

## **Differences in Risk Factors and Adjustment for Male and Female Delinquents in Treatment Foster Care**

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*Differences by gender in the presence of risk factors, patterns of previous delinquency, and response to treatment were examined for a sample of 88 adolescents who were placed in Treatment Foster Care. Females were found to have fewer foster parent-reported problem behaviors than their male counterparts during the first month of treatment. By month 6, problem behavior levels for males had dropped, while scores for female subjects had increased to the level of males at month 1. No differences in pre-post arrest data or program completion rates for males and females were found. Implications for research on and treatment of female adolescents with conduct problems are discussed.*

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**KEY WORDS:** Treatment Foster Care; gender; delinquency.

Although the long-term consequences of serious conduct problems in adolescents are as severe for females as they are for males (Zoccolillo & Rogers, 1991), much less attention has been paid to females in studies of the etiology and treatment of adolescent conduct problems and delinquency. Further, when adolescent females do get identified as having conduct problems, they are more than twice as likely to be diagnosed as having co-morbid emotional disorders, and significantly less likely than males to get services for their problems (Offord, Boyle, & Racine, 1991).

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There are clear differences in adult outcomes for males and females with adolescent histories of aggression and delinquency. Studies by Robins and her colleagues have shown that males who were antisocial in adolescence were more likely to engage in criminal activities, while females were at risk for more diverse types of poor outcomes — particularly, internalizing psychiatric disorders, early pregnancy, and high use of social service agencies (Robins, 1986). Robins and Price (1991) found that regardless of the presence of other psychiatric problems, conduct disorder predicted poor long-term outcomes for females. Quinton and Rutter (1984) reported results from a study of institution-reared girls. They found that compared to a matched sample of noninstitution-reared girls, they tended to marry at an earlier age, had an increased risk of divorce, and their children were at high risk for criminality (Rutter & Madge, 1976).

Other evidence suggests that there may be more, or more severe, early risk factors associated with adolescent female antisocial behavior, especially for the most severe cases. A substantial proportion of female offenders have been victims of physical and/or sexual abuse. Surveys with females in the juvenile justice system (Phelps, 1982) and in runaway shelters (Janus, McCormack, Burgess, & Hartman, 1987) report rates of physical abuse of almost 80% and sexual abuse or assault of over 70% (the comparable figure for boys for sexual abuse was 32%).

Families of female delinquents tend to have greater discord and conflict than families of their male counterparts (Morris, 1964; Nye, 1958; Widom, 1978). Compared to nondelinquent males, females, and delinquent males, families of delinquent females were found to have significantly more mother-daughter conflict, marginally more interspouse conflict, and more neurotic fathers (Henggeler, Edwards, & Borduin, 1987). This study is consistent with Henggeler's notion that families of female delinquents must be exceptionally deviant, given the strong societal sanctions against misbehavior in females (Henggeler *et al.*, 1986). This hypothesis is buttressed by the finding that a higher percentage of female delinquents' siblings have criminal records than do siblings of male delinquents (Jones, Offord, & Abrams, 1980).

These studies have been reviewed to argue that girls with conduct problems are at equal if not greater risk for serious long-term disorders than their male counterparts, yet as a group, girls have been nearly ignored in the basic longitudinal research on the life course of conduct disorders. In the next section, we argue that girls have not only been ignored by the scientists, but that they are short-changed by service delivery systems in that they tend not to receive treatment for their problems from the mental health, social service, or educational delivery systems after entering

adolescence. Rather than being treated for their emotional problems by service agencies, they tend to be incarcerated, setting the stage for an exclusive intervention emphasis on their externalizing problems (which are less severe than those of their male counterparts) while ignoring their serious and gender specific internalizing problems.

In a study on the epidemiology of antisocial behavior and service utilization in Ontario, Canada (Offord *et al.*, 1991), conduct disordered (CD) adolescent girls, when compared to other age/sex groups of conduct disordered children, were found to have especially low rates of mental health/social service utilization (i.e., almost two-thirds less than CD adolescent boys, two-thirds less than younger CD girls, and half the rate of younger CD boys). Utilization rates for special education services showed a similar pattern; conduct disordered adolescent females receive fewer special services than younger girls with conduct disorders, or boys of any age group, whether conduct disordered or not.

Although adolescent girls are less likely than boys to receive mental/social/educational services for their conduct problems, they are much more likely than boys to be incarcerated for even minor delinquent activity. Findings from self-report questionnaire studies on delinquency confirm the notion that girls become involved in delinquency less frequently and less seriously than boys (e.g., Ageton & Elliott, 1978; Hindelang, 1973), yet they do not tend to specialize in those offenses for which they are predominantly and disproportionately arrested (Figueria-McDonough, 1985; Gold & Reimer, 1975). In a self-report study of 2,000 tenth graders, Figueria-McDonough, Barton, and Sarri (1981) found that virtually the same proportion of boys and girls were involved in status offenses, and that there were high incidences of most status offenses making them normative for the age group. They found that there was some evidence for gender specialization: males engaged in more property and violent offenses, but there was no evidence that females committed more status offenses.

It is the case that adolescent females are more likely to be incarcerated for less serious crimes than are males. Chesney-Lind (1988) reviewed data from state and federal reports and studies of adolescent female offenders that showed that many of the girls held in jails across America were status offenders. She found that despite the relatively minor nature of their offenses compared to boys', many girls end up in adult jails. She concluded that the juvenile justice system and its representatives have been extremely slow to recognize that there may be legitimate reasons for these girls to be running away from their homes, and that judicial paternalism contributes to harsh treatment of female status offenders.

The few studies that have evaluated the criminal careers of female delinquents over time, or that have evaluated the effects of therapeutic interventions, portray a grim picture. Results are not promising for community-based treatments, incarceration, or hospitalization. Warren and Rosenbaum (1987) examined the long-term outcomes for 159 females who had been committed to the California Youth Authority (CYA) as juveniles from 1961-69. In that sample, cases were randomly assigned to either community-based treatment or incarceration. Prior to commitment, subjects had an average of 4.6 arrests, with 75% of the sample committing primarily status offenses. Following CYA commitment, regardless of group assignment, persistence in offending over time was high. Follow-up assessments conducted after an average of 10 years revealed that only 1 of the 159 subjects was offense-free after commitment to CYA; the mean number of arrests during the follow-up period was 7.2. Examining adult offense rates, only 4% had no arrests, 27% had at least 2 arrests, 72% had at least 1 property offense, and 40% had been arrested for a person-to-person offense. Sixty percent of the sample were incarcerated at least once as adults.

Zoccolillo and Rogers (1991) examined long-term outcomes for a sample of 55 middle-class, white, adolescent girls who had been diagnosed as having Conduct Disorder and who were hospitalized in an in-patient psychiatric unit. Although this study did not include a comparison group, they examined adjustment at 2 to 4 years follow-up and compared their findings to national statistics. For conduct disordered girls, the mortality rate was 6% — twice the rate for white female adolescents. Thirty-five percent of the 15- to 17-year-olds had been pregnant in the past 12 months compared to 7.4% of same-aged females in the state in 1980 (Blum, 1987). Thirty-nine percent of the 16- to 17-year-olds had dropped out of school, as had 42% of the 18- to 20-year-olds (compared to 7.1% of 16- to 17-year-old white females and 14.2% of that group who were 18 to 20 years old; U.S. Bureau of Census, 1990, Table 248). These authors suggest that future studies of conduct disorders in girls focus on the examination of different forms of treatment as well as on contextual and family factors. They suggest an examination of diagnostic criteria for conduct disorder (CD) in females because the current DSM will grossly under-identify girls. "Although the emotional disorder may be the salient diagnosis and more treatable, it is the conduct disorder that will significantly determine long-term prognosis" (p. 980). They found that short-term hospitalization was ineffective.

While some approaches, such as teaching social perspective, have shown immediate or short-term treatment effects for females (e.g., Chalmers & Townsend, 1990), treatment models for female, compared to male,

delinquents are poorly conceptualized, implemented, or tested. This is probably the case for several reasons. For example, until recently female delinquency has not been recognized as a serious problem for its participants or for their communities. Recent legislative measures enacted to reduce the number of females who are incarcerated for status offenses have lessened the pressure to provide community-based treatment programs for adolescent girls with conduct problems.

As previously discussed, there has been much less longitudinal research to inform the development of interventions for females than for males, and those studies that have been conducted have highlighted that the early predictors of male conduct disorders and delinquency do not work for females. For example, the presence of aggressive behavior during the grade school years has been shown to be a good predictor of later delinquency for boys but not for girls. Tremblay, *et al.* (1992) examined the causal links between behavior, academic achievement at ages 7 and 10, and later delinquency at age 14 for boys and girls. They found that boys who had disruptive behavior problems in elementary school, whether or not they were poor school achievers, were at high risk for delinquent behavior in adolescence. For girls, neither early disruptive behavior nor poor school achievement predicted later delinquency. Stattin and Magnusson (1989) also examined the relationship of ratings of aggressiveness at ages 10 and 13 with criminal activities through age 26 for a sample of over 1,000 males and females in central Sweden. They found a clear positive developmental relationship between aggressive behavior at age 10 and later crimes for males, but not for females. However, female aggression ratings at age 13 predicted later frequency and seriousness of crimes. These studies could be taken to indicate that it is not until adolescence that conduct problems in females are predictive of serious or clinically significant later problems. Obviously, more research is needed on identification of early indicators of later delinquency for females.

In 1983, we developed a treatment program model that was designed to be an alternative to incarceration for adolescent males. We were influenced by our previous work using family therapy for treatment of chronic juvenile offenders (Bank, Marlowe, Reid, Patterson, & Weinrott, 1991; Reid, *in press*) where we hypothesized that effective intervention models for this population needed to include simultaneous and well-coordinated treatments in multiple settings, including the home, school, and peer group. As longitudinal studies on the predictors of male delinquency began to accumulate, we were increasingly aware of the significant role deviant peers played in the initiation and continuation of delinquent careers. These considerations, plus our belief in the family unit as a primary socializing agent, led to the development of the Treatment Foster Care (TFC) program

model where adolescents were placed singly in community homes where the parents had been trained and were supervised in the implementation of a social learning-based treatment program. This was augmented by individual and family therapy for the adolescent's biological/adoptive parents, as well as close monitoring and interventions at school.

The program initially accepted only males. However, after a year, when the program became well-established, there was strong community demand to provide TFC placements and treatment for females who were also at risk for institutionalization. Since 1984, females have participated in the program. Having treated adolescents with serious delinquency of both sexes, it seems that in many ways female adolescents present more serious clinical challenges than do males. Although their histories of delinquency are typically less serious, females have seemed to be harder to place and maintain, and our specialized foster parents have appeared to experience more anxiety and problems in their daily interactions with girls than with boys. The specific aims of the present study were to begin the process of carefully examining the extent and topography of psychological, behavioral and management problems that delinquent boys and girls present while in TFC, and the relative effectiveness of such treatment for boys and girls. The research reviewed earlier in this paper indicated clearly that adolescent girls with severe conduct problems present with significantly more emotional problems, evidence more family problems and histories of abuse, and appear to profit little from the treatments currently provided. Therefore, the longer-term goal of this research is to find out if the girls have treatment needs additional to those required by boys.

## METHODS

### Subjects and Treatment

Subjects were 88 consecutive referrals (51 of whom were males) to the Monitor Program, a community-based alternative to institutionalization for chronic juvenile offenders, ages 12-18. The Monitor Program uses a TFC model in which community families are recruited, trained, and given support to provide placements and treatment. The TFC model is based on previous work done by Patterson and Reid (Reid & Patterson, 1989) on treatment for families with aggressive and delinquent youths. Each adolescent had an individualized daily point program that was implemented by the foster parents who received regular (i.e., daily, M-F) supervision. In addition, the youths participated in weekly individual sessions where therapy focused on topics such as improving interpersonal skills, practicing

anger control strategies, and teaching methods for problem solving and negotiation. The biological (or adoptive) parents of the adolescent participated in weekly family therapy that emphasized helping the parents to improve their child management skills — specifically, discipline, encouragement, and supervision strategies. Youths went home for regular visits during which parents were given specific assignments that related to the topics being addressed in the family treatment sessions. Cases were supervised and coordinated by a case manager who was also responsible for maintaining liaison with parole/probation officers and school teachers. The average placement was for six months, and one adolescent was placed in each Treatment Foster Care Home. For a more complete description of the program model, see Chamberlain and Reid (1991) or Chamberlain (1990).

Pretreatment family and child risk factors were tabulated for each subject. These are shown in Table I along with data on age, arrest, and placement histories for participating subjects. Consistent with previous research reviewed earlier in the paper, inspection of Table I reveals several significant differences between males and females. Males were younger at the time of their first official arrest by an average of almost 10 months ( $p = .02$ ). Compared to females, males also had more total arrests ( $p = .003$ ), and more felonies ( $p = .0001$ ) than females at intake. Females had been placed outside of their homes more often ( $p = .02$ ) prior to entry into Monitor. Cutler and Nolen-Hoeksema (1991) reviewed studies on the prevalence of child sexual abuse, and concluded that between 3% and 10% more women than men were abused as children. In this sample, 49% of the females, compared to 11% of the males, had suffered sexual abuse ( $\chi^2 = 15.1, df = 1, 1; p = .001$ ), over four times the rate for males! Males more often were perpetrators of sexual abuse ( $\chi^2 = 5.8, df = 1 \& 1, p = .02$ ). Females were more likely to have attempted suicide ( $\chi^2 = 8.78, df = 1 \& 1, p = .003$ ), and to have run away 2 or more times ( $\chi^2 = 8.59, df = 1 \& 1, p = .003$ ). More males had committed felonies ( $\chi^2 = 15.15, df = 1 \& 1, p = .0001$ ).

## Measures

### *Parent Daily Report (PDR) of Problem Behaviors*

This 34-item checklist was administered to foster parents daily (M-F) by telephone. PDR was designed to measure the occurrence of the daily rate of conduct problems demonstrated by the adolescent. In this study we were interested in looking not only at the initial levels of problems for boys

Table I. Demographics and Risk Factors

	Males (N = 51)		Females (N = 37)	
	M	SD	M	SD
Age at Intake	14.54	(1.50)	14.8	(1.45)
Age of 1st Offense	11.91	(2.22)	12.89	(1.32)*
Number of Prior Placements	2.52	(7.64)	4.26	(4.79)*
Total Arrests	10.84	(5.87)	8.43	(4.12)*
Mean Total Risk Factors (of 18 measured)	6.96	(2.3)	7.34	(2.4)
	Males		Females	
Risk Factors Breakdown	N	(%)	N	(%)
<i>Family Risk Factors</i>				
1-Parent Family at Intake	30	(57%)	17	(52%)
Income < \$10,000	28	(53%)	17	(52%)
Parents ever divorced	41	(77%)	31	(87%)
3 or more siblings	15	(28%)	10	(29%)
Siblings institutionalized	11	(21%)	9	(26%)
Adopted	5	(9%)	7	(20%)
Mother hospitalized	5	(9%)	3	(9%)
Father convicted	8	(15%)	6	(18%)
Family violence	35	(66%)	26	(74%)
<i>Abuse</i>				
Victim of physical abuse	27	(51%)	12	(34%)
Victim of sexual abuse	6	(11%)	17	(49%)
Perpetrated sexual abuse	8	(15%)	0	
<i>Child Risk Factors</i>				
Attempted suicide	3	(6%)	10	(29%)*
2 or more runaways	29	(56%)	30	(86%)*
Charged with felony	47	(89%)	18	(51%)*
Firesetting	8	(15%)	1	(3%)
Serious drug/alcohol	23	(43%)	18	(51%)
Chronic truancy	41	(77%)	29	(83%)
> 1 year below grade level	24	(45%)	22	(63%)

\*p &lt; .05.



and girls, but also at the pattern of conduct problem rates over time. For that reason, the rate of foster parent-reported problem behaviors was examined for the first month (i.e., 20 calls) and for the sixth month (i.e., 20 calls) that subjects were in the treatment program. The sixth-month score was chosen because it represented the final month of treatment for most cases.

The PDR checklist has been used in a number of treatment outcome (e.g., Dadds & McHugh, 1992; Hunt, Day, & Levene, 1991; Patterson, Chamberlain, & Reid, 1982) and longitudinal (e.g., Pastorelli, 1992; Patterson, Reid, & Dishion, 1992) studies to assess the presence of, and changes in, rates of childhood aggression. The psychometric properties of PDR have been found to be good, including test-retest stability ( $r$ 's ranging from .60 to .82), interobserver reliability (agreement ranging from 85% to 98%), and concurrent validity with observational data collected in the home setting ( $r$ 's ranging from .48 to .69) (Chamberlain & Reid, 1987; Patterson, 1973).

#### *Official Arrest Data*

The number of offenses listed on official arrest records were calculated for the 365-day period before entry into the Monitor Program (pretreatment), and for the 365-day period after exit from the program (posttreatment) for each case. Offenses were coded into three primary type categories including:

1. Status offenses: curfew, beyond parental control, and runaway.
2. Property offenses: burglaries, thefts, unauthorized use of a motor vehicle, forgery, credit card, arson, vandalism, criminal trespass, bad check, and reckless burning.
3. Person-to-person offenses: robbery, discharging a weapon, assault, murder, rape, hit and run, reckless endangering, concealed weapon, menacing, negligent homicide, and harassment.

#### *Risk Factor Ratings*

The presence or absence of a set of 18 risk factors was determined by the referring caseworker. The risk factors studied were based on previous research conducted by Patterson (1982) on the prediction of male delinquency and on work by Rutter (1978) who found that the number of risk factors was more predictive of severity of child impairment than any unique factor or set of factors. Also tracked were the presence of special clinical concerns that might effect placement and treatment. Data on the number of previous placements, age at first offense, and age information were coded from the case files.

## RESULTS

### Daily Rates of Conduct Problems

A major purpose of this study was to determine if there were different levels or patterns of problem behavior or aggression demonstrated by male and female participants that could support the clinical notion that females were more difficult to treat than males in our community-based program.

The mean rates of problem behaviors per day for month 1 and month 6 are shown in Figure 1. At the beginning of treatment, the rate of daily aggressive behavior for females is low relative to their male counterparts ( $F = 4.51$ ,  $df = 1,47$ ;  $p = .04$ ). By month 6, however, males had shown slight improvement in that their level of aggression had dropped, while females' scores had increased to the level of the males in month 1. There was a gender-by-time interaction ( $F = 8.7$ ,  $df = 1,47$ ,  $p = .005$ ). These data support the *perception* that females are worsening over time while males are improving, or at least not deteriorating, and importantly, they support the sense of discouragement that foster parents and therapists working with adolescent girls often express, as well as the preference by most of our foster parents for having males placed in their homes.

### Program Completion

Looking at program completion rates, however, there were no significant differences found for males and females. Of 51 males, 36 (71%) successfully completed the Monitor program, 6 ran away, and 9 were revoked due to parole violations. Of 37 girls, 27 (73%) successfully completed with 8 running away and 2 revoked.

### Type of Offenses

Regardless of program completion status, we examined the means and standard deviations for pre and post official arrest data by sex and type of crime for males and females. As can be seen in Table II, females committed more status offenses in the year prior to program admission than boys, and boys had been arrested more often for property offenses ( $ps < .06$  and  $< .01$ , respectively). There was no difference in the number of arrests for person-to-person crimes, and there was a trend for boys to commit more traffic offenses. During the year after treatment, females continued to show higher rates of arrests than boys for status offenses ( $p < .05$ ), but there were no gender differences in rates of arrest for any of the other categories.

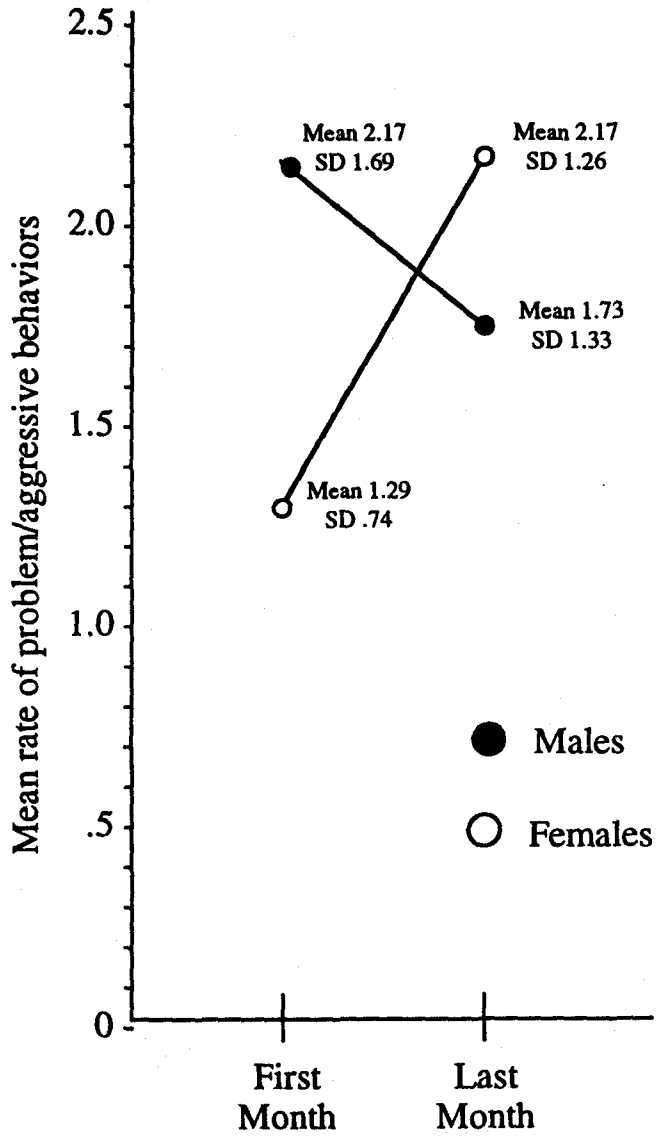


Fig. 1. Parent daily reports of aggression/problem behaviors.

Table II. Offense Rates Pre and Post Treatment by Sex<sup>a</sup>

	Status	Property	Person	Traffic
<b>1 Year Pre</b>				
Females	2.2 (2.1)	1.5 (1.4)	.45 (.62)	0
Males	1.3 (1.8)	2.8 (2.4)	.52 (.75)	.10 (.38)
<b>1 Year Post</b>				
Females	.84 (1.6)	.45 (.87)	.18 (.47)	.06 (.24)
Males	.25 (.55)	.75 (1.3)	.13 (.49)	.08 (.45)

<sup>a</sup>First figure is mean, second (in parentheses) is *SD*.

Tests for changes from pre to post (i.e., 1 year pretreatment, and 1 year posttreatment) in rates of arrests showed that for status offenses, both boys and girls dropped significantly over time ( $F = 23.05$ ,  $df = 78$ , 1,  $p = .00$ ), but there was no differential change over time by gender. For property crimes, both boys and girls dropped significantly in their rates per year over time ( $F = 34.47$ ,  $df = 78$ , 1,  $p = .00$ ) and there was time-by-sex interaction with boys showing greater improvement ( $F = 3.65$ ,  $df = 78$ , 1,  $p = .06$ ). Rates of arrests for person-to-person crimes dropped for both sexes ( $F = 12.69$ ,  $df = 73$ , 1,  $p = .001$ ), but not differentially according to gender.

The numbers of male and female subjects who were involved in the different criminal activities during the 1-year pre and posttreatment periods were examined and are shown in Table III. During the *pretreatment year*, 23 or 71.9% of the females had committed a status offense, as had 27 or 56% of the 48 males for whom we had data. Seventy-one point nine percent of the females had committed at least one property offense, as had 91.7% of the males. The percentage of females who had committed at least one person-to-person offense was slightly higher for girls than boys (40.6% of females vs. 39.6% of males).

During the year *following treatment*, 34.4% of females and 20% of males had at least one status offense, 25% of females and 38% of males had a property offense, and 10% and 12.5% of females and males, respectively, had a person-to-person offense.

Table III. Prevalence of Offense Types by Sex

	Males	
	Pretreatment ( <i>N</i> = 48)	Posttreatment ( <i>N</i> = 50)
Status	56%	20%
Drug	12.5%	8%
Traffic	8.3%	4%
Property	91.7%	38%
Person	39.6%	10%

	Females	
	Pretreatment ( <i>N</i> = 32)	Posttreatment ( <i>N</i> = 32)
Status	71.9%	34.4%
Drug	12.5%	6.3%
Traffic	0	6.3%
Property	71.9%	25.0%
Person	40.6%	12.5%

### Delinquency by Sex/Age Data

This analysis showed that, regardless of gender, there was a drop in all types of crimes from the pretreatment year to the posttreatment year for each age group and sex, with one exception: 14-year-old females (aged 14.5 to 15 at the beginning of year 1 follow-up), whose rate of status offenses increased, mean, pre = 1.11 (*SD* = 1.76); mean, post = 2.0 (*SD* = 2.69).

### Sex Abuse as a Risk Factor

In this sample, there was some indication that adolescents who had been sexually abused, regardless of gender, were initially more at risk and less responsive to treatment. For example, comparing sexually abused to nonabused subjects, regardless of gender, we found that abused subjects had previously

been in more out-of-home placements ( $F = 4.54, df = 1, 86, p = .04$ ), more of their siblings had been institutionalized ( $p = .03$ ) and they tended to have more total risk factors (excluding sexual abuse:  $F[1, 86] = 2.74, p = .10$ ). Although there were no differences between abused versus nonabused subjects in pretreatment offense rates, in the follow-up year, abused subjects had significantly more total offenses than did nonabused subjects (means = 2.85 [ $SD = 3.1$ ], 1.53 [ $SD = 2.2$ ],  $p = .04$ ) and significantly more status offenses (means = 1.15 [ $SD = 1.95$ ], .27 [ $SD = .66$ ],  $p = .003$ ).

## DISCUSSION

Our findings on differences in initial risk factors for males and females are in accord with those of Robins and Price (1991) who examined an adult antisocial sample; males were more likely than their female counterparts to have more arrests pretreatment, to have committed more felonies, and to have started their criminal careers earlier. Females, on the other hand, were more likely to have experienced sexual abuse and disrupted parenting as evidenced by their higher rate of out-of-home placements. The higher rate of attempted suicides by females than males in the present study provides further support for the notion that females are more likely to internalize and to have co-occurring emotional disorders that should be focal points for treatment interventions.

These data showed that while females were arrested more often than males for status offenses both before and after treatment, they did not *specialize* in status offenses. In this chronically delinquent sample of females, 72% had also committed property offenses before admission to the treatment program, and almost 41% had person-to-person offenses. Official offense rates from pre- to posttreatment dropped for both sexes with the only gender-by-time interaction occurring in the property offense category with males showing more improvement.

The data presented here indicate that there is a unique pattern over time of day-to-day problem or aggressive behaviors associated with gender. Females began their program tenure demonstrating few behavior problems and as they became more familiar, and probably more comfortable and secure, their level of aggression increased. This pattern probably increases girls' risk for rejection in their foster homes, in that foster parents feel as if they are failing, or the relationship is deteriorating, after having had a positive beginning. With males, on the other hand, foster parents tend to experience a steady sense of improvement over time.

These data suggest that a 6-month time frame for treatment, such as that used by the program described here, is probably not sufficient for female participants. Their conduct problems tend not to surface in the foster homes as quickly as those of boys. The new family relationship they experience in the foster home may initially inhibit displays of conduct problems by these females. It may be that females require a more intimate relationship setting before they feel free to act out or express their emotions. It is not surprising that these female chronic offenders, who were more often sexually abused and suicidal than their male counterparts, might require longer-term relationships before expressing their problems or allowing themselves to become vulnerable in a family setting.

Although outcome data were presented here, the absence of a control group eliminates interpretations that can be made on treatment efficacy. Also, the one-year follow-up period limits the conclusions that can be drawn about the long-term adjustment of the study subjects. The conclusions that can be made concern the differential patterns of initial risk factors and later adjustment of chronically delinquent males and females. Results support the notion that there are sex-specific issues that should be addressed in treatment programs for severely delinquent females. Research on development of models for the etiology and treatment of delinquent female adolescents has been virtually nonexistent, especially compared to the level of activity aimed at understanding male delinquency. The accumulating body of evidence suggests that these females are difficult to treat, and that they are at high-risk for a variety of future problems, including poor parenting. Attention should be given to conducting empirical studies focussing on the developmental processes that lead to delinquent behavior and conduct problems in females, on family and other factors that contribute, and ultimately on interventions designed specifically for this population.

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