

# An Ecological Model for Intervention for Juvenile Justice-Involved Girls: Development and Preliminary Prospective Evaluation

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## Abstract

Despite increased attention on girls' delinquency, evidence-based interventions have been largely lacking. We aim to (a) describe the design and implementation of a gender-specific program for juvenile justice-involved girls and (b) present prospective data on three cohorts of participants. Fifty-two girls were enrolled in the program called the Girls Advocacy Project (GAP). Key risk and protective factors were identified based on existing literature and assessed. Over time, youth reported greater resilience and self-efficacy; fewer risk behaviors, including violence, crime, and substance use; and decreased distress (e.g., depression, anxiety, and anger). Hypothesized program mechanisms and recommendations for future research are discussed.

## Keywords

intervention/treatment, advocacy, juvenile justice/delinquency, youth/adolescence

Adolescent girls exhibiting disruptive behaviors and externalizing psychopathology are at increased risk of physical and mental health problems, including violence and substance use, compared with their male counterparts (Moffitt, Caspi, Rutter, & Silva, 2001; Zahn, Hawkins, Chiancone, & Whitworth, 2008; Zahn et al., 2010). Girls' arrests for serious offenses (e.g., assault) have also increased more or decreased less than those for males over the course of the last two decades (Snyder & Sickmund,

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2006). These patterns represent a significant public health concern with well-known social sequelae including mortality, infertility, neighborhood disorganization, infant death, and intergenerational poverty (e.g., Bush-Baskette, 2004; Sharp & Marcus-Mendoza, 2001).

Despite these patterns and the continued rise in girls' arrests, the response to girls' antisocial behaviors and delinquency has been critiqued and characterized as largely inadequate (Belknap, 2010). Indeed, prominent among them has been a critique that youth programs neglect important gender-specific considerations and are tailored (if at all) toward the needs of boys (Bloom, Owen, Deschenes, & Rosenbaum, 2002; Chesney-Lind & Shelden, 2004; Zahn et al., 2008). This pattern suggests an overall paucity of gender-responsive programming for the largest growing segment of the juvenile justice population—young women.

Attention to these patterns has led to the emergence of greater research regarding system-involved girls' outcomes and needs (Belknap & Holsinger, 2006; Chesney-Lind & Pasko, 2004; Chesney-Lind & Shelden, 2004; Javdani, Sadeh, & Verona, 2011b; Zahn et al., 2010). Indeed, the Office of Juvenile Justice and Delinquency Prevention convened an interdisciplinary group to examine the evidence base with respect to the causes and correlates of girls' delinquency (e.g., Zahn et al., 2008). This report (Zahn et al., 2008) underscored two critical points: (a) Girls have distinct risk and protective factors that predict system involvement and (b) few gender-responsive programs target girls' needs. The Girls Advocacy Project (GAP), a strengths-based, youth-driven, advocacy intervention, was developed by building on the Community Advocacy Project (Sullivan & Bybee, 1999) and Adolescent Diversion (Davidson & Rapp, 1976) to address these disparities.

## **Girls' Pathways to Delinquency**

A number of characteristics and experiences seem to distinguish girls' pathways to delinquency from that of boys. These include early pubertal development, early childhood sexual victimization, association with older romantic partners, and comorbid experience of internalizing symptoms, such as depression and anxiety (Belknap & Holsinger, 2006; Javdani, Sadeh, & Verona, 2011a; Zahn et al., 2008; Zahn et al., 2010). Beyond the experience of particular risk factors, it has been argued that girls' delinquency emerges in a gendered social context characterized as particularly oppressive for young women, including through lower access to social resources and exposure to victimization across the life span (Bloom, Owen, Rosenbaum, & Piper, 2003; Chesney-Lind, 1989; Javdani, 2013; Javdani et al., 2011a, 2011b; see also J. Miller, 2008). In tandem, these factors can promote a high-risk environment for delinquency, including through commission of status (e.g., running away, truancy) and violent (e.g., assault) offenses.

In addition to having a unique constellation of risk, girls may also be characterized by unique factors that can protect against delinquency. Among the most notable include support from a caring adult, academic success, and school connectedness (Zahn et al., 2008; Zahn et al., 2010). While these can also serve as protective factors

for boys' delinquency, they are particularly protective for girls (Zahn et al., 2010) and underscore the benefits of developing individual (e.g., with a caring adult) and community-based (e.g., within school) relationships to protect against delinquency. The importance of girls' connections with individuals and key proximal contexts (e.g., peers, schools) are also reflected in research suggesting the critical role that relationship formation plays for girls' engagement in disruptive behaviors, especially during mid adolescence (Bardone, Moffitt, Caspi, Dickson, & Silva, 1996; Hinshaw & Kranz, 2010; Werner & Crick, 2004); a link demonstrated prospectively (e.g., Bardone et al., 1996; Javdani, Rodriguez, Nichols, Emerson, & Donenberg, 2014).

Finally, girls' pathways to delinquency are also influenced by the response of the juvenile justice system itself, including through implementation of policies and practices that may affect girls differently than boys (Chesney-Lind, 1989; Chesney-Lind & Pasko, 2004; Chesney-Lind & Shelden, 2004; Javdani, 2013; Javdani et al., 2011b). Evidence indicates that particular types of behaviors, including status offenses, drug use, and perpetration of intimate partner violence result in girls' formal system involvement at disproportionately greater rates as compared with boys (Javdani et al., 2011b). The formal response levied by the justice system may thus be characteristically different for girls, especially as this system was historically designed to serve a predominantly male population (Chesney-Lind & Shelden, 2004). These patterns have been described by criminologists studying women and girls' offending for the last two decades (e.g., Bloom, 1998; Chesney-Lind, 1989; Kruttschnitt, 1996) and serve to underscore the difficulty that girls have in navigating their involvement in the justice system. Indeed, delinquent girls become extensive users of the juvenile and criminal justice systems into adulthood, sometimes without the commission of other crimes (e.g., through technical violations of probation; Bloom, 1998).

## **Gender-Responsive Programming: Current Disparities and Design Recommendations**

Despite mounting evidence suggesting that girls' disruptive behavior problems and subsequent delinquency are areas of growing concern, there are few gender-responsive intervention programs for girls (Bloom & Covington, 2001; Chesney-Lind & Okamoto, 2001). According to data from the Office of Juvenile Justice and Delinquency Prevention's Model Program Guide, only 13 programs exist that are designed for female offenders, representing about 6% of total programs. Moreover, of these programs, all but two are characterized as exclusively prevention programs, underscoring a need for the development of interventions for girls at high risk of disruptive behavior disorders. Data from a national research collaborative, called the Girls Study Group, suggest a similar landscape—nationally, there are no more than 26 programs designed specifically for female offenders, most are characterized as prevention efforts only, and none meet the criteria for effectiveness.

A recent review of gender-responsive programs for girls with disruptive behavior problems describes nine gender-specific interventions (Zahn, 2009; also see National Girls Institute). These programs vary in the specific population of girls they target

(e.g., Girl's Educational and Mentoring Services [GEMS], sex trafficking; Reaffirming Young Sister's Excellence, adjudicated African American girls) and the settings in which programs are implemented (e.g., Working to Insure and Nurture Girls' Success [WINGS], intensive home and family context; Girls Circle, support group). These studies, as well as other research-based and government-led study groups, have suggested several program elements that characterize a promising and gender-responsive approach for girls (Acoca & Dedel, 1998; Cauffman, 2008; Chesney-Lind & Shelden, 2004; Maniglia, 2003; Zahn, 2009; Zahn et al., 2010).

Chief among such recommendations are that female-responsive programs be *relational*, including by building and supporting healthy romantic and non-romantic relationships; *restorative*, through helping girls navigate the justice system with attention to their trauma and victimization histories; *socio-culturally* anchored through attending to girls' multiple marginalities that arise by virtue of their gender, age, race, and class; *individualized* and tailored to meet the needs of a heterogeneous group of young women; and *multi-level* by design, such that girls' individual, peer, family, community, and multiple system involvements (e.g., child welfare, school, juvenile justice) are targeted. In addition to these intervention characteristics, several innovative program models for youth delinquency across genders have highlighted the importance of designing programs to be *community-based* and *strengths-based* (Larson, 2000; Lerner, Phelps, Forman, & Bowers, 2009). That is, programs characterized as most effective are those that "think outside the box" through providing flexible services to youth in their natural communities (community-based), moving away from deficit-oriented approaches, and focusing on promoting developmental assets (positive development).

These intervention elements are supported by two theoretical frames. The first is ecological theory (Bronfenbrenner, 1992), which asserts that multiple levels of analysis shape human behavior; from individual biology to proximal social environments (family, schools, communities) as well as distal environments (socio-cultural realities, policies, economic realities). Bronfenbrenner's theory has been buoyed by decades of empirical support including as it relates to the many factors affecting girls' risk of juvenile delinquency (Caspi, Lynam, Moffitt, & Silva, 1993; Javdani, 2013). As an extension of this theoretical framework, the intervention was developed to actively intervene with girls' proximal social environments to change the conditions of their lives with the aim of decreasing risk and increasing protective factors.

The second core framework supporting this approach to intervention is empowerment theory. Empowerment theory posits that individuals, groups, and communities experience greater well-being when they have *more* control over their lives (Rappaport, 1981). Disenfranchised groups, youth among them, often have less decision-making control over facets of their lives that directly affect them. In the intervention, decision-making authority regarding the focus of the intervention and the specific direction(s) it will take is entirely driven by the girls being served. This is essential given that girls have clearly articulated what they would like to see in an intervention (Belknap, Gaarder, Holsinger, McDaniels Wilson, & Cady, 2011). This follows the tradition of feminist studies that have amplified the voices of justice-involved girls and women

and incorporate the explicit orientation that they are the experts in their own lives. Indeed, qualitative studies with female offenders have elucidated the ways in which help-seeking behaviors by girls trying to escape abuse are often criminalized, creating social binds that systematically limit girls' opportunities for escaping victimization and criminal justice involvement (Belknap 2001). Using a model that emphasizes girls' choice has also gained traction in the context of gender-responsive approaches to probation, where gender-responsive service delivery theoretically has the explicit aim of challenging gender stereotyping and oppression (Belknap & Holsinger, 2006; Morash, 2010).

## **Program Design: The GAP**

In response to program disparities for juvenile justice-involved girls, and their increasing arrest and incarceration rates, the GAP was developed, manualized (Javdani & Allen, 2012), and prospectively evaluated for three cohorts of girls with disruptive behavior problems. The authors developed this intervention by adapting existing, empirically supported models (described below) and were responsible for the development of a manual tailored to the adapted intervention with an explicit focus on girls. The central goal of the program, and a distinguishing feature compared with other programs reviewed in the current literature (e.g., Zahn, 2009), is its focus on strengthening girls' contexts. Specifically, a key feature of the GAP is to systematically and comprehensively identify and attain community resources in a way that is driven by girls' needs and rights, that targets multiple contexts and systems, and that is based on their individual and environmental strengths and assets. Several extant research and intervention efforts guided the design of the GAP. Key among them is ecologically based approach from the field of community psychology.

### ***Community-Based Advocacy***

Grounded in the concepts of evidence-based ecological intervention approaches for youth being diverted from formal system involvement (Adolescent Diversion, see Davidson & Rapp, 1976; Smith, Wolf, Cantillon, Thomas, & Davidson, 2004) and female survivors of domestic violence (Community Advocacy Project, see Sullivan, 1997; Sullivan & Bybee, 1999), the GAP is designed to incorporate specific community-based advocacy tenets and intervention components. These ecological approaches are particularly promising programs given compelling evidence, including through randomized control trial (RCT), that suggest they are effective in reducing risk (e.g., depression, experience of violence, future offending) and promoting well-being (e.g., safety, quality of life; see Smith et al., 2004; Sullivan & Bybee, 1999). Indeed, Sullivan and colleagues' community-based advocacy for survivors of domestic violence has been included in the Substance Abuse and Mental Health Services Administration's (SAMHSA) evidence-based practice registry, underscoring the utility and effectiveness of the four-phase advocacy model.

The GAP was based on the four-phase advocacy model developed by Davidson and colleagues. Specifically, the youth-driven principles from the Adolescent Diversion

Project (Davidson & Rapp, 1976; Smith et al., 2004) were combined with an explicit gender-salient framework grounded in an understanding of gender-based oppression from the community-based advocacy model employed with domestic violence survivors (Sullivan, 1997; Sullivan & Bybee, 1999). As such, the GAP was designed to be both youth-driven and responsive to gender-based power and oppression. In keeping with the ecological advocacy approach that centers on targeting important contexts (e.g., school, family, peer) through promoting access to needed resources, a central goal of the GAP is to “change girls’ contexts” in a way that promotes positive development and decreases their engagement with risk-enhancing contexts. The intervention is implemented by connecting girls with highly skilled, intensively trained advocates who engage in four overlapping phases of advocacy over the course of a 6-month intervention (described in more detail in *GAP Intervention Process*). Over the course of all phases, the GAP centralizes youth-driven, strengths-based, and community-centered tenets that characterize the ecological advocacy approach. Thus, girls are fully charged with “driving” their own intervention, meaning that they can set, modify, and introduce new goals (and therefore new resources to seek). Furthermore, every effort is made to systematically incorporate attention to girls’ existing and emerging strengths, and to mobilize resources that can enhance and take advantage of these strengths. Finally, every hour of intervention is conducted in girls’ natural community contexts, including homes, schools, and neighborhoods, or within formal systems of which they are a part (e.g., juvenile detention, child welfare, substance use).

### *Female-Responsive Services (FRS) Model*

GAP’s intervention design also incorporates and is highly consistent with several national recommendations for FRS for adolescent offenders (Maniglia, 2003). Notably, the GAP is an explicitly relationship-based approach to change, with advocates receiving intensive training on non-judgmental, emotionally supportive relationship building grounded in humanistic principles of empathic, non-directive communication (*relational*; Rogers, 1981). The focus of each relationship is also on identifying and promoting girls’ strengths and mobilizing resources to enhance these strengths (*strengths-based*). The GAP is also an inherently individualized approach, with advocates working with their clients for 6 to 8 hr per week and tailoring the intervention process to meet the unique needs of each girl across a diversity of need areas (*individualized*). The GAP also explicitly targets girls’ contexts, including informal (e.g., peer, family) and formal (e.g., school, juvenile justice system) ecological levels (*multi-level*; Javdani, 2013).

Importantly, the GAP model is also in keeping with feminist studies of girls’ treatment wants and needs (e.g., Belknap, Holsinger, & Dunn, 1997), which suggest that girls highly value respect (during and after incarceration) and fairness in obtaining privileges (e.g., in comparison with boys), report frustrating or degrading experiences when attempting to obtain services, and report a multitude of needs, including sex education, medical care, substance abuse, and mental health concerns (Belknap et al., 2011; Belknap et al., 1997). These considerations have been incorporated into

gender-responsive probation models, which demonstrate some success, and differ from probation “as usual” in that they have higher monitoring, incorporation of graduated sanctions, needs assessment, and multiple phases of treatment intervention, particularly for substance abusing women (Morash, 2010).

GAP advocates receive extensive training on girls’ unique pathways to delinquency, including the potential for girls to have experienced victimization, relationship violence, and unique motivations for engaging in behaviors (e.g., running away from home). These behaviors are interpreted through a socio-structural lens that locates girls’ experiences in a gendered social context and simultaneously recognizes the psychological sequelae of victimization (*restorative; socio-culturally anchored*). Furthermore, the GAP model allows for paraprofessionals, in this case college students, to be trained as advocates and work one-on-one with girls. This model has been underscored as a particularly promising approach for working with juvenile justice-involved girls (Holsinger & Ayers, 2004), because it is inherently relationship-based (Holsinger, 2012), has the potential to promote students’ critical consciousness (Holsinger & Ayers, 2004), and serves as a vehicle through which the university setting can positively affect the lives of incarcerated girls (Holsinger, 2008).

Indeed, based on research suggesting that frontline providers working with juvenile justice-involved girls often negatively label and stereotype their clients, advocate training explicitly targets these perceptions through training and weekly ongoing supervision. Indeed, girls have been negatively labeled by providers (Belknap et al., 1997) as “criers, liars, and manipulators” (Gaarder, Rodriguez, & Zatz, 2004), a category directly in contrast to the strengths-based empowerment approach invoked in advocacy. Advocate training directly addresses the potential for the presence of these stereotypes and emphasizes, instead, the promotion of strengths and capacities as fundamental components of the intervention. The ideas are reinforced weekly during ongoing supervision. In addition, it is important to note that there are no particular goals set by the program for an individual girl, and no assumptions about what girls should and should not do (i.e., there are no parallels to “terms of probation”). Thus, the GAP espouses a model, in which the program is accountable to meet the needs of each individual girl, rather than one in which individual girls are accountable to meet programmatic mandates. This is a key element of the program that differs from traditional and corrections-centered services, even more effective models such as gender-responsive probation (Morash, 2010). Finally, and though many advocates identify as White, middle-class university students (though there is more variation in terms of socio-economic status)—consistent with the undergraduate demographics of the university population—social justice training explicitly addressed cultural biases, with a focus on oppression and privilege.

## Present Study

The GAP was implemented in one county in a large Midwestern state over the course of 3 years. Girls were eligible to participate in the GAP, free of charge, if they ever reported contact with the juvenile justice system or law enforcement with the permission of their parent or guardian. Data were collected prospectively for each participant

at either two or three points in time to examine the extent to which girls demonstrated shifts in both positive and negative experiences and behaviors. In particular, key risk behaviors and experiences were examined, including those related to delinquency (i.e., crime), violence, sexual risk-related behaviors, anger, depression, and anxiety. Each of these risk factors have been related to health disparities for girls with disruptive behavior problems, and underscored as necessary targets of intervention (e.g., Zahn et al., 2010). Furthermore, experiences associated with perceived resilience and self-efficacy were assessed to examine the extent to which participation in the intervention was associated with greater perceived problem solving (also see data analytic plan for more detail).

A primary goal of this article is to describe a new curriculum based on evidence-based practices (e.g., community-based advocacy, Davidson & Rapp, 1976; Sullivan & Bybee, 1999) and guidelines set forth by the Office of Juvenile Justice and Delinquency prevention (e.g., the National Girls Institute) addressing an urgent social issue. Although results presented should be considered preliminary, strengths of the study include prospective data collection, examination of three intervention cohorts over the course of 3 years (e.g., to reduce internal validity threats related to history), and the innovative design of the intervention itself, targeted to an understudied population for whom disparities are on the rise. We note that though a traditional RCT design is not used in the current study, the intervention (a) is based on the four-phase advocacy program demonstrating efficacy in an RCT study (Sullivan & Bybee, 1999; Sullivan, Nguyen, Allen, Bybee & Juras, 2001) and recently included in the SAMHSA evidence-based practice registry, (b) builds on this advocacy model by incorporating key elements of nationally recommended FRS guidelines (Maniglia, 2003), and (c) investigates risk factors based on theoretically grounded and empirically supported models of female disruptive behaviors (Javdani et al., 2011a, 2011b). Furthermore, while an RCT is a critical next step for future research, evidence from the present study is particularly promising given that each key risk factor examined is expected to *increase* during the age periods examined for this population. Thus, threats to internal validity regarding maturation and regression toward the mean are highly unlikely during this developmental period for the population under study. Finally, repeated testing effects (over time) are likely minimized because of the nature of the intervention itself, which promotes relationship building and trust via trauma-informed principles of care, a process associated with reduced social desirability biases (Fisher, 1993). The lack of RCT design in this study cannot rule out threats to internal validity and we caution readers to refrain from making causal attributions; however, particular elements of the design, implementation, and evaluation of the GAP program lend credibility to the results presented.

## Method

### *Setting and Participants*

The current study involves data collected across the first 3 years of the program. During that time, 40 students were trained as advocates and worked with girls for an



average of 6 months. Girls were recruited directly through juvenile justice agencies, schools (e.g., through school social workers), and community-based agencies working with girls with disruptive behavior disorders. Girls were not mandated to participate in the intervention, and the only incentives provided were for completion of the Time 2 (T2) survey (US\$5) and the Time 3 (T3) interview (US\$10). To be included in the study, girls must have reported some contact with the juvenile justice system or law enforcement for disruptive behaviors. Every girl in the study had involvement with the juvenile justice system prior to enrollment in the program. Results of this study were shared with all advocates and community partners through distribution of a community newsletter and presentations at two community-based meetings, which included youth participants.

Fifty-two adolescent girls between the ages of 13 and 18 years ( $M = 15.2$ ,  $SD = 1.4$ ) participated in the GAP. Of these, all were invited to take part in the evaluation of the program, though participation in research was not required to receive services. In total, 51 girls and their respective parents/guardians (98%) agreed to participate in research, and 47 (90%) successfully completed the program and the longitudinal evaluation in its entirety (3 youth were not able to complete the full program because of longer term incarceration in the department of corrections for crimes committed prior to their enrollment in the GAP). The majority of girls identified as Black or African American (73%), most lived with at least one biological parent (75%), and about 9% had at least one child currently in their custody. Most girls had not yet completed a high school education (90.2%) and were enrolled in 7th through 12th grade, with the majority at a 9th- or 10th-grade education level (see Table 1). According to their own reports, girls had been arrested an average of about 3 times ( $SD = 1.96$ ), with a range of zero to nine arrests and were about 13 years of age upon coming to attention of authorities for committing their first offense ( $SD = 1.81$ ). Girls were also incarcerated in juvenile detention an average of about 3 times ( $SD = 2.52$ ) with a range of zero to nine incarcerations. The most common offense reported by girls was assault (60.8%), followed by status offenses (e.g., running away from home (13.9%), theft or property offenses (8.9%), and technical violations of probation (e.g., not complying with probation terms; 6.3%). About 10% of offenses were included in an "other" category that captured other minor (e.g., public drinking) as well as serious crimes (e.g., robbery); see Table 1.

Comparisons of GAP participants' reports on the Youth Risk Behavior Surveillance Survey (YRBSS) suggest they are significantly more likely to report engagement and injury in physical fights, dating violence, forced sexual intercourse, being threatened with weapons, suicide attempts, drug and alcohol use, early sexual activity, and engaging in unprotected sex. As such, they represent girls at the highest risk of continued incarceration and experience of health disparities around violence, sexual health, and substance abuse and dependence.

### *The GAP Intervention*

*Training of advocates.* Advocates were advanced female undergraduate students receiving course credit and were recruited from a large university. Every advocate attended

**Table 1.** Demographic Information and Program Fidelity and Satisfaction.

Demographic information	M (range)		SD
Age	15.23 (13-18)		1.41
	Categories		%
Ethnicity	White/Caucasian		21.2
	Black/African American		3.1
	Mixed ethnicity		5.8
Living with biological parent	Yes		75.0
	No		20.4
Any children	Yes		8.9
	No		91.1
Education	Less than high school		90/2
	High school diploma/GED		9.8
Juvenile justice involvement	M (range)		SD
Arrested	2.70 (0-9)		1.96
Probation	0.60 (0-5)		0.89
Detention	2.63 (0-9)		2.52
Age at first arrest	13.16 (10-16)		1.81
Offenses categories (%)	Assault		60.8
	Status offenses		13.9
	Theft/property		8.9
	Probation violation		6.3
	Other (e.g., robbery)		10.1
Victim relationship (%)	Family		11.7
	Friend/acquaintance		43.2
	Stranger		9.5
	No victim		35.6
Program fidelity	M	SD	Range
Overall fidelity	1.45	0.45	1.00-2.43
Community resources	1.46	0.46	1.00-2.50
Emotional support	1.48	0.55	1.00-3.00
Youth guided	1.38	0.41	1.00-2.25
Strengths-based	1.51	0.59	1.00-3.33
Importance of program characteristics			
Community resources	4.27	0.89	2.00-5.00
Emotional support	4.22	1.04	1.00-5.00
Youth guided	4.49	0.79	2.00-5.00
Strengths-based	4.33	0.98	1.00-5.00
Program satisfaction			
Overall program	1.49	0.64	1.00-3.67
Meeting goals overall	1.82	0.87	1.00-4.50
Meeting specific goals	1.77	0.77	1.00-4.00

Note. Program fidelity range from 1 = *strongly agree* to 5 = *strongly disagree*; importance of program characteristics range from 1 = *not at all important* to 5 = *very important*; and program satisfaction range from 1 = *extremely pleased* to 7 = *terrible*.

a mandatory orientation session before enrollment in a two-semester service-learning course. During the first semester, advocates participated in a 12-week intensive training emphasizing girls' pathways to delinquency, the history and structure of the juvenile justice system, adolescent development, empathy and active listening skills, crisis response skills, safety and mandatory reporting, and implementation of the four phases of advocacy (Javdani & Allen, 2012; Sullivan, Sutherland, & Allen, 2003). A particular emphasis of this training was on the unique risks for girls involved in the juvenile justice system, including the meanings and motivations of girls' violence (e.g., why girls might engage in fighting) and typical offenses (e.g., why girls might run away from home or be truant from school). This allowed advocates to be in tune with girls' unique needs and to engage in assessment and resource mobilization to target these needs. Upon completion of the training, and for the duration of the first and second semester, advocates were required to work 6 to 8 hr per week with and on behalf of a single female adolescent client. Over the course of engaging in their interventions, advocates continued to receive intensive supervision through participation in weekly supervision sessions, were provided weekly written supervision feedback, and received consistent access to supervisors (including a doctoral candidate course instructor [the first author], undergraduate student supervisors who were former advocates, and a PhD-level faculty director [the second author]).

Because the focus of the intervention was around increasing girls' access to community resources and making the community (including the systems in which girls were involved) more responsive to girls' needs and rights, every cohort of advocates also participated in intensive community reconnaissance to research existing local resources. Such resources included education, employment, housing, legal assistance, transportation, health care, material goods, financial assistance, extracurricular support, social support, and services for children. Every local resource targeting these need areas was contacted and a full assessment of their services was conducted and compiled in a GAP resource binder used to guide individual interventions.

**GAP intervention process.** Advocacy involves four phases (Javdani & Allen, 2012; Sullivan, 2011). During the assessment phase, advocates typically began the intervention by getting to know their clients and gathering information about clients' lives, goals, and contexts (e.g., peer dynamics). This information helped advocates understand what clients wanted to accomplish during the intervention period (e.g., enhance grades in school, successfully complete probation, obtain employment, join a sports team). Based on this informal and formal assessment, advocates and clients begin the second phase through collaboratively identifying areas of unmet need and mobilizing an array of resources tailored to meet these needs. Clients guided the process by choosing which resources were contacted and advocates helped to systematically make phone calls, arrange in-person meetings, and identify critical individuals who could enhance girls' chances of accessing the resources they needed. Next, in the third phase, each unmet need area was monitored to assess the extent to which resources served to meet girls' needs. In cases where an original resource was not sufficiently addressing needs, advocates and clients worked together to identify and mobilize new formal and

informal resources that could more effectively meet girls' needs. Finally, during the last phase, advocates intensify efforts to transfer "self-advocacy" skills. During this phase, advocates transferred skills and knowledge about advocacy and encouraged girls to take more active roles so they could implement advocacy on their own. This phase involved a psychoeducational component whereby advocates helped instruct girls on the phases and philosophy of advocacy, as well as an active component whereby girls became more involved in every aspect of the intervention (e.g., planning and leading meetings with probation officers, writing their own letters for juvenile court). It is important to note that advocacy phases were typically engaged simultaneously and in an individualized manner. For instance, assessment of unmet needs continued for the duration of the intervention and the transfer of self-advocacy skills began as soon as the first contact with a community resource was made.

Thus, though the advocacy model undergirding the intervention shares similarities with female-responsive programming and gender-responsive probation, it also includes notable differences from probation-based models. Specifically, though advocates in the program often work with probation officers, the goals of advocacy are much broader—indeed, our data suggest that girls report working on goals related to acquiring housing (30%), obtaining material goods (e.g., computers; 89%), health care (73%), education (e.g., tutoring; 70%), employment (41%), extracurricular and creative activities (37%), transportation needs (56%), social support (54%), and safety (e.g., obtaining orders of protection against violent partners; 100%), in addition to legal needs, including meeting terms of probation (81%). Thus, advocacy represents a comprehensive approach to identifying and leveraging resources to help meet a multitude of girls' needs, as defined by girls themselves.

## ***Procedures***

All procedures and measures were approved by the university's institutional review board. Upon enrollment in the intervention, each youth and a parent or guardian were invited to participate in research and relevant adolescent assent and research consent documents were reviewed and signed by each participating family. Youth and parents were informed that their participation in research was completely voluntary and would not affect whether the youth could receive intervention services. Youth were also informed they would be invited to complete surveys at three different points in time—T1 (Time 1), T2, and T3—each of which was voluntary. Clients were informed that their responses to all surveys would remain confidential and would not be shared with their advocates to promote disclosure of both negative and positive aspects of their intervention. Youth who agreed to participate with their caregiver's permission completed several questionnaires before being assigned to an advocate (T1), completed a subset of these questionnaires in the middle of their intervention (T2), and completed a final full set of questionnaires upon completion of the program (T3). Interview sessions, which including administration of surveys, were conducted by highly trained project staff, separate from the advocates who provided direct intervention to girls.

## Measures

**Program fidelity and satisfaction.** At T3, 17 items were designed in previous studies examining the four-phase advocacy model (e.g., Allen, Larsen, Trotter, & Sullivan, 2013) to assess fidelity to advocacy tenets defined by Sullivan and colleagues (1999) as being the most important to the intervention (e.g., “I feel supported and encouraged by my advocate”; “the advocate in this program asked for my input when discussing what services I needed”). Specific subscales of fidelity assessed the extent to which the intervention was focused on obtaining community resources, and was experienced as emotionally supportive, guided by youth, and strengths-based. Participants indicated how much they agreed with each statement, from 1 (*strongly agree*) to 5 (*strongly disagree*). Youth responded to six additional questions assessing how important they perceived each component as being, from 1 (*not at all important*) to 5 (*very important*). Youth also responded to questions assessing how satisfied they were with the program overall, meeting their goals in general, and meeting their specific needs, from 1 (*extremely pleased*) to 7 (*terrible*). Fidelity and Satisfaction scales and subscales were internally consistent, with Cronbach’s alphas between .73 and .95. Finally, the degree to which program dosage was delivered adequately was assessed by collecting data from advocates for every intervention week indicating (a) total hours spent on intervention activities, (b) total hours spent with clients face-to-face, and (c) total number of face-to-face contacts per week. These data were collected systematically through weekly progress reports completed by advocates and submitted to supervisors on a weekly basis.

**Youth offenses and juvenile justice system risk.** At T1 and T3, we used a self-reported measure based on official offense categories (Snyder, 2005; Snyder & Sickmund, 2006) to assess the extent to which youth engaged in behaviors for which they were, or could have been, brought to the attention of law enforcement (e.g., put them at risk of incarceration, got them in trouble at school; for example, “been suspended from school”). Information was collected about whether youth engaged in a range of behaviors that would put them at risk of juvenile justice involvement, including status offenses (e.g., suspended from school, ran away from home), property offenses (e.g., vandalized property, stealing), violent acts (e.g., robbery, assault), other offenses (e.g., sold drugs, engaged in prostitution), as well as behaviors that would violate an existing court order (e.g., technical violation of probation). Each youth was asked to indicate whether they had engaged in each risk behavior, as well as the number of times each behavior was engaged, both baseline (T1), and “over the course of the intervention” (T3). Three composite variables (at T1 and T3) were constructed to characterize the *Proportion of Girls Engaging in any Delinquent Acts*, the *Proportion of Girls Engaging in Status Offenses*, and the average *Number of Delinquent Acts* reported over time. These data provide an assessment of the extent to which youth offenses may have changed over the course of the intervention.

**Youth risk behaviors.** At T1, T2, and T3, we administered a self-reported measure adapted from the CDC’s YRBSS system protocol (CDC, Department of Health and

**Table 2.** Program Outcomes Pre-Intervention (Time 1;  $n = 51$ ) and Post-Intervention (Time 3;  $n = 46$ ).

Outcomes assessed at two time points				
Multivariate $F(6, 40) = 16.01, p = .00$				
Outcome	Time 1, $M$ ( $SD$ )	Time 2, $M$ ( $SD$ )	Time 3, $M$ ( $SD$ )	Univariate test
Proportion of delinquent girls	4.15 (2.78)	—	1.04 (0.87)	$t(1, 45) = 8.51, p < .01$
Proportion of status offending girls	2.11 (0.95)	—	0.72 (0.66)	$t(1, 45) = 9.44, p < .01$
Average number of delinquent acts	17.84 (40.12)	—	5.22 (11.4)	$t(1, 45) = 2.07, p < .05$
YRBSS physical violence composite	2.36 (0.41)	—	0.36 (0.11)	$t(1, 45) = 6.42, p < .01$
YRBSS sex risk behaviors composite	0.36 (0.14)	—	0.27 (0.09)	$t(1, 27) = 0.85, p = .40$
Resilience	53.18 (12.22)	—	56.5 (10.22)	$t(1, 42) = -2.05, p < .05$
Outcomes assessed at three time points				
Multivariate $F(7, 39) = 6.31, p = .00$				
Outcome	Time 1, $M$ ( $SD$ )	Time 2, $M$ ( $SD$ )	Time 3, $M$ ( $SD$ )	Univariate test
Self-efficacy	27.50 (7.38)	27.98 (6.31)	31.00 (5.570)	$F(2, 36) = 4.40, p < .05$
STAXI state anger	21.42 (10.82)	20.61 (8.13)	16.14 (1.42)	$F(2, 38) = 7.28, p < .05$
STAXI trait anger	21.70 (7.47)	19.57 (5.21)	18.64 (5.14)	$F(2, 38) = 5.26, p < .05$
STAXI anger expression out	18.84 (5.84)	16.82 (4.44)	16.68 (4.62)	$F(2, 38) = 4.74, p < .05$
STAXI anger expression in	16.84 (5.34)	16.66 (3.76)	15.98 (4.37)	$F(2, 38) = 0.91, ns$
Brief Symptom Inventory	12.51 (13.01)	11.21 (9.70)	6.09 (7.350)	$F(2, 34) = 7.45, p < .05$
YRBSS substance use composite	4.32 (1.76)	6.03 (2.23)	1.52 (0.56)	$F(2, 39) = 3.64, p < .01$

Note. YRBSS = Youth Risk Behavior Survey; STAXI = State-Trait Anger Expression Inventory-2.

Human Services, 2009), which is a protocol used to assess youth risk behaviors nationally (e.g., “Have you ever used marijuana?”). The YRBSS is one of the most comprehensive measures and informs several areas of risk, including safety behaviors (e.g., driving under the influence of alcohol); other-directed violence (e.g., being in a physical fight, carrying a weapon); cigarette, alcohol, and other drug use (e.g., current frequency and severity of use); and risky sexual activity (e.g., unprotected sex). National and regional norms and confidence intervals provided by the CDC ([www.cdc.gov/HealthyYouth/yrbs/index.htm](http://www.cdc.gov/HealthyYouth/yrbs/index.htm)) allow for directly comparing the risk profiles of current participants with a large sample of girls from the same region. All risk categories were assessed at T1 and are used to characterize the current sample and compare girls’ behaviors with national averages. Subsets of questions assessing the most relevant categories of risk for a juvenile justice sample were administered at T2 and T3, using the same question and response option format recommended by the YRBSS. Specifically, youth risk behavior composites for *Violence* (frequency of times in a physical fight; carrying weapons), *Substance Use* (current cigarette use, binge drinking, and marijuana use), and *Sexual Risk Behaviors* (using alcohol before intercourse, not engaging in protected sex, including using birth control, condoms, etc.) were created and examined for changes over time. Questions were formulated such that youth reported about the same time frame (e.g., “in the last month”) so comparisons between T1, T2, and T3 were equivalent. Means and standard deviations are reported in Table 2.

**Resilience.** At T1 and T3, we assessed youth's general perceptions of the extent to which they perceived themselves as being resilient individuals who could handle and overcome life challenges using a shortened version of the Resilience Scale (Wagnild & Young, 1993) adapted by Neill and Dias (2001). Items assessed youth characteristics consistent with the construct of resilience (e.g., "I am determined"), on a scale from 1 to 7 (1 = *agree*, 7 = *disagree*). This scale had high internal consistency at both T1 and T3 (Cronbach's  $\alpha$ s, T1 = .86, T3 = .91). These questions assessed girls' perceived resilience at the time of data collection and did not ask girls to think about a particular period of time.

**General self-efficacy.** At T1, T2, and T3, we assessed youth's perceived skills and capacity to cope in the face of stress and challenges using the General Self-Efficacy Scale, a measure that has demonstrated construct and cross-cultural validity (Schwarzer, 1993). Youth responded to questions regarding how efficacious they perceived that their thoughts and actions were if they were going through a difficult time in their lives (e.g., "I can solve most problems if I invest the necessary effort") using a scale from 1 to 4 (1 = *not at all true*, 4 = *exactly true*). This scale had high internal consistency across time points (Cronbach's  $\alpha$ s, T1 = .87, T2 = .90, T3 = .90). These questions assessed girls' perceived self-efficacy at the time of data collection and did not ask girls to think about a particular period of time.

**Internalizing symptoms (Brief Symptom Inventory-18 [BSI-18]).** At T1, T2, and T3, we assessed key internalizing tendencies related to psychological distress around depression and anxiety using the BSI-18 (Derogatis, 1992). The BSI was developed as a clinical assessment tool that provides an index of global distress (Global Severity Index), as well as subscales informing Somatization (e.g., "nausea or upset stomach"), Depression (e.g., "feeling worthless"), and Anxiety (e.g., "feeling afraid"). Youth responded about each symptom for "the past 30 days" on a scale from 0 to 4 (0 = *not at all*, 4 = *extremely*). Questions were formulated such that youth reported about the same time frame ("in the past 30 days") so that comparisons between T1, T2, and T3 were equivalent. Although the BSI-18 is typically used with adults aged 18 years and older, recent work has demonstrated the utility of administering this to youth samples (e.g., Piersma, Boes, & Reaume, 1994), given the developmentally appropriate language used in the measure (i.e., items are all at a sixth-grade reading level). The BSI had high internal consistency across time points (Cronbach's  $\alpha$ s, T1 = .94, T2 = .87, T3 = .87).

**State and trait anger.** At T1, T2, and T3, we assessed youths' experiences, expressions, and capacity to control their state and trait anger, including whether anger is expressed inward or outward, using the State-Trait Anger Expression Inventory-2 (STAXI-2; Spielberger, 1988). Summary scores were calculated using standard guidelines and the STAXI-2 interpretive report (Vagg & Spielberger, 2000). In addition, 11 separate subscales were generated around 4 specific areas: State Anger (State Anger, State Anger Feelings, State Anger Verbal, and State Anger Physical), Trait Anger (Trait Anger,

Trait Anger Temperament, Trait Anger Reaction), Anger Expression (Anger In and Anger Out), and Anger Control (Anger Control In and Anger Control Out; see Spielberger, 1988, for a full description). Youth rated each item on a scale from 1 to 4 (1 = *not at all* or *almost never*, 4 = *very much so* or *almost always*). All subscales demonstrated moderate to high internal consistency (Cronbach's  $\alpha$ s, T1 range = .78-.99, T2 range = .66-.95, T3 range = .65-.88). Questions assessed girls' perceived state anger at the time of data collection (i.e., "right now . . .") as well as trait anger (i.e., "thinking about yourself in general") so comparisons between T1, T2, and T3 were equivalent.

### **Data Analytic Plan**

Descriptive analyses are used to characterize the sample (Table 1) and report program satisfaction and fidelity. Substantive analyses focus on examining the extent to which engagement in the GAP intervention was associated with reductions in key risk experiences and behaviors, and promotion of resilience and self-efficacy. To reduce the probability of Type I error, two sets of repeated-measures MANOVA tests were conducted: (a) one on outcomes assessed at 2 points in time and (b) one on outcomes assessed at 3 points in time (see Table 2). Thus, two sets of analyses were used to examine the extent to which the GAP intervention had a holistic impact on key outcomes. Follow-up univariate tests of specific outcomes are reported to delineate specific domains of impact, and are organized by substantive area (instead of whether they were assessed at 2 or 3 time points).

## **Results**

### **Program Satisfaction and Fidelity**

Fidelity was monitored over the course of the intervention through intensive weekly supervision of advocates' interventions. This included a process by which advocates received weekly written supervision feedback, and provided supervisors with written logs of their intervention efforts and goals. Formal assessments of fidelity were also gathered at T3. Participants described the program as having a high fidelity implementation along a number of dimensions emphasized in Sullivan's training manual for advocacy intervention (Sullivan et al., 2003). Specifically, girls perceived the program as being, on average, highly community-based and centralizing access to resources, effective in providing emotional support, being youth driven, and focusing on youths' strengths and assets. In addition, participants perceived these principles as being "important" or "extremely important" to the program. Participants also reported high satisfaction with the program and were on average "pleased" or "extremely pleased" with their involvement in the advocacy program overall (87% of participants), the extent to which the program helped them reach their overall goals (80% of participants), and the degree to which they were able to reach the specific goals they targeted during their intervention (77% of participants; see Table 1). In addition, according to advocate reports from weekly progress charts, a total of 3,432 intervention hours



(about 8 hr per week) were completed, with 1,152 hr of direct face-to-face contact with clients (about 2.5 hr per week), and 712 distinct face-to-face contacts (about 1.5 contacts per week). Overall, these results suggest that the intervention was delivered with the degree of dosage required.

### **Repeated-Measures MANOVAs**

Table 2 reports results of repeated-measures MANOVAs and follow-up univariate analyses. As depicted, girls participating in the GAP intervention demonstrated significant changes in outcomes over time in the desired directions. Specifically, indicators assessed at baseline (T1) and then again post-intervention (T3) demonstrated statistically significant improvements over time,  $F(6, 40) = 16.01, p = .00$ . Observed power for these analyses ranged from .67 to .93, with an overall average effect size ( $\eta_p^2$ ) of .29. Indicators assessed at baseline, mid-, and post-intervention also demonstrated significant improvements over time,  $F(7, 39) = 6.31, p = .00$ . Observed power for these analyses ranged from .53 to .99, with an overall average effect size ( $\eta_p^2$ ) of .86. These results indicate a holistic intervention effect on reducing risk and distress and promoting self-efficacy and resilience, as elaborated below.

**Delinquency and youth risk behaviors.** Overall, fewer girls endorsed offending behaviors across every offense category over the course of their participation in the GAP (i.e., at T3), with an average of 22.6% of girls reporting offending behavior at T1 compared with 5.6% of girls reporting these behaviors at T3. Table 2 demonstrates that significantly fewer proportion of girls reported engaging in all delinquent behaviors,  $t(1, 45) = 8.51, p < .01$ , including status offenses,  $t(1, 45) = 9.44, p < .01$ , over the course of their participation in the GAP. A closer examination of specific status offending behaviors suggests that running away was the most common behavior self-reported by girls. Specifically, 37% of girls enrolled in the program reported ever having run away from home in their lifetimes. A comparison of running away in the 6 months preceding the intervention with runaway behaviors during the intervention (which lasted approximately 6 months) suggests a significant decrease in running away behaviors over time,  $t(1, 44) = 3.61, p < .01$ . Thus, results suggest that advocacy is a promising approach to reducing a particularly risky behavior for girls, running away from home.

Furthermore, girls reported fewer total acts of delinquency post-intervention compared with baseline,  $t(1, 45) = 2.07, p < .05$ . These findings are both corroborated and elaborated by the YRBSS results, which suggest that girls engaged in fewer acts of physical violence, including assaults and weapon-carrying over time,  $t(1, 45) = 6.42, p < .01$ . In addition, girls engaged in significantly fewer substance use behaviors, including cigarette use, binge drinking, and marijuana use over the course of the intervention (Table 2),  $F(2, 39) = 3.64, p < .01$ . The only risk-related behavior that did not demonstrate significant change over time was that of sexual risk-related behaviors, such that girls enrolled in the intervention were no more likely to engage in protected sex at baseline compared with post-intervention. This lack of significant change could be due to low variability in reported sexual risk-taking behaviors. Specifically, though

72% of girls reported being sexually active, 11% reported unprotected sex at T1 and 11% reported unprotected sex at T3.

### *Resilience and General Self-Efficacy*

GAP participants reported significantly greater resilience at T3 compared with T1,  $t(1, 42) = -2.05, p < .05$ , suggesting greater perceived capacity to cope with challenges and reach long-term goals. This finding is complemented by parallel gains in perceived self-efficacy at T3 compared with T1 and T2,  $F(2, 36) = 4.40, p < .05$ , suggesting that GAP participants perceived a greater capacity to use problem-solving skills in their daily lives (see Table 2).

### *Internalizing Symptoms*

GAP participants reported significantly fewer global distress symptoms suggested by a decrease in the BSI Global Severity Index over time,  $F(2, 34) = 7.45, p < .05$ . BSI subscales suggest that this linear decrease was driven by reductions in anxiety,  $F(2, 34) = 5.54, p < .05$ , and depression,  $F(2, 34) = 8.19, p < .05$ , but not somatization, for example, headaches,  $F(2, 34) = 1.76, ns$ .

### *State and Trait Anger*

Overall, GAP participants reported significantly reduced state anger,  $F(2, 38) = 7.28, p < .05$ , including through feeling state anger,  $F(2, 38) = 5.86, p < .05$ , and feeling like expressing state anger verbally,  $F(2, 37) = 8.51, p < .05$ , and physically,  $F(2, 37) = 4.91, p < .05$ . A similar pattern was found for trait anger, suggesting a decrease in tendencies to experience anger across situations,  $F(2, 38) = 5.26, p < .05$ , including reductions in angry temperament,  $F(2, 38) = 6.84, p < .05$ , but not necessarily through reductions in angry reactions,  $F(2, 38) = 0.99, ns$ . GAP participants were less likely to report expressing anger outward (e.g., through punching walls or fighting),  $F(2, 38) = 4.74, p < .05$ , and more likely to control their anger inward (i.e., self-regulate upon feeling angry),  $F(2, 37) = 3.68, p < .05$ . In sum, these findings demonstrate reduced feelings of state and trait anger and increased skill in controlling the expression of angry feelings.

## **Discussion**

Girls' increased involvement at all levels of the juvenile justice system underscores the need to better understand and target girls' disruptive behaviors—a topic of growing concern for psychologists, juvenile justice service providers, and policy makers. The current study describes an innovative intervention model for girls at risk of engagement in disruptive behaviors and, in turn, justice system involvement, and provides promising preliminary support for the effectiveness of the program in a real-world setting. Over the course of the intervention, girls reported greater levels of resilience and self-efficacy, and decreased risk and distress, including violence, substance use,

delinquency, depression, anxiety, and anger. Indeed, results suggest that girls are at decreased risk of engaging in disruptive behaviors due to demonstrated decreases in *perceived distress*, including anger and internalizing symptoms, reductions in engaging in externalizing and risky *behaviors*, such as physical fights and aggression, and gains in *problem-solving skills*, including perceived self-efficacy and resilience and greater ability to control the expression of anger. Although more evidence is needed before concluding that the GAP caused these observed gains, these results are nevertheless promising, given that the intervention is designed based on previous models that have demonstrated effectiveness using RCT designs (Sullivan & Bybee, 1999). Moreover, the development of the GAP is timely given the urgent need to provide gender-responsive interventions for the growing justice-involved populations of girls and women locally and nationally (Snyder & Sickmund, 2006), and can be used to generate further research using multi-site evaluations and delineating change mechanisms.

Although more research is needed to examine the degree to which particular mechanisms of change contribute to the gains observed for GAP clients, we draw from multiple promising frameworks to propose potential mechanisms of change that are in keeping with the theoretical grounding of the GAP model. Specifically, there are five key mechanisms of change that may have additively or interactively contributed to gains. For illustrative purposes, we present a short description of a de-identified intervention based on a composite of cases, and delineate potential change mechanisms with reference to this example.

Trisha is a 16-year-old girl who has been arrested several times for fighting. She lives with her sister and her sister's boyfriend because her mom uses drugs and is in a violent relationship. Trisha's sister recently kicked her out of the house for using marijuana and Trisha is facing expulsion from school for truancy and fighting, but says that she "just doesn't care anymore." Before the end of their first meeting, Trisha's advocate identified several of Trisha's strengths. Specifically, Trisha's fighting often occurred in response to threats made to her by a particular classmate regarding tension over that classmate's boyfriend, and her substance use was a coping strategy for dealing with her life at home. Indeed, Trisha's fights are either directly with current or former male partners, or other girls competing for these relationships because Trish feels that her worth is "tied up with" whether she can "keep a man." After getting to know Trisha better, her advocate noticed that she is incredibly bright and reads several books a week and loves to go to the library. Together, Trisha and her advocate were able to advocate for Trisha at school; she was given the choice to alter her schedule to avoid her threatening classmate and also able to leave class to see the school social worker whenever she felt threatened. She also joined a support group at a local counseling center, and her advocate helped her get a job at the local library. Trisha said that her advocate "really got me" and helped her learn how to advocate for herself.

### *Theorized Mechanisms of Change*

*Non-specific or common factors.* Because of the strong relationship-based approach to change employed in the GAP, it is likely that part of the gains can be attributed to the

non-specific or common factors described in the therapy literature, which hinge on building a strong alliance and rapport (e.g., Asay & Lambert, 1999; Messer & Wampold, 2002). The relationship-building approach used in the GAP is indeed grounded in humanist theoretical models of non-directive, client-centered communication, which foreground empathic and active listening, genuineness, and unconditional positive regard (Rogers, 1951). These common factors have long been described as necessary and predictive of therapeutic gains (W. R. Miller, Taylor, & West, 1980; Patterson, 1984), and may well account for some of the gains observed in the GAP. For instance, in Trisha's case, her advocate invested a large proportion of their intervention, especially initially, engaged in active listening and communicating empathic understanding. These steps contribute to the alliance between Trisha and her advocate, can promote further trust and information sharing (Gaston, 1990), and are highly endorsed by clients in the present study.

*Gender-based empowerment.* Several theorists and practitioners have suggested that gender-based oppression in girls' proximal contexts can promote lower functioning and increased distress (e.g., Chesney-Lind & Pasko, 2004; Girshick, 1999). Gender-based oppression is based on power differentials that systematically accord fewer social and economic resources to girls and women, and can become "internalized" through processes such as learned helplessness and adoption of hegemonic self-rejecting views (Prilleltensky & Gonick, 1996). There is a growing evidence base linking low social status to psychological problems in living (Okazaki, 2009). The model employed by the GAP quite directly targets oppression in girls' lives by attending to gender-salient "crucial contexts" (Javdani et al., 2011a) and having an action orientation geared toward increasing access to desired resources (i.e., changing girls' contexts; Allen, Lehrner, Davis, & Javdani, 2013). Furthermore, this action orientation is grounded in a feminist framework based on the Community Advocacy Project model employed with survivors of domestic violence (Sullivan & Bybee, 1999; also see Allen, Larsen, et al., 2013; Allen, Lehrner, et al., 2013), which deliberately locates barriers in girls' lives using a gender oppression lens and advocates for policy-level change (e.g., Belknap & Holsinger, 2006). For instance, the multiple fights that Trisha engages in are not viewed solely as a result of intrapsychic factors, such as impulsivity. Instead, Trisha's fighting behavior is located in a social context that places value on Trisha as a girl who can "keep a man" (J. Miller, 2008). Indeed, Trisha's fights are either directly with current or former male partners, or with other girls competing for these relationships. Over the course of advocacy supervision, these behaviors are consistently interpreted using a gendered lens, and such processes are openly discussed and targeted.

*Contextual competence.* Given the strong action orientation of the GAP, one of the effects of participation in the program may be to help girls become more engaged in a greater breadth of contexts. This process has been termed "contextual competence," and refers to the extent to which youth are actively involved in home, peer, school, community, and cultural contexts (Seidman & Pedersen, 2003), a process linked to

decreased violence at the community level (Zeldin, 2004). Higher engagement in a greater breadth of contexts, in turn, is associated with greater self-esteem and lower depression among at-risk youth (Pedersen et al., 2005). Because GAP clients reported accessing resources across several need areas, participation in the program may increase both their level and breadth of engagement in relevant contexts. In the case of Trisha, her advocate worked to increase her engagement in school by creating an individualized response for in-school arguments and helped create a bridge between Trisha and her social worker. Trisha also became an active visitor to the local library, which allowed her to have greater computer and printer access to complete her schoolwork and complete employment applications online. Finally, Trisha became involved in a local support group and expanded her peer context to include youth who were seeking support services and trying to abstain from using substances. In tandem, Trisha may have become more contextually competent through participation in advocacy by becoming more engaged in existing (e.g., school) and new (e.g., library, counseling) contexts.

*Comprehensive, youth-driven systems of care framework.* System of care approaches are among the most promising intervention frameworks promoted for youth at risk of social and behavioral difficulties, particularly by the SAMHSA (e.g., [systemsofcare.samhsa.org](http://systemsofcare.samhsa.org); also see Cross, Bazron, Dennis, & Isaacs, 1989; Stroul & Friedman, 1986). This approach assumes that youth have multiple needs and life complexities, and thus supports an individualized and coordinated community-based system, driven by youth, that involves many key stakeholders (e.g., service providers, law enforcement, teachers) in the response to youth mental health difficulties, and has demonstrated empirical support (though effects do vary across sites; see Bickman, Noser, & Summerfelt, 1999; Vinson, Brannan, Baughman, Wilce, & Gawron, 2001). The advocacy model of the GAP seems highly aligned with the system of care framework, given the deliberate efforts of GAP advocates to attend to youths' multitude of needs, involve critical individuals who can help meet these needs, and coordinate services in a way that is both individualized and driven by youth themselves. In Trisha's intervention, a team of important stakeholders was invited to help address Trisha's school difficulties, and included Trisha, Trisha's mother, sister, advocate, school resource officer (i.e., school police officer), and her school social worker. Trisha and her advocate prepared for the meeting by writing out a list of Trisha's goals and used the meeting time to brainstorm how the people "at the table" could help support Trisha to reach those goals. The result was an individualized response to fights at school (by the school resource officer and school social worker), and a better understanding of Trisha's daily challenges by her probation officer, including how she is tardy to her first period because of child care responsibilities. This latter realization resulted in a positive court/probation report for Trisha and active efforts by the probation officer and school social worker to generate alternative ways for Trisha to "make up" tardy arrivals (e.g., arranging with her first period teacher for Trisha to stay after school).

*Trauma-informed principles.* Given the severe victimization histories of juvenile justice-involved girls, including GAP clients, alignment with developing trauma-informed

practices is essential (Harris & Fallot, 2001; Morrissey et al., 2005; SAMHSA National Center for Trauma Informed Care: [www.samhsa.gov/nctic/](http://www.samhsa.gov/nctic/); National Child Traumatic Stress Network: [www.nctsn.org/](http://www.nctsn.org/)). Although future work with the GAP can deliberately incorporate emerging trauma-informed elements, the GAP is aligned with several current trauma-informed principles, which may have contributed to participants' gains. Among them are the promotion of *safety* by attending to victimization risk and engaging in evidence-based safety planning (Sullivan & Bybee, 1999); *trustworthiness* by creating an infrastructure of high accountability for advocates; *choice* by supporting multiple alternative solutions to meeting goals and needs; *collaboration* by actively involving girls in directing and planning their interventions; and *empowerment* by following a rights-based model that supposes each girl has a right to positive youth development. In Trisha's case, she reported multiple traumas related to directly witnessing violence against her mother, being involved in violent fights, and being exposed to community violence through her peer group—risk factors related to girls' disruptive behaviors in particular (Javdani, Abdul-Adil, Suarez, Nichols, & Farmer, 2014). Her advocate worked to enhance her voice and choice over the course of the intervention; a process that may have promoted gains in self-efficacy and problem solving.

### Strengths and Limitations

The current article presents an innovative intervention, the GAP, based on empirically supported models and consistent with several nationally recognized FRS criteria for one of the most underserved and at-risk youth populations—juvenile justice-involved adolescent girls. The evaluation of the GAP was conducted using a prospective design, limiting threats of recall bias and allowing for risk and protective factors to be assessed systematically before, during, and after the intervention. Use of multiple measures provided convergent validity, given observed gains in both self-efficacy and resilience (protective factors) as well as decreases in depression and anxiety (internalizing), state and trait anger, and self-and other-directed violence and substance use (externalizing risk).

There are several limitations that should be considered in light of the findings presented. Perhaps most importantly, the current study did not employ a control group design or random assignment to groups due to limited resources, decreasing our ability to make causal inferences about the effects of the GAP on girls' risk and protective factors. Future research can undoubtedly help strengthen the evidence base by employing a more rigorous methodological design including random assignment to the intervention condition. However, the use of several prospective indicators and multiple measures provides compelling evidence and allows for a fair investigation of changes in girls' risk and protective factors over time. Another methodological limitation is the relatively small sample size and implementation of intervention in a single site. Although future research with larger, multi-site data sets is necessary, we note that participants included almost every girl *referred* to the GAP over the course of 3 years, so there is almost no self-selection bias characterizing our participants. Also, despite

having low statistical power, several gains were detected in our outcomes, with effect sizes in the moderate to large category. However, we underscore that data do not support the hypothesis that the GAP intervention is associated with reductions in risky sexual behavior. As noted, this could be due to low statistical power, given low base rates of this risk factor. We encourage future research with a larger participant pools that assess risky sexual activity using methods sensitive to social desirability.

In addition, though several relevant risk and protective factors were investigated, official juvenile justice recidivism data were not available for the current pool of participants, another important avenue for future research. The outcomes assessed in this study, however, include multiple convergent measures as well as behavioral indicators (e.g., decrease in physical fights) that are known correlates of recidivism (Van Dorn & Williams, 2003), suggesting that changes in recidivism could be expected on average. Similarly, our results and fidelity assessments are informed by perceptual, self-reported data and may be influenced by single method bias and social desirability. The perceptual measures we employed are among the most oft-used and include state and national norms with which to compare our girls' risk profiles (e.g., the YRBSS), and use of self-report data is consistent with the program's philosophical orientation of relying on girls' own accounts (e.g., trustworthiness). It is also notable that girls reported relatively high levels of risk behavior suggesting social desirability was not muting their self-report of these challenges. Finally, intervention hours (total and face-to-face) and number of face-to-face contacts were assessed every week for every advocate, providing advocate reports that corroborate overall programmatic fidelity.

It is also important to consider that while this intervention focuses on being gender-responsive, girls involved in the juvenile justice system are characterized by multiple marginalities, including by virtue of their race, ethnicity, class, and sexual orientation (Maniglia, 2003). Attention to these rays of diversity is a critical next step for the GAP and future evaluations of the program. Finally, because our girls represent a forensic sample, we not only caution readers with regard to the generalizability of findings but also note that participants reported a range of experiences and risk and legal profiles, and spanned early to late adolescence in age.

Finally, we note that this particular intervention model relies on student advocates and is perhaps best suited to settings in which university–community partnerships can be fostered. While this raises issues of sustainability of the intervention for other types of settings, we note that the Advocacy model has also been implemented with non-student paraprofessional (e.g., “cultural brokers”), leveraging key individuals within communities who already have strong relational ties with potential program participants (Hess, Barr, & Hunt, 2009). Thus, Advocacy could be implemented and evaluated with non-student paraprofessionals and is currently being incorporated into some traditional human service settings by Sullivan, Allen, and colleagues. In addition, reliance on students has the potential to build university–community partnerships, which can be mutually beneficial by addressing the training needs of students and simultaneously providing low cost or (in this case) free of charge interventions (Holsinger, 2008, 2012). Indeed, advocacy has been used across a wide variety of university-based settings with, for example, survivors of domestic violence (Allen, Larsen, et al., 2013;

Sullivan & Bybee, 1999). Moreover, the reliance on students and university-based settings does not inherently limit sustainability per se. Indeed, research suggests that the strong collaborative ties between universities and communities can result in highly sustainable models, particularly if advocacy is incorporated into the curriculum of university settings (Holsinger, 2008).

Taken together, this study presents a model for an ecological intervention for girls with disruptive behaviors that place them at high risk of juvenile justice system involvement. Promising preliminary results support its implementation at several stages of risk, including before formal system (e.g., justice, school) sanctioning, as an intermediate or immediate response to disruptive behavior, to promote positive community reentry, or as an alternative to incarceration.

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### References

- Acoca, L., & Dedel, K. (1998). Outside/inside: The violation of American girls at home, on the streets, and in the juvenile justice system. *Crime & Delinquency*, 44, 561-589.
- Allen, N. E., Larsen, S. E., Trotter, J. L., & Sullivan, C. (2013). Exploring the core service delivery processes of an evidence-based community advocacy program for women with abusive partners. *Journal of Community Psychology*, 41, 1-18.
- Allen, N. E., Lehrner, A., Davis, S., & Javdani, S. (2013). Gender as ecology: One understanding of men's use of violence against women. In C. Raghavan (Ed.), *Domestic violence: Methodologies in dialogue* (pp. 102-116). Boston: MA. Northeastern University Press.
- Asay, T., & Lambert, M. (1999). The empirical case for the common factors in therapy. In M. Hubble, B. Duncan, & S. Miller (Eds.), *The heart and soul of change* (pp. 37-51). Washington, DC: American Psychological Association.
- Bardone, A. M., Moffitt, T. E., Caspi, M., Dickson, N., & Silva, P. A. (1996). Adult mental health and social outcomes of adolescent girls with depression and conduct disorder. *Development and Psychopathology*, 8, 811-829.
- Belknap, J. (2001). The image of the female victim. The Invisible Woman. Gender, Crime, and Justice. *University of Colorado*, 207-221.
- Belknap, J. (2010). "Offending women": A double entendre. *The Journal of Criminal Law and Criminology*, 100, 1061-1098.
- Belknap, J., Gaarder, E., Holsinger, K., McDaniels Wilson, C., & Cady, B. (2011). Using girls' voices and words to study their problems. In M. Kerr, H. Stattin, R. Engels, G. Overbeek, & A. K. Andershed (Eds.), *Understanding girls' problem behavior: How girls' delinquency develops in the context of maturity and health, co-occurring problems, and relationships* (pp. 95-115). Oxford: United Kingdom. Wiley-Blackwell.
- Belknap, J., & Holsinger, K. (2006). The gendered nature of risk factors for delinquency. *Feminist Criminology*, 1, 48-71.



- Belknap, J., Holsinger, K., & Dunn, M. (1997). Understanding incarcerated girls: The results of a focus group study. *The Prison Journal*, 77, 381-404.
- Bickman, L., Noser, K., & Summerfelt, W. (1999). Long-term effects of a system of care on children and adolescents. *The Journal of Behavioral Health*, 26, 185-202.
- Bloom, B. (1998). Women with mental health and substance abuse problems on probation and parole. *Offender Program Report: Social and behavioral rehabilitation in prisons, jails and the community*, 2, 1-13.
- Bloom, B., & Covington, S. (2001, November). Effective gender-responsive interventions in juvenile justice: Addressing the lives of delinquent girls. In *Annual Meeting of the American Society of Criminology*. Atlanta, GA.
- Bloom, B., Owen, B., Deschenes, E. P., & Rosenbaum, J. (2002). Moving Toward Justice for Female Juvenile Offenders in the New Millennium Modeling Gender-Specific Policies and Programs. *Journal of Contemporary Criminal Justice*, 18(1), 37-56.
- Bloom, B., Owen, B., Rosenbaum, J., & Piper, E. (2003). Focusing on girls and young women: A gendered perspective on female delinquency. *Women & Criminal Justice*, 14(2/3), 117-136.
- Bronfenbrenner, U. (1992). *Ecological systems theory*. In R. Basta (Ed.), *Annals of child development – Six theories of child development: Revised formulations and current issues* (pp. 187-250). Greenwich, CT: JAI Press.
- Bush-Baskette, Stephanie. (2004). "The war on drugs and the incarceration of mothers." *Gendered (in) justice: Theory and practice in feminist criminology*, 236-244.
- Caspi, A., Lynam, D., Moffitt, T. E., & Silva, P. A. (1993). Unraveling girls' delinquency: Biological, dispositional, and contextual contributions to adolescent misbehavior. *Developmental Psychology*, 29, 19-30.
- Cauffman, E. (2008). Understanding the female offender. *Future of Children*, 18, 119-142.
- Chesney-Lind, M. (1989). Girls' crime and woman's place: Toward a feminist model of female delinquency. *Crime & Delinquency*, 35, 5-29.
- Chesney-Lind, M., & Okamoto, S. K. (2001). Gender matters: Patterns in girls' delinquency and gender responsive programming. *Journal of Forensic Psychology Practice*, 1(3), 1-30.
- Chesney-Lind, M., & Pasko, L. (2004). *Girls, women, and crime*. Thousand Oaks, CA: SAGE.
- Chesney-Lind, M., & Shelden, R. G. (2004). *Girls, delinquency, and juvenile justice*. Belmont, CA.
- Cross, T. L., Bazron, B. J., Dennis, K. W., & Isaacs, M. R. (1989). *Towards a culturally competent system of care*. Washington, DC: Georgetown University.
- Davidson, W. S., & Rapp, C. (1976). Child advocacy in the justice system. *Social Work*, 21, 225-232.
- Derogatis, L. R. (1992). *The Brief Symptom Inventory (BSI): Administration, scoring, and procedures manual II*. Baltimore, MD: Clinical Psychometric Research.
- Fisher, R. J. (1993). Social desirability bias and the validity of indirect questioning. *Journal of Consumer Research*, 20, 303-315.
- Gaarder, E., Rodriguez, N., & Zatz, M. (2004). Criers, liars, and manipulators: Probation officers' views of girls. *Justice Quarterly*, 21, 547-578.
- Gaston, L. (1990). The concept of the alliance and its role in psychotherapy: Theoretical and empirical considerations. *Psychotherapy*, 27, 143-153.
- Girshick, L. B. (1999). *No safe haven*. Boston, MA: Northeastern University Press.
- Harris, M., & Fallot, R. D. (2001). Envisioning a trauma-informed service system: A vital paradigm shift. *New Directions for Mental Health Services*, 89, 3-22.

- Hess, J. Z., Barr, S. C., & Hunt, G. D. (2009). The practice of family mentoring and advocacy: A theoretical investigation of critical issues. *Families in Society: The Journal of Contemporary Social Services*, 90, 189-195.
- Hinshaw, S., & Kranz, R. (2010). *The tripe bind*. New York, NY: Ballantine Books.
- Holsinger, K. (2008). Teaching to make a difference. *Feminist Criminology*, 3, 319-335.
- Holsinger, K. (2012). *Teaching justice: Solving social justice problems through university education*. London, United Kingdom: Ashgate Publishing Ltd.
- Holsinger, K., & Ayers, P. (2004). Mentoring girls in juvenile facilities: Connecting college students with incarcerated girls. *Journal of Criminal Justice Education*, 15, 351-372.
- Javdani, S. (2013). Gender matters: Using an ecological lens to understand female crime and disruptive behavior. In B. L. Russell (Ed.), *Perceptions of female offenders: How stereotypes and social norms affect criminal justice responses* (pp. 9-24). New York, NY: Springer.
- Javdani, S., Abdul-Adil, J., Suarez, L., Nichols, S., & Farmer, A. D. (2014). Gender differences in the effects of community violence on mental health outcomes in a sample of low-income youth receiving psychiatric care. *American Journal of Community Psychology*, 53, 235-248.
- Javdani, S., & Allen, N. E. (2012). *The girls' advocacy project instructor manual*. Champaign: University of Illinois at Urbana-Champaign.
- Javdani, S., Rodriguez, E. M., Nichols, S., Emerson, E., & Donenberg, G. (2014). Risking it for love: Romantic relationships and early pubertal development confer risk for disruptive behavior disorders in African-American girls receiving psychiatric care. *Journal of Abnormal Child Psychology*, 42, 1325-1340.
- Javdani, S., Sadeh, N., & Verona, E. (2011a). Expanding our lens: Female pathways to antisocial behavior in adolescence and adulthood. *Clinical Psychology Review*, 31, 1324-1348.
- Javdani, S., Sadeh, N., & Verona, E. (2011b). Gendered social forces: An examination of the impact of the justice systems' response on women and girls' criminal trajectories. *Psychology, Public Policy, and Law*, 17, 161-211.
- Kruttschnitt, C. (1996). Contributions of quantitative methods to the study of gender and crime. *Journal of Quantitative Criminology*, 12, 135-161.
- Larson, R. (2000). Toward a psychology of positive youth development. *American Psychologist*, 55, 170-183.
- Lerner, J. V., Phelps, E., Forman, Y., & Bowers, E. P. (2009). Positive youth development. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology* (3rd ed., pp. 524-558). Hoboken, NJ: John Wiley.
- Maniglia, R. (2003, May). *Meeting the needs juvenile female offenders*. Prepared for Juvenile female offenders: How do you meet their needs in your juvenile justice setting? Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, Washington, DC.
- Messer, S. B., & Wampold, B. E. (2002). Let's face facts: Common factors are more potent than specific therapy ingredients. *Clinical Psychology: Science and Practice*, 9, 21-25.
- Miller, J. (2008). *Getting played: African American girls, Urban inequality, and gendered violence*. New York: New York University Press.
- Miller, W. R., Taylor, C. A., & West, J. C. (1980). Focused versus broad-spectrum behavior therapy. *Journal of Consulting and Clinical Psychology*, 48, 590-601.
- Moffitt, T. E., Caspi, A., Rutter, M., & Silva, P. A. (2001). *Sex differences in antisocial behavior*. Cambridge, UK: Cambridge University Press.
- Morash, M. (2010). Introduction. In C. Renzetti (Ed.), *Women on probation & parole: A feminist critique of community programs & services* (pp. 1-24). Boston, MA: Northeastern.

- Morrissey, J. P., Jackson, E. W., Ellis, A. R., Amaro, H., Brown, V. B., & Najavits, L. M. (2005). Twelve-month outcomes of trauma-informed interventions for women with co-occurring disorders. *Psychiatric Services*, 56, 1213-1222.
- Neill, J. T., & Dias, K. L. (2001). Adventure education and resilience: The double edge sword. *Journal of Adventure Education and Outdoor Learning*, 1, 35-42.
- Okazaki, S. (2009). Impact of racism on ethnic minority mental health. *Perspectives on Psychological Science*, 4, 103-107.
- Patterson, C. H. (1984). Empathy, warmth, and genuineness in psychotherapy: A review of reviews. *Psychotherapy: Theory, Research, Practice, Training*, 21, 431-438.
- Pedersen, S., Seidman, E., Yoshikawa, H., Rivera, A. C., Allen, L., & Aber, J. L. (2005). Contextual competence. *American Journal of Community Psychology*, 35, 65-81.
- Prilleltensky, I., & Gonick, L. (1996). Politics change, oppression remains: On the psychology and politics of oppression. *Political Psychology*, 17, 127-148.
- Piersma, H. L., Boes, J. L., & Reaume, W. M. (1994). Unidimensionality of the Brief Symptom Inventory (BSI) in adult and adolescent inpatients. *Journal of personality Assessment*, 63(2), 338-344.
- Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, 9, 1-25.
- Rogers, C. (1951). *Client-centered therapy*. Boston, MA: Houghton Mifflin.
- Rogers, C. (1981). The foundations of a person-centered approach. In C. Rogers (Ed.), *A way of being* (pp. 113-136). Boston, MA: Houghton Mifflin.
- Schwarzer, R. (1993). *Measurement of perceived self-efficacy: Psychometric scales for cross-cultural research*. Berlin, Germany: Freie Universitat Berlin.
- Seidman, E., & Pedersen, S. (2003). Holistic contextual perspectives on risk, protection, and competence among low income urban adolescents. In S. S. Luthar (Ed.), *Resilience and vulnerability* (pp. 318-343). New York, NY: Cambridge University Press.
- Sharp, S. F., & Marcus-Mendoza, S. T. (2001). It's a family affair: Incarcerated women and their families. *Women & Criminal Justice*, 12(4), 21-49.
- Smith, E. P., Wolf, A. M., Cantillon, D. M., Thomas, O., & Davidson, W. S. (2004). The adolescent diversion project: 25 years of research on an ecological model of intervention. *Journal of Prevention & Intervention in the Community*, 27, 29-47.
- Snyder, H. N. (2005). *Juvenile arrests 2003* (Juvenile Justice Bulletin). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Snyder, H. N., & Sickmund, M. (2006). *Juvenile offenders and victims: 2006 national report*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Spielberger, C. (1988). *State-Trait Anger Expression Inventory—Research Edition* (Professional manual). Odessa, FL: Psychological Assessment Resources.
- Stroul, B. A., & Friedman, R. M. (1986). *A system of care for children and youth with severe emotional disturbances*. Washington, DC: CASSP Technical Assistance Center.
- Sullivan, C. M. (1997). *Preventing family violence: An experimental intervention—Final performance summary report*. Atlanta, GA: Centers for Disease Control and Prevention.
- Sullivan, C. M. (2011). *Community advocacy project manual*. East Lansing: Michigan State University.
- Sullivan, C. M., & Bybee, D. (1999). Reducing violence using community based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*, 67, 43-53.
- Sullivan, C. M., Nguyen, H., Allen, N., Bybee, D., & Juras, J. (2001). Beyond searching for deficits: Evidence that physically and emotionally abused women are nurturing parents. *Journal of Emotional Abuse*, 2(1), 51-71.

- Sullivan, C. M., Sutherland, C., & Allen, N. (2003). *Training paraprofessionals to successfully advocate for women with abusive partners*. East Lansing: Michigan State University.
- Vagg, P. R., & Spielberger, C. D. (2000). *State-Trait Anger Expression Inventory-2: Interpretive Report (STAXI-2: IR) Comprehensive handbook of psychological assessment*, 2, 70-86.
- Van Dorn, R., & Williams, J. (2003). Correlates associated with escalation of delinquent behavior in incarcerated youths. *Social Work*, 48, 523-531.
- Vinson, N. B., Brannan, A. M., Baughman, L. N., Wilce, M., & Gawron, T. (2001). The system-of-care model implementation in 27 communities. *Journal of Emotional and Behavioral Disorders*, 9, 30-42.
- Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1, 165-178.
- Werner, N. E., & Crick, N. R. (2004). Maladaptive peer relationships and the development of relational and physical aggression. *Social Development*, 13, 495-514.
- Zahn, M. A. (2009). Determining what works for girls in the juvenile justice system: A summary of evaluation evidence. *Crime & Delinquency*, 55, 266-293.
- Zahn, M. A., Hawkins, S. R., Chiancone, J., & Whitworth, A. (2008). *The girls study group—Charting the way to delinquency prevention for girls*. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Zahn, M. A., Agnew, R., Fishbein, D., Miller, S., Winn, D-M., Dakoff, G., . . . & Chesney-Lind, M. (2010). *Causes and correlates of girls' delinquency*. Washington, DC: U.S. Department of Justice, US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Zeldin, S. (2004). Preventing youth violence through the promotion of community engagement and membership. *Journal of Community Psychology*, 32, 623-641.

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