The Girl Connection

For those who serve adolescent females
Iowa Gender Specific Services Task Force
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"Among teens in juvenile detention, nearly two thirds of boys and nearly three quarters of girls have at least one psychiatric disorder. These rates dwarf the estimated 15 percent of youth in the general population". (NIMH, 2002)

The Diagnostic and Statistical Manual (DSM) is the preeminent reference for diagnostic criteria. However, "some experts have charged that especially for women the DSM-III-R inappropriately blames victimized clients rather than their traumatic life experiences for their distress. Only [*the diagnosis*] PTSD (Post Traumatic Stress Disorder) explicitly recognizes the occurrence of life events that by their very nature are traumatic." (Cook, 1993) All other diagnoses pathologize the individual.

In addition to problems with insufficient recognition of traumatic life experiences, the DSM is based on the male experience alone. "Traditionally, professionals have used male-based norms to define healthy versus pathological behavior." (Cook, 1993) This means that the bulk of the research is on males as well.

Although literature and research on the diagnosing of adolescent girls is scarce, there has been some information that confirms what those of us who work with girls already knew:

"…many of the tens of thousands of children with disruptive behavior disorders [oppositional defiant disorder-ODD and conduct disorder-CD] may have been exposed to traumatic maltreatment and may experience undetected PTSD symptoms." (Ford, 2000)

"…a considerable number of adolescent girls who exhibit violence and lack impulse control have been victims of sexual abuse." (Kann, 2000)

The interpretation of the limited research is suspect in its consideration of what is best for girls as well. It has been suggested that due to girls who are diagnosed with CD having more severe behavior problems, the DSM needs "gender-specific criteria in diagnosing children with conduct problems, including a 'lower threshold of aggressive behavior' for girls". (Kann, 2000) We have seen what this type of attitude has done for girls in the juvenile justice system. Physically aggressive behaviors that were previously not criminalized have become so. As a result, there is the illusion that girls' aggression is out of control. Lowering the threshold of aggressive behavior for girls in diagnostic criteria would have a similar impact. Girls would be perceived as more mentally ill when the change would in fact have occurred in the system that diagnoses them. This would also exacerbate the existing risk of their being misdiagnosed and then treated for only their behaviors and not their trauma.

Upon examination of the diagnostic criteria for PTSD, ODD and CD there are significant similarities; there are, however, dramatic differences in their treatment. Not only is the professional approach necessarily different, but personal biases also differ often to the detriment of those diagnosed. The reality is, a girl is apt to experience negative attitudes from professionals based on preconceived notions linked with an ODD or CD diagnosis. PTSD and ODD or CD may have many similarities when it comes to diagnosing but PTSD is equated with victimization and ODD or CD are equated with perpetration. Even with every effort to remain unbiased, attitudes about and behavior toward girls diagnosed and misdiagnosed has a tremendous impact on their success.

Social workers, parents, teachers and clinicians must ask themselves if it is fair to label a girl ODD, CD and the like when her behaviors may be an appropriate and even adaptive strategy to dealing with a trauma. Girls are more than a diagnosis whether it is accurate or not and they are more than the trauma they have experienced in life. We must view them that way.

The gender specific approach encourages us to treat all girls holistically. Programs must employ staff who are able and willing to leave behind "the diminishing and shameful labels that so often limit adults' abilities to see the resiliency and strengths of girls." (ICSW, 1999) We can and should advocate for caution in diagnosing. When a girl must be diagnosed, we can encourage a diagnosis that takes into account all of who she is and what she has experienced. Perhaps most important, we can help girls learn to raise their own voice against being inaccurately labeled as mentally ill.

References

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"If we learn from the experience, there is no failure, only delayed victory."
Carrie Chapman Catt

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