FIGHTING FOR HOPE: THE CRIMINALIZATION OF TRAUMA IN JUSTICE-

INVOLVED GIRLS' LIVES AND STORIES OF RESILIENCE

FROM A JUVENILE PRISON

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DEDICATION

To the little girl with a "black heart."

ACKNOWLEDGEMENTS

Finally, I would like to thank the young women who took part in this dissertation as research participants. Your stories of resilience and your bravery in the face of one of the most extreme forms of oppression inspire me every day.

ABSTRACT

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Girls make up a growing proportion of justice-involved adolescents, yet there is a

gap of scholarly qualitative data on girls experiencing incarceration. This study addresses

that gap by holistically examining justice-involved girls' pathways to and experiences of

incarceration. The researcher selected portraiture as the primary investigative method for

this research in order to best capture and convey authentic representations of justice-

involved girls' lives. The researcher interviewed nine girls who were experiencing

incarceration in a post-adjudication juvenile justice facility in Texas regarding their

experiences of and lives leading up to incarceration. Additionally, two instruments were

administered, the UCLA Adolescent PTSD Reaction Index and the Connor-Davidson

Resilience Scale, in order to capture the gendered role of trauma in justice-involved girls'

lives and specific characteristics of resilience. Findings showed a patterned pathway to

incarceration, involving early relational trauma, development of posttraumatic stress

symptoms, adaptation of behaviors to help girls survival cope with the symptoms, and

eventual punishment of these behaviors by the juvenile justice system. Findings also

demonstrated a cyclical relationship between system punishment-oriented responses,

increasing posttraumatic stress symptoms, escalated survival coping, and the repeated adjudication for survival coping that resulted in multiple entries into correctional placements marked by increasing lengths and higher security. Throughout their lives, justice-involved girls have had survival coping to untreated PTSD labeled as bad behavior and punished, a theory the author calls the "criminalization of trauma." This theory is illustrated with a model as well as with portraits woven from emergent themes and direct experiences of participants' lives. Special attention is paid to the resilience strategies girls use to navigate challenges-in themselves, others, and their environment-highlighting effective ways to assist justice-involved girls' efforts to escape a system that both failed to protect them from harm and then punished them for surviving.

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INTRODUCTION

> Basically like just sitting in a cell and looking out a window ain't gonna
> help a kid always think about what they did in life. Some kids don't sit
> there and think about what they did in life. Some kids sit there and think
> about the past and how they've been hurt, and then they be like, "Oh, I'm
> in jail. I ain't gonna do good. I'm just gonna kept on getting hurt." And
> they take that from the past and take it against people. Jail don't always
> help you sit there and be like, "Oh, I did this, I'm not gonna do it again."
> That's how they try to make it be, but that doesn't work, unless you sit
> there and talk to a kid and get to know 'em, and actually do stuff with the
> kid and get close to 'em, you ain't never gonna be really able to help
> change a kid, because sitting in a cell and looking at walls, that ain't
> what's up. Some people have panic attacks. Some people think of the past.
> Some people get bored and start cutting themselves. Some people even
> start harming themselves by banging their head against the floor and
> putting bruises on their head. I've seen it before. I've seen all kinds of
> stuff. Some people even get so bored they start flooding their cell out,
> trying to hang themselves, 'cause "Dang, I'm locked up, I ain't got
> nothing to live for." It was just like, "Dang, why bother put us up in here
> if you're just making it worse?" ~ Genesis

When Genesis explained to me the problem with punishment-oriented juvenile

justice placements, she had been living in a juvenile prison for 9 months. She turned 16

while participating in this study, sharing she had celebrated her last birthday in her

county detention center as well during one of the 25 times she had cycled in and out. I

first began working with justice-involved girls like Genesis at a rape crisis center over 6

years ago. I saw adolescents as a mental health counselor and was surprised at how many

young survivors of sexual abuse and assault were also enmeshed with the juvenile justice

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system. My clients would also cycle in and out of area detention centers and out-of-home placements, missing sessions with me for weeks and sometimes months at a time.

Repeated incarcerations not only negatively affected my clients' recovery from posttraumatic stress symptoms related to their victimization because they would be absent from treatment, but periods of incarceration also seemed to set us back in our treatment goal of stabilizing their minds and bodies by reestablishing safety in their worlds. I heard numerous stories of retraumatization from my clients, and I saw evidence of increasing posttraumatic stress symptoms when my clients returned. I became interested in how juvenile justice system involvement, especially through common practices like incarceration, undermines survivors' recovery. Genesis and the other study participants helped me explore this topic by sharing detailed examples of how incarceration had affected them and young people they had observed over the last four years of being in trouble with the law. These young women are the experts on how punishment-oriented juvenile justice responses complicate their recovery. It has been an honor to work with them to share their previously ignored expertise. As we are all implicated in supporting the current status quo treatment of justice-involved girls, and pay in different ways for this treatment, it is urgent that adults start to listen to what they have to say.

Purpose

Girls account for a growing share of young people in trouble with the law at all levels of the U.S. juvenile justice system. Girls now account for approximately 30 %

of the estimated 2.11 million juvenile arrests made each year (Hockenberry & Sickmund, 2014). Girls also make up a growing proportion of youth incarcerated in juvenile jails and prisons, reflecting their growing involvement as "deep end" offenders (Cauffman, 2008; Chesney-Lind & Shelden, 2014). In 2013, the latest data available, 46,482 girls were detained in detention centers between court intake and case disposition and 13,397 girls were placed in a residential facility for delinquents in the United States (Puzzanchera, 2012). Prior to any form of arrest, most of these girls have experienced multiple forms of trauma (Abram, Washburn, Teplin, Emanuel, Romero, & McClelland, 2007; Belknap & Holsinger, 2006; Espinosa & Sorensen, 2016).

A growing body of research demonstrates the profound effects of trauma on child and adolescent development, correlating traumatic exposure to the development of girl delinquency (Dierkhising, Ko, Woods-Jaeger, Briggs, Lee, & Pynoos, 2013). My objective in this study was to use the qualitative method of portraiture to investigate the role of trauma in the lives of incarcerated girls as well as the strategies justice-involved girls use to support their own resiliency.

Problem Statement

Despite the growing interest in justice-involved girls, there is much we don't know about these young people so severely in trouble with the law. We know that the vast majority of these girls experience early, chronic and interpersonal trauma in their childhood (Abram et al., 2007; Foy, Ritchie, & Conway, 2012), and that there exists a relationship between these childhood traumatic experiences and their adolescent

delinquent and criminal acts – mainly that trauma responses are punished (Kerig &

Becker, 2012). We know that girls are more likely to be locked up for more minor

offenses than their male counterparts, and that when locked up they are incarcerated

longer (Espinosa & Sorensen, 2016). We know that girls are directed into the juvenile

justice system for punishment, rather than into the child welfare system for treatment, at

different rates based on their racial or sexual minority status or socioeconomic class

(Chesney-Lind & Shelden, 2014).

The higher representation of racial and sexual minorities and girls with mental

illness in juvenile prisons demonstrates how the system deems certain girls more worthy

of punishment than of healing. There also exists growing evidence that involvement in

the juvenile justice system can be retraumatizing and negate girls' recovery efforts,

ultimately creating more severely justice-involved offenders (Steinburg, Chung, & Little,

2004). However, researchers have yet to holistically examine from justice-involved girls'

perspectives how early experiences of trauma relate to the pathways of severe girl

delinquency and how the juvenile justice system, especially through the practice of

incarceration, complicates girls' recovery from posttraumatic stress responses. In fact, the

majority of qualitative data with girls who experienced incarceration has been the result

of journalistic accounts gained post-release from juvenile jails and prisons (Chesney-Lind

& Shelden, 2014). In order to begin to understand girls' pathways into and experiences of

the deep end of the juvenile justice system, I undertook scholarly qualitative research on

these girls' lives prior to and during incarceration.

Rationale

The goal of this study was to better understand justice–involved girls'
perspectives on their own paths to incarceration, their experiences of incarceration, and
the strategies they use to stay resilient prior to and during incarceration. Sara Lawrence-
Lightfoot's methodology of portraiture provided the investigative tool for this research in
order to further develop hypothesized domains in the quantitative-heavy scholarly
literature regarding girls' pathways to juvenile justice system involvement and the
challenges inherent in a correctional environment. The selection of portraiture
methodology was important because it fit with my desire to have a strength-based
approach to understanding justice-involved girls. Beginning investigation into a search
for what is "good" and healthy rather than exclusively documenting problems helps to
facilitate complex and multilayered analysis. In this study, the good is framed as
resilience, or the ability to "thrive in the face of adversity" (Connor & Davidson, 2003, p.
76). Portraiture's methodology blends artistic narrative with empirical ethnographical
description in order to more fully capture and convey authentic representations of
research participants' lived experiences. The resulting portraits harness tools of
storytelling to illustrate the "richness and complexity" of young women's lived
experiences of deep-end justice system involvement (Lawrence-Lightfoot & Davis,
1997), producing results that are useful to a wide range of audiences.

As portraiture is both a form of inquiry and intervention, any end product should
be used to empower research subjects and their communities. I hope that this research

product proves useful for those individuals and groups working to support girls' efforts to recover from justice-system involvement. Finally, portraiture allowed me as researcher to transparently incorporate my voice in the research process and product. As a mental health professional with multiple years' experience in a juvenile correctional setting, it was important that I share the way my assumptions and personal history shape my understanding and insights.

Research Question

The guiding research question for this study was: What are the resilience strategies justice-involved girls develop to promote their recovery from juvenile-justice system involvement prior to and during incarceration? This research question involved the following specific objectives:

Document the role of trauma in the lives of research participants. To accomplish this objective I collected UCLA Child/Adolescent PTSD Reaction Index for DSM-5 measures on all research participants documenting the historical extent of trauma exposure, the chronology of that exposure, and current prevalence and intensity of post-traumatic trauma stress reactions. I also collected life histories that went into detail about the life of participants prior to incarceration and tracked how survival coping responses intersected with the juvenile justice system prior to and during incarceration through semi-structured interviews.

Determine the contexts under which young trauma survivors' recovery is inhibited by incarceration and how they respond. To accomplish this objective I

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collected data on how these research participants manage their posttraumatic stress reactions within a correctional environment through prolonged participant observations within a juvenile prison in their day-to-day activities while incarcerated as well as focused semi-structured interviews on girls' experiences of incarceration.

Identify and understand the resilience strategies of research participants. To accomplish this objective I collected Connor-Davidson Resilience Scale 25 measures on all research participants documenting the presence and strength of specific resilience characteristics. I also collected data through semi-structured interviews on how participants understand their wellness and the steps they take to promote resilience to trauma and retraumatization in their lives prior to and during incarceration.

Significance

This study is necessary because it addresses the dearth of data on justice-involved girls in general and girls experiencing incarceration specifically. Explanations for why justice-involved girls have been relatively neglected in the literature include trouble accessing this population and difficulty working in the correctional setting as a research site, both barriers that would uniquely affect qualitative researchers who require longer and more extensive contact with research participants and sites, along with a tendency in criminology and related fields to practice androcentric analysis of delinquency focusing on boys to the exclusion of girls (Belknap, 2007; Chesney-Lind & Shelden, 2014; Pollock, 2002) Although quantitative data has been increasing in recent years, qualitative data on this subject is still rare. Researchers have yet to holistically examine how early

life experiences relate to trajectories of severe girl delinquency and how the juvenile justice system, especially through the practice of incarceration, complicates girls' recovery from system involvement. This study on justice-involved girls is innovative because it brings together analysis of academic discourse about trends and causes of girl delinquency and the developmental effects of childhood trauma with a qualitative study on trauma and resilience in the lives of justice-involved girls experiencing incarceration.

The largest benefit from this study is that justice-involved girls' unique life experiences have been evaluated in depth and in detail, as their stories are valuable knowledge and have not received adequate scholarly attention. Guided by the research participants themselves, interview guides and the framework of research were responsive to participants' reported information as findings emerged. The data developed through this qualitative research rely heavily on descriptive human experience, and since they include complexities and subtleties usually missed by quantitative inquiries, the data represent compelling and powerful new knowledge missed through quantitative inquiry. This research should benefit a number of parties interested in this population as the results fill a gap in scholarly and public understandings of justice-involved girl's paths into and experiences of incarceration.

Results should be informative to researchers from a variety of disciplines who are either struggling to better understand this population or have simply been ignoring them. Results should be useful to juvenile justice practitioners and policymakers striving to curb the growing trend of girl delinquency and keep girls out of jails and prisons.

Specifically, due to the research objectives focusing on resilience, results can be utilized to construct best practice for gender-responsive, trauma-informed prevention and intervention programs that support girls in their recovery from system involvement. Results should also prove helpful to justice-involved girls and their family members who are struggling to understand the juvenile justice system and how to loosen its hold on girls' futures. Ultimately, I hope that by portraying justice-involved girls in all of their strength and complexity, results will inspire deep respect for these oft-forgotten young women and motivate readers to advocate with them against societal forces that fail to protect girls from harm and then punish them for surviving.

Structure

The structure of this dissertation follows the five stages of storytelling developed by Gustav Freytag (1863): exposition, rising action, climax, falling action, and resolution. After briefly setting the stage for this study on young women experiencing incarceration with Chapter 1, Chapter 2 provides further context with a review of the literature on justice-involved girls with a focus on the role of trauma. Chapter 3 provides rising action with explanation and discussion of the portraiture research methodology, including a discussion of the conflict inherent with researching in a correctional environment. Chapter 4 is the climax with a presentation of the results. I present results through individual portraits of the lives of research participants woven in and through the stages of the storyline developed from the emergent themes of this research, a theory I call "the criminalization of trauma." Chapter 5 is the conclusion, providing a summary of

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significant finding and discussion of how justice-involved girls and their families, juvenile justice professionals, and policy makers can best support young women's recovery from deep-end juvenile-justice system involvement. Appendixes includes Proposal Approval cover sheet, IRB Approval cover sheet, both interview guides, consent/assent forms, recruitment flyer, and both research instruments. Tables include DSM-V PTSD diagnostic criteria, Resilience Scale code descriptions, a model representation of the theoretical results entitled "the criminalization of trauma," trauma exposure rates broken down by age of participants, and PTSD diagnostic criteria as met by participants.

Due to the nature of the portraiture process, the convention of the author referring to herself in the third person makes for convoluted expression and hides the integral voice of the researcher. After consultation, I have decided to adopt a first-person narrative voice throughout this dissertation in order to make the role of the portraitist more transparent. Similarly, I use the label "juvenile prison" to refer to the correctional facility where girls are incarcerated rather than a "juvenile detention center," a "juvenile jail," or a "placement" in order to aid in transparent description of the data collection site. It is necessary when discussing the incarceration of young people to emphasize the difference between pre- and post-adjudication incarceration as well as the severity of the latter, as most people are unaware of the extent of the incarceration of minors or the nature of these facilities in general. Adjudication is the juvenile justice system's term for sentencing. Although there are some differences between juvenile correctional facilities

and what we commonly refer to as prisons in the criminal justice system, differences such as the requirement that juveniles attend a school while incarcerated and young people's shorter periods of incarceration, it is my stance that we should call post-adjudications what they are: juvenile prisons. Therefore, as I define it, a juvenile prison is any post-adjudication placement located in high-security buildings where residents cannot leave for an extended period of time as a result of a judge's decision following arrest and/or violations probation. I strongly question whether it is ethical to use established euphemisms for the correctional facilities in which we lock up young people when we take away their freedom.

Within this study I use the terms "girls" and "young women" interchangeably to most accurately refer to research participants and juvenile-justice-involved females more generally. Although interchangeable use of these terms can be confusing for some readers, I again made this decision after thoughtful deliberation and consultation. As individuals caught up in the eventful developmental period between childhood and adulthood, research participants in this study were simultaneously girls and young women. I use the term "girl" to emphasize for readers this population's youthfulness, as girls are entering the juvenile justice system at earlier ages than they have in the past and they often lag behind non-justice-involved peers in expected developmental tasks due to their extensive trauma exposure. Research participants understood that they were not yet functioning adults and very much needed the assistance of healthy adults to help them reach their goals. I use the term "young women" to emphasize for readers this

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population's agency, as young women involved in the justice system are already active agents in creating better lives for themselves and often possess skills and knowledge characteristic of older non-justice-involved peers as a result of their unique life experiences. Participants expressed that they needed to have more control over their lives and to be able make decisions based on their understanding of particular contexts. I hope the combination of these identifiers spurs adult advocacy on justice-involved girls' behalf characterized by the inclusion of justice-involved young women in all levels of this work.

CHAPTER II

LITERATURE REVIEW

Research on girls experiencing incarceration is limited. Due to this deficiency, I

expanded the focus of this literature review to include justice-involved girls in general. In

order to lay the theoretical groundwork for a qualitative study of girls incarcerated in a

juvenile prison, I examined literature from the academic disciplines of criminology,

Women's studies, legal studies, sociology, psychiatry, and psychology. Recent thinking

about justice-involved girls has emphasized the role of trauma as a particularly salient

cause of delinquency for girls. I reflected this movement in theory in the literature

review's organization and divided the literature into four sections: justice-involved girl

trends, theories on girl delinquency, trauma and justice-involved girls, and trauma as

pathway.

Justice-Involved Girl Trends

Official statistics and self-report data confirm that boys historically and currently

commit more delinquent and criminal acts than girls (Cauffman, 2008). However, girls

account for a growing share of young people in trouble with the law. In 2009 girls

accounted for about 30% of all juvenile arrests, a ten percent increase since the 1980s;

one in three justice-involved youth are now female (Chesney-Lind & Sheldon, 2014;

Miller & Najavits, 2012). While the overall rates of adolescent female arrests in the

United States have decreased in recent years, arrest rates for male adolescents have fallen

even more sharply. In 1980, boys were four times as likely as girls to be arrested; today they are only twice as likely (Snyder & Sickmund, 2006). Girls are also more likely to be petitioned following arrest (the juvenile justice equivalent of charged) as evidenced by the 92 % increase in the number of delinquency cases involving girls between 1985 and 2002 (Snyder & Sickmund, 2006).

Justice-involved girls are different than justice-involved boys in several important ways. Girls are usually younger than their male counterparts and are more likely to have been incarcerated for status offenses or less serious crimes (Belknap, 2007; Chesney-Lind & Pasko, 2004; Snyder & Sickmund, 2006). Girls have much higher rates of clinical mental health diagnoses and report significantly higher rates of physical, sexual, and emotional abuse and greater rates of physical neglect than boys (Cauffman, 2008). Girls are also more likely to reenter secure placement once released on technical violations, even though they do not commit additional crimes (Chesney-Lind & Shelden, 2014). Although many of the risk factors for offending behaviors are the same for boys and girls, certain factors are particularly salient or even unique to females, such as victimization and interpersonal relationships (e.g. family dynamics, romantic relationships, and peer relational aggression) (Cauffman, 2008).

While girls can and do get in trouble with the law for committing crimes, girls are usually drawn into the juvenile justice system for committing what are called "status offenses." Status offenses encompass a wide range of rule-breaking behaviors, which include running away from home, skipping school, violating a curfew, and being

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generally unmanageable or out of control (Godsoe, 2014). Running away and curfew violation together make up for almost a fourth of all arrests of girls (Chesney-Lind & Shelden, 2014). Girls are not only more likely to be arrested for status offenses, but they are more likely to be referred to court and charged as a consequence of this behavior. Girls also receive harsher punishment than their boy counterparts for status offenses. Girls are three times more likely as boys to be detained in a juvenile jail for a status offense and four times more likely as boys to be placed in a juvenile prison for a status offense (Sickmund, Sladky, & Kang, 2008). Research shows that when incarcerated for status offenses, the system holds on to girls longer (Espinosa & Sorensen, 2016). The unique role that status offenses play in girl delinquency highlights how girls often get in trouble for behaviors that are overlooked when boys do them.

However, girls' arrests for criminal offenses are showing the largest increases, raising media concerns about violent female "super-predators" (Chesney-Lind & Shelden, 2014). Before 1990, most girls in the US were arrested for sexual misconduct or running away (Mullis, Cornille, Mullis, & Huber, 2004). Today, however, girls demonstrate involvement in a much wider range of criminal activity, including more violent offenses. Since 1990, arrest categories showing the largest increases included drug possession (148%), disorderly conduct (88%), and "other assaults" (104%) (Chesney-Lind & Shelden, 2014, p. 18). Snyder (2008) reported that between 1994 and 2006, arrests for simple assault declined by 4% for boys while the rate increased by 19% for girls. In 2012, the most recent year that data was reported by the federal government,

girls represented 76% of the juveniles arrested for prostitution and 38% of the minors

involved in domestic offenses (Puzzanchera, 2012). Rather than reflecting an increase in

criminal behavior, the increase in girls' arrests for nontraditional offenses is the result of

"netwidening" policy shifts in policing youth (Schwartz & Steffenmeiser, 2012). The rise

of zero-tolerance in many school settings and changes in domestic violence policing are

two examples of such netwidening policies that have dramatically increased the numbers

of girls entering the juvenile justice system (Chesney-Lind & Shelden, 2014). What

might have been ignored before, like school bullying or fights between a mother and

daughter, is now thought to necessitate punishment (Schwartz & Steffenmeiser, 2012).

As a result, girls make up a growing proportion of youth incarcerated in juvenile

jails and prisons. Between 1992 and 2003, girls' detentions rose by 98% compared to a

29% increase in the detention of boys, an increase that has since leveled off (Chesney-

Lind & Shelden, 2014). The juvenile justice system has historically demonstrated

restraint in incarcerating young people. The Juvenile Justice and Delinquency Prevention

(JJDP) Act of 1974 emphasized this restraint by prohibiting the institutionalization of

status offenders (Chesney-Lind & Irwin, 2008). However, juvenile court judges

persuaded Congress that the prohibition was unworkable because the courts could not

effectively deal with "chronic and habitual" status offenders (Edwards, 2010). In 1980

Congress amended the JJDPA to permit courts to detain status offenders who violate a

court order. This amendment, coupled with the wide discretion afforded to the court and

law enforcement officers in labeling offenses, opened the door for a practice called

"bootstrapping," in which adolescents who are adjudicated as status offenders can later be detained for violating the terms of probation or a court order (Sherman, 2005). Girls are more likely than boys to be affected by bootstrapping and incarcerated for minor offenses. For instance, a U.S. Department of Justice (2003) investigation into one juvenile justice placement for girls in Mississippi shows that 75% of the girls had been committed for status offenses, probation violations, or contempt of court (p. 2). Alarmingly, girls are also more likely to be locked up for longer at the beginning of their contact with the juvenile justice system and are also more likely to be reincarcereated upon release from correctional facilities for non-criminal behaviors like technical probation violations (Chesney-Lind & Shelden, 2014; Espinosa & Sorensen, 2016).

The JJDP Act of 1974 also raised questions about the disproportionate incarceration of minority youth, but again, consistent progress was made on this issue. There continue to be marked race-based differences for which girls are incarcerated following an arrest (Belknap, 2007). In self-report studies such as the Youth Risk Behavior Surveillance survey from the Center for Disease Control and prevention, racial differences in girls' offending behaviors are not extremely noteworthy. White girls generally commit as many crimes and status offenses as girls of color (Grunbaum, 2004). Differences arise only when you look at records of incarceration. African American girls make up as much as half of girls in detention in some studies (Human Rights Watch/American Civil Liberties Union, 2006). In a study by the National Council on Crime and Delinquency, African American, Latina, and Native American girls were

held in custody at three times the rate of white girls (Hartney & Silva, 2007). The study

also noted that black girls were detained almost six times more often than white girls.

There exists a long-documented and extreme double standard within juvenile justice for

girls of color, from arrest to sentencing and rearrest (Hawkins, Graham, Williams, &

Zahn, 2009; Holsinger & Holsinger, 2005).

There also exist disproportionately high rates of girls who identify as gay,

lesbian, bisexual, transgender, or queer–also known as sexual minority status (SMS)

youth–in correctional facilities (Corliss, Cochran, Mays, Greenland, & Seeman, 2009).

SMS girls are more likely than both non-SMS girl and SMS boys to be labeled and

detained as delinquent. Studies show high arrests and conviction rates of SMS compared

to non-SMS youth (Belknap, Holsinger, & Little, 2012; Himmelstein & Bruckner, 2011).

In one study of girls incarcerated at an Ohio detention center, when lesbian/gay and

bisexual identifications were combined for the SMS designation, "girls were more than

five times as likely as boys to report SMS identities," which was about twice as high as

community samples (Belknap et al., 2012, p. 177-180). SMS varied by race and gender:

girls of color were almost six times more likely than boys of color to report a SMS and

more than 1.5 times more likely than white girls. Although explanation for the high rates

of LGBTQ girls in juvenile jails and prisons is yet unknown, some researchers posit that

it may be due to homophobia within families that leads to a youth becoming homeless

and getting arrested for running away or survival crimes such as theft or participating in

sex trafficking (Chesney-Lind & Shelden, 2014)

A substantial body of research indicates that, regardless of race or age, mental health problems among justice-involved girls are higher than either justice-involved boys or non-justice involved boys or girls (Cauffman, 2008; Espinosa, Sorenson, & Lopez, 2013), approximately three times higher than the general population (Grisso, 2004). A majority of justice-involved girls have a diagnosable mental health disorder, with rates ranging from 50-100% (Solomon, Davis, & Luckham, 2012; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Vincent, Grisso, Terry, & Banks, 2008; Wasserman, McReynolds, Ho, Katz, & Carpenter, 2005). Marston, Russell, Obsuth, and Watson (2012) found that 66% of incarcerated girls met diagnostic criteria for two or more disorders. Although community samples show that girls are more likely than boys to have "internalizing" disorders such as anxiety and depression, justice-involved girls are more likely to have both internalizing disorders alongside externalizing disorders such as attention-deficit/hyperactivity disorder, conduct disorder, and oppositional defiant disorder (Cauffman, Lexcen, & Goldweber, 2007; Grisso, 2004). Common diagnoses include major depression, posttraumatic stress disorder (PTSD), separation anxiety, and disruptive disorders. In addition, rates of substance use disorder (SUD) in girls are fast approaching the rates in boys (Mullis et al., 2004).

As a minority population within the juvenile justice system, researchers and practitioners who operate as if boys were the only youth in trouble with the law have often overlooked justice-involved girls. Justice-involved girls have historically been "ignored, trivialized, or denied" acknowledgement of their existence (Chesney-Lind &

Okamoto, 2001, p. 3). However, the increase of girls in the juvenile justice system demands a shift in focus from juvenile delinquency as an exclusively male phenomenon. Emerging details about justice-involved girls and their lives challenge us to better understand the dynamics involved in female delinquency.

Theories on Girl Delinquency

Any study on girls and crime must address the invisibility of women and girls in the study of criminology. Criminology has historically been the study of male crime and male victimization, and there is still resistance to examining gender in academic research and within the classroom in this field (Belknap, 2007). Female crime and victimization were usually completely ignored or, if included, were considered in sexist and stereotypical ways. Due to the differences in girls' and boys' patterns of offending and the fact that most theories on adolescent delinquency ignore gender as a social construction that organizes relations of dominance and inequality, there are serious questions about whether criminological theory can apply to girls as it does boys (Belknap, 2007; Chesney-Lind & Shelden, 2014; Pollock, 2002). Most theories seem to fall short in explaining the dynamics that lead to girls' criminal and rule-breaking behavior. As a result there are a scarcity of explanations about why girls offend and how to curb this growing trend.

Aware that conventional, androcentric models of criminology proved less than capable of explaining girls' law-breaking behaviors, early women criminologists developed their own theories to explain girl delinquency. Morris (as cited in Belknap,

2007) brought a new understanding of gender socialization to her dissertation work where she interrogated differences between male and female delinquents. To explain the smaller number of girls in trouble with the law she theorized that females have reduced access to reaching success-oriented goals as well as greater disapproval for rule-breaking and criminal behavior because of their socialization. Like other early women criminologists, Morris was limited by acceptance of foundationally sexist assumptions. For instance, Morris exhibited a very basic and stereotypical understanding of how gender socialization affected girls' delinquency (Belknap, 2007). Many early researchers reached the conclusion that girls were less likely to commit crimes because of this socialization. Some also extended this understanding to hypothesize that if girls did happen to commit crimes, they must be more delinquent and a greater problem than the average male delinquent because they transgressed so many familial, cultural, and societal lessons about femininity in the process.

This last concern, that girl delinquents were more delinquent than the average male and became delinquent due to their rejection of traditional femininity and adoption of masculine traits, became known as the "masculinity hypothesis" (Pollack, 2002). The masculinity theory represents the historical fear of women and the social changes stemming from their greater freedom to choose something other than domesticity. Although this theory doesn't appear to hold weight empirically, it has been a stubborn theme in research on girl delinquency, as some scholars still posit that the women's movement of the 1960s and 1970s was the cause of the increase in girls' crime. Norland,

Wessel, and Shover (1981), after sampling a high school student body on a "masculinity scale" of six "stereotypically masculine traits" of leadership, competitiveness, aggressiveness, successfulness, and ambition, found no relationship. Masculinity was not at all related to property and violent offense and masculinity and status offenses were actually negatively related for females. Figueira-McDonough (1984) focused specifically on similar "masculine" orientations in high-school girls and also found that these ideals had a negative relationship with delinquency. In fact, she found that stereotypically masculine orientations were protective against criminal behaviors because it gave girls a career orientation, which had a notable direct effect on positive behaviors like studying and school work.

Woman-centered criminology has been growing since the 1970s and has had a profound affect on the male-dominated field. A shift in focus to center females has made its greatest impact on criminology in the area of women's victimization" (Britton, 2000, p. 64, cited in Belknap, 2007). Widom (1989) was a major contributor to the understanding of the relationship between victimization and offending. She developed the "cycle of violence" theory after comparing the juvenile and adult offense records of more the 1500 individuals who had and had not been abused as children. She found that abused and neglected girls were significantly more likely than their non-abused and neglected girl counterparts to have both formal juvenile and adult criminal records (Belknap, 2007). In later research she connected childhood abuse and neglect to an increased risk for arrest for a violent crime as a juvenile (Rivera & Widom, 1990). Finally, Widom (1995) compared sexually abused children to children who had non-

sexual abuse and neglect histories. She found that individuals who experienced sexual abuse along with other forms of abuse such as physical abuse or neglect, what she termed as "sexual abuse plus," were at the greatest risk of being arrested from running away and prostitution. Since Widom established the link between victimization and specific types of offending behavior, studies have focused on better understanding the role of gender in the cycle of violence.

Belknap and Holsinger (1998) posited a relationship-based theory of girl delinquency to understand this cycle. In this approach, negative relationships mediate the development of negative behavior that leads to involvement in criminal activities. This approach seems to apply in unique ways to girls as girls' relationships seem to be more intense and intimate than boys (Bowie, 2007), and might explain why some forms of victimization have a greater effect on offending behaviors. Research on girls' adolescent relationships found that they revolve around intimacy and closeness rather than the structured games and activities on which boys' relationships are based (Underwood, 2003). As a result, girls view social or relational aggression as particularly harmful; however, girls often report that their relationships are at the center of their own aggressive responses (Archer & Coyne, 2005). Therefore, the relationship-based theory of delinquency could explain the assaultive criminal behaviors of girls who have experienced violence within important relationships as a reaction to aggression in their lives where violence is chosen as a method to protect themselves and others. Also within this model, social aggression in educational environments or placements (e.g. foster care,

group homes, and alternative schools) that occur over time could manifest in overt aggression in these girls, resulting in involvement in the juvenile justice system (Belknap and Holsinger, 1998).

Investigations into the relationship between violence exposure and delinquency among incarcerated adolescent girls seem to confirm the relationship-based theory of delinquency. Wood, Foy, Goguen, Pynoos, and James (2002) found that family-related violence and dysfunction seemed to be more strongly related to delinquent behavior in girls than in boys. In addition, they found that neighborhood and school factors, such as community violence exposure and the lack of a sense of belonging at school, were more predictive of girls' rather than boys' involvement in gangs. However, this same study connected this correlation between aggression in family and other institutions and the associated aggressive delinquent behavior in girls with the presence of significantly high rates of severe posttraumatic stress disorder and depressive symptoms in incarcerated girls. While the finding of high rates of posttraumatic stress disorder and depression in justice-involved girls does not discredit the relationship-based model of delinquency, it seems to support a theory that takes into account how victimization of all kinds lead to delinquent behavior in girls.

Representing an early contribution in multicultural women-centered criminology, Richie (1996) followed with one of the most important pathways studies on incarcerated women. Her work was groundbreaking because she utilized intersectional analysis through "life-history interviews" that considered the impact of gender as well as

race and racism on pathways to criminality. Her work emphasized that it is vital to include race in any discussion of crime choice. Richie (1996) identified a number of different pathways by which African American women entered into crime, namely the involvement in an abusive, heterosexual relationship that led to crimes either against or for the abusive partner. African American battered women, who were subjected to extreme violence and often held hostage, were frequently charged in the deaths of their children caused by their batterers or for violent crimes against men. Both battered African American and white women were likely to be arrested for sex work that their abusive partner forced or coerced them into or for fighting back in the context of an assault on them by their partner. Richie described the limited choices of poor African American women as "gender entrapment." Gender entrapment is her attempt to understand the connections between violence against girls and women, culturally constructed gender-identity development, and women's participation in illegal activity (Belknap, 2007).

Unfortunately, there exist few pathways studies specifically on justice-involved girls, and most information regarding early delinquency is taken from retrospectively asking women about their childhoods or from journalistic accounts gained post-release (Belknap, 2007; Chesney-Lind and Shelden, 2014). However, there exists a fast-developing body of literature in psychiatry and psychology applying our understanding of childhood trauma to young people within the juvenile justice system (Mahoney, Ford, Ko, & Siegfried, 2004; Maschi, Bradley, & Morgen, 2008). This developmental perspective demonstrates how children experience traumatic stress when they have had

prolonged exposure to trauma, experience multiple traumatic events over time, or when different traumatic events occur at the same time and how this traumatic stress profoundly impacts children's physical, emotional, behavioral, and cognitive development (Putnam, 2006). Evidence increasingly connects traumatic victimization to delinquent behavior (Abram et al., 2004; Kerig & Becker, 2012; Foy et al., 2012). Research of this nature can inform and support criminology's theoretical focus on victimization as a pathway to female delinquency (Chesney-Lind & Shelden, 2014). Researchers can use this developmental perspective to better understand how trauma influences girls' trajectories into justice system involvement.

Trauma and Justice-Involved Girls

Trauma is a fact of life for justice-involved youth. Indeed, these young people are the most traumatized in our country. In a widely cited study, Abram et al. (2004), found that 92.5% of youth in a juvenile detention center had experienced at least one potentially traumatic event and that the typical youth had experienced an average of 14 traumas in his or her lifetime. More than 30 studies concentrating specifically on trauma exposure among female adolescent offenders have emerged in the past 10 years. Foy, Ritchie, and Conway (2012) reviewed and synthesized the findings all of which supported the trends recorded in the juvenile justice population overall. A key finding from the set of 33 studies, 25 of which were conducted in the U.S., is that uniformly high rates for exposure to the several types of trauma are represented, and that exposure to multiple types of trauma is most common. Exposure to traumatic events in some samples was 200 to 300

times higher than in the general population (Smith, Leve, & Chamberlain, 2006). In one

national sample, traumatic events were reported by 84% of the participants who disclosed

three types of traumatic experiences on average (Lederman, Dakof, Larrea, Li, 2004).

Female offenders have often experienced high rates of violence within their family as

well as community violence. Neither race and ethnicity nor sexual orientation had an

effect on the overall traumatic experience rate.

Justice-involved girls experience particularly high rates of physical, sexual,

verbal, and emotional abuse from someone they know (Abram et al., 2004; Belknap &

Holsinger, 2006; Kerig, 2012), also known as interpersonal violence. In fact, even when

rates of traumatic experiences are similar, girls are more likely to be primary victims of

interpersonal violence while boys are more likely to be secondary victims as witnesses of

violence (Ford, Chapman, Hawke, & Albert, 2007; Foy et al., 2012). For instance, in one

study of incarcerated youth 29% of girls compared to 3% of boys reported being raped or

molested (Wood et al., 2002). Over half of girls report victimization within the family

(Odgers, Reppucci, & Moretti, 2005). Sexual abuse, often described as the most

distressing kind of traumatic event by justice-involved girls, is as high as 76% in some

studies (Smith et al., 2006). Among these survivors of sexual violence, SMS girls

reported even more maltreatment and sexual abuse. SMS girls were more likely to be

sexually abused within the family by more than one person for a longer period of time

than non- SMS girls (Belknap et al., 2012, p. 181).

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Exposure to the kinds of exceptional stress juvenile-justice youth consistently experience may lead to the development of posttraumatic stress disorder (PTSD) (American Psychiatric Association, 2013). The Diagnostic and Statistical Manual for Mental Disorders (DSM) indicates that PTSD is a trauma or stressor-related disorder requiring exposure to actual or threatened death, serious injury, or sexual violation. Four distinct clusters of symptoms evidence PTSD: re-experiencing, avoidance, negative cognitions and mood, and arousal. Re-experiencing covers spontaneous memories of the traumatic event, recurrent dreams related to it, flashbacks or other intense or prolonged psychological distress. Avoidance refers to distressing memories, thoughts, feelings or external reminders of the event. Negative cognitions and mood represents myriad feelings, from a persistent and distorted sense of blame of self or others, to estrangement from others or markedly diminished interest in activities, to an inability to remember key aspects of the event. Arousal is marked by aggressive, reckless, or self-destructive behavior, sleep disturbances, hyper-vigilance or related problems (American Psychiatric Association, 2013).

A formal PTSD diagnosis is determined by symptoms conforming to diagnostic criteria as included in Table 2.1. The provision of a developmental framework for considering the diagnosis of PTSD did not formally emerge until the fifth edition of the DSM which included diagnostic criteria for children 6 years of age and younger, as well as text notes for symptom expression in children older than 6 years, in order to clarify the diagnosis of PTSD in young people.

Table 2.1. DSM-V Diagnostic Criteria for PTSD

Criterion A (one required): The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):
- Direct exposure
- Witnessing the trauma
- Learning that a relative or close friend was exposed to a trauma
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)

Criterion B (one required): The traumatic event is persistently re-experienced, in the following way(s):
- Intrusive thoughts
- Nightmares
- Flashbacks
- Emotional distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders

Criterion C (one required): Avoidance of trauma-related stimuli after the trauma, in the following way(s):
- Trauma-related thoughts or feelings
- Trauma-related reminders

Criterion D (two required): Negative thoughts or feelings that began or worsened after the trauma, in the following way(s):
- Inability to recall key features of the trauma
- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative affect
- Decreased interest in activities
- Feeling isolated
- Difficulty experiencing positive affect

Criterion E (two required): Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):
- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating
- Difficulty sleeping

Criterion F (required): Symptoms last for more than 1 month.

Criterion G (required): Symptoms create distress or functional impairment (e.g., social, occupational).

Criterion H (required): Symptoms are not due to medication, substance use, or other illness.

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Two specifications:

Dissociative Specification. In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli:

- Depersonalization. experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).
- Derealization: experience of unreality, distance, or distortion (e.g., "things are not real").
- Delayed Specification. Full diagnostic criteria are not met until at least six months after the trauma(s), although onset of symptoms may occur immediately.

These new DSM-5 text revisions regarding the development and course of the disorder throughout childhood, adolescence, and young adulthood provide clinically useful age guidelines. For example, symptom expression shifts across developmental stages, with adolescents likely to exhibit feelings of social undesirability and/or irritable, aggressive, or reckless behavior, and young adults likely to present with hyperarousal, avoidance, and/or negative cognitions and mood (American Psychiatric Association, 2013).

Rates of PTSD can be as high as 50% among incarcerated girls (Ford et al., 2007; Kerig & Becker, 2012), rates that are 2 to 8 times higher than in community samples (Wolpaw & Ford, 2004). Some, but not all, studies support higher rates of PTSD in incarcerated girls than in boys, with rates ranging from 30-50% in girls and 15-30% in boys (Kerig & Ford, 2015; Wood et al., 2002). Discrepancies among PTSD prevalence rates are most often attributed to the use of varying assessment instruments and the time at which the assessment occurs during juvenile justice

involvement (Wolpaw & Ford, 2004). Ford et al. (2007) found that although girls did not demonstrate higher rates of PTSD overall when compared with boys, girls endorsed higher levels of posttraumatic symptoms (as well as problems with alcohol use) and almost twice as many girls than boys reported elevated levels of PTSD symptoms. Dierkhising et al. (2013) also emphasized that although a full PTSD diagnosis was not always met in her study, the vast majority of girls reported significantly higher rates of PTSD symptoms than boys and were in the clinical range of at least one specific PTSD symptom cluster (i.e. re-experiencing, hyperarousal, and avoidance). Specifically, girls reported greater symptoms of re-experiencing, with about 72% endorsing regularly re-experiencing their traumas.

The prevalence of high rates of PTSD symptoms exclusively within specific symptom clusters reflects a limitation of much of the research to date on justice-involved youth and PTSD as PTSD has been treated as a unidimensional construct (Kerig, Vanderzee, Becker, & Ward, 2012, p. 130). It is possible for an individual to experience one or more of the symptoms associated with PTSD without having the full disorder. Justice-involved youth frequently demonstrate elevations on only some symptom clusters, but fail to meet criteria for a formal diagnosis of PTSD even though they have symptoms that are severe enough to significantly interfere with functioning (Cohen & Scheeringa, 2009). These symptoms, known as posttraumatic stress symptoms (PTSS) or partial-PTSD, provide a more continuous measure of the traumatic stress response and are often used as clinical indicators for intervention and treatment. PTSS often cluster

together but do not require the prolonged duration or functional impairment criteria

needed for a full diagnosis of PTSD, making PTSS a more commonly observed trauma

response. This reflects emerging research that reactions to trauma, especially in younger

individuals, may be better described as patterns of response that involve relying on some

strategies (e.g., avoidance and numbing) to the exclusion of others (e.g., hypervigilence)

(Kerig et al., 2012). Importantly, specific PTSD symptom clusters may arise

differentially in response to particular types of trauma and limit the detection of PTSD by

clinicians. For example, Sullivan, Fehon, Andres-Hyman, Lipschitz, and Grilo (2006)

found that emotional abuse was associated with symptoms of avoidance and hyperarousal

whereas sexual abuse was associated with reexperiencing. Although PTSS lack clinical

diagnostic criteria, they pose significant challenges to development and functioning.

Although few studies have carefully examined the association between gender

and posttraumatic stress response and PTSD, one explanation posed for higher prevalence

rates among girls relates to differences in the types of traumas to which girls are most

commonly exposed (Kerig et al., 2012). High rates of interpersonal violence, especially

abuse that starts early within the family and occurs over periods of time, are connected

with higher rates of mental health problems including PTSD and posttraumatic stress

symptoms (Ozer, Best, Lipsey, & Weiss, 2003). For instance, the Belknap et al. (2012)

study of incarcerated girls in Ohio found that the number of abusers–whether or not their

sexual abusers repeated the abuse over time, and whether or not the abuser was a family

member–was highly correlated with common posttraumatic stress symptoms of self-

harm and suicidal behaviors. For additional increment in level of abuse "the odds of self-hurt/mutilation episode increased 1.40 fold . . . and attempted suicide increased 1.57 fold" (p. 182). Sexual abuse by a family member when compared to a non-family member increased the odds of a suicide attempt by a factor of 2.19 and a self-hurt/mutilation episode by a factor of 2.40 (p. 183).

Overwhelmingly, the literature provides evidence that justice-involved girls experience high rates of some of the most disturbing forms of traumatic exposure throughout their short lives. Research also supports that these girls are highly likely to develop PTSD symptoms as a result, which often goes unrecognized even by mental health professionals due to how PTSD is currently assessed unidimensionally. More research is needed in regards to the gendered nature of trauma and posttraumatic stress within the juvenile justice system. Research connecting PTSD symptom clusters with specific forms of abuse seems to be a fruitful area of inquiry in regards to understanding justice-involved girls trauma reactions. Connecting specific trauma histories to patterns of behavior related to PTSD symptoms can also explain how trauma reactions function as a mediator of trauma and juvenile delinquency.

Trauma as Pathway

The "fight-or flight response" evolved as a survival mechanism, enabling people and other mammals to react quickly to life-threatening situations. When faced with a perceived threat, a person's nervous system starts the fight-or-flight response. The stress response releases hormones that produce a combination of physiological. The near-

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instantaneous sequence of hormonal changes and physiological responses helps someone to fight off the threat or flee to safety (Sapolsky, 1998). This stress response acts like a gas pedal giving the body a burst of energy so that it can respond to perceived dangers. As adrenaline circulates through the body, the heart beats faster than normal, pulse rate and blood pressure go up, breathing accelerates, and extra oxygen increases alertness. Sight, hearing, and other senses become sharper while blood sugar and fats enter the bloodstream to supply energy to the body in order to take action to prevent harm: fight or flee. This response happens so quickly and efficiently, it occurs before the brain has a change to fully process what is happening. The fight response manifests as angry, aggressive, combative behavior and the flight response manifests as fleeing potentially threatening situations (Sapolsky, 1998). The fight-or-flight response stays on until a perceived threat is gone. If the threat passes, the parasympathetic nervous system puts on the brake and turns off this response.

Individuals who have survived multiple traumatic events or a trauma that had no quick resolution become unable to put on the brakes. Due to past life experiences of actually being unsafe, survivors of trauma have bodies that are highly responsive to relatively minor signs of threats; they develop a nervous systems primed for danger. These signs of danger, which could be conscious or unconscious, internal or external reminders of traumatic events are known as "triggers," and triggers activate the fight-or-flight survival instinct in the same way the initial danger did in the past. When the danger is real, this response is helpful, but when there exists no real danger, survivors are left

feeling revved up and on high alert with no outlet for extra energy and few experiences of relaxation that enable them to move their bodies into a place of rest and relaxation (Blaustein & Kinniburgh, 2010; Solomon & Heide, 2005). Bruce Perry (2009) describes this process as a shift from a state to a trait. Instead of being a temporary response that turns on in times of danger, survivors' bodies take on a permanent state of fight-or-flight, like a car engine that revs too high, which produces changes in their personalities.

Survivors who live in fight-or-flight mode must develop fight- or flight- based coping strategies to keep functioning on a day-to-day basis with all of this stress. As the threat or perceived threat is ongoing, fight-or-flight responses to threats become habits (Perry, 2009). Survivors come to rely on habitual coping in order to relieve the anxiety brought on by danger while attempting to protect themselves from further harm. While coping can be healthy or unhealthy, when people are victimized at an early age they are at a greater risk for developing unhealthy coping patterns because they have not had enough time to develop healthy coping habits for stress (Perry, 2009). Therefore, many survivors of early and chronic trauma have develop unhealthy coping habits in order to help themselves manage the intense stress of being easily triggered by internal and external reminders of danger. Unhealthy coping is any behavior that attempts to address the over-activated fight-or-flight response caused by repetitive traumatic exposure without addressing the underlying cause. Examples include substance use, avoiding people and other reminders of trauma, displays of angry, violent, or otherwise dangerous behavior. Reliance on these early developed, unhealthy coping strategies can impair the

development of more adaptive social, cognitive, and emotional coping mechanisms necessary for healthy development (Putnam, 2006).

Research consistently shows that childhood unhealthy coping responses can have a long-term cost (Anda, Felitti, Bremner, Walker, Whitfield, Perry, Dube, & Giles, 2006). The Adverse Childhood Experiences (ACE) Study is the largest and most influential study of the relationship between childhood traumatic exposure and long-term health. In this longitudinal study of 17,000 managed healthcare participants, researchers found that individuals who are exposed to adverse childhood experiences (ACES) such as child abuse and neglect are more likely to adopt more high-risk behaviors as they get older, and as a result, die younger (Anda et al., 2006). As the number of ACES increased, participants' ability to cope in healthy ways decreased significantly and the risk of health problems such as severe obesity, suicide attempts, alcoholism, drug abuse, sexual promiscuity, traumatic re-enactment, self-injury, and eating disorders rose in a strong and graded fashion. These risks are most significant for those who have experienced four or more ACES (Anda et al., 2006). The ACE study provided evidence that children who experience trauma attempt to cope with unhealthy coping strategies and as part of these strategies adopt high-risk behaviors that often lead to many diseases, disabilities, and social problems like drug dependency, obesity, involvement in violent relationships, and even early death (Anda et al., 2006).

One of the significant long-term effects of traumatic childhood events is involvement with the juvenile justice system (Ford et al., 2007; Ford, Chapman, Mack, &

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Pearson, 2006; Kerig & Becker, 2010). This connection between trauma exposure and delinquency is particularly strong for girls (Kerig & Becker, 2012). The strength of this connection likely exists because risk for justice system involvement fluctuates with different types of trauma. Youth who report early interpersonal violence experiences are found to be at the highest risk for delinquent or criminal involvement in both adolescence and adulthood (Smith et al., 2006). The latest National Incident Study of Abuse and Neglect (Sedlak, Mettenburg, Basena, Petta, McPherson, Greene, & Li, 2010) shows girls' risk of abuse was 1.3 times that of boys, due primarily to their significantly higher risk of sexual abuse. Girls experienced sexual abuse at more than 5 times the rate boys do. A recent study by Cisler, Begle, Amstadter, Resnick, Danielson, Saunders, and Kilpatrick (2012) found that cumulative interpersonal violence was related more to delinquency than other traumas that were not interpersonal in nature, highlighting young girls' unique risk for delinquency. Other forms of trauma exposure have also been linked to delinquency, such as witnessing community violence or domestic violence or experiencing traumatic loss (Foy et al., 2012; Kerig et al., 2012; Wood et al., 2002). In addition, early exposure and more severe forms of trauma (i.e., chronic or frequent exposure) as well as the corresponding existence of PTSD symptoms, have been found to be associated with more severe and chronic delinquent behavior, and this relationship exists across race and gender (Becker & Kerig, 2011).

Ford, Chapman, Mack, and Pearson (2006) developed the "trauma coping model" to explain how delinquent and criminal behavior itself becomes a means of unhealthy

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coping with the assault on the self that results from traumatic victimization that strips away self-respect and sense of control. This integrative model describes a specific form of unhealthy coping common among delinquent youth called "survival coping." Survival coping is defined as "taking any means necessary to get by, while feeling damaged, hopeless, distrusting, and empty inside" (Ford et al., 2006). Survival coping may appear callous and defiant, but is actually a cry for help. Ford, Chapman, Mack, & Pearson (2006) note that survival coping is a cry for help that references the inner sense of hopelessness, shame, and despair that follows traumatic victimization. Survival coping is designed to relieve the anxiety brought on by the threat or perceived threat of being further victimized while attempting to protect oneself from further harm. Importantly, if a young person's environment does not respond to the youth's distress with care and protection, the unhealthy coping of defiance may bottom out, as represented by the ACE study, and give way to desperation and a perceived justification to take any means necessary to defend oneself in a hostile world. This latter mode is referred to as "victim coping."

Ford and his colleagues' (2006) survival coping model can be conceptualized an umbrella category that includes the most intense form of survival coping, victim coping, within its scope. Victim coping, as an extreme form on survival coping marked by when a young person "exhibits an increasing loss of empathy toward others, depleted ability to regulate affect, rigid cognitive style, and diminished sense of future possibilities" (Kerig & Becker, 2012, p. 136), can be seen in the most extreme behaviors of violence towards others and towards oneself. Given justice-involved girls' high rates of interpersonal

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violence, there is some evidence that they may be especially vulnerable to the development of victim coping (Kerig & Becker, 2012). In fact, trauma has been connected to greater aggressive behavior in adolescent girls. In one study of at-risk community youth, interpersonal traumatic experiences were connected to greater aggressive behaviors in young girls who used violence and empathetic detachment to protect themselves from further harm (Cruise, Marsee, Dandreaux, & DePrato, 2007). Allwood and Bell (2008) also found that among community youth exposed to violence, PTSD symptoms of reexperiencing earlier traumatic events were strongly associated with increased aggression among girls. Also, justice-involved girls uniquely respond to trauma with both internalizing and externalizing behaviors (Cauffman, 2008), and therefore do not always respond with violent coping. Connected with victim coping's diminished sense of future possibilities, girls often use substances as a way to check out of life, run away, and numb themselves to the constant pain of their traumatic experiences (Quinn, 2005). Female survivors of trauma also engage in dangerous reenactment of earlier traumas seemingly compulsively, either as victims or as victimizer, in ways that produce high risk for polyvictimization as well as increased trouble with the law (van der Kolk, 1989).

Although in its infancy, research examining PTSD as the specific mediating connection between traumatic experiences and delinquency seems to support the trauma coping model (Espinosa et al., 2013; Kerig et al., 2012; Wood et al., 2002). Recent research has also indicated that the traumatic stress reaction behaviors girls

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display within juvenile justice facilities results in additional sanctions that prolong incarceration and further system involvement (Espinosa et al., 2013). Girls' unhealthy coping mechanisms are labeled "delinquent behavior" and punished. The common status offenses girls are charged with, such as running away or fighting with a parent, can be reframed within a trauma coping model to be unhealthy coping to escape dangerous situations and people and increase their sense of safety. Not only does survival coping seem to be what is being criminalized, but also the presence of PTSD symptoms increases the likelihood of repeated contact with the juvenile justice system. In a longitudinal study over three years, Becker, Kerig, Lim, and Ezechukwu (2012) found that young girls with either full or partial PTSD symptoms were most likely to be rearrested, a connection that was not true for boys. Gender interacted with both age and race to influence recidivism, and young African American girls were "particularly vulnerable" to repeated incarceration over the course of two years (p. 156). A history of traumatic exposure also seems to be connected with longer and deeper end experiences of incarceration. In a yearlong study including 30,000 individual youth, Espinosa, Sorensen, and Lopez (2013) found that girls with trauma histories were seven times more likely to be incarcerated out of the home. They identified a trend in the Texas juvenile justice system to violate girls on probation in order to funnel them deeper into more restrictive out-of-home placements (p. 1833). In a later two-year study young people experiencing incarceration in three large urban counties facilities, Espinosa and Sorensen (2016) found

that the juvenile justice system held on to girls with trauma histories longer than their male counterparts once incarcerated.

The longer periods of incarceration may be due to the fact that correctional environments retraumatize and further complicate recovery in girls. Juvenile jails and prisons are not places to treat girls struggling with PTSD symptoms as they can exacerbate symptoms (Steinberg et al, 2004). Common practices such as handcuffing, searches, solitary confinement, and physical and mechanical restraints in response to psychiatric crises can continually trigger, escalate, and prolong PTSD symptoms (Coalition for Juvenile Justice, 2000; Huckshorn, 2006; Prescott, 1998). Solitary confinement–a widespread behavioral management practice in correctional institutions referred to as euphemisms of "room confinement," "restricted engagement," "seclusion," or "reflection"–is a particularly damaging practice (Rademacher, 2016). After just a few hours of solitary confinement, survivors can experience higher levels of anxiety, depression, and paranoia as well as retraumatization through the activating painful memories that leave them feeling powerless and alone (Mahoney et al. 2004; Rademacher, 2016). Although the environments of juvenile jails and prisons are understudied (Belknap, 2007; Chesney-Lind, & Shelden, 2014; Pollock, 2002), the aggressive nature of these facilities could also exacerbate symptoms. Ireland (1999), in a study of incarcerated older adolescents and adults, found a violent environment where relationships based on power and dominance was commonplace. Aggression within these facilities included violent physical and social acts against targeted inmates and damage to

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facility and individuals' property, the very threats of danger and loss of control that trigger a trauma survivor's fight-or-flight response.

The emerging link between girl delinquency and trauma emphasizes how a system focused on punishment as a deterrent to crime, systematically set up as uncaring responses to young women's survival coping, is also likely to push trauma survivors into victim coping (Ford et al., 2006). How girls experience incarceration is severely understudied (Belknap, 2007; Chesney-Lind & Shelden, 2014; Pollock, 2002), but there is ample evidence of the difficulty girl survivors have coping with incarceration in regard to how often they resort to self-destructive behaviors like cutting and suicide attempts (Belknap et al., 2012; Prescott 1998). One study of justice-involved youth found that girls were more than twice as likely to report that had thought about suicide and more than twice as likely to attempt suicide than incarcerated boys (Miller, 1994, cited in Pollack, 2002). In Ireland's aforementioned study, targets of bullying showed increase signs of distress marked by increased self-harm and drug abuse behaviors. There is more recent evidence that socialization of girls within a juvenile jail increased their use of victim coping in the form of physical violence, even amongst girls with no prior history of physical violence (Johnson, Nelson, Ghee, & Deardorff, 2013). Johnson et al. (2013) hypothesized that the increased use of physical violence in the study was likely due to the fact that being powerful and dominant within the juvenile subculture protected girls from others' aggression. This supports the research that when untreated and met with additional traumatic exposures, PTSD is associated with escalating symptoms and

behavioral coping adaptations that raise one's risk for future problems (Anda et al., 2006).

Moffit (1993) identified one of the most disturbing effects of the incarcerating girls. She critiques the practice of incarcerating girls for how it halts normal development and can create an adult offender that may not have emerged. Indeed, studies have found punishment-oriented programs for youth show between zero effects to an 8% increase in the rate of re-offending (Drake, Aos, & Miller, 2009). Studies have also shown that the single most significant factor predicting whether a young person will offend again is whether or not they have been incarcerated (Holman & Ziedenberg, 2006). Overall, recidivism rates for girls post residential treatment and/or juvenile correctional settings range from 40-85%, highlighting how it is very likely that girls will enter back in the system or the adult criminal justice system after out-of-home placements (Espinosa & Sorensen, 2016). It is vital that we reexamine the goals and methods of the juvenile justice system from a trauma-informed perspective if we are to facilitate the successful transition of justice-involved girls into adult roles and responsibilities rather than create offenders out of vulnerable young women (Steinberg et al., 2004). Rather than punishing and criminalizing traumatic stress reactions, psychological problems, and developmental delays, the juvenile justice system should focus its resources on helping these girls resolve their traumatic pasts and removing related obstacles to growth and development.

Commentary

Although awareness of the growing number of justice-involved girls is increasing, research has not kept pace. We know much about the scope and nature of girl delinquency, enough to establish that posttraumatic stress reactions lead to justice system involvement. There is, however, a need to better understand the gendered nature of PTSD symptoms and how severe histories of traumatic exposure serve as pathways to incarceration in girls' lives. Qualitative inquiry is needed to allow us to further understand the largely quantitative literature on this subject by providing rich and detailed illustrations of girls' experiences. Questions that have yet to be answered include: How do justice-involved girls experience trauma symptoms? How do trauma-related behaviors relate to delinquency? Are justice-involved girls primed through traumatic exposure more likely to overact to new stressors? Do these girls have diagnosable PTSD? At what point do girls start to choose externalizing behaviors like physical violence, rather than their typical pattern of internalizing their response, to protect themselves? What other survival coping tends to be criminalized? How does the early timing of traumatic exposure in these girls' lives relate to timing and extent of their delinquent and criminal behavior? How do gender dynamics in the juvenile justice system structure girls' experiences? For example, is the masculinity hypothesis responsible for why girls are punished more harshly for relatively minor delinquent acts? What effects does longer-term involvement have on PTSD symptoms? What aspects of

incarceration have the most dramatic effect on a girl's ability to remain resilient through the experience?

Resilience can be discussed as a protective factor, as an outcome, or as healthy coping responses to stressors, anything that helps a person achieve success despite difficult life circumstances. The concept of resilience was first used in developmental psychology in observations of high-risk children to refer to their resistance to mental health problems (Lester, Masten, & McEwen, 2006), and it is now a principal focus in trauma treatment approaches (Blaustein & Kinniburgh, 2010; Gil, 1996). Many of the above questions reflect the scant research investigating justice-involved girls' coping styles (Maschie et al., 2008). As previously discussed, coping strategies can serve as either risk or protective factors depending on whether coping styles are healthy or unhealthy (Perry, Pollard, Blakeley, Baker, & Vigilante, 1995). Some of the data from investigations into coping styles will speak to how PTSD symptoms are criminalized. However, there is an alarming lack of research on justice-involved girls' healthy coping, behaviors that have been shown to provide resilience to past, current, and future trauma. While this gap may be a result of the necessary focus on proving the need for trauma-focused, treatment-based alternatives to punitive consequences for justice-involved girls, the focus has left us with a gap in understanding how to support justice-involved girls' recovery. Questions along these lines that have yet to be answered include: What aspects of a girl's life, her belief system, or her approach to problems most helped her become and remain resilient in the face of challenges? It is time to turn strength-based lens on justice-involved girls.

CHAPTER III

METHOD

The goal of this study was to capture what girls themselves felt about their

experiences in the justice system, specifically those embedded in the deep end practice of

incarceration, and learn the ways they stayed resilient and achieved successes despite

difficult life circumstances. I wanted to explore the questions raised by current research

with young women who could share first-hand expertise based on their lived experiences,

and as a result identify both risk and protective factors, how the young women experience

them, and locate them in their context. The epistemology of this research is

constructivism, and I view all participant knowledge as subjective and a product of their

mind/body's unique meaning-making interactions with their world. The nature of this

research is professional and applied, as I am hoping to suggest how the growing problem

of girl justice-involvement might best be addressed and how girls might best be

supported in order to extricate themselves from system involvement. After assessing both

the current research on justice-involved girls and my interest in delving deeply into what

girls felt about their experiences in the juvenile justice system, I designed a qualitative

study utilizing the method of portraiture.

Mode of Inquiry

Portraiture is a qualitative research methodology developed by Lawrence-

Lightfoot (1983) to document the components of effective schools. She wanted to

understand what was working in exceptional school environments in order to empower

school-involved communities (p. 13). However, she felt that existing social science

methodologies, developed to document problems, fell short when turning attention to the

complex and multilayered analysis of individual, institutional, and societal strengths. As

an alternative, she created portraiture as a method that begins with a search for what is

good and healthy in any person, place, or event, a focus the method refers to as

"goodness" (Lawrence-Lightfoot, 2003, p. xxvii; Lawrence-Lightfoot & Davis, 1997, p.

8). A critical focus on goodness allows a researcher to tell a more complex story about

how people use strengths to navigate challenges-in themselves, others, and their

environment-that is an important part of goodness (Lawrence-Lightfoot & Davis, 1997).

This search for and examination of goodness is viewed as a form of both inquiry and

intervention, as the end product should be used to empower research subjects and their

communities.

Portraiture is phenomenological in nature (Lawrence-Lightfoot & Davis, 1997);

the purpose is to describe a "lived experience" of a phenomenon. Lawrence-Lightfoot

drew heavily on the qualitative tradition of ethnography, a method concerned with

discovering facts about people and then assigning interpretation to these facts based on

personal experience and academic training (LeCompte & Schensul, 1999). Hammersley

and Atkinson (1995) describe the ethnographic method as "Participating, overtly or

covertly, in people's daily lives for an extended period of time, watching what happens,

listening to what is said, asking questions . . . collecting whatever data is

available to throw light on the issues that are the focus of the research" (p. 1). Lawrence-Lightfoot amended ethnographic research methods in several important ways to create a distinctive method of inquiry. Three key elements can describe the special commitments of portraiture: context, voice, and the aesthetic whole.

Portraitists find context crucial to their documentation of human experience. The setting–physical, geographic, temporal, historical, cultural, aesthetic–is treated as a resource for understanding how research subjects negotiate and understand their experience (Lawrence-Lightfoot & Davis, 1997). Although observing and recording highly localized human experience isn't exclusive to portraiture (LeCompte & Schensul, 1999), Lawrence-Lightfoot and Davis (1997) lay out five ways portraiture uniquely employs context. Portraiture provides a rich physical description of the setting, as if one went on a journey from the macro to the micro, in a way that evokes all of the senses (p. 44). Portraitists also sketch themselves into the setting by sharing their "perch" and perspective (p. 50). The historical context is important in order to help the researcher understand institutional culture and values, often in ways that influence the physical environment. Finally, related to the interaction between the physical and philosophical elements of an institution, a portraitist uses contextual symbols and metaphors heard repeatedly in the actors observations. Context is used as a dynamic framework for the inquiry, and is what a portraitist stays attuned to while scrutinizing theoretical connections to research subjects' realities (Lawrence-Lightfoot & Davis, 1997, p. 59).

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A portraitist also scrutinizes her or himself, using the self as the primary research instrument for documenting and interpreting the perspectives and experiences of the research actors (Lawrence-Lightfoot & Davis, 1997). As Lawrence-Lightfoot says in "Expressing a Viewpoint," "the voice of the researcher is everywhere" (Lawrence Lightfoot & Davis, 1997, p. 85), serving the portraiture-defined purposes of voice. The first use of the researcher's voice is as a witness, or a discerning observer. As a boundary-sitter, the researcher can capture information about the setting that people used to the setting may miss. The second role of voice is interpretation. Interpretation allows the reader to experience the stance of the researcher in a way that makes the search for meaning transparent. The third use of voice is as preoccupation. Preoccupation includes sharing the ways the researcher's assumptions shape understanding of observations. The fourth use of voice in portraiture is autobiography. The researcher brings in her own history in order to share how her insights have been shaped by these experiences. Throughout the process and product, the researcher's voice is situated and emphasizes, rather than hides, the fact that the research product is subjective (LeCompte & Schensul, 1999). Although "everywhere," the researcher's voice is also restrained and disciplined, making sure never to overshadow the subjects' contributions, as the goal is not to produce a self-portrait, but to infuse the piece with the researchers "soul" (Lawrence-Lightfoot & Davis, 1997, p. 105).

One of portraiture's hallmarks is how the method blends art and science. Lawrence-Lightfoot (1983) argues that this convergence is necessary in order to fully

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capture and convey authentic representations of human experience. Specifically, portraiture combines artistic narrative with empirical description when writing about the research subject. The portraitist's imagination is viewed as a crucial part of the research process, weaving various strings of data into one narrative. The use of imagination isn't foreign to the tradition of ethnography, where ethnographers are expected to interpret facts for readers. Geertz (1973) emphasizes the role of imagination in the interpretation process by calling all ethnographic writings "fictions" and emphasizing that the strengths of any ethnographic account should be evaluated "against the power of the scientific imagination to bring us into touch with the lives of strangers" (p. 16). To this end, portraiture forefronts the use of the aesthetic principles of composition, form, rhythm, sequence, and metaphor in order to evocatively represent research subjects' experiences. As she says in "A View of the Whole," Lawrence-Lightfoot sought a way to capture the essence of her research subjects in ways she had been captured in portraits painted of her when she was younger; a selected perspective that can transform one's vision of the whole (Lawrence-Lightfoot & Davis, 1997).

Context and Constraints

This study required me to enter the context of the juvenile correctional system. The site was at a public-sector-run, Juvenile Justice Department-contracted facility in Texas. The facility is rated high security and provides military-style "boot camp" post-adjudication programs where young men and women from all over the state of Texas are sentenced to enter upon a judge's orders. Some residents will be incarcerated for a certain

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time as specified by her or his court orders, which averaged six months in this study. However, many judges make release from the prison contingent upon a young person's "successful completion" of the program. Research demonstrated that "successful completion" could mean a number of things, but what it generally came down to at this facility was a combination of a home-county Juvenile Probation Officer's, facility Counselor's, and Program Director's judgment about the progress of the girl's or boy's behaviors. "Successful completion" is a subjective goal that often resulted in the extension of a young person's time at the facility, ending in an average time locked up around a year in this study. It should also be noted that a resident's time locked up was also influenced by realities such as a girl's home county having the ability to afford long-term incarceration, as it cost anywhere from $100 to $250 a day to pay for a young person's time at the facility with prices based on program. The girls in this study were a part of a program ranked "highly specialized" in that it focused on their history of drug usage. Therefore, in order to keep a young woman in this program, her home county had to pay the facility and the county that operated it two hundred and fifty dollars a day for her incarceration.

This context necessarily affected the study. One of the main challenges was gaining permission to conduct the study, given that this population has necessary protections as minors, prisoners, and abuse survivors. Once Institutional Review Board (IRB) and site approval was granted, which included the challenge of having the facility's county Juvenile Board's approval, there were additional challenges concerning how to

conduct interviews about sensitive topics in a correctional environment characterized by extreme surveillance and distrust of its residents and of outsiders. In fact, difficulty accessing this population and working in this setting have both been cited as reasons why justice-involved girls have been relatively neglected in the literature (Belknap, 2007; Chesney-Lind & Shelden, 2014). Despite the difficulties, I was committed to conducting interviews with girls currently experiencing incarceration because interviewing them in the correctional setting allowed me to have these conversations while the experiences were fresh. I also believe that the experience conducting research in this setting allowed me to better understand the context and constraints the justice-involved girls experience.

Although the facility administrator did not in general limit my access to research participants for the study, the high-security nature of the facility limited opportunities to observe research participants in their day-to-day correctional context as well as influenced the time and structure of the semi-structured interviews. As a researcher I was allowed to interview clients only during regular weekend visitation hours in order to avoid interfering with their school and correctional programming. Weekly time constraints contributed to the extension of the total research time to a little over eight months. This restriction also presented problems multiple times when a research participant's family showed up unbeknownst to me and I had to delay a scheduled interview. I also had to find a way to protect research participants' confidentiality, as high-security facilities have to know where their residents are at all times, and prefer them to be on camera. I developed a procedure with the facility that capitalized on the

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restriction of interviewing during visitation. I had the Control Officer, the staff working

the central security booth who monitors and controls facility security through the use of

multiple security devices and logs all facility movement, call the research participant

from programming to come to "visitation." Once there, she was escorted to a private area

beside the Control Officer who would shackle her ankles together. I could then take the

research participant to a private room off camera typically used for counseling. The

Control Officer would refrain from logging this movement and instead would write a

note on a white board covered with a bright pink sheet of construction paper provided by

me upon arrival that day.

It was made evident through repeated contact with staff and administration that

this facilities centered safety and security above all other concerns, and that this safety

and security was defined internally as control over their residents. Through the process of

research I found that staff members' attempts to maintain control over residents included

physical as well as emotional and psychological methods. For instance, research

participants reported that they had been told they were always being sound recorded.

They shared details about how they or others had gotten in trouble for something that

someone heard them say over the speaker. Even though cameras in the facility did not in

fact have microphones, and I as the researcher made clear that the facility couldn't hear

us in the counseling room and wouldn't hear the recordings, the girls communicated that

being able to speak freely without retribution was a concern. In addition, because I was

not trained in restraining residents, the facility also required that the girls remain in

shackles, or large handcuffs, on their ankles the entire time they spent participating in research which some of the girls shared was at best uncomfortable and at worst painful depending largely on the habits of the various Control Officers responsible for putting on the shackles, and as affected by the staff member's mood, relationship with the research participant, judgment of the research participant's recent behavior, and opinion of the research in general.

As the researcher, I also had a relationship as a mental health professional counselor with the facility. I had worked in the facility for a year, providing mental health treatment while submitting the research proposal and Institutional Review Board application. This dual role may have contributed to a lack of safety for research participants as I could be seen as an "insider" to the correctional system. While some research participants said that my positive reputation with girls with whom I'd worked made them feel more comfortable involving themselves in the research process, there is also a probability that their behavior and answers were altered as a result of my role. Although I made clear that I had no influence or power over their treatment progress reports or when they could go home and that all research participants' participation was kept confidential, participants still may have had an idea that helping me by participating in the study could help them in some way. They most likely also changed the ways they spoke and edited what they shared based on their previous experiences with adults filling a counseling role. However, due to the way I recruited passively through posters located in the female dorms (Appendix D), I believe those girls who felt unsafe chose not to

participate. I also believe that due to the extended time over which I conducted interviews as a result of both facility restraints and participants' protection, research participants were able to experience greater safety with me as a researcher as they experienced their confidentiality being protected. Since I tried and failed to gain access at other juvenile prisons located in my targeted area Texas, and I was limited by my ability to drive long distances every weekend over the extended time of this study, I know that my previous contact with this facility was also a big factor that allowed this research to take place. Since justice-involved girls' experiences are so important to understand, I believe this challenge was a necessary one given juvenile prisons' inaccessibility to outsiders.

Since I could not ethically source research participants from those young women at the facility with whom I'd interacted as a treatment provider, all research participants were selected from a specialized drug treatment program with which I had not worked and populated by girls with whom I'd had very limited contact. Research participants' involvement in this program represented some specific challenges. In this facility program, a majority of the counselors were drug treatment professionals such as Licensed Chemical Dependency Counselors rather than mental health treatment providers, and as a result could not address mental health diagnoses while staying in their scope of professional practice. As a result, the girls' drug treatment tended to center behavioral components of change regarding drug use. Given these correctional drug-treatment professional's focus on behavior, the girls had been socialized with counseling techniques

that center personal responsibility and discourage thinking about one's problems in the context of a system.

As a researcher, I would be asking questions that interrogated how histories of abuse and neglect outside and inside the juvenile justice system may have affected research participants. Research participants' knowledge of my role as a counselor, combined with their co-occurring experiences with behavior-based counselors, may have resulted in research participants limiting their critical answers about the system in which they are embedded, reverting instead to what they had explicitly or implicitly learnt represented health and progress within their program's correctional context. Understanding this concurrent socialization towards focusing on their personal responsibility in behaviors as one that is reflective of a larger trend within the juvenile justice system, I knew coming into this study that the girls may have internalized these messages, and so I worked to encourage honest systems analysis through my questions and my reflections during interviews. Because this strong, limited focus can easily, and often does, become tinged with victim-blaming, I also believed that participating in conversations that took the oppressive role of the justice system seriously in shaping research participants lives as well as focused on how research participants actively employed resilience strategies could prove beneficial in and of themselves.

My training and professional identity as a mental health professional counselor influenced the study in other ways as well. For instance, my role as researcher with a background in counseling affected how I conducted interviews. Throughout the semi-

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structured, open-ended interview process, my reflections to research participants'

answers utilized basic counseling skills of reflecting content emotion, and enlarging

meaning. These basic counseling techniques, as influenced by my counseling training in

Carl Roger's person-centered psychological theory (1957), are designed to provide a

nonjudgmental context where participants feel heard and understood. I also shared my

personal curiosity about patterns or possible relationships between events in research

participants' lives in order to draw connections between what might have formally been

seen as disparate events. Using my genuine curiosity to build insight is also a counseling

technique I was able to use in interviews. Curiosity became especially relevant for this

study due to the extent of research participants' traumatic exposure rate and post-

traumatic stress symptoms, such as a research participant sharing that she experienced

sexual assault and began the use of methamphetamines a few weeks later. Research

shows that it is possible, and even common, for individuals to develop insight from

reflecting on their pasts with an interested, nonjudgmental, and empathetic partner. As is

common in conversation, participants often told their stories in a non-linear pattern,

spiraling back and forth to important events. My counseling skills of tracking and

reflecting back relevant information were important to providing some structure to the

interviews, as were the field notes I took following interviews and while listening to past

interviews to prepare for upcoming interviews.

Participants' high trauma backgrounds also affected the practicalities of access

and resources for the research. From informed consent to the end of life history

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interviews, I as the researcher made time for non-interview-related activities in order to help the girls learn and practice safe ways of staying regulated. As previously discussed, when someone with PTSD is triggered regarding a traumatic event, they can often relive the terror of the original event, going into full survival mode. Activities available to research participants, referred to in the research process as safe coping, worked to keep the girls from becoming flooded with these memories and from reliving past traumas. Drawing on Pat Ogden's research on the safe engagement zone (Ogden, Minton, & Pain, 2006) and Stephen Porges' research on the polyvagal theory (Porges, 2011), I encouraged the use of activities to engage the senses in order to help interviewees' keep their minds and bodies at a safe level of activation. Activities offered and regularly encouraged included listening to their choice of a song, interacting with the researcher's sand tray and figurines, playing interactive games such as pick-up-sticks and Jenga with the researcher, forming play-doh, eating chips and having a drink, painting a picture, and taking a walk. Encouragement of safe coping reflected my research commitment to beneficence and to having the process be an experience that the girls gained from during and after our interaction. Although safe coping activities limited the time spent on interview questions during our restricted and limited interview times, they were necessary to help the young women stay safe while reflecting on some very difficult life experiences.

Although I was not providing treatment, I did many of the same things as a researcher with participants that I do as a counselor to help my clients feel safe, heard, understood, and cared for. However, even in my reflections on patterns or connections,

participants led discussion of their own experiences and I kept my responses to a minimum. In addition, as part of a PTSD-focused research instrument, I also provided psychoeducation about trauma, posttraumatic stress, common symptoms, and some thoughts on healing from trauma as it came up in conversation. As portraiture is simultaneously a form of inquiry and intervention, after consultation, I deemed interaction informed by my background in mental health counseling appropriate and in line with my research methods. In fact, I felt that a more neutral researcher role, interacting with these young women as someone who wasn't invested in their wellness, would have done harm, as they have already experienced numerous adults who they perceive as uncaring and even hostile. Also, given that the research participants' correctional and mental health programming largely ignored the role of trauma in justice-involved girls' behaviors, and knowing the salient role of trauma in girl delinquency, I felt it was appropriate to provide this psychoeducation in order to provide a new take on what they had been experiencing. A trauma-informed perspective can be helpful to build resiliency because it explains behaviors that trauma-survivors may feel shame about and provides a method for change. Representative of the positive effect this decision had on research participants, several research participants shared that they became more invested in their facility-provided mental health counseling as they better understood that they couldn't just "get over" some of the things that had happened to them and might need the support of a caring adult. One research participant reported she would seek out a

counselor when she got home because she did not feel the facility was an appropriate place to do safety-related healing work.

Finally, my education and research raining in the field of Women's and Gender Studies had the most profound effect on the perspective of this study. Women's and Gender Studies is an interdisciplinary field that sprang out of the women's movement in the 1970s and has always been intimately connected with social justice. Researchers and educators in Women's and Gender Studies have often focused on restoring histories to women who had been ignored by conventional disciplines and working to ensure that silenced voices will be heard. From the field's inception, scholars have asserted that all knowledge is political and that we must ask questions about both what we "know" and what has been left out. The field also posits that learning is an active process and is about change and evolution.

The principles of the field of Women's and Gender Studies shaped every aspect of this study. The systemic focus of this study sprang directly from my education in multicultural theories. Multicultural theory systematically analyses identity categories such as race and gender definitions in social life and also critiques intersecting patterns of subordination based on identity categories in the forms of sexism, racism, heterosexism, classism, ableism, etc. I was attuned to these patterns of subordination in participants' lives and through my interviews encouraged participants to think about their problems in the context of these systems, rather than focusing exclusively on their personal responsibility for where they were in life. I asked questions

designed to create space for justice-involved girls and young women to talk about their

own experiences, expectations, and socialization in systems of oppression as well as in

the juvenile justice system. I created a round of interviews specifically so that participants

might have a chance to go on record about their unique and valuable life histories. The

Women's and Gender Studies field posits that knowledge should be useful in making

research participants' lives better. This study's focus on resilience reflects my

commitment to work with participants to envision possibilities for resistance to the

oppressive forces operating in their lives within and without the juvenile justice system.

In light of this study's context and constraints, I made changes to my original

research design. One major change was that I limited the number of research participants.

I had planned on conducting 15 interviews on experiences of incarceration. I ended up

interviewing 11 girls about their experiences of incarceration, but had two drop out of the

study as they were released before we could finish our first round of interviews. Neither

of these young women's partial interviews was utilized in data analysis. I also limited the

number of life histories. Instead of conducting life histories with five research

participants, as I had planned, I conducted them with three. Although I had decided fairly

early in this study that I wanted to produce one long, detailed portrait rather than several

shorter ones, upon consultation I decided it prudent to begin life histories with multiple

participants in case of any issues such as voluntary or involuntary dropout. After

collecting three life histories in addition to doing participant observation and conducting

nine interviews on incarceration, I felt I had reached saturation.

Saturation was assisted by the addition of two mental health measurements to the research design: the UCLA Child/Adolescent PTSD Reaction Index for DSM-5 and the Connor-Davidson Resilience Scale 25. These instruments enabled consistent data collection of all research participants' trauma history, their PTSD symptoms, and their characteristics of resilience.

Research Design

Portraiture methodology called on me to capture a part of each research participant's story in order to contextualize the meaning of being system-involved, locked up, and strategizing for one's own wellbeing. To accomplish this goal I utilized a combination of qualitative methods to accomplish this goal including participant observation, face-to-face interviews, and two mental health measurement instruments. Due to my prior involvement with the facility, research participants were self-selected from a specific sub-population of all girls incarcerated at my data collection site in order to eliminate ethical concerns that former clients may feel coerced to participate in the study based on our existing relationship. Young women, ages 10-17, were incarcerated at the facility in several post-adjudication programs with different focuses including substance addiction, mental health, and general offenders. The girls selected for the sample of this study came from the substance abuse program, as I had not worked with anyone in that program. Girls in the substance addiction program responded to a recruitment poster I posted in their dorms by writing me a note expressing interest in participating and dropping it in a confidential lockbox only I had a key to outside the

girls' dorms. I accepted any young woman who wanted to participate in the study as long as I was able to obtain consent from her legal guardian. Unfortunately, obtaining legal consent proved a difficult task and therefore some girls who wanted to be in the study were not permitted to participate.

At completion, this study consists of nine research participants. As previously mentioned, two girls were unexpectedly released from the facility before finishing their interviews, and so they have been omitted from analysis and findings. All participants identified as female and had an age range of 14-16 with an average age of 15. Five participants identified as Latina, three as Black and/or African American, and one as Caucasian. When asked where they were from, three participants reported being from a rural area, one reported from being from a suburban area, and five reported being from an urban area. Five girls reported dating both females and males with one participant identifying as "partially gay." The other four participants shared that they only date males. At the time of interview, participants had been in the juvenile prison facility from 4 months to 8 months, and locked up away from home from 7 months to a year and a half when time spent in their Juvenile Detention Center awaiting adjudication and placement are added. The average time participants had been incarcerated in the juvenile prison was 6.33 months and total time away from home was 9.66 months.

My first stage of data collection was participant observation. Participant observation is the process of learning through immersion in the daily activities of research subjects (Schensul, Schensul, & LeCompte, 1999). This is the most elemental

aspect of ethnographic research as it allows a researcher get as close as possible to another way of life in order to approximate research subjects' experiences (Emerson, Fretz, & Shaw, 1995). This method accomplishes the goal of better understanding the contexts under which young trauma survivors' recovery is inhibited by incarceration and how they respond by collecting data on the day-to-day realities of juvenile prison life. Participant observation laid the framework for how I holistically understand the other forms of data collection. The main purpose of using participant observation was to be able to place participants' attitudes, feelings, beliefs, experiences, and reactions in their proper context.

The most extensive stage of data collection was holding in-depth, semi-structured interviews focused on incarceration. Despite using guides, the interview processes remained flexible and resembled a "go with the flow" discussion with many follow-up and conversational open-ended questions (Hesse-Biber & Leavy, 2007). Open-ended questions with research participants allowed me to remain open to their insights and allow themes in the material to emerge from the research participants. I conducted two rounds of interviews to saturation. In order for participants to respond freely with a clear sense of confidentiality, all participants' names were changed to a pseudonym each picked during her informed consent meeting. Names chosen in alphabetical order include: Genesis, Joselyn, Katalea, Mary, Nana, Nemiah, Sandy, Syrikk, and Zinova. Throughout the interviews the girls made up pseudonyms for the people they discussed in order to protect others' confidentiality. If a girl slipped and used a name or title for someone they

were discussing, I removed the reference during transcription in order to protect third parties.

The first interview with all research participants focused on the participants' experiences of incarceration. Questions pertaining to this topic are identified as "Round One Interview Guide" (Appendix H). Interview questions were organized by domains related to potential benefits and harms of incarceration for girls as communicated in the scholarly literature. I decided that the focus of the first round of interviews should be on current experiences of incarceration in order to arrange interview questions from the most recent experiences to the most distant, as life history was the focus of later interview(s). I also structured the research design this way because I thought that at least some participants might be more comfortable talking about their incarceration before talking about potentially more sensitive topics that could be brought up by life histories. The first round of interviews accomplished multiple research objectives including: determining the contexts under which young trauma survivors' recovery is inhibited by incarceration, understanding how they respond, and identifying the resilience strategies of research participants. Besides being exploratory in nature and relating to the central objectives of this research, the first stage of interviewing also served the purpose of helping me identify girls to go to the next round of interviews.

The second set of interviews focused on collecting participants' life histories leading up to incarceration. Questions pertaining to this topic are identified as "Round Two Interview Guide" (Appendix I). Interview questions were organized by domains

related to risk factors for girl delinquency as communicated in the scholarly literature. The interview guide for the second round accomplished the objectives of documenting the pathways towards system involvement in the lives of research participants as well as how the young women promoted resiliency to trauma and retraumatization prior to incarceration. Although it was difficult to choose participants to continue to this stage, I considered several factors when making the decision. A major factor was whether or not the girls seemed comfortable in the first round and were able to, more or less, stay on track and answer questions with some elaboration. Also important was that each participant had been able to answer the more difficult questions during the first round of interviewing, a quality I believed would enable the collection of robust life histories. Finally, I considered the young women's progress in the program, their self- and facility-reported mental health, how long they had been incarcerated, and how early on in the study I was able to begin their interviews post consent.

After conducting interviews and field notes for a couple of months, I decided to modify my research design and add two mental health measurements to the study. I noticed participants had trouble identifying difficult life experiences and had trouble talking about their life chronologically when discussing difficult experiences. Participants were often also found it challenging to speak about their strengths. The first instrument I added was the UCLA Child/Adolescent PTSD Reaction Index for DSM-5 (PTSD Index). The UCLA PTSD Index is a self-report instrument used to screen for trauma exposure and assess for DSM-5 PTSD symptoms in children over the age of 6. The scores from the

measure provide preliminary DSM-5 diagnostic information and PTSD symptom frequencies. It is broken up into two parts. The first part provides a trauma history profile that prompts a clinician to assess the age and features of trauma exposure in 14 different types of exposure using a yes/no format. The second part assesses PTSD symptoms with 27 questions, including four questions to measure Dissociative Subtype, asking about frequency of symptoms in the past month. I was familiar with the PTSD Index, as I had used it to measure trauma exposure and PTSD symptoms in my work as a mental health professional. I saw this measure as a solution for the time limitations I was experiencing. Because participants had trouble talking about difficult experiences, I also saw this measure as a way to better organize and more fully capture participants' difficult life experiences and a way to more objectively understand the extent to which past traumas were currently affecting the participants while they were incarcerated.

The second mental health instrument I added was the Connor-Davidson Resilience Scale 25 (Resilience Scale). The Resilience Scale is a self-rated assessment used to quantify resilience as a treatment measure to assess response within a clinical treatment setting. The scale has been successfully validated with a wide range of ages, genders, and ethnicities (Davidson & Connor, 2015). The scale includes 25 questions that measure characteristics of resilience by assessing a person's own understanding of how often each statement applied to her/him over the last month. I was familiar with the Resilience Scale, as I had been investigating its use in my clinical work. Since I was adding a measure to record more data of pathology, I wanted to also add a measure that

would provide balance by bringing in strength-based data. I also saw this measure as a way to understand the full range of resilience strategies in research participants. As the content of the scale was drawn from an extensive review of the scholarly work on stress coping ability largely influenced by contributions from the field of developmental psychology and child psychiatry (Connor & Davidson, 2003; Davidson & Connor, 2015), the resulting scale questions summarized the most salient aspects of resilience in young lives.

Although both the PTSD Index and Resilience Scale instruments were designed to be used clinically and when used in research are often analyzed statistically, I decided to treat the instruments as qualitative data. I was reminded of the fact that I had explicitly undertaken this study because of the need for in-depth descriptive data about justice-involved girls in the literature that is largely quantitative. Upon consultation about methodology, I decided that I would administer the measures and then treat them qualitatively by coding them as I would my field notes and semi-structured interviews to help me find emergent themes. Although non-traditional, the inclusion of these two instruments felt like creative ways to elicit valuable data about trauma and resilience and would support and add weight to the stories I was collecting from research participants.

The most important vehicle for data collection is the relationships I developed with all the young women who shared their expertise on their own lives. I believe that the relationship developed through this research process was meaningful for me as well as the research participants as evidenced by the increasing intimacy of subject matter

discussed during interviews, notes sent to the researcher by participants between interviews regarding what should be discussed at the next meeting, and conversations during our last scheduled interview. This sustained research relationship characterizes the method of portraiture, where through rapport, empathetic regard, and reciprocity, researchers are able to co-construct narratives about the experiences of the research subjects (Lawrence-Lightfoot & Davis, 1997). Through a relationship based on informed consent, healthy boundaries, and a conversational feel to the interviews, I ensured that the participants, who gave so much of themselves to this research, left data collection events "safe and whole" (Lawrence-Lightfoot & Davis, 1997, p. 141).

Data Collection

Immediately upon gaining access to my research site I began to develop field notes recording my observations and experiences shadowing staff members working in a girls' dorm and shadowing girls carrying out their regular prison program activities. In addition to participatory observation, towards the beginning of data collection, I engaged in observation from a distance through the use of live, closed-circuit video in the prison's control office in order to unobtrusively orient myself to the new environment (Schensul et al., 1999). I dedicated two hours a week to distance observation at the beginning of the study, taking notes in my field journal. Since participant observation so vital, I collected data in this way for over the course of three months, from mid-September to mid-December, although I felt I reached saturation quickly due to the repetitious nature of the juvenile prison environment. Over time I shifted from primarily observing the prison

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environment to focusing more specifically on the selected subjects of the second round of interviews. My notes included my observations, detailed contexts such as physical, cultural, and geographic locations, and details about facility events and procedures such as restraints, searches, intakes, grievances, and lock-downs.

I began interviews simultaneously with participant observation. Round one interviews began in October 2015 and ran through April 2016. Recordings from the first round of interviews ranged from 60 to 142 minutes in length, with an average interview time of 117 minutes and a total time of 1053 minutes. Round two interviews began in November and continued through January. Recordings from the second round of interviews ranged from 132 to 286 minutes in length, with an average interview time of 189 minutes. The maximum amount of time I spent with a research participant was 381 minutes, or just under six and a half hours, excluding the informed consent meeting. All time spent with participants, including informed consent meetings, was recorded on a digital recorder. I kept a separate field note journal for the interview stage of data collection, recording my reflections, impressions, questions, and connections arising from the conversations. I transcribed the interviews at home, utilizing pseudonyms and saving the transcripts on a secure, password-encrypted computer. I also kept all other research materials, such as assent/consent forms and my handwritten field note journals, in a code-protected lockbox located at my home. I continued interviews and instruments until I reached data saturation in April, when I believed I had enough data to replicate the stud and no new data emerged from the interviews and measurements (Fusch & Nuss, 2015).

Three girls participated in the second round of interviews. Their pseudonyms were Mary, Sandy, and Zinova. Although all three identified as Latina, they were diverse in other ways. They represented a range of sexualities: one participant identified as straight, one as bisexual, and one as gay. They also represented a full range of the ages in the study: one was 14, one was 15, and one was 16. Two participants were born and raised in a rural setting and the third in an urban setting, although all three had already traveled into cities and lived there if only for the time they were on the run. One was heavily gang-involved, the other two were not. After consultation regarding the homogeneity of the selected girls' ethnicity, I decided that there was an adequate level of diversity represented in this smaller sample and that it might even be useful to have some identity similarities since I was planning on creating a single portraiture weaving together themes from all three life histories. Research participants selected for the second stage of interviewing are those whose life histories were most essential to the creation of the research product. Saturation at this stage was reached through the emerging of an obvious pattern in the participants' life timeline.

Each time I met with a research participant I followed certain safety procedures. First, I limited the time of each interview to two hours, with a mandatory break after one hour. Since life histories are lengthy, I broke the second round of interviews into up to three separate interviews in order to give the research participants adequate breaks and to reduce the loss of time burden for them since the interviews take place on their weekends. When each interview came to an end, I checked in with the participant about whether she

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felt she had shared all she had wanted regarding the topics discussed. Depending on how many of the domains the research participant was able to cover, and how much of her story she wanted to tell, I scheduled another interview appointments at least five days away in order to give the participant time to process the experience with a licensed mental health professional if she so desired. As a mental health professional, I also performed a risk assessment and, although it was never warranted, offered to help create a safety plan to enable a successful transition from talking about difficult subjects back into a strict correctional environment. At the end of my last interview with each research participant I administered the two mental health instruments included in the research design, the PTSD Index and the Resilience Scale.

I always administered the PTSD Index first, talking through the first section and giving participants the option of filling out the second section with me or by themselves. As the PTSD Index is often administered in the form of a semi-structured interview, this instrument fit in well with the conversational flow of questions and answers developed in previous interviews. Before administration of the second section of the PTSD Index, I reminded participants to think about the traumatic event that is most troubling to her currently. I wrote in a brief description of the trauma names; however, as has been noted as a problem when working with this severely traumatized population, participants expressed difficulty identifying a singular trauma and so I allowed them to note several if that best represented their symptom struggles. I introduced the Frequency Rating Sheet

that comes with the instrument as a visual reference for item option choices of 0-4. I also said,

> Here are your choices to answer the next question [referring to the Frequency Rating Sheet to client and pointing to the calendar as I explained the rating choices]. '0' means that in the past month, you have not had the reaction at all. '1' means that you have had the reaction a LITTLE of the time, about once every other week. See the 2 X's on the calendar? '2' means that you have had the reaction SOME of the time, about 1-2 times each week. '3' means that you have had the reaction MUCH of the time, about 2-3 times each week. '4' means that you have had the reaction MOST of the time, almost every day.

A majority of participants then chose to fill out the second part of the instrument alone, asking questions for clarification. The very last part of the instrument asks about clients' perceptions regarding the impact of the PTSD symptoms on their home life, school life, peer relationships, and developmental progression. I administered this section by asking the questions and checking the "yes" or "no" box myself.

I then administered the Resilience Scale. All participants were directed to respond to each statement again with reference to the past month. As instructed in the directions for the scale, I explained that if a participant had not experienced a particular situation during this time, they could respond according to how she thinks she would have reacted (Davidson & Connor, 2015). I was available during administration to answer questions about vocabulary, providing examples for concepts participants sometimes found

confusing. For instance several participants asked for clarification on item 1 on the scale: "I am able to adapt when changes occur." I explained by reframing it as, "When things change in your life, you are also able to change to adjust to these new circumstances." Participants often referenced the PTSD Index Frequency Rating Scale as it was left on the table in order to answer the Resilience Scale where options for each item option choice were also 0-4. Upon completion of this instrument I reviewed their highly ranked selections with them, reflecting back to them the resilience strategies they had endorsed. I asked for examples they had thought of in the last month for the items they endorsed most highly. I did this in order to get more examples of participants' strengths within the correctional setting, but I also did this in order to end the interview on a note of celebration of what participants were already doing well. Since the administration of the instruments took place in the last private meeting I would have with research participants, I terminated our relationship by thanking the girls for their participation and sharing an aspect of their story that I found particularly inspirational. I again explained how confidentiality would be protected within and without the facility and how to contact me through the university should they have questions in the future.

Data Analysis

One of the exciting things about portraiture's ethnographic-based method is that analysis "begins with first steps into the field; the first set of field notes and experiences; and the first set of guesses, hunches, or hypotheses" (LeCompte & Schensul, 1999, p. 148). However, portraiture also necessitates figuring out how to organize, sort, code, reduce, and

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pattern into a "story" that resonates with a wide variety of audiences the massive amounts of data collected in different forms. Portraiture has been critiqued for embracing a "politics of vision" that forefronts the researcher's power in shaping the product (English, 2000, p. 21). Because the researcher's presence is made apparent in this method, it becomes vital to apply a scientific analytical method when examining data as well as a reflexive process about the researcher's values and representations throughout that analysis. For the concentrated phase of data analysis I drew on my background in "grounded theory." Specifically, my training in the Strauss and Corbin (1990) method of grounded data analysis involving the use of progressive identification and integration of categories of meaning from data. Grounded theory fits with portraiture and adds to it the scientific framework for the discovery of emerging theories, as grounded theory was developed to move from data to theory, rather than rely on analytical constructs, categories, or variables from pre-existing theories. Furthermore, grounded theory provides specific guidelines on how to get raw data to speak by: 1) open coding to identify categories and make connections between them, 2) axial coding to explore relationships between categories, and 3) selective coding to create a storyline out of the central phenomenon under investigation (Strauss & Corbin, 1990). The storyline, produced from the data, provides an explanatory framework with which to better understand the phenomenon under investigation.

I began processing the data for analysis while still conducting interviews, playing the audio recordings on my computer and typing into a Word document as I listened. Starting transcriptions early with certain research participants allowed me to seek

clarification to questions that developed from listening to early interviews. Even though I started early and typed approximately seventy words per minute, this process was extremely time consuming. Therefore, upon consultation, I chose to selectively transcribe the recordings, leaving out informed consent meetings, times when engaged in coping activities, and administrations of the PTSD Index and Resilience Scale. Throughout the transcription process I was able to become familiar with the interview data I had collected. I scored both the PTSD Indexes and Resilience scales according to the user manuals for each. The PTSD Index is a complicated process of matching line items to symptom clusters on the scoring sheet, using the highest score only for alternatively worked items of the same symptoms, marking a symptom scored as a 3 or 4 frequency as "present," summing the scores for cluster totals, and then totaling the entire scale score. I also marked whether participants endorsed dissociative symptoms and whether the participants reported significant distress or impairment. The Resilience scale was a much easier process to score. I summed the total of all lines to get a score between 0 and 100, with higher scores reflecting greater resilience. As much as I would have liked to, I did not have the resources to use independent judges for my qualitative data at the processing stage.

Then next step was to analyze the data collectively. Bringing order, structure, and meaning to the data was also time-consuming, especially with the large amount of data I had collected. I chose to use the qualitative data analysis software NVivo to assist me in making meaning out of the data. NVivo has been shown to reduce the many manual tasks associated with conventional coding in order to give researchers more time to discover

tendencies, recognize themes, and derive conclusions (Bazeley, 2007). In order to obtain the knowledge and skills necessary to utilize NVivo successfully, I attended a workshop called "NVivo 11: Qualitative Coding Workshop" at Texas Woman's University. I obtained my own copy of the software and kept the software with the data stored in it on my password-protected computer. I also restricted data to the project by creating a confidential password within NVivo. Interview transcripts, audio recordings, scanned field notes, PTSD Indexes, and Resilience Scales were uploaded to NVivo and backed up on an external hard drive I kept in the aforementioned lockbox at my home. I found NVivo extremely helpful in managing the large and disparate data I had collected and tracking and developing emergent themes from the varying types of data I had available. NVivo's ability to code pictures also provided an avenue to code the mental health assessment instruments qualitatively.

I coded in NVivo using an inductive approach, allowing patterns, themes, and categories to emerge out of the data as I reviewed it in multiple cycles reflecting the iterative revisiting of data common in qualitative analysis (LeCompte & Schensul, 1999). Initially I open-coded the transcripts for descriptions, my first impressions, common words or phrases. I marked the use of personal metaphors, such as "crashing," and reoccurring life themes, two techniques specific to portraiture's coding methods (Lightfoot-Lawrence & Davis, 1997). I also paid special attention to coding aspects of the data primary to my research questions such as research participants traumatic exposures, posttraumatic stress symptoms, unhealthy and healthy coping, wellness strategies and personal strengths, and

participants' judgments regarding their incarceration. I coded by assigning selected parts of

interview transcripts or instruments with "nodes" or ways NVivo stores references to a

specific category (Bazeley, 2007). With the PTSD Index I categorized each type of

endorsed trauma and all symptoms marked as present separately. Then I combined all

exposures into combined categories of A: Trauma Exposure and all endorsed symptoms

into categories representing symptom clusters B. Reexperiencing, C. Avoidance; D.

Negative Moods and Cognitions, E: Hyperarousal Reactivity, and Dissociative Sub-Type.

With the Resilience Scale I coded all 25 questions according with the Connor and

Davidson (2003) line description as shown in Table 3.1 below as well as into the combined

category of Resilience. I coded documents in early cycles being fairly simply and direct

and as I continued cycles through the data utilized constant comparison do to more

classifying, integrating, and conceptualizing.

Table 3.1 – Resilience Scale Code Descriptions

1. Able to adapt to change
2. Close and secure relationships
3. Sometimes fate or God can help
4. Can deal with whatever comes
5. Past success gives confidence for new challenge
6. See the humorous side of things
7. Coping with stress strengthens
8. Tend to bounce back after illness or hardship
9. Things happen for a reason
10. Best effort no matter what
11. You can achieve your goals
12. When things look hopeless, I don't give up
13. Know where to turn for help
14. Under pressure, focus and think clearly
15. Prefer to take the lead in problem solving
16. Not easily discouraged by failure

17. Think of self as strong person
18. Make unpopular or difficult decisions
19. Can handle unpleasant feelings
20. Have to act on a hunch
21. Strong sense of purpose
22. In control of your life
23. I like challenges
24. You work to attain your goals
25. Pride in your achievements

For the second phase of data analysis I used NVivo more analytically than descriptively. I axial coded, exploring relationships between categories and finding thematic or conceptual similarity or causality between categories. One feature I found particularly useful in NVivo, that wouldn't have been possible in conventional qualitative data analysis methods, was the ability to code the same part of a transcripts or instruments in multiple ways by connecting the text with multiple nodes simultaneously. In this way, I could draw multiple and sometimes contradictory meanings out of the same data. The second phase of analysis helped me identify the research elements important for answering my specific research questions regarding the phenomena of resilience and how it is tested through traumatization and retraumatization in the juvenile justice system. I also reached saturation during this stage where new material did not add new findings. At this phase I began to focus more on condensing the material into core emergent themes most relevant for my research questions and shared by all research participants.

Finally, through selective coding, I refined the storyline for the portraitures. I began applying a model to the categories representing how they interact surrounding the

phenomena of incarceration. The storyline, or model developed out of a grounded theoretical analysis, provides an explanatory framework that describes the relationships between themes surrounding trauma with justice system involvement and incarceration. I arranged emergent themes common across all research participants in a way to represent their relationships in regards to chronology and causality. I named this storyline "The Criminalization of Trauma." The themes include early victimization, the development of posttraumatic stress symptoms, the adaptation of survival coping, punishment of survival coping, entry into the juvenile justice system, incarceration, the adaptation of victim coping, and several exits and reentries into longer and higher-security incarcerations. I used this storyline to organize the portraits and used the portraits to illustrate the storyline.

Portraits are "designed to capture the richness, complexity, and dimensionality of human experience in social and cultural context, conveying the perspectives of the people who are negotiating these experiences" (Lawrence-Lightfoot & Davis, 1997). Portraits develop directly out of dialogue with the portraitist and the research subject (Lawrence-Lightfoot & Davis, 1997). Therefore, the emergent themes, connections between categories, and interview passages where young women described life experiences in rich detail were useful in developing authentic portraits for the results chapter. Given the large amount of data I had gathered, the different girls I got to know, and the many anecdotes that felt important to share, I felt limited by the linear telling of a portrait that focused solely on one individual. I desired a way to share the research that was as "complex,

dynamic, and amazingly theatrical" as the data felt to me personally (Lightfoot-Lawrence, 2003, p. 6). Therefore, I decided to present the portraits of multiple participants broken up into the stages of the overarching storyline that connected all participants' experiences.

I chose to organize the portraits in this way to reflect the "richness, complexity, and dimensionality" of the experiences of justice-involved girls (Lawrence-Lightfoot & Davis, 1997). I thought about the writing process as weaving individual stories together to tell an overarching one told by the collective data, a story where the participants are protagonists trying to meet their goals, the antagonist is post traumatic stress reactions, and I as researcher am the narrator. I was able to draw from a wide range of detailed life experiences shared by all participants, drawing most heavily on life history interviews but tying in first-round research participant interviews as well. I was also able to include examples of real events I documented in participant observation as well as circumstances in the facility as discussed differently by multiple participants. "Unmasking" and communicating paradox in the data is a vital component of portraiture (Lawrence-Lightfoot & Davis, 1997), and including multiple participants at each stage of the storyline helped me embrace the contradictions in the data and bring the storyline alive. Taking the liberty to tell multiple stories at once with the data is in line with portraiture methodology, as the researcher's use of "scientific imagination to bring us into touch with the lives of strangers" is an important of ethnographic data interpretation and portraiture forefronts the use of aesthetic principles of storytelling, such as narrative structure, in order to evocatively represent research subjects' experiences (Geertz, 1973, p. 16; Lawrence-Lightfoot, 1983).

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Limitations

A complete analysis of the data requires recognition of the study's limitations. There were several that stood out in this dissertation. The first was in the sample selection. I selected participants from one facility, thereby limiting my ability to generalize to other juvenile prisons. The facility utilized a "boot camp" behavioral management program. Girls incarcerated in other facilities may not face the challenges inherent in a program where security and safety was implemented through actions like yelling instructions or their progress was evaluated by mandatory physical fitness tests. However, it should be noted that participants shared information about other periods of incarceration in non-boot camp, post-adjudication placements. Major differences described by participants included the use of television as an acceptable activity and an increased use of medications in other facilities. Although I touched on the topic of what features of incarceration were most helpful and least helpful to participants in reaching their own goals, I did not conduct inquiry into the characteristics of different programs that participants found most helpful in comparison to where they were currently incarcerated.

Another limitation was my small sample size. The sample size ended up being nine research participants due to several constraints, thereby limiting the study's ability to validate and generalize participants' voices and experiences to girls experiencing incarceration more generally. However, sample size is often a limitation in qualitative research due to this methodology's time-consuming and laborious nature. Value in qualitative research comes from its ability to derive contextual themes rather than having

generalizable results. Researchers are taught to end studies when they reach saturation. Saturation is a complicated subject, and although I was unable to obtain permission to collaborate the data I collected through interviews with third parties about participants due to confidentiality, through the use of multiple forms of data collection I was able to reach data saturation on my research questions (Fusch & Ness, 2015). The resulting data are rich and in-depth, and the findings gleaned from their analysis contribute to the understanding of how justice-involved girls see and navigate the juvenile justice system and will hopefully encourage more qualitative studies with this population.

Additionally, I had some concern about the accuracy of participant memories surrounding traumatic events. A conventional claim in clinical theories of PTSD is that trauma memories tend to be disorganized and fragmented due to the way they are recorded during traumatic exposure. Most discussion of trauma and memory centers on whether traumatic events can be forgotten (Brewin, 2016). Although repressed memory would not affect this study beyond causing the omission of trauma exposure thereby limiting the number of traumas reported, I was more concerned about how well girls might remember the traumas they described during interviews. Some studies have shown that survivors remember the gist of trauma but are unable to access some details in the memory record (Brewin, 2016). The effect of stress on memory is simultaneously associated with the enhancement of memory of central elements of the trauma and poorer memory for memories peripheral to the trauma (Brewin, 2016). However, a great deal of recent research supports no difference in survivors' trauma versus control memories, with

field experts even referring to the notion of the fragmentation of trauma memories as an "outdated belief" (Ogle, Deffler, Rubin, Berntsen, & Beckham, 2016). While there may be questions about whether or not participants' recall of traumatic events accurately represents their experiences, I rely on a constructivist view of participants' truths that already makes room for multiple truths from the same situation. For this reason, I do not believe questions about accurate recall ultimately affect the research objectives of documenting the meaning of events as constructed by justice-involved girls. In addition, any study relying heavily on recalled events will be subject to limitations on memory, which was a driving force in my desire to interview participants while they experienced incarceration rather than afterwards as adolescents or adults.

A final concern in terms of interpretation of the data was my own bias. I am a Licensed Professional Counselor trained in treating posttraumatic stress in adolescents and have worked within juvenile justice facilities with clients who have been both helped and harmed by the correctional environment. I am also a Women's and Gender Studies educator and researcher trained in systemic analysis and the critique of intersecting oppressions with an overt commitment to social justice. Through this lens, my expectations, values, and perceptions have influenced the research design and data analysis. One example of this is that I am against the practice of isolating young people in cells as a form of behavior management because I am familiar personally and professionally with the harms of solitary confinement on trauma survivors (Rademacher, 2016). Another is that I believe it is a problem that the juvenile justice system regularly and repeatedly incarcerated

girls and young women of color at disproportionately higher rates than their white counterparts. However, portraiture is less concerned with bias elimination and more concerned with the portraitist's awareness of her position and voice. Throughout the study I recorded personal reflections in the form of field and interview journals in order to separate my meaning making from that of research participants as well as to record the rich source of data that was my own personal interactions with the setting, participants, and data. I also relied on unbiased research techniques such as interview guides and instruments to ensure participants weren't lead to share any specific perspective with me but their own. I believe the data represented in the next section captured a real and intimate picture of participants' lives and provides important insights that can guide future research on the growing problem of girls experiencing incarceration and best-practices on how best to assist justice-involved girls in their recovery from juvenile justice system involvement.

CHAPTER IV

RESULTS

So far I have discussed justice-involved girls principally as victims and their resulting mental health as heavily corresponding with the mental health diagnosis of PTSD. I have done so to follow how the literature understands girl delinquency and communicate the developmental problems caused by early traumatic victimization. This approach portrays justice-involved young women as massively injured and suffering rather than as complex and coping. Yet the latter description would more accurately describe the individuals with whom I have worked during the last four years as a mental health professional and researcher in secure correctional facilities. These young women have multitudes of passions, qualities, and talents that provide resilience and resistance to the dehumanizing circumstances in which they find themselves. Every single one has demonstrated a strong commitment to her own wellness. To be sure, justice-involved girls face significant hardships that seem to limit their future possibilities; however, in spite of these realities, they persevere as creative, empathetic, curious, strong, hopeful, loving young women doing remarkably well navigating tough terrain to define their own futures. In this chapter, I hope to convey the young women in this study as active, resilient protagonists in their own lives while also honestly portraying the ways system involvement has constrained and shaped their agency.

The Criminalization of Trauma

To explain participants' common pathways to incarceration, I developed the theory of the criminalization of trauma. This theory reflects the root cause of girls' justice involvement as well as the ways punishment-centered responses cyclically push girls deeper into the juvenile justice system. While listening to young women who were incarcerated, I could hear past events teaching them lessons about themselves, others, and the world. Through repetitive experiences of loss, of abuse, and of perceived failures, girls were taught fundamental life lessons. They learned that they were alone. They learned that they were not valued or important. They learned that people could hurt them, and later, that they, too, could hurt people. They learned that the adult world, from which they were never protected and which often misunderstood what they were trying to say, was unsafe and hostile. They learned it was painful to care and be let down again and again, and therefore, it was sometimes safer to give up. However, I could also hear young women actively resist these lessons, drawing on alternative experiences in themselves and with others that, however rare, supported a vision of the future that gave them hope. Their stories, therefore, reflect this dynamic interaction between the life experiences that undermined their sense of safety and their struggle to cope with how life had negatively impacted them. I hope that the explanatory theory of the criminalization of trauma might be used to develop ways to support justice-involved girls' resistance to these demoralizing lessons and to support them as they struggle for hope in the midst of despair.

Figure 4.1 - The Criminalization of Trauma Cyclical Process
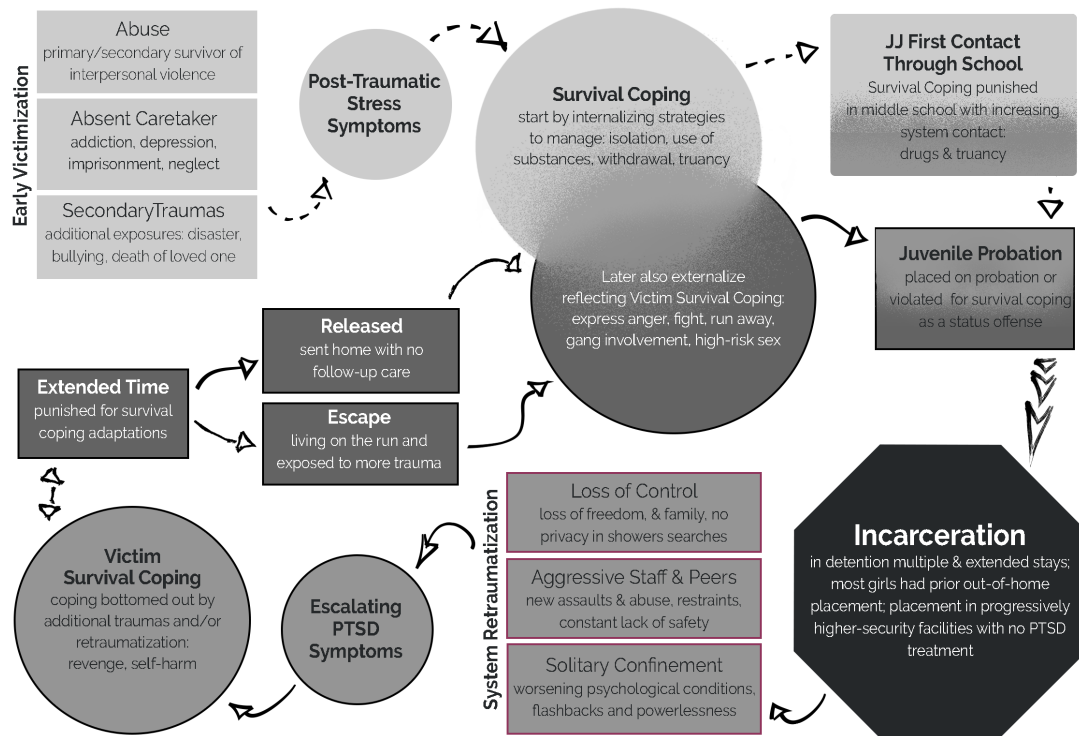
A representative model of the criminalization of trauma is included in Figure 4.1 above. The model represents girls' initial pathway to juvenile justice involvement, which begins with relationally traumatic victimization soon followed by the loss of at least one caretaker and chronic experiences of domestic violence. These early experiences caused the development of posttraumatic stress reactions during childhood, resulting in behavioral adaptations to symptoms known as survival coping. Survival coping was then punished, contributing to the weakening of existing coping resources, which were simultaneously challenged by additional trauma exposures and secondary adversities.

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Punishment responses escalated, resulting in arrest. The model then begins to represent the cyclical process caused by repeated punitive legal responses to girls' survival coping that led participants to increasingly deeper-end justice system involvement.

After initial arrest, girls quickly entered out-of-home placements and were mostly considered unsuccessful, each reporting some kind of extension on their incarceration due to their behaviors in the facility. This part of the model also reflects how girls' post-traumatic stress and survival coping was uniquely challenged by the correctional environment, resulting in escalating symptoms and periods of victim coping. Girls reported their healthy coping was undermined by loss of control, practices of isolation, and additional trauma exposure via aggressive peers and adults while incarcerated. Girls exited, either by running away or release, and were soon punished again for the same survival coping. They returned numerous times to correctional placements, usually for probation violations, each time for longer periods of times and in higher-security settings. At no time did girls receive treatment for the underlying cause of the post-traumatic-stress survival coping behaviors. Without fail, in two to three years of unsuccessful and damaging interventions by the system, girls found themselves in a long-term, high security placement.

The role of relational traumatic victimization in girls' pathways into the juvenile justice system is central to the theory of the criminalization of trauma because it explains pathways to justice involvement as well as one of the main reasons girls react so poorly to justice system involvement. Participants and juvenile justice girls more generally have

histories littered with traumatic violations of human connection from people with whom they felt love and affection. This reality necessarily complicates how these young people were able to safely ask for help. As discussed in this chapter, survival coping behaviors often reflect resilient cries for help. When adults respond to survival coping with punishment, adults are failing to be responsive to girls' needs, echoing early life lessons with impaired and abusive caregivers. However, the juvenile justice system teaches girls another set of demoralizing lessons that may or may not have begun prior to system involvement.

By holding girls entirely responsible for their behaviors, denying and hiding the contextual realities of their PTSD that neurobiologically and physiologically limit threat response behaviors, the system indoctrinated girls in this study with individualistic explanations for their behaviors: that they were bad, that they were failures, and that they weren't trying hard enough. What seems most dangerous about this criminalization of trauma is how, over a short period of time, participants endorsed understanding themselves in these negative terms, using their many failures to meet probation and correctional expectations as evidence that they were in some way inherently broken. The outcome of punishment-oriented responses lies at the core of the criminalization of trauma theory. Experiences of repeated failures, that are all but ensured by a lack of treatment, retraumatization, and escalating survival coping, culminates in a convincing argument for girls that they should just "give up" hope.

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"Giving Up" Hope

At the time of this study, participants all shared they blamed themselves for past placement. Each at least partially endorsed the system's story that she had not tried hard enough to change while also sharing that, despite massive amounts of effort, she had always been unsuccessful permanently changing problematic behaviors. The phrase "give[ing] up" was one of the most common phrases used by all participants in interviews. The phrase "giving up" reflected girls' experiences of moments of deep pain and despair. Impulses to "give up" followed times when participants were punished for survival coping and times when they were blamed and shamed for both their behaviors and system involvement. No other relational trigger seemed to bottom out a girl's existing resilience as much or as quickly as the painful retraumatization of punishment that represented the disapproval and disappointment of adults who claimed to care about them. I came to associate the term "giving up" with survival coping, and occasionally, the more extreme victim coping style, as adults and systemic responses that undermined their hope challenged girls' resilient resources. Although participants' survival and victim coping responses to this trigger varied, the resulting behavior was towards the escalating extreme on a continuum of their established unhealthy coping behaviors.

Zinova's balancing act. Zinova's story exemplifies the precarious relationship between hope and despair. When I met Zinova I first admired her poise and her kind manner. She was around five feet and of average build, and had a grace about her even when walking in ankle shackles. She had long dark hair that she wore to prison standards

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in a very high, very tight sock bun that contrasted against her pale skin. She identified as Hispanic and was from a small town in the The Rio Grande Valley where her family has lived for two generations. Zinova came into the substance abuse program after five documented referrals to juvenile court: truancy, runaway, terroristic threat, resisting arrest, and the last time a "criminal trespass of a habitation" offense. Reasons her county cited as to why they sought placement at the prison were her use of synthetic marijuana and methamphetamines, that she had run away from home several times as well as her second out-of-home placement, her lack of respect for her parents, and her association with "adult males." Her psychological diagnostic impressions included an unspecified mood disorder, attention deficit hyperactivity disorder, and conduct disorder. Although Zinova said she had been in trouble with the law since age 10 or 11, and felt like she had been "locked up since I was... before I turned 13," over the past year and a half something had gone incredibly wrong. Zinova had gone from truancy troubles and smoking synthetic marijuana for the first time to heavy use of meth and involvement with dangerous sex traffickers. At the time of our last interview, Zinova had been in the prison for about six months and away from home for about seven including time spent in detention.

I worked with Zinova over the course of three months in prison and came to know her fairly well. Throughout the interview process, I found Zinova to be quiet, thoughtful, and possessed by a hesitant self-confidence. She approached her participation in the study with a unique sense of purpose. She once told me she wrote notes about things to bring

up to me during our next visit, a risky move since loose paper was considered "contraband" in the facility and could result in a behavioral sanction. Although initially succinct, over time her answers to questions became more comprehensive and she freely expressed her opinions about people in the facility, signs I took as developing trust in the boundaries of confidentiality in our relationship. However, despite becoming increasingly open, Zinova also seemed to remain somewhat closed off, leaving varying degrees of tangible distance between us. She often told me she "didn't like talking about feelings," and throughout our interviews I noted her limited affective expressions when discussing both difficult and exciting life experiences. I could see signs of her distance from others in the facility as well. For instance, she did not pair off with a best friend in the dorm or have any romantic relationships. She did not show affection towards staff or her counselor. The only time I witnessed her express raw emotion was in the midst of punishment for refusing to participate in the facility's "program." Through the windows of an observation cell I barely recognized her sitting rigid on the edge of the metal rack. Her hair was disheveled and her face was contorted with rage. Unlike other girls who would bang on the cell walls or scream through the window, Zinova seemed to be concentrating on swallowing her feelings. This image lead me to write a note in my field journal that, at least in that moment, she was the most stoic 14 year old I had ever seen.

Zinova was obviously possessed of a steely kind of hope. However, to hear her talk about it, hope was something that she was always barely grasping. She often blamed

herself for giving it up, although she had the insight about the external circumstances that usually precipitated this internal response. One example she gave was from one of her earlier stays in her county detention center. Zinova didn't feel close to her older brother, as they had "never had a conversation" about what was going on in her life. She said, he just knew 'like, "Oh, she ran away again. Let's go look for her," or something.' She looked up to him, though, because he was in college and "getting somewhere." We were talking about Zinova being the baby of the family, with three older siblings, when she suddenly remembered that she was locked up for her brother's high school graduation around age 11.

She had been so caught up in her own life that she only realized her brother was graduating that day from a guard. Recounting her interaction with the guard Zinova said:

He was like, "I went to graduation and I didn't see you there," she said, 'And then I thought, he was like, I thought to myself, and I was like, "What'd you think?" And he was like, "Will you ever be walking on that stage cause all of your family members have walked down that stage and I've seen them." He's like, "But you." And I was just like, I kind of thought about it. It kind of put me down for a second, because that's what everybody would tell me. It was hard for me to listen to that, 'cause I always felt like I always felt like giving up after that, because I was, "You know what? Nobody believes in me, so why should I care anymore?" And that's the thing. I always wanted to give up. So, it was hard for

him to tell me that. Especially with my brother, I don't know. It made me

sad because he was graduating and I wasn't there.

Zinova's memory of this event shows how, within the framework of her

developing belief that no one believed in her, additional support for this belief triggered a

deep sense of sadness related to letting her family down. This sadness challenged her

hope for herself and caused her to want to surrender to the influence of this lesson and

give up.

While I see this anecdote as a clear example of how a detention guard, through an

oppositional "tough love" mindset, unintentionally undermined the development of a

traumatized young woman's positive sense of herself, I noted how Zinova located the

struggle as internal. She saw the source of the problem as being her reaction to intense

sadness, of starting to believe the lesson that no one believed in her, and of "wanting to

give up" that she could ever go somewhere in her life. Her use of "giving up" exemplifies

a typical use across all participants as an emotional reaction to external and internal

relational triggers when she felt like a failure. Also emblematic was that Zinova did not,

in fact, ever give up.

Childhood Traumatic Victimization

All of the study participants experienced early relational trauma within their

families. Justice-involved girls' first experiences of victimization came in the form of

impairment of a caregiver. Even while physically present, participants had formative

developmental experiences with caregivers impaired by drugs, alcohol, mental illness, and

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involvement in violent relationships often complicated by the realities of poverty. The young women interviewed shared experiences of a variety of ways their mothers and fathers had failed to properly care for them as young children. Parents left girls alone for long periods of time, didn't feed them when they were hungry, and didn't respond to them emotionally. Sometimes parental impairment put the girls at great harm; one participant shared memories of a drug-deal gone bad and escaping from "scary guys" with her dad in a car and another shared a time when her mother prostituted her for a place to stay. In addition, often as a result of impairment, participants reported they were separated from their caregiver(s) due to parental abandonment, imprisonment, and the girls' removal form their homes by Child Protective Services (CPS). Several girls shared that another adult, often a grandmother, provided them with alternative experiences of safety and love. These are the relational templates that girls drew on in childhood and at the time of the study to draw hope that adults could be helpful and that they could turn into that adult themselves. Unfortunately, most participants also lost this protective caretaker to death, natural disasters like Katrina and fire, and further involvement of CPS who found reasons to separate girls from extended family.

Early childhood exposure. Findings for early childhood victimization, which I classified from birth to 7, were that all research participants reported two to three different types of traumas on the PTSD Index. The range of traumas endorsed at this early period included serious accidental injury, illness, domestic violence, disaster, sexual abuse, physical abuse, neglect, impaired caregiver, sexual assault, bereavement, separation, forced

displacement, and bullying. The types of traumas experienced varied, but the emergent theme across all participants was that the first trauma reported was "relational trauma," or trauma typically inflicted on one person by another that is characterized by a "violation of human connection" (Herman, 1992). The most common forms of relational trauma were domestic violence and impaired caregiver as represented in Table 5.2 below. Although several participants reported multiple years of exposure to domestic violence and caregiver impairment, I only represented the reported types; for instance, I counted a seven-year-long report of an impaired caregiver as a single report of that specific type. I made this decision to reflect that relational trauma occurs within a relationship that is by definition ongoing over a period of time. Combined with anecdotal evidence from interviews, findings show that the most commonly experienced relational trauma was neglect from an impaired caregiver, where the reported caregiver was the participant's mother. Each participant reported her mother as impaired due to mental illness and/or drug addiction. Twice, this early impairment led to the early separation of the research participant from her mother due to imprisonment.

Figure 4.2: Trauma Exposure Ages 0-7

Reports of Trauma Exposure 0-7
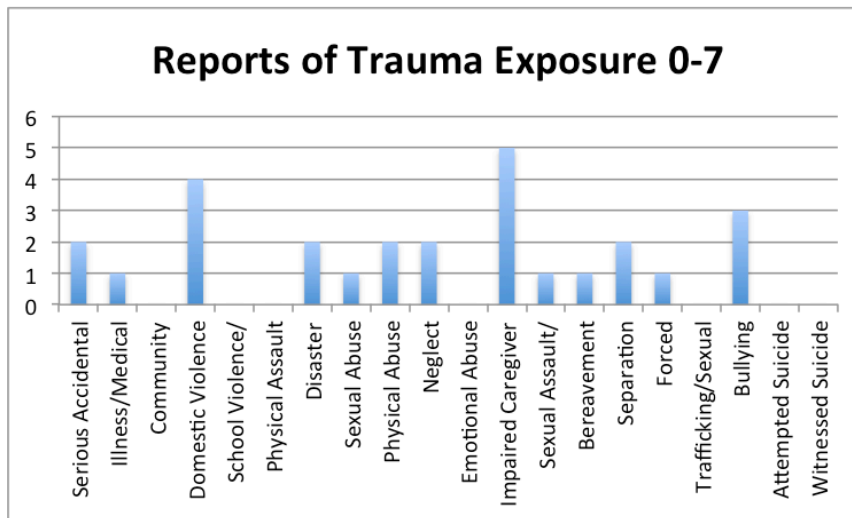
Late childhood exposure. The second important finding from the PTSD Index

represented in Table 4.2, was that all girls experienced additional trauma exposures that

complicated their ability to heal from their earlier exposures from ages 8-11. These can

be thought of as "secondary adversities," or additional difficult life experiences that

increase the likelihood of developing posttraumatic stress reactions (van der Kolk,

McFarlane, & Weisaeth. 2012). Again, the types of trauma varied and expanded to

include more categories including: serious accidental injury, medical trauma, community

violence, domestic violence, school violence/emergency, physical assault, sexual abuse,

emotional abuse, impaired caregiver, sexual assault, bereavement, separation, trafficking/

sexual exploitation, bullying, and attempted suicide. Physical assaults and emotional

abuse were endorsed highest during this period. Physical assaults were all reported as

school- and peer- related, signifying the difficulty participants reported in their school

environment. This difficulty at school is also reflected in the five participants who reported

bullying as traumatic from ages six to eleven. The reports of sexual assault and trafficking/

sexual exploitation were both tied to survival coping of becoming more involved in the drug subculture as a result of early survival coping of using marijuana to help self-soothe and gang culture as girls searched for people who helped them feel safe and like they belonged. For instance, one girl reported sexual abuse from a family friend who supplied her with drugs and she didn't have money for them, and another participant reported a sexual assault as part of her gang-initiation at 11 years old.

Figure 4.3: Trauma Exposure Ages 8-12
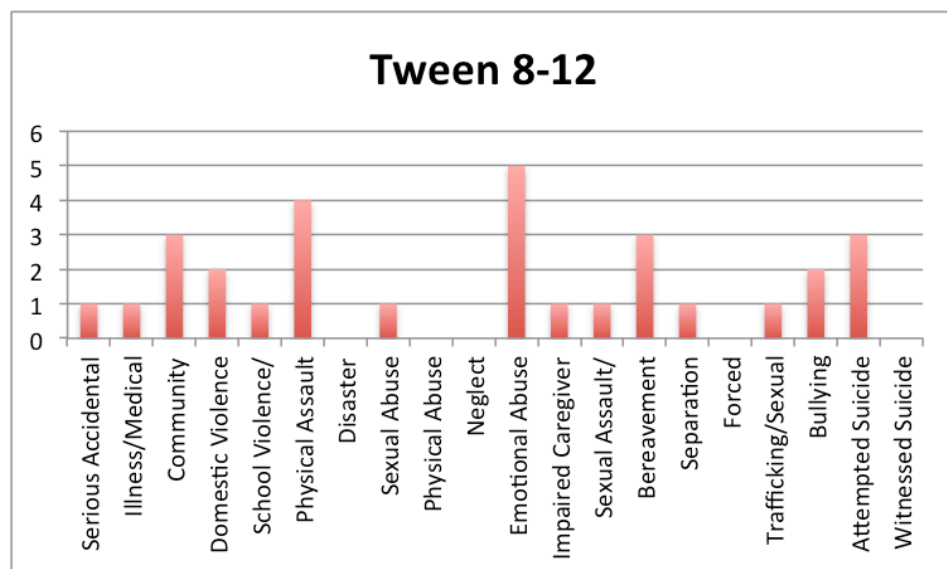
Sandy's tumultuous childhood. Sandy's story illustrates the study's pattern of relational trauma as early childhood victimization. When I met Sandy I was surprised by her age. She presented young, around 13, but she was actually 15 years old at the time of interview. She came from a major cosmopolitan city in central Texas and identified as Latina. She seemed childlike to me with her large brown eyes and wide-open round face usually paired with an easy smile. Also childlike was her fascination and

adoration for the many toys and art supplies I had in the interview room, with which she

would explore constantly throughout our interviews, stopping our conversation to engage

me in a game of Jenga or to ask my assessment of the duck she had just made out of

play-doh. Sandy came into the substance abuse program after five documented referrals

to juvenile court two criminal trespasses on private property, terroristic threat, and assault

causing bodily injury of family. She also had three violations of probation, the last two

leading to her current period of incarceration. Reasons Sandy's county cited as why they

sought placement was her use of marijuana and Xanax, her chronic history of running

away, her assaultive behavior towards her mother, and her refusal to attend school. Her

psychological impressions included persistent depressive disorder, stimulant use disorder,

and parent child relationship problem. She also had child neglect, confirmed by her

history. Sandy had been placed twice by the juvenile courts prior to her current

placement, both times dismissed "unsuccessful" after a couple of weeks due to drug-

seeking and confrontational behavior. At the time of our last interview Sandy had been

locked up for about four months but reported waiting in her county detention center for

placement three months, making it a total of seven months away from home. When I

asked her why she was in detention so long she said, "Well, I was sitting in juvenile for

so long because I didn't have a PO, and they would always reschedule my court date. For

two months, they rescheduled my court dates, and they told me I was going to placement.

And then, finally they came and done my tests or whatever. Now I'm here."

Sandy's childhood was difficult to piece together. Not only was Sandy fuzzy on the timeline of her memories, as early memories do not often come with exact knowledge of age at the time of that experience, but her chronology was made more obtuse by rapid changes in her home environment during much of her early life. We worked hard putting together her timeline: we drew a timeline together, I listened to tapes in between sessions, and Sandy thought about and researched questions in between sessions. I learned that Sandy started life living with her mother, father, older brother, and a year later her younger sister. One of the three earliest memories Sandy shared was how, at 3, her father was arrested driving her and her siblings to daycare. She had to wait with police for her aunt to pick them up and didn't see her father outside of prison for the next 12 years. Her mother was also involved with the law for what Sandy described as a "drug problem," and by age 5 CPS had removed all three of the children from their mother's home due to their reason to believe Sandy's mother was providing neglectful supervision.

After Sandy and her sister and brother were taken into CPS custody, they were placed for a short time with a foster family. When Sandy's brother acted out by stabbing the foster family's "real daughter" with a fork when she would not share soup with him, they sent all three of them away. They stayed in a foster care shelter for about seven months until the same foster family decided to take them back. However, that home was again only temporary. Describing this second experience with the foster family, Sandy

said:

> And then they got more foster kids, not just us, when they took us back. They
>
> brought 5 or 6 more foster kids. And one of them ended up getting pregnant by
>
> the foster parent, our foster parent and... Well, that's what she said. I don't know
>
> if it's ever true 'cause I don't remember, but that's what she said. So then, they
>
> went to go investigate at the house and they sent us to foster homes, like shelters
>
> and stuff, and me and sister got sent there again. My brother went somewhere
>
> else. But, I don't know if he ever did mess with her.

After the investigation Sandy and her sister went back to that same shelter but her
brother was sent elsewhere. It is hard to imagine the daily experiences of Sandy's life, but
signs of overcrowded foster homes with potentially abusive foster parents and the
negative CPS evaluation of her shelter as evidenced by a report Sandy brought me about
the facility, are enough to hint that Sandy lacked adequate care within the foster care
system. Sandy did not experience direct victimization that she reported within the foster
system, although she witnessed her brother's bruises and stitches from physical abuse in
his second foster family, Sandy does not directly remember any direct experiences of
abuse until later childhood. At the very least, though, these tumultuous experiences of
instability challenged her resilience in recovering from early parental neglect and loss.

Almost two years after entering the foster care system Sandy's paternal
grandmother, who visited them throughout the time they were in foster care, was granted
permanent managing conservatorship. Sandy and her sister and brother were reunited and
went to live with her. Sandy was about to turn seven. Problems she reported during life in

foster system disappeared; for instance, Sandy and her sister refused to eat at either the foster home or shelter, and were extremely thin and likely malnourished as a result. Back at her grandmother's, Sandy began to eat regularly. She had girlfriends at school. She went to her first sleepover where her friend gave out "little plastic purses that fit into a turtle." She liked to go to the washateria with her grandmother every Sunday and remembers feeding the birds bread. She went to summer camp and remembers singing, dancing, swimming, golfing, and "all different activities." She would play for hours with the "huge" bucket of Barbies her grandmother had gotten for her and her sister. She entered school, becoming successful in a range of subjects, reporting loving science and reading, and connecting strongly with her science teacher who inspired her life-long goal of becoming a teacher herself. One of her most powerful life memories of competence came from this period. The science teacher, who Sandy described as "nice" and "caring," gave such positive feedback on one of Sandy's papers that Sandy radiated palpable feelings of pride recounting the story to me over seven years later.

So, in a long line of traumatic incidents, it seems especially traumatic that the life she had built at her grandmothers' house and community was ripped from her only a short time later. CPS again took custody of the children when Sandy's grandmother was deemed neglectful for refusing to give the children the ADHD medications a CPS-connected doctor had prescribed. As Sandy told me,

> Me and my brother were put on meds for ADHD and my grandma didn't
>
> wanna give us the meds, so they took us away. I guess because it's... One of

the conditions of living with my grandmother, she had to give us the meds and

stuff. And they found out my grandma wasn't giving us the meds because she

didn't want to. She didn't think we needed it. She had told our doctor that she

doesn't want the meds no more, that they could keep them, whatever, and I guess

somebody in the CPS thing found out or whatever, so they took us away from my

grandma for violating that.

As we now know, many children survivors of trauma are incorrectly diagnosed with

ADHD (Koprowski, 2015). Instead of meeting standard developmental expectations of

being able to focus on schoolwork for long periods of time, young trauma survivors are

deemed inattentive or hyperactive because they are actually paying attention to triggers in

their environments as a result of a hyperaroused survival response. Unfortunately for

Sandy, this research was not available and her grandmother's stance on Sandy and her

brother's need for psychopharmeceuticals was not appreciated. Sandy and her siblings

went back into foster care.

Sandy didn't like to talk about this next period in her life. When I brought it up

over the course of our interviews she would give vague details and switch subjects, once

to a rubix cube, another time to an origami crane. The last time I inquired about this time

in her life Sandy changed topics and told me about a dream she had about Butterfinger

candy, and we giggled together for a while about our love of various candies while I

honored her need take care of herself in the best way she knew how. Prison life is not a

great place to dig up traumatic pasts because prisoners are expected to have compliant

behaviors regardless of their intense emotions or they face sanction. Trauma survivors also have tremendous fear of turning their attention to difficult experiences because it goes against our ingrained survival response behavior to run away from the pain. I know that she returned to the shelter with her sister, and as parts of her story allude to traumas most likely experienced in a home environment, it is likely she had another failed foster placement. For instance, Sandy endorsed multiple experiences of physical abuse where she was "badly physically hurt," sexual abuse where she was "forced into sexual behavior" by a "family friend," and witnessing domestic violence during this period on her PTSD Index. Whatever happened during the next few years of her life was too distressing for her to revisit, avoidance behavior that is likely a result of the post-traumatic stress symptoms present during that period of time.

Removal from her grandmother's house bottomed out Sandy's remaining healthy coping and complicated her developmental trauma. As the ACE study indicates, at a certain level of trauma exposure, an individual's ability to cope in healthy ways drops dramatically (Anda et al., 2006). Within a few months Sandy withdrew from engagement in school, an institution that had supported her resilience through contributions to her positive sense of herself as well as healthy connections with supportive peers and adults. After reentering school at the shelter, where all residents in elementary through high school had class in one room, Sandy expressed giving up: 'You're like, "Got taken away from my grandmother, why does [school] matter?" I guess I kinda gave up.' Sandy

described her rapid decline in school performance:

> Yeah, like I used do homework. They would give us math and stuff, but I know
> once it started hitting fourth or fifth grade, I started not doing schoolwork and I
> just became bad. Not bad, but I wouldn't do my work and I would just sit there
> and they would try to talk to me and I'd just ignore everybody like if they
> weren't there at all.

Sandy stopped participating and escaped into herself. Sandy also started smoking "weed" with her sister, their use becoming so habitual that Sandy could not remember a time hanging out with her sister that they were not high after leaving her grandmother's care, adding that they were "really close" and "used to do everything together" to emphasize their heavy usage. By sixth grade, when Sandy's mother regained custody of Sandy, Sandy identified herself by these two survival coping behaviors. She belonged to the peer group that "did drugs" and "skipped school;" in other words often used by study participants, she was one of the "bad" kids. Sandy's childhood story illustrates the study's findings of how developmental and relational trauma, complicated by secondary traumas and additional trauma exposure, led to the bottoming out of healthy coping by the age of 11.

Survival Coping

Coping behavior in individuals with PTSD tells trauma-informed observers how those individuals are coping with the distress of their symptoms, thus reflecting the presence of symptoms. As previously discussed, survival coping is a form of coping that is likely to develop in children exposed to trauma as they have not yet developed healthy

ways of coping at their early age. Healthy coping can also be undermined by multiple

trauma exposures as well as by secondary adversities. Survival coping is defined as

"taking any means necessary to get by, while feeling damaged, hopeless, distrusting, and

empty inside" (Ford et al., 2006). The PTSD Index could not verify if symptoms of

intrusion, hyperarousal, avoidance, or negative moods or cognitions were present at this

early age as the instrument only verifies the presence of symptoms in the month prior to

administration.

Therefore, I was best able to understand symptoms and participants' survival

coping through inferences made by combining results from the PTSD Index and

interviews. Some PTSD symptoms were evident in all life history interviews. Patterns in

late childhood survival coping included running away, not going to school, doing drugs,

attempting suicide, fighting with peers, and fighting with caretakers. Anger, depression,

feeling unsafe, and "giving up" were common reasons participants gave for why they

responded the way they had to adversity. Significantly, participants also endorsed a greater

variety of trauma exposures as they grew older, as finding that reflected an escalation in

survival coping in late childhood and the high-risk nature of many forms of survival coping

(Anda et al., 2006). This escalation was evident in the last period of Sandy's childhood, and

these connections between victimization, PTSD, and survival coping can be best illustrated

with additional examples from participants themselves.

Mary's anger coping. A majority of the time I knew Mary her right arm was

bandaged up, as she had a habit of punching walls and breaking her knuckles when placed

in solitary confinement. She was rather small, but still had an imposing presence, as she had tattoos up her neck to her temple in various scripts and wore a scowl most of her days in prison. Mary had obviously adopted the typical survival coping persona discussed in Ford and his colleagues' (2006) research: she wore a hard, tough exterior characterized by a flat, almost angry affect that served to protect her from anyone who might do her harm. Unfortunately, it also pushed people away. In a single week, Mary sent me three requests to participate in the study, each one sounding a little more demanding. When we met the following weekend, she acted out frustration towards me with abrupt answers and several reminders that she had "been waiting." Although I was initially intimidated by her aggressive presentation, I also noticed the wispy curls framing her face, escaping from her severe sock bun that softened her scowl. I noticed the ends of her lips turning slightly up, as I provided just a little encouragement through the informed consent process. Within a half hour Mary seemed like a different person. Mary had an edge, but it was a thin veil over her desperation to find connection and relational safety, one that I'd have to break through again and again each time we met.

When we first met Mary was 16. She turned 17 in prison just as she had turned 16 in another placement. By the time we were done with our interviews she had been in the prison for about six months. Since she had been on the run in her hometown, a major urban city, for nine months prior to her last arrest, and had been locked up for about eight months at another out-of-home placement before that, she felt like she had been incarcerated for a full two years. Mary's referrals to the juvenile court included three theft charges of $50 to

$500 and a violation of probation for running away which was why she had been locked up this time. She had diagnostic impressions of an unspecified trauma- and stressor-related disorder and unspecified disruptive, impulse control and conduct disorder. The reasons her county cited as evidence that Mary qualified for high-security placement were: her anger and assaults on her younger sister, her history of running away, her theoretical gang involvement, and her heavy use of amphetamines, cannabis, and sedatives.

In line with all participants' early relational traumatization and loss of an important adult, Mary endorsed early trauma exposures of domestic violence and impaired caregivers as well as the deaths of both an aunt and uncle who helped care for her and her siblings. She described her parents as absent; they were never home because they worked a lot and liked to "club." Around the age of 8 Mary was left home to take care of her four younger siblings. Over time, she became overwhelmed by this responsibility. She said,

> Because I was the one taking care of my brothers, and then parents, since they were never actually there. They would not take care of us. And then most of the times they were always fighting, and so, I was the one taking care for my brothers. I couldn't do it, take care of my brothers and then me and then deal with my parents fighting all the time [. . . .] So then I would leave my brothers at the house. And so, it came to the point where I wanted to do the same thing like as my parents. I would lock my brothers inside the house. You know the locks, the ones that you lock them and then they can't come out? And then I would go out, I would take the phone and everything and I would leave them there.

She coped with absent caregivers and the overwhelming stress of expectations beyond her developmental capability by running away.

Mary reported that at this early age she would leave in the morning and come home late at night. She began doing drugs. She stole when she needed things. She turned to males to feel the love she wasn't receiving from her parents. Demonstrating her vulnerability to exploitation by older males, Mary said:

And actually, when I was, outside I was having all these boyfriends, and I didn't care. I just felt it was coming to a point where I just wanted to feel love, because I knew my family was not there. So I was just with the guys, just guys, I just wanted to be around guys. And then, I don't know my family never gave me love. That's how I felt, and I was just trying to look for love.

In this way, Mary's survival coping exposed her to more trauma. As an unsupervised child, she fell into gang-involved circles between the ages of 10 and 11. At 10 she endorsed her first suicide attempt, alluding to the pain and desperation she felt during this period. At 11, a group of older boys, including her boyfriend at the time, violently beat her into their "clique." This was not her first introduction to physical violence.

As early as 10, when she was home, Mary coped with the domestic violence in her family by fighting her father when he would go after Mary's mother. After Mary called the police on her father following a particularly violent fight, her father went to prison. After his removal, Mary reported that she never felt safe; however, she adapted to being scared

by being a threat and being in control. As she said:

> But ever since my dad left, I started changing my behavior, around the house. Felt
> like I was the man at the house, I started like fighting my mom. I'll get messed up
> and I'll come back to the house and I'll get into arguments with my mom, my
> brothers and everyone. And they're like... Thinking I was the man of the house
> whatever.

Once her father was gone, Mary followed the template he had shown her for running their family. She threatened her mother's future boyfriends to drive them away, just in case they were dangerous. She would also fight her mother and other members of her family, particularly her younger sister if she misbehaved.

Mary was driven by her anger. As she explained, it was all she really felt at that time of her life because of how much injustice and mistreatment she had experiences. She said:

> I think for everything that I've been through. It's just anger, everything that I have
> to be there when I actually see everything and then I was always there, I was the
> one that had to take care of my brothers, I was the one that went to see him when he
> was locked up in jail, and I was crying because I didn't like seeing him in jail. I was
> the one taking care of my brothers when he was drunk. I was like the main one, I
> was the one to see him when he was beating on my mom, I was the one to call the
> law on him, it's just anger.

When I asked what feelings might be under her anger, explaining anger often covers more vulnerable, uncomfortable feelings, Mary said she felt her family didn't care about her. By

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late childhood Mary had learned that people she loved could hurt her and other people she loved, that the world was often an unsafe place, and no one would protect her. So over her feelings of pain, she chose the more powerful feeling of anger and started protecting herself and others through the adoption of a hard exterior and sometimes physical violence. Mary coped the best way she knew how to with the relational violence and victimization of her childhood and the resulting PTSD symptoms of avoidance, hyperarousal, and negative moods that can be deduced from this glimpse into her early life experiences.

Zinova's withdrawal coping. Zinova had several early traumas including domestic violence, the loss of her beloved grandmother to a house fire, and an impaired caregiver when her mother went through a severe depression after the grandmother's death. Her survival coping became notable after enduring a secondary adversity of parental conflict and the temporary impairment of her father due to relapse into alcoholism around age 9. Her way to cope with this additional life stress of a volatile home situation was to withdraw into herself. As a result, she quit going to school. "I just didn't like going to school anymore," she said.

> I just didn't like being there because... In fact, I have always been the kind to just keep to myself, and be alone. I don't know, I kinda gotten lonely after a while. And I didn't like the feeling, knowing that everybody talked to somebody around me except for me. I was always someone who's by myself. So I kinda got depressed, after I felt like nobody would talk to me. So after that I just didn't wanna go because I felt like nobody would talk to me.

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Feeling lonely and left out triggered Zinova so much when she was already struggling to handle the loss of her grandmother and mother a few years earlier. Her withdrawal got so bad that she missed significant portions of third and fourth grade. Zinova was unique in that she had a very early juvenile justice-related intervention. "So they had put me on truancy" she said, "and I still kept on missing school. And they had took me into juvenile to do that thing, where they scare you. So I went there, and then I got my stuff together, I was scared." As a result of her truancy, Zinova participated in what is known as a "scared straight" program letting her experience the consequences of missing too much school. As she shared, she was indeed scared and at least for a little while started going to school again.

Zinova's explanation of the driving forces behind her survival coping, her loneliness and depression, hinted at underlying PTSD symptoms. Severe and chronic PTSD is a major risk factor for depression. Depression is common with PTSD because PTSD symptoms become a primary source of ongoing distress in a child and her family, PTSD symptoms seem to interfere with the ability to develop healthy coping strategies for secondary adversities, and the accumulation of secondary adversities add additional risk (van der Kolk et al., 2012, p. 342). Zinova's self-concept as a loner and the reason feeling alone at school was particularly painful for her was because it was a trauma reminder of the loss of her grandmother. Discussing this major traumatic loss and the impact it had on her life, Zinova said:

> She was always there for me. My grandma sensed when something was wrong

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with me. She knew automatically when I was upset, even though I wouldn't tell

nobody or show it, she automatically knew, she'd come up to me. And we'd talk

alone for hours, just talk about my feelings and everything. I always looked up to

my grandma and the day I found out she died, it kinda broke me because at the

time, that was my only best friend. That's what made me hurt, too, whenever she

was gone, because I felt like I couldn't talk to nobody anymore, too.

Although she might have always been a bit of an introvert, Zinova had not felt alone until

she lost her grandmother. Although she might have turned to her mother, after the fire her

mother withdrew into a deep depression that lasted several years, and Zinova felt like she

had no one to turn to for help.

Zinova felt abandoned by her mother in her time of need and in turn stopped

interacting with her as she always had prior to her grandmother's death. Zinova shut her

mother out and closed off to connection with her because of her perception of her mother

as unreliable and unsafe. Zinova explained:

[Mom] wasn't really involved a lot, we never really talked after that and I think

that's what kinda made me drift away from her, because in seeing that she was

weak. I felt like she's weak, she's not gonna be here for me, and that's what

made me give up on her. That's why we never really had conversation after that.

Zinova's mother's caregiving was impaired by her depression, which further isolated

Zinova after the loss of her grandmother. The additional trauma of losing her father to his

addiction, complicated by the stress of parental conflict, bottomed out her coping. Zinova's survival coping began to get noticed when she became truant again. Although the earlier scared straight experience had resulted in Zinova going to school more regularly, as soon as she faced additional hardships she continued to cope in a similar pattern and started skipping school again. The scared straight program did not work, because it did not address the underlying causes of Zinova's truancy: depression and isolation from a lack of adult support.

In addition to avoiding school, Zinova added new survival coping strategies to help her manage her posttraumatic stress symptoms. She soon started using drugs. Describing her introduction to drugs around age eleven, Zinova again referenced her loneliness. She said:

> I feel like I thought they were my friends. Because when I grew up, I never liked talking to nobody. I was always alone. I would talk to people, but I didn't really like have friends. And then I started smoking and everything, and I felt like, "Oh, well I'm cool because I'm hanging out with this person and that," and that's where I was just, "I like this."

Drugs not only became a way to numb her sadness and withdraw from her depression. Drug use with peers finally gave her a community and people who would listen to her thoughts feelings. Other drug users gave her a place to belong; she no longer felt alone.

State to trait (Perry, 2009). All of the previous stories shared by Sandy, Mary, and Zinova exemplify ways participants coped with feeling relationally unsafe in childhood.

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Overwhelmingly, participants reported feeling relationally unsafe with at least some adult caretakers in their lives as a result of early relational trauma. What is important to remember about survival coping is that it is an adaption to previous life experiences. The strategies used to protect oneself against the pain and danger of earlier traumas become habitual as the same strategies are used over and over again when one experiences trauma reminders or triggers. Temporary states become permanent traits (Perry, 2009). Many young women shared stories of the application of survival coping to situations in which a real threat was not likely present: Sandy's withdrawal from pain into drugs, Mary's aggressiveness against her mother's future boyfriends, and Zinova's complete avoidance of school. Genesis was one such participant who articulated how survival coping, while helpful and adaptive to her original trauma of severe childhood neglect, became hurtful and maladaptive when her home life changed and her survival coping negatively affected her relationship with the woman who had adopted her.

Genesis' early life experiences included extreme neglect from her mother who had been addicted to drugs. She was taken into CPS custody and eventually was adopted. However, she struggled to feel safe around her new mother, reacting habitually to internal and external triggers that left her scared that she might not have her basic needs met. Her survival coping with feelings of hyperarousal and reexperiencing old memories included stealing and hoarding food and clothes. These survival coping instincts caused her significant trouble in her new relationship with her adoptive mother. Speaking of the dangers of survival coping, Genesis said:

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You don't always want to have that survival mode on, 'cause that's one of the bad things that will mess you up in life. 'Cause when I was little, I thought I was never gonna be clothed and fed. And even though [my adoptive mother] fed me, I didn't feel like she was gonna feed me again, I didn't know. So I would go into survival mode, and I would go in the fridge and steal food and stash it under my bed, then I'd end up losing my trust with her. We go to the store then I end up stealing clothes and I end up getting caught with them once, and I ended up losing my trust with her.

Especially significant in Genesis' example is that she was utilizing her survival coping even though she had achieved safety in an adoptive home and even though she did not want to lose her mother's trust. New experiences of safety in and of themselves do not heal PTSD and do not prove the world is a safe place, because the survival response is not a response to reality, but is a survivor's perceptions of reality as refracted through memories of the past as sensory and relational reminders trigger them in the present. Genesis sheds light on how hard it is to stop what had become ingrained behavior without addressing the underlying cause: why she felt so unsafe. Unfortunately, Genesis' survival coping continued to create hardships for her beyond negatively affecting her relationship with her adoptive mother, as her survival coping would eventually lead to her arrest.

Becoming Justice-Involved

All participants' survival coping behaviors got them in progressively more trouble at school and at home. School, however, was the site where participants reported the most

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trouble, resulting in memorable punishment-oriented interventions like the one Zinova recounted in elementary school. Adults failed to understand these girls' unskilled cries for help, and instead punished them for not meeting behavioral expectations. Punishment from adults at school that ignored underlying causes of problematic behaviors, coupled with additional trauma exposures and secondary adversities, made survival coping worse. The punitive response also weakened participants' healthy ways of coping by proving that the adult world was unsafe and ostracizing girls as troublemakers within their own peer groups.

Most participants, as exemplified by Sandy's story, started identifying themselves as "bad" and establishing peer connections with other young people who they saw similarly labeled as "bad." With systemic emphasis on personal responsibility, that treated girls' behaviors out of their historical and environmental context, girls were indoctrinated with lessons that they were to blame for the way they had survived early childhood victimization. Eventually, participants' behavioral sanctions either accumulated or their behaviors became so extreme that the juvenile justice system became involved. Each participant was arrested for behaviors at or around school with all but one participant indicating first arrest at age 12. Most reported being locked up for the first time at that age as well. No participant recollected a treatment-focused intervention at any point up to first arrest that could have served to show the girls compassion and understanding, help them reestablish safety within themselves and in their lives, and address the root causes of their problematic survival coping behaviors.

Mary's abandonment. Mary would always attend school, which was surprising, as she was largely responsible for her own care. As previously discussed, she had started smoking marijuana around eight or nine to self-soothe and numb her angry reaction to parental abandonment and traumatic stress reactions. By middle school Mary had a daily habit and would usually go to school high. Her punishment for smoking marijuana and having marijuana on her at school included a transfer to her district's "alternative school." Although an alternative school can be a haven for young people better served by a non-traditional program, alternative school was often a place where participants "served time" for something they had done wrong and turned out to be a setting where they built stronger relationships with other young people who were often in trouble.

Because Mary continued to smoke, as the underlying cause of her drug usage was never addressed, she never finished her time in alternative school. She got stuck. Eventually, when her use of marijuana didn't stop, they called the police. As Mary recounted:

> I was sent into a new school because when I was in sixth grade, I got charged for a possession of marijuana and I was sent to alternative school, and I'm still there, I haven't made it out since I was in sixth grade. So, last year whenever I got out I had to go back to my alternative school, because I gotta finish my time that I had. And so, I've been in alternative school for the past four years [. . . .] So then, after always going high, and everyday being suspended, my mom quit her job because she had to come get me everyday. It was not just like, a once a week, it was an

everyday thing. So, one time they brought the law, whatever, the school, sheriffs, and they started telling my mom that, they were like, well, they were telling me, "You like smoking dope? So you like smoking dope? She was like, "Well, try one more time and your kid's gonna get worse something about it, someone else is gonna come.

Mary's description of her experiences include years of opportunities to address why she was using drugs. Instead, adult responses were increasingly punitive as Mary was punished through suspension, placement in alternative school, more suspension, and involvement of Child Protective Services, which was perceived as a threat to separate her from her family, probation, and incarceration.

 Mary did not receive a therapeutic intervention during this punishment process. When I asked her if she ever received counseling for her addiction or if anyone ever inquired about underlying causes for her heavy reliance on marijuana at the age of 12, she said they just treated her like she was "bad." If anyone had of inquired, at least one underlying cause would have been obvious. She had lost her father to prison, a loss complicated by the fact that Mary was the one to call the police on her father for domestic violence. The years following she would visit him in prison, which she recalls as painful, but the most painful experience was his abandonment of her when he was released around the time of her first system involvement. She said:

[My father's absent behavior] bothered me because... I feel whenever before I got locked up... My dad was locked up and I used to... I was little. And my dad was locked up for four years and then I used to go see him. I remember being at the

window just crying. It was just sad, watching my dad being locked up. And like this time, whenever I'd be locked up, like my dad left me after he got out, whatever, he left me. I was just 12, and I started being bad whenever my dad left me. My mom, she didn't have no control over me. I was just doing me. I was on the streets. I didn't care. I was with gangs, I got in a gang too, and after that, I got locked up and it was just sad. I feel like I was doing the same stuff as my dad, just being locked up, but it was sad because I thought my dad was gonna do the same thing. It was just in my head. I felt like whenever he was locked up, I used to go see him every weekend, and when I was locked up, my family wouldn't come see me. And I would get really upset 'bout it.

Although she uses the phrase "didn't care" to describe her descent into more extreme forms of survival coping, this period represents a time where her coping was bottomed out by additional trauma and secondary adversities. It seems Mary gave up when her father wanted nothing to do with her after his release from prison.

Mary's father's abandonment of her following his release from prison was too much for her to cope with, given her already stretched existing resources. As Mary mentioned, she had it in her head that her father might eventually come see her if she kept showing her pain with her reckless behaviors. However, Mary's father never came to see her in detention. Mary eventually became incarcerated for longer periods of time, and when her family refused to visit her on the weekends, she felt abandoned by everyone she cared about. Each new punitive adult response to her survival coping behaviors seemed to

confirm her understanding of herself as alone and a failure. When she continued to be punished rather than understood, Mary buried her feelings behind a tough   e of anger. Punishment-oriented responses pushed her to the edge of despair and, for a time, Mary seemed to give up hope.

     Sandy's downward spiral. Sandy wasn't arrested until she was 14 and in ninth grade, the latest entrance into the juvenile justice system reported by participants. Sandy had been using marijuana as survival coping for several years in middle school but was never formally in trouble for drug usage. However, between the eighth and ninth grades, her drug habit and behavior problems increased dramatically. Describing this shift, Sandy said:

> When I was in eighth grade, I didn't have no problems. I was good. I didn't skip, I always went to school. I did drugs, but I didn't skip or anything. [. . . .] when I got into high school I just wouldn't go to school at all. I would always be out doing drugs or chilling with my friends or doing something. So then I started getting suspended from school for either fighting at school, or I'd come to school all barred out or high or something and they would suspend me. I went to alternative and that's where I met my boyfriend. I know that's so bad. I kept getting suspended from alternative, so they didn't want me at alternative no more. So they told me I could go back to school. So I went back to school, I got suspended, and then I started getting arrested. The first time I got arrested was for the trespassing, and then after that I just started getting caught a lot. Before that, I

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had never had got in trouble with the law or nothing...

Sandy's survival coping escalated dramatically during the first few months of high school. As Sandy mentions, her first charge was for trespassing. Her first entry into the juvenile system occurred at school, which reflected a consistent pattern of experience across study participants.

Sandy's first arrest resulted from school suspension. Sandy tried to hide the fact that she had been suspended from her mother by riding the bus to and from school. During the day, Sandy would leave the school property and do drugs with "acquaintances;" however, she had to go back on the school's property in order to catch the bus home to keep up appearances for her mother. One day, she was arrested for trespassing on school property to catch the bus and spent several days in her county detention center. Her mother was so angry with Sandy that she refused to pick her up from detention. In a similar fashion, Sandy received a second trespassing charge for coming to school when she was not supposed to be there, although by that time she was going to school to buy drugs because that was the main place she knew how to get them from people. Sandy also started fighting girls at school. This part of Sandy's story illustrates clearly how additional trauma exposure escalated both the types of drugs and the extent to which she used drugs over the course of two months. Such extreme shifts in behaviors represented a bottoming out of her existing resilience, a huge red flag for me as a trauma-informed researcher.

I asked Sandy, "What do you think changed between your eighth grade and ninth grade year? We spent the next 10 minutes or so exploring Sandy's explanations for this shift in behavior, but she could not readily identify a reason. We explored possible boyfriend problems, trouble at home, bullying at school, trouble adjusting to a larger school, etc. Sandy denied the possibility of these things causing her so much trouble. As a researcher who had been working on Sandy's timeline, I felt like I knew a possible reason. I offered:

> You know, when we first met we discussed something big and awful that happened in the summer between eighth and ninth grade, like just a month and a half before you went back to school. Do you think you were struggling to handle all that stress from that thing? Or do you think they're kind of unrelated?

What I was referring to was the fact that a male drug dealer had raped Sandy that summer. An older man who often gave her drugs for "cheap" had picked her up from a restaurant. He drove her "far" away to his house and they smoked synthetic marijuana that Sandy thought might have been laced with something else because she felt "weird." He raped her, and a couple of hours later drove her home. She told her sister the next day, who told her mother, but Sandy reported getting scared by the forensic interview process and denied anything had ever happened. Fortunately, even without Sandy's testimony, the man was convicted and sentenced to prison. Sandy, however, never spoke about the event again until our interview.

The fact that Sandy did not connect her rape and her escalated survival coping is common in young trauma survivors. In fact, treatment of PTSD involves significant psychoeducation about the cause and effect nature of posttraumatic stress symptoms (Gil, 1996). This educational component of treatment works to build awareness and insight surrounding survivors' feelings, thoughts, and behaviors as well as decrease shame around the trauma and survival coping. This aspect of treatment also helps to build safety within the survivor to enable her to turn towards the painful effects of the event, and take care of it, rather than cope through avoidance. Sandy had not had the benefit of a trauma-informed intervention, so she still blamed herself a lot for going with the drug dealer and for being so "bad" in ninth grade. However, through our discussion, Sandy shed light on the fact that following her assault her drug use increased dramatically to numb thoughts and memories that bothered her. She said:

> We still hope. In the beginning, yeah I guess I did [more drugs] because it made
>
> me happier in a way. I didn't have to think about nothing bothering me. But
>
> then... Oh gosh... Because after that, I didn't want to stop doing them.

Sandy's response highlights how survival coping, even when unsafe and unskilled, represents a resilient effort to cope with awful events and the awful feelings and experiences that follow them. Her words, "we still hope," highlight how Sandy views her survival coping as a way to manage the despair she felt. She wanted to feel better; she just did not have a foundation of safe coping to help her cope in healthy ways and no one showed up for her to help her learn.

Sandy's story demonstrates the problem with survival coping and the continued lack of appropriate intervention. After Sandy was raped, her survival coping quickly got out of hand. She shared:

I remember one time I got really, really... Oh this is bad. I got really, really fucked up off of spice. [. . . .] So I was really fucked up on spice, because I was smoking it for a long time, and I wasn't supposed to do that because, one hit and you'll be good but I just kept smoking. My homeboy came around and he had, I don't do acid a lot but I did this one time, had acid. He told me, "Oh, you wanna do it?" I was like, "Yeah." So I did and I remember that day I almost killed myself. That sounds bad I know but I don't know. [. . . .] Yeah. The only thing that stopped me is... 'Cause I was sitting in the room. Once my homeboy answered the door I stayed in the room and I was scared. I had a gun, but it wasn't my gun it was his gun but he left it at where I was staying with. [. . . .] I sat there and I thought about it and I was like, "I'm gonna kill myself. I'm gonna do it. I don't want to be here." The only reason that I didn't is because my friend came home. And he was like, "What the fuck are you doing?" You know what I mean? And I was like all confused. [. . . .] And that's... I don't know so. That's why I think it didn' help me, but in the beginning it did. Like, you know what I mean?

Sandy's survival coping strategy of drug use may have temporarily helped in the short-term but caused additional long-term problems that function as secondary adversities (Anda et al., 2006), resulting in additional relationship and health problems such as

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placing survivors in more dangerous situations. Since the effects of trauma exposure in the form of PTSD are cumulative, each additional difficult life experience further bottomed out her healthy coping until she wasn't sure she wanted to live.

Over the course of a handful of months, Sandy had begun to regularly use drugs in ways that put her life at risk. In fact, it was her most recent near-death experience that facilitated her entry to the prison where we met. Sandy had been pushed into victim coping, as evidenced by her the diminishment of hope regarding the future. Life had become so difficult that, in her words, "I don't wanna die, but I think if I do die it's just, I'm not worried about it," expressing how she felt about life at the time of our interview. Without trauma-informed adult intervention, which Sandy never received, it was highly unlikely that she would develop the insight into the connection between the rape she had been victim to and that fact that she was trying to increase feelings of safety by numbing with drugs. With this insight, she might have hope that other forms of safe coping might help her reestablish safety in herself, with others, and in the world. Instead she was incarcerated for more "bad" behaviors.

Justice-involved at school. All study participants shared ways it was hard to be justice-involved at school. Through in-school detentions, suspensions, alternative school transfers, and later juvenile justice detention stays, girls were increasingly marginalized from healthy school connectedness. Katalea, a 15-year-old, white participant from a suburban school district described the way this marginalization was internalized. She said:

I took it to heart. And I took it kind of "You're a mess. You're a screwup. All your siblings do so good in school and you're the one person that messed it all up." I really thought there was no chance for me. I really thought I wouldn't be smart in school because I would skip school so much.

Katalea expressed doubt that she could succeed in school, a feeling shared by all participants. The young women in this study viewed school as a place that challenged their ability to cope in healthy ways and meet their goals. Some skipped as a form of survival coping while others had perfect attendance but would come to school high and/or fight at school. Regardless, they were punished in similar, ever-escalating ways that eventually taught them the demoralizing lesson that they were "bad," a lesson that would continually undermine their efforts to succeed within this institution as they lost hope in the futures participants wanted for themselves.

Other young people at school also learned lessons about who the study participants were as a result of how they were treated by adults at school, their system involvement, and overall stigmatization as troublemakers. These peers reinforced these lessons, often repeating them verbally, further hurting girls relationally. As previously mentioned, Zinova had an run-in with the juvenile justice system as early as elementary school through a program meant to scare her into regular school attendance. Because underlying causes were never addressed, when things got worse in her life a year later, Zinova started skipping school again. She said,

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When I was younger, I loved school but then when I started hanging out with people I started skipping school a lot and then I just hated school. I never wanted to go. And then, I wouldn't go because there would always be people who would talk about me cause they'd be like, "Oh, well she does this and that and she's done this" and that's where I would let them get to me. Even though I knew it wasn't true, I would still let them get to me. And that's kinda mainly the reason why I don't go now.

At first Zinova skipped because she was depressed, then she skipped because she had found a community in which she belonged through drug use, later she skipped because she "hated" school because of peer bullying. Young women like Zinova, with the habitual survival response to flee, would avoid school and get in trouble for truancy. Others, like Syrrik, with a habitual survival response to fight, would respond to bullying by getting revenge.

Syrrik, a 16-year-old Latina, had near-perfect school attendance at her large school in a heavily populated area. She loved school and excelled in many school sports as the "MVP for basketball and for soccer," of which she was very proud. Despite a tumultuous home life characterized by domestic violence, school gave Syrrik a place to connect with healthy peers and adults and a place to feel competent and confident that she could change her life in positive ways. However, she could not put up with people bullying her. She reported that people would harass her or her sister at school and adults would not address it effectively. As a result she would handle it herself as she provided

protection for her loved ones, something ingrained in her within her violent home.

Describing her school life Syrrik said:

> Say you said something stupid to me, right? I'll be like, "Alright, bet," I'll, I'll
>
> just say, "Alright, bet," look you straight in the eyes, and say, "Alright,
>
> bet." [I'll] Go sit down. Maybe the day after, or that same day, I'll run up on you
>
> without you even knowing. Literally. Without you even knowing.

For this response, reacting violently to bullying, Syrrik was repeatedly violated on her probation for fighting at school. While girls responded to bullying in different ways, depending on the established nature of their survival coping, most reported it as a factor that affected their school participation. Peers reinforced negative lessons by bullying girls, especially about their sexual activities, further reinforcing negative life lessons for justice-involved girls regarding who they were, how others saw them, and often how the adult world would not protect them from further harm. Multiple participants endorsed that the school bullying rose to the level of a traumatic event in middle school on their PTSD Index.

Post Traumatic Stress Disorder

All participants reported vast exposures to traumatic situations, in type as well as repetition. Taking participants' reports as they were endorsed on the PTSD Index, at the time of the study, justice-involved young women had experienced an average of 26 traumatic events. As previously discussed, all participants endorsed a wide range of types of traumatic exposure as well, with an average type of 12.2. Although participants did not

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endorse the same symptoms within PTSD symptom criteria, all participants reported at least some symptoms in PTSD symptom criteria clusters. 6 participants qualified for a PTSD diagnosis. Importantly, 5, including one participant who did not meet PTSD symptom criteria, endorsed a dissociative subtype. Finally, all shared that PTSD-related repetitive experiences and habitual responses to them bothered them "a lot" in at least one area of their life, making it hard to get along with people at home, do well in school, get along with friends and make new friends, and do important things other kids are doing. PTSD Index results are included in Table 4.4.

Table 4.1. PTSD Index Results

	Traumatic Exposure	Trauma Types	B: Intrusion	C: Avoidance	D: Negative Cognitions/Moods	E: Arousal/Reactivity	PTSD Criteria Met	Dissociative Sub-Type
Genesis	12	12	Low	Severe	Severe	Moderate	No	No
Joselyn	23	16	Severe	Severe	Severe	Severe	Yes	No
Katalea	20	10	Moderate	Moderate	Low	Low	No	No
Mary	30	14	Severe	Severe	Severe	Severe	Yes	Yes
Nana	35	13	Severe	Severe	Severe	Severe	Yes	No
Nemiah	21	7	Severe	Moderate	Severe	Severe	No	Yes
Sandy	36	15	Severe	Severe	Severe	Severe	Yes	No
Syrikk	48	15	Severe	Severe	Severe	Severe	Yes	Yes
Zinova	9	8	Severe	Severe	Severe	Severe	Yes	Yes

Although reported traumatic exposures in these results are high, actual participant exposure rates are likely to be even higher than reported. Some participants reported forms of chronic trauma such as domestic violence, impaired caregivers, and bullying as

occurring multiple times over the course of several years, while others reported chronic traumas only once. Table 4.4 reflects exposure as recorded on the PTSD Index, expect for instances where participants wrote they were separated from their caretaker and then also checked the years they were separated from him or her. In this case I counted separation as a single traumatic exposure. The PTSD Index also did not have a way to record homelessness, something most participants experienced for extended periods of time because many participants had lived "on the run" for some amount of time. However, it was a particularly important traumatic experience for some participants.

For instance, Joselyn experienced the natural disaster of Katrina and, consequently, was homeless for about   ee years and made a choice to mark those three years under the traumatic exposure of displacement under ages 4, 5, and 6, writing in that she "lived everywhere with mom and granny." In this case, as I did with separation from caregiver, I only counted the original displacement from the natural disaster. The trauma of living on the streets was reflected in other types of exposure captured by the index. In Joselyn's case she reported experiencing bullying at school during this time for her homelessness, neglect by her mother who she endorsed as an impaired caregiver, domestic violence in the homes she stayed, sexual abuse as she watched her mother engage in sexual acts, and sexual assault when she was raped at gunpoint by a stranger who picked her and her mother up off of the street at age 6.

Sandy's PTSD. Sandy met a full PTSD diagnosis without a dissociative subtype. Her Index results showed that Sandy was severely affected by psychological and

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physiological reactivity to trauma reminders, avoidance of trauma-related thoughts, feelings, and reminders, self-destructive behavior, hypervigilence, and concentration problems. Results also showed she had severe negative thoughts and emotions, general detachment, and the inability to feel positive emotions. Sandy also endures moderate trouble with flashback, recurrent dreams, diminished interest in life, and an exaggerated startle response. Sandy endorsed that her trauma-related thoughts, feelings, and behaviors had significantly affected her life in negative ways in regards to her peer relationships and denied that these reactions bothered her a lot at home, school or developmentally.

Sandy's Index results were supported by our earlier interviews focusing on incarceration, when Sandy told me she had experienced a difficult life event that she needed help working through. In both our interview and her PTSD Index, Sandy reported that out of 36 reported traumatic events, the one that bothered her most was when she was "molested when [she] was little by [her] uncle and by [her] uncle's friend." Index results reported the abuse as ongoing and happening at ages 6, 7, 9, and 10. Sandy admitted, "I say it didn't bother me, but it does. Yeah… the main thing, actually." Sandy knew she needed help healing from her molestation and that it caused her ongoing problems. She said it bothered her most when she saw or heard "things kind of related" and so she typically tries to avoid those things. Although Sandy did not elaborate on traumatic triggers, she said she was uncomfortable around certain male staff and administrators. She also once said in our later life history interviews that she was mad at

her mother "for what happened," including her mother's drug use that left Sandy vulnerable to abuse during childhood.

After I had known Sandy a while, she asked me in her excitable, child-like manner, "Yeah. Do you want to know how they caught me?" "Well of course" I said, "I don't even know why you ran away in the first place!" Sandy went on to describe how she had just successfully completed an extended out-of-home juvenile placement but "had to" run away from her home because she was not getting along with her mother. She took up residence a friend of her older boyfriend who was also on the run, the boyfriend she met in alternative school. When she got in a fight with her boyfriend, she ran from that home too. Sandy said:

> I was like, "Well, I don't wanna be here. I wanna leave   You know what I mean? So I had left and I went [a] park. [. . . .] So I went there and I was smoking. I was smoking weed. I'm for sure it was weed. Like, I'm positive it was marijuana, and I remember walking, and I remember coming off my high, but I don't remember nothing after that. I blacked out. All I know is that when I woke up, I was in the hospital, and... I woke up a week later, and I was in the hospital, and they had told me they found me in [another city]. But I don't know how I got over there because, [. . . .] I don't remember what happened after that but... Well, I don't know... I think that I took something else though because I was hallucinating. But, I don't know. I'm not for sure 'cause when I went into the hospital, I woke up a

week later and they had told me they found... [. . . .] walking around, and I was

talking to trees.

Sandy ran from conflict. She did not feel empowered or able to solve problems when they

arose. As in this incident, just a year after she got on probation for trespassing on school

property, she nearly died from her extreme survival coping. Sandy desperately needed

help turning towards what she had always avoided; she needed treatment to help her

develop skills to work through intense emotions without running and numbing. Without

it, her self-destructive behaviors would continue to get worse. However, when she got out

of the hospital and continued to smoke marijuana, her mother and probation officer

advocated locking Sandy up in a high-security prison.

Sandy also told me about was how being locked up made it difficult for her to

deal with her memories and feelings surrounding her sexual abuse. She said incarceration

made it difficult to cope specifically because she could not distract herself, as she had no

access to any form of entertainment like television, books, or music. She also shared she

lacked support. She said, "'Cause there's less people to support me, less people I would

tell being locked up. There's more out in the free that I would, you know what I mean?"

Sandy had not found a confidant in her counselor, other girls, or staff members. Sandy's

counselor would punish Sandy's misbehaviors as well as Sandy's lack of self-disclosure

in group and individual counseling by taking away her precious weekly phone call. Sandy

often expressed being mad at her counselor. Both other girls and staff would regularly

use girls' pasts against them in conflict, using information learned in paperwork or in

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confidence as a form of relational violence in front of the rest of the dorm. Sandy shared

she did not trust any of the girls or staff. In prison, Sandy was left alone with her PTSD

symptoms, although she would still get punished for her survival coping within the prison

with added time.

Collectively and individually, juvenile justice professionals continue to ignore the

science of trauma reactions and assume that trauma survivors have the capacity to

regulate emotions and think clearly when they feel unsafe and triggered without

treatment, denying the fact that survivors' systems are caught in the fight-or-flight

survival response as a result of ongoing trauma triggers. These adults blame girls for not

being "motivated" or not "trying hard enough" to follow rules. Many shared with me

their assumptions that justice-involved young women are too hostile to authority to want

to follow rules and so they must be trained to follow the law through punishment. Sandy

will not have real choice until her PTSD is addressed. She will not get better at making

skilled choices within a system that blames her for how she has survived being hurt.

Ignoring the real issue of PTSD, supporting lessons that blame girls, and denying

survivors the hope that comes with treatment, these professionals funnel young women

deeper and deeper into the juvenile justice system.

Incarceration

This study showed that the system detains girls quickly upon entry into the juvenile

justice system. Participants were also detained for extended amounts of time early in their

system involvement, extensions of time that were often due to girls' misbehaviors while

incarcerated. Participants shared that they understood their incarcerations as punishments for their choice of behaviors. Importantly, many participants also shared that they understood their incarceration as their Juvenile Probation Officer's attempt to get them out of dangerous situations and "protect" them. Regardless of the justifications behind incarceration, confinement is a behavior management strategy ill suited to the young women's histories of relational traumatic victimization, resulting PTSS/PTSD, and survival coping adaptations. Incarceration is a uniquely stressful practice, as participants reported confinement further stripped them of safety by taking away their control, exposed them to additional traumas involving peer aggression, and placed them at great psychological risk through common practices such as solitary confinement and the withholding of proper mental health care.

Incarceration is a drastic developmentally and psychologically inappropriate response to justice-involved girls' behaviors, as these behaviors are largely a result of survival coping to relational trauma. The justice system's response of incarceration in a correctional environment seems tailored to retraumatize girls by echoing early life lessons of relational violence and ensuring they never find lasting feelings of safety, which can be defined as stability, predictability, and control. Extended exposure to correctional environments that are characterized by constant tension, a lack of affection, emotionally and sometimes physically neglectful adults, chaos, and chronic disconnection from their communities severely undermined young women's survival coping both within facilities and after release or escape. Following placements in

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detentions, hospitals, residential treatment facilities, and prisons, participants quickly cycled back in for repeated, increasingly longer placements in increasingly higher-security settings. Importantly, participants were rarely charged for serious offenses when reincarcerated, but were violated on their probation for relatively minor status offenses.

Loss of control. The prison life I observed was regimented, with every action allowed or refused by prison guards called officers. Each day was structured in the same way, with a heavy emphasis on routine and structure as established by the facility. This routine deeply bothered participants. Using the militarized terms used by the facility, Nemiah described her daily schedule, "All you do is you do the same thing, you sit on the red line. And just eat chow, PT, DNC, rhyme, march... We not allowed to talk, we're not allowed to whisper, nothing." Participants described every weekday as being the same because of this routine; weekends were even worse, due to longer periods of time sitting in silence. The red line Nemiah spoke of was considered a particularly abhorrent part of the daily schedule. The red line was a large box painted on the dorm floors in front of the metal bunk beds arranged on the edges of the room. Residents had to ask permission to cross this line to go to the bathroom or to sit at the metal tables and benches bolted to the floor in the center of the room, but they were also expected to sit or stand on the red line silently on a daily basis.

The monotony of prison life was one theme discussed in interviews by all participants, and the descriptive words "depressing" and "boring" were commonly used synonymously. In continuing to discuss the red line, Nemiah said, "It's boring. When you

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sit on the red line, all you do is get depressed and you start thinking about stuff, especially like going home, how your family, think about your family, what they out there doing." Zinova estimated she spent 2 to 2.5 hours sitting in silence each weekday in the facility. Many of the young women shared they struggled during this time because of intrusive thoughts or feelings about things that made them sad, including difficult experiences that had happened in the past. Without coping distractions like television, books, or conversation to occupy their minds, their PTSD symptoms of negative thoughts and feelings and intrusive memories could become too much to bear. As Mary said, "Sometimes when we're, we gotta be standing POA, like for 15 minutes on the red line, just standing, I feel like I'm not gonna make it. It's just crazy. We actually got to do all this, like stand on the red line." The arbitrary nature of the daily schedule made many of the participants angry. Whether it was because of what came up for participants in their minds and bodies when required to sit or stand silently, or because they did not understand why the facility required them to do these things, the regimented and boring schedule was often cited as a barrier to their success.

Prison life also meant a loss of what participants had learned was their rights. Although all residents of the facility received a copy of their rights and rights were posted in dorms, participants were aware that their rights were continuously violated by the facility, and there was very little recourse to change this violation. Continuing to discuss the boring nature of prison, Genesis shared her concerns about her rights. She said:

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It's boring. When you first get in, you sit down and they pretty much do your

paperwork, and you sign and they show you your rights. And your rights pretty

much suck, 'cause all you have is one phone call a week. And if [your family]

don't answer the phone, you don't get to try again, you can't do that. Next is,

your privacy is taken from you. You know how you have that right to a clean

shower and clean clothes? Well, your privacy is pretty much taken right there,

because you have to shower with four or three girls at one time. And the clothes

ain't clean. As much as detergent you put in there, you're still wearing another

girls clothes, 'cause you can see that they've been used before by some of the

girls that don't know how to properly take care of themselves, because they've

never been taught, and it's sucky.

Genesis noted one of the primary concerns of all participants, that the lack of privacy that

made young women feel unsafe. They were always being observed and often disturbed,

whether by one another or by prison guards.

The showers in particular were a safety concern for the participants. Residents had

a couple of minutes to shower, but were required to shower together and under the

watchful eye of a female prison guard who was simultaneously responsible for the rest of

the dorm. Showers and restrooms were not private, because each resident had to be

watched at all times for the facility to maintain safety and security of all residents.

However, the dorms themselves also had windows and video cameras so the staff

supervisors and the Control Officer could maintain awareness about dorm behaviors and

respond when appropriately. In her own words, Mary shared her discomfort with the lack of privacy around showers and restrooms. She said:

> When I came here, I was like, "I'm not gonna take a shower with these girls. I was like, "I'm not. And I remember I first came here, all them girls were just staring at me, like staring. And then, like the officer, like staff, they can look at you and everything. So, okay, so last time I was using the restroom, and you know how you could see through the windows? Well, there was people looking through the window, and there was three of us females sitting down. And it was boys looking through the window.

Since the boys and young men in the facility were usually the residents on special "detail" duty, which involved serving food, doing laundry, passing out supplies, and cleaning the facility, there were numerous stories of male residents peering into female dorms. The facility's response was to try to cover the windows with paper during bathroom and shower breaks, although this did not always happen due to the rushed pace of these daily activities. However, participants also reported that male staff members did not always wait to enter a dorm until a female resident was out of the shower or off the toilet. Nana, in particular, shared her anger about a time she was showering and male staff rushed into the dorm in response to fight between girls that the female staff could not break up herself. As many of the young women had histories of physical and sexual violation in their trauma histories, compounded with the fact that they were maturing

adolescents dealing with the regular insecurities of their physical and sexual development, it is no surprise that they felt unsafe due to a lack of privacy in dorm.

Whether it was getting up at dawn, eating "chow" in 10 minutes, using the bathroom at assigned times, standing on a red line and not talking for an hour, doing military-style workouts, or learning marches and cadences, most details of every day were planned and enforced as a program by prison guards. The program has an effect on each of the residents. Overall, the aspect that the girls struggled with was that they weren't able to make choices and, as Nemiah articulated, that life was "passing her by." Zinova explained this overall feeling resulting from prison as feeling like a trapped pet. She said:

> The reason I feel it's hard is because I personally just don't like people telling me what to do, like people telling you how long you have to shower and this and that, that's just the thing I don't like. And it makes me feel like, I don't know, not like a pet but like a pet because it feels like... You know when a dog or something's chained up and it just wants to run away loose, that's the way I feel like.

As Zinova expressed, prison is not hard because of the actual things officers make you do or even the scheduling of those things. The extreme lack of ability to make daily choices upset participants, or as Genesis said, "Not being able to be free. Not being able to roam around.… being told what to do, when to eat, when to shower, when to sleep, when to talk and when not to, kinda messed with me." Instead, it is a difficult experience because of the overwhelming feelings of being trapped, powerless, and of having no control.

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Peer aggression. The female dorms held about 20 residents ages 12-17. Assignments changed weekly as the facility attempted to discourage romantic relationships and alliances. The constant turnover agitated participants' already complicated efforts to establish safety in a correctional environment and created scenarios where young women vied for power and protection in an ever-changing political landscape. Safety concerns increased at night when staff to resident ratios went down and residents struggled to deal with posttraumatic stress symptoms common at night like trouble falling and staying asleep and nightmares.

All participants reported feeling unsafe because of fighting amongst the residents, especially in dorms at night. Nemiah shared, "I feel unsafe every night, like going to sleep with a lot of girls. Because I did see somebody jumped before in they sleep, 'cause the other girls didn't like them." Genesis recounted a specific time when a resident threatened her. The girl threatened to choke her in her sleep and Genesis said she had told her, "And best believe, you ain't gonna kill me tonight, because I'm gonna keep my eyes open until you fall asleep." When I asked why she did not trust the staff to protect her, Genesis said:

> Because, you know your body is used to going to sleep during certain times of the day. And your body's not accustomed, especially if you have kids; and they been running around 24/7, taking care of them. So your body is sleepy. And I know the night staff, she has kids, and she runs around taking care of them. And, I'm not

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even gonna say; sometimes, she does fall asleep. So, I was like, "I'm not gonna

take my chances."

Even though Genesis did not think she could, she stayed up all night vigilant against an

attack because she knew the night officer often fell asleep on accident.

Other girls shared concerns about the staff's ability and dedication to keeping them

safe at other times of the day. Participants shared numerous ways they had to take their

safety into their own hands. Nana was one such participant who did not want to take

chances with her safety. When she arrived in the facility two girls threatened her and she

witnessed an assault. She said,

It scared me, it really did. I didn't want to be in [the dorm]. I was like, dang.

Then I was like that's nothing, I've seen so many fights. But it's the fact that I

saw her face get stomped on that I was really like, dang. And I saw the [staff] the

way she was struggling.

Nana's response was to retreat into solitary confinement for nearly a month, refusing to

eat and refusing to come out. As Nana explained,

Yeah, I had stopped eating because I was trying to kill myself, and I was just in a

really bad depression. I didn't want to get out, I didn't feel safe. And I just felt

the only way I could get out is to kill myself.

Like Nana, most participants shared ways they tried to increase feelings of safety within a

violent culture where they could not rely on anyone else.

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The reason participants like Nana and Genesis took their peers' threats so seriously is because these threats echoed earlier life experiences. About her vigilance in staying up all night, Genesis reflected on the last time someone attempted to kill her. She said:

And even though I trusted my God, I didn't feel in it me. Like, I didn't feel it in me to do that because when I was on the run, last time somebody told me they was gonna kill me, they tried to. It didn't work out 'cause that person got shot and they ended up running with the bullet in their arm. And ever since that night, I have told myself, "I ain't gonna let nobody threaten me like that. I ain't never gonna let no one even come that close to taking my life.

Constant peer aggression and an inability to escape exposure to aggression retraumatized participants because the violence echoed earlier life experiences. The constant threats the residents posed to one another intensifies participants' already hyperaroused nervous system, making most of them feel like they were in a war zone.

Besides physical fighting, residents would victimize one another in other ways. Girls would name-call, use one another's histories to shame one another, form alliances against one another, and spread rumors. There was no escape from the relational aggression of peers. Echoing most participants' thoughts regarding one another, Mary viewed other young women in the dorms suspiciously. As she said,

I don't really talk to those girls because it's just like all these girls... there's been a lot of fights. There's been a lot of girls just fighting and cussing each other out. They don't listen, they don't pay attention, they don't follow the rules, they just

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do whatever they wanna do. And it's hard to be there in girls 'cause I feel like I'm

gonna fall out and just like, I don't know, let them get to me.

There was very little trust between the ever-changing groups of girls housed in these

dorms. The residents could and would trigger one another, and the single staff member in

the dorm of around 16 young women was rarely able to do more than monitor for

physical fights. Residents psychological and emotional safety and security was not a

realistic priority in the facility as their basic right to be free from physical harm was

constantly threatened.

Mental health. All participants answered questions about how they had gotten

healthier or unhealthier since their incarceration. Participants tended to focus their initial

answers on their physical health. Most agreed that their physical health had improved due

to the physical training they were required to participate in on a daily basis, even if they

did not like the exercises or marching. Many also, like Katalea, reported that they were

healthier because they had not used illegal drugs since entering the facility. She said, "I

became healthier because first of all I'm sober, I've been sober for a couple of months.

This is the longest I've been sober ever since I've started smoking. And then I realized

the advantages of being sober and how precious life is, honestly." Removing young

women from their drug use for a period of time helped them, at least while locked up,

think more clearly about whether drugs should be an important part of their life. Some

participants shared they had felt they had gotten unhealthier because of the amount of

food they were able to eat because other residents stole their food or they were just not

able to eat because other residents stole their food or they were just not every hungry.

When I asked specifically about mental health, explaining the question had to do with the state of one's thoughts and feelings, participants had a wider range of feedback. Although most had used the word "depressed" to describe their experiences of incarceration, many were hesitant to claim that they had become more or less depressed since being locked up. As Zinova explained, her hesitancy to say she was depressed, which she believed she was because of her experience and a previous diagnosis from her home doctor, came from a mix of internalized stigma about mental health diagnoses and from the fear that her counselor might see her differently. After telling me that she did not think her mental health needs were being met, Zinova said:

> I just feel like I don't wanna tell [my counselor] anything, because... I don't
> know, I just don't want her to see me... I feel like she'll see me somebody else. I
> don't want to be one of those people who have to take meds for something. I feel
> like sometimes people don't understand. Just like everybody else who's in here,
> we've all been through a lot and it's still like... Some people may say, "Oh, I'm
> telling you everything. But deep down inside, a lot of people don't show their
> emotions. I do that too. Because I'll be like, "Oh, I'm good. But deep down
> inside I'm crying. It's hard.

Zinova said what several participants shared. Even though they may be struggling, prison was not a place for mental health treatment. Zinova said she was "just trying to focus on the positive" and would "get help" when she was home.

Other participants shared specific mental health problems they had experienced since being locked up. Genesis discussed how solitary confinement challenged her and others in ways she had not understood were possible. Specifically said she had become unhealthier and sometimes felt "crazy" when she spent too much time in solitary. She said:

> Yeah. I never talked to the walls before in my whole life. But once I got locked up, and we would stay in our cells Saturday and Sunday, I just started talking through walls. I'd have my own conversations, and making my own little movies. And that kind of creeped me out. I wasn't the only one doing it. I wasn't the only one talking to people through the windows. I wasn't the only one getting bored, and start flippin' out. It sucks, because at the same time, thinking how you're tough, but mentally you're losing yourself.

Genesis was the most articulate about what it felt like to spend significant amounts of time in isolation. However, multiple participants shared that they would "flip out" and "lose it" in cells. Through observation in the facility, I saw participants punching walls and other girls banging their heads when placed in solitary. I also witnessed Nana's month-long stay in solitary and her near daily suicide attempts. When I asked participants like Nana about their behaviors there was a disconnection from understanding themselves in those moments.

By the time of our interview, most participants had struggled with posttraumatic symptoms for so long, that they had become a part of life. Because I did the assessments

at the end of our interview, most had not had psychoeducation on trauma or trauma responses at the time they were answering questions. This showed in their descriptions of their symptoms. Nana's perception of her mental health was that it had improved just because she was placed on medications and she had been taking them regularly. She said:

> I don't think it's really anybody that's basically been helping me. I do feel like it's just my meds that are just making me not so depressed anymore. I'm not thinking about anything until it's nighttime; it's the main thing where I'm having flashbacks. The day time, I'm pretty much good.

Although Nana was no longer taking action to harm herself based on her fear of her environment, she was still scared of the fact that she was experiencing flashbacks at night. She was still "fearing of just the fact that I kept witnessing things that I don't wanna witness that happened when I was younger, still keeps happening" and did not think her substance abuse counseling was going to help. Instead, like most participants, she just worked on managing her symptoms by "thinking of something else." In this monotonous and aggressive environment, where girls did not trust their prison counselors and where treatment focused exclusively on substance use issues, the power of positive thinking was what most girls had to rely on to increase their sense of hope and safety.

CHAPTER V

CONCLUSION

> I am 16 years old. My first time being locked up was when I was 12 years old. I'm always getting locked up for fighting. And I'm more of a aggressiver [sic] person than everybody else in my family. This is my 21st time being locked up, right now. My first placement, as well. And I think that my times in being locked up, I would always get in trouble, do what I wanted. I didn't care. I had those times where I would like to jump on walls in my juvenile. I would jump on walls, get restrained when I wanted, fight. It was mostly like I was bothered to be locked up. It wasn't the fact that I was scared to be locked up... My first time I was scared, I was always crying. But... yeah, I was young at that time. And until now, I'm still getting locked up... I would spend like two... The longest I've been out was my whole six months. But I was still on probation. So I had went back in... That's the longest I've been out. The shortest I've been out was a month, which is this time. So, I think mainly it's like I'm more comfortable being locked up than I am going home. It's more like a home. ~Syrikk

When Syrikk introduced herself to me on tape, she highlighted one of the most

disturbing consequences of the criminalization of trauma. The juvenile justice system is

repeatedly locking girls up for survival coping responses such as drug use and

externalized aggression, without addressing the underlying causes. In doing so, the new

experiences of incarceration in harsh correctional environments separated from family

and community creates new survival coping adaptations that undermine a young

woman's recovery from system involvement. Because of this cycle, Syrikk had only

infrequent recent experiences living at home with her family and had very little

connection to her school community. Release from prison was uncomfortable because a

vast majority of her adolescent development was with adults and peers in a juvenile

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corrections setting. Incarceration was the only life she had known in a long time. The justice system shaped many of her goals for herself, including her desire to become a Juvenile Probation Officer to help girls like herself. Prison was home.

As was true with many participants, Syrikk's record did not show charges for actual crimes. Instead, her story illustrates the bootstrapping trend common with girls in the justice system; she was adjudicated as a status offender for misbehaviors in school and was later repeatedly detained for violating the terms of probation. When I asked Syrikk why she spent such long periods of time in her detention, without being adjudicated to an actual placement for a charge, she said, "I think it was just the misbehavior that I had going on while I was in juvenile, that they kept me in there for a while," again illustrating the common trend in this study of how the correctional environment stresses young women's coping and exacerbates trauma-related behaviors. Four years of punishment cycling in and out of detention and prison had not given Syrikk skills to choose different behaviors when released, even though she had adapted well to correctional life as shown by her ability to maintain good behavior in the facility program and a place on A/B Honor Roll in the facility school.

Syrikk reported struggling with panic attacks and flashbacks when she was home. Her description of what haunted her was one of the best descriptions of posttraumatic stress any participant gave. She said she had trouble with:

Events that happened to me or I've seen that happen and it hurt me but it's

starting to come back, you know what I mean? It hurts you again, like it's

happening again but it's really not, it's just in your mind, it's making it up... You

never forgot it. That's the way it is.

Her assessment showed 48 trauma exposures of 15 different types and severe

posttraumatic stress symptoms that met qualifications for a dissociative subtype. There

were reasons that she used drugs whenever she was released. There were reasons she had

trouble staying at home with so many triggers. There were reasons she did not like living

life on the street exposing herself to more trauma. Syrikk desperately wanted help, which

was why she had turned herself in prior to coming to the prison where I met her.

Unfortunately, though, the adults she repeatedly looked to for help failed to address the

source of her struggle and then punished her again for her inability to cope differently

when they eventually set her free.

Reflections

The young women in the study, across the board, expressed pride in themselves

and their stories. Their participation, which often included talking about things they had

not dared speak of before, especially with an adult, was an act of claiming, accepting, and

viewing their own experiences as valuable. After all, they wanted to help. They wanted to

help me because I was a part of their extended community. They wanted to help juvenile

justice professionals understand how to better help them. But more than anything, they

wanted to help other young women avoid the hardships they went through and that they

were still struggling to overcome. At times over the years of this research project, I

wondered if I was the correct person to collect and analyze justice-involved girls' stories.

What did I know about living inside concrete walls under constant threat of violence with little access to the comfort of a caring adult to shed light on when I might get to go home? I have never known such oppressive circumstances, nor have I lived through the extensive trauma exposure participants shared with me during research.

However, this research project always felt like a project of solidarity. Although I am older and trained in certain skills that helped me access young women while they were experiencing incarceration, my safety and security in this world has always felt closely tied to these young women's wellbeing. Our struggles feel similar, our oppressions intertwined in complex ways. How society treats these girl survivors reflects deeply rooted societal beliefs about girls' and women's roles, including women's historic responsibility to protect men and boys from accountability for male violence by sacrificing our own personal wellbeing. The purpose of understanding the criminalization of trauma should be more than just an explanation of what has and is currently happening in justice-involved girls' lives. I hope the theory sheds light on when and how to intervene in the lives of girls and young women in order to assist them in resisting the powerful systems of racism, sexism, classism, ableism, and the rule of violence that is the foundation for the processual and cyclical phenomena in their lives. Aligned with the criminalization of trauma is the belief that the state knows better for these young people as the state continues to inaccurately hold individuals responsible for problems that are communal in nature. Our societal problems as reflected in the ways we refuse to address

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structural inequalities, not the girls PTSD and survival coping, are the driving forces of the criminalization of trauma.

Recommendations

It is my hope that this research guides professionals' work with justice-involved girls and young women. A significant portion of this study's interviews focused on what the girls themselves thought they needed from adults at certain periods of their lives in order to reach their goals. One of my favorite questions to ask was "If you were in charge, how would you instruct the staff to interact with the residents? How do you think this change would affect the environment of the facility?" Mary answered this question highlighting the importance of reciprocity in relationships. She said, "I mean, if [guards] want respect, they should give us respect too. Because some of the staff, they just come, they'll cuss you out. They don't care." Her response echoes themes in many girls' responses to this question. The participants, who had been through extensive trauma, could not feel safe with adults who did not care, which in the participants' minds was synonymous with caring about them. Girls in the justice system need to be respected in order to feel safe and connected. As Nana said, "I'd probably tell them just to show them that they care, and even if you don't like the kid, if they give you so much attitude, leave it alone and then try again. Never give up, basically. And never say you can't do it." Although girls may often test an adult with bad behavior, how an adult behaves when tested and whether or not that adult keeps attempting to connect with the young woman will determine whether there exists possibility for meaningful connection.

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Healthy connection with adults is vital for justice-involved girls. The participants of this study are so young to have such extensive histories of abuse and neglect. As a result, participants reported difficulty connecting with adults, while also communicating that they very much need and want the attention, knowledge, and guidance that older adults could provide. Reflecting on how she wished that guards would interact with the girls in her dorm, Syrrik said:

> I would instruct them to help them. If they don't know... If the girls don't know how to take care of themselves like they're barely going into puberty, you need to help them. If the girls aren't cleaning them right, you need to give them the proper... If they're not cleaning themselves right you need to give them the proper tools and knowledge to know how to clean themselves right. And then to help these girls. If they need something comfort them. Not like that, help them be more stable and help them be more positive instead of just leaving them and letting them cry and be like, "Hey, she don't need help leave her alone, and all that. They need to care more.

Syrrik knew intimately the pain of being left alone to deal with life's challenges. She did not think it appropriate that adults in the juvenile justice system reacted with tough love to the pain of girls and young women.

Syrrik argued that the girls incarcerated in prison needed more adult empathy. Highlighting the need for active caretaking empathy, Syrrik expounded:

Yeah. Instead of just. Ordering them to do something. They can't just yell at you

all your life. They can't yell at you. Some of the girls won't understand when you

yell. That need to... Cause some of them haven't even been in our shoes before.

So some of them need to learn like, "Hey, I know what you've been through.   Or

either that or "I don't know what you've been through, just help me understand

what is wrong with you. I'm trying to help, just understand, I'm trying to help

you. I'm not trying to hurt you or I'm not trying to be all up on you. If you need

time, I'm gonna give you time. If you need a time out, go on the corner or ask for

help, just don't be to yourself." That's what really bothers me when they don't

pay attention to them.

As Syrrik noted, the worst thing for adults to do is to ignore the displays of pain from

these young trauma survivors.

Instead, adults should open up lines of communication in these difficult times.

While talking about her future career as a Juvenile Probation Officer, Katalea talked

about how her own officer could have helped figure out what was driving her delinquent

behavior. She said:

I would have been more like not more caring but more opening up like "Come

on you can just talk to me,   but not "If you talk to me I'm gonna let you out.

"If you just talk to me it will help me realize where you're at.   Even if it was a

hardheaded kid that disrespected me I wouldn't be getting mad about it. I would

understand where they're coming from because I used to be like that. But then

again I would be like "Okay, well kind of help me get to understand where you're coming from 'cause if you don't you then you're just going to be here longer or you're going to get yourself in worse trouble and I'm not going to be able to help you when it comes down to the judge making the choice.

Adults can help these young women by spending time connecting with them from a place of mutual respect, demonstrating in small and large ways that they are committed and caring, and by remaining connected through periods of negative behavior. All participants advised adults to not take their "bad" behavior personally. Instead, they wish adults could be curious about what was really going on inside and be willing to do the hard work of understanding.

Future Research

Qualitative research of this nature and depth is novel in the literature concerning justice-involved girls. There are many gaps that need to be filled in regards to documenting justice-involved girls' perspectives on their own lives. While this research focused on paths to incarceration, experiences of incarceration, and resilience strategies, next steps to building a stronger overall knowledge base would be to conduct more surveys, interviews, or focus groups with girls experiencing incarceration in other juvenile justice prisons in other locations in order to see if the storyline and theory of the criminalization of trauma fits with their experiences as well. Nationwide there have been calls for reform to improve prison conditions for juveniles, but those reforms have not helped girls as much as they may have their male counterparts because policymakers lack understanding of how the

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juvenile justice process has affected girls. Therefore, the findings of future research that validates and/or amends the theoretical model developed in this study can be used to modify reforms to address girls' needs based on a better understanding of their unique pathways to delinquency.

It might also be helpful to expand focus to include juvenile jails and other forms of out-of-home placements utilized by the juvenile justice system in order to learn justice-involved girls' experiences in those settings. This expansion could also lead to the identification of similarities and differences between less and more severely system-involved girls and a longitudinal study could identify personal and/or program characteristics that helped or hurt girls in their recovery. Since differences in girls' perspectives of different behavioral programs within juvenile justice facilities were not a part of this research design, it would also be a good topic for future research. For instance, although not a part of this study, I continuously wondered what participants would have thought about female-specific counseling groups that focused on a wider range of factors salient to young women in trouble with the law when compared with their mixed-gender counseling groups that focused singularly on their histories of substance abuse.

We also need more research on the juvenile prison environment's effects on girls' posttraumatic stress disorder and symptoms. Particularly useful would be intensive research on the effects of solitary confinement on young women experiencing incarceration, given participants' own varying uses and experiences of this common behavior management strategy. Solitary confinement is already correlated with high rates

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of suicide, depression, and recidivism as well as retraumatizing survivors (Lee, 2016). One question that arose from this research is whether the juvenile justice system's heavy reliance on solitary confinement to manage behaviors correlate with the development of the PTSD dissociative sub-type that showed up in a majority of participants. Do experiences of incarceration in general correlate with a higher rate of dissociation? Are girls who rely on dissociation as a survival coping response more likely to be locked up in solitary confinement or do trauma survivors adapt their survival coping to incarceration as fighting and fleeing are so strongly punished?

It would also benefit to have more research on justice-involved girls externalizing coping. Research asserts that girls in correctional environments tend to respond by internalizing their negative experiences, entering into depression or engaging in self-harm. However, participants in this study utilized both internalizing and externalizing strategies to manage the atypical stress. Current research also supports that girls experience much more trauma internally before externalizing through aggression and acting out. Is there a number of traumas or an intensity of PTSD symptoms that might correlate with the switch? Is there a type of trauma exposure or a pattern that contributes to externalized survival coping in girls and young women?

Finally, wonderful research has been recently done on the role of trauma in girls' pathways to prison; researchers and advocates have called the pathway the "sexual abuse to prison pipeline" (Saar, Epstein, Rosenthal, & Vafa, 2015). This study's findings complicate the thesis of this publication because of the wide range of trauma exposure typology the girls experienced. Sexual abuse was certainly salient in participants' trauma

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exposure histories and was endorsed by 100% of this study's research participants. However, sexual abuse often occurred significantly later than childhood and often further down the line in system involvement. In many cases, sexual abuse was the result of dangerous survival coping as well as the fact that girls were made vulnerable when they tried to escape juvenile justice system involvement. The pathway participants in this study described often began prior to sexual abuse or assault.

Conclusion

This qualitative study, which took place over the course of approximately 8 months in 2015 and 2016, examined the lived experience of nine girls incarcerated in a juvenile prison in Texas, their pathways into the prison, and how participants navigated this deep end of the juvenile justice system resiliently. This research is significant as it is one of the few in-depth studies where justice-involved young women were interviewed while experiencing incarceration. It is possibly one of the only studies of its kind employing portraiture methodology in order to present a narrative of these girls that encompassed context, voice, relationship, emergent themes, and aesthetic whole. Guided by the questions "What are the resilience strategies justice-involved girls develop to promote their recovery from juvenile-justice system involvement prior to and during incarceration?," I conducted participant observation, carried out semi-structured interviews, collected life histories, and administered instruments focusing on trauma exposure and symptomology and resilience.

The results clearly illustrate both the incredible role trauma has played in the lives of young women experiencing incarceration and the gendered nature of justice-involved girls' PTSD symptoms and survival coping responses. The portraits provide clear and rich descriptions of how current juvenile justice responses to girls and young women who have been severely traumatized criminalizes rather than treats survival coping responses, a phenomena I have named the criminalization of trauma. I've illustrated this response as a process and a cycle that shows how most punitive action by the juvenile justice system is sparked by PTSD-related survival coping that the system then exacerbates and further punishes. Finally, the portraits highlights resilience strategies justice-involved girls employ to support their recovery from system involvement, reframing what might have previously been seen as more misbehaviors as resilient survival coping responses employed to maintain hope in a hopeless setting.

This study was interested in making meaning of the lived experiences of girls involved in the deepest end of the juvenile justice system. The main focus was to understand how girls who experience incarceration navigate the juvenile justice system and what factors impacted their success or lack thereof. This focus was directed by the scholarly literature strongly correlating girl delinquency with trauma. Goals for the results were to have them fill gaps in academic knowledge and guide public policy and juvenile justice system towards more supportive treatment of justice-involved young women. Another goal for the research product was to invite people not ordinarily familiar with the lives of justice-involved girls to identify with and empathize with these girls'

experiences. Ideally, people will be motivated to act on behalf of these girls in whatever way they are able, understanding that the most effective solutions will involve young women themselves.

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delinquent behavior among incarcerated adolescents. *Journal of Aggression,*

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APPENDIX A

IRB Approval Letter

Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378
email: IRB@twu.edu
http://www.twu.edu/irb.html

DATE: September 8, 2015

TO: Ms. Allison Davis
               Women's Studies

FROM: Institutional Review Board - Denton

Re: *Approval for Girl Incarcerated: Stories of Resilience from a Juvenile Detention Center (Protocol #: 18371)*

The above referenced study has been reviewed and approved at a fully convened meeting of the Denton Institutional Review Board (IRB) on 9/4/2015. This approval is valid for one year and expires on 9/3/2016. The IRB will send an email notification 45 days prior to the expiration date with instructions to extend or close the study. It is your responsibility to request an extension for the study if it is not yet complete, to close the protocol file when the study is complete, and to make certain that the study is not conducted beyond the expiration date.

If applicable, agency approval letters must be submitted to the IRB upon receipt prior to any data collection at that agency. A copy of the approved consent form with the IRB approval stamp is enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. A copy of the signed consent forms must be submitted with the request to close the study file at the completion of the study.

Any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any adverse events or unanticipated problems. All forms are located on the IRB website. If you have any questions, please contact the TWU IRB.

cc.   Dr. Claire Sahlin, Women's Studies
      Dr. AnaLouise Keating, Women's Studies
      Graduate School

APPENDIX B

Recruitment Poster

"GIRL INCARCERATED: STORIES OF RESILIENCE IN A JUVENILE DETENTION CENTER" RESEARCH STUDY

WHAT WE ARE STUDYING
- Justice–involved girls' understanding of their paths to incarceration.
- Incarcerated girls' experiences of incarceration.
- The strategies girls have developed to stay resilient (able to withstand or recover quickly from difficult conditions) prior to and during incarceration.

WHO WE NEED
- Girls ages 13-17 who are currently experiencing incarceration.

STUDY DETAILS
- Participants will complete several interviews with a researcher on weekends during visitation hours.
- Each interview will last approximately 1-2 hours and up to 5 interviews may be conducted with each participant on different weekends.
- Participants will answer questions about their life before incarceration, their experiences while incarcerated, and the ways they stay resilient.
- Participants will select code names to protect their confidentiality.
- ❖ Participation is voluntary.
- ❖ Participation/nonparticipation will not affect treatment or status at the facility.

RISK
- Discomfort with some questions (you may choose not to answer).
- Loss of confidentiality (will be protected to the maximum extent of the law).
- Loss of time (you can quit at any time).

REWARD
- Opportunity to tell your story and share your perspective.
- A snack and drink will be provided by the researcher for all interviews.
- Your thoughts may inform people's opinions and decision-making regarding the juvenile justice system after publication.

IF INTERESTED
Contact Allison Davis, MA, MS, LPC by writing a request form, calling ###/###-#### or writing to Texas Woman's University, P.O. Box 425557, Human Development Building Suite 307, Denton, Texas 76204-5557

This project has been reviewed by the Texas Woman's University's Institutional Review protecting human subjects.

APPENDIX C

Adolescent Participant Assent Form

TEXAS WOMAN'S UNIVERSITY
DENTON • DALLAS • HOUSTON   **www.twu.edu**

TEXAS WOMAN'S UNIVERSITY
ADOLESCENT (Ages 13-17) ASSENT TO PARTICIPATE IN RESEARCH

Title: Girl Incarcerated: Stories of Resilience from a Juvenile Detention Center

Investigator: Allison Davis, MA, MS, LPC.…..……………..............................###/###-####
Advisor: AnaLouise Keating, PhD.……………………...................................940/898-2129

You are asked to participate in a research study for Ms. Allison Davis's dissertation at Texas Woman's University in Denton, Texas.

You were selected as a possible participant in this study because you are a female adolescent currently experiencing incarceration. Your participation in this research is voluntary.

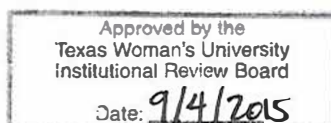**Why is this study being done?**

This study is being done to better understand justice–involved girl's experiences of incarceration, paths to incarceration, and the wellness strategies they have developed to stay resilient (able to withstand or recover quickly from difficult conditions) prior to and during incarceration.

What will happen if I take part in this research study?

Please talk this over with your parent(s) and legal guardian before you decide whether or not to participate. We will also ask your parent(s) and Juvenile Probation Officer to give their permission for you to take part in this study. But even if they say "yes" you can still decide not to do this.

If you volunteer to participate in this study, you will be asked to do:

- Participate in 1-5 interviews about your involvement in the juvenile justice system and the ways you have remained resilient through the challenges associated with this involvement.

- Answer questions about your experiences in juvenile jail/detention, such as: "What are everyday interactions between you and staff like on a day-to-day basis?"

- Answer questions about life and juvenile justice system involvement prior to incarceration. You will be asked questions about your life at home such as, "Who are your friends? What do you do together? What individuals did you spend the most

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time with right before you came to placement?"

- Meet for up to 10 hours with Ms. Allison in a classroom within the facility on the weekend during regular visiting hours. Each interview will last no longer than two hours and interviews will be separated by a period of at least 5 days.

- In collaboration with Ms. Allison, decide on a code name for you to use during the interview. The interview will be audio recorded and then written down so that the researchers can be accurate when studying what you have said.

How long will I be in the research study?

Participation will take a total of about 1-10 hours over the course of 8 weeks.

Are there any potential risks or discomforts that I can expect from this study?

- You will be asked questions about your experiences in the juvenile justice system prior to and during incarceration. These questions may include topics of a sensitive nature. A possible risk in this study is psychological/emotional discomfort such as anxiety, sadness, embarrassment, and regret caused by these questions. If you become tired or upset while being interviewed you may take breaks as needed. You may also stop answering questions at any time and end the interview without questions or penalty. Since you are under the care of a licensed mental health professional during your placement at Hays County Juvenile Center, Ms. Allison can make an immediate referral to your counselor if you would like to talk to a professional about your discomfort.

- Another risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. Although certain information may be disclosed to other parties, including if you report being suicidal, being homicidal, or any instance of child abuse, all other information you share during the interview will be kept private and confidential. The interview will be held in a private location and you will be called out for "visitation" by facility staff. A code name you decide on with Ms. Allison, not your real name, will be used during the interview. No one but Ms. Allison will know your real name. The tapes and the written interview will be stored in a locked file cabinet in the Ms. Allison's home office. Only Ms. Allison or her advisor will hear the tapes or read the written interview. The tapes and the written interview will be shredded and deleted within 5 years after the study is finished. The results of the study may be reported in a journal or book but your name or any other identifying information will not be included.

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Texas Woman's University
Institutional Review Board
Date: 9/4/2015

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- Finally, a risk in this study is the loss of your time. Ms. Allison will be well prepared for any and all interviews in order to minimize the loss of time. You may also take breaks and withdraw at any time without questions or penalty if you would prefer to be doing something else. Interviews shall not interfere with the child's visitation.

Are there any potential benefits if I participate?

You may benefit from the study by feeling positively about sharing your story. Some research participants report feeling a sense of purpose, empowerment, and even healing when they participate in research studies of this nature.

Will I receive any payment if I participate in this study?

You will receive no payment for participation in this study. However, the facility has approved interviewees to receive a drink and a snack from the facility vending machines (as is allowed during any weekend visit) during interviews to reduce the burden of their participation.

Will information about me and my participation be kept confidential?

Any information that is obtained in connection with this study and that can identify you will remain confidential. It will be disclosed only with your permission or as required by law. As previously discussed, confidentiality will be maintained through the use of a code name you decide on with Ms. Allison, not your real name, in all interviews. No one but Ms. Allison will know your real name. The tapes and the written interview will be stored in a locked cabinet in Ms. Allison's home office. Only Ms. Allison and her advisor will hear the tapes or read the written interview. The tapes and the written interview will be shredded and deleted within 5 years after the study is finished. The results of the study may be reported in a journal or book but your name or any other identifying information will not be included. The principal investigator will only share records if required to do so by a court order.

Withdrawal of participation by the investigator

The investigator (Ms. Allison) may withdraw you from participating in this research if circumstances arise which warrant doing so. If your counselor, parent(s), or legal guardian believes your participation in this study is harming you in any way, you may have to drop out, even if you would like to continue. Ms. Allison will make the decision and let you know if it is not possible for you to continue. The decision may be made to protect your health and safety.

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What are my rights if I take part in this study?

You may withdraw your assent at any time and discontinue participation without penalty or loss of benefits to which you were otherwise entitled.

You can choose whether or not you want to be in this study. If you volunteer to be in this study, you may leave the study at any time without consequences of any kind. You are not waiving any of your legal rights if you choose to be in this research study. You may refuse to answer any questions that you do not want to answer and still remain in the study.

Who can answer questions I might have about this study?

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

 You will be given a copy of this signed and dated consent form to keep. If you have any questions, comments or concerns about the research, you can talk to the one of the researchers. Please contact Allison Davis by writing a request form or calling ###/###-#### or AnaLouise Keating, PhD by calling 940/898-2129 or writing her at Department of Women's Studies, P.O. Box 425557, Human Development Building Suite 307, Denton, Texas 76204-5557.

If you wish to ask questions about your rights as a research participant or if you wish to voice any problems or concerns you may have about the study to someone other than the researchers, please call the Texas Woman's University Office of Research and Sponsored Programs at 940/898-3378 or write to Office of Research & Sponsored Programs, Texas Woman's University, PO Box 425619, Denton, TX 76204-5619.

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SIGNATURE OF STUDY PARTICIPANT

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____
Name of Participant

_____   _____
Signature of Participant   Date

SIGNATURE OF PERSON OBTAINING ASSENT

In my judgment the participant is voluntarily and knowingly agreeing to participate in this research study.

_____   _____
Name of Person Obtaining Assent   Contact Number

_____   _____
Signature of Person Obtaining Assent   Date

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APPENDIX D

Juvenile Probation Officer Consent Form

TEXAS WOMAN'S UNIVERSITY
LEGAL GUARDIAN (JUVENILE PROBATION OFFICER) PERMISSION
FOR MINOR TO PARTICIPATE IN RESEARCH

Title: Girl Incarcerated: Stories of Resilience from a Juvenile Detention Center

Investigator: Allison Davis, MA, MS, LPC………….…...............................###/###-####
Advisor: AnaLouise Keating, PhD……………………......................................940/898-2129

Allison Davis, MA, MS, LPC, Doctoral Candidate in the Women's Studies Department at the Texas Woman's University in Denton, Texas is conducting a research study.

A child under your care was selected as a possible participant in this study because she is a female adolescent currently experiencing incarceration. This child's participation in this research study is voluntary.

Why is this study being done?

This study is being done to better understand justice–involved girl's experiences of incarceration, paths to incarceration, and the wellness strategies they have developed to stay resilient (able to withstand or recover quickly from difficult conditions) prior to and during incarceration.

What will happen if this child takes part in this research study?

If you agree to allow this child to participate in this study, she will be asked to:

• Participate in 1-5 interviews about her involvement in the juvenile justice system and the ways she has remained resilient through the challenges associated with this involvement.

• Answer questions about your experiences in juvenile jail/detention, such as: "What are everyday interactions between you and staff like on a day-to-day basis?"

• Answer questions about life and juvenile justice system involvement prior to incarceration. She will be asked questions about her life at home such as, "Who are your friends? What do you do together? What individuals did you spend the most time with right before you came to placement?"

• Meet for up to 10 hours with the researcher in an office within the facility on the weekend during regular visiting hours. Each interview will last no longer than two hours and interviews will be separated by a period of at least 5 days.

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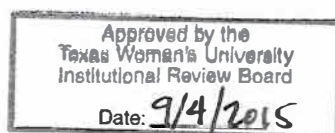
- In collaboration with the researcher, decide on a code name for her to use during the interview. The interview will be audio recorded and then written down so that the researchers can be accurate when studying what you have said.

How long will this child be in the research study?

Participation will take a total of about 1-10 hours over the course of 8 weeks.

Are there any potential risks or discomforts that this child can expect from this study?

- This child will be asked questions about her experiences in the juvenile justice system prior to and during incarceration. These questions may include topics of a sensitive nature. A possible risk in this study is psychological/emotional discomfort such as anxiety, sadness, embarrassment, and regret caused by these questions. If this child becomes tired or upset while being interviewed she may take breaks as needed. She may also stop answering questions at any time and end the interview without questions or penalty. Since this child is under the care of a licensed mental health professional during her placement at Hays County Juvenile Center, the researcher can make an immediate referral to her counselor if she would like to talk to a professional about her discomfort.

- Another risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. Although certain information may be disclosed to other parties, including if this child reports being suicidal, being homicidal, or any instance of child abuse that has not been reported to CPS, all other information shared during the interview will be kept private and confidential. The interview will be held in a private location and this child will be called out for "visitation" by facility staff. A code name the child decides on with the researcher, not her real name, will be used during the interview. No one but the researcher will know her real name. The tapes and the written interview will be stored in a locked file cabinet in the researcher's home office. Only the researcher and her advisor will hear the tapes or read the written interview. The tapes and the written interview will be shredded and deleted within 5 years after the study is finished. The results of the study may be reported in a journal or book but her name or any other identifying information will not be included.

- Finally, a risk in this study is the loss of the child's time. The researcher will be well prepared for any and all interviews in order to minimize the loss of time. The child may also take breaks and withdraw at any time without questions or penalty if she

Approved by the
Texas Woman's University
Institutional Review Board
Date: 9/4/2015

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would prefer to be doing something else. Interviews shall not interfere with the child's visitation.

Are there any potential benefits to the child if she participates?

The child may benefit from the study by feeling positively about sharing her story. Some research participants report feeling a sense of purpose, empowerment, and even healing when they participate in research studies of this nature.

Will the child be paid for participating?

The child will receive no payment for participation in this study. However, the facility has approved interviewees to receive a drink and a snack from the facility vending machines (as is allowed during any weekend visit) during interviews to reduce the burden of their participation.

Will information about the child's participation be kept confidential?

Any information that is obtained in connection with this study and that can identify the child will remain confidential. It will be disclosed only with your permission or as required by law. As previously discussed, confidentiality will be maintained through the use of a code name the child decides on with the researcher, not her real name, in all interviews. No one but the researcher will know her real name. The tapes and the written interviews will be stored in a locked cabinet in the researchers home office. Only the researcher and her advisor will hear the tapes or read the written interview. The tapes and the written interview will be shredded and deleted within 5 years after the study is finished. The results of the study may be reported in a journal or book but the child's name or any other identifying information will not be included. The principal investigator will only share records if required to do so by a court order.

What are my and the child's rights if she takes part in this study?

- You can choose whether or not you want this child to be in this study, and you may withdraw your permission and discontinue the child's participation at any time.
- Whatever decision you make, there will be no penalty to you or the child, and no loss of benefits to which you or the child were otherwise entitled.
- The child may refuse to answer any questions that she does not want to answer and still remain in the study.

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Institutional Review Board
Date: 9/4/2015

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Who can I contact if I have questions about this study?

The researchers will try to prevent any problem that could happen because of this research. Your child should let the researchers know at once if there is a problem and they will help your child. However, TWU does not provide medical services or financial assistance for injuries that might happen because your child is taking part in this research.

If you have any questions, comments or concerns about the research, you can talk to the one of the researchers. Please contact Allison Davis at ~~512/898-5220~~ or AnaLouise Keating at 940/898-2129.

If you have questions about the child's rights while taking part in this study, or you have concerns or suggestions and you want to talk to someone other than the researchers about the study, please call the Texas Woman's University Office of Research and Sponsored Programs at 940/898-3378 or write to Office of Research & Sponsored Programs, Texas Woman's University, PO Box 425619, Denton, TX 76204-5619.

You will be given a copy of this information to keep for your records.

SIGNATURE OF LEGAL GUARDIAN (JUVENILE PROBATION OFFICER)

_____
Name of Child

_____
Name of Legal Guardian

_____   _____
Signature of Legal Guardian   Date

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_____
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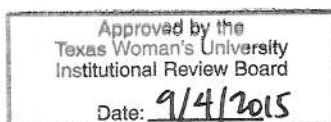
APPENDIX E

Parental Consent Form

TEXAS WOMAN'S UNIVERSITY
PARENT PERMISSION FOR MINOR TO PARTICIPATE IN RESEARCH

Title: Girl Incarcerated: Stories of Resilience from a Juvenile Detention Center

Investigator: Allison Davis, MA, MS, LPC..###/###-####
Advisor: AnaLouise Keating, PhD..940/898-2129

Allison Davis, MA, MS, LPC, Doctoral Candidate in the Women's Studies Department at the Texas Woman's University in Denton, Texas is conducting a research study.

Your child was selected as a possible participant in this study because she is a female adolescent currently experiencing incarceration. Your child's participation in this research study is voluntary.

Why is this study being done?

This study is being done to better understand justice–involved girl's experiences of incarceration, paths to incarceration, and the wellness strategies they have developed to stay resilient (able to withstand or recover quickly from difficult conditions) prior to and during incarceration.

What will happen if my child takes part in this research study?

If you agree to allow your child to participate in this study, she will be asked to:

- Participate in 1-5 interviews about her involvement in the juvenile justice system and the ways she has remained resilient through the challenges associated with this involvement.

- Answer questions about your experiences in juvenile jail/detention, such as: "What are everyday interactions between you and staff like on a day-to-day basis?"

- Answer questions about life and juvenile justice system involvement prior to incarceration. She will be asked questions about her life at home such as, "Who are your friends? What do you do together? What individuals did you spend the most time with right before you came to placement?"

- Meet for up to 10 hours with the researcher in a classroom within the facility on the weekend during regular visiting hours. Each interview will last no longer than two hours and interviews will be separated by a period of at least 5 days.

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Institutional Review Board
Date: 9/4/2015

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- In collaboration with the researcher, decide on a code name for her to use during the interview. The interview will be audio recorded and then written down so that the researchers can be accurate when studying what you have said.

How long will my child be in the research study?

Participation will take a total of about 1-10 hours over the course of 8 weeks.

Are there any potential risks or discomforts that my child can expect from this study?

- Your child will be asked questions about her experiences in the juvenile justice system prior to and during incarceration. These questions may include topics of a sensitive nature. A possible risk in this study is psychological/emotional discomfort such as anxiety, sadness, embarrassment, and regret caused by these questions. If your child becomes tired or upset while being interviewed she may take breaks as needed. She may also stop answering questions at any time and end the interview without questions or penalty. Since your child is under the care of a licensed mental health professional during her placement at Hays County Juvenile Center, the researcher can make an immediate referral to her counselor if she would like to talk to a professional about her discomfort.

- Another risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. Although certain information may be disclosed to other parties, including if you child reports being suicidal, being homicidal, or any instance of child abuse that has not been reported to CPS, all other information shared during the interview will be kept private and confidential. The interview will be held in a private location and your child will be called out for "visitation" by facility staff. A code name your child decides on with the researcher, not her real name, will be used during the interview. No one but the researcher will know her real name. The tapes and the written interview will be stored in a locked file cabinet in the researcher's office. Only the researcher and her advisor will hear the tapes or read the written interview. The tapes and the written interview will be shredded and deleted within 5 years after the study is finished. The results of the study may be reported in a journal or book but her name or any other identifying information will not be included.

- Finally, a risk in this study is the loss of your child's time. The researcher will be well prepared for any and all interviews in order to minimize the loss of time. Your child may also take breaks and withdraw at any time without questions or penalty if your

Approved by the
Texas Woman's University
Institutional Review Board
Date: 9/4/2015

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child would prefer to be doing something else. Interviews shall not interfere with the child's visitation.

Are there any potential benefits to my child if she participates?

Your child may benefit from the study by feeling positively about sharing her story. Some research participants report feeling a sense of purpose, empowerment, and even healing when they participate in research studies of this nature.

Will my child be paid for participating?

Your child will receive no payment for participation in this study. However, the facility has approved interviewees to receive a drink and a snack from the facility vending machines (as is allowed during any weekend visit) during interviews to reduce the burden of their participation.

Will information about my child's participation be kept confidential?

Any information that is obtained in connection with this study and that can identify your child will remain confidential. It will be disclosed only with your permission or as required by law. As previously discussed, confidentiality will be maintained through the use of a code name your child decides on with the researcher, not her real name, in all interviews. No one but the researcher will know her real name. The tapes and the written interviews will be stored in a locked cabinet in the researchers home office. Only the researcher and her advisor will hear the tapes or read the written interview. The tapes and the written interview will be shredded and deleted within 5 years after the study is finished. The results of the study may be reported in a journal or book but your child's name or any other identifying information will not be included. The principal investigator will only share records if required to do so by a court order.

What are my and my child's rights if she takes part in this study?

- You can choose whether or not you want your child to be in this study, and you may withdraw your permission and discontinue your child's participation at any time.
- Whatever decision you make, there will be no penalty to you or your child, and no loss of benefits to which you or your child were otherwise entitled.
- Your child may refuse to answer any questions that she does not want to answer and still remain in the study.

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Texas Woman's University
Institutional Review Board
Date: 9/4/2015

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Who can I contact if I have questions about this study?

The researchers will try to prevent any problem that could happen because of this research. Your child should let the researchers know at once if there is a problem and they will help your child. However, TWU does not provide medical services or financial assistance for injuries that might happen because your child is taking part in this research.

If you have any questions, comments or concerns about the research, you can talk to the one of the researchers. Please contact Allison Davis at ~~312/898-5220~~ or AnaLouise Keating at 940/898-2129.

If you have questions about your child's rights while taking part in this study, or you have concerns or suggestions and you want to talk to someone other than the researchers about the study, please call the Texas Woman's University Office of Research and Sponsored Programs at 940/898-3378 or write to Office of Research & Sponsored Programs, Texas Woman's University, PO Box 425619, Denton, TX 76204-5619.

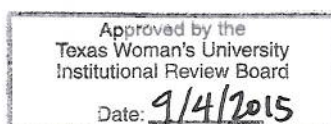*You will be given a copy of this information to keep for your records.*

SIGNATURE OF PARENT

_____

Name of Child

_____

Name of Parent

_____   _____

Signature of Parent   Date

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_____

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APPENDIX F

Round One Interview Guide

Round One Interview Guide: Experiences of Incarceration
(Justice-Involved Girls Experiencing Incarceration)

Introduction
- I'd like to talk with you about your experiences of incarceration. Can you tell me about being locked up? Describe it to me as if you were telling me a story.

Placement history
- How old are you?
- Where are you from?
- How many placements in juvenile detention center centers or long-term secure facilities have you had?
- How long have you been locked up away from home this time?
- Why did you come to this placement?
- What are your charges? How many times did you violate probation?
- Did someone in your family advocate for you to be here? Did you have a choice about placement? How do you feel about that?

General
- Think of your experiences in the detention center. Describe a typical week.
- How do you keep track of things?
- How do you stay hopeful?
- What kind of challenges do you encounter? Can you give us examples of how you handle these challenges?
- What knowledge and skills helped you overcome these challenges? Where did you develop the knowledge and skills to find a solution?
- How do others respond to you doing that?
- Think about a recent challenge that you successfully overcame. How did you feel about that? What was significant about this to you?
- What bothers you most about being locked up? How do you cope?

Relationships
Staff
- Tell me about your interactions with staff and facility employees. What are interactions between you and staff like on a day-to-day basis?
- How do you feel about these interactions?
- Do these interactions help or hurt your progress toward your goal? How?
- Has your approach to staff changed over time? What motivated this change?
- If you were in charge, how would you instruct the staff to interact with the residents? How do you think this change would affect the environment of the facility?

Residents
- Describe your interactions with other girls.

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- How do girls support one another? Can you give me a recent example?
- How do girls hurt one another? Can you tell me about a time when you were hurt by another girl? How did you respond? Do you wish you could have responded differently?

Family
- What is your relationship with your family like now that you are locked up?
- How is this different than before you came to placement?
- How do you stay connected with your family?
- How does your family support you while you are here?
- What do you think your relationship with your family will be like when you go home?

Rehabilitation
- What aspects of being locked up do you think has been most useful in helping you reach your goals? How do you respond to having help?
- Most unhelpful? How do you respond to these potential setbacks? How do other people handle these potential setbacks?
- Have you had difficult experiences in your life you feel like you could use help in working through? Can you provide an example?
- How does that difficult experience affect you today?
- How has being locked up helped you deal with the difficult experiences in the past? What has helped the most?
- How does being locked up make it difficult to deal with what has happened?
- What has been the biggest challenge? How do you cope?

Safety
- Tell me about safety problems in the facility. Describe a time when you felt unsafe.
- Under what circumstances does this kind of problem arise? How often does this problem occur?
- Which places are most affected by this kind of safety problem?
- What safety problems bother you the most? Other girls? Can you give me some examples?
- What do you do to keep yourself safe? How do other girls respond to feeling unsafe?

Mental health
- Have you gotten healthier since you have come here? How?
- Unhealthier? Can you give me some examples?
- What do you think contributes most to you feeling happy and healthy?
- What do you think contributes most to you feeling sad or angry and unhealthy?

- Do you learn about and practice ways of being healthier while in placement? Do you think you will take these lessons home? Why or why not?
- When have you felt supported in becoming healthier in placement? Can you expand a little on this?

Resilience in Misbehavior
- When DON'T you think you've coped well or moved toward their goal while in placement? What are some examples?
- Did your action protect you from anything? Did this response serve any part of you (i.e. such as releasing pent up frustration? standing up for yourself?)

Reentry
- What are your life goals when you go home? Have they changed since being in placement? Can you give some examples?
- How hopeful are you that you can reach your goals for yourself? What strengths do you have to help you be successful?
- Have any experiences in placement prepared you for success when you go home?
- If you had a magic wand, what would your ideal life be like when you get home?
- How might your probation department help you accomplish your goals? Your family? Staff at this facility?

Conclusion
- What comments or questions do you have for me? Is there anything you would like me to explain? What would you like to tell me that you've thought about during this interview?
- Are you interested in being interviewed again regarding your life before you came to placement?

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APPENDIX G

Round Two Interview Guide

Round Two Interview Guide: Life History and Pathways
(Justice-Involved Girls Pathways to Incarceration)

Introduction
- I'd like to find out about your life history. Could you tell me about it? Describe it to me as if you were telling me your life story.

History of parents and grandparents
- Tell me about your parents' lives.
- What can you tell me about your grandparents' lives?
- Where was your family originally from?
- What did your parents do for a living? Did you contribute to the family income or help parents in their work in any way?
- What was your parents' religious background? How was religion observed in your home?
- What were your parents' political beliefs? What political organizations were they involved in?
- What other relatives did you have contact with growing up?
- What do you remember about your grandparents?
- What stories did you hear about earlier ancestors whom you never knew?

Early childhood (before school)
- When and where were you born?
- What do you know about yourself as a baby.
- What was your mother's pregnancy like?
- Were there any family stories or jokes about what you were like as a child?
- What are your earliest childhood memories?
- What do you remember or know about major early events in your life - like eating habits, walking, talking, and toilet training?
- Were there any stresses in your family at that time?

Family
- How many children were in the family, and where were you in the line-up?
- Tell me about your brothers and sisters (age, education, marital status, their relationship with the interviewee).
- Describe what your siblings were like. Who were you closest to?
- How would you describe the personalities of the people in your family?
- What role did each parent take in raising you?
- Were there any emotional problems in the family, or conflicts between family members?
- Did your family ever move? What was that like?
- What is the ethnic background of your family?
- What has been your religious upbringing, and your attitudes about religion?

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- Describe your own family. (relationship with children, how children relate to each other and spouse, typical activities, etc.)
- Describe the house you grew up in. Describe your room.
- What were your family's economic circumstances? Do you remember any times when money was tight? Do you remember having to do without things you wanted or needed?
- What were your duties around the house as a child? What were the other children's duties? How did duties break down by gender?
- When did you learn to cook and who taught you? Were there any special family foods or recipes? Do you still make any traditional family foods?
- What activities did the family do together?
- What did you do on Christmas? Thanksgiving? Birthdays? Other holidays?

Early school years
School
- What were your early years in school like?
- Do you remember the very first day of school?
- What was school like for you? What did you like about it? What was hard about it for you?
- How did you do at schoolwork through the years?
- What were your relationships like with your teachers and schoolmates?

Friends and interests
- What did you do in your spare time?
- Who were your friends and what did you do when you got together?
- Did you have any hobbies?
- Favorite stories? Favorite games or make-believe? Favorite toys?
- What did you want to be when you grew up?

Community
- Describe the community you grew up in.
- Describe your neighborhood.
- Where did you shop? How far away were these shops and how did you get there?
- What's the largest town or city you remember visiting when you were young? Can you describe your impressions of it?

Teenage years
Changes in Family
- How did your relationship with your parents change when you became a teenager?
- If you had conflict with them, what was it over?
- Did you have chores around the house? What were they?

School
- What are your favorite subjects? Particular interests?
- What are your least favorite subjects?
- Have you had any memorable teachers? Describe their teaching style. How did they influence you?

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- Was it okay for girls to be smart at your school?
- What are the different groups at your school? Where do you belong? How do you think others perceive you?
- Are you involved in any extracurricular activities? What are they? How does being involved in them make you feel?
- What are your plans when you finish school? Education? Work?
- What do your parents think of your plans? What do your friends think? What do your friends plan to do?
- Do boys and girls in the family have different plans/expectations?

Work
- Have you had jobs during your teenage years? Doing what?
- Did you contribute to the family income? If not, how did you spend your money?
- Did your work inside or ourside of the home affect your other responsabilities? How? Can you tell me about a time when work interfered with school?

Social life
- Who were your friends? What did you do together? What individuals did you spend the most time with right before you came to placement?
- Was your group of friends single-sex, or did it include both boys and girls?
- Were many of your friends involved with juvenile probation?
- At what age did you begin dating? What kinds of activities did you do on dates? Describe your first date.
- What was your parents' advice/rules related to dating/contact with boy/girlfriends? Did they give you a "birds and bees" lecture? Did you get teaching on this in church or school? What was it?
- What were your peer group's norms with regard to dating and relationships?
- What were your hobbies/interests? What books did you read? What music did you listen to? What sports did you play? What crafts did you participate in?

Significant relationships
- Are you or have you ever been in a serious relationship?
- When and where did you meet? What drew you to him/her?
- When and how did you decide to be together?
- What was originally the most difficult thing for you about being in a relationship? What was most satisfying?
- What advice would you give to someone today who was contemplating a serious relationship?
- Are you and her/him still together? If not, tell me about your breakup. Why did the breakup happen?
- How is s/he affected by you being away in placement?
- Have you been away from one another before? How long? Did it change your relationship in any way?

Children (if applicable)
- Describe the birth of your child.

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- What was s/he each like when they were younger?
- What was your relationship with him/her like when they were young? Now?
- What activities does the family do together?
- What family traditions did you try to establish?
- Does your family have any heirlooms or objects of sentimental value? What is their origin, and how have they been passed down?
- What is most satisfying to you about raising a child? What is most difficult?
- What values are you trying to raise your child with? How did you go about doing that?
- What forms of discipline did you use and why?
- What are you worried about being away from your child?

Juvenile justice involvement
- Describe your involvement with the juvenile justice system.
- How old were you when you were first arrested? What was it for?
- How many times have you been arrested since?
- What are your goals to get off probation? How have you stayed out of legal trouble in the past?
- What challenges do you face when you are at home in regards to staying out of trouble? How do you plan on overcoming them?
- How have your interactions with other people changed since being involved with the system

Overview and Evaluation
- What has provided you the greatest satisfaction in life?
- What do you see as your gift to the world?
- How would you say the world has changed since you were younger?

Conclusion
- What comments or questions do you have for me? Is there anything you would like me to explain? What would you like to tell me that you've thought about during this interview?
- Are you interested in being interviewed again regarding your life before you came to placement?

APPENDIX H

Permission for use of CD-RISC Scale 25

Dear Allison:

Thank you for your interest in the Connor-Davidson Resilience Scale (CD-RISC). We are pleased to grant permission for use of the CD-RISC in the project you have described under the following terms of agreement:

1. You agree not to use the CD-RISC for any commercial purpose, or in research or other work performed for a third party, or provide the scale to a third party. If other off-site collaborators are involved with your project, their use of the scale is restricted to the project, and the signatory of this agreement is responsible for ensuring that all collaborators adhere to the terms of this agreement.

2. You may use the CD-RISC in written form, by telephone, or in secure electronic format whereby the scale is protected from unauthorized distribution or the possibility of modification. **In all presentations of the CD-RISC, including electronic versions, the full copyright and terms of use statement must appear with the scale. The scale should not appear in any form where it is accessible to the public, and should be removed from electronic and other sites once the project has been completed.**

3. Further information on the CD-RISC can be found at the www.cd-risc.com website. The scale's content may not be modified, although in some circumstances the formatting may be adapted with permission of either Dr. Connor or Dr. Davidson. If you wish to create a non-English language translation or culturally modified version of the CD-RISC, please let us know and we will provide details of the standard procedures.

4. Three forms of the scale exist: the original 25 item version and two shorter versions of 10 and 2 items respectively. When using the CD-RISC 25, CD-RISC 10 or CD-RISC 2, whether in English or other language, please include the full copyright statement and use restrictions as it appears on the scale.

5. A fee of $ 30 US is payable to Jonathan Davidson at 3068 Baywood Drive, Seabrook Island, SC 29455, USA, either by PayPal (at: mail@cd-risc.com), cheque, bank wire transfer (in US $$), international money order or Western Union.

6. Complete and return this form via email to mail@cd-risc.com.

7. In any publication or report resulting from use of the CD-RISC, you do not publish or partially reproduce the CD-RISC without first securing permission from the authors.

If you agree to the terms of this agreement, please email a signed copy to the above email address. Upon receipt of the signed agreement and of payment, we will email a copy of the scale.

For questions regarding use of the CD-RISC, please contact Jonathan Davidson at mail@cd-risc.com. We wish you well in pursuing your goals.

Sincerely yours,

Jonathan R. T. Davidson, M.D.
Kathryn M. Connor, M.D.

Agreed to by:

Allison Davis MS, LPC _____ 12/10/15 _____ *Allison Davis MA-LPC*
Signature   (printed)   Date

Doctoral Candidate
Title

Texas Woman's University
Organization

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APPENDIX I

Permission for use of UCLA PTSD Reaction Index

BRETT LITTLEJOHN
FACILITY ADMINISTRATOR

BURLON PARSONS
ASSIST. FACILITY ADMINISTRATOR

JOEL WARE JR.
ASSIST. FACILITY ADMINISTRATOR

HAYS COUNTY JUVENILE CENTER

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512/393-5220 · Fax 512/393-5227

To Whom It May Concern:

At the time of the research study "Girl Incarcerated" conducted by Allison Davis through Texas Woman's University, the Hays County Juvenile Center had an active license for the use of the UCLA Child/Adolescent PTSD Reaction Index for DSM-5 registered through the Clinical Director Britney Watson. Ms. Davis used 9 administrations of this instrument under the facility's umbrella license from December 2014 through April 2015.

Sincerely,

Britney Watson, MS, LPC-S
Director of Counseling Services
Hays County Juvenile Center
(512) 393-5220 ext. 11211