

Transitioning Young Women

by

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Abstract

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This dissertation focuses on what does and does not contribute to the stabilization of young women transitioning from the juvenile justice system. Since 1985 there has been a 400% increase of young women in the juvenile justice system (Lynn & Morton, 2005). Wraparound community based service provision is cited by the Office of Juvenile Justice and Delinquency Prevention as a best practice model that diverts and transitions youth from detention (Blueprints, 2010). A body of research that burgeoned in the 1990's evidences how practice with young women to address adjudication is more effective when done through a gender responsive approach that supports their unique experiences (Dohrn, 2004; Chesney-Lind & Pasko, 2004). A gender responsive practice becomes particularly interesting when the historical background reveals that construction of female sexuality justified the incarceration of young women since the beginning of the 20th Century. Sexuality continues to justify the marked increase in the incarceration of young women since the mid-1980's.

This is a unique case study of a young woman's transition program in New York City that implements Wraparound and the gender responsive practice to prevent recidivism. Data was collected through the mining of 23 case files over two-years. Practice effects are evaluated through the Child and Adolescent Functional Assessment Scale, Wraparound Fidelity Index and

the Gender Responsiveness Program Assessment to determine contributing elements to the stability of the young women. A linear regression was conducted to measure what specific elements of Wraparound and gender responsiveness have a predictive effect on the stability of young women transitioning from the juvenile justice system. Results showed that the Wraparound element community service linkage, while the young women were in the facility, and in the community at discharge, had the most predictive effect on stability.

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CHAPTER ONE: INCREASE OF YOUNG WOMEN IN THE JUVENILE JUSTICE SYSTEM

Introduction

Since 1985 an increasing number of young women enter the juvenile justice system, not only in the United States, but also in Canada, Germany, Britain and Australia (DOJ, 2004; ABA, 2004; Chesney-Lind, 1997; Dixon, 2004; & Dohrn, 2004). Once arrested the likelihood that a young women will recidivate after release is very high (ABA, 2004, Dohrn, 2004). In New York City alone, eighty percent of young women recidivate back into detention (ABA, 2004; JJAG, 2010). In turn 90% of young women adjudicated as youth enter the adult system (ABA, 2004). Research illuminates that a primary cause of recidivism is the type of transition young women experience into the community from detention (Fitzgibbons, 2004; Gormley, 2002). It is this challenge of transition that holds the key to successful community stabilization for young women in the juvenile justice system (Abrams, 2006; Bullis, 2004; Dohrn, 2004; Karcz, 1996; Cheevers, 2010; NCCD, 2010).

From 1985 to 2005 there was a 400 percent increase in the population of young women in the United States detention system nationwide (Lynn & Morton, 2005). Despite this spike and evidence to support the need for effective transition, there is a dearth of research that explores how young women in the juvenile justice system effectively stabilize in the community to prevent recidivism. It is important then to ask what does and does not contribute to stabilization of young women transitioning from the juvenile justice system? The findings inform the development and maintenance of effective practice and policy to support success for young women in the community to prevent detention.

Young women are the fastest growing segment of the juvenile justice population. Young women in the juvenile justice system are twelve through eighteen years old, in the system at any

point on a continuum from pre-adjudication including arrest, detention, to post- adjudication, including probation, or placement. In 2007, there were 2.5 million arrests for females of all ages. Of these, 25% were girls under the age of 18. Of all youth incarcerations, 42% of girls are 15 and younger, compared to 31% of boys 15 and younger (NCCD, 2009). In 2006, 92,845 youth nationwide were in some type of residential placement, of which 14% were female (est. 13,000 girls) compared to an estimated 5-7% pre-2000 (Cheevers, 2010).

Statistics indicate the number of young women in the juvenile justice system has increased significantly throughout the criminal justice system from adjudication to incarceration (OJJDP, 2004; OJJDP, 2010). An Office of Juvenile Justice and Delinquency Prevention (OJJDP) report (2004) showed that although overall juvenile crime rates have declined, the number of adjudicated young women has increased: the number of arrests involving female juvenile offenders increased by 23% between 2000 and 2004 (DOJ, 2004). This compares with an increase of 11% for male juveniles (DOJ, 2004). The female proportion of all juvenile arrests grew from 21% to 24% in this same period. Females were responsible for 17% of the growth in juvenile arrests for Violent Crimes Index offenses. The number of juvenile court cases involving females charged with delinquency offenses increased by 31%, while the number of cases involving males increased by 21%. Juveniles charged with person offenses increased as a proportion of the female custody population, growing from 16% to 29% of detained females and from 23% to 31% of committed female offenders (DOJ, 2004). These statistics beg exploration into the causation of the increase, as well as how to effectively reduce the numbers of young women in the system.

Disproportionate confinement of young Women of Color.

When the “Child Savers” established the juvenile justice system in 1899 people of color were underrepresented (Billingsley & Giovannoni, 1972). Since the 1960’s, people of color are overrepresented in the criminal justice system throughout the country. Disproportionate representation based on race and ethnicity is pronounced everywhere in the criminal justice system. In comparison to their white counterparts, people of color have disproportionate arrest rates and detention rates in comparison to their respective population numbers. This disproportionality is compounded at each point in the criminal justice system (CJCJ, 2000).

When White and African American youth with no prior admissions to public facilities were charged with the same offenses, African American young women and men were six times more likely to be incarcerated than White youth. Latino youth were three times more likely than White youth to be incarcerated. In 2009, youth of color comprised 52% of the youth transferred by the judicial system to adult criminal court, up from 46% in 1997 (WCJTY, 2009). Three out of four youth admitted to state prisons in 1997 were of color (Males & Nacallair, 2000; Males & Nacallair, 2000).

Nationally, young women of color account for 34% of the U.S. population of ages 12–17, yet 52% of the young women detained for juvenile offenses were young women of color. Nationwide, for every 100,000 young women 102 were committed to public or private facilities for juvenile offenses. The custody rate for Black young women was more than three times that for White young women. The custody rate for American Indian/Alaskan Native young women was 224 per 100,000; for Hispanic young women 100 per 100,000; and for Asian/Pacific Islander young women 39 per 100,000 (Snyder & Sickmund, 1999; US Dept. of Commerce, 2001; Puzzanchera & Adams, 2009).

In her article *Blind Discretion: Girls of Color & Delinquency in the Juvenile Justice System* Jyoti Nanda (2012) asserts:

...that race, gender, and class intersect to create a distorted image of girls of color. More concretely, actors in the juvenile justice system are likely to view girls of color and Black girls in particular as delinquents—as social problems themselves rather than as young girls affected by social problems. To some extent, every actor in the juvenile justice system exercises discretion consistent with that distortion, even while operating under nominally neutral rules. The cumulative effect of this is that girls of color find themselves effectively locked into the system and locked out of opportunities that would attend to the underlying causes of their social vulnerability (1507).

This dissertation hopes to add to literature that investigates practices that address the systemic cause of what Nanda calls the “underlying causes of their social vulnerability” to break cycles of victimization and support young women’s agency.

In the juvenile justice system, young women of color are forced to deal with and attempt to overcome the institutionalized classist, racist and sexist messages of their inadequacy and inferiority (Ward, 1999). This distortion includes the sexualization and stigmatization of behaviors that label young women of color as perpetrators (Ward, 1999; Dohrn, 2004). When the same behaviors are seen in young White women they are labeled as victims and survivors (Ward, 1999; Dohrn, 2004).

Moore and Padavic’s study of young women in Florida whose sentences accounted for prior offenses found that race matters with respect to sentencing (Moore & Padavic, 2010). The results of the study were consistent with prior findings that young women of color received harsher punishment than White young women, with one important exception: the case of

Hispanic young women in some circumstances. Compared to White young women, Black young women received more severe dispositions even after taking into account the seriousness of the offense, prior record, and age. This finding provides further evidence of Black–White racial bias in the juvenile justice system (Moore & Padavic, 2010).

Moore and Padavic's (2010) study revealed insight about the system's distorted perception of young women of color. The effects of race/ethnicity on disposition severity were conditioned by young woman's current and prior offending behavior. In four of the six tests, White young women compared to Black young women were given leniency in disposition decisions, but only up to a threshold, at which point their probabilities of receiving a harsher disposition either converged or surpassed their racial/ethnic minority counterparts. These findings suggest that when White young women surpass what the juvenile justice system considers acceptable offending behavior for their racial group, the system reacts in an increasingly punitive manner. The juvenile justice system appears to be unmoved by above-average levels of Black young woman's offending behavior, perhaps because judges expect high levels of deviance from this group (Moore & Padavic, 2010).

The result of this study demonstrates that there are distinct outcomes when race and gender converge. Under the objective rules of the juvenile justice system, decision makers exercise discretion in ways that escalate the social vulnerability of young women of color. Thus, the increasing number of young women of color entering the system is tied to the distorted way in which they are perceived (Nanda, 2012). These perceptions follow young through the reentry process (Richie, 2001).

Offenses.

Studies assert that young women of color endure disproportionate levels of stigmatization and discrimination in every stage of the system. Research shows that sentencing practices have significantly stricter outcomes for young women of color discretely, and young women as an overall demographic (Dohrn, 2004). When comparing young women and men, young women are detained for less serious offenses than young men. Young women are more often arrested for status offenses (truancy and running away), as well as, public disorder (loitering and curfew); larceny (petty theft like shoplifting); traffic offenses; drug offenses; and technical violations of probation and parole (missing a court date or a meeting) (Dohrn, 2004).

Twenty percent of females in public detention centers and training schools are incarcerated for status and public order offenses, compared to less than 3 percent for boys (Dohrn, 2004). Status offenses disproportionately consist of charges related to sexual behaviors including homosexuality, sexual activity, “prostitution” (sexual exploitation), and pregnancy (Dohrn, 2004; Pasko, 2010). Twice as many girls than boys are confined for violations of probation or parole. It is more common that young women are criminalized for non-criminal infractions (Chesney-Lind, 1986). The use of detention, or pretrial incarceration, for young woman increased 65 percent, as compared to 30 percent for boys, in the decade 1988-1997. With the remarkable increase in custodial sentences of young women for minor offenses, 43 percent are returning to custody after release (Cohen, Corrado & Odgers, 2000).

Survivors of trauma.

Statistics demonstrate that there is a correlation between trauma and criminalized behaviors (ACA, 1998). Young women in the juvenile justice system are more likely to be survivors of trauma. This population is often diagnosed with more severe and co-morbid mental health issues than young women outside of the juvenile justice system (Dixon, Howie & Starling,

2004; Gilligan, 1990, McGabe, 2002; Totten, 2004). The National Profile of Juvenile Female Offenders study (1998) conducted by the American Correctional Association (ACA) compiled the following statistics about female juvenile offenders nationwide: 61.8% reported being victims of physical abuse; 54.3% reported being victims of sexual abuse; 40% of girls in the juvenile justice system have been raped (NCCD, 2007); 53.8% reported having attempted suicide; a significant percentage had other family members who were also incarcerated; a significant percentage were in the foster care system; and a large percentage had already been in physically abusive relationships with older males or with males their own age (ACA, 1998). These statistics indicate that a number of adjudicated young women have entered the system with traumatic experiences and leave detention more traumatized.

Cross over youth: child welfare and juvenile justice.

Childhood maltreatment is a significant risk factor for delinquency (Thornberry, 2008; Sudol, 2009). In 2005, there were 3.3 million reports of child abuse & maltreatment, of which nearly 900,000 were substantiated: 62.8% neglect, 16.6% physical abuse, 9.3% sexual abuse, 42.2% attributed to neglect, 76.6% were younger than 4 years old. Seventy five percent of maltreated children were younger at the time of their first arrest, committed nearly twice as many offenses, and were arrested more frequently. Being abused or neglected increased the likelihood of arrest: as a juvenile by 59%, as an adult by 28%, for a violent crime by 30% (Sudol, 2009). Estimates of young women in the juvenile justice system who have been abused range from about 40% to 73%, compared to a national study in which 26 percent of young women reported having been abused (Thornberry, 2008).

Young women's response to trauma.

In response to abuse, young women will often develop coping mechanisms that are perceived as poor impulse control and acting out behaviors. In California, 91% of incarcerated young women report at least one measure of educational failure, including suspension, expulsion, or repeating grades (Rivera, 2010). They are more at risk for sexual exploitation, mental health problems (depression) and are more likely to be substance abusers. Young women move from experimentation to addiction more quickly than boys (Office of National Drug Control Policy, 2006).

The coping or "survival strategies" developed by young women in response to trauma conflict with other expectations, community standards or the law, in an effort to survive or flee abusive situations. Research found that 80.7% of young women in the juvenile justice system had run away from home, and 39% had run ten or more times (ACA, 1998). Many young women run to escape situations where they are abused. They end up living on their own or in unsafe situations (ACA, 1998; Belenkey, 1986). These actions, which are ways in which female youth try to cope with abusive situations, may result in their arrest. More than 20% of first arrests cited in the study were typically for running away from home (ACA, 1998; Belenkey, 1986). Young women with a history of running from placement present treatment needs that are stronger than youth arrested for other offenses (ACA, 1998; Belenkey, 1986).

Juvenile Justice practices are historically based on studies of male behavior and focus on detention and containment, which statistically increase aggressive behaviors (McCabe et al., 2002). Programs have largely ignored the needs of young women who have experienced abuse. Recommendations from the literature that show better outcomes for young women, include youth development and trauma-informed treatment that focus on therapeutic, opposed to

punitive, interventions in detention centers and in the community upon reentry (McCabe et al., 2002).

The juvenile justice system contributes to young women's trauma.

Young women enter the juvenile justice system with previous and current experiences of trauma and are being re-traumatized by institutional practices (McCabe et al., 2002; ACA, 1998; Belenkey, 1986). These include strip searches and body cavity examinations; physical restraints; isolation punishments; inconsistent or inappropriate education, racist and sexist assumptions (Dohrn, 2004). In addition, guards and attendants may be abusive and ill trained, and staff turns over frequently (Dohrn, 2004). Young women report more severe mental health issues post-adjudication, in residential facilities than pre-adjudication. In residential placement young women report more frequent use of harmful coping behaviors compared with girls in community-based and home-based programs (Ruffulo, Sarrij, & Goodkind, 2004).

Neglecting to address trauma compounds poverty, pregnancy and parenting issues, exacerbates substance use, yielding a greater involvement with the criminal justice system (McCabe, et al, 2002; ACA, 1998; Belenkey, 1986).

Population of Bella- Young Women's Transition Program

The population of the young women in this unique case study reflects the national demographics. All demographics were self-reported. Young women were from, low socio-economic status neighborhood in Brooklyn and Queens, New York . Fifty-two percent of the young women recidivated, a 28% improvement over the New York State's average. Out of that 52%, 83% left their placements without approval from a parent and probation officer, and 17% were sent to more restrictive detention facilities because of incidents in the facility or lack of caregiver and community ability to provide support. Although there were young women placed

back in detention for “safety” reasons, 100% of the young women did not get rearrested for new crimes during their program participation.

Table 1 <i>Self-Reported demographics Bella Young Women by Ethnicity</i>	
<u>Ethnicity</u>	<u>% & #</u>
African American	70% (16)
West Indian	22% (5)
Latina	4% (1)
Afro-Latin	4% (1)

One hundred percent of the young women were of color. Four percent were Latina. Four percent were Afro-Latin, 70% were African American and 22% were West Indian. Ninety-one percent lived at or below poverty level. Thirty-nine percent identified as bisexual or lesbian. Forty-three percent were diagnosed with a mental health issue documented in a mental health evaluation, although 96% reported trauma in the mental health assessment from the Bella case files. Sixty-one percent reported substance use. Eighty-seven percent reported being below grade level, and twenty-two percent were classified as Special Ed. Ninety-one percent had low educational credits that deterred or prevented placement in mainstream academic settings.

Thirty-nine percent had no family member or guardian. Sixty-one percent had a history of child welfare involvement. Thirteen percent had family members, fathers, who were incarcerated. Thirty-nine percent were detained because of status offenses. Nine percent were adjudicated for “prostitution,” and one was kept in facility longer for having sexual relations

with a peer in the facility. The 52% recidivism rate shows that less than half of the young women transitioned from Bella were “stable” and half were not.

The definition of stability is operationalized in the Methodology Chapter. This rich case study provides a look into what did and did not contribute to the stabilization of the young women in Bella transitioning to the community from the juvenile justice system.

Conclusion of Problem

In the face of a national trend toward a higher incidence of female adolescents involved with the juvenile justice system, the quality of service to this population is critical. Research shows that the juvenile justice system must address trauma to divert young women from incarceration and provide stable transition into the community (Dixon, Howie & Starling, 2004; Gilligan, 1990, McGabe et al., 2002; Totten, 2004). The disproportionate adjudication and incarceration of young women of color, most glaringly African American, as well as the detention of young women for status offenses, especially related to sexuality, is necessary to an investigation of what does and does not work in stabilizing young women in the community to prevent further involvement in the juvenile justice system.

CHAPTER TWO: HISTORICAL BACKGROUND OF JUVENILE JUSTICE SYSTEM

Introduction

The historical evolution of young women in the juvenile justice system unravels a pattern of practices leading to the spike in numbers of young women in the system. This overview informs how shifting practices and policies affect recidivism rates pointing to a deeper understanding of what does and does not contribute to the stability of young women in the community. Perceptions of young women were affected by the following historical trends. From the 1600's to the 1700's children were perceived as little adults with no distinct needs or rights. In response, the "child saving" reform movement of the late 1800's to 1920 defined children as a population that warranted protections and brought the mass institutionalization of juvenile justice and child welfare; youth were detained and remanded to "Reform Schools." From the 1920's to 1950's female sexual deviance continued as a rationale for "protecting" girls from themselves and men through reform schools. The Civil Rights Movement (1960-1970's) challenged the efficacy of institutionalization and swung the pendulum towards community-based alternatives. The late 1970's and 1980's through 2005 swung the pendulum back to institutionalization birthing the largest numbers of juvenile incarcerations ever experienced in history. From 2005-2013 pressure to allocate resources back to community based alternatives because of the negative reputation of facilities is influenced by the recession: high costs for deplorable conditions that yield higher recidivism rates (McCabe et al., 2002; ACA, 1998; Belenkey, 1986; Dohrn, 2004).

1700's

In the 18th Century, administration of justice in Europe and the Colonial US was cruel uncertain and unpredictable (Benekos & Merlo, 2004). Children under the age of seven were

presumed to be incapable of criminal intent, but children age seven and over could stand trial and be put to death (Bilchik, 1999).

1800's

Mass immigration to the US in the 19th Century was described by elitists as a “sea of ignorance...swollen by waves of misery and vice” (Chesney-Lind & Sheldon, 1992; Benekos & Merlo, 2004). Educational movements in Europe changed the view of youth from miniature adults to having distinct developmental characteristics- this and the mass immigration from Europe to the United States was the impetus for child saving efforts (Bilchik, 1999). In 1823, wealthy businessmen and other professionals in New York City, in response to the “deplorable” problem of “unsupervised” immigrant children started the Society for the Reformation of Juvenile Delinquents (Benekos & Merlo; 2004; Chesney-Lind & Sheldon, 1992). They were able to persuade the Legislature to pass a bill that led to the establishment of the first residential beds for boys and girls at the House of Refuge in 1825, expanded in 1849. This was the first correctional institution for children in the US, called reform schools (Chesney-Lind & Sheldon, 1992; Platt, 1977; Benekos & Merlo, 2004). The bill included the first statutory definition of juvenile delinquency (Chesney-Lind & Sheldon, 1992).

In 1838, following the establishment of reform schools, there was a precedent juvenile court case, in which the judge declared that Mary Ann Crouse was better off at reform school than with her father, who tried to claim her after her mother sent her to the juvenile court for incorrigibility (Triplett, Carmody & Plass, 2004; Chesney-Lind & Sheldon, 1992; Odem, 1996; Platt, 1977). This case was the seed for the juvenile court system.

1800's Birth of probation: The original transition plan.

Probation was the original aftercare or diversion plan and exists as the institution of aftercare, reentry or transition track for youth in the juvenile justice system throughout the US. The juvenile probation system developed with the evolution of the juvenile justice and court system as a way to separate youth from adult criminals and keep youth out of adult institutions. Immigrant children were the population identified by this system (Binder, Geis, & Bruce, 1997; Sobie, 2003). In some cases, children were interned to serve apprenticeships instead of prison terms. In some eastern cities, "placement" societies shipped poor and delinquent children west by the train carload to live with farm families (OJJ, 2011). The Children's Aid Society was founded in New York City in 1853 to "rescue" immigrant children from the streets and poorhouses through placement in foster homes or farm apprenticeships (Sobie, 2003).

In the early 1840s, Boston shoemaker John Augustus, known as the father of probation, bailed girls, boys and adults out and asked the court to continue their cases while he kept a close eye on them (OJJ, 2011). In 1843, Augustus broadened his efforts to children when he took responsibility for two girls, ages eight and ten, whom had been accused of stealing. Although Augustus became a fixture in the courts, he did not know the people personally, nor did he have an official title or receive payment from the court. Augustus assured judges that if the adults and children were released he would note their general conduct and see that they were sent to school or supplied with some honest employment (OJJ, 2011). By 1846, he had taken on the supervision of about 30 children ranging from nine to 16 years old (Binder, Geis, & Bruce, 1997). Outcomes from his probation intervention showed that 8 out of 9 children on probation did not become involved in unlawful activity, and by the time of Augustus's death in 1859 he had provided bail and probation for over 1100 youth (Binder, Geis, & Bruce, 1997).

Because of Augustus's investment, Massachusetts passed the first probation statute in 1878 mandating an official State probation system with salaried probation officers (National Center for Juvenile Justice (NCJJ, 1991). Other states quickly followed suit (NCJJ, 1991): by 1900, Vermont, Rhode Island, New Jersey, New York, Minnesota, and Illinois passed probation laws; by 1910, 32 more states passed legislation establishing juvenile probation and by 1930, juvenile probation was legislated in every state except Wyoming (NCJJ, 1991).

The Progressive Era (1890-1930): The Child Saving Era

The Progressive Era (1890-1930) can also be described as the child saving era. The *Child Savers* were a group of upper and middle class White reformers who exalted the family, and women as the stalwarts of the family and the moral container of children (Platt, 1977). They advocated the establishment of institutions that reflected these family values. They believed if the parents were not able to provide the moral fabric necessary for child rearing, the state should take their place. Thus, in Chicago in 1899 the first juvenile court was established to separate the western and eastern European immigrant newly coined juvenile delinquents from a dangerous adult population (Platt, 1977; Chesney-Lind & Sheldon, 1992). The Juvenile Court was given jurisdiction over neglected youth as well. The delinquent child was seen in need of the court's benevolent intervention *parens patriae* (the state as parents) (Platt, 1977). In this Chicago court the practice of probation and the role of the Probation and Parole Officer (PPO) took form, and the National Probation Association was formed in 1907 (OJJ, 2011).

By 1910, 32 states founded juvenile courts to turn delinquents into productive citizens through treatment and education (Bilchik, 1999). The Federal Standard Juvenile Court Act, reenacted in 1959, reinforced this configuration of the juvenile courts in 1925. The Act declared that:

...Each child coming with-in the jurisdiction of the court shall receive...the care, guidance, and control that will conduce to his welfare and the best interest of the state, and that when he is removed from the control of his parents the court shall secure for him care as nearly as possible equivalent to that which the should have given him (Bilchik, 1999, p. 3).

Thus until the late 1960's the juvenile courts were operated as a paternal institution with complete reign over the lives of adjudicated youth.

The establishment of the juvenile courts emerged through the construction and professionalization of the juvenile delinquency field (Bartollas, 1985). American psychologist G. Stanley Hall, who coined the term adolescence in 1901 advocated for the scientific study of juvenile delinquency (Bartollas, 1985). The British-American psychiatrist William Healy, the first child psychiatrist in the United States, pioneered diagnosis of emotionally disturbed children in Chicago (1900) and Boston (1917). He and his wife, Augusta Fox Bronner, trained a new generation of social workers, psychologists, and probation officers to treat adjudicated youth (Bartollas, 1985).

Native American youth and the child saving era.

Child saving meant something different depending on culture, race and ethnicity during the so-called Progressive Era. Native American girls and boys were being coerced, sometimes kidnapped, into reforms schools (Bear, 2008). There was no adjudication process for Native American youth. The goal of these schools was to Christianize and "tame" the children (Bear, 2008). The term used during this time by the teachers and staff was, "Kill the Indian, Save the Man" (Bear, 2008). Native American children were taken from their homes from 1880-1902 and forced to live in reform boarding schools. The Carlisle Indian Industrial School founded by

Richard Henry Pratt in 1879 was the first Indian boarding school established. Pratt was encouraged by what he defined as the progress of Native Americans whom he had supervised as prisoners in Florida, where they had received basic education (Bear, 2008). When released, several Native Americans were forced by American church groups to attend institutions, such as Hampton Institute. He believed education was the means to assimilate Native Americans into White society.

Pratt professed "assimilation through total immersion." He believed the principles could be extended to Indian children, because he had seen men assimilated at schools like Hampton Institute (Bear, 2008; Marr, 2002). In addition to reading, writing, and arithmetic, the Carlisle curriculum was modeled on the many industrial schools: it constituted vocational training for boys and domestic science for girls, in expectation of their opportunities on the reservations, including chores around the school and producing goods for market. In the summer, students were assigned to local farms and townspeople for boarding and to continue their immersion. They also provided labor at low cost, at a time when many children earned pay for their families.

Carlisle and its curriculum became the model for schools sponsored by the Bureau of Indian Affairs. By 1902 there were twenty-five federally funded non-reservation schools across fifteen states and territories with a total enrollment of over 6,000. Although federal legislation made education compulsory for Native Americans, removing students from reservations required parent authorization. Officials coerced parents into releasing a quota of students from any given reservation. Once the new students arrived at the boarding schools, their lives altered drastically. They were given haircuts, uniforms of European-American style clothes, and even new English names, sometimes based on their own, other times assigned at random. They could no longer speak their own languages, even with each other. They were expected to attend Christian

churches. Their lives were run by the strict orders of their teachers, and it often included grueling chores and stiff punishments.

For decades, there were reports that students in the boarding schools were abused. Children were beaten, malnourished and forced to do heavy labor. In the 1960s, a congressional report found that many teachers still saw their role as civilizing American Indian students, not educating them. The report said the schools still had a "major emphasis on discipline and punishment" (Bear, 2008). Additionally, infectious disease was widespread in society, and often swept through the schools. This was due to lack of information about causes and prevention, inadequate sanitation, insufficient funding for meals, overcrowded conditions, and students whose resistance was low. By 1923 in the Northwest, most Indian schools had closed and Indian students were attending public schools. States took on increasing responsibility for their education (Marr, 2002; Duthu, 2008). Other studies suggest attendance in some Indian boarding schools grew in areas of the United States throughout the first half of the 20th century, doubling from 1900 to the 1960s (Duthu, 2008). Enrollment reached its highest point in the 1970s. In 1973, 60,000 American Indian children were enrolled in an Indian boarding school (Marr, 2002; Bear, 2008).

Several events in the late 1960s and mid-1970s (Kennedy Report, National Study of American Indian Education, Indian Self-Determination and Education Assistance Act of 1975) led to renewed emphasis on community schools. Many large Indian boarding schools closed in the 1980s and early 1990s. In 2007, 9,500 American Indian children lived in an Indian boarding school dormitory (Duthu, 2008).

The forced boarding of Native American youth is detention without due process. The inculcation of White patriarchal and paternalistic American values created a culture of discipline

and punishment for Native American youth, perpetuating stigma and oppression.

African American youth and the child saving era.

The involvement of children of color in child welfare is defined by extremes. One of the first in-depth studies to examine this issue was *Children of the Storm: Black Children and American Child Welfare* by Andrew Billingsley and Jeanne Giovannoni (1972). As these scholars noted, the problem during the 19th century was the *under representation* of youth of color in child welfare (Hill, 2006). When orphanages were established to rescue children from the deplorable conditions of almshouses, Black children were excluded. This exclusion continued during the first half of the 20th century, when many charitable organizations, mutual aid societies, and settlement houses were created to serve poor white immigrants (Billingsley & Giovannoni, 1972).

As Robert Hill (2004) points out in his chapter on institutional racism in the child welfare system, this much was evident to Black social workers at least as early as 1930, when Ira Reid of the National Urban League documented the mistreatment, under-representation and exclusion of African Americans by welfare providers and health services throughout the nation. Black children were denied access to vital health services, excluded both systematically and informally from landmark social welfare legislation during the New Deal (Everett, Chipingu, & Leashore, eds., 2004). It was not until the integration period of the 1950s and 1960s that the number of Black children in mainstream child welfare institutions steadily increased (Hill, 2006; Billingsley & Giovannoni, 1972).

Mary Mcleod Bethune.

While during the Progressive Era primarily immigrant youth were being sent to the new juvenile courts, African American youth received no attention from governmental institutions.

Mary Mcleod Bethune found a way to “save” African American girls who did not have family support and were receiving limited to no education. She went to school to become a Missionary and was not allowed to be a missionary to Africa through the Presbyterian Mission Board because of her African ancestry (Halasa, 1989; Poole, 1994). Thus, she decided her mission was to “save” girls in her own community.

Mary Mcleod Bethune was born in South Carolina, the fifteenth child of seventeen children of former slaves Samuel and Patsy (McIntosh) McLeod. She was born near Mayesville, South Carolina on July 10, 1875. Scholarships enabled her to attend Scotia Seminary and Moody Bible Institute. In 1904 the construction of the Florida East Coast Railroad brought hundreds of African Americans to the area looking for work. Bethune saw a need for education to improve the lives of the migrants (Halasa, 1989; Poole, 1994).

She began her career as an educator when she rented a two-story house in Daytona Beach, Florida, and established a school for African American girls. Thus, in an era when most African American children received little or no education, the Daytona Literary and Industrial School for Training Negro Girls was begun in October 1904, with six pupils (five girls and her own son) and \$1.50. There was no equipment—crates were used for desks, charcoal took the place of pencils, and ink came from crushed berries (Halasa, 1989; Poole, 1994).

At first Bethune did everything herself—teaching, administrative duties, handling the money, and keeping the school clean. She also searched garbage dumps for items that the school could restore and use, such as furniture and pieces of wood. Later she was able to secure a staff, many of whom worked loyally for her for many years. To help pay for expansion of the school, Bethune and her pupils baked pies and made ice cream to sell to nearby construction workers. In

addition to her regular classes, Bethune organized classes for the children of turpentine workers (Halasa, 1989; Poole, 1994).

After a rocky start and as the school at Daytona grew, it needed more money to run successfully. Bethune began to seek donations from anywhere she could. In 1912 she interested James M. Gamble of the Procter and Gamble Company of Cincinnati, Ohio, who contributed to the school and served as chairman of its board of trustees until his death. The school became a success, and expanded to a 32-acre campus with 14 buildings and 400 students. In 1923 Bethune's school for girls merged with Cookman Institute of Jacksonville, Florida, a school for boys. The new school became known as Bethune-Cookman Collegiate Institute, soon renamed Bethune-Cookman College. Bethune served as president of the college until her retirement in 1942 (Halasa, 1989; Poole, 1994).

Continuing to direct the school, Bethune turned her attention to the national scene. She played an important role in the fight for African-American suffrage. After the 19th Amendment passed in 1920, she provided money to pay the poll tax, taught a hundred potential African-American voters to read, and defied the KKK by leading them to the polls to vote. She remained a trustee of the college to the end of her life. By 1955 the college had a faculty (teachers and administrative staff) of one hundred, and a student enrollment of over one thousand (Halasa, 1989; Poole, 1994).

Bethune strove to improve the status of Black people behind the scenes as a member of Franklin Delano Roosevelt's (FDR) "Black Cabinet," and in hundreds of public appearances (Halasa, 1989; Poole, 1994). She became the first President of the National Council of Negro Women. She worked to attack discrimination and increase opportunities for Blacks as a member of the National Youth Administration that emerged from FDR's New Deal.

Bethune created a positive educational environment, not a “reform” school to uplift and support positive identity for African American young women, while new juvenile justice system targeted immigrant girls for reform schools. Native American youth were forced into reform schools. Starting in the 1960’s, continuing through the first decade of the new millennium African American and girls of color overall replaced immigrant girls in detention. Bethune is a model example of a community-based placement respectful of young women’s identity that prevents criminalization and supports stability.

Historical Overview of Girls in the Juvenile Justice System:

Sexuality Plays a Lead Role

White, hegemonic, and patriarchal criminal justice administrators were not as progressive as Mary Mcleod Bethune, who imbued young women in her training school with the values and skills to be successful. White ruling class administrators of criminal justice continue to perceive adjudicated young women as a social problem. The label *delinquent girl* has important historical and theoretical roots. The term *delinquent* is defined as conduct by a juvenile, under 18 years old, characterized by antisocial behavior most commonly sexually depraved behavior or incorrigibility that is beyond parental control and therefore subject to legal action (Pasko, 2010; DOJ, 2004). The term *girl* reflects society's diminutive and sexist perceptions of incarcerated young women. As the problem statement describes using the term *delinquent girl* has only further criminalized young women. It is critical to understand how this label was developed historically in order to develop and promote new environments for young women that challenge the stigma of the delinquency label. The term "girl" is used throughout the next section to emphasize the perception of the times.

Construction of Female Delinquency in the Progressive Era 1890's-1920's

Lombroso: Father of the female criminal.

The first academic attempt to define the problem of female delinquency was in Cesar Lombroso and William Ferrero's *Female Offender* (1895) (Chesney-Lind & Sheldon, 1992). Lombroso dealt with crime as an atavism, or survival of 'primitive' traits in individuals, particularly those of the female and non-White races (Klein, 1973). Lombroso determined that women who had similar bone structure and facial features as men were more prone to criminal behavior, based on the biological arguments widely applied to men's criminal behavior

(Chesney-Lind & Sheldon, 1992). He theorized that individuals develop differentially within sexual and racial limitations which differ hierarchically from the most highly developed, the White men, to the most primitive, the non-White women (Klein, 1973). He compared the crania, moles, heights, of convicted criminals and prostitutes with those of 'normal women' beginning with the assumption that criminals must be atavistic (Klein, 1973). Any trait that he found to be more common in the 'criminal' group was pronounced an atavistic trait, and women with a number of these traits could be regarded as potentially criminal.

Lombroso used atavistic and psychological traits to categorize criminalized women in a multitude of case studies conducted throughout Europe and Russia. His category "hysterical", women who were sexually depraved and more likely to commit crimes, laid the foundation for the belief, still today, that woman's crime stemmed from a "preoccupation with sexual matters" (Lombroso & Ferrero, 1895; Chesney-Lind & Sheldon, 1992; Odem, 1995; Dohrn, 2004).

Girl saving.

Girl's moral behavior was of particular interest to the Child Savers who lobbied for the juvenile court system (Platt, 1977; Chesney-Lind & Sheldon, 1992). Women reformers made it their charge to monitor the behavior, especially of immigrant girls, who they believed were especially vulnerable to petulance, incorrigibility and sexual depravity (Chesney-Lind & Sheldon, 1992). They saw the immoral behavior in girls as an indicator of future moral decay and depravity, and that it was their Christian duty and mission to save the girls from an encroaching hell (Platt, 1977; Chesney-Lind & Sheldon, 1992; Odem, 1995).

"Girl saving" during the Progressive Era established specific services for girls in the courts (Chesney-Lind & Sheldon, 1992; Odem, 1995). Women court workers, wardens and referees were hired as monitors and advocates for the morality of girls. These officials worked

to save girls from their sexual depravity, by showing them their proper place as a girl in society as obedient and modest, dependent on family and eventually a husband (Chesney-Lind & Sheldon, 1992; Odem, 1995). Susan B. Anthony, a prominent suffragist and leader along with several other female reformers of the time, believed that girls needed to be placed in custody to protect them from victimization by men (Chesney-Lind & Sheldon, 1992; Odem, 1995). She advocated for the regulation of the age of consent and prostitution laws (Chesney-Lind & Sheldon, 1992; Odem, 1995).

During the Progressive Era a disproportionate number of girls were placed in reformatories as a form of protection (Chesney-Lind & Sheldon, 1992; Odem, 1995). Girls were primarily put in reformatories for engaging in sexual behavior, running away from home or what is still defined as incorrigibility. Girls were seen as having a greater chance of rehabilitation than boys, thus they were detained more often and kept for longer stays (Chesney-Lind & Sheldon, 1992; Odem, 1995).

Anne Knupfer (2010) found that in Chicago's juvenile court between 1904 and 1927, 60% to 70% of delinquent girls placed on probation or in institutions were charged with incorrigibility (Pasko, 2010). Judges more frequently institutionalized girls than boys for 'sexual delinquency' or immorality charges, considering girls more at risk to themselves and society. Embedded in these deliberations was a dichotomous image of girls—on one hand, a victim, an errant yet good girl, and on the other, a "sexualized demon," a danger not just to herself but to larger society. Consequently, nearly all girls who had sex with more than one partner were institutionalized. Additionally, nearly 70% of the girls who were institutionalized were victims of incest. This "discovery" of incest was noted as fact and not as a mitigating circumstance that would potentially change her sentencing (Pasko, 2010).

W.I. Thomas: What girl can resist a man in uniform.

In addition to sexual depravity, incorrigibility, poverty, immigration, and weak-mindedness, the early years of juvenile justice response often blamed one culprit for girls' sexual delinquency: the military man. American Sociologist W.I. Thomas's book *Unadjusted Girl* (1923) described delinquent girls as victims of the wholesale arrests for venereal disease that occurred during World War I (Chesney-Lind & Sheldon, 1992). June Purcell-Guild's 1917 study of 131 girls in Chicago's juvenile detention home showed how girls' "sudden, complete moral degeneration" was due to the "lure of the uniform." Girls—who were also characterized as "hysterical," "erratic," "adventure-loving," "ultra-emotional," "excitable," and displaying an "amazingly indifferent attitude concerning the effects of her acts on herself and her parents"—claimed that the "man in uniform" led them to immoral sexual conduct either through force, promise of marriage, or "crazy" connection. Despite revealing manipulation or coercion on the part of the man in uniform, the girls were nonetheless assessed as responsible for their own sexual delinquency because they already had a propensity for moving picture shows and popular magazines that dealt with "lurid sex problems," and had "ineffective" mothers (Purcell-Guild, 1919). Indeed, one girl in Purcell-Guild's sample was under arrest for this particular act of juvenile sexual delinquency: "writing indescribably obscene letters to various soldiers with whom she was not personally acquainted."

Thomas (1923) maintained that it was not sexual desire that motivates delinquent girls, for they are no more passionate than other women, but they are *manipulating* male desires for sex to achieve their own ulterior ends. Thomas's beliefs set the stage for Merton's Strain theory of deviance when he argued that the reason girls resorted to sexual behaviors was in exchange for shelter, clothing and food. Thus Thomas's deviance theories purported that criminalized

behavior is motivated by the lack of resources and fulfillment of basic needs. He criticized the social class system that enabled upper class women “to sell themselves once for marriage” and forced lower class women to resort to prostitution (Chesney-Lind & Sheldon, 1992).

Study of Why Girls Were Adjudicated: 1920’s-1950’s

Statistics extracted from a National study of why girls were adjudicated between 1920-1950 show how the belief system of Lombroso shaped future justification for criminalization. ‘Sexual depravity’ and status offenses were primary causes of adjudication (Chesney-Lind & Sheldon, 1992; Pasko, 2010; Ball & Logan, 1960). Ninety-three percent of the girls were accused of status offenses (Chesney-Lind & Sheldon, 1992). Sixty-five percent were charged with immoral sexual behavior (56 percent of which were with one partner) (Chesney-Lind & Sheldon, 1992). Fifty-one percent of the referrals came from parents who were afraid that the working class environments they lived in were exposing their daughters to immoral behaviors (Chesney-Lind & Sheldon, 1992). The presence of a venereal disease (VD) accounted for a vast number of girls in detention (Odem, 1995; Chesney-Lind & Sheldon, 1992). Twenty-seven percent of the girls with VD were placed on probation. Girls not given probation were sent to be domestic servants, or to Christian reform schools. Thirty-three percent of girls with VD were sentenced to institutional confinement.

Hawaiians and half Hawaiian girls referred to court from 1929 to 1930 were charged with “immorality,” which was applied to girls suspected of sexual intercourse (Pasko, 2010). Thirty percent were charged with “waywardness” (rebelliousness). Police and social workers collected evidence of “immorality” by questioning the girl and, if possible, the boys with whom she was suspected of having sex. Doctors reported other evidence of “exposure” through gynecological examinations that routinely noted the condition of the hymen; “admits intercourse, hymen

ruptured,” “no laceration,” and “hymen ruptured” are typical notations on the forms (Pasko, 2010). Girls were also twice as likely as boys to be detained during this period, and they spent, on average, five times as long in detention as their male counterparts. Girls were also nearly three times more likely than boys to be sentenced to the training schools (detention centers). Girls made up half of the committed populations in the training schools in Honolulu well into the 1950s (Pasko, 2010).

From the 1920’s to the 1950’s in Los Angeles, the overwhelming majority of girls continued to be referred to family court for status or moral offenses, and sexual misconduct still largely defined female delinquency (Odem & Schlossman, 1991). The concern for female sexual conduct remained significant in shaping social policy in the 1950s, despite the decrease in venereal disease among court-involved girls (Odem & Schlossman, 1991). In 1956, according to the President’s Commission on Law Enforcement and the Administration of Justice, still half of the girls petitioned to the juvenile court were appearing for status offenses, as compared with only one-fifth of the boys.

John Ball and Nell Logan’s (1960) research on female delinquents’ early sexual behaviors in a Southern State reformatory in the 1950’s demonstrate the persistent emphasis on girls’ sexual behavior. Most of the sample had been incarcerated for “sexual misbehavior.” Waywardness, truancy or incorrigibility was recorded, while sexually promiscuous behavior was the actual reason for incarceration (Ball & Logan, 1960). Further reinforcing the relationship between sexual behaviors and low socio-economic status, the authors underscored that the depraved behavior was due to poor, “broken” families and contended that the most immediate cause for girls’ delinquency was “sexual promiscuity and its attendant conflicts with parental and community authority” (Ball & Logan, 1960, p. 209). An interesting note is that the authors

maintained that once girls lost their virginity they were reported having repeated sexual intercourse; although 80% of their sample stated they “did not enjoy coitus or that they afterwards felt guilty about their behavior” (Ball & Logan, 1960, p. 210). Twenty-two percent said the reason for engaging in sexual intercourse for the first time was “the boy’s use of force” (Ball & Logan, 1960, p. 211). Still in line with the early research on the responses of juvenile court staff to girls, girls’ sexual abuse histories were collected and known, but there was no connection of trauma to an understanding of girls’ choices (Pasko, 2010).

1960’s-Early 1970’s

Although Family Court systems (first California in 1961 and then New York in 1962) were developed to decriminalize status offenses, between the 1960’s and 1970’s, studies from across the globe show girls were still disproportionality detained and incarcerated primarily for status offenses, running away, incorrigibility, sexual offenses, probation violation and truancy. The underlying reason was still most often defined as “sexual misconduct” (Chesney-Lind & Sheldon, 1992). A significant change in the delinquent girl population during this time was the arrival of African American girls in the juvenile justice system. In the 1950’s, African American girls made up five percent of the population while White girls consisted of 95 percent. African American girls began replacing immigrant girls as the primary target for adjudication, by the 1970’s there were disproportionate numbers of African American girls and a growing number of Latinas. In a 1974 *Yale Law Journal* article called “Ungovernability: The Unjustifiable Jurisdiction” showed that in the approximately 7000 ‘ungovernability’ cases processed each year in New York State, “...the youths alleged to be ungovernable are overwhelmingly girls and a majority are nonwhite” (Andrews, R. H. & Cohen, A., 1974, p. 83).

Examinations of girl offenders throughout the mid-twentieth century expressed similar

findings as the decades since the development of the juvenile justice system. Clyde Vedder and Dora Somerville, in their 1960s study of girls in training schools, showed that although female juvenile offenders were incarcerated for running away from home, incorrigibility, probation violation, and truancy, “the underlying vein in many of these offenses is sexual misconduct by the girl delinquent” (Vedder & Somerville, 1970, p. 22). Likewise, R. Hale Andrews and Andrew Cohn found in New York, 1972 that judges’ continued historical focus on girls’ sexual morality and subjective and stereotypical opinions of girls as sexual manipulators and troublemakers. Consequently, girls, in comparison to their male counterparts, were sentenced more harshly for status offenses and, despite the absence of serious law violations, were as likely as boys to be institutionalized for these immorality charges.

Gisela Konopka’s (1966) analysis of adjudicated delinquent girls in 1960s New York discovered that the court often viewed girls’ offenses—whether shoplifting, running away from home, or truancy—as “accompanied by some disturbance or unfavorable behavior in the sexual area, thus involving her own total being and affecting her relationships with others.” She explained that the sexual behavior of the delinquent girl was egregious in the court’s view because it “hit close to the personal feelings of most people,” and that “hidden fear” and “unnamed horror” about sex was present in much talk about delinquency in girls and is translated into the almost unbelievably neglectful—and sometimes cruel—treatment of these girls in many institutions and communities.”

Treatment of lesbianism and bisexuality.

Konopka’s research was the first to reveal how girls’ training schools defined and dealt with lesbian, bisexual, or queer girls in custody. She found that staff saw lesbian activity as a way out of loneliness in the institution, or a way of gaining popularity, all of which resulted from

men's rejection of the girls, which left the girls wondering how they could ever find a "decent man" who would want something more than 'sex' from them." Staff concluded that girls were attracted to each other because they were seeking revenge against past lovers and were frustrated and disappointed. Staff considered girls' sexual relationships with other girls as an active choice, another form of rebellion. Additionally, for girls whom staff identified as "butch," a mental disorder was applied, although girls were often unable to seek "treatment" for the disease due to laws directly forbidding homosexuality:

Rarely can they talk freely, because every expression of their doubts, fears, and desires in this particular area may be held against them. The punitive laws against homosexuality and the horror and disgust connected with it make it impossible for the girl to seek help. She cannot approach her social worker, psychologist, psychiatrist, or teacher because she knows that they have the power to deprive her of her freedom or privileges—and she herself expects punishment, even for her thoughts. It is known that illness cannot be treated if the patient deliberately prevents the physician from knowing about it. Yet this is infrequently the position into which the girl is forced in her battle with the problem of Lesbianism (facility staff from Konopka's study, 1966, 5).

Thus, a young woman's sexuality persisted as the main thread holding her in detention through the 1960's and early 70's. Her sexuality within the facilities became an issue to stigmatize and punish.

In re Gault and the beginning of deinstitutionalization efforts.

The gains of the Civil Rights Movement of the 1960's changed the rights of juveniles. The U.S. Supreme Court required that juvenile courts become fairer to youth by including protections similar to those found in criminal courts. *In re Gault* (1967) called for a fair hearing

with representation, proof beyond a reasonable doubt, preponderance of evidence, but still without a jury (Bilchik, 1999). It was not until this case that all youth were guaranteed a fair court proceeding (Oyez, 1996).

Conditions in the facilities.

In the late 1960's and early 1970's there was growing recognition that the conditions in the juvenile training schools were sub-standard and punitive, which contradicted the original child and girl saving motivation for the courts. In re Gault showed a societal shift towards deinstitutionalization of the Juvenile Justice system. An interview with Administrative Judge Florence Kelley of the New York City Family Court questioned the efficacy of facility services to youth:

An...inflow of funds would no doubt improve staffing and physical conditions at the various facilities, which the court relies on, such improved conditions would not necessarily guarantee the effectiveness of the services. Science is still unable to predict accurately what will cure the problems of youths enmeshed in complex parent-child conflicts. Hence, it is an open question whether even an inflow of funds would enable these institutions to surmount limitations of human insight so that the youths sent to them would leave in a state substantially less detrimental to their interests (Ungovernability: The Unjustifiable Jurisdiction, 1974, 22).

The Judge highlights the lack of research about the effects of facilities. She questions whether the facility stay actually addresses root issues, like the relationship between the youth and family. Her inquiry supports skepticism about a facility's ability to offer young women services to address issues regarding parental and or academic neglect, poverty, or trauma from abuse. The inquiry leads to questions about what was happening in the transition from the facility to address

these root issues in order to prevent her from going back.

Facility aftercare.

There's a dearth of research citing the type and quality of probation services received by young women from the 1920's to the early 1970's. What is known is that young women were sent back into communities more severely ill equipped to deal with previous obstacles (Chesney-Lind & Sheldon, 1992). They did not receive transition plans to ensure adequate housing and schooling, nor was any work done with their families and communities to address environmental factors, such as parental substance use and unemployment. Advocates argued that significant numbers of youth, specifically young women were being held in these facilities for status offenses, or simply because they were homeless (Chesney-Lind & Sheldon, 1992).

Juvenile Justice and Delinquency Prevention Act.

Recognition of the facility conditions and the lack of aftercare services sparked the national and international movements toward deinstitutionalization, not only in the Juvenile Justice system, but also in every social service sector. Mental health facilities, facilities for the mentally and developmentally challenged, veteran's hospitals and drug treatment facilities were shutting their doors because of deplorable conditions, negative outcomes for patients and high costs (Talbot, 2004). The movement towards deinstitutionalization pressured Congress to pass the Juvenile Justice and Delinquency Prevention Act (JJDP) in 1974. The Act allocated state block grants for more community based juvenile offender programs. The Act required deinstitutionalization of status offenders, as well as the separation of juveniles from adult offenders. Community based diversion programs and deinstitutionalization became the themes of the early and mid-1970's (Bilchik, 1999).

Unintended consequences of JJDP.

The passage of the 1974 Act had unintended effects. The political shift towards conservatism dried up grants. There was insufficient local social service infrastructure to support adequate service delivery. Several social and legal processes converged to diminish general support for rehabilitation. Monies were allocated inefficiently and ineffectively to community based programs, thus inadequately addressed the needs of the vast new population of formally institutionalized people. The lack of community based options, and a shift in attitude towards adjudicated youth caused the heavy reliance, again, on juvenile court and correctional systems by state social services as a means of "rehabilitating" adolescents (Chesney-Lind & Pasko, 2004).

Through *In re Gault* and JJDP, courts came to view the adjudicated youth as an autonomous, responsible person, not a vulnerable dependent deserving of care (Pasko, 2010).

The consequence was a juvenile justice system that focused on finding proof of fault, essentially a shift from rehabilitation to punitive sanctions. This shift caused the proliferation of direct files to the adult system, the incarceration of juveniles in adult prisons, and the use of risk assessments and placements in private “behavioral health care” facilities only for juveniles who could afford a diversion from formal detention (Pasko, 2010).

Rise of Conservatism and Punishment

Late 1970’s to 1990’s Crackdown on juvenile crime.

The late 1970’s and 1980’s were defined by practices that altered the deinstitutionalization efforts of the 1974 JJDP Act (Chesney-Lind & Sheldon, 1992; Benekos & Merlo 2004). With the rise of conservatism, the pendulum quickly shifted from deinstitutionalization, towards the punitive- law and order, detention and incarceration. The agency that was in charge of implementing the legislation, the Law Enforcement Administration Agency (LEAA), was not supportive of the JJDP Act. The LEAA downplayed the importance of the Act and discouraged states from carrying out its requirements (Chesney-Lind & Sheldon, 1992; Benekos & Merlo 2004). The backlash to the act rippled throughout the nation. In 1986 the US attorney advocated for an amendment to the JJDP Act to ensure that runaways were “kept safe” in custody until their parents could find them (Chesney-Lind & Sheldon, 1992; Benekos & Merlo 2004). Girls continued to be incarcerated for running away, sexual promiscuity and incorrigibility.

There is a widely held belief amongst conservatives in the late 1970’s and 1980’s that the women’s movement of the 1960’s and early 1970’s instigated an increase in the number of girls incarcerated (Chesney-Lind & Sheldon, 1992; Benekos & Merlo 2004). Since the 1800’s criminologists have applied the rationalization that women would engage in criminal activity if

they had equal rights. Lombroso (1895) predicted the dangers of educating women, because it would strip them of their domesticity and maternity and would bring out the criminal inside of all women (Chesney-Lind & Sheldon, 1992). This sentiment reemerged in the backlash that started in the late 1970's and 1980's with the rise of conservatism and punitive justice.

Mandatory sentencing.

The economic stagnation of the 1970's and the anti- social program climate meant declining revenues, and fewer social programs for rehabilitation (Feagan, 1997). In New York State, by 1973, fueled by public sentiment for stricter sentencing laws, Albany enacted legislation that created mandatory minimum sentences of 15 years to life for possession of four ounces of narcotics —the same as a sentence for second-degree murder. The statutes became known as the Rockefeller Drug Laws. The laws almost immediately led to an increase in drug convictions, but no measurable decrease in overall crime (Gray, 2009). More punitive Federal and State laws were passed despite substantial misperception regarding the reasons for the increase in juvenile crime. Mandatory sentencing for youth was caused by the shifts in charge classification. Youth in States where the age of adjudication in the adult system was 16 were targeted. Youth were charged with more severe sentences, and charged as adults (Bilchik, 1999).

The Reagan Administration (1981-1989) arrived in the White House in 1981 with a formalistic and “color-blind” view causing a severe backlash to the gains of the civil rights and women's movement (Crenshaw, 1995). In 1986 Congress enacted mandatory minimum sentencing laws, the 1986 Anti-Drug Abuse Act. Federal mandatory drug sentences were determined based on three factors: the type of drug (crack has more jail time attached than cocaine), weight of the drug mixture (or alleged weight in conspiracy cases), and the number of prior convictions. Judges were unable to consider factors such as the offender's role, motivation,

and the likelihood of recidivism. Judges delivered fixed sentences to individuals convicted of a crime, regardless of culpability or other mitigating factors.

By 1998, approximately two million people were incarcerated in U.S. prisons and jails. More than 70 percent of incarcerated people were of color. Approximately five million people including those on probation and parole were directly under the surveillance of the criminal justice system (Davis, 1998). More than 80 percent of the increase in the federal prison population from 1985 to 1995 was due to drug convictions. The average federal drug sentence for African Americans was 11 percent higher than for Whites. Four years later, the average federal drug sentence for African Americans was 49 percent higher. The fastest growing group of prisoners continues to be Black women. Between 1986 and 1996, the number of women in prison for drug law violations increased by 421 percent. By 1998, the number of incarcerated women in California alone was almost twice what the nationwide women's prison population was in 1970. This led U.S. Bureau of Prisons Director Kathleen Hawk-Sawyer to testify before Congress, "The reality is 70 percent of our female population are low-level, nonviolent offenders. The fact that they have to come into prison is a question mark for me" (Drug Policy Alliance, 2011).

Prison-Industrial Complex.

Corporations banking on a cheap labor endorsed mandatory sentencing policies (Taylor, 2002). Activist Angela Davis coined the term the Prison-Industrial Complex to describe the economic motivation for the spike in incarceration.

Davis (1998) asserts:

Many corporations whose products we consume on a daily basis have learned that prison labor power can be as profitable as third world labor power exploited by U.S.-

based global corporations. Some of the companies that use prison labor are IBM, Motorola, Compaq, Texas Instruments, Honeywell, Microsoft, and Boeing. Nordstrom department stores sell jeans that are marketed as 'Prison Blues,' as well as t-shirts and jackets made in Oregon prisons. The advertising slogan for these clothes is 'made on the inside to be worn on the outside.' Maryland prisoners inspect glass bottles and jars used by Revlon and Pierre Cardin, and schools throughout the world buy graduation caps and gowns made by South Carolina prisoners (Davis, 1998, 2).

Davis (1998) spells out the role of capitalism in the proliferation of prisons. Davis's assertions are drawn out in the below political cartoon showing the relationship between capitalism and prisons.

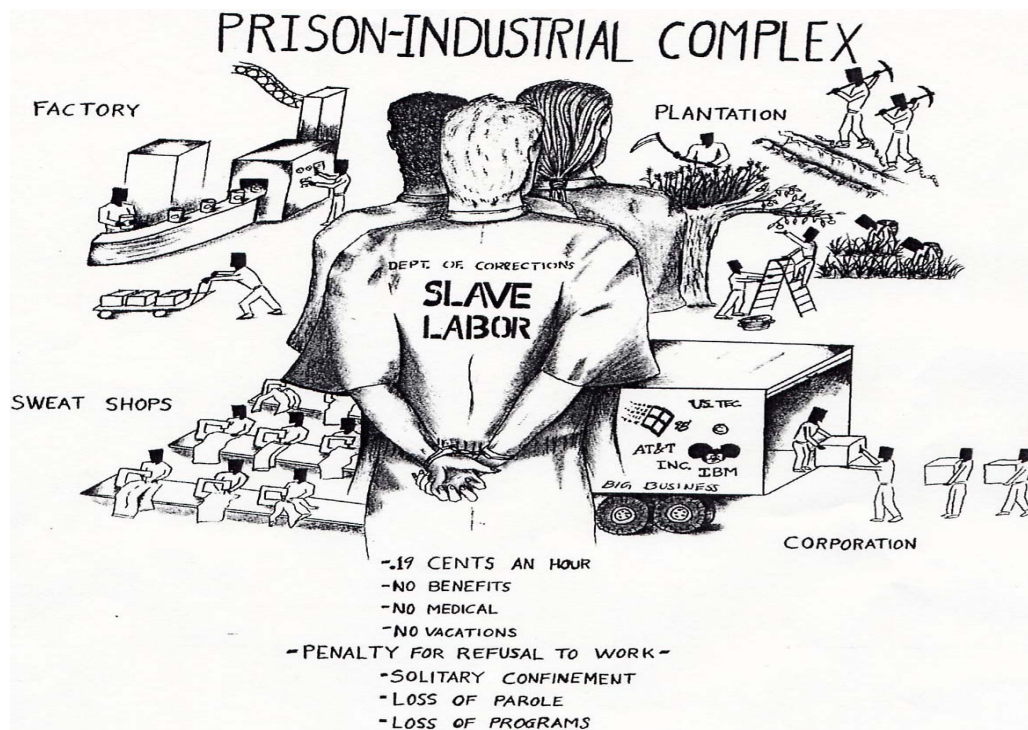


Figure 1: This political cartoon illustrates the connection between capitalist gain and an incarcerated labor force.

Backlash on youth.

Neo-conservatives of the Reagan Administration, with support from corporations, instituted policies like mandatory sentencing to increase the incarceration of adults, as well as an unprecedented number of youth. The early 1980's through the 1990's witnessed an unparalleled "crack down" on juvenile crime demonstrated through the media's depiction of youth violence and the most significant increase of youth in detention in all of history, especially girls, and disproportionately African American and Latino youth (Hoytt, et al, 2000). In the 1990's with corporate sponsorship from companies like Victoria Secret and Old Navy, in California, 45 States passed laws that made it easier to transfer juveniles to adult prisons (Taylor, 2002). Thirty-one states gave criminal and juvenile courts longer sentencing terms as options, and 47 states removed confidentiality laws protecting juvenile records (Bilchik, 1999). Several states added loitering laws and more severe sentencing for groups of juvenile "loiterers" (Bilchik,

1999). Once again sexuality was employed as a rationale for incarceration. This crack down bred the youth “super predator” who committed sexual offenses.

How the Role of Sexuality Shifted

Prostitution to sexual offense: the birth of the youth “super predator”.

The new characterization of the juvenile sex predator of the 1990’s affected the treatment of girls in corrections (Pasko, 2010). The psychiatric, legal, and social movement of the late 1970’s unknowingly coalesced their agendas with the neo-conservative corporate driven administration of the 1980’s, and tough on crime 1990’s, and initiated the juvenile court redefinition of the “dangerous adolescent sex offender” from the prostituting girl to the sexually aggressive boy (Pasko, 2010).

Historically, the research on girls and boys in the juvenile justice system included mostly white boys and girls and thus was not readily generalizable to youth of color. Sexual aggression in White boys especially of the middle and ruling class were deemed by law enforcement and psychiatric professionals as the “experimentation” or “curiosity” of teenage boys experiencing “adjustment reactions” to adolescence and puberty (Ryan & Lane, 1997). Out of reluctance to label the White male teenager a “sexual offender,” families, communities, and court officials defined his sexual acting-out as a “boys will be boys” action. Punishment for such a behavior was left up to the family. For the more serious offenses the boys, if they were White, may have been referred to a mental health counselor or for a minimal stay in a boys’ home facility. In contrast, young Black men continue to be the assumed sexual predators especially in relation to rape and other sexual aggression toward White women (Kansal, 2005).

By the 1960s, this judicial reaction shifted. The feminist movement’s push to define sexual victimization as a serious offense, and the societal demand to preserve childhood as a period of innocence all led to a series of similar proclamations: (1) sexual victimization is a serious criminal law violation; (2) offenders of sexual assault must be identified and take

responsibility; and (3) sexual offending patterns can often be traced to an early age, as early as age five (Pasko, 2011). This “scientific” revelation—that adults with sexual aggression begin offending in their youth— allowed juvenile and adult courts, the therapeutic community, victims’ rights groups, and others to shift the legal and political definition of sexual immorality from prostitution to actual assault (Pasko, 2010).

What ensued was the proliferation of the identification and treatment of youth with histories of sexual aggression. In 1982, three institutions working specifically with youth diagnosed with sexual aggression opened: the Adolescent Clinic at the University of Washington; the Florida juvenile sexual offender treatment center (under the control of the state’s Department of Health and Rehabilitative Services); and the Juvenile Abuser Treatment Program at Children’s Hospital National Medical Center in Washington, D.C. By 1990, there were over eight hundred centers (Zimring, 2004). Conversely, while it might seem that girls would benefit completely from these societal and legal changes as victims, laws on the books and laws in action were modified to more easily identify females as sexual perpetrators as well.

Prostitution to sexual exploitation.

In addition to this identification of the juvenile sexual offender, in the late 1990’s to the early new millennium, several advocacy groups like anti-Commercial Sexual Exploitation of Children (CSEC), Polaris Project, Laboratory to Combat Human Trafficking and in New York City Girls Educational and Mentoring Services (GEMS) urged the judicial recognition of teenage prostitution as victimization, exploitation, and a consequence of sexual trafficking, and not as a criminal offense that has the potential to stigmatize girls and further damage them.

Safe Harbour Act.

New York State finally passed the Safe Harbour Act (2008), which prevents girls under the age of 16 from being charged with prostitution and views young women as sexually exploited and in need of support services. Under previous law, New York State sought to prosecute sexually exploited youth as hardened criminals (Silver, 2008). The lawmakers noted that since the overwhelming majority of these youths have a history of psychological, physical or sexual abuse as younger children and many have been raised in poverty, simply arresting, prosecuting and incarcerating the youth as criminals did little more than re-traumatize survivors of sexual exploitation. Assemblyman Jeffrey Dinowitz a Democrat from the Bronx commented on the Act:

The most profitable illegal activities in the world are the trafficking of drugs and weapons, and the sexual exploitation of young women and girls. It's scandalous that so many young people have fallen victim to sexual abuse and exploitation. We must assist these victims and reduce the demand for prostitution. We have taken a huge step toward achieving that by passing the Safe Harbour Act (Silver, 2008, 1).

The Safe Harbour Act defines a sexually exploited child as someone under the age of 18 who may be subject to sexual exploitation because they engaged or agreed or offered to engage in sexual conduct in return for a fee, food, clothing or a place to stay. The youth would also be defined as sexually exploited if he or she has stripped, been filmed doing sexual acts, traded sex for drugs or is found guilty of loitering for the purpose of engaging in prostitution (Silver, 2008).

Although strides like the Safe Harbour Act are significant, the challenges to enacting the policy changes are just as significant. Like the JJDP, there needs to be the finance and infrastructure to support the needs of a sexually exploited population. In New York City, a girl's detention facility is being transformed into a safe house for sexually exploited girls, previously

detained at the same place as prostitutes. Wardens are receiving “training” to sensitize them to the needs of sexually exploited young women, instead of how to restrain and control girls diagnosed with conduct disorder. Young Women are being processed through family court as Persons In Need of Supervision (PINS) which as shown in the above 1974 study “Ungovernability: The Unjustifiable Jurisdiction” in the *Yale Law Journal* was ineffective then, and is still now, in 2010, at keeping girls out of jail (Pasko, 2010). If a sexually exploited youth does not follow the guidelines of family court and regularly attend school, stay in their designated home placement and participate in treatment; punitive measures, like incarceration, are put in place under the guise of protecting girls from further exploitation by pimps.

Moving into the new millennium it is clear from the contemporary research on girls and sexuality that the pattern of sanctioning and institutionalizing girls for sexual misconduct persists in present-day juvenile justice processing, despite the historical social, cultural, and legal transformations (Pasko, 2010).

Continued Focus On Sexual Deviance For Young Women In The Juvenile Justice System: 2000-2013

Focus on the psychology of deviance.

Lombroso’s construction of the female sexual deviant is reincarnated in the new millennium. Research on the juvenile justice system in the first decade of the new millennium, from adjudication to transition programs, shows that practitioners identify similar environmental factors for girls’: sexual deviance (sexual activity, prostitution, homosexuality and pregnancy), “bad” families, poverty, drug addiction, educational challenges, associations with older men, and

educational deficits (Chesney-Lind & Pasko, 2003; Dohrn, 2004; Pasko, 2010). What differs is that over the past decade, the construction of sexual deviance and sexual abuse histories has shifted from depravity to a psychological problem, one that can be identified through risk assessment and treated through secure confinement, cognitive behavioral methods, and medically overseen birth control. Despite this shift the assumption still exists that girls are sexually manipulative and that there is one sexual path for young women to take: monogamous heterosexuality. When a girl deviates from this path, the problem lies with her damaged personality and inability to take responsibility, rather than the structural conditions like poverty, unemployment, underserved schools, that shape her life or the men who are counterparts in such activities. A young woman's diagnosed inability to control sexual impulses and to avoid risky sexual behavior is viewed as cause for further detention and commitment (Pasko, 2010).

In the first decade of the new millennium, the arrest and commitment of girls for sexual immorality reflects that of the earlier era, despite a juvenile justice system that has deinstitutionalized non-criminal behavioral problems, transferred more juveniles to adult court, and widened the net for identifying sexually aggressive male youth. In her study of staff working with girls in different sectors of the juvenile justice system over ten years Lisa Pasko (2010) conducted interviews that identify trauma in girls' histories, but emphasize the issue of self-responsibility; similar to the early eras that fixated on immigrant girls, such inability to take responsibility, was racialized. Regardless of whether the facilities were private or public, secure or open, detention or long-term correctional; or whether the staff were probation officers, therapists, Director's or line staff, the rules and treatment of girls' sexual activity remained uniform. In their explanations of girls' sexuality and "sexually acting out" behaviors in the facility and in the community, all staff expressed girls' sexuality as being a problem and

resulting from a treatable condition, most notably sexual abuse- not that sexual abuse is an unviable pathway to the system- but it is often not treated properly, and becomes a further reason to pathologize and stigmatize adjudicated girls (Pasko, 2010).

Staff's explanations for why girls "sexually act out" in their facilities and community were based on psychological disorders (such as personality disorders like Border Line strands, reactive attachment disorder, PTSD and intermittent explosive disorder). Over 75% of the interviewees connected pregnancy, promiscuity, prostitution, and Lesbian, Bi-sexual, Questioning sexuality to sexual abuse, post-traumatic stress disorder (PTSD), and "unhealthy" boundaries. The juvenile justice system, beginning in the 1980s, became a triage system, in which juveniles found themselves in private behavioral health facilities, rather than state-run secure confinement (Feld, 1999). Since 2000, juveniles often remain in the formal system and are not triaged out. Indeed, a merger of court-ordered custody and psychological treatment has occurred; one interviewee stated, "Juvenile corrections has necessarily had to transform itself into behavioral health facilities" (Chesney-Lind & Pasko, 2010). Though not necessarily putting it into action, court and residential staff have adopted the treatment language.

In the contemporary era of juvenile justice, girls' sexuality—whether it was promiscuity, participation in the sex industry, or attraction to the same sex—receive a psychiatric diagnosis (Pasko, 2010). Similar to juvenile justice efforts in earlier eras, interviewees spoke about the focus on controlling pregnancy. Unlike before, when efforts were primarily rooted in moral salvation, the advent of pharmaceuticals makes it possible to control pregnancy through the body, rather than the soul (Nathanson, 1991). Thus, sexuality including pregnancy and homosexuality continue to be justification for the adjudication of young women, disproportionately affecting young women living at the poverty level as well as young women of

color specifically African American young women.

Another example of legislative attempts that occurred during the first decade of the new millennium, to address facility conditions that further criminalization is the Prison Rape Elimination Act (PREA). PREA was designed to ostensibly help the victims of the criminal justice system, yet its consequence further punished young women.

The Prison Rape Elimination Act (PREA).

The Prison Rape Elimination Act (PREA) mandated that every facility adopt a rule of “no touching allowed” and created what many interviewees (n=42) deemed overall “more conservative” institutional and bureaucratic attitudes. These attitudes affected all physical contact among girls and between girls and staff, which again contradicts all research about how relationship, including affection is critical to the therapeutic experience of a girl (Bloom, Covington & Owen, 2003). PREA contradicts what is known about the relational world of women and girls including how girls and women function in lock up (Pasko, 2010). Research on women and prison shows that the creation of a pseudo-family, and coupling among inmates are common phenomena (Hensley, Tewksbury & Koscheski, 2002). For some women, their prison relationships are transient, and for other female inmates, their relationships are long-term, through incarceration and freedom. This is also true for girls. For example, in Pasko’s research, one out of six girls in the sample identified as lesbian prior to incarceration.

Criminalizing touch inside an institution has been functional because it allows staff to blame any of their own inability to adequately address issues of human sexuality on a legal decision and removes any critical discussion about sexual norms, homophobia, same sex identity questions individuals, or institutional critique of heterosexist practices and punitive policies, such as PREA (Pasko, 2010). PREA gave staff permission to place all girls within a singular

“straight” category with one generic set of rules applicable to all. The primary sexuality focus can remain on the control of girls’ bodies as potentially prostituting or pregnant, as well as continuing to punish girls because of typical human sexual behavior.

PREA had the unintended consequence of further criminalizing institutionalized girls’ sexual activity with each other and, as four interviewees noted in Pasko’s study (2010) has added to the emergence and growth of the female juvenile sex offender population. Indeed, from 1997 to 2006, the number of committed girls with registered sex offenses has increased by 120% (Sickmund, Sladkey & Kang, 2008). PREA is another example of how the overarching power of the adult male prison system transfers its policies and practices in prisons to juvenile institutions, in this case, to criminalize “sexual abuse.” For girls, this has meant the criminalization of any sexual behaviors in institutional settings (Pasko, 2010).

This dissertation includes a young woman in the dataset who was diagnosed with “hyper-sexualized behavior” from the time she was 8 years old because her mother found her masturbating. This diagnosis followed her through her stay in facility when at 15, and about to be released, was given 60 more days at the facility because of PREA, for kissing another girl in the bathroom.

This historical examination and Pasko’s (2010) findings suggest that sexual stereotypes and heterosexist policies leave girl offenders, especially girls attracted to the same sex, few options for treatment and services that understand their experiences and environments (2010). It also denies them gender-sensitive treatment for sexual abuse that comes without judgment or micro-management of their choices and orientations (Pasko, 2010). The heterosexist construction of sexuality and the enforcement of heterosexual choices and identity can have profound impact on girls in the youth correctional system, and these damaging effects often go

unnoticed while she is in facility and add additional strain during her stabilization while transitioning from the facility to the community.

Conclusion of Historical Overview: Sexuality, the Source of Stigma Informs Transition

Since the turn of the 20th Century young women have been adjudicated because of sexual depravity, and targeted because of their class and ethnicity. Their sexual experience, whether it is just sexual activity, having more than one partner, the contraction of a venereal disease, incest, homosexuality, prostitution, rape, and pregnancy have caused young women to be adjudicated and labeled as immoral, depraved and incorrigible. Research continues to show that reform schools, training schools, detention centers, group homes and probation only further a girl's sexual stigmatization by punitive actions because of sexual activity with other young women in facility, or sexual choices made when on leave. Legislation has ultimately reinforced these challenges with the lack of fiscal support for the JJDP and Safe Harbour Acts, and the punitive effects of PREA. Unfortunately in this decade, because of the continued dearth of comprehensive community based social services, as well as the lack of communication amongst social service sectors, the only options for youth with most often indigent parents are the institutions.

The historical evidence of sexuality used as a justification for adjudication and further detention throughout history has great importance for this study. When looking clearly at what does and does not work in stabilizing young women transitioning into the community from the juvenile justice system, it is imperative to comprehend the insidious layers of historical stigma attached to her sexuality.

CHAPTER THREE: LITERATURE REVIEW

Transition

As the historical background explicates, transition from the juvenile justice system must address a young woman's sexuality as a key element of young women's stability. However, there is a dearth of literature historically and currently about what does and does not work when transitioning young women from the juvenile justice system, although the literature clearly shows that effective transition is key to stabilization (Richie, 2001; Bullis & Yovanoff, 2002; Potter & Mulkern, 2005; Pullmann et al., 2006).

Literature does not contain a comprehensive definition of transition to and from the juvenile justice system for young women, but it does identify components: 1) referral, 2) pre-placement, 3) community-care including aftercare. These components strongly link to family, community, and social services, especially a focus on where young women will reside throughout the transition process. The few empirical studies that were conducted support these components as integral to transition for young women from residential settings to the community (Richie, 2001; Bullis & Yovanoff, 2002).

In the journal article, "Adjudicated Youth with Disabilities: Transition Strategies in Correctional Environments", Pollard, et. al. (1997) state three critical areas to address when transitioning youth, yet still nothing definitive about what does and does not work in stabilizing young women: 1) Community support to the families while young women are in the facility; 2) Interagency collaboration with appropriate supports; and 3) Young women's commitment to their own service plan. Wraparound service is a pragmatic and flexible modality used to divert and transition male and female youth across social service sectors. This service modality is used as a focus of this study because the process encompasses the above components of transition

(Richie, 2001; Potter & Mulkern, 2005; Pullmann et al., 2006).

Transition Studies

Transition Research on Adjudicated Youth in Community Settings (TRACS) conducted by Bullis, et al. (2000, 2002, 2004, 2006) is the most significant reentry study because it had largest sample, the most extensive set of variables, over the longest period of time. The authors of this study examined facility-to-community transition experiences of 531 youth released from the Oregon Youth Authority for a period of 12 months to 5 years. The TRACS study found that the first 6 months following release was a critical time period for establishing vocational and educational engagement. The set of engagement variables, education and vocation, were linked to reduced odds of re-incarceration at 12 months post-release. The study results revealed that the transition phase of reentry is a critical time period for youth to establish their patterns in community and to access help from formal and informal sources of support. However, as Bullis and Yovanoff state in their analysis of the study (2002), "...it is clear that much more research is needed to document the needs and challenges faced by incarcerated youth as they reenter society from the juvenile correctional system."

Young women's perspective on the challenges involved in this critical period are not discretely defined in the TRACS study (although one of the facilities followed was for young women), nor in the literature, leaving a considerable gap with regard to building an empirical-based response to their transition needs. Sexuality and relationships which are known empirically as key issues to a young women's experience of stability are not included in this study (Pasko, 2010; Chesney-Lind & Okamoto, 2000; Covington & Bloom, 2003). In addition, more in depth and precise study is needed on the exact manner in which social services are secured as well as the nature of the services: type; duration; and implementation fidelity (Bullis

& Yavnof, 2006). This dissertation attempts to address gaps in the literature through the investigation of the Wraparound and gender responsive practices to determine what does and does not work during transition.

Reentry research sites the need for staff in the facility to focus on pre-placement issues such as: education, family, vocation, recreation, peers/relationships, substance use, and mental health especially with young women (Chesney-Lind & Okamoto, 2000; Altschuler & Brash, 2004; Karcz, et al. 1996; Bullis & Yovanoff, 2002, 2006; Pollard et al., 1997). An effectiveness study by Karcz, et. al. (1996) about using reentry specialists for youth in the juvenile justice system shows the importance of having a designated person focus on transition services while a youth is in the facility. The Karcz, et al. (1996) study shows the assignment of one worker to the education, family, vocation, recreation, peers/relationships, substance use, and mental health needs of a young woman inside the facility as they transitioned out of facility into community increased their success. For example, that a youth who on average had a 28% chance of succeeding in a community school three months out, now had a 68% chance of staying in school. The minimal empirical research demonstrates that a transition program will promote increased stabilization for youth in the community 3 to 12 months out, if it focuses on the above facilitated by a reentry specialist, but does not specify empirically what transition strategies do and do not work for young women.

Need for Gender Responsive Practice from Pre-Adjudication to Reentry?

There is an expanding body of research that recommends gender responsive practice to reduce the influx of young women in the Juvenile Justice System (Chesney-Lind, 1989, 1997; Chesney-Lind & Shelton, 1992, 1998, 2004, 2008; Dohrn, 2004). Gender responsive practice includes services that are amenable to a young women's needs: (a) sensitive to trauma; (b)

provide individualized treatment; (c) support relationship and (d) deliver holistic service (Chesney-Lind, 1989, 1997; Chesney-Lind & Shelton, 1992, 1998, 2004, 2008; Dohrn, 2004).

Addressing trauma.

Research concludes there is a linkage between trauma and criminalized behaviors (Chesney-Lind, 1989; Dixon, Howie & Starling, 2004; Dohrn, 2004; Gilligan, 1990; Totten, 2004). Overall, as shown in the Pasko (2010) study mental health services, interventions and environments that are sensitive to and address trauma are missing in facilities, transition services and community-based services (Chesney-Lind, 1989; Dixon, Howie & Starling, 2004; Dohrn, 2004; Gilligan, 1990; Totten, 2004). Because of the association between trauma and contact with the criminal justice system, researchers believe the focus of intervention for young women should be in a mental health rather than ‘justice’ context (Dixon, Howie & Starling, 2004). As discussed in the historical overview above, although the last decade shows a push to create a “therapeutic milieu” in young women’s juvenile justice programming, the inadequate programs have further stigmatized young women and cause new, or further past, trauma (Pasko, 2010).

Individualized treatment plans.

Mental health professionals assert that the breadth and multiplicity of psychological disorders in young women in the juvenile justice system indicate the importance of individualized treatment plans encompassing multiple domains of functioning (Dixon, Howie & Starling, 2004). Treatment interventions for young females in the juvenile justice system are distinctly lacking. When treatment programs are available, adolescent females in custody often receive intervention focused on acting-out conduct rather than the internalizing concerns and trauma-related symptoms that are potentially more salient (Chesney-Lind, 1989).

Research uniformly supports that the needs of adjudicated young women are unique, and they are not being met by the current services available (Chesney-Lind, 1989; Dixon, Howie & Starling, 2004; Dohrn, 2004; Gilligan, 1990; Totten, 2004). Scholars on the needs of young court-involved females suggest that a system for young women should be designed based upon the specific needs of this population (Chesney-Lind, 1989; Dixon, Howie & Starling, 2004; Dohrn, 2004; Gilligan, 1990; Totten, 2004). For example, Meda Chesney-Lind (1989), a prominent and prolific writer and activist devoted to girls in the juvenile justice system, argues that girl's victimization is shaped by their status as females, and their risks are heightened by the norms that require them to stay at home and remain in harm's way in abusive settings. She recommends that a program model should focus on the information about girls' actual lives and the role girl's problems play, including those caused by racism and poverty, in their criminal behavior. (Chesney-Lind, 1989).

The importance of relationship.

Research shows that joining a peer group is of tremendous importance to young women, and positive peer culture can have a strong impact on building self-confidence and self-esteem, as well as developing a positive value system (Gilligan, 1990). Women have been socialized to value relationships and connectedness and to approach life within interpersonal contexts (Covington, 1998). Approaches to service delivery that are based on ongoing relationships, that make connections among different life areas, and that work within women's existing support systems are especially congruent with female characteristics and needs (Covington, 1998). Studies show that service providers need to focus on women's strengths and recognize that a woman cannot be treated successfully in isolation from her social support network (e.g., relationships with her partner, family, children, and friends) (Bloom & Covington, 2000).

Holistic service delivery.

There is a call in the literature supported in a study by Totten (2004) for a gender responsive theoretical framework as the foundation for establishing a safe, supportive, and nurturing female-centered environment that encourages trust, bonding and connection. Her study showed that programmatic approaches that fit the physiological, psychological, and social needs of girls validated a young woman's identity, critical to health adolescent development (Totten, 2004). When staff in a girl's program, understood the client population in terms of gender, race or ethnicity and sexual orientation Totten showed that girls have better outcomes. She demonstrated that young women are more stable in a positive, gender-responsive workplace with therapeutic modalities and approaches based upon relational theories that address healing from physical, sexual and emotional abuse, family relationships, substance abuse, eating disorders, co-occurring disorders and assertiveness skills (Totten, 2004). Totten also proved that an emphasis on activities that focus on empowerment, self-respect, self-efficacy, and expanded opportunities for educational and non- traditionally female vocational training is critical to her treatment because of socialization to the contrary. The identification and honoring of female role models in history that reflect the racial/ethnic backgrounds of the young women being served also helps promote positive self-image, which connected to stabilization (Totten, 2004). She continues by showing that education and counseling related to issues of health and academics is integral: pregnancy, nutrition, stress management, HIV/AIDS, STDs, and mental health, PTSD, depression and encouragement to gain proficiency in math and science, fields less traditionally charted by women (Totten, 2004).

Studies that identified the importance of gender responsive programming when working with young women in the juvenile justice system, obtained data and outcomes through research

at facilities (Chesney-Lind, 1989; Dixon, Howie & Starling, 2004; Dohrn, 2004; Gilligan, 1990; Totten, 2004). Although they make recommendations about effective transition, there are few studies about young women's transition programs.

Critique of gender-specific programming.

Gender-specific programming in the juvenile justice system can be useful or dangerous (Dohrn, 2004). In her meta-analysis of young women's programming in the juvenile justice system, Dohrn (2004) stresses that people serving adjudicated young women must resist against notions of girl-specific programming that reinforces outdated, narrow notions of femininity. Any fixed construction of gender can further stigmatize and punish young women.

This researcher facilitated a theater program at a substance use treatment facility for young women that espoused gender-specific service provision. This actually meant that for recreation young women were told they could not use the weight room or the gym, because it was for the young men, and that the appropriate activity was doing each other's hair and make-up, watching movies about boys and eating candy. The therapeutic component of the program strictly consisted of "trauma-based" work coercing young women to divulge traumatic experience without teaching positive skill building to cope positively with the behavioral, emotional and cognitive manifestations of the trauma.

Dohrn's findings show that essentialist concepts and practices that assume a single racial, cultural and class understanding of what is appropriate or effective for girls perpetuate negative outcome for girls. These practices include coercive punishments or "gendered" programming that harms butch lesbian and/or transgender girls (Dohrn, 2004). She advocates for a definition of gender specific that indicates a robust, inclusive, individualized environment, free of gender stereotyping, while simultaneously accounting for the histories and needs of girls in juvenile

justice (Dohrn, 2004).

Literature that addresses the needs of adjudicated young women stresses the high rates of mental health diagnoses, indicating a need for more intensive mental health services (Dohrn, 2004). Yet, echoing Pasko (2010), Dohrn argues that pathologizing can also perpetuate the notion that the only way for the young women to receive attention is to have a “problem.” Studies show that persistent maltreatment extending from childhood to adolescence, and maltreatment during adolescence only, are significantly correlated with increased risk of juvenile and young adult delinquency (Thornberry, 2008). When a young woman is in the system her entire life, she can become accustomed to gaining support by expanding her repertoire of diagnoses. She may begin to believe that she can only have voice by talking about her trauma.

Researchers of young women’s facility programs in the juvenile justice system illustrate the importance of using gender-specific programs (Totten, 2004, Covington & Bloom, 2008). Dohrn (2004) recommends that these programs ensure that the significance of gender is not perpetuating oppression already experienced by the young women. She encourages a critique and evaluation of these gender-specific programs to assess their efficacy.

Is Gender-Specific Programming Effective?

The ground swell of research citing the spike in the numbers of young women in the juvenile justice system, and the recommendation to address the problem with gender-specific services begs the question whether these gender specific programs are successful at actually reducing rates of recidivism. Evaluations of programs for young women in the juvenile justice system are increasing, but they are still relatively uncommon (*Journal of Contemporary Criminal Justice*, 2005).

The Juvenile Justice Evaluation Center has begun collecting evaluations of gender

specific programming. The Center has criteria for the evaluations to ensure their reliability in assessing the viability and efficacy of gender specific programs. A process evaluation of several gender-specific programs for young women in the California Juvenile Justice System (2005) showed that the direct line staff people, who have the most contacts with the young women were not being trained or supported in the new gender specific frameworks, thus preventing the program from having resonant effects (Bloom, et al., 2002). Thus, this evaluation measures the fidelity of the Bella transition program to gender responsive staff training in order to understand how it plays a role in community stabilization.

Evaluation of gender-specific community-based service.

Researchers examined the effect of a gender specific community based program on reducing re-offending in a process and outcome evaluation (National Council on Crime and Delinquency, 2001). The sample included 574 girls aged 12-17 years old with a court date for a pretrial hearing. Young women were randomly separated into treatment and control groups. The treatment group received the program Reaffirming Young Sisters' Excellence (RYSE) program, including social, academic and vocational skill building, home visits and individualized case plan development. Control group participants received traditional probation services, including monthly checks with probation officers, community service and restitution orders, and curfew orders. Successful completion of the following activities was tied to the differential impact of process measures: anger management training, home crisis intervention, drug education and treatment sessions, family education and support groups, pregnancy prevention, public health medical services, teen girls groups, and teen parents groups (National Council on Crime and Delinquency, 2001).

The results of the process measures were tied to the outcomes of re-arrest and re-adjudication, completion of restitution, completion of community service, completion of probation, and the overall cost-effectiveness of the RYSE program (National Council on Crime and Delinquency, 2001). The findings did not indicate statistically significant differences between the two groups on completion of probation, completion of community service, or completion of restitution (2001). Analyses of re-arrest rates showed that there were no significant differences between the treatment and control groups; examination of pretest and posttest scores on a risk assessment also showed no significant differences between the two groups (2001). Therefore, there is no evidence to suggest the RYSE program was more effective than traditional probation (National Council on Crime and Delinquency, 2001). This study's results are difficult to generalize from especially when it is compared to the positive results of the transition programs studies above because of the gap in research of transition programs for young women in the juvenile justice system.

Evaluation of gender-specific facilities.

Smith and Smith (2005) conducted a qualitative evaluation that included interviews with 30 young women in the custody of youth corrections in gender specific placements. Despite this diversity of facilities, the researchers described the results from the gender-specific programs in a uniform fashion. The participants expressed a similar range of issues with regard to likes and dislikes of the programs and important program features, independent of the researcher's questions. Three clear themes emerged from the data when girls spoke about their experiences in the programs. First, they spoke about how programs fostered a sense of community to safely begin addressing the underlying issues related to their incarceration. Second, girls spoke about specific ways programs nurtured them, yet pushed them to develop a more complete and future-

oriented view of themselves and their behavior. The last theme that emerged was the ways in which they felt that gender-specific programs equipped them with skills to cope with their ultimate transition to their families/guardians and the community upon their release. Although in regards to the last finding there is no data that supports positive outcomes during the actual transition to the community measuring recidivism or stabilization, in comparison to youth released from programs without a gender-specific framework.

Smith and Smith (2005) are candid about the fact that they chose quotations from young women that represented the themes that came up in the interviews, rather than focusing on their individual histories. In addition, they highlighted what they deemed as the most articulate examples of themes to which they believed would better facilitate an understanding of the themes as they emerged; thus there could be “inarticulate” interviews on the chopping block that contradict the themes. The interviewers examined the quality of community in gender-specific programs expressed by the girls in terms of safety, connectedness, and caring.

The first theme identified was that gender-specific programs provided a sense of community for the participants. Although all corrections settings aim to provide physical safety, gender-specific programming also attempts to ensure emotional safety, once this emotional safety is established, real relationship development can begin. Girls with troubled backgrounds have typically not had a foundation of trust in their relationships (Chesney-Lind & Pasko, 2004). Owen (1998) found that the largest area of concern for adult female offenders was personal relationships, both in and out of the system. The Smiths’ study of gender-specific programs shows from selected interviews that girls learned that they can trust others and can be helped by others in dealing with their traumatic backgrounds. A young woman shared, “...I can speak freely about how I feel...and nobody’s gonna go tell anybody”.

Fostering a sense of community alone may not be sufficient for successful transition out of the juvenile justice system. In fact, as Rokach (1997) suggests, if all these programs did was foster a sense of community, they might lead to increased recidivism because inmates would want to maintain that safe environment. A staff participant evidenced this notion "...people that had hard lives might recidivate to maintain their sense of connectedness to the community...." The staff echoed this concern for girls with 'hard lives': "They'll commit crimes because it feels so safe in here." Another staff voiced personal support for Rokach's suggestion when she said that for some, "jail may offer a warm and supportive community." The Smiths' concluded that the narrative of the interviews showed that gender-specific placements created an atmosphere of safety, connectedness, and caring where young women could begin to deal with the issues underlying their incarceration. The researchers concluded that interactions with staff were the first connection for many girls in the juvenile justice system with a "capable" and non-exploitive adult. The interviewees expressed that in the gender specific environment, early trauma was beginning to be addressed which can be connected to healthy identity development.

The positive experience of safety and relationship the researchers claim of the 30 young women in the array of gender specific facilities speaks even more to the critical importance of viable transition programs for girls that support safety and stabilization in a home placement. Therefore, it does not really matter what the facility is like, because if the community transition plan is ineffective, it will just further the belief that young women adjudicated in the juvenile justice system are only safe if they are in an institution.

Thus, when looking at what does and does not work in stabilizing young women transitioning to the juvenile justice system it is important to look at the entire picture of services and how they interconnect to provide a seamless system of care to youth and their families;

including the facility and its relationship to community based services. Service provision starts with a vision, a theoretical framework. Ecological Systems theory reflects this web of service vision (Bronfenbrenner, 1977, 1979, 1990). The following transition models reviewed in this Chapter all stem from this theory.

Transition Program Models: Ecological Systems Theory

Ecological Systems Theory (EST) is the theoretical foundation for the following transition models: Continuums of Care, Evidence Based Practice's Multi-Systemic Therapy, and this unique case study of Bella young women's transition program focus practice, the Wraparound Model. The first two will be described because they along with Wraparound are commonly used as transition programs for young men and women in the juvenile justice system. The two function as a basis of comparison for why the Wraparound model was ultimately chosen for the Bella program.

Urie Bronfenbrenner: Head Starter

Urie Bronfenbrenner is noted as the father of EST. He is regarded as one of the world's leading child development scholars focusing on the interplay between research, practice and policy. He was the founder of Head Start. Planning for Head Start began in the early 1960s when Attorney General Robert Kennedy worked on finding a way to stop juvenile delinquency (Head Start History, 2013). Experts realized that the cause was poverty. Head Start was launched in 1965 as a comprehensive child development program to mitigate the effects of poverty through early intervention education and nutrition offered in a child's natural environment. Since then, it has provided support to 22 million low-income children and their families across the United States and in territories outside of the United States (Head Start History, 2013).

Bronfenbrenner suggests child development research is better informed when it occurs in contexts relevant to the youth and families ultimately served by the outcomes (Bronfenbrenner, 1979). In EST, a child's development is defined within the context of the system of relationships that form his or her environment (Bronfenbrenner, 1979; Paquette & Ryan, 2001; Addison,

1992). Bronfenbrenner's EST theory (1979) defines complex "layers" of environment (figure 2): microsystem, mesosystem, exosystem, macrosystem, and chronosystem, each having an effect on a child's development (Paquette & Ryan, 2001; Addison, 1992).

Microsystem, Mesosystem, Exosystem, Macrosystem and Chronosystem.

The below diagram illustrates the layers of an ecosystem followed by descriptions of each layer and how they interrelate.

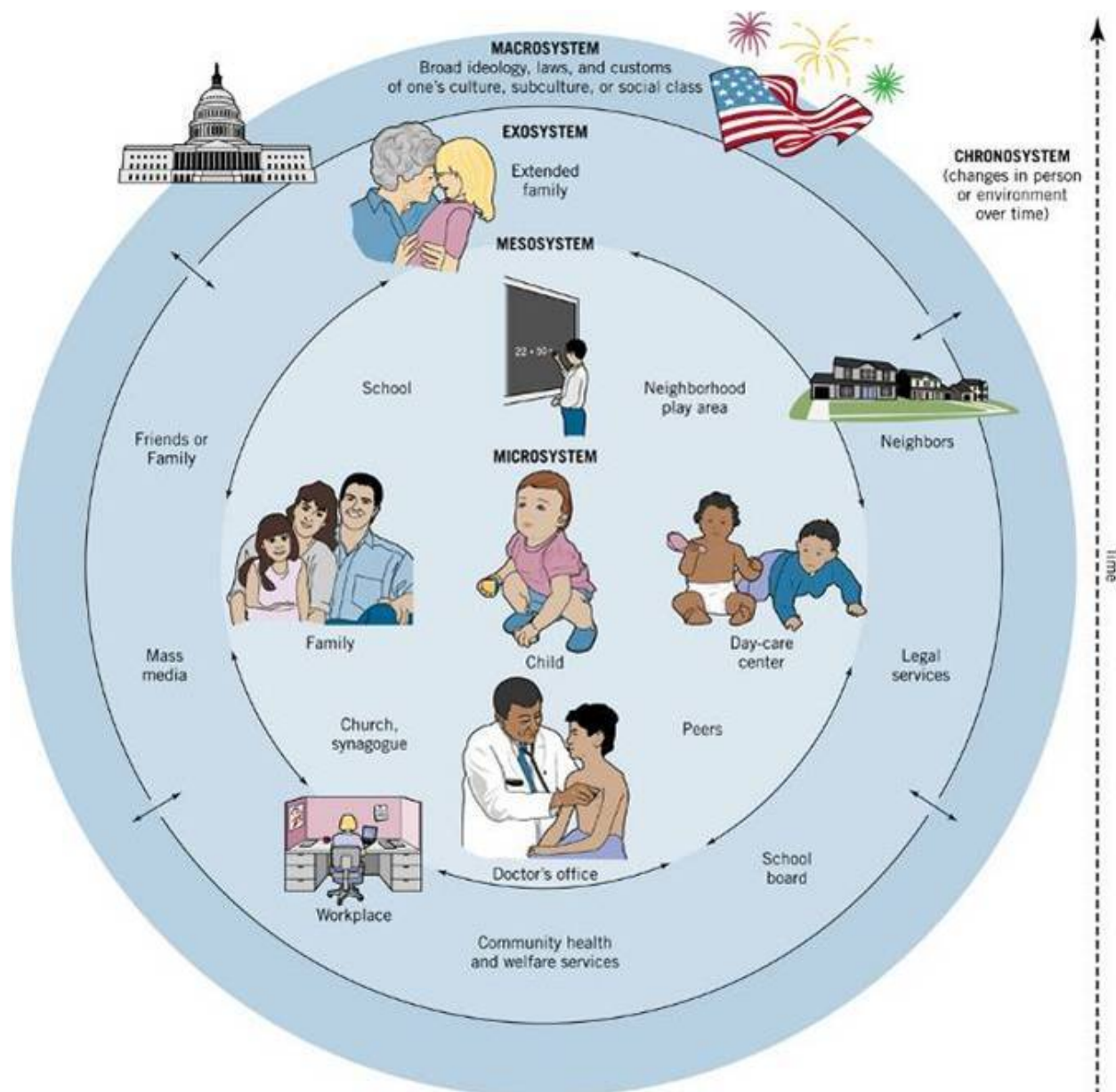


Figure 2: Bronfenbrenner's multi-layered and dynamic Ecological Systems Theory, from micro- to macro-system, showing through the chronosystem how aspects of each layer change over time.

Microsystem.

Bronfenbrenner (1979) articulated an ecological model that includes developmental influences at the individual (person), person-in-environment (process), and societal, cultural and historical context. The most proximal type is the microsystem, which includes one's immediate physical and social environment. Examples of microsystems are the body and intra-psychic

workings of the individual, the individual's family and home, school and work. Each microsystem has a structure and a set of expectations and norms for behavior. Developmental scientists study processes within each of these settings, and ecologists deter them from over-generalizing from one microsystem to another (Bronfenbrenner, 1977; Paquette & Ryan, 2001; Addison, 1992). A youth and family's microsystem context, and the context's relationship to all the other layers in the eco-system, informs how practitioners of the three transition models provide service.

Mesosystem.

The next layer is the mesosystem. This system includes the interplay between the microsystems: the extended family, school boards, mass media, and social services. The mesosystem is a combination of micro-systems that lead to a new level of developmental influence (Bronfenbrenner, 1979). For example, in understanding the effects of parental versus peer influences on adolescent development, one must consider not only each of the family and peer micro-systems but also the effect of the combined mesosystem, that is, the effect of the conflict between the family's values and the peer group's values on the child's development (Bronfenbrenner, 1979; Paquette & Ryan, 2001; Addison, 1992). This system is critical to the philosophies of the transition practice models that require the investigation of the parent-adolescent relationship and its link to community influences and resources as central to the direction of service provision.

Exosystem.

The third layer is the exosystem, a combination of multiple mesosystems and their contexts. An understanding of exosystem has enhanced research on the effects of maternal employment on child development (Paquette & Ryan, 2001; Addison, 1992). One must

understand not only the family and work context, but also the cultural and historical context of women's employment in order to comprehend how maternal employment affects a child's social development. This layer is critical to the transition models. The models require that a youth and family's needs are seen in a cultural and historical context. The practitioner in the transition programs is expected to look through the lens of the exosystem and understand how societal views of culture, past and present, interact with the youth and family's choices within their mesosystems.

Macrosystem.

The fourth layer is the macrosystem. This layer may be considered the outermost layer in the child's environment. The macrosystem is comprised of cultural values, customs, and laws (Berk, 2000). The effects of larger principles defined by the macrosystem have a cascading influence throughout the interactions of all other layers. For example, child welfare and juvenile justice policies legislated on a Federal level may clash with a family's cultural values and inhibit their ability to make choices. The transition model practitioners work within the parent's micro, meso and exo system context, to address this tension through advocacy and supports to mediate the effects of the macro-system.

Chronosystem.

The final and all-encompassing system, is the chronosystem. This system incorporates the dimension of time as it relates to a child's environments. Elements within this system can be either external, such as the timing of a parent's death, or internal, such as the physiological changes that occur with the aging of a child. As children get older, they may react differently to environmental changes and may be able to determine more how that change will influence them. Changes or conflict in any one layer will have repercussions throughout other layers. To study a

child's development then, one looks not only at the child and the immediate environment, but also at the interaction of the macro environment as well. The three transition models reviewed take into account the contextual and dynamic nature of the systems that affect a youth and family's life. All three models encourage families to define their own reality and needs, and require consistent contact over time to account for changes in the environment at every layer.

Summary of EST

EST is described to clarify why particular practices were chosen for evaluation to determine which element of these practices has the most predictive effect on community stability for young women in the juvenile justice system. EST describes communities at all levels, from the household to the nation-state, as constantly adjusting to the opportunities, problems and threats in the environment (Paquette & Ryan, 2001; Sampson & Grove, 1989). EST suggests human development be framed within the limits of a cultural and historical context (Sampson & Grove, 1989; Bronfenbrenner, 1990; Addison, 1992). Key to EST is to understand the differentiation of experience amongst individuals and communities based on race, class and gender and not to generalize based on hegemonic norms. EST is the foundation for the transition models explored for this study because it does not bind individuals and families to fixed stages of development or cultural assumptions. EST scaffolds the transition model building block: youth and family context drives service provision.

Transition Models: Continuum of Care, Evidence Based Practice- Multi-Systemic Therapy, and Wraparound

EST lays the theoretical foundation for the juvenile justice diversion and transition models reviewed in this study. Each model description provides research to evidence how they contribute to the stabilization of adjudicated youth transitioning into the community. The models are described as a basis of comparison for the Wraparound model, to show why it was identified as the practice for the Bella program (Blueprints, 2013). Wraparound has both anecdotal and empirical research that show that it is a viable practice model for transitioning young women in the juvenile justice system.

The above empirical research in the literature review exposes a dearth of literature historically and currently about what does and does not work when transitioning young women from the juvenile justice system. The literature that does exist clearly shows that effective transition is key to stabilization. As established in the historical background, addressing a young woman's sexuality is key to stabilizing young women when transitioning from the juvenile justice system, which can be used to support the need for gender specific services.

This review of transition practices enlightens an understanding of what does and does not contribute to a young women's stabilization in the community. In this review of transition programs: Continuum of care, the Evidence Based Practice Multi-Systemic Therapy, and Wraparound used in the unique case study Bella, it is important to assess whether they include the transition components cited by the above empirical research: 1) referral, 2) pre-placement, 3) community-care including aftercare (Bullis, et al. 2000, 2002, 2004, 2006). These components strongly link to family, community, and social services, especially a focus on where young

women will reside throughout the transition process. The components show that a young women in more likely to be stable in the community after a transition if there is- 1) Community support to the families while young women are in the facility; 2) Interagency collaboration with appropriate supports; and 3) Young women are committed to their own service plan (Bullis, et al. 2000, 2002, 2004, 2006).

The above research about the gender specific approach, used to inform the Bella model, includes facets that are also used to assess the following transition models: (a) sensitive to trauma; (b) provide individualized treatment; (c) importance of relationship and (d) holistic service delivery (Rivera, 2010). The following transition models: Continuum of care, the Evidence Based Practice Multi-Systemic Therapy, and Wraparound will be reviewed based on their origins, empirical research and anecdotal/qualitative studies as well as their adherence to the empirical outcomes of what makes effective transition and gender responsive programming listed above.

Continuum of care models.

Continuum of care models beg acknowledgement when reviewing effective transition for young women in the juvenile justice system (OJJDP, 1998; Malmgren & Leisel, 2002; ABA, 2000). They were introduced in the 1970's during the first wave of deinstitutionalization. Providers sought methods of tracking a youth and family's progress in the community after the closing of institutions like Veterans Affairs, mental health hospitals, and juvenile detention facilities (Talbot, 2004). Since the 1980's, devolution has forced the use of block grants by states to address social service needs (Talbot, 2004). As a result, the federal government's Substance Abuse and Mental Health Services Administration (SAMHSA) (2013) started giving System of Care grants in the 1990's to support local counties in looking at youth and families

across systems in order to optimize spending and track clients across systems.

Continuums of care coordinate many different service agencies to provide a seamless range of options for youth and families wherever they have a need. The services are individualized according to need and prioritize indigenous resources, such as family friends, religious institutions, and community centers, in addition to local, community-based placements that are less restrictive than residential correctional facilities. Continuums join different systems such as education, mental health, and substance use with the juvenile justice system, as well as using facilities in tight conjunction with community based programs (SAMSHA, 2013).

The Girl's Justice Initiative (GJI), the Juvenile Detention Alternative Initiative (JDAI) and North American Family Institute's (NAFI) Connecticut Girl's Program Continuum are all examples used below of continuum of care models. There is a dearth of research about transition models for young women. For continuums of care there are two empirical studies, one qualitative study and two anecdotal descriptions that support the use of continuum of care models.

Special education and juvenile justice.

Malmgren & Leisel (2002) recommended continuums of care in response to the youth diagnosed with having special education and juvenile justice needs. Their study revealed that the younger their subjects had been diagnosed and treated for special education needs, the more likely they were to become involved with the juvenile justice system (Malmgren & Leisel, 2002). More likely juvenile justice involvement also occurred with children in the child welfare system (Malmgren & Leisel, 2002). These findings supported coordinating systems that link substance abuse, criminal justice, public health, employment, housing, and child welfare that promote continuity-of-care models. A comprehensive approach provides sustained continuity of treatment. Recovery and support services begin in detention and continue through transition to the community ultimately supporting long-term stabilization in the community (Bloom & Covington, 2000).

Girls' Justice Initiative.

Like the young women in Bella the program used for this unique case study, most young women in the justice system have also been involved in the dependency, special education and/or mental health systems (OJJDP, 1998; Malmgren & Leisel, 2002; ABA, 2001). Access to gender-specific community based appropriate services requires greater cross-system integration, than what currently exists. Advocates for girls acknowledge the acute absence of cross-system collaboration (ABA, 2000). Efforts have been made to promote a continuum of care model for girls at risk for criminal justice involvement. In an effort to build bridges between lawyers, advocates and service providers, in March 2000, the American Bar Association Juvenile Justice Center convened a renowned group of experts who work with girls in the justice system for a strategy session (ABA, 2001).

As a result of the American Bar Association session the Girls' Justice Initiative was launched in 2002. The Initiative is a collaboration of lawyers, service providers, professors, researchers and mental health professionals who seek to improve policies, practices and programs for girls in the justice system. The collaboration promotes cross-system designs for girls' services, protocols for transitioning girls into communities, and advocacy models for girls that cross systems and provide ancillary legal services (OJJDP, 1998).

In an evaluation conducted of the Girl's Justice Initiative (GJI) in San Francisco, the outcomes included a strained relationship between the Probation Department and Community Based Organizations (CBO's), contracted by the Probation Department to provide aftercare services. This strain prevented communication between the two entities and caused girls and their families to fall through the cracks and recidivate. The recommendations from this evaluation were to implement a policy for collaboration among probation officers (PO), public defenders, the court and CBO's (Castro & Guzman, 2004). Year two data indicated that the rate of improvement of the collaboration between the probation department and CBO's was very low (2004). The biggest source of conflict between the P.O's and CBO's was the lack of confidence in each other's role in the lives of the young women in the system. The positive collaboration efforts to date were generally the result of individuals from both parties that were really committed to the success of the young women (2004). There were no policies administered by the leadership of the Probation Department outlining the role of the GJI, CBO's and PO's. This would have improved the initiative and outcomes for girls (2004).

Another recommendation was to evaluate the effectiveness of the CBO's and require the P.O's to use the services that have actually been effective in developing and executing case plans (Castro & Guzman, 2004). This method of evaluating programs formally and informally to

know which community supports best serve young women and their families is critical to stabilization in a continuum of care.

Model continuum of care: Juvenile Detention Alternative Initiative (JDAI).

The Annie E. Casey Foundation's Juvenile Detention Alternative Initiatives is a national model of continuum of care that works to reduce the use of detention for youth and support stabilization in the community. JDAI has anecdotal reports with descriptive statistics of success throughout the country cultivating coordinated systems of care for youth in the juvenile justice system, to reach consensus amongst juvenile justice agencies about the purpose of secure detention and to eliminate its inappropriate or unnecessary use (Advocasey, 1999). JDAI's goal is to reduce the number of alleged delinquents who fail to appear in court or commit a new offense. In addition, they use limited juvenile justice resources in a different manner by developing alternatives to secure confinement rather than adding new detention beds, which has shown to improve conditions and alleviate overcrowding in secure detention facilities (Advocasey, 1999).

JDAI coordinates planning and decision-making among the agencies that constitute the juvenile justice system: judiciary, prosecution, defense, bar, police, probation and others. One reason collaboration is essential is that the term "juvenile justice system" is something of an oxymoron. The agencies involved in it have a high degree of fiscal and operational autonomy and different cultures and constituencies.

JDAI's continuum of detention alternatives in Chicago, Illinois's Cook County reduced overcrowding in the Juvenile Temporary Detention Center and provided a cost-effective way of stabilizing youth in the community before their court appearances. The programs, including home confinement and shelters, have served more than 10,000 children since. According to the

Probation Department of Cook County, the average success rate of these programs, defined as the proportion of juveniles who remain arrest free during their term of placement, is more than 90% with some programs having rates of more than 95% (Advocacy, 1999; Bloustein, 2005).

One of the methods JDAI used to reduce the youth in Chicago's detention facility was through the evening reporting center, a community-based alternative that focuses on male youth and has a specialized reporting center for female youth who would otherwise be detained for probation violations (Bloustein, 2005). Initially implemented by the Westside Association for Community Action (WACA) network, Chicago's six evening reporting centers operate from 3 p.m. to 9 p.m., when working parents are not at home and youth are most likely to get involved in criminal activities. Offering a continuum of educational and recreational opportunities, the evening reporting centers provide transportation and a meal, both occasions for informal counseling. "One of the things that's missing in the lives of so many youth," says Ernest Jenkins, chief executive officer of the WACA network, "is a meaningful relationship with an adult who really cares and really reaches out and shows that young person that he or she is important" (Advocasey, 1999).

Chicago's evening reporting centers have served over 3,800 youth. Ninety-two percent were arrest free during their stay in the program (Bloustein, 2005). Paul DeMuro, a former juvenile justice administrator, notes the importance of weaving juvenile justice institutions into the fabric of neighborhoods where the youth live. The JDAI program has achieved coordination of the web of support intrinsic to the Continuum of Care model that prevents youth from falling through the cracks (Advocasey, 1999).

North American Family Institute: Continuum of care from facility to community.

The North American Family Institute's continuum of services for young women in Connecticut has been lauded by Congress and numerous state agencies for their gender specific programming (Krisberg, 1993). NAFI is the parent agency for the Bella program, the unique case study used to answer what does and does not contribute to the stabilization of young women transitioning from the juvenile justice system. The NAFI girl's programs evolved into a comprehensive continuum, called "Connections", through which young women access needed services at different program points, depending on their treatment requirements. NAFI started Connections in 1995 by operating a single, locked program for the most serious female juvenile offenders in the state. Two years later it opened a second residential facility, called Touchstone, as a step down treatment program for girls leaving the secure facility. Following the establishment of Touchstone, the Connections continuum then created a professional foster parenting program for 20 adolescent females. In each of these residential programs, the goal has been to place girls in the least restrictive and least expensive program possible (NAFI, 2001).

As the need for day services grew for girls returning to their communities in need of stabilization, NAFI started Outreach and Tracking programs across the state. These programs developed staff support and youth resources to connect with each other; for example, youths who have graduated from the Touchstone Program continue to attend lifetime support groups at the Program. In addition, the Outreach and Tracking staff developed relationships with school departments statewide, an important resource in terms of assisting with re-enrollment in school (NAFI, 2001).

As part of the continuum of services, youth move from the secure Stepping Stone Program, its most secure facility, to the non-secure program at Touchstone, by the mutual

determination of parole services and NAFI staff. In turn, youths that are dually committed as delinquent and abused/neglected, who do not have a home in the community, may enter the Professional Parent foster care Program, as well as the Lighthouse group home. Additionally, youths may access the continuing support group at the Touchstone Program for youths that have graduated from other Programs in the NAFI Continuum and can also continue in family counseling through the continuum's Multi-Systemic Therapy (MST) program noted as the model MST program in the country (NAFI, 2001).

In sum, this service continuum, utilizing programs described above like gender specific residential for stay and respite, MST, foster care, and Outreach and Tracking that share a gender sensitive operating philosophy, a similarly trained staff and common clinical approaches, is employed to help young women stabilize in the community and reduce recidivism (NAFI, 2001).

Barry Krisberg the founder of the National Center on Crime and Delinquency (NCCD) conducted a study of NAFI's continuum programs in 1998 utilizing data from a sample of 200 youths who had completed the program. With the help of NAFI staff, NCCD developed data collection instruments using risk and needs assessment tools recommended by the OJJDP Comprehensive Strategy on Serious, Violent, and Chronic Juvenile Offenders. The study validated that from fiscal year 1995/1996, to fiscal year 1998/1999, only 4% of all clients were discharged for new charges. More quantitative and qualitative studies are needed to assess the efficacy of NAFI's continuums.

Summary: Continuums of care.

Empirical research and evaluation of Continuums of Care is still limited. Up to date outcomes are necessary to more accurately assess the model's efficacy. Using the above empirically proven criteria of what makes effective transition and gender specific programming,

the Girl's Justice Initiative fails at addressing both the gender specific needs and the transition needs exemplified through the lack of continuity between the Probation Officer and the Community Based Organization. If the relationships are not reliable the young women will fall through the cracks. Juvenile Detention Alternative Initiative does not specify its use of gender specific services but its transition services include validated transition criteria. NAFI covers criteria for both gender and transition but is limited in its research. Thus there is evidence to show that continuum of care models may incorporate some of the criteria for effective transition and stabilization for young women, but it has not been proven how the model can provide a comprehensive view of what contributes to stabilization for young women transitioning from the juvenile justice system.

Evidence Based Programs: Multi-Systemic Therapy.

The Office of Juvenile Justice of Delinquency and Crime Prevention (OJJDP) mandated that any entity private or public entity that applies for funding must propose a "Best" or "Evidence Based" practice. When allocating monies to alternative to detention and reentry programs, Wraparound and Continuum of Care models include Evidence Based programs like Multi-Systemic Therapy, not as the panacea to a youth's adjudication, but as an intervention in a continuum of service provision. More and more "blueprint" Evidence Based Programs (EBP) are funded to serve youth diagnosed with moderate to mild emotional disturbance, and substance use that are also placed in the juvenile justice system and child welfare systems.

Blueprints.

In 1996, the Center for the Study and Prevention of Violence (CSPV), at the University of Colorado at Boulder, with initial funding from the Colorado Division of Criminal Justice, Centers for Disease Control and Prevention, and the Pennsylvania Commission on Crime and

Delinquency, and with major ongoing funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), designed and launched a national violence prevention initiative to identify and replicate violence prevention programs that are proven through research as effective. The project, called Blueprints for Violence Prevention, identifies prevention and intervention programs that meet a scientific standard of program effectiveness. Program effectiveness is based upon an initial review by CSPV and a final review and recommendation from a distinguished Advisory Board, comprised of seven researchers in the field of violence prevention. The model and promising programs, called Blueprints, have been proven as effective through the CSPV, in reducing adolescent violent crime, aggression, delinquency, and substance abuse (Blueprints, 2013).

To date, more than 900 programs have been reviewed, and the Center continues to look for programs that meet the selection criteria. As a result of funding from OJJDP, the Blueprints Initiative became a comprehensive effort to provide communities with a set of demonstrated effective programs and the technical assistance and monitoring necessary to plan for and develop an effective violence intervention. Multi-Systemic Therapy is one of the first programs blueprints researched and certified as a gold standard best practice.

Multi-Systemic Therapy (MST).

History of MST.

MST Services began with Scott Henggeler at the University of Virginia in the mid-1970s. He was hired by the state's Department of Pediatrics to work with children who were diagnosed with Oppositional Defiant and Conduct disorders. After working with youth for a while, and having no effect, Dr. Henggeler decided to visit the adolescents in their homes. "It took me 15 to 20 seconds," he recalls, "to realize how incredibly stupid my brilliant treatment plans were." He

saw that he needed to treat the children in the full context of their lives, to see them where they lived, went to school, hung out (MST Services, 2010).

In 1992, the Family Services Research Center at the Medical University of South Carolina was formed to explore the development, validation and dissemination of treatments for youth with serious clinical problems using what they began to call Multi-Systemic Therapy with youth's families in their homes. This meant clinicians would go to not only their homes and families, but also to their schools, teachers, neighborhoods and friends.

MST Services formed in 1996 as a university-licensed organization for the dissemination of MST. MST Services provides program start-up assistance, initial and ongoing clinical training and mandatory program quality assurance support services. MST currently operates in 34 States, the District of Columbia and 12 countries.

How does MST work?

MST is the most widely used EBP throughout the world for both young women and men in the juvenile justice system. MST's principles parallel Bronfenbrenner's Ecological and Systems Theory (1977). The micro and mesosystems, in which the youth and family's school, work, peers, and neighborhood live, are viewed as interconnected systems with dynamic and reciprocal influences on the behavior of family members. The major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to support both young men and women in coping with family, peer, school, and neighborhood problems. Within a context of support and skill building, the therapist places developmentally appropriate demands on the adolescent and family for responsible behavior. Intervention strategies are integrated into a social ecological context and include strategic family

therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies (MST Services, 2010).

Effectiveness of MST.

The studies that examined the effectiveness of MST showed promising results from the reduction in harmful behaviors diagnosed as anti-social pre-cursors, and preventing recidivism in adolescents with histories of offenses (Ogden & Halliday-Boykins, 2004; Huey et al., 2000; Borduin et al., 1995). A 2004 meta-analysis conducted of the effectiveness of MST (Curtis et al., 2004), including 11 studies and 708 participants, showed a moderate effect size ($d = 0.50$) on indicators of criminal activity. MST yielded reductions in criminalized activity, violent offenses, drug-related arrests and incarceration (Borduin, 1999). Analyses of studies about the effects of MST showed significant long-term treatment results for aggressive criminal activity reduced to 15% percent to 57%, excluding property crimes. However so called long term effects were only found 6 to 18 months out, and the positive outcomes decrease significantly after 6 months (Asscher & et al., 2007). Measures indicated significantly higher rates of marijuana abstinence for MST participants; 55% versus 28% of youth in the control group abstained from marijuana use. Treatment effects were not observed for psychiatric symptoms (Borduin, 1999).

Although positive outcomes exist from MST, there are also reasons for caution. A review by Littell (2005) questioned the conclusion that MST is effective by pointing out that inconsistent and incomplete reports have been published, which sometimes contained unclear randomization procedures and inadequate analyses. Also, with a few exceptions (Leschied & Cunningham, 2002; Ogden & Halliday-Boykins, 2004; Timmons-Mitchell et al., 2006), most of the empirical support, including the meta-analysis by Curtis et al. (2004), comes from the studies conducted by the same group of researchers who also developed and implemented MST.

A meta-analysis conducted by Littell et al. (2005) showed much less promising results. There is a clear need for confirmation of these results by an independent group of researchers. Even more importantly, MST purports that the model must be replicated precisely how the developers propose based on maintaining the reliability of the study results. Consequently, studies show that MST does not transport smoothly across locales, forcing environments to conform to norms even when contra-indicated by the local need (Asscher, 2007; Decovic et al., 2004).

Lipsey et al. (2010) conducted a study with the Center for Juvenile Justice Reform of Georgetown University called *Improving the Effectiveness of Juvenile Justice Programs A New Perspective on Evidence-Based Practice* an analysis of the findings of 548 evaluation studies of delinquency interventions. The database for Lipsey's (2009) comprehensive meta-analysis of the effects of delinquency interventions consisted of 548 studies that spanned the period from 1958 through 2002. The meta-analysis proved most importantly that rehabilitative programs are more effective at reducing recidivism than punitive programs, and that family counseling programs specifically, including MST, had positive effects on recidivism (Lipsey et al, 2010).

The effects for MST specifically, however, show variation, with some larger and some smaller, just as the other family counseling programs do, including the no-name ones. Moreover, the effect size estimates from the MST studies fall well within the range of the other family programs in this collection. Some no-name programs produced effects even larger than those found for MST's effect distribution. Some of the studies of MST programs showed near zero or even negative effects, so a careful specification of the family programs that are evidence-based would also include whatever characteristics distinguish those on the high end of the effect distribution.

Summary of MST.

The MST studies show that although some programs result in reduced recidivism, criminal offenses, and substance use, more research by non-affiliated parties must be conducted, there are no sustained positive results 6 to 18 months out and results are not consistent across MST programs in different locales (Borduin, 1999). Lipsey's (2010) meta-analysis shows in some cases there is zero effect size from MST implementation, and that as long as a program conducts family therapy within the natural support systems of the youth there is a higher chance of reduced recidivism than with detention, regardless of the program brand. This is critical when looking at what programs are cost effective, because MST is more expensive than the average therapeutic program intervention (Lipsey et al, 2010).

MST does not meet the criteria for transition and gender specific programs (Bullis, Yovanoff, & Havel, 2004). MST does not conduct pre-placement transition to the community assessments while youth are in facilities, nor does it provide support to parents while the young women are in the facility, proven in the above transition studies to be effective methods in creating stability (Bullis, Yovanoff, & Havel, 2004). MST has no component that specifically addresses the needs of young women and MST programs disproportionately serve young men (Lipsey et al., 2010). MST is proven to be more costly but as effective as any other intensive in home family therapy program that's intensity may be effective short-term embedded within a continuum of care or Wraparound model.

Wraparound: This Unique Case Study's Core Practice

Wraparound and gender responsiveness were the practices used in concert to serve young women in the Bella program, this unique case study. It is critical to analyze the Wraparound practice to aid in the determination of what does and does not contribute to the stabilization of young women transitioning from the juvenile justice system to the community.

Introduction to Wraparound.

Wraparound has become recognized as an effective approach to providing community-based comprehensive services to youth whose needs fall outside of the boundaries of traditional mental health, child welfare and juvenile probation services, spanning a variety of child-serving agencies (Potter & Mulkern, 2005; VanDerberg, 2006; Blueprints, 2013). Wraparound has been described as a process, not a program, which maximizes the use of natural supports to create a comprehensive, integrated, and individualized treatment approach for youth in their transition from one placement to the next. Research supports that incarceration is not effective at supporting stabilization within the community and viable community alternatives must be identified or developed to reduce the emphasis on detention (Bloom & Covington, 1998; Chesney-Lind, 1997; Richie, 2001; Dohrn, 2004; Lipsey et al, 2010). The goals of wraparound are to reduce the use of institutional care and to replace fragmented approaches to young women and men with complex needs using comprehensive service provision.

Wraparound models are effective because they address multiple needs in a coordinated way and facilitate access to services (Reed & Leavitt, 1998). Wraparound models stem from the idea of “wrapping necessary resources into an individualized support plan” (Malysiak, 1997, p. 63). Both client-level and system-level linkages are stressed in the wraparound model. The need for wraparound is highest for youth with multiple and complex needs that cannot be addressed

by limited services from a few locations in the community. As described in the problem statement, young women in the juvenile justice system have multiple complex needs often from profound trauma.

Community-based wraparound services that provide mental and physical health, substance use, educational, respite, recreation, for young women, through viable connections to formal and informal supports, have many advantages. Higher percentages of young women than young men charged with offenses are the primary caregivers of young children. Children have needs of their own and require multiple caregivers if their mothers are incarcerated. Support for parenting, safe housing, and a family wage level are crucial when the welfare of children is at stake (Covington, 1998). Focusing on the multiple needs (substance use, employment, school, housing, mental/physical health) of young women and their families, in concert their strengths are strongly suggested for practice with families in which juvenile delinquency occurs (Jennings & Gunther, 2000).

Roots of Wraparound.

Wraparound's roots are as diverse as the terrain that it covers. Wraparound stems from the Settlement House Movement of the late 19th and early 20th century in which new immigrants to the US were served with a menu of advocacy, educational, medical and culturally supportive services under one roof (Barbuto, 1999). As mentioned above, Wraparound is grounded in the Ecological Systems Model, developed by Bronfenbrenner in the 1970's, originating as a social justice theory viewing the elements of the micro and macro components of an environment in relationship to each other and analyzing how these elements interconnect in both beneficial and detrimental ways (Taylor, 2000; Taylor, 2003).

Wraparound's roots are found in environmental science sustainability efforts. The

Landscape Assessment using Rules for Configuration of Habitat (LARCH) model was developed to address bio-diversity projects (Potter & Mulkern, 2005), (Figure 3). The LARCH Model determines the symbiotic connections between patches of populations living on one landmass (VanDerberg, 2006; Sluis, 2001; Pedroli, 2003). Species that rely on each other to thrive have symbiotic relationships. Symbiosis between species is identified in one landmass in order to support connectivity and sustainability for different patches of populations living there (VanDerberg, 2006; Sluis, 2001; Pedroli, 2003). Thus, it is critical in Wraparound to look at a person in her environment and understand how she interconnects with her various resources in order to see how to support sustainable stability.

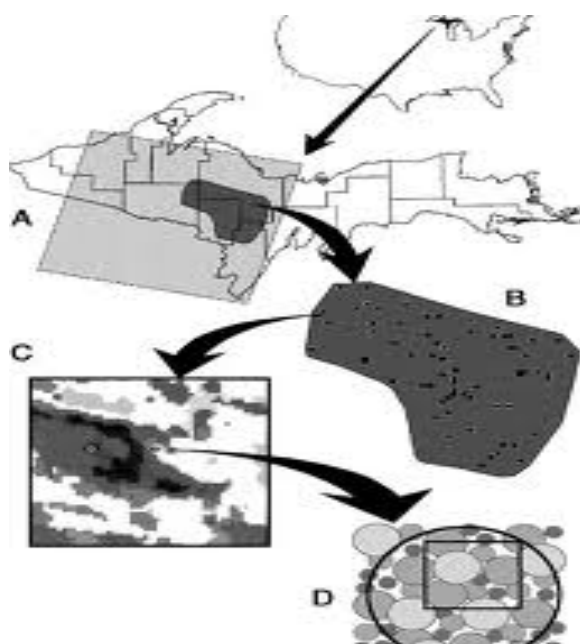


Figure 3: The LARCH model identifies symbiotic relationships between species in their “micro”, “meso” and “macro” system to support their sustainability.

The development of the Wraparound approach as today’s human service model is traced back to the 1960’s to John Brown in Canada during the era of deinstitutionalization. Brown developed the Brownsdale programs in which small group homes were established as an alternative to large institutional care of youth with emotional problems. The cornerstone of the

Brownsdale programs was the value of unconditional care, normalization of special needs in community settings and individualized, flexible programming (Potter & Mulkern, 2005; Wolfensberger, 1994). In 1975, the Brownsdale program was adapted by the founders of the Kaleidoscope program in Chicago, Illinois, also home to Jane Addam's Hull House, the first settlement house in the United States. The group home model was replaced with intensive in-home family support services and led to Kaleidoscope becoming known as the oldest initiative actually called Wraparound in the U.S (Potter & Mulkern, 2005).

Wraparound has been proven to offer effective and economical means of providing support, without the reliance on costly and controversial institutions (Cohen & Rae, 2002). Which is why during the wave of deinstitutionalization in the 1970's the model developed from principles in the Juvenile Delinquency and Prevention Act (JJDP) (1974, and ratification in 1992, 2002 and 2010): serving children at home whenever possible and moving bureaucracy out of the way so the money can follow the youth's needs.

During the 1980's, the Wraparound approach became more broadly known and adopted in the United States, primarily through its affinity with the Ecological Systems Model (Taylor, 2000; Taylor, 2003; Potter & Mulkern, 2005). In 1984, the Wraparound process became a cornerstone of the largest federal conceptualization of children's mental health care through its Child and Adolescent Service System Program (CASSP) designed to establish multi-level community-based systems to serve children with emotional, behavioral, and mental health needs. CAASP sought to address existing deficiencies in the mental health system including its fragmentation, overly professionalized service delivery, and use of restrictive and out-of-home treatments (Potter & Mulkern, 2005).

One of the first of these CASSP programs, the Alaska Youth Initiative (AYI), is often

cited as an example of Wraparound. The success of AYI led to many other community-based Wraparound initiatives, such as Milwaukee Wraparound, North American Family Institute's Project Wraparound in Vermont, led also by John Burchard and Richard Clarke, which was among the first to document the benefits of Wraparound (Netzel, 2004; VanDerberg, 2006; Potter & Mulkern, 2005). In 1995, many of the 31 sites funded as demonstration grants by Children's Mental Health Services incorporated Wraparound as a foundation for their program (Potter & Mulkern, 2005).

How Wraparound works: Core elements of Wraparound.

There are eleven core elements to Wraparound (Bruns, 2001; National Wraparound Initiative, 2004; Suter, et al, 2005) used to assess whether a true Wraparound approach is being employed. They include services and supports, which are individualized, built on strengths, and meet the needs of children and families across life domains to promote success, safety, and permanence in home, school, and community.

The approach is a team-driven process involving the family, child, natural supports (family members, friends, neighbors, religious affiliates), and formal supports (government agencies, community based organizations, therapists, teachers) together to develop, implement, and evaluate the individualized plan (Bruns, 2001; National Wraparound Initiative, 2004; Suter, et al, 2005). The process must be culturally competent, building on the unique values, preferences and strengths of children and families, and their communities. Wraparound teams must have flexible approaches and adequate and flexible funding. Wraparound plans must include a balance of formal services and informal community and family supports. The plans should be developed and implemented based on an interagency, community-based collaborative process, and outcomes must be determined and measured for the system, the program, and the

individual child and family. Each element is integral to successful wraparound services. Using a youth and family's individualized service plan, the Wraparound team which is made up of caring natural and formal supports monitor progress in terms of the core elements, and revises the plan accordingly.

This study of what does and does not work in transitioning young women from the juvenile justice system will use components of the Wraparound Fidelity Index to measure the fidelity of the girl's transition program to the Wraparound model (Netzel, 2004). The WFI was developed by John Bruchard and peer reviewed by researchers from the University of Vermont and the University of Washington, and was field-tested with over 700 hundred families in the seven years (Suter et al, 2005).

Wraparound as a best practice: The evidence-base for Wraparound services.

Studies conducted, some with the WFI, show how Wraparound is proven to be one of the Blueprint's (as described above) best practices to stabilize youth in the juvenile justice system (Blueprints, 2009; OJJDP, 2009). The federal office of Juvenile Justice and Delinquency Prevention uses the Blueprints models to determine which juvenile justice programs to fund throughout the country. Due to its origins with troubled youth, the largest evidence base for the wraparound approach exists in the fields of children's mental health and juvenile justice (Kamradt, 2000). Kate J. Wilson, Senior Writer for the Center for Public Policy Research at University of California, Davis (2008) conducted a meta-analysis of nine controlled (experimental and quasi-experimental) studies relevant to the wraparound process published in peer-reviewed journals (Walker & Bruns, 2007; Wilson, 2008). The results of these studies have been largely positive (Wilson, 2008). Improvements have been found on measures of emotional and behavioral health, on family functioning (including decreases in out-of-home-placements

and episodes of running away), and on a variety of educational outcomes (such as reduced expulsions, disciplinary actions, and dropping out). Outcomes related to delinquency or police contact have also been found, with a number of studies reporting reductions or delays in incarceration, detention, and psychiatric hospitalization.

These nine studies show a comparison of Wraparound and straight mental health services (Wilson, 2008; Clark et. al., 1998; Pullman et. al., 2006). Wraparound showed significantly fewer placement changes for youths, fewer days on runaway, and fewer days incarcerated and older youths were significantly more likely to be in a permanency plan at follow-up. Youths in the comparison group were three times more likely to commit a felony offense than youths in the wraparound group. Of youth in Wraparound who did serve detention, they did so significantly less often than their peers. Wraparound youth showed significant improvement on standardized measures of behavioral and emotional problems, increases in behavioral and emotional strengths, and improved functioning at home at school, and in the community (Pullman et. al., 2006).

One of the nine programs in Wilson's (2008) meta-analysis include Milwaukee Wraparound a national model for addressing male and female youth in the juvenile justice system. Although there was no comparison group, Milwaukee Wraparound was proven to reduce the number of youth in Residential Treatment Centers by 90 percent (Cohen & Rae, 2002; VanDerberg, 2006; Potter & Mulkern, 2005). Wraparound service provision significantly shortened their stays, reunited families, reduced the incidence of crime and saved millions of dollars in treatment costs (Cohen & Rae, 2002). By reducing the number of children in Milwaukee institutions from 385 to 40 children, the program brought significant savings — a youth's average monthly expense in Wraparound was \$3,479 versus \$7,200 for institutional care. Institutional placements average three months, down from 16 months. In three years, Milwaukee

Wraparound served more than 800 children and their families, each an average of 16 months, with a \$29 million annual budget — about the same that was being spent for the 385 children in institutions (Cohen & Rae, 2002).

An important note about Milwaukee Wraparound is that the model aided the city in collapsing its mental health, juvenile justice, special needs, substance use and child welfare systems in order to serve the actual needs of youth and families through carving out individualized budgets to match the service plans. This cross systems approach saved the city significant money and optimized service delivery to the neediest families. Shifting the exosystem created significant shifts in the microsystem (Bronfenbrenner, 1979).

Wilson's (2008) studies did not identify the use of specific services to young women, but provided overall scores for both young men and women. Dr. Beth Richie sociologist at University of Illinois in Chicago, an expert in prison reentry for females, found from her ethnographic interviews with young and adult women in prison that young women have a great need for comprehensive, wraparound services in the community that are also responsive to their needs as a woman. Richie (2001) suggested that a wraparound approach be followed that addresses young women's multiple treatment needs in a comprehensive, gender-responsive way.

She contended that child-care, transportation, safety from abusive partners, and access to staff beyond business hours is critical elements of successful stabilization. She suggests that policy should address community needs as well as individual needs to improve outcomes for women. In concluding her series of ethnographic interviews with young and adult women, she asserts:

... women need families that are not divided by public policy, streets and homes that are safe from violence and abuse, and health and mental health services that are accessible.

The challenges women face must be met with expanded opportunity and a more thoughtful criminal justice policy. This would require a plan for reinvestment in low-income communities in this country that centers on a women's need for safety and self-sufficiency (Richie, 2001, p. 13).

Richie (2001) believes that a wraparound service approach is most constructive at supporting stabilization when addressing the needs of adjudicated young women because it addresses not only the daily needs of women but the systems and policy issues that affect women.

Summary of Wraparound.

The literature shows that Wraparound encompasses the best practices, thus far, to stabilize the needs of young women transitioning to the community within the context of her and her family's self-defined environment from the microsystem to the macrosystem (Broffebrenner, 1979). Although there is only one study focused specifically on young women that shows the positive effects of wraparound, there are positive outcomes from empirical Wraparound studies with both young men and women. Wraparound is by nature dynamic. The model responds to the chronosystem of a youth and family (Bronfenbrenner, 1979). Continuums of care contain similar principles as Wraparound including continuity of care and cross systems service provision, but without validated and discrete elements. MST is effective in a vacuum. Service is exclusively for the micro-system, since only the MST staff is allowed to have contact with the youth and family to ensure that outcomes can be traced to the intervention. Studies show that reductions in recidivism increase significantly after six to eighteen months (Lipsey et al, 2010).

Unlike MST, Wraparound includes all proven transition criteria including pre-placement contact, being the agency umbrella point that tracks and supports a youth and family through

each program and system, and coordinating all concerned parties in the lives of a young women and family to support stabilization programs (Bullis, Yovanoff, & Havel, 2004). Wraparound also encompasses the gender specific criteria: (a) sensitivity to trauma is included in the service plan and addressed through culturally competent natural and formal supports based on how the need is identified by the young women and her family and not primarily based on the past case file; (b) provides individualized treatment through the individualized treatment plan; (c) emphasizes the importance of relationship through the connection to natural support systems and bringing everyone to the table; and (d) provides holistic service delivery expressed through the comprehensive individualized service plan that one person coordinates and monitors (Rivera, 2010).

Wraparound and gender responsiveness were identified as the core practices for the Bella program and as a unit of analysis for this unique case study. Although gender responsive practice is called for to address the spike of young women in the system over a 30-year period, the results the regression analysis described in the Methodology Chapter mirror the skepticism in the literature (Chesney-Lind, 1989, 1997; Chesney-Lind & Shelton, 1992, 1998, 2004, 2008; Dohrn, 2004). As the Smith and Smith (2005) study showed, the safety young women experience in a facility that adheres to gender responsive elements can actually inhibit their ability to thrive in the community. This dissertation shows that there is no relationship between the elements of a gender responsive program and stability of young women in the community. There is not necessarily an increase or decrease in their stability. The stabilization of young women is linked to fidelity to Wraparound elements, which is also reflected in the literature. What are not yet found in the literature are this study's new findings, the specific elements of

Wraparound that show the most predictive element of both stability and instability in the community.

CHAPTER FOUR: STUDY METHODOLOGY

Unique Case Study Bella Transition Program

Continuums of care, the evidence based practice Multi-Systemic Therapy and Wraparound exhibit that implementing an ecological approach serves holistic and dynamic change in the juvenile justice system. Few studies have been conducted to determine whether Wraparound, gender responsive community based transition programs actually work to prevent recidivism with young women in the juvenile justice system. The literature review shows the limited effect of residential placement. There is some evidence that gender responsive elements have positive effects on a young women's stay in a facility, but no studies are able to show that the practice affects young women's stability in the community. The research shows that the Wraparound model, which can include continuums of care and evidence based practices like MST, is effective at reducing the use of residential care for high needs youth. No studies have been done to show what in a gender responsive wraparound transition program contributes to stabilization.

This Chapter describes the Bella program background, how the program functioned and the research design. This unique case study is about the Bella young women's transition program. Bella attempted to employ the Wraparound and gender responsive practice to stabilize young women in the community. The question is whether these strategies help to keep young women out of detention and reduce the high percentage of young women entering the criminal justice system. This study measured 1) whether there was a relationship between the stability of young women and fidelity to both the Wraparound or gender responsive elements; and 2) which elements of the practices were most predictive of stability, to determine what actually does and does not work to support stabilization and prevent recidivism.

Bella was developed through the North American Family Institute in 2008. This was the first program funded by the New York State Office of Children and Family Services (OCFS) to provide transition services exclusively to young women. OCFS is the umbrella state agency over child welfare and juvenile justice for New York. The program was funded for two years until its closure in 2010 because of the reduction in referrals due to mass detention center closures. Bella's outcomes evidence strengths and gaps in services to this vulnerable population. The linear regression outcomes support that there is useful data in this rich unique case study that informs what does and does not work in transitioning young women from the juvenile justice system into the community.

North American Family Institute

Mentioned in the literature review, North American Family Institute (NAFI) was founded in 1974 in response to the first wave of deinstitutionalization. NAFI's founders were instrumental in closing prisons in Massachusetts. With over 100 programs in 11 states, NAFI runs continuum of care programs, including one for young women, as well as 15 Wraparound programs for 100's of families in New York, Massachusetts, Vermont, and Connecticut. NAFI also builds relationships between young women and police to reduce arrests. OCFS contracted with NAFI from March 2008 to August 2010 to run the Bella young women's reentry program. In Westchester County NAFI runs Family Wraparound that prevents youth from going into care through supporting relative caregivers, as well as Westchester Wraparound that transitions the hardest to place youth (youth with histories of sexual aggression and fire setting) in New York into community based networks of support. NAFI's New York, Vermont, Massachusetts Wraparound services; and Connecticut gender specific continuum of care and MST Evidence

Based Practice experience; helped Bella adopt a program model that supported families and young women transitioning from the juvenile justice system to support stabilization.

Bella.

In New York, the Bella model's mission was "empowering, encouraging and educating young women as they transition into the community." The components of the Bella Program included: 1) Family Focused and Individualized Service Delivery; 2) Gender Responsiveness; and 3) Wraparound and Community Based Programming to work with young women leaving OCFS facilities returning to Brooklyn and Queens. The program used a three-phased level system to support young women transitioning from youth correctional facilities into the community.

Family focused and individualized.

Bella's program materials proposed coaching, skills building and counseling for families, to support the young woman during reentry. How Bella provided support to the parent/care giver of the young women to create, support, and/or enhanced the family structure was measured through both the Child and Adolescent Functional Assessment Scale (CAFAS) score and the Wraparound Fidelity Index (WFI).

Gender responsive services.

Bella provided gender responsive interventions through individualized safety plans that focused on young women's emotional and physical safety, high risk behaviors i.e. pregnancy and sexualized behaviors. Bella also provided weekly groups about healthy sexuality, reproduction, harm reduction, relaxation, and wellness. Relationships were built with women owned businesses to provide vocational experience. The program's fidelity to gender responsiveness-

relational, culturally competent, holistic, trauma informed and strengths based- is measured and tested to see if there is a relationship to stability.

Wraparound.

Bella strove to collaborate with natural supports, people the young women defined as having consistent positive influence in their lives. Bella viewed the natural supports of the young women referred to the program as essential in the treatment of the young women. Bella wrapped services around a young woman and her family to get all parties involved in a unified approach to achieve defined treatment goals. Bella proposed linkages to community-based services to enhance and support all life domains such as home environment, community, relationship building, educational/vocational, social and behavioral skill development, psychological, emotional and physical wellbeing, legal assistance, and job training. The Wraparound Fidelity Index was applied to determine the youth, staff and family fidelity to these elements of the model. High fidelity is correlated to high stability.

Bella's treatment services.

There were three (3) phases of treatment services for young women and their families.

Phase 1: In the facility – assessment and service planning.

Bella staff began working with referred youth two to months prior to their release into the community. Through a series of face-to-face contacts with the parents in the community and with the youth at the facility, Bella began the process of assessing the young woman's strengths and needs. Bella staff began to identify treatment goals and community supports prior to her discharge from residential, to facilitate a structured and seamless transition back into the community.

Phase 2: In the community.

Clinicians met with the family weekly to develop treatment plans, safety plans for high-risk behaviors and to establish community supports. Sessions occurred from the point of the young woman's release from the residential facility and up to four months in the community until she was discharged from OCFS monitoring. Outreach workers met with the young women and the families to support the development of individual skills, engage in pro-social community supports and to practice coping skills identified in the treatment plan. Bella was able to continue providing services to young women and their families for up to a year after release from OCFS. Service identification included: collecting transcripts, identifying a school placement with the parents and the young women, identifying vocational, mental and physical health resources, recreation and positive peer support which may include services for Lesbian, Bi-sexual and Questioning youth (LGBT). Phase 2 was focused on behavior change and in supporting the parents/care giver in managing their youth's high-risk behaviors and rewarding positive decisions.

These services were provided through the following:

1. Family Focused treatment planning at family's home including safety planning and development of house rules, rewards and immediate consequences.
2. Crisis stabilization through a 24hour/7days per week, on call availability.
3. Educational advocacy
4. Wraparound supports through linkages to identified community resources

The service interventions were provided through:

- Family Contact – weekly
- Individual counseling with the youth - weekly

- Pro-social/recreational activities for youth who are meeting targeted goals
- Weekly Bella Youth Re-Entry groups
- Monthly Bella Parent Support/Training
- Linkages to community resources (mental health, academic programs, vocational training; recreational programs)

Phase 3: Bella's discharge and aftercare.

Phase 3 focused on supporting the youth and her family in sustaining treatment gains. Face to face contacts were less frequent as the youth and family strove to maintain goals on their own and generalize interventions within their own family system. The contacts included monthly face-to-face contact, support groups, counseling/therapy, and recreational activities for parents and youth together and support and monitoring of the community based linkages.

Research Design

This dissertation is a unique case study of the Bella program. Case files were mined and the Child and Adolescent Functional Assessment Scale (CAFAS) data was collected from intake, every 3 months and at discharge to measure a young woman and her family's stability. The aggregated Wraparound Fidelity Index (WFI) scores show how faithful the young women, caregivers and program staff were to the Wraparound model. The Gender-Responsive Program assessment tool was applied to measure whether the program was responsive to the young women's gender specific needs. A linear regression was conducted to determine if there was a significant relationship between the eleven elements of Wraparound and the stability of the young women at intake, every three months and discharge. Regression was also used to test whether stability is related to the seven elements of gender responsive programming. The element that has the most predictive effect on young women's stability is revealed through this

analysis. The program's fidelity to both Wraparound and gender responsive programming, and the young women and their family's scores on the CAFAS expose what does and does not work to support stabilization in the community.

Quantitative.

This study investigated the transition of young women from juvenile justice facilities into the community through this unique case study of Bella. The research question is-What does and does not contribute to stabilization of young women transitioning from the juvenile justice system? The Independent Variable is the Wraparound and Gender Responsive practices, and the Dependent Variable is the stabilization of the young women in the juvenile justice system.

This study employed quantitative research methods. Quantitative research methods are used when a study has what Rubin and Babbie (2001) call idiographic aims, when one is concentrating on particular cases and the unique traits or functioning of individuals, rather than on broad generalizations about human behavior. They go on to state that especially when there are unique case studies, quantitative methods are useful because one tool can be employed repeatedly over time to show change in a sample receiving intervention (Rubin & Babbie, 2001). Bella is a unique case study that measured the effect of Wraparound and gender responsiveness on the stability of young women from intake, every three months to discharge. The Child and Adolescent Functional Assessment Scale (CAFAS) a valid research tool measured stability of the young women and families incrementally. Caretaker, young woman, and staff fidelity to the models is measured by the Wraparound Fidelity Index and the Gender Responsive Program Assessment. These quantitative tools measure how the program is working overtime to transition and stabilize young women in the community.

Unique Case.

This study consisted of one case: Bella. Patton (2002) asserts how case studies are particularly valuable to program effectiveness because a program is individualized and must be assiduous in capturing individual differences among participants, diverse vantage points of the program, and unique variations from one program setting to another. This is a particularly unique case because Bella is the first program in New York State that provided gender specific transition services to young women funded by OCFS. In this design the program is instrumental to a deeper understanding of how to transition and stabilize young women in the community coming from detention (Stake, 1994).

The purpose of this unique case study is to cultivate a deeper understanding of Bella as a step down from detention for young women, and to comprehend what element of the intervention has the most consequence, most predictive effect on transitioning and stabilizing young women in the community. Identifying the most predictive element allows for a deeper understanding of where resources can be allocated to prevent detention (Stake, 1994).

Data Collection.***Sampling.***

The sampling for this study is purposive (Rubin & Babbie, 2001). Purposive sampling is used when the research design calls for a sample of people who exhibit particular attributes. Generally, these attributes are rare or unusual, and are typically not distributed normally in the larger population (Monnette, Sullivan, DeJong, 1994). This non-probability sampling targeted a specific population to understand their reaction to a specific intervention. In this study the twenty-three case files of young women transitioning from a detention facility were examined to reveal the young women's responses to the program practices. The case files are kept in a locked

drawer at the NAFI New York program site. Permission was obtained from OCFS through their two-year Institutional Review Board (IRB) process and NAFI program administrators to use the files at the office space. No names of clients or client family members were used in data collection and analysis to protect the anonymity of the young women.

Data collection sources and related measurement outcome.

The data collection tools consisted of data mining and quantitative assessment tools. The below description and Table 1, illustrates the data collection methods for this study. The Bella program was established to help young women transition from detention to the community and functioned from 2008 until 2010. Bella lost funding because of the reduction of referrals from detention facility closures. The Bella program used a gender responsive and Wraparound approach both of which were designed to improve the likelihood of stability through fidelity to these program models. The Gender Responsive Program Assessment and the Wraparound Fidelity Index were used to measure the effects of these models. The assumption was that high fidelity would correlate with high *Stability* and low fidelity would correlate with low *Stability*. The key elements of these models were tested with risk scores measured at intake, every three months and at discharge to understand their predictive effect on stability, and specifically which element had the most predictive effect on stability.

The stability of the young women in the community was determined by behavioral outcomes measured through the Child and Adolescent Functional Assessment Scale (CAFAS). The CAFAS is a risk assessment tool that is used to decide what level of placement is necessary for a young man or woman ages 8-18 based on behavior in different life domains. The CAFAS was used to determine the stability of the young women and her family. There are two aspects of *Stability*: (1) the young women's progress in the program; and 2) the outcome of her stay in the

program. 1) Progress: The Bella program tracked each young woman's stabilization progress during the program intervention by assessing the extent to which she achieved the goals that she established in her Reentry and Treatment Plans (Table 1). This information, which included school attendance; meeting curfew; and participating in therapy sessions was recorded in case notes in the young women's case files, which were one source of the stabilization data reflected through the CAFAS score. 2) Outcomes: The outcomes for Bella participants were- she either stayed in the home placement, or was placed in another stable community based placement post discharge from Bella, returned to the detention facility, or absconded from her home placement. If she stayed in the home in which she was placed post-Bella program intervention, or placed in another stable community based placement, the young woman was defined as stable. Twenty-three young women participated in the Bella program. Eleven young women achieved *Stability* and 12 did not.

All aspects of stability both process and outcomes are reflected through the young woman's risk assessment score, measured by the CAFAS. The CAFAS measured risk based on discrete behaviors of both youth and families self-reported, and observed and recorded by Bella staff. These behavioral categories include the domains listed in Table 1. The Bella staff conducted the CAFAS risk assessment at four different points during the program: (1) when a young woman received an intake for the Bella program in detention six weeks to three months before reentry (base line), (2) upon entry into the community (intake), (3) three to six months after being placed with a family and every three months in the program, and (4) at discharge, the end of her program participation. A high-risk CAFAS score indicates low stabilization and a low risk score indicates high stabilization.

Table 2

Lists data collection tools, description of stabilization domains within tools, outcomes measured in tools, how the measure relates to the study, and study aim

<u>Data Collection Tool Description</u>	Child and Adolescent Functional Assessment Scale (CAFAS)	<u>Gender Responsive Program Assessment</u>	<u>Wraparound Fidelity Index (WFI)</u>	<u>Data mining</u>
	<p>The CAFAS is a validated tool with good reliability that measures risk in youth and caregivers to determine whether more or less restrictive settings are appropriate for the youth.</p>	<p>This validated tool measures fidelity to a gender responsiveness approach.</p>	<p>This validated tool measures the fidelity to the Wraparound Approach. The Tool measures the fidelity to Wraparound</p>	<p>Case files of young women and their family from Bella program include: weekly treatment and safety plans; reentry plans; daily progress notes; school records and grades; probation and court documents; and psychological evaluations.</p>
<u>Stabilization Domains</u>	<p>School/Work: ability to function satisfactorily in a school or work setting.</p> <ul style="list-style-type: none"> • Home: ability to perform age appropriate tasks and follow rules at home •Community: ability to respect for the rights and property of others and compliance with laws. • Behavior Toward Others: appropriate behavior toward others •Moods/Emotions: ability to appropriately experience, control and express feelings • Self Harmful Behavior: ability to cope without harming self or threatening to harm self • Substance Abuse: use and extent it 	<ol style="list-style-type: none"> 1. Theoretical Foundation and Mission Statement 2. Site and Facility 3. Administration and Staffing 4. Program Environment/Culture 5. Treatment Planning 6. Program Development 7 Program Assessment 	<p>Element 1- Caregiver Voice and Choice; Element 2- Youth and Family Team; Element 3- Community Based Services & Supports; Element 4- Cultural Competence; Element 5- Individual Services & Supports; Element 6- Strength based services and supports; Element 7- Natural Supports Element; 8- Continuation of services & supports; Element 9- Collaboration; Element 10- Flexible funding & resources; Element 11- Outcome Based Services & Supports</p>	<p>Treatment Plans: Goals in program, type of intervention, duration, staff responsible. Safety Plans: risky behavior, triggers, interventions, people accountable in safety protocol at all levels of interventions. Reentry Plans: Goals in each life domain (school, mental/ medical health, family, home placement, pro-social) intervention, duration, person responsible.</p>

	<p>interferes with functioning</p> <ul style="list-style-type: none"> • Thinking: ability to use rational thought processes • Caregiver resources: material needs Subscale • Caregiver resources: Family/social support 			
<u>Outcome Measured</u>	<p>Risk/ Stability Bella participants were assessed for risk using the CAFAS upon intake in the detention facility, upon entry into the community, at three months and before discharge from the program. These scores were collected from the files and compared to show how the severity of risk changed as program participation progressed, and how the risk scores were related to whether a young woman stayed in the community or went back into a detention facility.</p>	<p>Fidelity to a Gender Responsive Model All youth/family files will be assessed using the gender responsiveness program assessment to determine whether the Bella program effectively implemented gender responsive interventions and whether these interventions contributed to her stabilization in the community.</p>	<p>Fidelity to Wraparound All youth/family files are assessed using the Wraparound Fidelity Index at intake in the detention facility, upon entry into the community, at three months and before discharge from the program to determine whether the Bella program effectively implemented wraparound interventions, and whether these interventions did or did not contribute to the stabilization in the community.</p>	<p>Daily progress in Bella program</p>
<u>How Measure Relates to Study Aim</u>	<p>Scores reflect all case notes and treatment plans. How did the risk score at all phases of the program intervention correlate with the program interventions Wraparound and gender responsiveness?</p>	<p>How did fidelity to the gender responsive approach correlate with risk, stabilization in the community?</p> <p>Regression analysis will show if there was correlation between fidelity to a gender responsive model and</p>	<p>How did fidelity to the Wraparound Approach correlate with stabilization in the community?</p> <p>Regression analysis will show if there was correlation between fidelity to the Wraparound Approach and stabilization; as</p>	<p>Data in case files is incorporated into the CAFAS assessment and tested through regression with the gender responsive program assessment and the wraparound fidelity index scores to inform whether there is a relationship between stability and fidelity. How did the fidelity to both the Wraparound and gender responsive models correlate</p>

<p>stabilization; as well as which elements within this model most significantly contributed to stabilization.</p>	<p>well as which element within this model had the most predictive effect on stabilization.</p>	<p>to stability?</p>
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This study used CAFAS risk scores including data extracted from case files to determine stability. Scores from both the Wraparound Fidelity Index and Gender Responsive program assessment tools show program participant, caregiver and staff adherence to the practice elements. Regression analysis was conducted to show which elements in particular have the most predictive effect on the stability of young women and their families. The elements that emerged as having predictive effect create a map to necessary resources that improve community stability for youth in the juvenile justice system.

Assessment tools.

The CAFAS scores were extracted from the case records through data mining to collect data that showed the young women's change in behavior from the pre-placement transition process to the community. Questions from the Wraparound Fidelity Index indicated the young women's, their caregiver's, and staff's fidelity to the Wraparound model, highlighting key elements that do and do not contribute to stabilization. The Gender-Responsive Program Assessment was also applied to the case records to determine whether Bella was able to implement the gender responsive elements effectively to support stability. Data from both Assessment tools was then run through a linear regression model as the independent variables, with the CAFAS scores as the dependent to determine which element of the program intervention had the most predictive effect on stabilization in the community.

The Child and Adolescent Functional Assessment Scale (CAFAS).

The CAFAS was chosen from a meta-analysis of potential tools to assess young women's eligibility and behavioral change in the Bella program. The meta-analysis reviewed risk assessment tools from across the country used with young men and women in a diverse array of residential settings including juvenile justice. The reason it was chosen in comparison to other tools was 1) it is validated with the population; 2) it is no monetary cost; and 3) it is strengths based, one of the wraparound principles. The CAFAS was used with another program in the umbrella organization, NAFI's Westchester Wraparound program for youth with the highest needs in New York State, and it was effective at determining an accurate baseline of risk during an initial intake, and at charting how risk level was affected throughout the program phases by different interventions over time.

The CAFAS (Hodges, 1990, 1994) is an inventory for measuring functional impairment in children and adolescents that was originally designed for use in a mental health policy research project. The instrument consists of five child scales: Role Performance- school/work, home and community; Thinking; Behavior towards Self and Others; Mood/Emotions; and Substance Abuse, as well as two child's caregiver scales- Basic Needs and Family/Social Support. For each scale, the extent of problems is rated on a 4-point scale, where 30 corresponds to severe, 20 to moderate, 10 to mild, and 0 to minimal to no risk.

The child total score is defined as the sum of scores on the individual child scales. The scoring indicates that 0-10 (Minimal to no risk): youth exhibits no noteworthy impairment; 20-40 (Minimal to mild/moderate risk): youth can likely be treated on an outpatient basis, provided that risk behaviors are not present; 50-90 (Moderate risk): youth may need additional services beyond outpatient care; 100-130 (Moderate to severe risk): youth likely needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care; and

140 & higher (Severe risk): youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and community.

Twenty-three young women's program files were assessed using the CAFAS to determine change in behavior throughout the program. Once the scores were aggregated, data mining was employed to see if the CAFAS outcomes matched the files including psychological evaluations, Individual Educational Plans (IEP), Individual Reentry Plans, Safety Plans and the daily Progress Notes. The CAFAS was conducted and documented at intake, three months in the progress notes, every three months, and at discharge. Table 2 shows the stability scores of the young women from the CAFAS assessment tool.

CAFAS Scores	<u>0-10</u> Youth exhibits no noteworthy impairment	<u>20-40</u> Youth likely can be treated on an outpatient basis, provided that risk behaviors are not present	<u>50-90</u> Youth may need additional services beyond outpatient care	<u>100-130</u> Youth likely needs care that is more intensive than outpatient and/or which includes multiple sources of supportive care	<u>140 & higher</u> Youth likely needs intensive inpatient treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community
Number of Young Women in risk ranges Discharged as Yes stable and No stable	4- Yes	4- Yes 1- No	2- Yes 5- No	1- Yes 2- No	4- No

Out of 23 cases, 11 were stable in the community after the program intervention and 12 were not. The above table reveals where the data mined from the case files can describe why there was 1 "No" in the 20 to 40 lower risk higher stability range and 3 "Yes's" in the 50 to 140

and higher ranges. These cases in particular highlight discrepancies in the program intervention and the juvenile justice system, further explored in Chapter 5: Results of Data Analysis and deserve the focus of further qualitative study.

Wraparound Fidelity Index (WFI).

The Wraparound model was used in Bella to transition young women to the community from detention facilities. The WFI evaluates the participant's fidelity or adherence to the Wraparound service model. Wraparound uses a team approach, including a youth, family, natural and formal supports to determine service provision per youth and family. In 1995, Wraparound proponents developed an Index to measure the fidelity of the wraparound model. They established the Wraparound Initiative and devised the Wraparound Fidelity Index. Researchers have been field-testing the tool, collecting data from over 700 Wraparound participants, for six years (WFI, 2005).

The WFI was applied to each Bella case file and the fidelity scores were measured with the CAFAS scores to understand what does and does not contribute to stabilization. The WFI was designed to assess adherence to the essential elements of Wraparound. The adherence to these elements is the foundation of proper implementation, and as such, the WFI is designed to assess the extent to which these elements are present in service delivery (WFI, 2005).

The 11 core elements of wraparound:

1. *Voice and Choice:* Families must be full and active partners at every level of the Wraparound process. If the team cannot reach consensus, the final decision should be up to the caregiver.

2. *Youth and Family Team:* Wraparound is a team-driven process involving caregivers, youth, natural supports, and community services working together to develop, implement, and evaluate the individualized plan.
3. *Community-based:* Services and Supports Services and supports that the youth and family receive should be based in their community. The family should not have to leave their community if more restrictive services are necessary.
4. *Cultural Competence:* The team should not only be respectful of the family's beliefs and traditions, but also actively seek to understand the family's unique perspectives and convey them to others.
5. *Individualized Services:* Services and supports will be tailored to the unique situation, strengths, and needs of each individual, and may involve existing categorical services and informal supports; modifying existing services and supports; and/or creating new services and supports. Further, the team should create a specific plan to meet the family's goals and a crisis/safety plan to manage potential emergencies.
6. *Strength-based Services:* The focus of the team should be on what is working and going well for the family. While goals may be drawn up based on the family's needs, the plan should capitalize on the family's positive abilities and characteristics.
7. *Natural Supports:* Services and supports should reflect a balance of formal and informal community and family supports rather than a reliance on formal professional services.
8. *Continuation of Care:* Services and supports must be provided unconditionally. In a crisis, services and supports should be added rather than placing the youth with a new provider.
9. *Collaboration:* The team should coordinate services and supports so they seem seamless to the family rather than disjointed.

10. *Flexible Funding and Resources*: Successful Wraparound teams are creative in their approach to service delivery and have access to flexible funds and resources to implement their ideas.
11. *Outcome-based Services*: Specific, measurable outcomes should be monitored to assess the youth and family's progress toward goals (National Wraparound Initiative, 2004; Wraparound Fidelity Index, 2005).

The eleven core elements of Wraparound guide the Wraparound Fidelity Index in testing participant fidelity. The WFI asks questions that speak to the adherence to these elements. Data in the case records was measured using these questions to determine fidelity to Wraparound. Table 3 shows the number of cases under each fidelity range, and which cases were “Yes” and “No” Stability. “Over 80%” is the highest percentage of fidelity to the model and “below 67%” is the lowest. Scores are the average fidelity of the youth, caregivers and staff across all eleven elements at discharge. Appendix 1 shows average fidelity scores for Youth, Caregivers and Staff across all 11 elements.

Table 4

The number of cases in each fidelity percentage range at discharge and how many ended up being stable in the community

WFI Scores	<u>under 67%</u> not adherent to the wraparound elements. Scores under 65% are typical of “services as usual” or wraparound programs just underway.	<u>67%-73%</u> indicate low levels of adherence to wraparound, typical of wraparound programs without good supports or that are still establishing themselves.	<u>74%-80% adequate or acceptable</u> adherence to wraparound, typical of established wraparound programs nationally.	<u>Over 80%</u> above-average adherence to wraparound. Scores in this range indicate a likelihood of greater presence of supports and potential to achieve superior child and family outcomes.
Number of cases Discharged as Yes stable and No stable within average % ranges	1- Yes 4 - No	3- No	4- Yes 1- No	6- Yes 4-No

The WFI assumes high fidelity relates to stability and low fidelity relates to lack of stability. The above table reveals where the data mined from the case files can describe why there was 1 “yes” in the under 67% range, 1 “no” in the 74% to 80% range, and 4 “no’s” in the over 80% range. These cases in particular highlight discrepancies in the program intervention and juvenile justice system, and will be referenced in Chapter 5: Results of Data Analysis, and deserve the focus of further qualitative study. Linear regression shows whether there is a relationship between the 11 elements of Wraparound and the CAFAS scores, and if so which one has the most predictive effect on young women’s stability in the community.

The Gender-Responsive Program Assessment tool.

The Gender-Responsive Program Assessment tool is an instrument used by program administrators, program evaluators, agency monitors and staff to evaluate the gender responsiveness of programs for women and girls and obtain feedback that can be used to improve the quality of a program's services (Covington & Bloom, 2008). This assessment instrument is

based on the fundamental elements of quality programming, including the following guiding principles from *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders* Report (Bloom, Owen, & Covington, 2003), published by the National Institute of Corrections, and the following definition: Being gender-responsive means creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the lives of women and girls and responds to their strengths and challenges (Covington & Bloom, 2008):

1. *Gender.* Acknowledge that gender makes a difference.
2. *Environment.* Create an environment based on safety, respect, and dignity
3. *Relationships.* Develop policies, practices and programs that are relational and promote healthy connections to children, family, significant others, and the community.
4. *Services and Supervision.* Address substance abuse, trauma, and mental health issues, through comprehensive, integrated, culturally relevant services and appropriate supervision.
5. *Socio-economic Status.* Provide women with opportunities to improve socio-economic conditions.
6. *Community.* Establish a system of community supervision and re-entry with comprehensive, collaborative services.

The Gender-Responsive Program Assessment reviews the following program elements:

1. Theoretical Foundation and Mission Statement
2. Site and Facility
3. Administration and Staffing
4. Program Environment/Culture

5. Treatment Planning
6. Program Development
7. Program Assessment

Scoring.

The instrument uses a five-point Likert scale to indicate the respondent's agreement with each statement, measured on a continuum:

1. No, not at all
2. Yes, but needs significant improvement
3. Yes, but needs some improvement
4. Yes, functions reasonably well
5. Yes, functions very well

NA Not applicable

This assessment tool was applied to the case files to assess whether the Bella program was gender responsive. Table 4 below shows the combined average assessment scores of the young women, staff and caregivers.

Theoretical Foundation and Mission Statement	Site and Facility	Administration and Staffing	Program Environment/ Culture	Treatment Planning	Program Development	Program Assessment	Bella program Average
3.6	4.0	3.7	3.7	3.6	3.4	3.5	3.6

The scores show that there is average to above average gender responsiveness in the Bella program: from “yes, but needs some improvement” to “yes, functions reasonably well.” Linear

regression shows whether there is a relationship between these elements and the CAFAS scores, and if so which one has the most predictive effect on young women's stability.

Data mining.

The data mining entailed reviewing 23 case files of the young women and their families who participated in the Bella program to understand what does and does not contribute to the stabilization of young women transitioning from the juvenile justice system. Dr. Irwin Epstein (2010) is one of the pioneers of data mining. He writes about how social workers in service provision settings routinely collect and record an abundance of psycho-social information about client characteristics and presenting problems, social worker interventions and client responses to these interventions (2010). This information is intended for clinical, supervisory, administrative and accountability purposes. Despite the amount, accessibility and un-intrusiveness of available client information, social workers have rejected this method because of assumed unreliability. Thus, the use of this data has been basically unexplored. Dr. Epstein (2001) breaks ground and purports that the data can be mined and converted into valuable retrospective quantitative databases for practice based research projects.

Practice based research opposed to research based practice is inductive instead of deductive, is retrospective or prospective, instead of just prospective, and uses non-experimental or quasi-experimental designs instead of randomized experimental methods (2010). This unique case study of Bella is retrospective, non-experimental, and quantitative, thus is practice-based research and benefits from the data mining method.

Data in the 23 case files of the young women and their families from Bella include daily progress notes of staff's contact with youth, families and collateral contacts; individualized reentry plans; safety plans; treatment plans; psychological evaluations; court reports; and risk

assessment scores. Table 1 lists the domains of the above plans, the CAFAS, WFI and Gender Responsive program assessment. This data was mined from the daily progress notes and Plans, and distilled through its aggregation on the chart. Data was then fed into the assessment tools to determine the risk/stability and fidelity scores. Scores from both were then used in a linear regression to understand which elements of the gender responsive and Wraparound approach ultimately had the most predictive effect on stabilization.

Study Limitations

This researcher was the co-founder and Regional Director of the New York State Region of North American Family Institute programs. Although this researcher was not the Program Director primarily responsible for daily Bella program outputs and outcomes, this researcher was responsible for the overall administration and evaluation for New York programs. As Auslander, Dobrof and Epstein (2001) refer to in their article about data mining in practice-based research, critics believe there is bias in practice-based research because researchers are studying their own patients. Also, in a standard quantitative study, the 23 cases reviewed for this dissertation would not yield viable evidence that can be generalized to the larger population. In this retrospective, practice based research study, the authors claim that the efficiency and efficacy gained from the mining far outweigh the potential negative consequence of subjectivity and a “small” sample size (Auslander, Dobrof & Epstein, 2001). Social work practice is greatly enhanced when it is reflectively reviewed. Social Workers gain invaluable insight about practice improvement specific to a population (Auslander, Dobrof & Epstein, 2001).

Interviews with youth, families and staff would have enhanced and expanded the understanding of which practice element had the most predictive effect on stability. The IRB process to access the files from the State took two years. Interviews lose their viability over

time. Qualitative findings from the progress notes mined from the files give real time insight into what contributes to stabilization. In order to keep this dissertation focused, future work will more deeply explore the qualitative outputs and outcomes of this study.

Conclusion

This research design is a retrospective data mining quantitative study. The study tested which elements of the Bella program practices had a predictive effect on the stability of young women transitioning from the juvenile justice system. All data was mined from extensive excavation of assessment tool score aggregation, progress notes and treatment plans. The linear regression showed if the dependent variable, the CAFAS scores, stability had a relationship to and is influenced by the independent variable, the Wraparound and gender fidelity responsive scores. The regression determined if the practices had a predictive effect on young women's stability in the community. Chapter 5 describes the results of the regression.

CHAPTER FIVE: RESULTS OF DATA ANALYSIS

Units of Analysis

Wraparound and a gender responsive approach were employed in the Bella program to stabilize young women in the community. A unit of analysis is a way of organizing, categorizing and ultimately scrutinizing data (Lofland & Lofland, 1984). The units of analysis employed to investigate transition to community-based placements for young women are the Bella program practices. Practices are repeated actions that have social significance (Lofland & Lofland, 1984). This unit of analysis specifies the purpose of this inquiry- to understand how these practices worked to transition and stabilize young women in the community.

Qualitative Findings Support Quantitative Analysis

This dissertation employs quantitative methods to test the effect of the Bella program practices on the stability of the young women. A new dissertation project is necessary to undertake a thorough exploration of the qualitative data, yet initial aggregation of data points from the case files help describe the young women's reasons for "Yes" and "No" stability and verify the quantitative reasons why 12 out of the 23 young women had "No" stability and why 11 had "Yes" stability. These qualitative data points substantiate the quantitative findings from the regression analysis and suggest direction for further intervention, investigation and advocacy explicated in Chapter 6: Implications for Social Work.

Why "Yes" and "No" Stability?

It is important to note that none of the young women with "No" stability were arrested on a new charge. The young women put back into facility were placed for "safety reasons," or status offenses, described in the problem statement as a primary reason for the incarceration of young women. Twenty-one percent (5) of the young women in Bella with "No" stability "ran

away” from their placement. None who ran away had a secure attachment to their caregivers or structure in their homes. Twenty-six percent (6) of the young women were put back in jail not for any new crime but because their caregivers would not allow them to return home, and they had no other placement options. One was kept for another “stay” in detention because of getting in a fight with another resident. One hundred percent of the young women with “Yes” stability had some semblance of caregiver/family engagement. All of the young women with “Yes” stability were engaged in treatment with the Bella staff and were connected to at least two community based supports. Experiences of the young women in Bella extracted from the progress notes confirm the below quantitative findings from the linear regression analysis.

Quantitative Data Analysis

Operational definitions.

The 23 case records of the young women and families were assessed with the above quantitative tools: CAFAS, WFI and Gender Responsive Program Assessment (Table 2). Data was extracted and aggregated in charts. CAFAS scores taken at Intake, every 3 months and at discharge represent the dependent variable. High CAFAS scores indicate “No” Stability defined as a young woman returned to or remained in detention, or had no contact with the program or probation staff. Low CAFAS scores indicate “Yes” Stability, defined as a young woman remained in the community residing in a non-restrictive placement. The independent variables were fidelity to the Wraparound Model and Gender Responsive program elements. High fidelity corresponds to “Yes” Stability and low fidelity corresponds “No” Stability.

Linear regression.

SPSS was used to conduct a linear regression analysis (Table 6 and Table 7) to determine 1) if there is a relationship between stability and the Wraparound and gender responsive approaches; and 2) if so, which element had the most predictive effect, in order to answer what does and does not contribute to stability of young women transitioning from the juvenile justice system. Linear regression was chosen because it measures whether the independent variable has a predictive effect on the dependent variable. Regression determines whether the elements of Wraparound and gender responsive programming influence the stability of the young women, and more specifically which element has the most predictive effect. The Stepwise process was conducted to test which specific elements out of each group of independent variables had significance. A second regression was conducted to test which element, out of the group of independent variables, with relationships to the dependent variables, had the most predictive effect on the stability of young women transitioning from the juvenile justice system.

In this analysis, Multiple Correlation (R) is described to show the change in the dependent variable (stability) that can be described by the independent variable (Wraparound and gender responsive elements). The Analysis of Variance (ANOVA) shows whether there is a statistically significant difference between the group means, indicating whether the independent variables had impact on the dependent. Coefficients show significance (Sig.)- with what level of confidence a relationship between the variables can be proven; and Beta Weights (Beta)- rate of change in the stability of the young women and their families brought on by the elements, thus, the level of change in stability that can be predicted by the Wraparound or gender responsive elements.

First step: Stepwise.

Stepwise process is used to hone in on the independent variables that have a relationship to the dependent variable when there are multiple independent variables. Stepwise entails the step-by-step iterative development of a regression model through the automatic selection of independent variables. Stepwise is achieved either by trying out one independent variable at a time and including it in the regression model if it is statistically significant, or by including all potential independent variables in the model and eliminating those that are not statistically significant.

This study was conducive to the Stepwise process because of the multiple independent variables. All the elements were run through a regression model at one time to see which one was significant. The eleven elements of Wraparound: Element 1-Caregiver Voice and Choice; Element 2- Youth and Family Team; Element 3- Community Based Services & Supports; Element 4- Cultural Competence; Element 5- Individual Services & Supports; Element 6- Strength based services and supports; Element 7- Natural Supports Element; 8- Continuation of services & supports; Element 9- Collaboration; Element 10- Flexible funding & resources; Element 11- Outcome Based Services & Supports were run through a linear regression model to determine which ones had a relationship with the dependent variables. A relationship was established first before understanding what level of predictive effect each element of Wraparound had on the stability of the young women during each stage of the program intervention (Intake; 0-3 months; 3-6 months; 6-9 months; and Discharge).

Stepwise was applied to the seven elements of gender responsive programming: 1- Theoretical Foundation and Mission Statement; 2-Site and Facility; 3-Administration and Staffing; 4-Program Environment/Culture; 5-Treatment Planning; 6- Program Development; and 7- Program Assessment.

Second Step: Honing in on specific Wraparound elements.

None of the elements of the gender responsive elements (Table 7) yielded a relationship to the stability of young women transitioning from a detention facility into the community at any phase of the process. The fact that there is no significant relationship reflects the outcome of the meta-analysis in the literature review that shows no relationship between the stability of young women transitioning from the juvenile justice system and a gender responsive approach (Smith & Smith, 2005; Rokach, 1997).

Also reflected in the literature review, some elements of Wraparound (Table 6) did show a significant relationship to the stability of young women transitioning from the juvenile justice system (Walker & Bruns, 2007; Wilson, 2008). The four elements that yielded significance from the stepwise process were Wraparound elements One (Caregiver Voice and Choice), Three (Community Based Services & Supports), Five (Individual Services & Supports) and Nine (Collaboration). These four independent variables were then run back through the model with all dependents. Table 5 shows that Element One (Caregiver Voice and Choice), Three (Community Based Services & Supports), and Five (Individual Services & Supports) yielded significance.

Analyzing the data.

Refer to Table 6 and 7 below to see the regression models conducted. The significance, “Sig”, column under both the ANOVA and COEFFICIENT tests is checked first when analyzing the results of a linear regression. It shows the goodness of fit of the model. The lower this number, the better the fit. If “Sig” is greater than 0.05, it is concluded that the model could not fit the data. If the value in “Sig” is less than 0.05, then it is assumed that the estimate in column “B” (beta weight) under the COEFFICIENT tests can be asserted as true with a 95% level of confidence. The beta weight shows to what extent the independent variable can predict the

dependents. Thus, beta weights show the level of stability change that can be predicted by the Wraparound elements. Under the Model Summary in both Table 5 and 6 “R” and the Adjusted R square are listed at the top of the regression model to show whether the elements tested yield a relationship. The R shows the correlation between the dependent (risk scores, which qualify as stability) and independent (elements of Wraparound) variables. The Adjusted R square, measures the proportion of the variance in the dependent variable (risk scores, which qualify as stability) that was explained by variations in the independent variables (wraparound elements).

The regression analysis showed the following correlation between the three elements of Wraparound that yielded significance from the Stepwise process and stability at Intake, 0-3 months and Discharge (Table 6). At Intake, there is a 70% correlation (R) between the independent and dependent variables. The Adjusted R square, at 37%, measures the proportion of the variance in the dependent variable (stability) that was explained by variations in the independent variables (wraparound elements). At 0-3 Months, there was an 88% R between the independent and dependent variables. The Adjusted R square, at 72%, measures the proportion of the variance in the dependent variable (stability) that was explained by variations in the independent variables (wraparound elements). At Discharge, there was a 74% R between the independent and dependent variables. The Adjusted R square, at 44%, measures the proportion of the variance in the dependent variable (stability) that was explained by variations in the independent variables (wraparound elements).

Element 1: Caregiver Voice and Choice.

Element 1 (Table 6-INTAKE under ANOVA, and Coefficient) showed significance during Intake at a level of .015 with a beta weight of -.586. The beta weight indicates Wraparound element’s “power” to predict the stability of young women transitioning from the

juvenile justice system. The beta weight indicated that as fidelity to this element of Wraparound increased the risk scores of the young women decreased. Thus, the stability of the young women and their families is more likely if Caregiver Voice and Choice is employed during Intake.

Element 5: Individual Services and Supports.

Element 5 (Table 5- 0-3 MONTHS under ANOVA, and Coefficient) showed significance during 0-3 Months of the program intervention at a level of .001 with a beta weight of .944. This indicates that as fidelity to Element 5 increased the risk scores of the young women increased. Hence the young women are less stable during 0-3 months when there is increased fidelity to individual services and supports. This decreased stability as a result of this element is very interesting and begs further exploration.

Element 3: Community Based Services and Supports.

Element 3 (Table 6-INTAKE, 0-3 MONTHS, and DISCHARGE under ANOVA, and Coefficients) stood out as having the most significant relationships across the dependent variables and is most reflective of this study's literature review findings, and the initial swab of qualitative data. At Intake, the significance level was .012 and the beta weight was -.745. The risk of young women's recidivism decreased as the fidelity to this element increased, thus predicting better chances of stability. At 0-3 months the significance level could not be better at .000 and a beta weight of -1.018. At Discharge the significance level was .002 with a beta weight of -.919. Thus during Intake, 0-3 months and Discharge fidelity to the provision of Community Based Services and Supports significantly increased the stability of the young women.

Table 6 shows the Linear Regression analysis of Wraparound elements and stability at different stages of intervention: Intake, Zero to Three Months, and Discharge.

Table 6

Linear Regression analysis of relationship between Wraparound elements and stability at different stages of intervention: Intake, Zero to Three Months and Discharge

Intake: Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
.697	.486	.372	19.07590

Notes: Independent Variable or Predictors: (Constant), WrapNine, WrapOne, WrapThree, WrapFive; and b. Dependent Variable: Intake Stability Score. R shows the correlation between the dependent and independent variables- 70% of the variance in Stability of the young women during Intake can be explained by the fidelity to Wraparound element Nine, One, Three and Five of Wraparound. Adjusted R square measures the proportion of the variance in the dependent variable that was explained by variations in the independent variables.

ANOVA

Model	Sum of Squares	df	Mean square	F	Sig.
Regression	6197.808	4	1549.452	4.258	.013
Residual	6550.018	18	363.890		
Total	12747.826	22			

Notes: Dependent Variable: IntakeScore; and Independent Variable or Predictors: (Constant), WrapNine, WrapOne, WrapThree, WrapFive. The Analysis of Variance (ANOVA) shows whether there is a statistically significant difference between the group means, indicating whether the independent variables had impact on the dependent. The significance level is 0.013, which is below 0.05. Therefore, there is a statistically significant difference in the mean stability score at Intake and the fidelity to the Wraparound elements One, Three, Five and Nine. Fidelity to Wraparound has impact on the Stability of the young women.

Coefficients	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
Model	B	Std. Error	Beta		
(Constant)	147.158	31.991		4.600	.000 ₁
WrapOne	-1.136	.422	-.586	-2.695	.015
WrapThree	-.594	.212	-.745	-2.802	.012
WrapFive	.588	.372	.551	1.580	.132
WrapNine	.059	.429	.049	.138	.891

Notes: If "Sig" is greater than 0.05, it is concluded that the model could not fit the data. If the value in "Sig" is less than 0.05, then it is assumed that the estimate in column Beta can be asserted as true with a 95% level of confidence- Element One .015 and Element Three .012. The beta weight shows to what extent fidelity to Wraparound Element One, Three, Five and Nine can predict the Stability of young women during Intake. Both Element One, -.586 and Element Three, -.745 shows that the stability of young women increases if fidelity to these two elements increases.

ZERO to THREE MONTHS: Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.881	.776	.726	30.44513	
<p><i>Notes: Independent Variable or Predictors: (Constant), WrapNine, WrapOne, WrapThree, WrapFive; and b. Dependent Variable: ZeroToThreeMonths. R shows the correlation between the dependent and independent variables- 88% of the variance in Stability of the young women during Intake can be explained by the fidelity to the element Nine, One, Three and Nine of Wraparound. Adjusted R square measures the proportion of the variance in the dependent variable that was explained by variations in the independent variables.</i></p>					
ANOVA					
Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	57863.520	4	14465.880	15.607	.000 ¹
Residual	16684.306	18	926.906		
Total	74547.826	22			
<p><i>Notes: Dependent Variable: ZeroToThreeMonths; and b. Independent Variable or Predictors: (Constant), WrapNine, WrapOne, WrapThree, WrapFive. The Analysis of Variance (ANOVA) shows whether there is a statistically significant difference between the group means, indicating whether the independent variables had impact on the dependent. The significance level is .000, which is below 0.05. Therefore, there is a statistically significant difference in the mean stability score at Zero to Three months and the fidelity to the Wraparound elements One, Three, Five and Nine. Fidelity to Wraparound has impact on the Stability of the young women during Zero to Three months.</i></p>					

Coefficients	Unstandardized Coefficients		Standardized Coefficients		
Model	B	Std. Error	Beta	t	Sig.
(Constant)	168.346	51.057			
WrapOne	-.858	.673	-.183	3.297	.004
WrapThree	-1.962	.338	-1.018	-1.276	.218
WrapFive	2.436	.594	.944	-5.800	.000 ¹
WrapNine	-1.068			4.104	.001
<p><i>Notes: If "Sig" is greater than 0.05, it is concluded that the model could not fit the data. If the value in "Sig" is less than 0.05, then it is assumed that the estimate in column Beta can be asserted as true with a 95% level of confidence- Element Three .000 and Element Five .001. The beta weight shows to what extent fidelity to Wraparound Element One, Three, Five and Nine can predict the Stability of young women during Zero to Three months Both Element Three -1.018 and Element Five .944 show that the stability of young women increases if fidelity to Element Three increases and decreases as fidelity to Element Five increases.</i></p>					

DISCHARGE: Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.736	.542	.440	47.11655
<p><i>Notes: Independent Variable or Predictors: (Constant), WrapNine, WrapOne, WrapThree, WrapFive; and b. Dependent Variable: Discharge. R shows the correlation between the dependent and independent variables- 74% of the variance in Stability of the young women during Discharge can be explained by the fidelity to the element Nine, One, Three and Nine of Wraparound. Adjusted R square measures the proportion of the variance in the dependent variable that was explained by variations in the independent variables.</i></p>				

ANOVA	Sum of Squares	df	Mean Square	F	Sig.
Regression	47301.425	4		5.327	.005
Residual	39959.444	18	11825.356		
Total	87260.870	22	2219.969		

Notes: Dependent Variable: Discharge; and Independent Variable or Predictors: (Constant), WrapNine, WrapOne, WrapThree, WrapFive. The Analysis of Variance (ANOVA) shows whether there is a statistically significant difference between the group means, indicating whether the independent variables had impact on the dependent. The significance level is .005, which is below 0.05. Therefore, there is a statistically significant difference in the mean stability score at Discharge and the fidelity to the Wraparound elements One, Three, Five and Nine. Fidelity to Wraparound has impact on the Stability of the young women at Discharge.

Coefficients	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
Model	B	Std. Error	Beta		
1(Constant)	113.009	79.015		1.430	.170
WrapOne	.070	1.041	.014	.067	.947
WrapThree	-1.918	.524	-.919	-3.662	.002
WrapFive	1.085	.919	.389	1.181	.253
WrapNine	-.078	1.060	-.024	-.073	.942

Notes: If "Sig" is greater than 0.05, it is concluded that the model could not fit the data. If the value in "Sig" is less than 0.05, then it is assumed that the estimate in column Beta can be asserted as true with a 95% level of confidence- Element Three .002. The beta weight shows to what extent fidelity to Wraparound Element One, Three, Five and Nine can predict the Stability of young women during Discharge. Element Three -.919 indicates that the stability of young women increases during Discharge if fidelity to Element Three increases.

Conclusions from Wraparound data analysis.

Element 3: Community Based Services and Supports.

Bella proposed linkages to community-based services to enhance and support all life domains such as home environment, community, relationship building, educational/vocational, social and behavioral skill development, psychological, emotional and physical well-being, legal assistance, and job training. Outreach workers met with the young women and the families to support the development of individual skills, engage in pro-social community supports and to practice coping skills identified in the treatment plan.

In this review of Wraparound used in the unique case study Bella, it is important to assess

whether the above program elements effectively included the transition components cited by the above empirical research: 1) referral, 2) pre-placement, 3) community-care including aftercare (Bullis, et al. 2000, 2002, 2004, 2006). These components strongly link to family, community, and social services, and especially to where young women will reside throughout the transition process. The Wraparound Community Based Services and Supports element states that the "...supports the youth and family receive should be based in their community. The family should not have to leave their community if more restrictive services are necessary" (National Wraparound Initiative, 2004; Wraparound Fidelity Index, 2005).

Connection to Community Based Services and Supports had the most significant and predictive effect during Intake, Zero to Three months and Discharge on the stability of young women transitioning into the community from the juvenile justice system. The significance of Community Based Services and Supports has particular resonance in relationship to the problem statement and literature review that evidence the importance of fidelity to this Wraparound Element during the intake, 0-3 month, pre-placement period and discharge phases of an intervention to ensure stability (Bullis & Yovanoff, 2006; Bullis, Yovanoff, Havel, 2004; Bullis, et. Al, 2000).

Young women with "No" stability in Bella were not connected to community-based service. The case notes show there were insufficient community resource agreements. In some cases, once the young women returned to the community, administrators of the Bella program seemed so consumed by the daily crisis of the young women and their families, and direct staff turnover, that sufficient time was not allocated to identify appropriate housing, employment, education and recreation. In order for the transition program to be successful, the Administrator must link with the leaders of community resources and develop agreements that allow the young

women to be introduced to the resource during pre-placement and linked long term in the community upon reentry (DCJS, 2013). This was established by the quantitative findings that linkage to community resources during pre-placement, Intake, and Zero to Three Months are predictive of stability. The “No” stability cases show the proper linkages were not made.

Element 1: Caregiver Voice and Choice.

Element 1 states that “Families must be full and active partners at every level of the Wraparound process. If the team cannot reach consensus, the final decision should be up to the caregiver” (National Wraparound Initiative, 2004; Wraparound Fidelity Index, 2005).

Regression analysis showed that during Intake, when fidelity to this element increases young women and their families are more stable. Research evidences how critical it is to engage families during the pre-placement intake process to ensure stability, and how detrimental it is when a family is left out (Asscher et al, 2007; Brofenbrenner, 1990; Bullis & Yovanoff, 2006). 100% of the young women who had “Yes” stability had family engagement from Intake to Discharge. Twenty-six percent (6) of the young women were put back in jail not for any new crime but because their caregivers would not allow them to return home, and they had no other placement options. This outcome is discussed further in the next Chapter because of its relationship to Social Work practice and policy.

One of the “No” stability cases was re-detained because of her father’s inability to monitor her during the lag time between reentry and school placement. Schools have strict policies prohibiting youth enrollment unless she is physically at the site. The lack of seamless educational transition precipitated the father’s decision to put his daughter back in jail. She and her father did not receive sufficient transition services. Her father was a single caregiver with four other children. He worked 12 to 15 hours a day to provide for his family. Her transcripts

and educational history were not readily obtained during contact with her at the facility. There was also a discrepancy between what credit she believed she received from the OCFS facility and how the school district interpreted her credit attainment. This case illustrated how both lack of community based linkage and proper parental engagement caused “No” stability and is fodder for Chapter 6: Implications for Social Work.

Element 5: Individual Services and Supports.

Mental health professionals assert that the breadth and multiplicity of psychological disorders in young women in the juvenile justice system indicate the importance of individualized treatment plans encompassing multiple domains of functioning (Dixon, Howie & Starling, 2004). Wraparound Element 5 states that,

Services and supports will be tailored to the unique situation, strengths, and needs of each individual, and may involve existing categorical services and informal supports; modifying existing services and supports; and/or creating new services and supports. Further, the team should create a specific plan to meet the family’s goals and a crisis/safety plan to manage potential emergencies (National Wraparound Initiative, 2004; Wraparound Fidelity Index, 2005).

Wraparound models stem from the idea of “wrapping necessary resources into an individualized support plan” (Malysiak, 1997, p. 63).

The regression analysis showed that during the first 0-3 months of the program intervention, as fidelity to this element increased stability actually decreased. Contrary to research that supports the importance of individualized services for youth and families, youth and families in the juvenile justice system often have limited access or exposure to services available. A dearth of services across systems, impoverished school systems in particular, in

neighborhoods with the highest rates of detention, prohibits an eclectic range of viable activities and options for youth and families. Thus, by itself, without the community supports and services to match, individualized supports and services actually sets youth and families up to fail (Kahn, Max, Paluzzi, 2007). The case notes corroborate that the young women with “Yes” stability were all connected to community-based services and had families who were engaged in treatment.

Gender responsive elements.

Table 7 reveals if there is a relationship between fidelity to the gender responsive elements Program Assessment; Site and Facility; Gender Responsive Mission; Administration and Staff; Treatment Planning; Program Environment and Culture; and Program Development and the young women’s community stability at all stages of the Bella program.

Table 7

Linear Regression analysis of relationship between Gender Responsive Program elements and stability at different stages of intervention: Intake, Zero to Three Months and Discharge

INTAKE: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.584	.341	.033	23.67022

Predictors: (Constant), ProgramAss, SiteAndFacility, GenderTheoreticalMission, AdminAndStaff, TreatmentPlanning, ProgramEnvAndCulture, ProgramDev

ANOVA					
Model 1	Sum of Squares	df	Mean Square	F	Sig.
Regression	4343.636	7	620.519	1.108	.407
Residual	8404.190	15	560.279		
Total	12747.826	22			

Notes- Dependent Variable: IntakeScore

Notes- Predictors: (Constant), ProgramAss, SiteAndFacility, GenderTheoreticalMission, AdminAndStaff, TreatmentPlanning, ProgramEnvAndCulture, ProgramDev

Coefficients	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	45.254	28.706		1.576	.136
GenderTheoreticalMission	-15.058	19.112	-.618	-.788	.443
SiteAndFacility	9.389	11.646	.288	.806	.433
AdminAndStaff	-12.553	14.798	-.487	-.848	.410
ProgramEnvAndCulture	-3.227	22.603	-.124	-.143	.888
TreatmentPlanning	14.893	29.596	.585	.503	.622
ProgramDev	41.333	49.274	1.542	.839	.415
ProgramAss	-32.871	26.544	-1.217	-1.238	.235

ZERO to THREE MONTHS: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.428	.183	-.198	63.70402

Notes- Predictors: (Constant), ProgramAss, SiteAndFacility, GenderTheoreticalMission, AdminAndStaff, TreatmentPlanning, ProgramEnvAndCulture, ProgramDev

ANOVA					
Model 1	Sum of Squares	df	Mean Square	F	Sig.

Regression	13674.803	7	1953.543	.481	.834
Residual	60873.024	15	4058.202		
Total	74547.826	22			
<i>Dependent Variable: ZeroToThreeMonths</i>					
<i>Notes: Predictors- (Constant), ProgramAss, SiteAndFacility, GenderTheoreticalMission, AdminAndStaff, TreatmentPlanning, ProgramEnvAndCulture, ProgramDev</i>					

Coefficients	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	44.049	77.257		.570	.577
GenderTheoreticalMission	-21.938	51.438	-.372	-.426	.676
SiteAndFacility	29.501	31.342	.374	.941	.361
AdminAndStaff	39.865	39.826	.640	1.001	.333
ProgramEnvAndCulture	.778	60.833	.012	.013	.990
TreatmentPlanning	-10.270	79.653	-.167	-.129	.899
ProgramDev	-42.081	132.612	-.649	-.317	.755
ProgramAss	7.532	71.439	.115	.105	.917
<i>Notes: Dependent Variable: ZeroToThreeMonths</i>					

DISCHARGE: Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.430	.185	-.195	68.84318
<i>Predictors: (Constant), ProgramAss, SiteAndFacility, GenderTheoreticalMission, AdminAndStaff, TreatmentPlanning, ProgramEnvAndCulture, ProgramDev</i>				

ANOVA					
Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	16170.116	7	2310.017	.487	.829
Residual	71090.753	15	4739.384		
Total	87260.870	22			
<i>Notes- Dependent Variable: Discharge</i>					

Coefficients	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	95.581	83.489		1.145	.270
GenderTheoreticalMission	6.885	55.587	.108	.124	.903
SiteAndFacility	8.107	33.871	.095	.239	.814
AdminAndStaff	48.947	43.039	.726	1.137	.273
ProgramEnvAndCulture	-23.935	65.741	-.352	-.364	.721

TreatmentPlanning	-82.106	86.079	-1.232	-.954	.355
ProgramDev	43.767	143.310	.624	.305	.764
ProgramAss	-9.248	77.203	-.131	-.120	.906

Table 6 showed there is low Correlation and no significance between the seven elements of gender responsive programming and the stability of young women transitioning from the juvenile justice system at Intake, Zero to Three Months and Discharge.

Conclusions from gender responsive program data analysis.

The outcome showed that when the key elements of gender responsive service are tested through a regression model with the stability of young women in the juvenile justice system there is no relationship (Table 6). This finding begs questions. Literature Review evidenced conflicting research about the effects of gender responsive programming across the system (National Council on Crime and Delinquency, 2001; Castro & Guzman, 2004; Smith & Smith, 2005). As Rokach (1997) stated fostering a sense of community in a facility alone may not be sufficient for successful transition out of the juvenile justice system. The Smiths' (2005) concluded that the narrative of the interviews showed that gender-specific placements created an atmosphere of safety, connectedness, and caring where young women could begin to deal with the issues underlying their incarceration. These researchers concluded that interactions with staff were the first connection for many girls in the juvenile justice system with a nurturing and non-exploitive adult. The interviewees expressed that in the gender specific environment, early trauma was beginning to be addressed, which is connected to healthy identity development. There is no question that the young women reported positive experiences in a gender responsive out of home placement. The question remains, how to transfer the positive experience of a gender responsive facility to the youth and family in the community and throughout the systems in their lives. Chapter 6: Implications for Social Work explores this question.

Sexuality.

This study described how sexuality has been a rationale for the adjudication and incarceration of young women since the turn of the century. The linear regression conducted showed that the current definition of gender responsive practice has no relationship to the stability of young women. Yet the qualitative data yielded a positive relationship through one case in particular. One of the Bella young woman had a “hypo-sexuality” diagnosis follow her from 8 years old in her case file because of a documented “masturbation allegation,” as well as an allegation of “lascivious sexual behavior with another resident” in a residential facility that warranted her being moved to a more restrictive setting, extending her stay outside of the community for a year. In the case records the young woman described the incident in the residential as a consensual sexual experience with a young woman she was dating.

Practitioners continued to recommend “treatment for hyper- sexuality and sexual aggression” based on those two incidents. The case notes show that when the Bella direct service staff worked with this case they assessed her based on her strengths and not by what was found in her case file- descriptions of her sexuality that further stigmatized and criminalized her. Staff was sensitive to her trauma, a critical element of trauma informed gender responsive treatment. Her treatment plan included connections to community-based resources that supported healthy decision-making and education and awareness about healthy relationships, sexuality and sexual identity. It also included education for the mother about sexual health and identity to address the mother’s assumptions and concerns in order to support a validating environment for her daughter. She was “Yes” stability. This critical qualitative data contrasts the quantitative findings and calls for further investigations into how gender responsive service is defined and operationalized.

Conclusion Data Analysis

The regression analysis provided very compelling answers to what does and does not contribute to stability of young women transitioning from the juvenile justice system. Linear regression analysis was conducted to discern which element of Wraparound and gender responsive practice had a relationship to stability. Once a relationship was determined regression showed which element had the most predictive effect on stability. This dissertation shows that collaboration between direct service providers and community-based services during pre-placement in the facility as well as initial family/caregiver engagement reaped positive dividends at discharge from a transition intervention.

Contrary to research that supports individualized service planning as primary during pre-placement, the regression analysis actually showed that by itself there is no contribution to stability. Focusing just on the young women and her family's immediate micro-system caused stability to decrease. There was no quantitative relationship determined between gender responsive practice and stability, although there is evocative evidence from the qualitative data that sensitivity to a young woman's trauma, as it related to criminalization of her sexuality, was crucial to her stability. This result implores further research to understand how gender can be defined as a discrete variable and measured in relationship to stability. These findings all have significant implications for social work practice across systems that serve youth and families in and out of care.

CHAPTER SIX: IMPLICATIONS FOR SOCIAL WORK

Understanding what does and does not contribute to stabilization is critical to social work practice with young women who are in out of home placements, and their caregivers, in any system: child welfare, substance use, mental health or juvenile justice. In child serving systems the pendulum currently swings towards rehabilitation and deinstitutionalization, and away from punitive measures relying on institutionalization. Policies mandate shorter stays in facilities, or dispositions of alternatives to facilities using intensive community-based interventions. Thus effective transition programs are critical. Social Workers believe that service to vulnerable populations should always be conducted in the least restrictive settings, with respect to an individual's voice, choice and dignity to support safe self-determination (NASW, 2008). Questions remain from conflicting quantitative and qualitative data about how gender responsiveness works in a transition program to stabilize young women. This study clearly shows that sustainable linkages to community-based services, not just short-term interventions, are most predictive of stability for young women and their families.

Clinical, Administration, Policy and Research

Clinical and Administration

Clinical recommendations encompass all direct service components: advocacy, treatment, and community linkage. Data mining showed that hiring and supporting quality staff for Bella based on the salaries and job expectations was a challenge that likely affected the "Yes" and "No" stability of the young women and families in the program. Low pay for 24/7 coverage, initial high turnover, vicarious trauma and lack of adequate clinical training to address the complex needs of the young women all contributed to program outcomes and are fodder for further study. Program administrators addressed these issues through adjustment to the

organizational structure including salary, training and clinical support by the second year of the program. Case notes showed that from its inception, the consistent strength of the program was the staff's ability to engage the young women. Data also showed that this strength was not leveraged adequately in the meso and macro systems to build the necessary community linkages to ensure long-term sustainable success after Discharge from Bella.

Community-based direct services.

Clinicians, case and outreach workers in facilities and aftercare programs can partner with community-based programs that provide on-going supports to youth and families in all domains of a youth and family micro-system. Services must be seamless, long term, sustainable, comprehensive and community based for both the young women and families in the following domains (DCJS, 2013). Housing options should include a continuum of care including supported independent living, respite, foster care, Section 8 linkage, public housing and homeless services. Employment service should include linkage to work preparedness programs and vocational opportunities for both youth and families. Education direct service must entail access to transitional programs that accept young women, regardless of their credits and school history and are able to serve youth with an Individualized Educational Plan, and allow young women to more successfully transition into a mainstream school. Direct service should also support parents in their educational goal attainment.

Mental health linkage must be to trauma informed, culturally competent, strengths-based services. These components are critical to engaging a population historically repelled by mental health services. Recreation must include linkage to wellness and physical activities that expose young women to non-traditional and new coping mechanisms, with pro-social peers. Substance

use linkage must be culturally competent, harm reduction focused services that can individualize treatment to the population.

Family engagement direct services.

Family focused interventions are supported across the literature (Asscher et al, 2007; Brofenbrenner, 1990; Bullis & Yovanoff, 2006). There are clinical approaches that have been validated as effective with families of youth in child serving systems. Parenting with Love and Limits is a validated evidence based practice that works with families individually and in groups while the youth are in a facility to address a family's needs, and to connect families to viable community based services (Blueprints, 2013; OJJDP, 2013). Direct service staff needs to be trained in the most effective family focused approaches.

Clinical conclusion.

Findings in this study show that a direct service worker is best served by paying attention to the natural and formal supports in the community that can provide her and her family with community based services across different domains including health and sexuality: housing, vocation, recreation, education, mental and medical/nutritional/sexual health.

Administrators.

Already known to the Mental Health realm, through the systems of care approach, further training is needed for direct service providers about how to navigate across systems to optimize viable service options (SAMSHA, 2013). Administrators can look at the policies and procedures that drive their organizations and ensure that collaboration with community based providers is a priority. Protocols and Memorandums of Understanding can be developed that spell out the expectations of mutually beneficial service delivery collaboration. Administrators can require that linkage to community-based service for youth and families begins at pre placement and is

solidified by discharge.

Policy

The timing of this study has particular resonance in New York State. OCFS and local Department of Social Services primarily the New York City Administration of Children are in the process of implementing the Close to Home legislation. New York City youth currently placed in OCFS limited-secure and non-secure facilities are now required to move to settings administered by the City, that oversee their educational, mental health, substance abuse and other service needs closest to home (OCFS, 2013).

Close to home mandates that adjudicated youth in both the child welfare system and juvenile justice system come through a unified system into out of home, diversion and aftercare transition services. These services must be in their home communities. This study shows that connections to community-based services have the most predictive effect on stabilization if linkages are made to services during out of home pre-placement, and solidified during discharge in the community. Six of the young women were put back in jail because the caregivers did not want them at home. Two of the young women who were “No Stability” were initially detained before the Safe Harbour Act passed, because of what was formally called “prostitution.” One had a mother dying of AIDS and her caregiver aunt was on kidney dialysis. She was “running away” to see her mother in a hospital outside of the probation jurisdiction and was put back in facility because the probation officer wanted to “keep her safe” until another placement was found. In all above cases caregivers and/or probation and Bella staff believed they had no other option. The cases highlight policy issues that posed obstacles to satisfactory placement options.

Safe Harbour Act.

Implementation of this policy must be investigated and scrutinized to ensure that one of the most vulnerable populations of youth can have hopes of community stability. In response to the Safe Harbour Act OCFS ostensibly turned half of a detention facility into a “safe haven” for young women identified by the courts as sexually exploited. Line staff originally trained to work with youth adjudicated through the juvenile justice system was re-trained to provide trauma-informed, therapeutic services to this separate population of young women. What happened instead was that the young women placed for safety reasons because of sexual exploitation were put in the same population and program as the young women sent there for criminal activity. They had the same expectations for release, hence once again criminalizing the young women. This dissertation explains how young women in the juvenile justice system are disproportionately traumatized and criminalized because of sexuality. The State’s implementation of the Safe Harbour Act beckons a multitude of questions about adequate and appropriate policy implementation across domains- housing, education, mental health, family, employment and pro-social activities for young women in New York labeled both as “criminal” and “sexually exploited”.

Housing and permanency.

There is a dearth of placement services for youth across systems (ABA, 2013). Bella young women were not able to benefit from group homes, independent living, respite, or foster homes available through the child welfare system. Policies that allowed youth to access services only within OCFS left caregivers and staff with no other option but jail. Probation staff was responsible for referring these “cross over” cases to a task force that allowed youth to easily transfer from juvenile justice to child welfare status. Case notes show that strides made by the

program administrators to access this system were thwarted by probation administration. They relayed that although the task force exists on paper it is a phantom process. Close to Home will ostensibly administrate service to all child welfare and juvenile justice youth through one door so resources are available across systems.

The Division of Criminal Justice Services (DCJS) published a Statewide Plan for Juvenile Reentry recommending policy changes evidenced in this study (DCJS, 2013). The DCJS Plan requires early home stability and safety assessments for youth as part of the re-entry plan that is developed with the family at the outset of placement. Supportive housing should be expanded to provide more units for youth returning from juvenile justice placement settings.

The New York City American Bar Association (NYCABA) (2013) also made housing policy recommendations for youth in care: strengthen support and accountability for youth whose permanency goal is Another Planned Permanent Living Arrangement (APPLA). APPLA is an approved permanency plan option for foster children under the federal Adoption and Safe Families Act. Examples of other “planned permanent living arrangements” include custody with a non-relative, independent living, and adult residential care. They recommended to develop a website compiling services available to APPLA youth in New York City. The website would serve as a centralized clearinghouse for information upon which the public, attorneys, foster children, community organizations, and foster care workers could rely (NYCABA, 2013).

New York City youth in care who are otherwise capable of living independently should receive greater resources for housing. Currently, when a child has a permanency goal of APPLA while in care, their housing options are: (1) a foster home placement, (2) NYCHA housing, (3) New York/New York III housing, or (4) a housing subsidy. The Housing Subsidy is limited to a monthly amount of only \$300 per month until a foster child turns 21. If not utilized, that amount

is in essence waived. Housing subsidy payments should be raised to permit a maximum of \$660 monthly. Additionally, an exception should be created for promoting placements outside of New York City if maintaining such a residence would support an APPLA youth's continuity of environment via school, work, or other community ties.

In care: visitation policies and practices.

Although the best practice literature and this study show the importance of community based linkages during pre-placement at the facility, a critical challenge for Bella youth was their inability to visit the community while in detention. All State and most private facilities forbid youth from any community visitation that would allow them to solidify community linkages. In order to fulfill family engagement and community linkage, the DCJS reentry plan recommends that the government funding entities require the facilities to allow visits in the community to solidify the youth and family's transition plan. The recommendations state that facilities should require a minimum level of family engagement activities at facilities to promote more robust visitation from the outset of placement that encourages stronger staff, family and youth connection through the use of technology such as Skype. Family transportation policies should also complement expectations to have family engagement and community linkage.

Education.

Seamless enrollment.

The DCJS plan recommends empowering the parent to advocate for the young women to be in an appropriate school setting. Early assessment and early engagement with families regarding the appropriate educational setting upon discharge are paramount. Advocacy for complete credit awards at re-entry and the completion of all necessary steps for enrollment prior to discharge would aid in seamless enrollment. This would require the permission of the

community-based educational setting prior to re-entry. Development of voluntary agency course descriptions that match the community school requirements would aid educational transition. Current law provides a strong mandate for school districts to identify a person to coordinate the prompt enrollment of youth following release. Compliance with that law should be monitored and consequences should be created and enforced for failure to comply with this existing requirement.

Alternate avenues.

If the young women cannot be successful in her mainstream school placement, place her in a transition school linked to the transition program that will work with her at any grade level taking into account any Individual Educational Plans and credit amounts. Allow for voluntary agencies to provide a GED® pathway for youth who are significantly over age and under credit. Legal barriers to the provision of GED® prep classes by voluntary agencies should be removed so that all youth have access to a pathway that can reasonably lead to college readiness.

Physical and behavioral health.

Bella staff had a challenging time linking youth and families to viable mental and physical health services. The DCJS plan recommends that Medicaid redesign efforts include funding to support evidence-based services for youth. Services provided in the facility should link young women to community services to ensure continuity of care. Young women on psychiatric medications in the facility should have sessions with community-based providers while they are in the facility to secure the linkage. Mental Health Services that are culturally aware of the population; medical services that meet the needs of adolescent girls; and pregnancy and parenting services should be available in the facility linked to the community.

Policy conclusion.

Narrow and rigid policies, as well as inadequate implementation are a significant deterrent to community stabilization. What does and does not contribute to the stabilization of young women in the juvenile justice system informs policy recommendations through the Bella case content. The experiences of the “No” stability cases uniquely highlight policies that dictate housing, education, placement, and health needs for young women that must be reviewed and amended to decrease recidivism.

Recommendations for Future Research

Qualitative study.

This study yields rich research propositions. Future projects will explore the lacuna between the results of the regression analysis and the qualitative data. The qualitative data mined from the case notes of transition programs is fodder for another dissertation project that more deeply unravels what the experiences described in the case files relay about what does and does not contribute to community stabilization. Tables 2 and 3 demonstrate where the data mined from the case files could aid in answering why on the CAFAS risk/stability score there was 1 “No” stability in the 20 to 40 lower risk higher stability range, and 3 “Yes” stability cases in the 50 to 140 and higher ranges. The data can also reveal why for fidelity scores there was 1 “Yes” stability in the under 67% range, 1 “No” in the 74% to 80% range and 4 “No’s” in the over 80% range. These cases in particular highlight discrepancies that will inform needs for practice and policy shifts.

Gender responsiveness?

The Problem Statement and Historical Background exclaim that original criminalization of young women to the more recent spike has a pernicious link to gender and sexuality, as well

as to race and class. Descriptive qualitative data conflicts with quantitative data showing a case example with significant relationship between gender responsive program elements and the stability of young women, even though the regression analysis yielded no relationship. The Literature Review referred to positive results of a gender responsive approach inside a facility but there are no studies that show a relationship between gender responsiveness and the stability of young women in the community. Thus there is need for more program models to test these program practices and study their outcomes.

Longitudinal study.

The Bella program closed after two years of service. Research shows that it takes a community based intervention that reduces the use of residential stay three years to get its legs and show true cost benefit (Liebman, 2011). It would benefit a body of transition strategy research to 1) evaluate a program that has been functioning for more than 3 years, and 2) conduct a longitudinal study that follows a cohort of young women from pre-placement in a facility into the community through their transition to adulthood. Since the research shows the high probability of adult detention for adjudicated youth, understanding what stability looks like over time is critical (ABA, 2004).

The regression analysis showed that community linkages during pre-placement and discharge have the most predictive effect on stability. The New York State Close to Home policy reflects this finding. Mixed methods process and outcome evaluations should be employed in tandem with the policy implementation to obtain a granular view of the landscape in the youth's communities. Gaps, duplication, and overlap in service provision across domains must be assessed in the neighborhoods where the youth and families live in order to ensure "Yes" stability.

Social Work Implications Conclusion

Study results have clinical, administrative, policy and research implications across child serving systems that utilize residential care. Staff needs adequate training and support to address the complex needs of young women and families in systems. Administrators must prioritize linkage with community based long-term sustainable supports during pre-placement and discharge to prevent future institutionalization. Policy barriers in facilities that prevent visitation to the facility and into the community are a primary impediment to transition. This barrier prevents the linkage to critical housing, educational, and health services. Until this barrier is removed clinicians and administrators are inhibited in their ability to provide successful interventions and programs. Scrutiny of Safe Harbour Act implementation is necessary to ensure that young women are not being criminalized because of trauma. Effective implementation of Close to Home through the identification, coordination and development of key community services is crucial to community stabilization for New York youth.

Conclusion to Transitioning Young Women

This study addressed what does and does not contribute to the stability of young women transitioning from the juvenile justice, through retrospective data mining and linear regression analysis. The spike in the number of young women, disproportionately young women of color, incarcerated over the past 25 years, the detrimental effects of institutionalization, and the routine use of sexuality as the justification for incarceration since the inception of the system in 1899, necessitate an investigation into what works to increase community stability for young women.

The literature showed that the problem calls for a gender responsive and eco-systems theory driven approach. Studies indicated that Wraparound service effectively reduces the use of institutional care. The Bella program was the first gender responsive Wraparound program in New York State to serve young women transitioning from the juvenile justice system. Measurement of which Wraparound and gender responsive element was most predictive of high stability informs critical clinical, administrative, policy and research efforts to strengthen community stabilization. As mentioned in the introduction "...the cumulative effect of [disproportionate incarceration] is that girls of color find themselves effectively locked into the system and locked out of opportunities that would attend to the underlying causes of their social vulnerability (Nanda, 2012, p. 1507)." Community linkages through Wraparound service provision begin to attend to these underlying causes.

Although not corroborated by the linear regression results, the qualitative data showed a powerful example of how a trauma informed gender responsive approach clearly cultivated "Yes" stability for a young woman in the Bella program criminalized in her past because of her sexuality. This important evidence implores further research of the definition and application of

gender responsiveness not just in a facility setting, but also in the community with youth and families.

Community linkage during placement and at discharge in the community from Bella to sustainable supports had the most predictive effect on young women's stability. Inadequate visitation policies for families in facilities, or for youth to visit the community, prevent community linkage. In the neighborhoods where adjudicated youth and their families reside, there is a dearth of community services. Policies like Close to Home, that mandate the use of community service must have funding and resources to identify, coordinate, and develop necessary services across domains to ensure stabilization for all transitioning youth.

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