Michael T. Baglivio et al., *The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders*, 3 J. JUV. JUST. 1, 8–9 (2014).

⁴ *Id.* at 11–13; Stephanie S. Covington & Barbara E. Bloom, *Gender Responsive Treatment and Services in Correctional Settings*, 29 WOMEN & THERAPY 9, 17 (2007); Lawanda Ravoira & Vanessa Patino Lydia, *Strategic Training and Technical Assistance: A Framework for Reforming the Juvenile Justice System's Treatment of Girls and Young Women*, 20 GEO. J. ON POVERTY L. & POL'Y 297, 308 (2013).

⁵ FLA. STAT. § 985.02(8) (2016).

⁶ FLA. STAT. § 985.02(7) (2016).

⁷ Laws pertaining to pre-delinquent children such as Children in Need of Services (CINS), defined as “a child for whom there is no pending investigation into an allegation or suspicion of abuse, neglect, or abandonment; no pending referral alleging the child is delinquent; or no current supervision by the Department of Juvenile Justice or the Department of Children and Families for an adjudication of dependency or delinquency” but has a record of running away, school truancy, or persistent disobedience of their parents or legal custodians, FLA. STAT. § 984.03(9) (2016), and laws pertaining to dependent children, defined as a child who has been found by the court to be abandoned, abused or neglected by their parents or legal custodians or at risk of being so, among other circumstances, FLA. STAT. § 984.03(12) (2016), are contained in FLA. STAT. § 984 (2016). Laws pertaining to delinquent children in the juvenile justice system, defined as a “child who has been found to have committed a delinquent act” and “a child who . . . is found by a court to have committed a violation of law or to be in direct or indirect contempt of court”, FLA. STAT. § 984.03(11) (2016), are contained in FLA. STAT. § 985 (2016). Despite the division of laws regarding pre-delinquent and delinquent children, the two chapters are consecutive and many subtopics in both chapters contain identical language, implying Chapters 984 and 985 should be considered together. Florida, like the

which addresses Juvenile Justice, includes in its purposes “reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen and reform the lives of children.”⁸ Chapters 984 and 985 contain identical language stating that legislative intent for the juvenile justice system includes developing and implementing methods and programs to prevent delinquency, divert children from the juvenile justice system, intervene at an early state of delinquency, and provide alternatives to institutionalization.⁹

The children who fall within the provisions of the two chapters are those needing services at various points along the “juvenile justice continuum:” a range that includes—but is not limited to—children in need of services, children at-risk of delinquency, children who have committed delinquent acts, children who have previously been committed to residential treatment programs, and children on conditional release.¹⁰ Programs for these children include non-residential educational, career, and recreational services that focus on prevention and early intervention and that have been recognized as effective and cost-efficient in reducing juvenile crime.¹¹

An important, but possibly overlooked, justification for early intervention appears in *Scaling Behaviour in the Number of Criminal Acts Committed by Individuals* by Will Cook et al. The article provides an examination of two historical studies of delinquency among boys.¹² Researchers discovered that the statistical distribution of number of crimes committed per person followed a “power-law” pattern, indicating that although the majority of boys in both studies committed no crimes during the study periods, a limited number of boys committed most of the crimes and after committing one crime became repeat offenders.¹³ The researchers concluded that the most critical aspect of criminal progression is committing the first criminal act and that “once this happens, the number of criminal acts committed by an individual can take place on all scales.”¹⁴ The

majority of states, organizes statutes according to a logical or topical arrangement by grouping related chapters in numerical order under general subject fields.

⁸ FLA. STAT. § 985.01(1)(a) (2016).

⁹ FLA. STAT. § 985.02(3)(b) (2016).

¹⁰ FLA. STAT. § 984.03(30) (2016).

¹¹ See Delbert S. Elliott & Sharon Mihalic, *Issues in Disseminating and Replicating Effective Prevention Programs* 5 PREVENTION SCI. 47 (2004); STEVE AOS ET. AL., WASH. STATE INST. FOR PUB. POLICY, BENEFITS AND COSTS OF PREVENTION AND EARLY INTERVENTION PROGRAMS FOR YOUTH 1 (2004); OFFICE OF PROGRAM POLICY ANALYSIS & GOV’T ACCOUNTABILITY (OPPAGA), EFFECTIVE COMMUNITY PROGRAMS COULD REDUCE COMMITMENTS OF GIRLS TO RESIDENTIAL PROGRAMS 1 (2006).

¹² Will Cook et al., *Scaling Behaviour in the Number of Criminal Acts Committed by Individuals*, J. STAT. MECH.: THEOR. EXP. (2004), <http://iopscience.iop.org/article/10.1088/1742-5468/2004/07/P07003/pdf>. The researchers examined data from the Cambridge Study in Delinquent Development, a 20-year prospective longitudinal survey of 411 males in North London that began in 1961, and the Pittsburgh Youth Study, a study of a random sample of 1,517 public schoolboys in the first, fourth, and seventh grades that ran from 1986-2001. In these studies, boys were asked to report the number of criminal or delinquent acts they had committed during specific study periods. *Id.* at 3–5.

¹³ *Id.* at 10–11. Importantly, when the researchers excluded the reports of zero crimes committed, the distribution fit into a power law model even better. *Id.*; Philip Ball, *Criminals Follow Laws of Statistics*, NATURE NEWS, Mar. 3, 2004, <http://www.nature.com/news/2004/040303/full/news040301-4.html>.

¹⁴ Cook et al., *supra* note 12, at 11.

implication is that the best method of reducing juvenile crime is to prevent a child from committing a first offense.¹⁵

Scholars and policymakers focusing on girls in the juvenile justice system have also concluded that early prevention/intervention programming can be effective.¹⁶ Girls on average are arrested at younger ages than boys and are more likely than boys to be detained for minor and status offenses – thus risking entry into the juvenile justice system at earlier ages.¹⁷ In 2006, a study conducted by researchers for the National Council on Crime and Delinquency (NCCD) found that 40% of a sample of girls in the Florida juvenile justice system reported committing their first offenses before the age of 13.¹⁸ These findings confirmed the conclusion from an earlier Florida-based study: “Clearly the time to intervene in girls’ lives is early, between 8-12 year old (*sic*), and intensively, with comprehensive gender-responsive middle school environments anchoring the service continuum for girls.”¹⁹ Examining this through the lens of the Florida Statutes, the point along the juvenile justice continuum where effective prevention can occur is when (and if) a child moves from being “a child in need of services”²⁰ or a “child who is found to be dependent”²¹ to “a child who has been found to have committed a delinquent act.”²²

In order to identify and prescribe services for children at risk of moving into delinquency, researchers have stressed the need for prevention/early intervention programs that are family- and community-based.²³ The most effective programs “identify and address the multiple risk factors (at the school, neighborhood, family and child levels) contributing to a child’s delinquency, as well as the child’s unique characteristics that may affect his or her response to treatment, and tailor the treatment regimen accordingly.”²⁴ Two factors that are recognized by Florida law as essential in the development of programming and can influence a child’s response to treatment are the impact of childhood trauma and the child’s gender.²⁵

¹⁵ *Id.*; Ball *supra* note 13.

¹⁶ See Lawanda Ravoira & Vanessa Patino, *Girl Matters – Unfinished Work*, in JUSTICE FOR KIDS 173 (Nancy Dowd ed., 2011); Liz Watson & Peter Edelman, *Improving the Juvenile Justice System for Girls: Lessons From the States*, 20 GEO. J. ON POVERTY L. & POL’Y 215, 217 (2013); See also American Bar Association & National Bar Association, *Justice by Gender: The Lack of Appropriate Prevention, Diversion and Treatment Alternatives for Girls in the Justice System*, 9 WM. & MARY J. WOMEN & L. 73 (2002).

¹⁷ OPPAGA, *supra* note 11, at 2–3; Ravoira & Patino, *supra* note 16, at 161; Watson & Edelman, *supra* note 16, at 216–17.

¹⁸ VANESSA PATINO ET AL., NATIONAL COUNCIL ON CRIME AND DELINQUENCY, A RALLYING CRY FOR CHANGE: CHARTING A NEW DIRECTION IN THE STATE OF FLORIDA’S RESPONSE TO GIRLS IN THE JUVENILE JUSTICE SYSTEM 9 (2006).

¹⁹ LESLIE ACOCA, NATIONAL COUNCIL ON CRIME AND DELINQUENCY, EDUCATE OR INCARCERATE?, 5 (2000).

²⁰ FLA. STAT. § 984.03(9) (2016).

²¹ FLA. STAT. § 984.03(12) (2016).

²² FLA. STAT. § 985.03(11) (2016).

²³ Richard E. Redding, *Lost in Translation: No More Marketing Evidence-Based Policies for Reducing Juvenile Crime*, in A NEW JUVENILE JUSTICE SYSTEM: TOTAL REFORM FOR A BROKEN SYSTEM 142 (Nancy Dowd ed., 2015).

²⁴ *Id.* at 142–43.

²⁵ FLA. STAT. § 985.02(7) & (8) (2016).

II. TRAUMA-INFORMED CARE

Florida Statute 985.02(8) advises the Florida Department of Juvenile Justice (FDJJ) to base their services for children with histories of trauma on “an understanding of the vulnerabilities and triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid retraumatization.”²⁶ This recommendation is supported by extensive research on the effects of trauma on a child’s developing brain. Trauma occurs when overwhelmingly stressful events undermine a person’s ability to cope.²⁷ “Toxic stress” has been defined by the American Academy of Pediatrics as “the excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering protection afforded by stable, specific relationships”²⁸ and stems from exposure to persistent sources of “violence; emotional, physical, or sexual abuse; deprivation; neglect; family discord and divorce; parental substance abuse and mental health problems; parental death or incarceration; and social discrimination.”²⁹

The human body’s response to traumatic or stressful events includes the activation of the autonomic nervous and adrenocortical systems, responses that are adaptive in the short-term, but can be detrimental after prolonged and continuous exposure.³⁰ Current research and theory conclude that exposures to adverse experiences earlier in life have a more dramatic impact on normal functioning and development than those that occur later in life.³¹ Traumatic experiences during adulthood, once the brain is formed and mature, can result in changes to the brain, but traumatic experiences during the critical periods of early childhood (i.e. ages zero to six³²) can reorganize brain systems and significantly influence future functional capabilities of the child.³³

²⁶ FLA. STAT. § 985.02(8) (2016).

²⁷ Lenore C. Terr, *Childhood Traumas: An Outline and Overview*, 148 AM. J. PSYCHIATRY 10, 11 (1991).

²⁸ Ross A. Thompson, *Bridging Developmental Neuroscience and the Law: Child-Caregiver Relationships*, 63 HASTINGS L.J. 1443, 1454 (2012).

²⁹ Bethell et al., *supra* note 1, at 2107.

³⁰ Bruce D. Perry et al., *Childhood Trauma, the Neurobiology of Adaptation and “Use-Dependent” Development of the Brain: How “States” become “Traits,”* 16 INFANT MENTAL HEALTH J. 271, 284 (1995).

³¹ Lois A. Weithorn, *Developmental Neuroscience, Children's Relationships with Primary Caregivers, and Child Protection Policy Reform*, 63 HASTINGS L.J. 1487, 1518 (2012).

³² *Early Childhood Trauma*, ZERO TO SIX COLLABORATIVE GROUP, THE NATIONAL CHILD TRAUMATIC STRESS NETWORK, http://www.nctsn.org/sites/default/files/assets/pdfs/nctsn_earlychildhoodtrauma_08-2010final.pdf (August 2010).

³³ Perry, *supra* note 30, at 276. In the early years of life, neural connections are developing and “serve and return” interactions shape the brain architecture. For example, when a baby cries and a parent responds, this strengthens the areas of the brain that support communication and socialization. The areas of the brain involved in regulating emotions, language, attachment, and abstract thought are strengthened through the rapid development of synapses during the first few years of a child’s life. Based on individuals’ early childhood experiences, some synapses are discarded and others are strengthened, leaving children in adolescence with the number of synapses they will likely have for the remainder of their lives, although the brain does retain the ability to adapt to environments and condition beyond adolescence. CHILD WELFARE INFORMATION GATEWAY, CHILDREN’S BUREAU/ACYF/ACF/HHS, *Understanding the Effects of*

Nearly two decades ago, the Centers for Disease Control and Prevention and Kaiser Permanente collaborated on the largest study ever conducted to assess the association between traumatic childhood events and later-life health and well-being, now commonly known as the “ACE Study” (ACE refers to Adverse Childhood Experience).³⁴ The study found that out of 9,508 respondents, more than half reported at least one, and one-fourth reported more than one, exposure to adverse childhood experiences.³⁵ Specific experiences evaluated in the study included psychological, physical, and sexual abuse; violence against the mother; and household members who were substance abusers, mentally ill or suicidal, or imprisoned at some point.³⁶ Exposure to these events can eventually lead to social, emotional, and cognitive impairment causing the adoption of health-risk behaviors which, in turn, can lead to disease, disability, social problems, and early death.³⁷ Using logistic regression, the study found a strong dose-response relationship between an individual’s number of ACEs and the risk factors for leading causes of death.³⁸ As the number of ACEs increased, adult health risk behaviors and diseases also increased, including: alcoholism, illicit drug abuse, depression, attempted suicide, smoking, sexually transmitted diseases, obesity, emphysema, ischemic heart disease, chronic lung disease, skeletal fractures, and liver disease.³⁹

The ACE Study was a breakthrough for understanding the relationship between childhood trauma and health risk behavior and disease in adulthood; subsequent studies went further to look at how such childhood trauma impacts children’s learning capabilities. In 2013, a study of the prevalence of ACEs in all US children was released by the National Survey of Children’s Health to evaluate the relationship between ACEs in children ages 0-17 and childhood chronic conditions, health risks, and school success factors.⁴⁰ The results of the study demonstrated that children with two or more ACEs were 2.67 times more likely to repeat a grade in school, and 2.59 times less likely to be engaged at school.⁴¹

Children who have experienced ACEs are hindered in school performance for two distinct, yet connected, reasons. First, the trauma experienced can result in physical changes to the structure and chemical activity of the child’s developing brain, such as decreased brain size⁴² and difficulty forming memories.⁴³ Second, ACEs can impact the emotional functioning and regulatory capabilities of the child, which are essential skills

Maltreatment on Brain Development, 2 (Apr. 2015), https://www.childwelfare.gov/pubPDFs/brain_development.pdf; See also Bruce D. Perry, *Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells us about Nature and Nurture*, 3 BRAIN & MIND 79 (2002); Jack P. Shonkoff, *The Lifelong Effects of Early Childhood Adversity and Toxic Stress*, 129 PEDIATRICS e232 (2012).

³⁴ Vincent J. Felitti et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults*, 14 AM. J. PREVENTIVE MED. 245 (1998).

³⁵ *Id.*

³⁶ *Id.* at 248.

³⁷ *Id.* at 252–54.

³⁸ *Id.* at 250.

³⁹ *Id.* at 249–251.

⁴⁰ Bethell et al., *supra* note 1, at 2107.

⁴¹ *Id.* at 2111.

⁴² CHILD WELFARE INFORMATION GATEWAY *supra* note 33, at 5–6.

⁴³ *Id.* at 4–5.

for learning and development.⁴⁴ Children who are exposed to persistent sources of trauma may develop strong “fight-or-flight” responses and can lack the ability to self-regulate.⁴⁵ Such children may express aggression, disproportionate reactivity, impulsivity, distractibility, withdrawal, or avoidance in response to non-threatening triggers and stimuli.⁴⁶ Furthermore, while many children who have experienced trauma display symptoms of PTSD, conduct disorders, depression, and ADHD, many do not exhibit symptoms sufficient to merit a clinical diagnosis of a trauma-related disorder.⁴⁷ These children may then disproportionately experience punitive discipline in schools, including isolation from other students, detention, suspension, expulsion, and involuntary transfers to alternative schools, all of which can be retraumatizing for children.⁴⁸

The National Scientific Council on the Developing Child, the American Academy of Pediatrics, and the U.S. Department of Health and Human Services explain that different levels of stress or trauma may have different side effects. For example, “whether the stress or trauma experienced by a child is ‘positive’, ‘tolerable,’ or ‘toxic’ depends on the interactions among the characteristics of the stressors, the characteristics of the child, and the mitigating factors in the child’s life.”⁴⁹ The stressor’s characteristics include their strength, frequency, and chronicity, and mitigating factors include positive relationships with adults, safe environments, and other such protective factors that can serve as a buffer

⁴⁴ CENTER ON THE DEVELOPING CHILD AT HARVARD UNIVERSITY, *Building the Brain’s “Air Traffic Control” System: How Early Experiences Shape the Development of Executive Function 7–8* (Working Paper No. 11, 2011), <http://46y5eh11fhgw3ve3ytpwxt9r.wpengine.netdna-cdn.com/wp-content/uploads/2011/05/How-Early-Experiences-Shape-the-Development-of-Executive-Function.pdf>.

⁴⁵ *Id.* at 7. In a person with a non-traumatized brain, the “fight-or-flight” response is a biological reaction to danger that includes an increased heart rate, rise in blood pressure, and the release of stress hormones such as cortisol. This reaction prepares the body to face the danger and the physiological changes return to normal after the stressful event is over. However, a traumatized brain may have a distorted alarm system that perceives danger everywhere and lacks the ability to learn from experience. If a child lives in a threatening world and is constantly encountering stressful events, fight-or-flight can become the state of equilibrium. See Bruce D. Perry & Ronnie Pollard, *Homeostasis, Stress, Trauma and Adaption: The Neurodevelopmental View of Childhood Trauma*, 7 CHILD & ADOLESCENT PSYCHIATRIC CLINICS OF N. AM. 10 (Jan.1998),

http://www.ibrarian.net/navon/paper/Homeostasis__Stress__Trauma_and_Adaptation__A_Neu.pdf?paperid=11821311. The “neuronal pathways that are developed and strengthened under negative conditions prepare children to cope in that negative environment, and their ability to respond to nurturing and kindness may be impaired.” CHILD WELFARE INFORMATION GATEWAY, *supra* note 33, at 5.

⁴⁶ SUSAN F. COLE ET AL., MASS. ADVOCATES FOR CHILDREN, HELPING TRAUMATIZED CHILDREN LEARN: SUPPORTIVE SCHOOL ENVIRONMENTS FOR CHILDREN TRAUMATIZED BY FAMILY 28–38 (2005).

⁴⁷ *Id.* at 21; See generally Bessel A. van der Kolk et al., Proposal to Include a Developmental Trauma Disorder Diagnosis for Children and Adolescents in DSM-V (Feb. 1, 2009) (unpublished proposal), http://www.traumacenter.org/announcements/DTD_papers_Oct_09.pdf.

⁴⁸ See SUSAN F. COLE ET AL., *supra* note 46, at 32–33.

⁴⁹ Weithorn, *supra* note 31, at 1513–14, & n.122 (2012). “Positive stress” is defined as “a moderate, short-lived stress responses to the types of challenges normally encountered as part of daily life,” i.e. entering a school setting; “Tolerable stress” is defined as “responses that are somewhat more challenging for a child’s neurobiological system,” i.e. death of a close family member or parental divorce; “Toxic stress” is defined as “strong, frequent, or prolonged activation of the body’s stress management system,” i.e. “chronic child abuse or exposure to domestic violence.”

between the child and the traumatic event.⁵⁰ Studies have demonstrated that teaching skills to children that bolster their resiliency, along with developing trauma-sensitive environments for those children, can mitigate the effects of childhood trauma.⁵¹

Successful trauma-informed practices have already been implemented in some school districts in Washington and Massachusetts.⁵² But such services are also important for prevention and intervention programs within the juvenile justice system. Research has shown a correlation between trauma and children's entry into the juvenile justice system, specifically that youth in the system have higher rates of childhood trauma and a higher likelihood of having experienced multiple forms of childhood trauma.⁵³

Trauma-informed services require a paradigm shift in the way providers respond to children, moving from a system that asks "what's wrong with you?" to one that asks "what happened to you?"⁵⁴ Trauma-informed screening practices should not be based on specific adverse events, but on "evidence of any type of past or existing traumatic event and the presence of toxic or chronic stress."⁵⁵ Specifically for service providers in the juvenile justice system, being trauma-informed requires understanding the triggers that activate a child's alarm system, such as seeing, feeling, hearing, or smelling something that reminds one of past trauma; taking a child's past traumatic events into account; avoiding retraumatizing treatment; and allowing a child to manage trauma symptoms in a way that allows them to benefit from the services and develop resiliency.⁵⁶ The NCCD recommends that trauma-informed services also be viewed through the lens of gender.⁵⁷

III. GENDER-SPECIFIC PROGRAMMING

Viewing childhood trauma through a gendered framework is particularly important, as research has shown that more than 70% of girls experience trauma⁵⁸ and

⁵⁰ *Id.* at 1513–14.

⁵¹ RAY WOLPOW ET AL., *THE HEART OF LEARNING AND TEACHING: COMPASSION, RESILIENCY, AND ACADEMIC SUCCESS* 88 (May 2016). "Resiliency" is the "ability of an individual to withstand and rebound from adversity," *Id.* at xiv; and "the ability to remain calm and cope when faced with adversity"; Bethell et al., *supra* note 1, at 2107. Studies have demonstrated that developing resiliency can mediate the effects of childhood trauma. Additional mediating factors include the existence of safe, supportive, nurturing, stable environments in which the trauma impacted child can thrive. *Id.* at 2112–13.

⁵² Jane Ellen Stevens, *Massachusetts, Washington State Lead U.S. Trauma-Sensitive School Movement*, ACES TOO HIGH NEWS, May 31, 2012, <https://acestoohigh.com/2012/05/31/>.

⁵³ See Karen M Abram et al., *Posttraumatic Stress Disorder and Trauma in Youth in Juvenile Detention*, 61 ARCHIVES GEN. PSYCHIATRY 403, 407–9 (2004).

⁵⁴ FLORIDA DEPARTMENT OF JUVENILE JUSTICE (FDJJ), *EFFECTIVE BEHAVIOR MANAGEMENT*, 38–40 (2010) <http://www.djj.state.fl.us/docs/news/behavior-mgmt-pg-v3-5.pdf>.

⁵⁵ Bethell et al., *supra* note 1, at 2113 ("Because of the large number of potentially relevant adverse childhood experiences that could be included in a screening tool, and the anticipated variations of impact across developmental age groups of children, such practices may be relevant when the goals for screening are to identify children experiencing toxic or chronic stress and to target efforts to promote resilience and health.").

⁵⁶ FDJJ, *supra* note 54.

⁵⁷ NATIONAL COUNCIL ON CRIME AND DELINQUENCY (NCCD), *CENTER FOR GIRLS AND YOUNG WOMEN, UNDERSTANDING TRAUMA THROUGH A GENDER LENS 1* (2010), http://www.nccdglobal.org/sites/default/files/publication_pdf/understanding-trauma.pdf.

⁵⁸ *Id.* at 2.

that some types of trauma are gender-specific. Among children who are exposed to trauma, boys are more likely to experience events such as non-sexual assaults, accidents, and witnessing death or injury, while girls are more likely to experience events such as sexual abuse and assault, physical punishment, and psychological distress.⁵⁹

Girls in the juvenile justice system overwhelmingly have childhood histories of traumatic events such as emotional, physical, or sexual abuse; mental health disorders; and family separation.⁶⁰ In *The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders*, Michael Baglivio et al. demonstrated the link between gender, trauma, and delinquency by using information from Positive Achievement Change Tool (PACT) assessments of 64,329 youth in the Florida juvenile justice system to create ACE scores.⁶¹ Using a measure of ten specific ACEs,⁶² the researchers found that only 3.1% of male youth and 1.8% of female youth reported having experienced no ACEs.⁶³ The three most common ACEs for both male and female youth were family violence, parental separation or divorce, and household member incarceration, but there were statistically significant differences in the prevalence of ACEs between males and females.⁶⁴ Female youth had a higher ACE rate than male youth in all ten categories.⁶⁵ Nearly half of the girls in the study reported having five or more ACEs—compared with 27.4% of boys.⁶⁶ The biggest contrast between genders was seen with respect to sexual abuse with 31% of girls and 7% of boys reporting sexual abuse.⁶⁷

There are also gender differences in children’s response to trauma. While anger and dissociation are common responses to trauma for both genders, girls more frequently experience depression and anxiety, and these responses by girls are similar regardless of whether they are a victim of, or a witness to, the trauma.⁶⁸ Furthermore, when a girl experiences trauma in her childhood, she is more susceptible to the school-to-prison

⁵⁹ *Id.* at 2; See Sandra B. Simkins et al., *The School to Prison Pipeline for Girls: The Role of Physical and Sexual Abuse*, 24 CHILD. LEGAL RTS. J. 56, 60–61 (2004).

⁶⁰ NCCD, *supra* note 59, at 2; Marsha L. Levick & Francine T. Sherman, *When Individual Differences Demand Equal Treatment: An Equal Rights Approach to the Special Needs of Girls in the Juvenile Justice System*, 18 WIS. WOMEN’S L.J. 9, 12 (2003).

⁶¹ Baglivio et al., *supra* note 3. The PACT is a “fourth-generation actuarial risk/needs assessment designed to assess a youth’s overall risk to reoffend, as well as to rank-order criminogenic needs/dynamic risk factors.” *Id.* at 4. In the juvenile justice system, the PACT is used to assess a delinquent youth’s needs, to determine whether a more detailed evaluation is needed, and to guide treatment recommendations. *Probation & Community Intervention, What Is the PACT and How Is It Used to Help My Child?*, FDJJ, [http://www.djj.state.fl.us/faqs/probation-community-intervention_\(follow_“Intake_Process”_heading\)](http://www.djj.state.fl.us/faqs/probation-community-intervention_(follow_“Intake_Process”_heading)_) (last viewed Dec. 14, 2016).

⁶² The ten ACEs were Emotional Abuse, Physical Abuse, Sexual Abuse, Emotional Neglect, Physical Neglect, Family Violence, Household Substance Abuse, Household Mental Illness, Parental Separation or Divorce, and Household Member Incarceration. See Baglivio et al., *supra* note 3, at 6.

⁶³ *Id.* at 9.

⁶⁴ *Id.* at 8.

⁶⁵ *Id.* at 9.

⁶⁶ *Id.*

⁶⁷ *Id.*

⁶⁸ NCCD, *supra* note 57, at 2. Boys have a stronger response when they are the victims of trauma compared to witnessing traumatic events. *Id.*

pipeline.⁶⁹ Data from the NCCD attributes this to girls committing delinquent acts out of “emotional reasoning” linked to trauma or victimization.⁷⁰ Girls frequently experience their first encounters with the juvenile justice system after running away from home to escape violence or abusive environments and may subsequently become involved in criminal activity such as prostitution, substance abuse, and property crimes.⁷¹ Common law enforcement practices such as physical searches, isolation, and physical restraints can be retraumatizing to those girls.⁷²

In recognition of these marked gendered differences of trauma on at-risk and delinquent youth, the Florida Statutes define and describe the importance of “gender-specific” programming⁷³ that focuses on “differences between young females and young males’ social roles and responsibilities, access to and use of resources, history of trauma and reasons for interaction with the juvenile justice system.”⁷⁴ This provision was added into law with bipartisan support in 2004 after years of concerted and determined efforts by advocates and affected youth.⁷⁵

A broad view of gender responsiveness includes a focus on “the specific gender dynamics and social and cultural reference points that prescribe the roles of men and women in any given society.”⁷⁶ For girls, this involves recognizing age-related physical and mental changes (such as developing bodies and loss of self-esteem),⁷⁷ as well as specific issues such as student pregnancy.⁷⁸ Within the criminal justice system, however, there has been no standard or uniform approach to the design of gender-specific programming. According to the National Institute of Corrections, gender-responsive policy and programming involves targeting women’s pathways into the criminal justice system by acknowledging the realities of women’s lives, including addressing issues such as trauma.⁷⁹ Similarly, advocates state that the many definitions offered for gender-

⁶⁹ Simkins et al, *supra* note 59, at 60.

⁷⁰ PATINO ET AL., *supra* note 18, at 49.

⁷¹ Covington & Bloom, *supra* note 4, at 17.

⁷² *Id.*

⁷³ The need for gender-specific programming in the juvenile justice system was recognized in 1992 with the reauthorization of the Juvenile Justice and Delinquency Prevention Act of 1974. Currently, 42 U.S.C. §5633 requires that in order to be eligible for federal grants for juvenile justice programming, States shall submit plans containing “(i) an analysis of gender-specific services for the prevention and treatment of juvenile delinquency, including the types of such services available and the need for such services; (ii) a plan for providing needed gender-specific services for the prevention and treatment of juvenile delinquency. Watson & Edelman, *supra* note 16, at 220 n.37.

⁷⁴ FLA. STAT. § 985.02(7)(b) (2016).

⁷⁵ PATINO ET AL., *supra* note 18, at 18–19; Watson & Edelman, *supra* note 16, at 236.

⁷⁶ *Ensuring Gender-Responsiveness*, UN WOMEN, <http://www.endvawnow.org/en/articles/306-ensuring-gender-responsiveness.html> (last visited December 13, 2016).

⁷⁷ Joseph R. Biden, Jr., *What About the Girls? The Role of the Federal Government in Addressing the Rise in Female Juvenile Offenders*, 14 STAN. L. & POL’Y REV. 29, 40 (2003).

⁷⁸ Due to stigmatization and the resulting discrimination, pregnant girls have historically dropped out of school at higher rates than other students. This continues today, despite the passage of Title IX of the Education Amendment in 1972, which ostensibly guarantees educational equality for all students, regardless of pregnancy or parental status. Kendra Fershee, *Hollow Promises for Pregnant Students: How the Regulations Governing Title IX Fail to Prevent Pregnancy Discrimination in School*, 43 IND. L. REV. 79, 80 (2009).

⁷⁹ BARBARA BLOOM ET AL., NAT’L INST. OF CORR. U.S. DEPT OF JUSTICE, NIC ACCESSION No. 020418, GENDER RESPONSIVE STRATEGIES FOR WOMEN OFFENDERS: A SUMMARY OF RESEARCH, PRACTICE AND GUIDING PRINCIPLES FOR WOMEN OFFENDERS 75 (2005).

responsiveness “highlight the need for programs to be mission-driven, relationship-based, strength-based, trauma-informed, and grounded in the lived experiences of girls and young women”⁸⁰ Covington and Bloom proposed a series of guiding principles for developing a gender-specific approach that include: acknowledging gender difference in the criminal justice system; creating supportive and safe environments in the corrective process; developing programs and practices that promote family and community relationships; addressing abuse, trauma, and mental health issues; providing women with educational and training opportunities to improve their socioeconomic status; and establishing a system of community services and support to improve reentry.⁸¹ Furthermore, they outline more practice-related structural and contextual components for a gender-specific system that includes guidelines for designing individualized treatment plans that incorporate gender-based theory.⁸²

Gender-specific services for at-risk girls, like those for adult women already in the criminal justice system, should provide for needs assessments and interventions that address issues and problems that can have gendered aspects, including “substance abuse, trauma, mental health, and economic marginality.”⁸³ In order to develop effective prevention for at-risk girls and reduce recidivism for delinquent girls, efforts must be made to understand individual needs, design community-based services, and map out pathways to female delinquent behavior.⁸⁴

IV. TRAUMA-INFORMED, GENDER-SPECIFIC PROGRAMMING IN FLORIDA

The goal of the FDJJ Office of Prevention and Victim Services is to implement programs, strategies, initiatives, and networks that prevent children from making the initial contact with the juvenile justice system and to offer diversion and intervention services that keep children who are in the system from moving deeper into the system.⁸⁵ Many factors can impact a youth’s journey along the juvenile justice continuum. Children who may be at risk of entering the system, but who have not committed any crimes, may be identified through behaviors such as ungovernability, truancy, or running away from home. The FDJJ performs intake based on a report or complaint by a parent, school district employee, law enforcement agency, or a Department of Children and Families employee that a child is in need of services.⁸⁶ Florida Statute 985.17(1)-(4) describes

⁸⁰ Lawanda Ravoira & Vanessa Patino Lydia, *Strategic Training and Technical Assistance: A Framework for Reforming the Juvenile Justice System’s Treatment of Girls and Young Women*, 20 GEO. J. ON POVERTY L. & POL’Y 297, 302–3 (2013).

⁸¹ See Covington & Bloom, *supra* note 4, at 12–14.

⁸² See *id.* at 19–27.

⁸³ See BLOOM ET AL., *supra* note 79, at vii.

⁸⁴ American Bar Association & National Bar Association, *Justice by Gender: The Lack of Appropriate Prevention, Diversion and Treatment Alternatives for Girls in the Justice System*, 9 WM. & MARY J. WOMEN & L. 73, 74 (2002).

⁸⁵ *Prevention & Victim Services, What is the Office of Prevention and Victim Services?*, FDJJ, <http://www.djj.state.fl.us/faqs/prevention-victim-services> (follow “General” heading) (last visited Sept. 5, 2016).

⁸⁶ FLA. STAT. § 984.10(1) (2016).

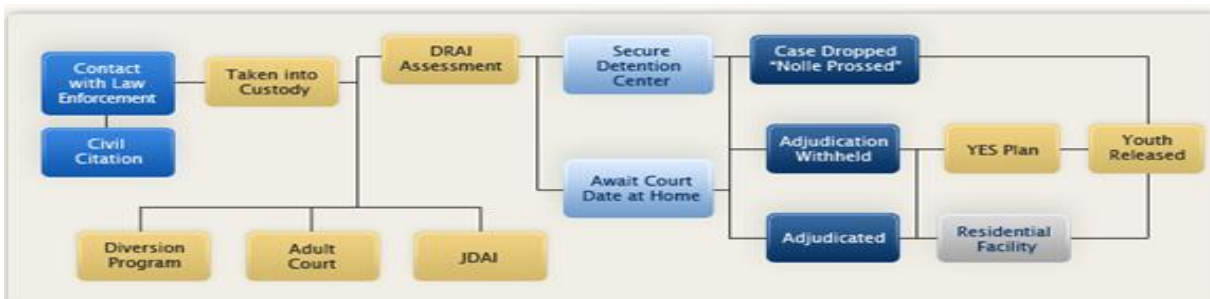
how the Office of Prevention and Victim Services should address the needs of at-risk youth to prevent initial or further involvement in the juvenile justice system, protect the safety of the public and facilitate successful reentry of at-risk youth into the community.⁸⁷

Every youth under the age of 18 charged with a crime in Florida is referred to the FDJJ. A referral is similar to an arrest in the adult criminal justice system. The FDJJ provides a recommendation to the State Attorney and the Court regarding appropriate sanctions and services for the youth. When making a recommendation, the FDJJ has several options that allow the youth to remain in his or her home community. One option for youth who have committed a minor act of delinquency, encountered law enforcement, and entered the system, is diversion, which uses programs that are alternatives to the formal juvenile justice system.⁸⁸ Usually, law enforcement makes the decision about whether diversion is appropriate after talking to the victim, the juvenile, and the parents; reviewing the juvenile’s prior contacts with the juvenile justice system; and considering the nature of the specific offense.⁸⁹

To fulfill the mission of reducing juvenile delinquency through effective prevention, intervention, and treatment services, the Office of Prevention and Victim Services contracts for delinquency prevention and diversion programs and awards grants to local providers throughout the state.⁹⁰ Some of these programs are alternative schools, as schools have become increasingly recognized as a key setting along the juvenile justice continuum.⁹¹ School failure can be both an indicator and a consequence of a child moving further along continuum and deeper into the system. At-risk, pre-delinquent youth may engage in certain behaviors such as running away and school truancy, or be subjected to other factors such as lack of parental control or traumatic events that serve as barriers to school success.⁹² The relationship between school failure and delinquency is well documented, and research shows that educational failure is a strong predictor of

⁸⁷ FLA. STAT. § 985.17(1)-(4) (2016).

⁸⁸ The chart below illustrates the process that occurs after a juvenile offender has contact with law enforcement.



Juvenile Justice Process, FDJJ, <http://www.djj.state.fl.us/youth-families/juvenile-justice-process> (last visited Sept. 5, 2016).

⁸⁹ *Id.*

⁹⁰ *Prevention & Victim Services*, FDJJ, <http://www.djj.state.fl.us/services/prevention> (last visited Dec. 10, 2016).

⁹¹ Peter E. Leone, *Doing Things Differently: Education as a Vehicle for Youth Transformation and Finland as a Model for Juvenile Justice Reform*, in *A NEW JUVENILE JUSTICE SYSTEM: TOTAL REFORM FOR A BROKEN SYSTEM* 86–87 (Nancy Dowd ed., 2015).

⁹² See *id.* at 89–91.

delinquency among middle-school girls.⁹³ A study involving the review of 960 case files and 86 face-to-face interviews with girl offenders in Duval County, Florida, revealed that a composite of negative education-related experiences such as trancies, suspensions, and failing grades was the most statistically significant risk factor for repeat offenses.⁹⁴ Furthermore, once detained, school success, and the benefits it brings, becomes even more difficult.⁹⁵

An example of a FDJJ-funded alternative school is the not-for-profit Practical, Academic, Cultural, Education (PACE) Center for Girls, Inc.⁹⁶ Under Florida Statute 985.03(44)(a), PACE would be considered a “minimum-risk nonresidential” program⁹⁷ that provides prevention, intervention, and diversion services for girls between 12 and 17 years old who are experiencing difficulties such as failing or dropping out of school, running away, or problems at home and who may be at risk of becoming involved or more deeply involved with the juvenile justice system.⁹⁸ The FDJJ currently provides the

⁹³ See LESLIE ACOCA & KELLY DEDEL, NAT’L COUNCIL ON CRIME AND DELINQUENCY, *NO PLACE TO HIDE: UNDERSTANDING AND MEETING THE NEEDS OF GIRLS IN THE CALIFORNIA JUVENILE JUSTICE SYSTEM* 12–13 (1998); ACOCA, *supra* note 19, at 10–12; FRANCINE T. SHERMAN, *DETENTION REFORM AND GIRLS: CHALLENGES AND SOLUTIONS* 24 (2005).

⁹⁴ ACOCA, *supra* note 19, at 5.

⁹⁵ Sherman, *supra* note 93, at 19.

⁹⁶ *Prevention-PACE*, FDJJ, <http://www.djj.state.fl.us/research/reports/research-reports/current-performance-measurement-reports/prevention-pmr/pace-programs>, (last visited Dec. 10, 2016). PACE was founded in 1985 by Vicki Bryant Burke, a counselor who was working with young men and women in a juvenile justice day treatment program when she discovered that girls involved in the juvenile justice system had only limited, non-gender specific rehabilitation options, such as institutionalization within settings that also housed boys. She started the first program in Jacksonville at a church with ten young women being released from detention. Within a few years, judges around the state began requesting that the program be expanded into other cities. *Vicki Bryant Burke*, FLORIDA COMMISSION ON THE STATUS OF WOMEN http://fcs.w.net/dt_team/vicki-bryant-burke/ (last visited Sept. 5, 2016). Examples of other programs funded by FDJJ include: Florida Youth Challenge Academy, a 17 1/2 month program for 16- to 18-year-olds that consists of a 5 1/2 month residential phase and a 12 month post-residential phase including 20-day wilderness expeditions and a 20 to 24-day follow up component that takes place in the students’ home and school environments; Boys & Girls Clubs’ Gang & Delinquency Prevention through Targeted Outreach and Re-Entry Program, which helps young people recognize and avoid gang life; Prodigy, a research-based prevention, intervention, and diversion program for 7–17 year olds which uses visual and performing arts to reach youth who live in high risk neighborhoods or who have been diverted or adjudicated from the juvenile justice system; and Big Brothers/Big Sisters member agencies throughout Florida, which provide community-based mentoring services to at-risk youth with a parent/guardian who is or has been incarcerated, paroled, or on probation following incarceration. See generally *Program and Facility Locator*, FDJJ, <http://www.djj.state.fl.us/programs-facilities/program-facility-locator> (last visited Sept. 5, 2016).

⁹⁷ FLA. STAT. § 985.03(44)(a) (2016) (“Program or program models at this commitment level work with youth who remain in the community and participate at least 5 days per week in a day treatment program. Youth assessed and classified for programs at this commitment level represent a minimum risk to themselves and public safety and do not require placement and services in residential settings. Youth in this level have full access to, and reside in, the community.”).

⁹⁸ *Youth Programs*, FDJJ, <http://www.djj.state.fl.us/services/prevention/youthprograms> (last visited Sept. 5, 2016). Of the 37,000 girls the program reports it has assisted, 31% had prior criminal involvement and 92% have no involvement with the justice system as a result of PACE. PACE CENTER FOR GIRLS, *INVEST IN THE FUTURE 2014–15 IMPACT REPORT* 15 (2015).

largest source of funding for PACE, with Florida school districts and grants providing the next largest sources.⁹⁹ There are currently 19 PACE centers throughout the state and in 2015, the program reported it had assisted 37,000 girls since its inception.¹⁰⁰

PACE strives to make its programming trauma-informed and gender-specific, because it recognizes these needs in the students it serves. In 2006, the NCCD conducted research with 319 girls in the Florida Juvenile Justice System – 244 girls from residential programs and 75 girls from PACE Centers throughout the state.¹⁰¹ Most data for the study was collected using the Juvenile Assessment Intervention System, a one-on-one interview instrument that is a combined risk/needs/supervision strategy assessment.¹⁰² The study shows that, with the exception of substance abuse, there were similarities among residential/nonresidential girls regarding the factors that contributed to their involvement in the juvenile justice system.¹⁰³ Findings specifically related to the PACE girls and factors contributing to their delinquent behavior included: emotional factors such as depression, anger, self-destructive behavior, or other mental health clinical diagnoses (84%); family issues such as ineffective parental supervision and conflict (64%); family history problems (68%); social inadequacy (i.e. a lack of social skills) (39%); and school inadequacy including poor academic performance, truancy, and suspension (23%).¹⁰⁴ Furthermore, the PACE girls “also experienced parental abuse, non-parental abuse, and family incarceration at alarming rates.”¹⁰⁵ A 2011-2012 Outcomes Evaluation Report from PACE confirmed some of these findings, reporting that 26.86% of PACE girls have documented instances of physical, emotional, or sexual abuse or neglect; 54.54% had a parent, guardian, or sibling with a prior criminal record; 48.14% had a parent, guardian or sibling with prior prison or jail time; 52.19% had been suspended within the current or previous school year; and 77.48% had failed one or more classes within the past 6 months.¹⁰⁶

These data regarding childhood traumas such as abuse, neglect, and family criminal history are important in informing how a program tailors gender-specific services.¹⁰⁷ PACE centers provide academic and social services such as individualized and ongoing goals assessments, individualized education programs in collaboration with local school boards, daily academic instruction and advising, career preparation, volunteer and service learning opportunities, life management instruction through specialized curricula, case management and social service referral when appropriate, counseling, and transition services.¹⁰⁸ These services are reportedly administered in the context of nine “Values and Guiding Principles” designed specifically to promote

⁹⁹ PACE CENTER FOR GIRLS, *supra* note 98, at 17. For 2014–2015, PACE reported that the FDJJ provided \$15,643,145. Florida school districts provided \$6,793,127. Grants provided \$6,017,009. *Id.*

¹⁰⁰ *PACE History*, <http://www.pacecenter.org/about-us/pace-history> (last visited Nov. 1, 2016).

¹⁰¹ PATINO ET AL., *supra* note 18, at 8.

¹⁰² *Id.* at 31.

¹⁰³ *Id.* at 10.

¹⁰⁴ *Id.* at 47.

¹⁰⁵ *Id.*

¹⁰⁶ PACE, OUTCOME MEASURE EVALUATION REPORT JULY 1, 2011–JUNE 30, 2012 (2012), http://www.pacecenter.org/files/resources/outcome_reports/outcome%202011-2012.pdf.

¹⁰⁷ See Covington & Bloom, *supra* note 4, at 15–17.

¹⁰⁸ PACE provides ongoing case management for girls that transition out of PACE into mainstream high school, college or the workforce. *Why PACE?*, <http://www.pacecenter.org/why-pace> (last visited November 3, 2016).

empowerment of young women: Honor the Female Spirit, Focus on Strengths, Act with Integrity and Positive Intent, Embrace Growth and Change, Value the Wisdom of Time, Exhibit Courage, Seek Excellence, Create Partnerships, and Invest in the Future.¹⁰⁹

PACE Centers have not only focused on providing early, trauma-informed and gender-specific intervention programming for girls, but also current and former staff and students have been at the forefront of juvenile justice reform efforts in the state. For example, in 2003, programming for girls in the juvenile justice system faced budget cuts and an increasingly punitive environment. PACE, the Children’s Campaign, the Child Welfare League of America, and approximately 500 girls under the supervision of the state juvenile justice system held a demonstration at the Florida state capitol to demand reform of the system’s treatment of girls.¹¹⁰ Key legislators responded by committing to keep community-based programs open, and by the end of that year’s legislative session, the legislature rejected the proposed budget cuts and fully funded the PACE centers and other programs.¹¹¹ PACE leaders and students were also instrumental in the 2004 passage of provisions into law requiring gender-specific services.¹¹² The combination of direct services and policy advocacy has proved critical for the success of the program.

PACE has received accolades as a nationally recognized and effective prevention program¹¹³ and among PACE’s current priorities are a call for “legislation that expands gender-responsive community based prevention, diversion and early intervention services and legislation that provides for a comprehensive gender approach to the continuum of services within the juvenile justice system and the child welfare system.”¹¹⁴ In 2014, the Juvenile Justice Information Exchange reported that PACE was considering expansion into other states, including Georgia and Oklahoma.¹¹⁵ Although PACE offers a demonstrative model of early, trauma-informed and gender-specific services in action, it must be thoroughly evaluated before it can be replicated. Researchers have acknowledged a need for comprehensive and rigorous evaluation of both prevention/early intervention programs¹¹⁶ and gender-specific programs.¹¹⁷

¹⁰⁹ *Id.*

¹¹⁰ PATINO ET AL., *supra* note 18, at 18; Watson & Edelman, *supra* note 16, at 236.

¹¹¹ PATINO ET AL., *supra* note 18, at 18.

¹¹² *Id.* at 19. Subsequent years brought more changes such as: the closure of the Florida Institute for Girls, a maximum security facility that had been fraught with abuse, neglect and mismanagement; the removal of razor wire surrounding Sawmill Academy for Girls, a moderate risk residential facility; the formation and convening of the Girl’s Advisory Council to oversee the transition of girls out of the Florida Institute for Girls and later to provide recommendations for a future plan of action for girls in the juvenile justice system; and a series of studies and reports on the status of the juvenile justice system by the NCCD and OPPAGA. *Id.* at 19–21; *See also* Watson & Edelman, *supra* note 16, at 236–39.

¹¹³ Stell Simonton, *PACE Embracing the Needs of Girls, Looks to Expand Beyond Florida*, JUV. JUST. INFO. EXCHANGE (April 21, 2014), <http://jjie.org/pace-embracing-the-needs-of-girls-looks-to-expand-beyond-florida/106721/>. “Current figures from PACE and the Florida Department of Juvenile Justice show that 92 percent of girls completing the program had no further involvement with the justice system a year later. Sixty-four percent of girls went back to high school or enrolled in college, according to PACE and the Florida Department of Education.” *Id.*

¹¹⁴ PACE CTR. FOR GIRLS, *Legislative Priorities 2015-2016* (2016),

http://www.pacecenter.org/files/advocacy_files/PACE_Legislative_Priorities_2015-2016_final.pdf.

¹¹⁵ Simonton, *supra* note 113.

¹¹⁶ *See* Aos et al., *supra* note 11, at 1.

In 2013, PACE received grant funding for a randomized controlled trial of programming, among other goals.¹¹⁸ The evaluation is currently being conducted by MDRC, a nonprofit education and social policy research organization.¹¹⁹ MDRC is following more than 1000 girls, assigned to either a program group or a control group, at 14 PACE centers for 18 months.¹²⁰ The evaluators have also conducted classroom observations; interviews with PACE staff, board members, students, and other stakeholders; and a survey with program staff to collect essential data regarding the program's effectiveness.¹²¹ MDRC expects to release an interim report on research findings and preliminary impacts for research participants in 2017 and a final report in 2018.¹²²

CONCLUSION

Research has established that the most effective means of reducing juvenile delinquency is to prevent children from committing a first offense. Many community-based prevention/early intervention programs target at-risk children who have not committed delinquent acts and those who have committed only minor offenses. Research has also shown that these programs may be more effective if they are tailored to meet the unique needs of at-risk children through trauma-informed and gender-specific interventions.

In Florida, recognition of these factors is codified in statutes that encourage the use of gender-specific programs and mandate that the FDJJ use trauma-informed care when treating children with histories of trauma. Programs incorporating these characteristics, such as the PACE Center for Girls, existed in the state even before these statutes were passed. Yet, while advocates and scholars have examined various programs and proposed guidelines based on theory and empirical research, no standard or uniform models exist. In order to fulfill the vision for statutory recognition of at-risk children's needs, there must be a thorough evaluation of those programs designed to serve them.

¹¹⁷ See Covington & Bloom, *supra* note 4 at 29; see also Ravoira & Lydia, *supra* note 4, at 318–19.

¹¹⁸ THE EDNA MCCONNELL CLARK FOUNDATION, A SUMMARY OF EMCF'S 2012-2013 GRANTS COMPETITION AND AWARDED OF EMCF SIG GRANTS, 7–9 (Jul. 2013), http://www.emcf.org/fileadmin/media/PDFs/Selection_Process_Report_2013_FINAL.pdf.

¹¹⁹ PACE Center for Girls, *Project Overview*, MDRC, <http://www.mdrc.org/project/pace-center-girls#overview> (last visited Jan. 26, 2016).

¹²⁰ Megan Millenky & Caroline Mage, PREVENTING JUVENILE JUSTICE INVOLVEMENT FOR YOUNG WOMEN, 5–7 (Jan. 2016), http://www.mdrc.org/sites/default/files/Preventing_Juvenile_Justice_Involvement_2016.pdf.

¹²¹ *Id.* at 6–7.

¹²² *Id.* at 8.