

Female Responsive Services - Value Statements



Created by Rebecca Maniglia, NIC Technical Resource Provider,
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Female responsive services are inclusive.

- While female responsive services emerge from a desire to recognize the needs of girls, they recognize that girls experience gender differently.
- Along with gender, a girl's race, ethnicity, class, sexual orientation, and individual life experience shape her understanding of herself and the world.
- Girls are affected by sexism, racism, homophobia, and other forms of oppression. Female responsive services seek to address all these issues simultaneously.

Female responsive services are relational.

- Relationships are important to many girls.
- For many girls becoming healthy will require an assessment and potential reshaping of these relationships. Juvenile justice professionals play a key role in helping girls do this work.
- Female responsive services seek to support healthy relationships.

Female responsive services are restorative.

- Girls in the juvenile justice system have caused harm to victims, to their families and to their communities. Female responsive services will assist girls to be accountable for their offending behaviors and will assist girls to make amends to the people they have harmed.
- Female responsive services recognize the trauma histories of girls and will intentionally assist girls to address the root causes of their behavior in order to begin the healing process and to interrupt the cycle of offending and future victimization.
- Female responsive services seek to restore the relationships harmed by girls' offending behavior and their own victimization histories.

Female responsive services pay attention to societal influences.

- Girls are influenced by what society tells them they should be and how they should behave as girls.
- Female responsive services seek to understand this influence and offer alternatives.

Female responsive services are multi-leveled.

- Female responsive services recognize that the lives of girls in the juvenile justice system mirror the experiences of all girls in our society. What happens on a local, national and international level economically, socially and politically impacts girls everywhere.
- Female responsive services seek to educate girls and juvenile justice professionals about these connections.
- Female responsive services seeks to promote advocacy for girls and juvenile justice professionals on these global connections while also encouraging them to work at various levels to create change in the entire continuum of services for girls in juvenile justice.

Medication Alert on Antidepressants

The British Medicines & Healthcare Products Regulatory Agency, their Food & Drug Administration (FDA), recently warned against the use of all but one of the newer antidepressants for children under the age of 18. The full report is available at: www.mhra.gov.uk, and every psychiatrist working with children should be aware of this report.

The implications for malpractice and even unconstitutional deliberate indifference are manifest.

The British agency informed doctors and healthcare professionals that the benefits of the listed drugs did not outweigh their risks. Their effectiveness in treating depression has not been adequately studied and, most damning, there appears to be a link to suicide, suicidal thoughts, and self-harm to children.

While only warning and not banning the drugs, the agency exempted Lilly's Prozac, but included Paxil, Zoloft, Effexor, Celexa, Lexapro, and Luvox. The FDA issued a similar warning about Paxil in June for depressed children and adolescents.

The New York Times, Dec. 11, 2003, reported that Luvox and Zoloft might still be used with some confidence with young

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people suffering obsessive-compulsive disorders. The Times quoted some American experts as believing the British had overreacted, while others applauded the new attention generated to an area that most agree is not well understood.

The Juvenile Correctional Mental Health Report expects to publish an analysis of this area of major concern prepared by medical experts. For now, clinician-readers should consider themselves at least on notice.

P.S. Following preparation of this short announcement we learned that the FDA recommended that doctors refrain from prescribing Paxil to new patients under 18. Richard DeGrandre, writing in The

Nation, 6-7 (Jan. 5, 2004), and author of Ritalin Nation, stated:

SSRIs have not been clinically proven to be more effective or safer than these older, less expensive antidepressants. Although tricyclics do have greater toxicity when taken in overdose, they do not pose the risk of severe mental agitation and violence seen with SSRIs, nor do they cause withdrawal symptoms or lowered libido.

What has become clear is that the SSRIs should not be the first line of pharmacological treatment for depression. As the London Times reported on October 20, the over-prescribing of antidepressants has grown to alarming proportions since the dawn of Prozac, and as British drug authorities recently concluded, physicians should not be prescribing antidepressants for "normal problems of life." Yes, billions of dollars in revenue are at stake in the selling of SSRIs. Zoloft, Paxil, and Prozac collectively brought in more than \$6 billion in gross sales in 2002. That may explain the failure of the FDA to act, but it certainly cannot justify it when the public's health is at stake. ■

Media Alert

Your Kids and Mental Illness

The Newsweek issue of September 22, 2003 included a cover-feature entitled "Your Child's Health and Safety." The coverage touched lightly on such topics as safety, why sleep matters, the lethality of conditions for children in certain underdeveloped countries, and "troubled souls" — mental illness among children.

That mental illness in children is even covered in a popular, weekly news magazine — and covered not in some sensational "crazed kid kills" way — is a positive development. Author Claudia Kolb covered anxiety, depression and bipolar, and behavioral disorders in an accessible yet not overly simplified fashion.

Children do experience mental illness and parents and guardians cannot face the obvious symptoms with "they will grow

out of it." Maybe, they will; and probably they will with early, competent help.

Worry about sudden mood shifts, separation anxieties, and incessant fears; get a diagnosis and be involved in the treatment.

Those of you reading this in JCMH know all this and know also that most of the children you inherit never had much of a chance at parental involvement and early care.

Nonetheless, a broadening of the sensitivity and awareness about children and mental illness has to be a good thing. Get a hold of that Newsweek issue if you can, it is pretty good. ■

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