After a juvenile has been adjudicated, a comprehensive assessment is completed, and the corrections system attempts to recommend effective treatment programs that can utilize the offender's strengths to address the needs identified in assessment. Seven components are key in making juvenile treatment programs effective:

1. Programs should be holistic in their approach to placement and treatment of juvenile offenders.
2. Treatment must be family centered instead of working only with the identified juvenile client.
3. The needs of the youth should take priority over the institutional needs of the placement agencies and services.
4. Ethnically and culturally appropriate programs should receive priority funding.
5. Administrators must be willing to think "outside the box" to create placement and treatment options that are best suited to the individual needs of the client.
6. Each state should determine priorities and hold treatment providers accountable.
7. Community-based programs are more effective than incarceration. (NASW, 1997, p. 195)

Although the vast majority of violent crimes and felonies committed by juveniles can be traced to male offenders, the crime rate among female juveniles is actually increasing faster (Grascia, 2006). This has created a problem for juvenile correctional facilities that were developed with boys in mind. Juvenile corrections programs have traditionally used sports and team-oriented tasks and games to keep boys busy, and there is a significant gender gap in services (van Wormer & Kaplan, 2006).

For girls, the first step toward becoming an offender is being physically, sexually, and emotionally victimized (Belknap & Holsinger, 1998). A female offender needs and wants to process her experience of victimization and determine how it has affected her life. In addition, girls mature differently than boys do, so developmentally appropriate services are crucial, particularly for 8- to 11-year-olds (van Wormer & Kaplan, 2006).

The Maryland Department of Justice developed a female intervention team to assess the needs of female offenders and to develop gender-specific services for them. The team was staffed in large part by social workers. Two years after it began work in Baltimore, 50 percent fewer females were committed to Maryland's secure commitment facility. By its third year of operation, commitments to the secure facility were down 95 percent (Daniel, 1999). The social workers on the team served as case managers, advocates, and counselors. Perhaps even more important is protecting young girls from violence and abuse both inside and outside the juvenile justice system.

Despite the development of innovative programs for male and female juvenile offenders, most continue to be punished rather than treated. The Coalition for Juvenile Justice, which is mandated by federal law to examine the juvenile justice system, found that research indicates that there is still limited access to effective treatment or rehabilitation services (Kupchik, 2007).

Adult Corrections Imagine walking into a dark concrete tunnel, hearing bars close behind you, and being surrounded by violent men. If this scenario disturbs you, adult criminal justice probably is not the context in which you want to practice social work. On the other hand, it may present precisely the kind of challenge you would like to take on.

CASE EXAMPLE

> In February 2017, Michael S. Boyd was released from Collins Correctional Facility in Wyoming. In 2005, Boyd was convicted and served an 11-year, six-month sentence for hosting drug, alcohol, and sex parties for children as young as age 12. His trial included graphic testimony that Boyd gave children drugs and alcohol and then performed sex acts on some of them, raping others and forcing them to have sex with one another. Although he will have to register as a sex offender, he is not required to participate in any other treatment programs because he completed his full term (Desmit, 2017).

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Social workers in correctional facilities similar to the one where Thiret resided evaluate inmates' behavior, write comprehensive psychosocial histories, and prepare reports for parole boards. They may administer treatment programs to sex offenders, alcoholics, and addicts. They might spend most of their time conducting individual and group therapy, teaching life skills, or advocating for prisoners' rights.

Every day, thousands of prisoners—some illiterate, some mentally ill, many addicted to drugs—are released throughout the United States. They often lack the job skills or education they need to become successful, law-abiding citizens. The conditions they experienced in prison, including the withholding of human contact and basic rights, may have impaired their ability to function peacefully and productively in society. Two out of three eventually return to prison (Pew Report, 2010).

In 2008, President George W. Bush signed the Second Chance Act (SCA). This policy is designed to help reduce the recidivism rate. Newly released inmates are often driven right back to prison by difficulty in obtaining jobs, education, and housing, as well as by the social stigma that comes from having been in prison. In addition, many of these people suffer from mental illnesses but have no access to treatment. Some states have begun offering assistance in these areas, but much more needs to be done. The SCA established a federal reentry task force, along with a national resource center to collect and disseminate information about proven programs. It also broadened access to high-quality drug treatment and encourages states to work harder at reuniting families, which are often torn apart when a parent goes to prison.

The social work value of self-determination and the strengths perspective emphasize the need to educate the public, political leaders, and prison officials about the cost-effectiveness of sound rehabilitation programs as compared to simply building more prisons. According to some analysts, the few prisons that offer inmate work and education, in-prison drug treatment, and