


2016

# A Case Study: Parents' Views of the Program Everlasting Peace

Meshonda Moore  
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# Walden University

College of Social and Behavioral Sciences

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Meshonda Moore

has been found to be complete and satisfactory in all respects,  
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Walden University  
2016

Abstract

A Case Study: Parents' Views of the Program Everlasting Peace

by

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MPA, Columbus State University, 2005

BS, Columbus State University, 2001

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Administration and Public Policy

Walden University

November 2016

## Abstract

Juvenile crime among females is on the rise in the United States and is currently at an all-time high. Girls who are at risk for committing juvenile crime are at greater risk than boys for experiencing sexual trauma and exploitation as well as depression. Additionally, adolescent females have a higher rate of status-offense reoffending than do adolescent males. Using Kubeka's conceptualization of trauma theory, the purpose of this case study was to determine whether Everlasting Peace (EP), an evidence-based counseling program in Georgia, successfully provided gender-specific treatment for female juvenile offenders. Data were collected through interviews with 20 parent/guardian of juvenile female offenders who had been referred to EP by the Georgia Department of Juvenile Justice for treatment. These data were inductively coded and then subjected to a thematic analysis procedure. Results suggested that girls who received gender-specific treatment services from EP showed a positive change in behavior. EP addressed trauma, depression, and sexual abuse as seen in these female offenders. This study may contribute to positive social change by making direct policy recommendations to the Georgia Department of Juvenile Justice to enhance and support programming options for girls who have experienced trauma in order to reduce opportunities for future delinquency.

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## Dedication

This dissertation is dedicated to my children. Dominique, DeCarlos, Destini, and Adrainne, you do not have to choose your mother's path; you are free to choose your own. I will always support all of your hopes and dreams, as you can do anything you put your mind to. Remember the sky is the limit.

To my parents, David and Mary Thompson, thanks for always being in my corner and never giving up on me when I became a teenage mother. I always knew that one day I would make you proud. To my aunt, Ellen Curry, you have always believed in me even when I didn't believe in myself; thanks for your continuous prayers and for being my #1 cheerleader. To my aunt Glenda Clay, you knew this day would come well before I did; I'm glad that I made your dream a reality. To my 10<sup>th</sup> grade English teacher, Faye Marsh, may you rest in peace, thanks for being a positive role model at an early stage of my life when I was a lost little girl.

I would also like to dedicate this dissertation to all of the young teenage mothers who strive to provide a better life for their child. I know it's hard, but if I did it, then you can too; it's not how you start, it's how you finish.

## Acknowledgments

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## Chapter 1: Introduction to Study

### **Background**

According to Paulson (2014), juvenile crime has fallen 41% in the United States and is at the lowest rate since 1975. While juvenile crime is decreasing, the Georgia Department of Juvenile Justice oversees approximately 12,000 youth in the community and approximately 1,750 in custody at Youth Detention Centers (Lee, 2013). Further, the decrease in the crime rate has not been due to female offenders. Adolescent females are committing crimes at a much higher rate now than in previous years (Zahn et al., 2010).

The first meta-analysis to focus solely on the juvenile justice system was published in 1992 by Lipsey. He identified specific strategies and methods but did not identify specific programs (Greenwood, 2008). Historically, the Juvenile Justice Department primarily dealt with boys, so programs and interventions were designed with them in mind. Key gender differences exist between boys and girls, and with that in mind, different treatment efforts should be pursued for boys and girls when implementing programs and policies (Zahn et al., 2010). Girls respond differently than boys to treatment and interventions (Zahn et al., 2010). Research shows that there is a link among girls between abuse and criminal behavior (Covington, 2007; Zahn et al., 2010). Interventions may lessen problem behaviors and should measure outcomes (Greenwood, 2008). Girls become involved with the juvenile justice system for different reasons than boys do and should be cared for differently (Covington, 2007). Females who are committing status offenses, even if these offenses are not severe, may be fleeing from serious problems in the home, such as victimization or some type of illegal behavior displayed by the adults in the home (National Criminal Justice Reference Service

[NCJRS], 2015). Female juvenile offenders who are referred to juvenile justice programs that are designed to rehabilitate them, correct negative behaviors, and deter crime often find that the aggressive behaviors continue or sometimes even worsen. If these females have experienced any type of trauma, then the trauma should not be left untreated.

Everlasting Peace (EP) provides counseling services to juvenile offenders and their parents. EP is a counseling agency that has been deemed evidence based by the Georgia Department of Juvenile Justice (GDJJ). EP showed GDJJ that its treatment methods were effective in lowering the rate at which juvenile offenders reoffend in order to be considered evidence based. This study determined that EP is gender specific to the female offender. The GDJJ adopted evidence-based programming for its service delivery continuum. Evidence-based programs are programs that meet principles of effective intervention and have been proven through research to increase prosocial behavior (GDJJ, 2014). In order to be considered evidence based, contracted community-services-based programs are evaluated by GDJJ based on youths' needs as identified by their service plans and assessments. The services are then evaluated based on their quality, adherence to national best practice models and interventions, and types of services offered that are relevant to the needs of the present offender population (GDJJ, 2014). The programs are incrementally evaluated using a team-based approach to determine whether measurable objectives are being met to increase the number of youth who do not reoffend and reduce the 3-year recidivism rate (GDJJ, 2014).

This chapter provides the problem and purpose of the study. The research questions, the nature of the study, definitions of terms, assumptions, the scope of the

study, delimitations, limitations, and the significance of study for social change are addressed.

Juvenile laws in the State of Georgia are designed to rehabilitate juveniles as opposed to being punitive as in the adult criminal court system. In the State of Georgia, a *juvenile* is defined by the GDJJ as a person under the age of 17, with the age of criminal responsibility being 13 years (GDJJ, 2011). There are two types of offenses that juvenile offenders commit: *status offenses* and *criminal offenses*. Those who commit status offenses in the State of Georgia are referred to as *children in need of services (CHINS)*. There are various reasons why juveniles commit crimes, such as poverty, low socioeconomic status, lack of parental guidance, peer pressure, and drug and alcohol abuse. Rehabilitation should prevent youth from committing new offenses. Juvenile crime is decreasing at a rapid rate overall; meanwhile, girls are becoming the fastest growing segment of juvenile offenders (Zahn et al., 2010). In 1980, boys were 4 times as likely as girls to be arrested, and today, boys are only 2 times as likely as girls to be arrested (Cauffman, 2008). In 1980, girls represented 11% of arrests; that number increased to 18% in 2004, and then to 30% in 2004 (Sipes, 2010). The low-risk-level cases that are referred to the court system are managed in the community with detention alternatives instead of being detained at a youth detention center (GDJJ, 2011). Court officials have the option of alternatives to detaining youth at detention centers (GDJJ, 2011). Whatever method is used, it needs to be designed to change the juvenile's criminal behavior to prevent him or her from committing new crimes in the future. If the purpose of the law is to rehabilitate instead of punish, then the youth should not recidivate. Previous research has shown that detaining youth does not reduce the recidivism rate

(Greenwood, 2008). The aim of rehabilitation is to enable juveniles to make more positive choices and live a crime-free life.

Gender-specific programs should be designed to assess targeted outcomes and should take into consideration the risk and protective factors of females (Foley, 2008). Although girls represent the fastest growing population in the juvenile justice system, delinquent girls are at a higher risk for experiencing a traumatic event than their male counterparts (Zahn et al., 2010). Victimization among girls is also reported at a higher rate than that of boys (Bender, 2010). Further, girls are at higher risk for repeated victimization. This victimization frequently occurs at the hands of a family member (Bender, 2010). Kerig and Bennett (2010) stated that girls often reported a higher rate of disassociation in the context of interpersonal trauma. The increase in delinquent behavior for girls, added to the experience of trauma, has led to the field to examine specific behaviors as they relate to girls (Marsiglio, Chronister, Gibson, & Leve, 2014).

The GDJJ (2013) reported that House Bill 242 is aimed to reform and modify the Juvenile Justice Code. It has been established that evidence-based programs are proven to be effective with juvenile offenders (Finkel, 2013). Evidence-based programs are programs that have been demonstrated to perform well in achieving outcomes. Those who administer evidence-based programs must prove through outcome studies that their programs indeed do what they state they do. In times of limited funding, organizations must choose the services of those programs that have proven results. Some of the evidence-based programs used in Georgia with juvenile offenders are Multi Systemic Therapy (MST), Functional Family Therapy (FFT), Community Development Solutions (CDS), and Everlasting Peace Counseling and Support Services (EP; GDJJ, 2011).



Limited research has been conducted to ascertain whether these programs address the unique issues and trauma that are often seen in female offenders.

The problem is that females are committing crimes at a much higher rate than in the past. Girls entering the juvenile justice system have a higher rate of mental health issues and trauma (Cauffman, 2008). In a 2014 study conducted in Florida of 60,000 youth involved in the juvenile justice system, 45.1% of the girls reportedly experienced trauma, compared to 27.4% of the boys. These findings are consistent with a nationally representative study that was conducted in 2010, which showed higher rates of trauma among girls. The rate of occurrence of least one mental health disorder was 80% for females and 67% for males (Saar, Epstein, Rosenthal, & Vafa, 2015). There have been no previous evaluations of EP, an evidence-based program, to determine if it is gender specific in its treatment of the issues of juvenile female offenders involved in the GDJJ. For this study, I evaluated EP while conducting interviews with the families of girls who had been referred to EP by GDJJ.

Trauma theory served as the underlying theoretical framework to guide this study. There are many variables that affect the inclusion of female adolescents into the juvenile justice system. Here, attention is given to two common experiences of the study population, specifically the trauma they have experienced and their experience as females involved in the juvenile justice system. Trauma can skew a female's relationships and hinder her psychological development. Trauma affects how females relate to their family members, teachers, peers, and the therapeutic environment (Covington, 2014). Covington (2014) used trauma theory to develop theoretically based, gender-specific

curricula. Seven gender-responsive, trauma-informed curricula were designed to work with females who have experienced trauma.

Gaps exist because much of the research on treatment efforts and intervention has tended to exclude girls and often has not accounted for gender differences in results when girls have been represented. A gap in the literature that this work helps to fill involves the efforts that are made in treating female juvenile delinquents.

This study was needed to research why boys are overrepresented in the juvenile justice setting but girls commit status offenses at a higher rate than boys do. Juvenile crime for female offenders is at an all-time high. Further, the recidivism rate for status offenses for adolescent females is 6.9%, whereas the recidivism rate for status offenses for adolescent males is 3.2% (GDJJ, 2011). This study was conducted to determine whether evidence-based programs are treating the specific needs of female offenders. Females experience trauma at a higher rate than males do, and trauma needs to be addressed when they are referred to evidence-based programs for treatment.

### **Problem Statement**

The problem is that female crime is increasing, and despite evidence that shows gender differences in delinquent behavior, the juvenile justice system has failed to provide gender-specific programs and assessments for females. Adolescent females have a higher rate of status-offense reoffending than adolescent males despite being less involved in the juvenile justice system. Because girls are experiencing trauma at a much higher rate than boys, issues of sexual abuse, sexual exploitation, and posttraumatic stress disorder (PTSD) need to be addressed during treatment efforts. The current system was designed to deal with the issues of boys because they were the ones committing the

majority of the crimes; thus, gender-specific programs and treatment needs for girls have been neglected. Girls respond differently to program interventions and treatment than boys do (Covington, 2014). These differences in individual reactions to treatment call for distinct planning and research to meet the specific needs of girls involved in a system designed to serve and manage a population composed primarily of males (Covington, 2014).

A case study allows for the researcher to collect data on a group of individuals who are linked to a specific phenomenon. For the purpose of this study, the phenomenon consists of those female offenders involved in the juvenile justice system who have been referred to EP. This study determined whether EP, an evidence-based program, addresses the treatment needs of females based on their gender-specific issues. Many females have underlying issues prior to committing crimes that need to be addressed, such as sexual abuse, trauma, or posttraumatic stress disorder (PTSD;Cauffman, 2008; Zahn et al., 2010). This study was conducted due to the fact that although girls are underrepresented in the juvenile justice setting, their rate of crime is increasing, and their rate of status offending is higher than that of their male counterparts (GDJJ, 2011). Despite girls being involved in the juvenile justice system at a lower rate (24.3%) than their male counterparts (36.6%), female adolescent offenders reoffend at a higher rate (6.9%) than males (3.2%) when it comes to status offenses (GDJJ, 2011). Many status offenses for females are a result of issues focused on trauma such as sexual abuse, physical abuse, and neglect (Barrett & Zhang, 2013; Calley, 2012). According to Thompson and Morris (2013), it is important that males and females be separated in research if the goal is to develop treatment, intervention programs, or effective prevention

programs, as treatments must be altered according to the etiology of delinquency. In order to address the issue of status offenses, the GDJJ uses evidence-based treatment programs to treat those low-level offenders. The problem is that there have been no evaluations of Evidence-based programs to determine whether they are gender specifically treating the issues of adolescent female offenders in the juvenile justice system.

A female who continues to commit crime and is involved with the juvenile justice system is at higher risk for behavior problems and performing below grade level in school, which can cause a decrease in motivation and lifetime earning potential and increase the likelihood of drug use, poverty, health problems, and prostitution. Lowering the crime rate among female juvenile offenders in the state could have a positive impact on society as a whole.

The larger problem addressed by this research is that boys and girls have different risk factors for crime. . Girls experience trauma at a much higher rate than boys, and this trauma is often untreated, causing them to act out and become delinquent. Treatment efforts need to target these specific needs of female offenders, and successful intervention methods need to be put in place for gender-specific programs to be implemented for the female offender.

Hipwell and Loeber (2006) and Zahn (2007) showed that interventions implemented to meet the needs of boys are not equally effective with adolescent girls. Previously, girls only represented a small number of all youths involved in the juvenile justice system, and very few studies were conducted in this area.

## **Purpose Statement**

Despite differences in risk factors between males and females, best practices, risk assessment tools, and treatment programs designed for male offenders are being applied to female offenders (Gundy-Yoder, 2008). The purpose of this study was to determine whether EP is gender specific in addressing treatment to the juvenile female offender. Does EP target the underlying issues and trauma of female offenders? Girls who become involved in the juvenile justice system are often placed in programs that are designed for delinquent boys. Is EP equipped to target their specific issues? Does the behavior of the female offender change in a positive manner and prevent future charges? The purpose of this study was to evaluate EP to determine whether this evidence-based program is gender specific, as well as to identify research options that could best address the needs of female juvenile offenders.

By conducting this research, I hoped to determine whether EP met the needs of delinquent females and addressed gender-specific issues of those who had experienced trauma. These efforts must be designed to treat issues that females have as a result of being sexually abused and/or sexually exploited, physically abused or neglected, as well as issues related to self-esteem, PTSD, depression, and suicidal ideation.

Females experience a level of trauma that most males do not experience, and these issues need to be addressed in an appropriate manner (GDJJ, 2011). Research shows that treatment programs for girls need to include methods that reflect a psychosocial approach and should address trauma as it relates to female life. Programs for females are only considered gender responsive if they include interventions for trauma. In the past, administrators took ostensibly gender-neutral programs designed for

boys and made arbitrary changes, such as switching the language from masculine to feminine, in order to make them fit girls (Covington, 2014). This was not a gender responsive approach to treating the issues that are unique to adolescent females involved in the juvenile justice program. These programs were not successful because they did not take into account the psychosocial development of girls (Covington, 2014). Studies show that there is a link between trauma and criminal behavior (Zahn et al., 2010). Are females getting the proper treatment to address trauma when they are involved with the juvenile justice system? The problem is that adolescent females are becoming involved with the juvenile justice system at a higher rate than in the past, despite being less involved in the juvenile justice system than their male counterparts. Are evidence-based treatment programs such as EP gender specific, and do they treat the trauma that is often seen in female offenders that causes them to commit these status offenses?

The goal was to determine whether EP is gender specific when treating delinquent females who are referred by the GDJJ. The direct link to the research questions was to determine whether girls in evidence-based treatment programs are having their specific needs met. The questions were designed to determine whether girls referred to EP had their behavioral issues addressed as they related to their charges. I also sought to determine whether any positive behavior changes were made after the treatment was complete. In this way, I sought to identify whether the trauma was addressed and whether coping strategies were established to help the adolescent females deal with traumatic events that had occurred.

Successful gender-specific programs for girls are underexplored in literature, in part due to limited conceptual frameworks that integrate dynamic contextual interplay

(Cauffman, 2008). Emergent themes were revealed through coded interview dialogue with families of females involved in the juvenile justice system.

### **Central Research Question**

Is EP gender specific to treat the specific needs of females?

### **Research Questions**

R1: Did EP address the behaviors that caused the females to come into initial contact with the Department of Juvenile Justice?

R2: Did the females' behavior show a positive change at home and/or school after they received services from EP?

R3: Does EP address the trauma and/or gender-specific issues of female clients?

The research questions were answered by using a qualitative approach. Interviews were conducted face to face; I recorded these conversations, took notes, and was clear and concise with my interview questions. The data were analyzed with the aim of identifying specific themes.

This case study supported the development of guidelines for those considering the implementation of gender-specific programs or revision of their intervention programs to make them apply to girls. This case study provides guidance for juvenile probation professionals who may be seeking to create or modify probationary programs for the juvenile justice system.

### **Theoretical Framework**

Trauma theory focuses on the sociopsychological effects that violence has on adolescents. Trauma theory gives insight into the nature of behaviors that are the result of traumatic adolescent experiences (Kubeka, 2008). Trauma theory helps in explaining the

role of violence and trauma in the rate of adolescent violence, delinquency, and involvement in the juvenile justice system (Kubeka, 2008). This framework is used by some scholars to explain the experiences and circumstances of exposure to violence by adolescents. This theory can be used to inform the development of policies to ensure that gender-specific programs are designed within the juvenile justice system to address trauma that has occurred in female offenders. According to Kubeka (2008), PTSD can result from exposure to trauma such as violence and crime. The connection between trauma theory and delinquency is that research has shown that exposure to traumatic events may lead the victim to begin externalizing problems and lead to serious internalizing that may be self-destructive. Anger and anxiety can also result from family violence and trauma (Kitamura & Hasui, 2006). It is important for a society to protect its most vulnerable members, who are often the youngest. Criminology—and, in essence, delinquent behavior—is by nature a response to external stress.

Trauma theory provides insight as to why female adolescents may commit crimes and status offenses. Trauma theory demonstrates that events can happen to individuals during adolescence that can cause them to act in a way that is counterproductive to their positive development. Many of the girls that commit status offenses do so as a means of trying to cope with some type of trauma that has happened to them. Research shows that girls experience a high rate of sexual abuse by a family member, friend, or someone with whom they are familiar (Covington, 2014). These traumatic events can impact the choices that they make and may cause them to commit delinquent offenses because they are unsure of how to cope with the abuse. Many of the females turn to drugs and alcohol



and, in turn, can also act out sexually by being permissive or even turning to prostitution.

There is a link between trauma and the female adolescent crime rate.

### **Nature of the Study**

This study was a qualitative case study. For this study, I selected parents/guardians of a group of female offenders referred to EP by GDJJ in Chattahoochee Court Circuit, which serves Columbus, Georgia, and five surrounding counties. Interviews were conducted with the parents/guardians to get their thoughts and feelings about the benefits, advantages, and disadvantages of this evidence-based program and to determine whether the youth reoffended while receiving this particular service.

Case study research is a qualitative research method in which the researcher uses a strategy of inquiry to examine in detail a program, activity, event, process, or one or more persons. The researcher collects information using data collection tools over a specified time period (Creswell, 2009). The collected data lead to insight into the nature of the phenomenon. The rationale for the selection of the design used in this study was that it would allow me to study a central phenomenon and conduct a detailed exploration of delinquent females and the effect of evidence-based programs.

In implementing an effectively executed qualitative case study, I explored a topic of interest to other researchers and juvenile justice professionals looking to understand how treatment efforts should be made in order to address the specific needs of female offenders and those females that have experienced trauma. This research used case study design concepts presented by Creswell (2009) and focused on one question that highlighted the conceptual focal point of the research. According to Yin (2003), case

studies can be implemented in research that contributes to knowledge on individuals, organizations, groups, and social events.

The data were collected from parents or guardians of female delinquent adolescents that were involved with the GDJJ and had been referred to EP, an evidence-based program in Columbus, Georgia, for treatment and counseling services. The parents/guardians provided their opinions of the services provided by EP in terms of whether they addressed the specific behavior or issues that their daughters experienced and how their daughters' behavior had changed. They answered specific questions related to their children and the treatment received from EP.

### **Definition of Terms**

*Detention alternative:* A nonsecure placement and/or program in which youth have restrictions or conditions placed on their liberties and freedom by court order, including, but not limited to, placement in a non-secure detention shelter, housebound detention, short-term stay in a contract home, tracking, and electronic monitoring with or without another detention alternative program (GDJJ, 2014).

*Detention:* The placement of youth in a secure facility or an alternative detention program (GDJJ, 2014).

*Disposition:* The final settlement of a charge in the juvenile court; a dispositional hearing is held to determine appropriate actions to be taken by the court due to the adjudication of the child as either delinquent or unruly (GDJJ, 2014).

*Juvenile complaint:* A written statement of the essential facts constituting the offense(s) charged. Complaint Form JUV-2 initiates most proceedings over which the juvenile judge has jurisdiction (GDJJ, 2014).

*Juvenile delinquency:* Applies to youth between the ages of 11 and 16 years who engage in criminal activity and become involved with the juvenile justice system (GDJJ, 2014).

*Offender:* A wrongdoer (GDJJ, 2014).

*Peer:* A person who is of equal standing with another in a group (GDJJ, 2014).

*Probation:* The release into the community of a delinquent or unruly youth under certain conditions and under the control, supervision and care of a case manager. The juvenile court judge retains jurisdiction of the case for the period stated in the court order (GDJJ, 2014).

*Runaway:* The status of a youth who has left a supervised, non-secure placement, resulting in a violation of the placement, or a youth who leaves home without permission and is gone for more than 24 hours.

*Status offense:* An offense only applied to juveniles that would not be a charge if committed by an adult, such as running away, being ungovernable, committing a curfew violation, or engaging in truancy (GDJJ, 2014).

*Youth:* Any individual who is under the age of 17 years who has been placed under the supervision of the juvenile court or is on probation as ordered by the court.

### **Assumptions**

The following are assumptions that were made for the purpose of this study.

1. It was assumed that the parents involved in the study were open and honest while answering the questions.

2. It was also assumed that all of the girls' families that participated in the study were involved with the GDJJ and had been referred to Everlasting Peace by the department.
3. It was assumed that all participants spoke freely during the interview sessions and provided truthful information to the best of their knowledge.

These assumptions were necessary in order to validate the study. Assumptions were made in an attempt to get the best possible results from the research study. The assumption that the participants were fully truthful was very important to the final outcome of the study; if the participants had not been fully truthful, the results might have been flawed. It was also assumed that the females that were referred to EP were involved with the juvenile justice system and had committed delinquent or status offenses. This study only pertained to those youth that were involved with the court system, so this could also question the validity if there were females that had not been charged and had no contact with the juvenile justice system.

### **Scope and Delimitations**

The scope of this research study was to determine whether EP, an evidence-based program, addresses the specific needs of the female offender. Are the goals of treatment efforts being met for females involved in the juvenile justice setting that may have experienced any type of trauma? The research solely focused on delinquent girls and girls that committed status offenses in the Chattahoochee Court Circuit in Georgia, which includes the city of Columbus and five surrounding counties: Harris County, Chattahoochee County, Marion County, Talbot County, and Taylor County. This study did not look at girls who were not involved with the juvenile justice system.

For the purpose of this study, only females were the focus of the research. Youth who were not involved with EP were not interviewed, as their insights would not have been relevant to this study. Boys were excluded from this research study.

Girls are committing status offenses at a much higher rate than boys, even though girls are not the majority of youth who commit offenses within the Georgia juvenile system. In this study, I aimed to ascertain whether the unique needs of girls were being addressed in evidence-based treatment or whether the programs had been designed with the male offender in mind. Trauma theory guided this research study. Girls were studied regardless of their race. The study was conducted in the Chattahoochee Court Circuit in Georgia, which included Columbus, Georgia, and five surrounding rural counties (Chattahoochee, Marion, Talbot, Taylor, and Harris Counties).

The sample was selected from the group of girls who had been referred to EP, an evidence-based program that services at risk youth. The youth were referred to EP by the GDJJ as a detention alternative. I explored each case in detail to identify what the cases had in common in order to determine whether the specific needs of female offenders were being addressed.

The boundaries of this research study involved 25 families of delinquent girls referred to EP by GDJJ in the Chattahoochee Court Circuit in Georgia. This study excluded females who were not involved with the Department of Juvenile Justice. It also excluded males and adult offenders. The data were collected from families of the females who were involved in the juvenile justice system and had been referred to EP.

The interpretive scheme revolved around trauma theory. It was assumed that some or most of the females involved in the study presented a trauma-based issue. The

youth may have experienced trauma that caused them to display acting-out behavior that resulted in criminal or status offenses and a referral being made to the Department of Juvenile Justice. If trauma is not addressed and goes untreated, a female offender can continue to display acting-out behavior and may reoffend, committing new crimes or status offenses.

Transferability may apply to other females who are in need of gender-based treatment programs across the United States. In relation to girls involved in the juvenile justice system, the State of Florida has already made a recommendation that they receive adequate gender-specific treatment services delivered by trained staff in gender-specific and culturally competent programs designed to treat specific needs of females (Florida Department of Juvenile Justice, 2008a).

### **Limitations**

There are a few weaknesses to be noted in the study. This study was conducted only on girls and does not apply to boys. The present study and review revealed limitations, being that a minimal amount of evidence-based programs had been evaluated, as evidenced by the lack of studies in this area with control groups. Programs that are noted to be gender specific should also be noted in the program's assessment tools and evaluations implemented. More research needs to be done based solely on girls and evidence-based programs. Another weakness is that all girls involved in the study may not have experienced trauma. An additional weakness is that parents provided information in the study, rather than the females who actually received services from EP.

As the interviewer, I made sure that biases were eliminated from the study. A bias that could have influenced the outcome of this study was interviewer bias. Interviewer

bias occurs when the interviewer interprets information differently from what the interviewee is trying to convey. To ensure that this did not happen, I was clear and concise with the interviewees, repeating back to them the information that they gave me to make sure that it was recorded correctly.

To reduce the impact of limitations, I made sure that the data collected were clear and concise and were coded properly. I avoided researcher bias by having a clear purpose and objective, by not leading the interviewees in a specific direction, and by allowing interviewees to answer questions in their own words. I asked open-ended questions in order to avoid surrogate information and allowed the interviewees to expand. I made sure that the interviewees fully understood the questions that were being asked of them. I also discussed what is meant by *evidence-based programs* and explained this concept in great detail. To ensure that the correct population was targeted in the study, only families that had received services from EP were interviewed.

Disputable issues surrounding the case study involved the methods of sampling, data collection, analysis, generalization, reliability, and validity. The basic definition of *case study* is an empirical investigation of a particular contemporary phenomenon within a real-life context using multiple sources of evidence (Creswell, 2009). Case studies can produce much more detail and a clearer picture than other types of studies. However, one of the criticisms of all qualitative studies involves the lack of numerical data to drive the study (Creswell, 2009). Some have argued that case studies are difficult to use as the basis for generalizations because of the inherent subjectivity involved in studying a single case. According to Yin (2003), a case study approach should be implemented when the researcher aims to answer *how* or *why* questions. Behaviors cannot be manipulated when

using a case study approach, and the aim is to cover contextual conditions that are believed to be relevant. However, given the subject matter and the population of this study, a more detailed, focused qualitative study was more appropriate. Some criticism was avoided by including some numerical data; however, the use of such data was not to the degree that the study could be labeled quantitative or mixed method. According to Yin (2009), a case study method is helpful to researchers who aimed to understand the contextual conditions of the phenomenon being studied.

### **Significance of the Study**

The State of Georgia serves over 52,000 youth within the GDJJ (GDJJ, 2014). Less than 25% of the youth served within GDJJ are female; however, this is still a significant number of youth within the context of the 52,000 youth GDJJ supervises. Within the department, there are very few programs and services specifically targeting the female population. Gender-specific programs for girls should include efforts to educate them about what abuse and trauma are and to provide them with coping strategies. In some cases, females do not know that they have been abused and do not understand PTSD and other responses to trauma (Covington, 2014). If research can be conducted to discover to what extent community-based alternatives work for female offenders, then perhaps more can be learned to better treat this population. The data discovered from this study may allow the department, community-based programs, and citizens of Georgia to understand the effectiveness of their programs for female adolescents. A trauma-informed environment can be created within GDJJ. It is important for service providers to understand trauma theory as a conceptual framework and provide trauma services for female adolescents. A trauma-informed environment



should include paying attention to boundaries, language that communicates the value of empowerment, staff members who avoid damaging interactions, and a feeling of safety for staff and clients (Covington, 2014).

It is possible that programs and services designed to work primarily with males are not as effective with females as those that target female offenders specifically. From 2000 to 2009, arrests of females decreased at a lower rate than those of their male counterparts (Barrett, Ju, Katsiyannis, & Zang, 2013). The case study method, while not experimental research, does allow the researcher to get causal explanations that are usually only attainable with experiments. By interviewing the families of female offenders, it may be possible to understand the level of effectiveness over time of a community-based detention alternative program for young female offenders.

As part of juvenile justice reform, the GDJJ has been using more evidence-based programs for low-risk offenders, referring them to community-based programs instead of detaining them at youth detention centers. The juvenile crime for female offenders is at an all-time high. Additionally, the recidivism rate for status offenses for adolescent females is at a rate of 6.9%, while the recidivism rate for status offenses for adolescent males is at 3.2% (GDJJ, 2014).

### **Implications for Social Change**

This research contributes to filling a gap in the literature because there have not been many studies conducted solely on females and gender-specific programs. Most of the studies that have been done on evidence-based programs have involved boys and have not solely pertained to girls. This study provided insight on the specific needs of female offenders and the need for gender-specific treatment programs and intervention

programs for females. Females have different criminal risk factors than males and need specific programs to treat trauma experienced by girls, who undergo trauma at a higher rate than their male counterparts.

In the past, criminality research has been centered on males. Programs and policies for the criminal justice system have been created with males in mind. However, there are differences between males and females that are beyond anatomy. One of these differences is that rates of sexual abuse are higher among girls than among boys. Juvenile justice professionals face challenges in relation to programs and treatment services for girls. Gender-specific programs should be designed for girls that yield positive outcomes and provide effective, gender-specific treatment. The specific training for staff working with adolescent females should include but not be limited to treating mental health disorders, addiction, trauma, and gender-responsive programming (Cadreche, 2014).

My profession as a juvenile probation officer supervisor with the State of Georgia will allow me to apply the results of this study by giving girls the opportunity to receive the same counseling and treatment efforts as their male counterparts. If females receive proper counseling and treatment for their issues, they may become productive, law-abiding citizens who live a crime-free life. Proper treatment efforts that are gender specific to females can lower the recidivism rate of female crime and status offenses. They can also ensure that the specific needs of females are being addressed and that trauma does not go untreated.

This study may have an impact beyond my profession as it relates to social change. Research shows that gender-specific programs could benefit the juvenile justice system by providing a better understanding of reasons for female crime, implications of

victimization, psychological and developmental differences between males and females, healing processes for females who have experienced trauma, substance abuse, and physical and mental health issues, and such programs could reduce the rate of reoffending (Gundy-Yoder, 2008). Identifying gender-specific programs and getting treatment for females in need may cause them to not commit crimes in the future. Girls have high rates of mental health issues such as PTSD, depression, and trauma. Without gender-specific programs, these issues may be neglected, causing females to receive ineffective treatment.

New policies and procedures can be created to assure that females are getting the services that they need to address trauma. If fewer females commit crimes, overcrowding in youth detention centers may be relieved, and costs associated with housing juvenile delinquents in youth detention centers may be reduced, saving the taxpayers money. Taxpayers are responsible for making sure that juvenile detention centers are up to par and running, and the cost to house juveniles can be high compared to the cost of giving them detention alternatives, allowing them to remain in the community, and placing services in the home to assist youth and families in dealing with their issues. Proper treatment efforts can create law-abiding citizens, help youth to make more positive choices to live a crime-free life, and address traumatic experiences that have occurred in their lives while teaching coping strategies. It is important that gender-specific programs are designed with the central needs of females in mind, including life trajectories and histories of victimization (Gundy-Yoder, 2008).

## Summary

Girls are committing crimes at a higher rate than before and commit status offenses at a much higher rate than their male counterparts. Treatment and intervention efforts need to be gender specific to female offenders to assure that their needs are being met. Previous studies have shown that treatment efforts have been designed to suit male offenders with no regard to female offenders. Treatment efforts need to reflect consideration of the unique issues of female offenders so that they can address trauma and sexual issues that females have experienced that have caused them to follow a path of crime or commit status offenses.

Chapter 1 has contained a brief introduction to the juvenile justice system in Georgia, with background information and descriptions of the problem and purpose of this research study as it relates to female juvenile offenders and crime. The significance of the study for social change has also been discussed.

Chapter 2 provides a comprehensive review of the literature. It identifies and explores juvenile justice risk factors and gender-specific treatment programs. A brief review of trauma theory is also presented. In addition, gaps in the current literature are identified. In Chapter 2, I elaborate on the academic research that provided the basis for this dissertation as well as on the development and application of the theoretical framework.

## Chapter 2: Literature Review

### **Introduction**

As part of the Juvenile Justice Reform Act, GDJJ will divert more low-risk youth from secure detention to community-based alternatives (GDJJ, 2011). The problem is that female crime is increasing, and despite evidence that shows gender differences in delinquent behavior, the juvenile justice system has failed to provide gender-specific programs and assessments for females. The purpose of this study was to evaluate EP to determine if EP, an evidence-based program, is gender specific to the juvenile female offender.

Studies show that Georgia has been far behind other states in adopting low-cost, evidence-based treatment methods that scientific evaluations have shown to be effective in producing better results. Georgia ranks 8th among all other states. The recidivism rate for delinquent offenses has been reported at 36.6% for males and 24.3% for females, despite the fact that adolescent males are more involved in the juvenile justice system than their female counterparts (GDJJ, 2011). However, the recidivism rate for status offenses for adolescent females has been reported at 6.9%, whereas the recidivism rate for status offenses for adolescent males has been reported at 3.2% (GDJJ, 2011). Females experience a system of sexual trauma, sexual exploitation, and depression that most males do not experience, and these issues need to be addressed in a manner that is appropriate (GDJJ, 2011).

Treatment efforts should be gender specific. There is consensus in the literature that gender-specific treatment is superior to homogeneous modalities. Cauffman (2008) stated that effective treatment and prevention programs should be gender specific to girls

and should include treatment of trauma and consideration of girls' unique mental health needs. Evidence has shown that gender-specific treatment efforts can be effective when treatment targets all aspects of individuals' lives (Cauffman, 2008). Adolescent females are becoming more involved with the juvenile justice system and have a higher rate of status-offense reoffending than adolescent males, despite being less involved in the juvenile justice system. If gender-responsive programs are implemented, then the female offender population may stop increasing (Gundy-Yoder, 2008).

Researchers have identified differences between males and females. Findings in this area have related to the etiology of criminal behavior, specific program needs, and characteristics of offenders (Gundy-Yoder, 2008). If these differences are addressed, then treatment programs can be improved to treat specific issues of female offenders. These issues include physical and sexual abuse. Girls are 3 times more likely to be victims of abuse than boys are (Gundy-Yoder, 2008).

Chapter 2 contains an overview of the theoretical framework, content review, and methodology review. The literature that was found relates to females, trauma, and gender-specific programs. The literature suggests that girls commit crimes for various reasons and that they experience trauma at a much higher rate than their male counterparts. Further, females are committing crimes at a much higher rate than in the past. Literature suggests that treatment efforts need to be gender specific and provide services that address trauma, sexual abuse, and depression. This chapter also contains detailed information about GDJJ, recidivism, treatment efforts for girls, how treatment efforts differ for boys and girls, female risk factors and family dynamics, mental health, and evidence-based programs.

### **Literature Search Strategy**

The objective and intent of the literature review is to discuss in depth the risk factors of female offenders and to determine the need for evidence-based treatment programs to be gender specific. Additionally, the literature review addresses the trauma and mental health issues experienced by girls and the efforts that must be made to ensure that these issues are not neglected when female offenders are referred to treatment programs. In order for treatment to be successful, the programs need to be geared to treat the needs of female offenders, including those related to sexual abuse. Fifty peer-reviewed articles were reviewed to provide more detailed information on female delinquents, trauma, and evidence-based programs.

The scope of the review included peer-reviewed books, journal articles, research documents, and government documents. Walden University Internet search engines Gale PowerSearch and ProQuest (used to provide resources and tools to libraries) were used to gather relevant information. The primary search terms were *crime risk factors*, *crime*, *evidence-based programs*, *females*, *detention alternatives*, *counseling programs*, *social learning theory*, and *trauma theory*. Google Scholar and other website searches were used to gain a contemporary understanding of the link between trauma and female juvenile offenders.

Conducting a general keyword search with terms such as *juvenile justice*, *trauma with females*, *trauma theory*, *evidence-based treatment programs*, and *Georgia Department of Juvenile Justice* in ProQuest, Gale PowerSearch, and EBSCO host resulted in the retrieval of more articles addressing the plight of adolescent males in context of the juvenile justice system. However, research by GDJJ (2011) has shown that

adolescent females are more involved in the juvenile justice system than males in relation to status offenses.

The objective of this literature review is to present all related background information as it relates to the plight of female adolescents involved in the juvenile justice system. The scope of the review includes peer-reviewed books, journal articles, research documents, and government documents. Walden University Internet search engines EBSCOhost, Gale PowerSearch, and ProQuest were used to gather relevant information. Although information related to males in the juvenile justice system is prevalent throughout the literature, information gathered on males has generally been excluded from this review.

The strategy used for searching the literature was detailed and extensive. Very few studies had been conducted in the past on juvenile female offenders. Some of the keywords used to gather data were *juvenile female delinquents*, *trauma theory*, *criminal risk factors*, *evidence-based programs*, *gender-specific treatment programs*, and *posttraumatic stress disorder*. These key terms yielded articles that were closely related to the research being conducted. Additionally, I conducted a search to display only peer-reviewed articles related to juvenile female offenders and criminal risk factors. The databases used were Walden University, Google Scholar, ProQuest, Journal of Juvenile Justice, National Criminal Justice Reference Service (NCJRS), Uniform Crime Report, and Journal of Youth and Adolescence. These databases provide resources and tools to libraries to enhance research.



### **Theoretical Foundation**

The theoretical framework for this study was trauma theory. Trauma theory explains individuals' behavior after experiencing a traumatic event (Kubeka, 2008). This theory was the basis for this study. Trauma theory guided this study and provided further insight regarding reasons that females commit crimes.

The method that was employed for this research was qualitative case study. This study also employed an evaluation. An evaluation framework, utilization-focused evaluation (UFE), was implemented. Patton (2008) outlined the five steps of the UFE framework. First, the researcher must identify the users. Then, the researcher must gain commitment to UFE and focus the evaluation, choose evaluation options, analyze and interpret the findings, and finally disseminate the findings.

Evaluation theory was also employed using UFE. Patton (2008) suggested that an evaluation should be judged on its usefulness for its intended users. Evaluations must be conducted in order to enhance findings as well as to improve performance (Patton, 2008).

According to Creswell (2009), a case study can examine a person or organization. This method was suitable for this study because I interviewed the families of females involved with the juvenile justice system who had been referred to EP.

### **Literature Review Related to Key Variables and/or Concepts**

Females who have committed a crime and have contact with GDJJ must be afforded services that are geared toward them specifically. In order to prevent further destructive behaviors, gender-specific programs allow females who have mental health issues or have experienced trauma the opportunity to receive treatment services that are specific to their issues. If these issues are left untreated in programs that are designed for

boys, girls are left to deal with trauma and mental health issues that may cause them to continue to display status-offending or acting-out behavior. The cost to detain a juvenile in a youth detention center for a year is approximately \$90,000. With the high cost and the mediocre-to-poor rate of recidivism for those in locked detention, it is important to explore alternatives to secure detention. It is cheaper to refer these youth to community-based, evidence-based treatment programs than to detain them in youth detention centers; thus, community-based treatment can save taxpayers money (Swift, 2015).

Programs and services are available to address the needs of this population. Females are disproportionately involved in the juvenile justice system (GDJJ, 2011). If crime is a part of society, then it is important to understand some of the underlying causes that contribute to the continued criminal behavior of individuals.

According to the Bureau of Justice Statistics website (BJS, 2014), *recidivism* is the tendency of a perpetrator of crime to relapse into a previous criminal behavior. Recidivism is measured by criminal acts that result in either rearrest, reconviction, or return to detention, with or without a new sentence, during a 3-year period following a release from detention (BJS, 2014). Reducing the rate of offending among juvenile offenders has been the focus of researchers since the 1990s produced tougher legislation designed to treat youthful offenders much in the same way as adults (Calley, 2012). Management of youthful offending behavior has focused on treatment, and the emphasis is now on rehabilitation. The new emphasis on treatment and rehabilitation in the juvenile justice system is manifest in two significant ways.

In the State of Georgia, new legislation has resulted in significant change to the juvenile justice code (GDJJ, 2013). Additionally, instead of locked detention for

nonviolent offenders, detention alternatives, especially those that are community based, are being promoted (Huskey, 2011). GDJJ recently introduced two tools based on evidence-based practices and data: the Pre-Dispositional Risk Assessment (PDRA) and the Structured Dispositional Matrix (SDM), which help to reduce or eliminate bias in detention decisions made by juvenile probation officers. These changes were prompted by legislative changes in Georgia and a recommendation of the Special Council that required the use of a predispositional risk assessment. All of GDJJ will be completing the SDM on each case postadjudication but predisposition and offering it to the judge prior to the sentencing phase. This is an evidence-based assessment tool for combining risk assessment with the seriousness of the offense to structure dispositional recommendations. Least restrictive custody/supervision is required to ensure community safety. The SDM is designed to maximize use of community-based options and control the cost of intervention for delinquent youth. The goal is to refer juveniles to evidence-based programs, community programs, and detention alternatives. Evidence-based programs need to be structured to address the specific needs of female offenders and address trauma, sexual abuse/exploitation, depression, and mental health.

### **Trauma Theory**

Trauma theory is a theoretical framework rooted in psychology. Developed by Ferenczi in 1916 while conducting medical work during World War I, the theory was initially used to study the psychological effects of war (Frankel, 1998). A significant finding from this time was that traumatic neurosis is directly linked to impulses that cannot find constructive discharge (Frankel, 1998). Trauma theory has grown to be applied to many sources of trauma, including childhood and adolescent experiences.

Trauma theory relates to this study because female adolescent offenders are known to experience higher rates of traumatic stress. These females have been known to relive the feelings, images, thoughts, or actions of traumatic events that happened in the past. This may cause responsivity problems in the present (Zahn et al., 2010). Trauma can play a role in a female committing a status or criminal offense. The major theoretical proposition involves the trauma experienced by girls and its link to delinquency.

Marsiglio et al. (2010) conducted a longitudinal study to determine the link between traumatic events and delinquency among females using a cross-lagged model. The sample included 166 female offenders who had been referred to community-based care. A theoretical and empirical framework with a cross-lagged model was used to understand the risk factors of girls. Results showed that trauma and delinquency risks pathways vary and juvenile delinquent girls experience a higher level of trauma and abuse or neglect (Marsiglio et al., 2010). Trauma needs to be addressed in offenders who are involved in the juvenile justice system.

Trauma studies have been rapidly increasing in number over the past decade (Visser, 2011). Freyd, Deprince, and Gleaves (2007) stated that trauma theory is an approach to conceptualizing trauma that points to the importance of social relationships in understanding traumatic events that have occurred in the life of a child. These authors agreed that children who experience trauma may try to forget or suppress the event that occurred. These issues can cause issues for females later on in life and can lead them to a path of acting-out behavior or crime.

Trauma theory made its appearance in the earlier days and has now modernized to the present. To understand trauma theory, it is necessary to know what exactly is meant

by *trauma*. Trauma refers to the traumatic aftermath rather than the traumatic event (Visser, 2011). PTSD provides a framework for understanding the symptoms of trauma. The traumatic event can intrude daily while an individual is awake or asleep. Females can experience trauma in the form of rape or abuse.

The juvenile justice system sometimes fails to address traumas that may have caused girls to be there (Saar et al., 2015). Trauma experienced by adolescents is often at the hands of someone whom they know. Abuse and neglect are two forms of traumatic events that are common in the United States (Courtios & Gold, 2009). Disassociation is very common in youth who have experienced trauma. Professionals working with youth who have experienced trauma need to be trained about and well aware of disassociation. While PTSD is the disorder most often associated with trauma, depression is also very prevalent (Courtios & Gold, 2009). A National Child Traumatic Stress Network (NCTSN) review of literature on trauma and girls' delinquency underlined the fact that unaddressed trauma can play a role in the criminalization of girls (Saar et al., 2015). Saar et al. (2015) stated that untreated trauma can lead to alcohol and drug use, participation in violent crimes, and development of mental health problems such as PTSD. For these female offenders, there seems to be a link between the trauma and the lack of treatment that caused the arrest leading them to become involved with the juvenile justice system (Safaar et al., 2015).

This theory relates to this study because if girls experience trauma at a much higher rate than boys, then gender-specific programs are necessary to assure that these issues are being addressed with female adolescent offenders. The research questions helped to build a case to show that treatment efforts for girls should be gender specific

and should focus on the trauma that is experienced in girls at a much higher rate than in boys.

### **Girls and Trauma**

The following studies are rooted in trauma and Trauma theory. These studies give insight into the trauma-based research question. Erickson (2013) implemented a quasi-experimental study involving 180 female juvenile offenders. He stated that although female crime is on the rise among juvenile offenders, there were very few studies conducted in the past to show what was considered to be effective treatment. Erickson stated that in the State of Florida, legislation was passed in 2004 mandating that girls involved in the juvenile justice setting receive services that are gender specific. Trauma theory proposes that traumatic distress may strongly affect the wellbeing of females (Erickson, 2013). Erickson conducted an experimental and comparison group for female offenders in residential treatment to determine whether treatment methods that are designed to reduce aggression in boys are actually suitable for use with females. Erickson's study applied Aggression Replacement Training reduces aggression in female that are in residential treatment facilities. The results of the study show that behavioral interventions for girls and support and safety can improve social functioning and can reduce the recidivism rate among female offenders. Aggression replacement training and prosocial skill development were noted as effective tools. The study by Erickson demonstrated that trauma and the treatment of trauma are important in meeting the needs of female offenders involved in the juvenile justice system.

Another study to show the increase in crime among juvenile female offenders is Espinosa and Lopez (2013), this study showed that crime among juvenile girls has

increased while boys have declined. A possible reason for this gender difference is experienced trauma and mental health needs on developmental pathways resulting in the youth's involvement with the juvenile justice system. Some research suggested that early involvement with the juvenile justice system can impact the life of a youth in school or can cause further impact with the criminal system at a later age (Espinosa & Lopez, 2013). The sample was from youth involved in the juvenile justice system from three urban areas in Texas. The finding suggested that further study is needed to determine if trauma interventions are effective for youth involved in the juvenile justice system (Espinosa & Lopez 2013). This literature related to this study by determining if trauma is being addressed amongst female offenders. The study by Espinosa and Lopez (2013), suggested that untreated trauma can result in a youth becoming involved with the juvenile justice system.

Alsic, Jongmans, Weesel and Kleber (2011) conducted a longitudinal study building child trauma theory. The authors stated that traumatic events may pose problems psychologically or developmentally in adolescents so therefore the need to understand posttraumatic stress in adolescents is essential. . This meta-analysis study aimed to focus on the use of theory and theory validation. There were 40 studies that looked at predictors and symptoms of post-traumatic stress and were then coded. Some studies showed theoretical frameworks present in the studies. The results showed that predictors of post-traumatic stress were depression and anxiety. Age and socioeconomic status were not related. Females and the severity of the trauma also yielded small results and were weak predictors (Alsic et al., 2011). This study indicated that trauma may be a central reason for female delinquency and therefore the reason for the referrals to the

juvenile justice system. Graves, Kaslow, and Frabutt, (2010) used a theory of triadic influence (TTI) and examined protective and risk factors for girls. Graves et al., (2010) argued that trauma is a risk factor for suicide and aggression among girls. Two meta-analytic reviews showed that girls who witnessed violence in the home have higher levels of behavior problems. This study also suggested that crime rates have increased as it relates to girls but also increases for girls that have been exposed to trauma. The rates were higher for black females when compared to other races and suggested that there was a lack of theory based culturally research (Graves et al., 2010). This research suggested that trauma is linked to a high level in aggression that may cause girls to act out and commit status or delinquent offenses.

D'Andrea, Ford, Stolbach, Spinazzola, and Van der Kolk (2012) conducted research that summarizes articles on widening diagnostics on conceptualizations for girls that have been victimized. The authors' purpose for this article was to examine the phenomenology of childhood trauma and victimization to recommend improvements for the diagnostic system. This was done by highlighting empirically peer reviewed articles in this area. This conceptual article examined the evidence that is directly related to childhood victimization, research on biological systems disrupted by childhood trauma, and nonspecific diagnosis related to maltreated children and positive outcomes.

Girls experience trauma at a higher rate than boys. One out of every four girls and one out of every five boys experienced some type of sexual victimization (D'Andrea et al., 2012). These children exposed to trauma at such an early age meet the standards for Post-Traumatic Stress Syndrome. This trauma stemmed from sexual or physical abuse, maltreatment, and also neglect. Children that were victimized in the form of complex



trauma or poly-victimization are found to be associated with biopsychosocial impairments (D'Andrea et al., 2012). These authors also suggested that children who experienced a traumatic event were found to have a low cognitive functioning and oppositional behavior problems. They may also have experienced issues with adapting to social settings and may have problems coping in school. D'Andrea et al. (2012) suggested that if delinquent girls receive therapy addressing the traumatic events then the PTSD and anxiety related to the PTSD and trauma related beliefs to the world and also to themselves will likely show improvement. Treatment efforts should address these issues once the youth are referred to treatment programs within the Georgia Department of Juvenile Justice.

Masterson, Watson and Watson (2013) examined seven holistically conceived articles that address trauma theory. They explored the role that traumatic experiences play in the lives of those that have experienced traumatic experiences and the mending of the trauma. The authors of this journal article attempted to display the healing process of those who have encountered traumatic experiences. Trauma studies surfaced in the 1990's as a result of ethical criticism. Masterson et al. (2013) stated that trauma theorists argued that trauma disrupts the memory and disassociates from cognitive and returns in the form of repetitive phenomena or in the form of nightmares or flashbacks. Trauma theory has regularly dismissed the chances of getting closure to trauma or starting fresh for the topic of trauma (Masterson et al., 2013).

From the viewpoint of these authors, trauma theory's investment in continuing to work through the trauma and raises questions about the fields disciplinary subject (Masterson et al., 2013). At the same time, these authors did not intend to quickly dismiss

accounts of mending, healing, and overcoming trauma. They were also not able to admit that trauma is unrepresented. This article suggested that the memory orientated focus of trauma studies should be increased by broader versions of sociocultural traumas and healing (Masterson et al., 2013).

It is difficult to understand female adolescent's involvement within the juvenile justice system without understanding the trauma that may place them there or the promotive and risk factors that may explain the root causes for their issues. Whitney, Renner, and Herrenkohl (2010) conducted a longitudinal study of 229 boys and 187 girls using latent profile analysis to determine how likely children exposed to multiple risk factors were likely to become delinquent. Some females had been victimized or had experienced abuse and/or neglect. Early onset of delinquency put youth at a higher rate of committing more serious crimes later in life. The development in adolescents occurs in environments distinguished by both promotive influences and risk together. It was important that they both be analyzed at the same time (Whitney et al., 2010). Results showed those youth exposed to parental intimate partner violence (IPV) and physical abuse were at higher risk for behavior problems. The finding showed that for girls, parental or peer disapproval for antisocial behavior was a promotive factor but was not a promotive factor for boys (Whitney et al., 2010). Females exposed to peers that committed crime may commit crime as well. The environment was a determining factor for committing crime.

### **Risk Factors**

In a study conducted by Thompson and Morris (2013) the risk factors in 3,287 delinquent youth in Arizona were examined for recidivism as it relates to demographics,

offense patterns, and education. The authors conducted a chi square analysis and aimed to identify risk factors and to see if risk factors for recidivism differed between male and females as they relate to education and offense variables. Recidivism was becoming a problem in the juvenile justice system. Although it was reported that juvenile arrest rates were down, the recidivism rate continued to rise. This issue led researchers to analyze the risk factors among juvenile offenders (Thompson et. al., 2013). Education or lack thereof had also been linked to recidivism. Females were more likely to commit status offenses and the number of status offenses doubled compared to those committed by males. Low achievement in the areas of reading and math were predictors for males but not for females. Emotional disability was a predictor for both (Thompson & Morris, 2013). Results showed significant differences in risk factors between girls and boys and girls were two times more likely to commit status offenses. The goal was to prevent the youth from reoffending by addressing the underlying issues that are causing them to commit crime. The goal of treatment related issues allowed the recidivism rate to drop.

Chesney-Lind and Pasko (2013) suggested that although a large number of female youth were being arrested there was little information to show the causes as to why they committed crimes. Most of the girls referred to the court system were for status offenses and were referred by someone other than law enforcement. Most girls that ran away from home were running from victimization that may be occurring in the home forcing them on the streets. Long term runaways are forced into other situations such as prostitution and depression (Chesney-Lind & Pasko, 2013). Although some efforts were made to reform the juvenile justice system, there were little or no efforts made as it relates to females and their issues within the juvenile justice system. Females were included on the

policy level and academically, but there remained information on the development of girls, and pathways to criminality. Feminist theorists believed that the lack of knowledge made it harder for the professionals working with these females to create or enhance programs and resources that could address the problems that these females are facing (Chesney-Lind & Pasko, 2013). All of these variables and issues played a role in the youth committing status or criminal offenses.

Barrett, Katsiyannis, and Zhang (2014) examined influences on recidivism and delinquency using a Structural Equation Modeling system to analyze juvenile delinquency. The sample composed of a large sample of 99,000 youth involved in the South Carolina Department of Juvenile Justice. These youth were paired with an equal amount of youth not involved in the juvenile justice system. Child maltreatment, poor academic achievement, and mental health are variables that were linked to juveniles committing crimes. The researchers indicated that this model can be used to predict some level of juvenile delinquency risk. The results also showed that girls with adverse parents were more likely to be involved in the juvenile justice system.

Risk factors were linked to delinquent behaviors and promotive factors reduces these delinquent behaviors. In a book written by Loeber, Slot, and Stouthamer-Loeber (2008) argued that more research and interventions should be geared toward juveniles age 13 and under. The purpose of the study was to provide empirical knowledge as to why adolescents become delinquent. Longitudinal studies conducted indicated that juvenile delinquents had a history of non-delinquent behaviors starting in preschool. These authors addressed problems in criminological research while making studies from the Netherlands more attainable.

The authors discussed risk factors for adolescent youth and reviewed screening tools and risk prevention methods. For many years researchers have tried to figure out what risk factors determined if a youth was more likely to commit a crime causing them to be referred to the juvenile justice system. If it was known what these risk factors were, then measures could have been put in place to prevent this from happening. Youth who had a low I.Q. and poor social skills were at higher risk of delinquency at a later age (Lober et al., 2008). Results showed that serious offenders displayed acting out behavior prior to age 13. Risk factors provided insight as to why some girls committed crime. Risk factors for youth were important for understanding adolescent female delinquency. The risk factors of social skills, I.Q., IPV, and physical abuse were all indicators of greater involvement in the juvenile justice system.

In a study conducted by Fagan, VanHorn, Hawkins, and Arthur (2007), a Communities That Care Youth Survey was given to 7, 829 tenth grade students to examine gender differences and protective factors associated with delinquency. The self-reported survey findings showed that girls were more likely to have a higher level of promotive factors and prosocial activities than boys (2007). Fagan et al. (2007) conducted a study examining multiple risk and promotive factors based only on gender. Early behavior problems, hyperactivity, and communication problems were also considered risk factors (Fagan et al., 2007). This article detailed that risk factors of boys and girls and then defined the promotive factors of both. The promotive factors were factors that enhanced positive development in youth. Some promotive factors were positive identity, positive peers, and a healthy home life that consists of positive supportive parents. This study related to the type of peers with whom youth associates and the family member

with whom youth has contact. These variables influenced the choices that the youth makes, if the youth had positive peers and positive adult role models then they were less likely to become involved in the juvenile justice setting.

In a longitudinal study conducted by Chauhan and Reppucci (2009) risk factors such as physical abuse by their peers or parents and neighborhood disadvantage were assessed. These risk factors were assessed while the youth were detained to determine if there would be delinquent behavior post release. Girls who were victims of violence or witnessed violence were more likely to engage in antisocial behavior. All girls showed similar levels of exposure as they relate to violence. White girls had a higher level of physical abuse by parents while black girls had a higher rate of witnessing violence as it relates to delinquency behavior.

This study showed that although living in disadvantaged neighborhoods did not predict whether these girls were displaying antisocial behavior but did play a role in the recidivism rate as well as contact with the juvenile justice system (Chauhan & Reppucci, 2009). Chauhan and Reppucci examined the impact of violence exposure and neighborhood disadvantage on antisocial behavior among black and white females. Research showed the females in disadvantaged neighborhoods were more likely to have criminal behavior (2009). Youth were inclined to succumb to peer pressure from their peers so if they were hanging around negative peers then they were at higher risk for displaying negativity as well.

Yampolskaya, Armstrong, and McNeish (2007) conducted a study using administrative data to determine risk factors of youth placed in out of home care in Florida. Data included the severity of maltreatment for children involved in the juvenile justice system

ranging from ages seven to seventeen. Child maltreatment has been linked to delinquency and behavior problems. Implications were clear for intervention programs that were geared toward focusing on youth not entering the juvenile justice system Yampolskaya et al. (2007). Children placed in juvenile justice facilities required more intensive treatment.

Identifying the risk factors of juvenile offenders placed in detention were essential because it allowed the caseworker the opportunity to make decisions in the best interest and care of the youth. These delinquency programs were more effective if they were gender specific and if they also addressed cultural issues (Yampolskaya et al., 2007). This article discussed the treatment efforts made for youth that were in juvenile justice setting. If these needs were not being addressed then treatment efforts were unsuccessful. Treatment should be gender specific to assure these issues are being addressed in females.

Kelly, Cheng, Dieckmann, and Martinez (2009) conducted a study of 590 girls in the juvenile justice system and dating violence. Girls are dated raped and are oftentimes unsure that date rape was a crime and assumed that it was okay since they are in a relationship with the male. Girls' rate of sexual abuse was four times higher than boys in the juvenile justice system. The girls reported a rate of 31% related to sexual abuse while boys reported 7% in a 2015 study conducted in Florida of youth involved in the juvenile justice system (Saar et al., 2015). The cyclical cohort intervention study focused on dating violence using secondary data analysis. The girls involved in the study were given questionnaires to answer about attitudes toward dating violence. Some of the girls had a complex of risky behaviors and many of them relate back to some type of violence

experienced in their lives. Forty-four percent of the girls had a sexual encounter before their 13th birthday.

The study provided quantifications and correlated violence among girls in the juvenile justice system and a reasoning for prevention efforts to magnify their opportunity for physical safety and mental health (Kelly et al., 2009). This literature showed that females experienced risky behaviors at an early age that resulted in them becoming delinquent. Girls who experienced sex and experimented with drugs and alcohol at a young age were more likely to display status and/or criminal behavior. These risky behaviors were common risk factors seen in the youth involved in the GDJJ System.

Sanger, Maag, and Spilker (2006) reviewed the communication and language of juvenile delinquent female youth and made recommendations for personnel and staff that implement pragmatics into social skills training. Girls experienced problems in social and academic situations related to communication problems and the relation they have to emotional and behavior disorders (EBD) (Sanger et al., 2006). Research showed that more than 20% of the females detained in juvenile detention centers had some type of language or communication problems. The two main psycho social characteristics most seen in girls were behavioral problems and social skill challenges. Female delinquents were more likely to experience depression and mental illness than males. Sanger et al. (2006) argued that social skills deficit and communication skills were characteristics of the female juvenile offender population and were taken into consideration when implementing programs in order to reduce recidivism. Perhaps it may be important to understand the type of trauma the youth had experienced in the past. The research



conducted by Sanger et al., (2006) showed that female delinquents were more likely to experience depression and mental health issues than males. Therefore it was important to understand how evidence-based programs addressed this issue.

Youth who were victims of abuse or neglect were at a higher rate of involvement with the juvenile justice system according to Ryan, Williams, and Courtney (2013). Ryan et al. (2013) conducted a meta-analysis study of 161 articles to investigate the likelihood of recidivism among juveniles. Conduct problems were linked to children that had a lack of supervision by their parent. In a study conducted in the state of Washington. Ryan et al. (2010) sought to determine if neglect was linked to recidivism among juvenile medium and high risk offenders. Child neglect is reported to be the highest reported issue to child protective services and is usually one of the major reasons for a child being removed from the home and placed into foster care (Ryan et al., 2013). Although there were studies that determined risk factors of youth who were more likely to commit crimes, more literature needed to be completed as to interventions to prevent youth from coming in contact with the juvenile court system. Juveniles with a history of neglect offended at a higher rate than those with no instances of neglect (Ryan et al., 2013). This literature related to this research because it showed that children who come from a low socio economic environment or a family/community with criminal risk factors were at a higher risk to become delinquent. Youth that had supportive parents that were engaged in their lives were less likely to commit crimes.

Status offenses were being committed at a much higher rate in girls than in boys although girls are underrepresented in the juvenile justice setting. The article by Zahn et al. (2010) provided some risk factors as to why females committed these offenses. Zahn

et al. (2010) conducted a girl study group of 1600 articles and book chapter of girls between the age of 11-18 to determine whether the risk factors were gender neutral or gender specific. Zahn et al. (2010) showed truancy, runaway, and other status offenses may have been an indication that something may have been going on in the home. Studies of girls that continued to run away on a continuous basis may have been experiencing some type of sexual or physical victimization. Although these offenses were not serious in nature, the female offender may actually be running away from other issues that were occurring inside the home (Zahn et al., 2010). This lead to other charges that violated that law such as survival sex, prostitution, and drug usage. Girls were exposed to different risk conditions than boys causing them to have a higher risk for delinquency. Research showed that girls experienced more negative life experiences than their male counterparts therefore they are more sensitive to the effects. These stressors were related to risk taking behavior. According to Zahn et al. (2010), stressors were conditions that elicit strong negative responses that are perceived as uncontrollable predictors. These predictors of crime had an impact on why girls became involved with the juvenile justice system.

Parents should be positive role models for their kids but in many instances this was not the case. Many youth referred to DJJ also have parents who were involved with the criminal justice system. Aaron and Dalliare (2010) conducted a study of archival data among children age 10-14 who had an incarcerated parent to examine the child's risk experiences. Aaron and Dalliare (2010) argued that children of parents who were in prison were at a higher risk for delinquency. This further confirmed the central tenet of social learning theory that behaviors were learned from watching others. Family

victimization and sibling delinquency were also predicted. The children were determined to be delinquent at a higher rate when the mother was the parent that was incarcerated compared to when the father was the incarcerated parent (Aaron & Dalliare, 2009).

Findings showed that children of parents that were incarcerated in the last two years reported family conflict on a higher level than those kids whose parents were not in jail or prison while the parents report family victimization. This association continued to predict delinquency after adding demographic info to that of those parents that were incarcerated. The parents that were incarcerated reported their children to be delinquent at a higher rate. Studies showed that youth who have parents that commit crime are more likely to commit crime as well

Maschi, Morgen, Bradley, and Smith-Hatcher, (2008) conducted a longitudinal comparison group study of 300 children age 7-12, to see if there was a link between child maltreatment and internalizing symptoms and externalizing behavior. The findings showed that girls were the only ones with a link between child maltreatment and internalizing symptoms and externalizing behavior. Child maltreatment was a growing problem for boys and girls although girls were more likely to experience sexual abuse. As a result, boys and girls experienced emotional, psychological, or behavior problems. Boys and girls both experienced adverse actions from trauma while boys externalized it, girls tended to internalize it. Girls adjusted by developing maladaptive behaviors while boys behaved aggressively or displayed anger. Finding showed that gender did play a role link between internalizing and externalizing behavior among maltreated youth. (Maschi et al., 2008). This had an effect on girls and how they make choices as it relates

to status offenses and crime. These issues needed to be addressed in treatment to prevent the youth from internalizing and causing more problems in the future.

### **Mental Health and PTSD**

Mental health problems were a likely contributor to female crime. Research showed that mental illness played a major role with juveniles and delinquency. According to one estimate, approximately 70% of the juveniles that came in contact with the juvenile justice system were diagnosed with one or more mental health illnesses (Skowrya & Coccozza, 2007). Heretick and Russell conducted a study that employed a retrospective observational design of youth that entered the Juvenile Mental Health Court to compare the recidivism outcomes of 81 youths ages 10 to 17. The most common disorder was disruptive disorders and conduct disorder (Heretick & Russell, 2013). The Georgia Department of Juvenile Justice does not have a separate court for juveniles with mental health disorders. A study by Heretick and Russell (2013) was conducted in Colorado on the outcome of juveniles who were adjudicated and referred to detention alternative programs such as probation, diversion programs or Intensive Supervision Programs (ISP) and youth in the experimental group were referred to mental health programs. Youth who were referred to mental health programs reoffended at a much lower rate than those referred to juvenile court. . By referring the youth to mental health programs, the underlying issues were addressed while assuring public safety. The goal of the GDJJ was to rehabilitate juveniles and not to punish them (GDJJ, 2011). Sometimes these mental health issues interfered with treatment efforts (Cauffman, 2008)

There were a growing number of youth involved in the Georgia Department of Juvenile Justice who have mental health issues. Mayworm and Sharkey (2013)

conducted a pretest posttest study that evaluated mental health outcomes for youth involved in community based programs to determine gender specific outcome. The study consisted of 102 participants with 42% being female. Research on juvenile delinquency intervention called for a focus specifically for female offenders. Effective rehabilitation efforts were crucial for promoting positive outcomes and reducing negative outcomes in juveniles. These juveniles had untreated mental health behaviors that caused problems over time if left untreated. Juvenile offenders must receive treatment that effectively addresses these issues. Previously research focused solely on boys because girls were underrepresented so there was not a need for specific treatment. PTSD, anxiety, depression, and conduct and behavior disorders were some of the common issues that are seen in female offenders. Mayworm and Sharkey (2013) stated that mental health fell into two categories, externalizing or internalizing disorders. External disorders manifested outwardly and internal disorders were those with more inward manifestations such as depression and anxiety. Girls involved in the juvenile justice system that had mental health problems were in at an increased risk for negative outcomes when they reach adulthood (Mayworm & Sharkey, 2013). Gender specific programs and evidence based programs should address these issues to prevent them from lingering into adulthood.

Effective treatment policies shall confront mental health issues before aggressive behavior can be treated (Cauffman, 2008). Grande et al. (2012) conducted a study of 4,015 youth with 87% being male to see how the prevalence rates of mental health differs among males and females. The risk factors of female differ from that of males so therefore requires gender specific treatment, interventions, and mental health

assessments. Females had a higher mental health rate than males so it was important to recognize the types of mental health symptoms shown in juveniles that were detained. There were significant differences in male and female in prevalence of mental health among male and female offenders that were detained. Finding showed that there needs to be a modification in the way mental health was treated among male and females. This study showed many differences in clinical scales between male and females (Grande et al., 2012). Effective treatment for girls must address their mental health issues.

Skowyra and Cocozza (2007) conducted a Comprehensive Model that was the first ever systematic review of the juvenile justice system completely. The study was a sample of 1,437 youth from three states from corrections, detention, community based programs. The project reviewed the entire juvenile system from intake to re-entry. The focus of the project was to prove that stronger partnerships between the juvenile justice system and mental health systems can result in better screening and assessment mechanisms. It also provided key points of the juvenile justice contact, enhanced diversion opportunities for youth with mental health needs to be treated in the community, and increased access to effective mental health treatment (Skowyra & Cocozza, 2007). The cornerstones of the comprehensive model were: collaboration, identification, diversion, and treatment. The comprehensive model emphasized early identification of juveniles who require mental health assistance and frequent contact with mental health professionals while the juvenile was a part of the juvenile justice system. The contact needed to continue until the juvenile had time to adjust to re-entry back into the community (Skowyra & Cocozza, 2007). Results showed that over 70% of the youth were diagnosed with at least one mental health disorder with girls experiencing a much

higher rate. Females can be treated in the community with evidence-based programs as long as the mental health needs were addressed by these programs. Evidence-based community programs decreased the number of low risk female offenders who were detained in youth detention centers.

Ford, Hartman, Hawke, and Chapman (2008) conducted a study of 264 youth 73% were boys ages 10–17 to examine PTSD. Post-traumatic stress disorders were common among youth in the juvenile justice system. When youth were detained at youth detention centers they were treated for these disorders. Research needed to provide an empirical basis to identify the traumatic experiences that these youth experienced prior to being detained. The aim of this study was to identify the traumatic victimization that are common among these juvenile offenders. PTSD recognized in juvenile offenders were properly treated. High risk behavior problems were also be noted. Substance abuse and suicidality were the two most commonly seen in juvenile offenders. The findings showed that 89% of the juveniles in this study were exposed to some type of traumatic event. One in three youth reported some type of trauma victimization. Sexual abuse was linked to alcohol abuse. Identifying PTSD or victimization in youth involved in the juvenile justice setting allowed opportunity for treatment to be provided for them and also taught the parents how to prevent future victimization (Ford et al., 2008). If trauma did exist then it needed to be noted so the youth can receive proper treatment. Untreated trauma caused the youth to continue to display acting out behavior.

Swooger, Conner, Walsh, and Maisto (2012) conducted an exploratory analysis and examined the link between sexual and physical abuse and three signs of harmful substance abuse in a sample of 219 criminal offenders. Child abuse was linked to

substance abuse and drug use among juvenile offenders. Child abuse was also associated with mental health disorders such as depression, PTSD, and anxiety and further lead to behavior problems. These behaviors were often left untreated causing female offenders to act out or commit crimes. Females were shown to have a higher rate of substance abuse after experiencing child abuse. Findings showed that it was important to assess childhood abuse and treat depression and anxiety among offenders with substance abuse problems (Swooger et al., 2012). Girls displayed more internalizing disorders than boys. Sexual abuse was associated with symptoms of drug use disorder among offenders and physical abuse was associated with symptoms of alcohol use disorder.

In a meta-analysis study of 2,187 articles sex differences in trauma and posttraumatic stress disorder: a quantitative review of 25 years of research conducted by Tolin and Foa (2006) showed that girls suffer from PTSD at a higher rate than boys. Tolin and Foa (2006) investigated differences in boys and girls related to PTSD. Girls were at higher risk for traumatization. That offered one reason as to why the rates were higher for PTSD as compared to boys. Girls had different types of traumatic events than boys. Findings showed that boys and girls experience different types of post traumatic events (Tolin and Foa, 2006). It was very important to point out these traumatic events so the youth could began to receive the necessary treatment. Referring girls with mental health issues to community based programs such as EP improved individual outcomes.

### **Evidence-Based Programs**

Henggeler and Schoenwald (2011) conducted research on 600 delinquent, drug, and prevention programs to examine what was known to work and what did not work in the juvenile justice system as it relates to reducing criminal behavior and identifying



programs that were effective. The programs that were deemed effective were known to reduce risk factors and to increase family functioning while decreasing the association of negative peer group (Henggeler & Schoenwald, 2011). These effective programs used behavior interventions with the juvenile's natural environment and were rehabilitative and provided intensive support. There were a small percentage of high risk juvenile offenders who were treated with evidence-based programs. These authors stated that based on their experience with evidence-based programs, recommendations were made to improve the effectiveness of the services available to juveniles to ensure rehabilitation (Henggeler & Schoenwald, 2011). Results showed that only three of the evidence based programs Multi Systemic Therapy (MST), Multidimensional Treatment Foster Care (MTFC), and Functional Family Therapy (FFT) are proven to be effective. This related to this study by attempting to show how evidence- based programs addressed trauma and sexual abuse and if these issues were being addressed accordingly in female offenders.

Evidence-based practices have become the primary methods used in youth services for many reasons including economic and best practice. The purpose was clear as evidence-based practices were increasingly being implemented in real-world settings, and intervention effectiveness is dependent on fidelity, interventions were often adapted to service settings according to the needs of stakeholders at multiple levels (Aarons et al., 2012). Aarons et al. (2012) suggested that all stakeholders were considered in the development of services. This literature related to this study because it studied the plight of adolescent females involved in the juvenile justice system; however, the parents/guardians were the interview subjects of the study to gain an insight into EP and

whether it addressed the issues related to the reasons that the youth came into contact with DJJ. .

Christensen and Wiley (2007) conducted an analysis of juvenile crime in New York to determine what worked. Seventy-five percent of the juvenile offenders were rearrested within three years of the first arrest. These high recidivism rates showed that juvenile behavior was not properly being corrected. These juveniles were not being provided with interventions that reduced antisocial behavior once they were released back into the community. Juveniles with mental health issues were not being properly identified and treated. Six out of ten juveniles were not rearrested. Research showed that the high risk offenders must be targeted in order to reduce crime (Christensen & Wiley, 2007). Risk assessments played a role at determining if a juvenile was at risk for reoffending. When properly implemented, evidence-based programs such as MST and FFT reduced substance abuse and repeat offenders (Christensen & Wiley, 2007). Research showed that detention alternatives should be implemented to reduce pretrial detention for low risk offenders.

The research by Allen, Oseni, and Allen (2012) did not focus on a specific treatment program or organization dedicated to youth; however, it utilized a case study to examine the application of trauma-focused Cognitive-Behavioral Therapy (TF-CBT). This was important because one of the primary arguments of the current research was to examine the ability of an evidence-based treatment program ability to manage the trauma based issues of youth. According to Creswell (2009) a case study can examine a person or organization. The study by Allen et al, (2012) explored the case of a 16 year old presenting with chronic PTSD related to traumatic grief, anxiety, depression, anger, and

somatic complaints. The current research I explored female adolescents with the same issues related to trauma level of success from an evidence-based treatment program.

Evidence-based programs have been known to lower the recidivism. The article by Chamberlain, Roberts, Jones, Marsenich, Sosna, and Price (2011) discussed three collaborative models for scaling up evidence based practices. The authors reviewed the Rolling Cohort Model in England, Multidimensional, the Cascade Dimensional Model in San Diego, and Community Development Team Model that is in 53 counties in Ohio and California to get an idea of how Multidimensional Treatment Foster Care (MTFC) and KEEP could be effective. MTFC and KEEP were evidence-based programs that were designed to improve the outcomes of juveniles involved in mental health programs, juvenile justice, and child protective services. The collaboration was made between practitioners and researchers to assist in creating a successful evidence practices (Chamberlain et al., 2011). Evidence based programs have been known to encourage positive peer group and positive family relationships. They have also been known to reduce juvenile recidivism in the juvenile justice system. Programs similar to these were used as detention alternative and also reduced overcrowding in youth detention centers. .

Copp, Bordnick, Traylor, and Thyer (2007) conducted an empirical study of outcome evaluations in order to assess wraparound services. The term wraparound referred to interventions made to preserve the family by linking families with agencies that provided comprehensive approaches. Wraparound services were also evidence-based. Wraparound services addressed behavioral and emotional problems. These authors studied the impact of a computer based assessment and the capability to deliver empirically based feedback. They followed up with the participants six months post

treatment to measure outcome. This study failed to show any outcome results in rural Georgia in 15 of the children and families that participated. This was due to the authors not being able to contact the families or their failure to participate. The service providers were highly skilled and trained providers with wraparound services that followed guidelines as outlined by system of care. Treatment fidelity was not gathered which was an indication of counseling services not being provided effectively. They made future recommendation for fidelity checks. It was feasible to provide computer based treatment. Long term assessments revealed more results with wrap around services (Copp et al.2007). This literature showed that wrap around services and counseling services addressed behavioral problems.

According to Pullman, Bruns, and Sather (2013) an item response theory approach of 1, 234 facilitators. Pullman et al. (2013) defined wrap around services as “an individualized, team-based, service planning and care coordination process”. Fidelity monitoring is played a major role in order to implement effective evidence-based practices. Evidence-based wraparound services were applied to youth with behavior and serious emotional problems over the last 20 years. Youth receiving these services showed positive behavior changes. The wraparound facilitator was a trained professional that facilitated the sessions with the youth and the family. The probation officer, principal, teachers, clergy, or anyone else that played a major role in the youth’s life were also allowed to participate in the sessions. The youth and their parent provided pertinent information about their goals and progress or lack thereof while the facilitator’s roles was to serve as an advocate and to encourage dialogue. A treatment plan was created based on the needs of the family while goals were set and closely monitored while encouraging

family support. Fidelity measurement were crucial to research, this study evaluated the 40 item wraparound fidelity index and found that it needed to be shortened by 20 questions but was a strong measure of fidelity for wraparound services (Pullman et al., 2013). This literatures suggested that wrap around services were a way to engage the family in the youth's treatment and suggested that it caused positive changes in the behavior.

Suter and Bruns (2008) conducted a case study of 36 articles to view the full scope of wraparound outcome studies. This study reviewed interventions following the evidence based wraparound services on the level of the parent and child. Wraparound services were provided to youth that display at risk behavior. This was used as a detention alternative and the youth can remain in the home. Many children that were involved with child protective services may also be referred to receive wraparound services. A trained person came into the home and worked with the youth for a specified time period. These services were not long term as in the case of FFT and MST. The services are evidence-based and have been known to reduce recidivism among juvenile offenders. One of the goals of wrap around services was to make changes in the parent and child and more longitudinal studies are necessary to see if the changes are being made Suter and Bruns (2008). Parents needed to play an active role for services to be effective.

In an analysis of baseline study of 500 women conducted by Messina and Grella (2006) they examined women in prison that experienced childhood traumatic events to see if there was an impact on health and a relationship between adult physical and mental health. These women experienced trauma as a child that went untreated causing

problems later in life. The trauma was self-reported by the women. The findings suggested a need for treatment of trauma and early intervention of women that may have experienced treatment as girls (Messina & Grella, 2006). It was apparent that juvenile female offenders were not a homogeneous group and that treatment approaches should be tailored to fit individual needs based off more than gender alone (Cauffman, 2008). All issues surrounding the female offender should be taken into consideration.

### **Gender-Specific Programs**

There are some treatment programs that focused solely on gender. Perhaps by understanding how these programs worked within the context of gender specific issues more can be understood about ways to work within the context of gender in the juvenile justice system. Hubbard and Matthews (2008) conducted a study of quantitative reviews to see what works as far as treatment as it relates to female offenders. The authors noted the increase in females committing crimes at a higher rate than in previous years. The increase can be attributed to the unique issues of girls, peer pressure, trauma, abuse and or neglect. This increase is what sparked the research to see what juvenile justice officials could do to create programs specifically designed for female offenders. The feminist perspective provided gender specific and gender responsive literature in an attempt to explain why there was a spike in crime among juvenile females. Hubbard and Matthews (2008) suggested that girls needed qualitatively different programs in order to address their delinquent behavior. They further suggested that treatment for girls should be given a therapeutic approach and must address trauma. The service providers should be trauma informed and aware of any past trauma and the duration and should use a strength based approach to help the female offender address the issues. The development

for gender specific assessments was also recommended. The results showed that treatment efforts should use the cognitive approach as they are deemed effective.

Schafer (2008) gave a report for possible reasons of increased crime among females. Schafer (2008) suggested that treatment efforts for girls should be different from that of boys. She also believed that the detention centers should be reformed to better suit the female offenders. Services for girls should have a focus on family and should also be safe and empowering. Girls were different from boys and they had different needs from boys. Gender specific policies and practices should be implemented in the juvenile justice system. Research has shown that crime and violence had increased among girls. Schafer argued that this increase could be linked to mental health issues, untreated trauma, or the mishandling of girl's cases. Schafer (2008) argued that if we had programs that fits girl's needs then there would probably not be in influx in crime and violent behavior in girls. She stated that the problem was untreated and unrecognized trauma. If there was an accurate profile for girls then money and resources can be put to services and treatment needs that best suit the female offender. Many girls were abused and abuse had a big impact on their life. Many girls in the juvenile justice system were victims of sexual abuse, physical abuse, or emotional and verbal abuse (Schafer, 2008). The juvenile justice system had not attempted to adequately address and understand these issues or provide adequate programs or services for these girls that have been subject to this type of abuse, mainly sexual abuse. Most of these girls had developed survival skills and learned to adapt (Schafer, 2008). This literature discussed untreated trauma in females. Psychological disruption is developed when girls are abused (Pasko, 2011).

Programs implemented by the GDJJ should be gender specific and should address trauma and mental health in females because these issues have been linked to delinquency and status offending (Saar et al., 2015). Trauma was commonly experienced among girls. In a study conducted by Zahn, Day, Mahilic, and Tichavski (2009) 62 programs were examined to see if they were in fact effective for girls. These authors viewed evidence-based programs to determine if they were effective at treating the needs of girls that are in detention or being supervised by the juvenile justice system. They viewed nine gender specific and six nongender specific programs to determine what programs work best for girls. In 1992, The Juvenile Justice and Delinquency Prevention Act provided services to girls in the states that were receiving grant money. The states that were applying for grant money were required to examine gender specific services for prevention of juvenile delinquency as well as for treatment. This allowed the states to be able to provide more specific programs for girls (Zahn et al., 2009). Empirical evidence of the different characteristics of girls and boys showed that gender specific services are needed for girls. Girls were shown to have higher rates of mental health issues, post-traumatic stress, disruptive disorders, and depression than boys. What works for delinquent boys may not work for delinquent girls due to girls being younger than boys when coming into contact with the juvenile justice system or remanded to stay due to a status offense or misdemeanor offense. Some of the girls experienced mother-daughter conflicts and were at a higher rate of family dysfunction than their male counterparts. Although some of the programs in the study were geared toward race and ethnicity, it did not determine for which program works best for girls (Zahn et al., 2009).



Kroneman, Loeber, Hipwell, and Koot (2009) examined cross sectional and longitudinal studies to determine the link between family functioning and girls' disruptive behavior. Girls were underdeveloped when it came to disruptive behavior when compared to boys. While clarifying the array of development in girls, homogeneity plays a major role with implementing genders specific treatment and prevention programs. Intervention programs for girls should include the parents if and when possible. Treatment programs should be specific toward girls and should be geared to target specific behaviors such as trauma. A positive healthy relationship with parents and peers was a major part of the intervention program for girls. Treating just one component of factors associated with girls was not be enough to overcome the problem. Knowledge of non-deviance lead to further understanding of girls and their disruptive behavior and contributed to implementing effective treatment for female juvenile offenders (Kroneman et al., 2009). Findings showed that treatment should be gender specific. Childhood disruptive behaviors were linked to substance abuse, mental health, delinquency, and parenting problems in adults.

Rhoades, Chamberlain, Roberts, and Leve (2013) conducted a study of girls in foster care between the ages of 12-16 to see if evidence based programs were relevant to other countries and cultures. The England sample consists of 58 girls while the United States sample was 82 girls. These authors researched Multidimensional Treatment Foster Care (MTFC) in England and compared it to a randomized control trial (RCT) of girls in the United States. MTFC is an alternative to group home placement and found that positive outcomes were found in Sweden. These programs treated trauma and depression experienced by girls. MTFC placed youth in foster care homes and was proven to be cost

effective when compared to group homes. This study was conducted in England and studied girl's behavior pretreatment and post treatment after MTFC. The results of the randomized intervention trial for England and the United States were the same indicating that MTFC can be effective in the United States and also in other European cultures (Rhoades et al., 2013). This article related to this research by showing that treatment efforts for girls should be gender specific and that evidence based programs have been proven to be effective.

Hipwell and Loeber (2006) conducted a longitudinal study of delinquent girls and concluded that girls were not served well by the juvenile justice system or by mental health officials. Despite risk factors for girls, interventions were made for them using intervention that was designed for boys. This research showed that evidence for a lack of treatment for girls is limited. There was limited research done on treatment efforts and prevention that is gender specific for girls alone. Problem behaviors among girls were a predictor of crime as an adult along with other issues, such as mental health and substance abuse. Girls in the juvenile justice system were said to have higher rates of mental health when compared to their male counterparts. If these issues were left untreated then they are likely to cause problems into adulthood. The increase in girls with behavior problems was a major reason to pay close attention to the treatment of female offenders since they are committing crimes at a much higher rate in the last decade. There were fewer services available for girls so girls are less likely to be referred to adequate services. A gender paradox was referred to girls showing more severe behavior problems than boys (Hipwell & Loeber, 2006). This article showed that trauma and mental health issues should be specifically treated in girls. This could be one of the

major reasons why females are becoming involved with the juvenile justice system at a fast pace.

In a journal article by Pepler et al. (2010), conducted a quasi-experimental design of 80 girls and examine why a gender specific program is needed. Given the high rate of abuse experienced by girls, there are very few studies on the effectiveness female gender specific programs for girls. The treatment outcomes for gender specific programs must be specific to the unique needs of the female. Research that focused on boys and girls in the same treatment group showed no differences in response to treatment. It is harder to detect gender differences since boys outnumber the girls. Treatment programs were traditionally designed to treat aggression in males but there is a need for researchers to develop a gender specific treatment program to treat the needs of girls. Some of the characteristics of these girls were abuse, early sexual behaviors, eating disorders, aggressions, and estranged relationships with their mother. Cognitive based treatments may be a better fit for girls since girls they display empathy (Pepler et al., 2010). Results showed that the girls that received treatment had positive changes in behavior. This article showed that there was a link between girls and trauma and that there was a need for gender specific programs for girls.

While Georgia was in the process of implementing evidence-based programs that best suit the needs of the offender (Finkel & Mendel 2013) it was import that girls were given the same treatment efforts as boys. In a study conducted by Foy, Ritchie, and Conway (2012), they viewed female juvenile offenders trauma related mental health and rehabilitation issues in order to determine an empirical base about female juvenile offenders rehabilitation issues and trauma related mental health. These authors reviewed

33 studies showing high rates of trauma exposure and PTSD. Recent literature on protective factors and risk factors for delinquent females were also examined. Protective factors reduced the risk that a girl will commit a crime. Parental supervision and resiliency are also noted to be protective factors for girls. This study showed that girls with higher levels of self-esteem were less likely to become delinquent. Research showed that trauma needed to be taken into consideration when developing treatment efforts. Gender specific programs that were researched were shown to have positive effects and better outcomes when compared to the programs that were not gender specific. Studies showed that girls may trauma exposure at a higher rate than boys and resulted in some girls being delinquent. High prevalence rates for depression, suicide, and substance abuse are found in girls (Foy et al., 2012). This article showed there were a high number of girls that experience trauma and treatment needs to be gender specific.

Research showed that girls are presently committing crimes at a higher rate than in previous years (Saar et al., 2015). Girls committed status offenses at a higher rate of boys although boys are represented at a higher rate than girls in the juvenile justice setting. O'Donnell and Lurigio used a Likert scale survey of 248 youth ages 11-17 who were adjudicated in a Chicago Juvenile Court. This study examined the relationship between the clinical information provided through comprehensive forensic assessments and the recommendation made by the clinician for placement. Between 70-80% of youth that are detained require clinical treatment due to mental health issues. The data were collected from archival data and the results show that Judges are inclined to accept the recommendation of clinicians. Treatment efforts for girls and boys needed to be gender

specific in order for it to be effective. The prognosis for youthful offenders with a trauma diagnosis, according to O'Donnell and Lurigio (2008).

Girls and boys had different needs and different risk factors of crime. Girls experienced trauma at a higher rate than boys and treatment efforts need to be designed to address these unique issues in girls. Girls experienced trauma at a higher rate than boys and are affected in different ways. Girls adapted to the experienced trauma while boys displayed aggression and anger. This article related to this study because it showed there is a need for gender specific treatment programs. Wright, Salisbury, and Van Voorhis (2007) conducted a study of 272 females that were detained to see how well they adjusted. Wright et al. (2007) suggested that families need to be involved in assisting girls in dealing with trauma. During treatment, mother-daughter relationships should be encouraged. The juvenile justice system needed to have treatment specific toward female offenders if they wanted to reduce the likelihood of them reoffending again in the future. Girls that maintained positive contact with their families are more likely to adjust and those that didn't have contact with their family were more likely to display negative behaviors (Wright et al., 2007). If these treatment efforts were overlooked then the youth was more likely to continue to display acting out behavior by committing status offenses. When treatment efforts were being designed, more emphasis needed to be placed on why the young offender was being unruly or running away from home. Oftentimes they were acting out for a reason or running away from issues that were happening in the home. Treatment efforts should be made to address mental health and trauma as seen in girls. Separate modules needed to be used for boys and girls that were centered around the

needs of the individual. Wright et al. (2007) recommended specific trauma protocol and treatment programs for girls.

The study by Kazdin and Whitley (2006) examined evidence based treatment and the clinical effectiveness as it relates to a variable population sample. The researchers in two samples of clinically referred children who met criteria for oppositional defiant disorder or conduct disorder but varied in comorbidity (up to 5 additional disorders). Of significance with the Kazdin and Whitley (2006) study the researchers compared multiple groups of juveniles with each other and found some significant differences between the female and male adolescents and how they react to trauma. This research discovered the variable differences between the female and male adolescent offenders and explored the unique issues related to the female population. Findings of the study showed that the complexity of the case does not influence outcome of evidence base treatment (Kazdin & Whitley, 2006).

The case study research by Carlson, Ross, and Stark (2012) examined evidence-based practice), including systematic case studies and single-case designs in the context of the family as a unit. Family psychology has many instances of case studies of evidence-based practice but lack the single-case design. While the current research was a single-case study, it used a similar method to the Carlson, Ross, and Stark (2012) research by examining the family as a whole unit as it pertains to performance in an evidence based treatment program. This literature related to this study by showing how the youth's family had an impact on them committing crime.

The journal article by Bishop (2012) provided a good background to the juvenile justice system history and the current state of the practice. According to Bishop (2012)

much of the push now for evidence-based practice was because of the get tough mind set of the 1990s that emphasized treating youth offenders like adults. In the State of Georgia that resulted the current designated felon practice and the up until recently over punishment of non-violent low-risk offenders. For the past few years it was increasingly recognized that more harm than good results in detaining low level offenders. As a result there was a push for more detention alternatives, these detention alternatives include, tracking, community based evidence-based programs, and probation (Bishop, 2012). Many community based programs took advantage of this and the state used their services. Unfortunately some of these programs did not work such as Boot Camps. Now programs known as evidence-based programs must present data that they indeed have a positive impact on youthful offending. This literature discussed evidence based programs and how they must display data to show they are effective.

Snyder & Sickmund (2007) presented comprehensive information on juvenile crime victimization in the juvenile justice system. The Juvenile Offenders and Victims: 2006 National Report showed there was a link between adolescent youth that fail educationally and youth that commit crime (Snyder & Sickmund, 2007). They also believed that education failure can also lead to the inability to find and maintain employment. This can also lead to criminal activity within certain group and assist in explaining the delinquent behavior by specified patterns (Snyder & Sickmund, 2007). Some states have implemented truancy officers and school based probation officers to be housed at the schools to address criminal behaviors in the school and to enforce attendance issues. Georgia has school based probation officers assigned to some of the schools that have a high number of probationers (DJJ, 2011).

The journal article by Rugani (2012) reviewed current juvenile justice practices and presented critical analysis of how the system should be reformed. According to Rugani (2012) a review by the National Research Council indicated that juvenile delinquents should be held accountable for their behavior; but the consequence should not be modeled after the adult system. This was a common theme in the literature review and all are in agreement that youth should be managed differently from their adult counterparts in the legal system. Some of the most important variables presented in the article included the use of community evidence-based programs, and the promotion of healthy adolescent development with emphasis on the peer group and family (Rugani, 2012). This literature showed that it is important to have positive peers and family member that display healthy relationships.

An article by Weatherburn, McGrath, and Bartels (2012) presented three primary variables of the juvenile justice system. The variables included contact with the court system, efficacy of restorative justice and juvenile involvement in crime. The research was based in the Australia system; however, it had many components of US juvenile justice system. The authors present the three notions that: 1) contact with the court system increased the risk of further offending; 2) restorative justice was more effective than traditional justice in reducing the risk of further offending; and 3) juvenile involvement in the legal system was part transient and self-limiting (Weatherburn et al., 2012). The authors believed that these three pillars should be challenged. Best practice indicated that all systems should be challenged to ensure that they are in fact doing what they say they are doing. It appeared that the Australia juvenile justice system was slightly behind the US as US juvenile justice systems have moved to best practices such



as evidence based, least restrictive environment, and community based practices. This literature suggested that evidence-based programs are effective treatment efforts.

Gilliken (2009) conducted a study of arrests of 500 girls. Gilliken stated that the impact of mental disorders, trauma, sexual abuse, substance and alcohol abuse, risky behavior and family functions plays a major role with juvenile offender. Considering these risk factors, Giliken stated that further studies should be done to understand the link in girls and between these psychosocial factors and female crime. Gilliken agreed that the study of these risks factors and the severity of females that offend have not yet been studied. Although female crime has increased in recent years, the study of female offenders have been understudied compared to their male counterparts. Gilliken studied which psychosocial predictor best details the time to next arrest and of the findings indicated that sexual aggressive behavior and substance abuse are the most important psychosocial predictors of poor outcomes as it related to the female juvenile offender (Gilliken, 2009). This study showed the link between risk factors and crime.

The journal article by Wiseman (2014) presented some fascinating arguments. Many do not consider electronic monitoring as a detention alternative. Many believe that structured programs and treatment facilities are the primary means of managing juvenile delinquency without incarceration. However, a long standing practice for juvenile justice systems across the county was the use of electronic monitoring GPS systems to track youth detention alternatives such as tracking and community based evidence-based programs have been proven to reduce reoffending and lower overcrowding in youth detention centers. A common practice with these tracking systems was to monitor youth before they have their pretrial hearing. Juvenile intake received a call from a police

officer in which a youth is alleged to have committed an offense. The intake officer conducted a detention assessment. Based on the assessment, the criteria may be present for a detention decision; however other mitigating factors (i.e. overcrowding, lack of staff, evidence etc.) could result in the youth being placed on electronic monitoring. Wiseman (2014) presented a fascinating argument on the use of electronic surveillance in this manner when a youth has not even had his evidentiary hearing let alone, an adjudicatory hearing on guilty or innocence. This article related to my study by showing that detention alternatives such as community based treatment programs and tracking may decrease recidivism.

Flores (2013) conducted a longitudinal study over a 6 year period of 950 youth remanded to custody in Ohio. According to Flores, there has been little research conducted to determine if there are gender risk factors and it relates to males vs. females (2013). The equality of male and female preserves the abuse of females and forms the responses of females related to that abuse. Risk Assessment was a term used to determine the likelihood of an offender committing another crime or violating their terms of probation as ordered by the courts (Flores, 2013). Classifications were designed to determine the level of supervision which the offender will be supervised on ranging from low, medium, and high (Flores, 2013). Assessments and classifications play a vital role within the criminal justice setting because it allows the court officials to ensure safety of the public as well as provide proper treatment and interventions for the offender (Flores, 2013).

Bray (2006) conducted a case study of 14 participants and provided insight into the debate that the impact of the off shelf cognitive behavioral curricula with female

offenders. Not only was the female population growing at a fast rate as it related to committing crimes, the rate for violent crimes is also increasing among juvenile female offenders. Aggression Replacement Training (ART) was conducted with a sample of juvenile female offenders. Research showed the interventions that are cognitive behavior in nature were successful with offenders that were medium to high risk. Cognitive curricula behavior was geared toward the male offender but is still implemented with female offenders although it was not implemented for the use of female juvenile offenders (Bray, 2006). The profile of the female juvenile offender as well as their criminal behavior and needs so therefore the intervention efforts should be different as well (Bray, 2006).

Calley (2012) conducted a study of 173 youth 2 years after being released from residential treatment. The risk factors that underlined the rate of juvenile recidivism call for a treatment model rather than a punishment model. In some risk assessment tools the primary risk factors included offense history, problem behavior, and family involvement (Calley, 2012). Underlying variables such as drug abuse, sexual abuse and exploitation, and psychological impairment also played a key role in juvenile recidivism (Calley, 2012). These risk factors were successfully treated in the community setting for a long time. Drug treatment programs, wrap-around services, family counseling through Multi-Systemic Therapy are all community based programs. When examining options to help control crime it is a fact that removing youth offenders from their community and into a secure environment is an option. The youth was removed from some of the elements that play a role in their offending behavior. Also in detention, the youth was protected from further harming themselves or others. A few of the issues with the secure detention

course of action deal with cost and the recidivism rate. Studies that examined the recidivism rate for youth that were involved in some form of secure detention show recidivism rates that range from 40% to 85% (Calley, 2012). One variable to note was that usually only the highest level of offender is usually given secure detention. So naturally these youth had a higher degree of reoffending. This literature related to my study because an issue related to the juvenile justice reform efforts of Georgia was the fact that some low-level status offenders were being kept in secure detention (DJJ, 2014). It costed the GDJJ approximately \$88, 000 yearly to house just one juvenile offender (DJJ, 2014).

A review of the literature revealed recurring themes to be victimization, gender specific programs, trauma, mental health, treatment, and evidence based programs. These themes were important to my research because it showed that girls have different reasons and criminal risk factors as to why they commit crimes. These themes showed that females should have treatment services based on these specific needs.

Gender specific programs needed to be implemented and designed to meet the specific needs and trauma experienced in girls. The juvenile justice system needed to have treatment specific toward female offenders is they want to reduce the likelihood of then reoffending again in the future. If these treatment efforts are overlooked then the youth is more likely to continue to display acting out behavior by committing status offenses.

Traumatic experiences such as sexual abuse and victimization had an impact on the lives of females and play a major role with them becoming involved in the juvenile justice setting. Research showed that girls are committing crimes at a higher rate than

before. Girls committed status offenses at a higher rate of boys although boys are represented at a higher rate than girls in the juvenile justice setting. Girls experienced trauma at a higher rate than boys and treatment efforts need to be designed to address these unique issues in girls. Girls experienced trauma at a higher rate than boys and are affected in different ways. Girls adapted to the experienced trauma while boys displayed aggression and anger.

Treatment efforts for girls and boys needed to be gender specific in order for it to be effective. Girls and boys had different needs and different risk factors of crime. Girls, gender-responsive proponents argued that girls tended to be more high need instead of high risk. Girls were not in need of the same types of controls applied to boys (Hubbard & Matthews, 2008).

Families needed to be involved in assisting girls in dealing with trauma. During treatment, mother-daughter relationships should be encouraged. When treatment efforts were designed, more emphasis needed to be placed on why the young offender was being unruly or running away from home. Oftentimes they were acting out for a reason or running away from issues that were happening in the home. Treatment efforts should be made to address mental health and trauma as seen in girls. Separate modules need to be used for boys and girls that are centered around the needs of the individual.

Themes showed a need for gender specific programs that addressed trauma, sexual abuse/exploitation, depression, and mental health issues. Research showed that treatment programs and evidence programs were designed with the male offender in mind. Girls experienced trauma at a much higher rate in girls and if left untreated than it caused future problems as well as reoffending. There were no specific reasons as to why

girls committed crimes but the criminal risk factors were an indication. Criminal risk factors were influenced by the settings in which the female develops. Settings included people that the youth has contact with on a regular basis such as parents, teachers, family, or any service providers, and places such as the community or other institutions.

Research showed that sexual abuse, and trauma contributes to females committing status offenses due to issues resonating in the home. Negative peers, low socio-economic status, and unhealthy family relationships were some risk factors for females and crime.

Oftentimes sexual abuse was at the hands of a family member or by someone close to the family. This trauma caused long time effects if left untreated.

Pepler et al. (2010) stated that gender specific programs were necessary to ensure that the unique issues that girls experience such as sexual trauma were being addressed and treated so females do not develop maladaptive behaviors. Evidence-based programs have been known to reduce recidivism but do they address the mental health and trauma that are displayed in girls more so than boys. Schafer (2008) argued that treatment efforts for girls should be different from boys and should specifically address trauma and mental health. Zahn et al. (2009) stated that the location of the youth should be taken into consideration when a program is being designed and also the measurement of the outcome of the program.

Further studies should be conducted on African American females and trauma. Trauma was problematically prevalent in the African American population and African Americans tended to experience violence that was more severe than victims of other races (Kubeka, 2008). According to the CDC (2008) suicide rates among African American youth were growing at a disproportionate rate compared to all other races and

increased 133% for 10 to 19 year old African American youth. Because of the significance of all the troubling psychological factors related to trauma, it was important to consider the culturally-relevant issues that contribute to African American youth being exposed to trauma. The African American community needed resources to help lessen the exposure to trauma as well as resources to help treat those youth exposed to trauma.

Risk factors in girls should be identified and delinquency measures for prevention should be put in place as well as treatment needs to be designed to treat the female offender. Girls have different risk factors from boys and different reasons as to why they commit crimes. Research showed that girls experience trauma and PTSD at a higher rate than boys (Ford et al., 2007).

Research showed that crimes committed by girls were on the rise but they were receiving treatment that was designed for boys and ran by men (Van Wormer, 2009).

Treatment models were the same for boys and girls although their needs are not the same. Gender specific programs were a critical need for the juvenile justice system because boys differ from girls physically, psychologically, socially, and physiologically. Research has shown that girls mature faster than boys. When programs were developed in the juvenile justice system, it was not designed with the female in mind. Most of the girls that are referred to juvenile court have experienced some type of trauma.

Depression can result from trauma causing girls to use drugs and alcohol. This process of criminalization was often seen in girls that runaway.

The use of a case study in order to research programmatic components within the juvenile justice system has precedence. In a study by Singer (2012), a case study qualitative method was used to investigate the juvenile justice reform efforts within the

District of Columbia Juvenile justice system. The author committed a large portion of the study dedicated to giving substantial emphasis to the background of the problem related to the issues related to the resistance and then the lawsuit that initiated the juvenile justice reform act in the District of Columbia. This study dedicated a large portion of the literature review to give a base line of understanding to the case study.

Aaron, Miller, Perrot, and Bradway (2012) stated evidence-based practices have become the primary method used in youth services for many reasons including economic and best practices. The purpose was clear as evidence-based practices were being used implemented as an intervention. (Aarons et al., 2012). Aarons, et al., (2012) suggested that all stakeholders are considered in the development of services. This research studied the plight of adolescent females involved in the juvenile justice system; however, the parents/guardians were the interview subjects of the study to gain an insight into how effective the evidence based program EP has treated the trauma based issues that are part of the status offense of their youth.

From the literature several patterns become clear. Evidence-based programs were the primary program types used by youth services agencies. Also it was apparent that there were differences within the female and male juvenile offenders. There was a case to be explored with some of the differing variables that exists for these youth.

The variables for the study based on the literature review consists of adolescents, juvenile justice system, evidence based programs, adolescents females, and case-studies. Of note most of the studies found in the literature review examine these relationships from the context of the family unit. This study interviewed the parents of females involved in the juvenile justice system to explore if the evidence-based program EP



addressed the issues that are unique to the females involved in the juvenile justice system. The literature is clear that evidence based programs should be the focus of any case study that explores juvenile justice.

### **Summary**

Past research has focused on males involved in the juvenile justice system. Female crime was consistently ignored until around the 20th century (Tracy, Kempf-Leonard, and Abram, 2009). Juvenile delinquency intervention research has recently placed emphasis on treatment needs for the female offender (Mayworm & Sharkey, 2013). Effective rehabilitation services played a vital role at preventing negative behaviors among delinquent youth.

Research showed that there is a need for gender specific treatment and programming. Girls faced trauma at a higher rate of girls. The ability to connect with other people is a central feature of development displayed in girls. The trauma that girls are faced with is interpersonal and is oftentimes relational in nature. The GDJJ should assist girls with addressing complex relationships with their peers and family members. These programs should be specific in teaching girls how to determine appropriate relationships and boundaries and cross gender roles and also family roles. These programs should also teach coping strategies and teach them to resolve and express their feelings. The review also suggested that trauma sensitive programs and treatment were also needed for girls. Girls involved in the juvenile justice system needed programs in place to prevent them from being retraumatized and to also address the needs of the female offender. These treatment efforts should provide girls with treatment that addresses PTSD. The treatment model should also address issues that the girls may have

with their identity, body image, self-esteem, sexuality, trust, peer group selection and safety. These programs should address issues related to pregnancy, sexual assault, pregnancy, HIV/Aids, physical violence, and drugs and alcohol. There was also a need for culturally specific services.

Research suggests that an understanding to trauma must be implemented into the programs within the DJJ. If gender is viewed through a gender lens then it allowed the researcher to create programs that are specific to females. It was known that girls are different from boys however girls are still using the same treatment modules as their male counterparts. Girls experience trauma at a much higher rate than boys. Trauma needs to be identified and treated. DJJ must ensure that the youth is not retraumatized. A youth that has previously been abused in the past may have some triggers if they are placed in isolation or restraints while detained at the detention facility (Ford et al., 2007). An environment that was unsafe and insensitive to trauma resulted in a youth trying to harm themselves (Ford et al., 2007). Treatment efforts should be made and be gender specific to treat these unique issues of the female offender that have experienced any type of trauma. Hubbard and Matthews (2008) argued that it is easier to change the ways girls respond and interpret their environment than it is to change the actual environment. Theories that explained why males commit crime are inadequate at applying the same theory in the cases of female offenders (Chesney-Lind & Pasko, 2013). The argument was that females required specific explanations of crime separate from males and that many of the status crimes such as runaway and truancy are a result of some type of sexual or physical abuse taking place in the home (Chesney-Lind & Pasko, 2013). There were

some criminologists that applied male theories to females even when they were not applicable (Chesney-Lind & Pasko, 2013).

This research filled the gap in the study of gender specific programs being a need for the juvenile justice system. Females have previously been neglected from effective programs and treatment. Girls experienced trauma at a higher rate than boys and treatment efforts should be specific to that of the female. According to O'Donnell and Lurigion (2008) the prediction for young offenders with a trauma diagnosis is poor. It would be hard to find out the level of exposure, but having knowledge of past victimization was vital; trauma may threaten possible treatment benefits (Hubbard & Matthews, 2008). Gender response literature added that girls needed more qualitative programs and services geared toward their needs.

Past research has focused on males involved in the juvenile justice system. Female crimes were consistently ignored until around the 20th century (Tracy et al., 2009). Qualitative research was implemented for the purposes of this study as it relates to developing gender specific treatment and prevention. Girls were different from boys so their treatment efforts needed to differ as well. These treatment efforts should address the unique issues of females to ensure that they are not being overlooked. A case study was conducted to see if these issues were addressed in the wrap around services that the young female offender received. Although it was known that specific treatment efforts are needed for girls, although future research should be done to understand the intervention needs of both males and females.

In Chapter 3, I detailed this qualitative methodology in detail thus further establishing its applicability to the gap in literature and the aforementioned topic.

Chapter 3 contained a description of the research design and approach, participants, program description and sample size, the instrumentation and materials used, and the data collection and analysis process. The role of the researcher was also explained.

## Chapter 3: Research Methods

### **Introduction**

The purpose of this qualitative study was to interview parents/guardians of female adolescents referred to EP by DJJ in order to determine whether EP is meeting the gender-specific needs of the females who are referred to the program. Chapter 3 contains a description of the research design and approach, participants, program and sample size, instrumentation and materials used, and data collection and analysis process.

### **Central Research Question**

To what extent is EP gender specific to treat the specific needs of females?

### **Research Subquestions**

R1: Did EP address the behaviors that caused the female to initially come into contact with GDJJ?

R2: Did the female's behavior show a positive change at home and/or school after receiving services from the EP?

R3: Does EP address the trauma and/or gender-specific issues of female clients?

### **Research Design and Rationale**

Qualitative case study was used as the research design for the study. Other methods of research, quantitative and mixed method, would not have been wholly appropriate based on the design and population of the study. Quantitative studies involve statistical methods and the use of numerical data to test a hypothesis. The quantitative method might not have given the proper attention to issues of sexual abuse, exploitation, depression, and runaway behavior that a qualitative case study did. The mixed method approach combines both qualitative and quantitative approaches to research (Creswell,

2009). In light of the problem and purpose of the study, a pure qualitative approach was more appropriate than a mixed method approach. Case study allows the researcher to examine complex systems and phenomena within their context. In this study, the effectiveness of evidence-based programs could not have been explored without input from the consumers of the service. According to Creswell (2009), case study is useful in investigations of how an individual or a program changes based on certain events over time. In this study, the units of analysis that constituted the case were the families referred to EP, an evidence-based program used by GDJJ. Within the literature, research conducted by Aarons et al. (2012) supported the use of qualitative case studies to study outcomes of evidence-based treatment with adolescents.

Juvenile justice laws and systems are designed to acknowledge that the approach used to manage youth in the juvenile system should differ from that used within the adult system (Finkel & Mendel, 2013). With the same system of thought, there should be a difference in approach to treating the issues facing adolescent female and male offenders (Allen et al., 2012; Aultman-Bettridge, 2007; Barrett et al., 2013). According to Christeson et al. (2007), it is inappropriate to use the same interventions with adolescent offenders and adult offenders, given that young offenders have usually experienced mitigating factors such as abuse and parental neglect that have resulted in their placement within the system. The problem is that females experience a higher amount of reoffending connected to status offenses than their male counterparts despite being less represented in the juvenile justice system overall. In social research, it is possible to study a phenomenon in order to gain an understanding (Creswell, 2009).

Case study can be categorized as descriptive, exploratory, or explanatory (Creswell, 2009). Case studies are implemented in research to add to organizational or individual knowledge (Yin, 2003). This study had elements of explanatory and exploratory case studies but may be primarily categorized as an exploratory case study, as the goal was to explore the intervention of an evidence-based program; it was not clear what the ultimate outcome of the intervention would be in terms of helping adolescent females involved in the juvenile justice system.

In a qualitative case study, the researcher can explore an individual or an organization, and within the context of the study, each instance is considered a case (Creswell, 2009). In intensive approach to this method is called a case study, whereas the word *case* is derived from the Latin word *casus*, meaning an event, situation, or condition (Creswell, 2009). In a case study, the researcher collects information by using the individualities of the individuals involved in the same event and their relationship over time.

### **Role of the Researcher**

As the researcher in this case study, I worked to establish a chain of evidence and to build toward construct validity, internal validity, external validity, and reliability. Techniques such as cross-case examination and within-case examination as well as the literature review helped to build external validity. Strong research design ensures that the procedures used in a research study can be repeated with similar results. Because case study research generates a large amount of data from multiple data sources, it is important that researchers use tools to help organize the data.

In a case study, the researcher participates primarily as the interviewer, data collector, and analyst. It was necessary to not have any preconceived ideas connected to the juvenile offenders based on shared gender or my role as a provider of services to the population of the study. While I had not experienced any trauma in my life, it was important to remain objective but empathetic to the situations of the participants. I am an employee of GDJJ, which is the department that refers clients to EP. However, I did not have any professional or personal connection to any of the youth who were with the EP during the duration of the study.

Research bias and power in the researcher/subject relationship was controlled by adhering to the standards of research and ethical guidelines in following informed consent rules and respecting confidentiality and privacy. The research methods were approved by the Institutional Review Board (IRB) and guided by the research chair. Adhering to the methods described in Section 3 ensured that the study was absent of bias. Power was given to participants to control their involvement up to the final submission of the study. I was sure to manage closely the research methods and interview techniques to guide the study. The software analysis program NVivo 10 guided the data analysis. However, I conducted the overall interpretation of the data, which was grounded in the statement of the problem and the research questions.

In this study, I relied on the family unit to gain an understanding of the larger phenomenon of juvenile justice, specifically the role that the juvenile justice system has in treating adolescent females involved in the system. The study involved families in the Chattahoochee Court Circuit, which consists of the city of Columbus and five surrounding counties: Harris, Talbot, Taylor, Marion, and Chattahoochee. According to



Creswell (2009), in case study, a single unit may be an individual or may be represented by a family. Case studies are idiographic in that a single unit is studied and multiple variables are investigated, with generalization coming from analysis and not statistical probabilities (Creswell, 2009).

### **Methodology and Approach**

Many methodologies could have been followed, but the qualitative case study approach seemed the most appropriate because it is designed to explore a specific phenomenon (Yin, 2003). This was a nonexperimental study, and given the central concepts of the study, an experimental design would have been inappropriate. While a limited amount of numerical data is presented, numerical data do not shed light onto the views of the families involved with EP. Trauma is a sensitive subject because of the issues involved, such as rape, physical abuse, drug abuse, runaway, death, loss, and so forth. It is important that a study gives extra sensitivity to this issue, and a qualitative study allows the researcher to present data in a way that allows for the participants' thoughts, feelings, and perceptions to be represented.

In social research, it is possible to study a phenomenon in order to gain an understanding (Creswell, 2009). It is impossible to study every instance of a type of phenomenon; therefore, the researcher explores variables of the phenomenon over time, with each instance being called a *case*. In a case study, the researcher collects information by using the individualities of the individuals involved in the same event and their relationship over time. In this study, the participants were a group of adolescent females who had been referred to EP. The case study method is useful because it allows the researcher to test theoretical models in real-world situations. In this study, I will work

with the organization and the families referred through the juvenile justice system to explore how the program treated the unique issues facing the adolescents involved. Evidence-based models have been accepted as best practice in working with juveniles (Finkel & Medel, 2013).

The qualitative approach was chosen for this study because it gave meaning to the phenomenon that a quantitative study could not have provided. Simply determining the rate or number of youth who participated and/or reoffended in the program would not have answered the full question of whether EP is gender specific to adolescent girls and addresses the trauma-based issues of adolescent offenders.

There is an argument that researchers have a difficult time remaining objective because they exist within the context of the society to which the participants belong. However, I took steps to ensure objectivity within the context of the study. I used journaling to monitor feelings and thoughts in connection with the research. I debriefed as necessary with the research committee chair. I only served as the data collector and analyst.

During the design phase in case study research, the researcher decides what approach to use in selecting single or multiple real-life cases to study. When multiple real-life cases are used, each is examined independently of the other, and single unique conclusions are made that give a whole narrative to the overlying phenomenon. A case study may involve the study of a single entity or organization participating in one industry. This method requires the researcher to have two levels of data collection. In this study, I gathered data from the organization as well as the families involved in the program. I used the designated data-gathering tools correctly within the context of the

system design. The primary data-collection procedure was interviewing. According to Creswell (2009), qualitative research often uses interviews to gather data from people in regard to what they see, hear, feel, and believe about a particular phenomenon, event, or time. By interviewing families with juvenile offenders involved in EP, I gathered vital information for understanding the effectiveness of this program within the context of the evidence-based practice model.

The case study method can be complicated, as researchers in case studies take multiple perspectives into account and attempt to understand the influences of multilayered social systems on subjects' perspectives and behaviors (Creswell, 2009). In this study, I relied on parents/guardians to gain an understanding of the larger phenomenon of juvenile justice, specifically the role that the juvenile justice system has in treating adolescent females involved in the system. According to Creswell (2009), case study can consist of a single unit, which may be an individual or a family. Case studies are idiographic in that a single unit is studied and multiple variables are investigated, with generalization coming from analysis and not statistical probabilities (Creswell, 2009).

This methodology fits with what is considered best practice, as case studies are embedded in context and characterized by multiple variables practices, situations themselves are idiographic. Creswell (2009) went on to say that caseloads are not probabilistic samples; instead, they are sets of individual cases. This can be helpful, as practitioners can bring knowledge from past cases and related research—not to impose past knowledge on the new cases, but to ascertain how the new cases best fit with past cases. GDJJ uses several dozen evidence-based/community-based organizations throughout the state; however, the investigation of EP's work with youth may lead to the

development of further understanding regarding other agencies around the state that work with adolescent females. From the literature review alone, it is already apparent that treatment models for working with adolescent females should differ from those used with male juvenile offenders.

### **Participant Selection**

It is impossible to study every instance of a type of phenomenon; therefore, researchers may explore variables of a phenomenon over time, with each instance being called a *case*. In a case study, the researcher collects information by using the individualities of the individuals involved in the same event and their relationship over time. In this study, the participants were parents/guardians of adolescent females who had been referred to Everlasting Peace, an evidence-based program situated in Georgia. The exact number of participants was derived from a sample of the caseloads that a typical evidence-based program serves at any given time, which ranges from 25 to 50. The Muscogee Multi-Service Center, an office of GDJJ, serves 200 to 250 youth in the community at a given time. Of these 200 to 250 youth, no more than 100 will be assigned to community-based, evidence-based programs.

In this study, the participants consisted of 20 families that had adolescent females who had been referred to EP. According to the EP program description, one of the key concepts underlying the philosophy of EP is the belief that families in general possess the inherent strengths necessary to effect significant changes within their own family systems. The full study consisted of 25 families: 20 families for the primary study and five families for the pilot study, which was used to adjust the study as necessary.

According to EP, GDJJ may have 100 youth referred for services with the organization at

any given time, depending on referrals and number of workers on staff. A representative sampling of 25 families from approximately 100 candidates was appropriate. After securing permissions from EP, I solicited the families that received services from EP for participation in the study. I scheduled and interviewed families as they responded to the solicitation for participation. Once I reached the proposed sample size, I then had the data collected transcribed. .

Permission from the Walden University IRB was granted before the study was conducted. Interviews were conducted with approximately 20 parents/guardians who had adolescent female family members who had been referred to EP, a program contracted by GDJJ to provide counseling and wrap-around services to youth. Informed consents were gathered from the organization and from the families involved in the study. All participants in the study were parents/guardians of females involved in the juvenile justice system who had been referred to EP. The interviews were digitally recorded at the local public library. Open-ended questions were administered to the families during the interview process, with the focus being on the youths' experiences and the families' understanding of the experience. Participants were encouraged to be open and honest about their experience and were informed that they could opt out of the study at any time without consequence. The participants were informed that their participation or lack of participation would in no way help or hinder their current legal involvement within the juvenile justice system. The families were told, however, that their participation could help in gaining insight into how EP was dealing with the unique issues facing females involved in the juvenile justice system.

## **Instrumentation**

The participants' interviews were recorded electronically and encoded and charted into NVivo 10. The instruments for the study included audio tapes and individual interviews. I analyzed the data with NVivo 10 to determine what, if any, patterns emerged to reflect how well EP treated gender-specific issues related to adolescent females involved in the juvenile justice system.

Audiotapes recorded during the interview sessions were transcribed using NVivo, a computer program designed for qualitative research. A structural depiction of the families' experience was developed by inputting and coding the raw data with the software program. Analysis by me, based on the literature review, program description, and outcome data based on the recidivism numbers obtained from the department assisted in showing how the program aids in the treatment of the youth with trauma-based issues. No historical documents were used for this study.

The director and chief executive officer (CEO) of EP was contacted regarding the purpose and aim of the study. Contact was made to solicit participation in the study using information that was consistent with the informed consent that parents signed when beginning services with GDJJ and EP. Participants were provided with details concerning the implementation of the study and its purpose, as well as assurance that confidentiality would be maintained at all times. No identifying information was maintained on the families. Each family was assigned a number to identify its place within the study. Each family also signed a confidentiality statement. The interviews were saved on a flash disk drive that will be maintained in a secure filing cabinet until 2 years after the completion of the study, when it will be destroyed.

The participants could have withdrawn from the study at any time as well as refused participation in the study. Every effort was made to ensure no harm came to the participants as a result of participating in the study. In order to preserve the participant's identity the identifying data will be held approximately three months after the defense of the study in case the study chair or the URR committee have any questions for the families.

### **Sample and Population**

The sample and population for the case study involved one program, EP and 25 families of juvenile female offenders referred to the organization. Five participants comprised the pilot study, while 20 participants consisted of the study population. The pilot study aided the researcher in establishing credibility and dependability. The makeup of the family members varied; however the family unit included an adult. The adult had legal custody of the child at that point. Many youth involved with the DJJ may have Department of Family and Children Services (DFACS) involvement, DJJ, or both organizations may have legal custody. The youth that were referred to EP ranged in age from 11 to 16, the primary referral range for the organization; although they can work with any age range. The youth did not take part as a participant, only their parent/guardian. However, my goal was to avoid possible outliers that can skew the data. Family for the purpose of this study was more about physical custody of the child as opposed to legal custody of the child. The participants' interviews were recorded electronically and encoded and charted into NVivo 10. The instruments for the study include the interview protocol. I analyzed the data with NVivo 10 to see what themes emerged to reflect how well EP addressed those issues related to adolescent females

involved in the juvenile justice system. EP was previously able to show to the satisfaction of the DJJ that its treatment efforts were effective in lowering youth recidivism rates in order to receive the evidence-based designation.

The presentation of the results consisted of a narrative description of the participant's response to the interview questions as well as some numerical data that helped illustrate some of the results as they related to the problem statement and research questions. I reported the process used to move inductively from coded units to larger representations including categories and themes and also describe the specific codes, categories, and themes that emerged from the data using quotations as needed to emphasize their importance.

The central phenomenon at the heart of this study was the effectiveness of evidenced based programs with helping adolescent females manage the trauma based issues and gender specific issues that placed them within the juvenile justice system. Adolescent females reoffended at a higher rate with status offenses than their male counterparts involved in the juvenile justice system (GDJJ, 2011). The key variables were adolescent females, trauma, evidenced based programs, and the juvenile justice system. Trauma theory, the central theoretical concept of this study guided the premise that for many participants in the juvenile justice system, trauma was a driving factor in their emotional well-being that plays a role in their offending (Erikson, 2013).

### **Procedures for Recruitment, Participation, and Data Collection**

The sample size was 25 families of female youth that were referred to EP Counseling Services by the DJJ. Five were for the pilot study and 20 were for the actual study. The sample size followed the concept of saturation when the data does not shed



any new light to the research study. Saturation was used as a guiding principle while conducting the study.

The eligibility criteria for the families selected for the study were the parent/guardian of female offenders from Columbus, Georgia and five surrounding counties to include Harris, Taylor, Talbot, Marion, and Chattahoochee. All received services from EP as a condition of their involvement through the DJJ. EP stated their program's intent is to empower families to resolve future conflicts on their own, by utilizing family strengths as a catalyst for therapeutic change - therefore, diverting them from dependence upon further penetration of state social services, or mental health systems. The families' characteristics naturally had some differences in make-up, size, socio-economic status, and racial/cultural identity. Each family consisted of a parent or guardian, a female adolescent who is on probation with the GDJJ. Each family was referred to EP because EP is a community based organization that offered individual counseling. The youth's charges were medium to low-level in severity as they will not be detained, but rather involved in a detention alternative.

The data collection instrument consisted of an eight question open ended style interview. The questions were connected to the problem statement and the research questions. A pilot study was used to check sufficiency of the instrument. The data collected from the research questions were coded using NVivo 10. NVivo 10 was used to sort and classify data collected from the participants to arrange the information and examine and link the relationships in the data. Because of the unique qualities of this proposed study (i.e. specific research population, and organization) I developed an instrument to collect data.

The instrument consisted of interview questions designed to gather relevant data from the families who were assigned to EP because an adolescent female member of the family was given treatment as a detention alternative. The instrument was developed based on information gained from the literature review. The interview questions themselves were connected to the research problem statement and research questions. A pilot study was used to ensure that the researchers approach, methodology, and interview questions produced the necessary information. The data from the pilot study aligned with the purpose of the study therefore I did not make adjustments to the data collection process.

According to the EP program description, one of the key concepts underlying the philosophy of EP was the belief that families in general possessed the inherent strengths necessary to effect significant changes within their own family systems. Consistent with this concept was the idea that family members must accept personal responsibility for their behavior in order to achieve internalization of values. EP believed that the acceptance of personal responsibility as well as the utilization of natural community wraparound services were concepts that have been traditionally embraced, and therefore were shared values of both EP and the referring agencies. It was the position of EP that families are “perfect for their histories” and that at this point of entry into the treatment system they functioned as well as they could.

The Director and C.E.O of EP was contacted in reference to the purpose and aim of the study. Contact was made to solicit participation in the study using information from EP. Participants were provided with details concerning the implementation of the study, its purpose and an understanding that confidentiality would be maintained at all

times. The participants were told why the study was being conducted and were informed that they had the option to withdraw at any time if they had chosen to.

### **Data Analysis Plan**

Audio taping during the interview sessions were transcribed and entered into NVivo 10. A structural depiction of the families' experience were gained by inputting and coding the raw data with the software program. Analysis by me based on the literature review and program description aided in showing how the program aided in the treatment of the youth with gender specific issues and trauma based issues.

When coding the data, I used NVivo 10 and followed the following steps as recommended by Creswell (2009) to get a sense of the whole, group the similar topics together, used abbreviations as codes, used the most descriptive topics as header for the categories, picked a document and went through it to see if there were any underlying meaning, finalized the abbreviations and put the codes in alphabetical order, arranged the data within the coding and finally recoded the data if necessary.

NVIVO 10 helped me sort the data and showed trends in the data. NVIVO 10 did not interpret the data. I interpreted the data based on the literature review, research questions, and research problems. The analysis of the collected data were aided with NVivo 10. The software aided me in finding themes within the research. These themes were interpreted for relevancy in connection with the overall research problem and purpose.

### **Issues of Trustworthiness**

In order to determine the trustworthiness of my data I triangulated the data with the data collected from peer reviewed articles. Creswell suggested looking and

examining evidence from other sources and then building a justification of the themes (2009). I also used thick and detailed descriptions to reveal the findings. This was done in an attempt to get the reader to understand the experiences that were shared and to get them to give them an idea of the setting (Creswell, 2009). I made sure the literature was peer reviewed and that the data aligns with the literature.

In order to determine the trustworthiness of the data and the reliability of the data I was sure to double check my transcripts to ensure that no obvious mistakes were made during the process. I used information that was gathered in the pilot study. And lastly, I ensured that there was not a shift in the definition of codes as recommended by Creswell (2009). This was done by comparing the codes with the data and by writing notes about the codes and the meaning. Member checking was also implemented. Once the data were transcribed, the participants were given a chance to review the data for accuracy.

Credibility was established through the literature review and the methods being aligned with other studies have done. It was tested to see if the pilot study is in line with the research questions. In order to ensure the trustworthiness of data collected, I controlled biases. The rationale for the focus and the context of the study was developed through the use of peer reviewed journals and articles that forms a foundation for the study. I made sure that the interviewee is clear of what is being asked of them and record their answers as accurately as possible. I recorded the interview process with a digital tape recorder. In order to make sure that the information was credible, I did not discredit any answers that were given or add any of my own answers to the information that was given by the interviewee.

Transferability was established by providing descriptions and data sets that were abundant so other researchers would be able to make judgements as it relates to the findings' transferability to various contexts or settings. A pilot study was also implemented and the results from the pilot study were aligned with the study.

Dependability was established by using a transparent coding process. NVivo 10 was used to analyze the data. I used the analyzed data to analyze the themes.

In order to establish confirmability and remain neutral, I made sure that the data were consistent with the peer reviewed literature. According to Creswell (2009) bias is prevalent in qualitative research and unbiased interpretations are more common once the researcher begins to recognize the overtly themes and factor them into design by purposely seeking contradictory evidence predicted by worldviews. Triangulation was used in order to reduce investigator bias.

Conformability was established by the examination of the study centralized conformity of the study. This process included a breakdown of the data, findings, interpretations and findings.

Content validity for the data collection instrument was established in three ways. First the data collection instrument was based on the research problem, purpose and research questions. Each of these areas were approved prior to designing the instrument. The data collection instrument was aligned with other studies from the literature review that worked with similar populations as the current study. A pilot study was used to ensure that the data collection instrument was gathering relevant data for the study that answered the research questions.

## **Validity**

External validity threats as described by Creswell (2009) are those instances that occur when the experiments gather the wrong inferences from the sample data provided to other settings, persons, and/or past situations or situation that may occur in the future. I ensured that sufficient information is included about the fieldwork and study so the reader will be able to make the transfer. I made sure that a detailed description of the phenomenon being studied is provided so that the reader has a good understanding and can relate it to other situations that they are familiar with. I also provided the number of participants involved, the data collection method that was used along with the lengths and number of the data collections sessions and the time period for which it was collected.

The data collection instrument was designed in such a way that it provided answers to or deeper understanding to the variables presented in the research questions and research problems. The data collection instrument was designed with the research questions as a base for its creation. The pilot study consisted of five families. During the pilot study the researcher did not notice patterns of insufficient data to answer the research questions.

Permission from the Walden University IRB was granted before conducting the study. The IRB approval number is 02-17-16-0329007. Interviews were conducted with five families that have adolescent female family members that were referred to EP. Informed consents were gathered from EP and from the families involved in the study. I conducted interviews with the parent/guardian of those females referred to EP by the DJJ.

The data collection instrument which was formulated based off the research questions and problem statement were asked of the families of the female offender referred to EP by DJJ. The data were collected from the families of female offenders that

are involved with the DJJ and referred to EP. The data were collected during the interview process with the family. The interviews were recorded and notes were also taken. I collected the data. The interview occurred in a private room at the local library at a time agreed upon by me and the participant. The interview process lasted anywhere from 30 minutes to an hour. The family was able to provide as much information as they felt was necessary to answer the questions.

I was sure to use socially accepted pleasantries to end the formal interview process with the participants. I reminded the participants of the purpose and their role in the study. The families were given 30 days to contact the researcher if they wanted to exit the study. The families were told that their data results would be published at some point; however, their identity will be hidden. I informed participants of the need for a follow up interview. I was available to the participants if more clarification, support, guidance, or information was needed in connection with their participation in the study.

### **Ethical Procedures**

All research involving human subjects were approved through the IRB. This committee was responsible for approving and monitoring research conducted on human subjects and determining whether or not the research can be conducted. The purpose of the review was to ensure that the rights of human subjects are protected. These review boards existed due to federal regulations that provide protection against violating human rights (Creswell, 2009). I developed an informed consent form for the participants to sign before they were allowed to participate in the research. This form acknowledged the rights of the participants. The consent form included my identification, sponsoring institution, purpose of research, benefits for participating, risks if any are involved,

confidentiality, and the consent to withdraw at any time and names of person to contact if any questions may arise.

Permission was required from IRB prior to beginning the research data collection. The IRB was a crucial step in the dissertation process. Permission is required from IRB prior to beginning the research data collection. IRBs were established to ensure that research participants are not abused, mistreated, and that research is sound and grounded in ethics and the scientific method. The current research followed the University's research guidelines. The current research advocated for adolescent females, a protected class did not work with them directly. The current study worked with the families of youth involved in the Juvenile Justice System. The successful compilation of Chapters 1, 2, and 3 of the research demonstrated a sound research method that passed the university's IRB review process.

Ethical concerns as it related to recruitment materials were addressed in the introduction, once the problem was stated, I also stated the importance of why it needed to be studied. I made sure that it was meaningful to others and not just to me. I also in no form disempowered the participant. I followed informed consent rules and ensure confidentiality and privacy. In order to remain ethical, I was honest and fair and did not cause any type of harm to any of the participants. I ensured them that that their confidentiality will be protected.

Ethical concerns could have surfaced during the data collection process. It was important to respect the participant and not to put them at risk in any way. I ensured that there was no possible harm or risk of physical, economic, or psychological, social, or



legal harm. If the participant wanted to withdraw then the researcher informed them that they can withdraw at any time they wish to do so without any repercussions.

The agreement that I had with the participant was the consent to participate in the study. The participant was informed that they could withdraw at any time if they wished. I also included a voluntary nature of the study, the risks and benefits and information about confidentiality. The data were only be handled by me and transcriber. It was kept in a secure area in which only the researcher had access. The data that was on my computer was be password protected and no one was able to access my computer without this password. All handwritten notes were kept in a safe that can only be opened with a key and I am the only one to have access to the key.

Data were collected and analyzed and it will be kept for up to five years. Once the data are discarded it will be disposed of by me to ensure that it does not fall in the hands of other researchers and used inappropriately. The participants' names will remain anonymous as I used an alias to protect the identity. Each family was assigned a number to identify their place within the study.

All data collected was my property. I am also a juvenile probation officer supervisor with the State of Georgia, the study occurred outside of my work environment, and none of the cases that I have worked with were a part of the study. The study occurred in a natural setting at the local library.

In the pilot study the researcher tested the questions to verify validity. Results from the pilot study indicated that the questions were clear and gathered the intended information. Thus, no changes needed to be made.

I conveyed results by using descriptions and/or charts. This study results were conveyed in a combination of charts, figures and descriptions. The use of models allows for complicated and detailed information to be explained in charts, figures, and graphs. It is evident that some could understand charts, figures, and graphs easier. However, it was not enough to simply use graphics to explain the phenomenon of adolescent female's involvement in the juvenile justice system. A detailed description was included in the explanation of the plight of adolescent females involved in the juvenile justice system as well as to reinforce use of charts and figures. NVivo 10, a computer based program that allowed for the systematic compilation of detailed qualitative study data into useful data nodes that were compiled and turned into charts, tables and figures that the researcher used to analyze the data gathered.

Discrepant or deviant cases were those that might contradict or not support the data that is gathered from the data analysis (Creswell, 2009). Some families did fit outside of the pattern established within the study. This was controlled to a degree by making sure that the families fit inside the inclusion/exclusion criteria. Certain demographic information was gathered on each family and in keeping with confidentiality standards; however, families who did not fit the criteria for example the female family member who were not involved with DJJ but receive services from EP were excluded. Those cases that remained and showed some discrepant data were pointed out in the results discussion of the study and were thoroughly explained. .

### **Summary**

Chapter 3 detailed the methodology of the study, the population of the study, and gives the rational for the method used. The juvenile justice system increasingly use

evidence-based programs to manage youth involved in the juvenile justice system. EP works with youth in their families involved in the juvenile justice system. The qualitative case study, utilized interviews of 20 families of youth that were referred to EP, five of whom made up the pilot study, to gather data to answer the research questions. NVivo 10 was the primary analysis tool that helped the researcher analyze the data. The goal for this study was to determine if EP addresses the trauma based issues and other gender specific issues of females involved in the juvenile justice system.

As an ethical consideration, all participants' mental health and mental well-being were considered at all times. The participation in this study were strictly voluntarily and were explained to the parent/guardian in advance. The participants were able to withdraw from the study at any time if they felt the need to. I had over 15 years of experience working with the population and is trained to work with the special needs of traumatized youth and their families. I had planned the parameters of the research study with the CEO of EP, whom is a licensed therapist. The CEO agreed to work with the family and assist in debriefing, if the need presented, which it did not given the parameters of the study.

In Chapter 4, I discussed how the families responded to the research questions and analyzed the data. I described the implementation of and/or adjustments to dependability strategies and confirmability strategies. I also summarized the answers and findings to the research questions. I reported the process used to move inductively from coded units to larger representations including categories and themes and also describe the specific codes, categories, and themes that emerged from the data using quotations as needed to emphasize their importance.

## Chapter 4: Results

### **Introduction**

The purpose of this study was to evaluate EP to determine whether EP is gender specific in addressing treatment to the juvenile female offender and to determine whether EP targets the underlying issues of female offenders. In Chapter 4, I discuss the pilot study and the setting of the study. The demographics of the participants are also discussed in detail. The data collection process is discussed in detail, including the process for recording the data. Data analysis is described in detail, including the use of NVivo 10 software. Evidence of trustworthiness related to credibility, transferability, dependability, and confirmability is also detailed, along with the results of the study.

The research questions were designed to determine whether EP addressed the behaviors that caused females to come into initial contact with the GDJJ and whether the females' behavior showed positive changes such as improved grades, fewer disciplinary referrals, or improved relationships at home since services from the EBP began. Additionally, I sought to determine how EP addressed the specific issues and behaviors that initially caused the referral to be made to EP.

My research unfolded by first identifying the specific behaviors that had caused EP to be involved with the youth and their families. The participants' daughters had been referred to EP for various reasons. After the issues were identified, I then determined whether EP had or had not addressed those specific issues and what measures had been taken in order to address them. The parents revealed the methods that were used by EP and mentioned things that they felt could have been done differently.

### **Pilot Study**

The pilot study consisted of five participants. The participants were parents of girls who received counseling services from EP after being referred to them by GDJJ. Face-to-face interviews were conducted at a local library in a private conference room that was reserved by me in advance. The participants were all asked the same eight questions in a digitally recorded interview. The data were then transcribed and analyzed. No changes were made to my original plan.

A pilot study was conducted with the parents of five female adolescents who had been referred to EP for services by GDJJ. The families were mailed/emailed a flyer and asked to respond if they were interested in participating. The families were provided with an informed consent, and after signatures were obtained, face-to-face interviews were conducted. The pilot study was conducted at a library in a natural setting. The interviews were conducted separately with each participant. Each face-to-face interview was recorded on a digital recorder and took from 20-30 minutes. The process was explained to the participant prior to the interview, and the consent form was reviewed and the signature was confirmed. The participant was then asked eight open-ended questions from the data collection tool. The entire interview was recorded. The participant was then allowed to ask any necessary questions at the conclusion of the interview. The participants provided detailed information about the services provided by EP and how and whether these services had changed their daughters' behavior. The data were collected solely from the parents of female adolescents who received services from EP; no adolescents participated in the study. The participants discussed how their children's behavior had or had not changed at home and or at school after referral to EP by GDJJ.

The participants elaborated on the gender-specific issues that were addressed by EP and noted whether they were satisfied with the services received from EP. The data were transcribed, and the participants were allowed to make any necessary changes.

The purpose of the pilot study was to determine whether the interview questions or the data collection process needed to be changed or enhanced in any way. While the pilot study was being conducted, I was able to ascertain how long to plan for the face-to-face interview process to take place. I was able to explain in detail the purpose and the nature of the study to ensure that the participants had a clear understanding of why the study was being conducted. Instead of asking directly asking the parents if the female youth had experienced any trauma, I decided to ask whether EP had addressed the behaviors that had caused the female to be referred to EP. As a result, the families were able to provide more detailed information as to the behaviors and the reason or reasons why they believed their daughters were displaying them, which in some cases related to trauma that they had experienced. I wanted to get a clear understanding of the behavior that had been displayed to determine whether the behavior would change, worsen, or stay the same. Through the pilot study, I was able to see certain themes and patterns that emerged from the data collection tool. In conducting the data analysis, I was able to determine whether NVivo would be effective software to use for this type of qualitative research study.

### **Setting**

The interviews were held at a local library in a secluded conference room with a closed door to keep the setting as natural as possible. The participant and I were the only ones in the room. Participants were provided with a bottle of water in an attempt to make

them feel comfortable. The room had lights, several tables, and chairs, and the participant and I sat directly across from each other. The room did not have a computer, a television, a radio, or anything else that could be considered a distraction.

### **Demographics**

The participants were from the Chattahoochee Court Circuit, which includes the city of Columbus and five other counties (Chattahoochee, Harris, Talbot, Taylor, and Marion). The participants were parents of adolescent girls who had received counseling services from EP. The incomes and ages of the participants were not disclosed. Some of the participants were employed, and some were not. Twelve of the participants were employed, and eight were unemployed. Before data were gathered, the Walden University IRB authorized the research based on the research proposal. I drafted a flyer with background information on the study, the purpose of the study, and contact information for me and provided it to the CEO of EP. Flyers were only sent to parents of females involved with EP who had been referred from GDJJ. The CEO of EP provided the participants with the flyers, and those interested in participating contacted me using the information listed in the flyer. Once a potential participant contacted me, I mailed a consent letter with a deadline to return it to me in order to participate. After I received a signed consent letter, I scheduled a face-to-face interview to be conducted at the local library.

The participants were informed that they had the right to withdraw from the study at any time, and they confirmed signing the consent form. Data were collected from the parents of females who received services from EP. All participants were asked the same eight open-ended questions while being recorded with a digital recorder.

After the data were collected and transcribed, the participants were able to review them for accuracy. The transcripts were analyzed using NVivo 10. The NVivo 10 software allowed me to classify, sort, and arrange information; examine relationships in the data; and combine analysis with linking, shaping, searching, and modeling. The primary data source consisted of 20 transcribed interviews from parents of females who received services from EP. NVivo 10 software was used to organize the data. This assisted with structuring and analyzing the data that were collected from the participants. Although NVivo 10 assisted in sorting the data, it was still necessary for me to provide the analysis of the data. A representation of the findings and data analysis is in this chapter, along with a procedural analysis of the research process of the study, the application of the NVivo analysis to present the themes, and then qualitative analysis presenting the thematic data. The qualitative analysis of the views and opinions shared by parents of females who received services from EP advanced the purpose of this study, which was to understand whether EP is gender specific to female adolescents.

No known personal or organizational conditions influenced the participants or their experience at the time of the study. The questions were geared only toward the services that their daughters received from EP. The participants were informed that their participation in the study could yield results and recommendations to be provided to EP and GDJJ on what could be done in the future to assist adolescent females like theirs with treatment services. This study will allow for current programs and new programs to determine the specific needs of juvenile offenders and help to develop a model that is geared specifically for girls. Females are in need of gender-specific programs, and the families' identification of some of the specific behaviors or issues that their daughters



experienced may assist in treatment efforts that are designed with these specific issues in mind. The families were asked what, if anything, they would have liked to have seen done differently by EP; these results will be provided to EP as recommendations only. Personnel of other programs will be allowed to see these recommendations and use them to enhance or implement new services related to girls, as the literature in Chapter 2 showed that most of the research that has been conducted in this area has pertained primarily to boys. Because the number of girls involved with GDJJ is increasing at a fast rate, programs need to be developed to ensure that they are not being overlooked. These girls have different risk factors than boys do, so programs need to make sure that they are considered when providing services to female adolescents.

Twenty participants were involved in this study. In order for individuals to take part in the study, they had to live in the area covered by the Chattahoochee Court Circuit. The participants also had to be parents of female youth who received counseling services from EP by referral from GDJJ. EP provides services to Georgia and Alabama, but only Columbus, Georgia, and the five surrounding counties in the same court circuit were used for the purposes of this study. Some demographic information, such as age of the daughter and geographic location, was not relevant to the study, and if it was given, it was not used as relevant data in the study. All of the female adolescents who received services from EP for the purpose of this study were referred by GDJJ, so their age was not considered. No personal information, such as the names of participants or their daughters, was disclosed due to confidentiality. Each participant was assigned a number; thus, participants were identified as Participants 1-20. As long as an individual was the parent or guardian of a female adolescent who received services from EP by referral from

GDJJ and lived in the Chattahoochee Court Circuit, that individual was allowed to participate in the study. The family members were not asked for any information related to income or religion. The study was strictly concerned with the services provided to their daughters from EP. The socioeconomic status of the families was not considered as a factor in the study.

### **Data Collection**

Before the interviews were conducted, each participant received a formal solicitation for the study via mail or email. Each participant was given an informed consent form and instructed that before the interview could take place, I needed to have the document returned. Participants were given the option to return the consent forms by email or postal mail. Once I received the consent documents, the interviews were scheduled. I verbally read to each participant the information contained in the informed consent document prior to starting the interview. After exchanging small talk to help the participant feel comfortable, I started the interview, which was held in a private room at the local library.

Data were collected from 20 participants who were parents of females who received counseling from EP. All 20 participants were asked the same eight questions verbally by me in the same manner. The face-to-face interview was recorded and transcribed; the transcript was then reviewed by the participant for accuracy.

There was one data collection instrument used for the purpose of this research. Data were collected from the participants at a neutral location, the local public library, in which I reserved a private room. The interview dates and times were set by the participants according to their availability. Each interview was conducted during a

single, recorded 20-30 minute face-to-face interaction. I asked the participants eight open-ended questions (Appendix E) from the data collection tool. I met with each participant on two separate occasions. At the first meeting, I conducted the face-to-face recorded interview. At the second meeting, which also took place at the library, the participant reviewed the interview transcript to ensure accuracy. The second meeting was not as long as the first meeting and only lasted between 5 and 10 minutes. After the data were reviewed at the second meeting, the participant was provided with a \$10 gift card for taking time to participate in the study.

Some variations had to be made from what was presented in Chapter 3 as the data collection procedure. In Chapter 3, I originally stated that the interviews would be digitally recorded at the family's home. IRB suggested that the interviews not be conducted in the family's home or at the office of EP. The data collection location thus changed from the participant's home to the local library, which was viewed as a more natural setting. Additionally, questions asking participants about trauma experienced by their daughters were removed from the data collection instrument because IRB did not agree with this information being sought directly, as the participants might be put in a situation to relive a traumatic event. There were eight open-ended questions that were administered to the participants, none of which asked about trauma in a direct manner.

No unusual circumstances were encountered during the collection of the data. There were some delays, however, in data collection. Some of the participants scheduled an interview date and time but were unable to keep the appointment and contacted me in order to set a new date and time. One of the participants did not have transportation to get to the library; this participant had to be provided with money to get to the appointments

by city bus. Another unusual circumstance that was encountered in the collection of data involved the availability of the room at the local library. There were only certain days on which the room was not in use by someone else; this was a barrier when scheduling interviews with participants. One of the participants did not want the interview to be recorded and had to withdraw from the study, even though her real name was not going to be used in the study.

### **Data Analysis**

After the data were transcribed, the participants' interview responses were put into categories and nodes. By placing the data into nodes, I was able to place the material in a single location. This made it easier to visualize the themes. The information from the interviews was coded in relation to the research question. Creating the nodes allowed me to make connections between the transcribed interviews and capture the data points most related to the study. Once I finished inputting the coded interviews into NVivo 10, themes and patterns started to develop. A word cloud was produced that began the process of moving from a coding position to one of analysis. By matching the interviews to the data collected and comparing it to the literature review, I was able to match themes to the data. The themes were mental health, satisfaction with service and service outcomes, and treatment of gender-specific issues.

### **Evidence and Trustworthiness**

#### **Credibility**

According to Lincoln and Guba (1985), *credibility* is confidence in the truth of the findings. In order to achieve credibility, member checks were implemented. During the interviews, reflective commentary was implemented. I was careful not to interrupt the

participant during the interview process. Open-ended questions were asked to get a detailed response without any interruptions to enhance credibility. After the data were transcribed, the participant was allowed to review the data for accuracy and make changes or clarify if needed. Member checking is considered the most important way to measure credibility.

Credibility was also established through the literature review and the alignment of the methods with those of other studies. A pilot study was conducted to make sure that the research questions were aligned. In order to ensure the trustworthiness of the data collected, I was careful to control biases and made sure that the participants were clear on what was being asked of them. The interviews were recorded and transcribed accurately. Once the data were transcribed, the participants were allowed to view the transcripts for accuracy and to make changes as necessary, although none of the participants made any corrections.

The research maintained objectivity throughout the interview process. When conducting research, it is important for the researcher to maintain objectivity. The researcher must approach the research with a level of *epoche*. *Epoche* plays a vital role in the qualitative research experience. *Epoche* is a Greek term that means unbiased objectivity or open-mindedness (Gearing, 2004). Careful efforts to maintain *epoche* show a researcher's philosophical position as it relates to the subjectivity of the research (Moustakas, 1994). The role of the researcher is that of a participant observer; thus, the researcher can ensure that the participant is comfortable with and understands the interview questions. Critical self-reflection is essential in preparation for gathering data, and this requires the researcher to set all personal biases aside.

**Transferability**

Transferability is the process where the researcher presents the findings in a manner that would allow further research opportunities in related studies (Lincoln & Guba, 1985). I debriefed the participants and also utilized member checking in order to achieve transferability.

After the data were transcribed, the participants were allowed to review the transcripts of their own interview and asked to approve them to make sure that the data were transcribed properly and that what they said was what they intended to say

**Dependability**

In order for the researcher to establish dependability the researcher has to be careful with collecting the data, interpreting the data and findings and also reporting the results of the data. Dependability is achieved by using overlapping methods in the study by showing that the findings are consistent and could be repeated (Lincoln & Guba, 1908). In order to achieve dependability, I attempted to write detailed notes describing aspects of the study. I also conducted a pilot study and triangulation to achieve dependability. The study may be desirable to other researchers interested in conducting research on evidence based programs.

**Confirmability**

In order to establish confirmability and remain neutral, I made sure that the data were consistent with the peer reviewed literature. Confirmability is demonstrated when the study outcomes are a direct result of the data and not sentiments of the researcher (Lincoln & Guba, 1985) I maintained objectivity throughout the entire process. All biases were set aside and only the data collected was analyzed. Triangulation was

implemented in order to reduce researcher bias. I created memos throughout the process in NVivo 10; the use of memos provided an opportunity to self-reflect while working through the data.

## **Results**

### **Results of Central Research Question**

The results of the study showed that EP does address the specific issues of female offender. Although some of the females continued to display the same behaviors after the services were completed, the behavior was addressed. The counselor did address the issues that caused them to be referred to EP. The results showed that all of the participants with the exception of three of the twenty participants were satisfied with the services that their daughter received from EP as shown in the satisfaction of services chart. Of the three families that were not satisfied with the services were cases where the female adolescent was reluctant to participate or did not actively participate in the counseling sessions at all with EP. All of the participants stated that EP did address the behaviors that caused the female adolescent to become involved with DJJ as the reason the referral was initially made to EP. However; only 15.79% of the families reported that their daughter's behavior got worse after receiving services from EP. The participants report that gender specific issues were addressed in 16 of the 20 cases.

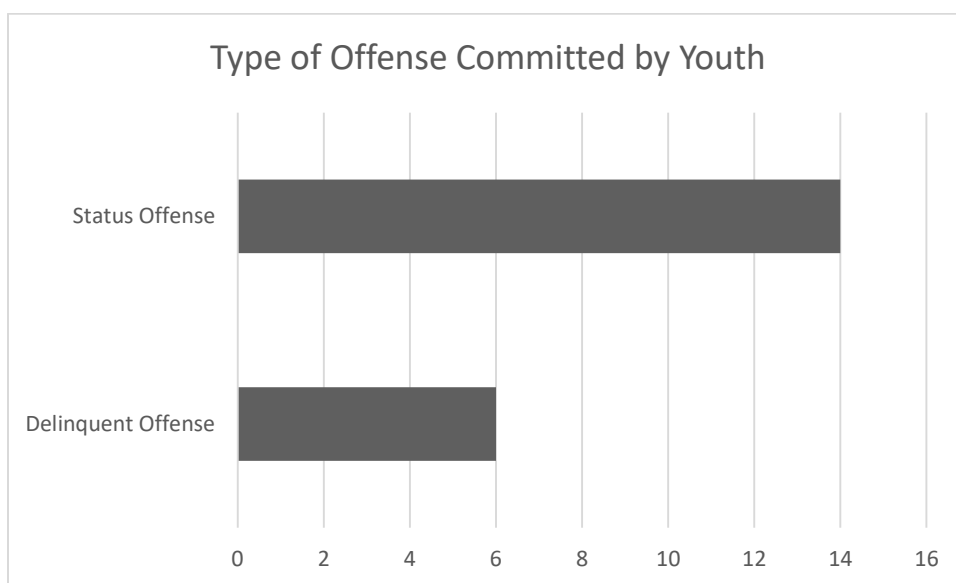
Some of the codes that emerged were: satisfaction of service issues not addressed, youth offense, and gender issues addressed. By inputting data into nodes, the following themes were developed:

**Theme 1: Charges.** There were 14 females that were referred for status offenses and 8 were referred for delinquent offenses (see figure 1).

**Theme 2: Satisfaction with services.** Participant 1 stated “EP addressed all of my daughter’s issues and helped her to manage her anger”.

**Theme 3: Behavior.** Participant 7 stated “my daughter’s behavior has improved and she no longer has a problem with not going to school” Participant 11 stated “I noticed her self-esteem increased “, and Participant 17 stated “my daughter is no longer using drugs.

**Theme 4: Treatment.** Treatment of gender related issues is the major theme of the study. Results showed that for those youth that had a gender related offense and their specific gender related offense was treated in the program they had a positive service outcome. Participant 3 stated “my daughter was depressed and the counselor addressed these issues”. Participant 12 stated that her daughter’s suicidal ideations were addressed. Participant 17 stated “my daughter depressions issues were addressed.



*Figure 1.* Type of offense committed by youth.

### **Findings of Research Subquestion 1**



R1: Did EP address the behaviors that caused the female to initially come into contact with the Department of Juvenile Justice?

The participants stated that EP did address the behaviors that caused their daughter to initially come in contact with DJJ causing the referral to EP. Participant 1 stated that EP went in detail with discussing the behaviors that were displayed by her daughter. The participants stated that EP began the first counseling session by asking the charges and the reason the case was referred to EP. The counselor then discussed those charges and behaviors in detail. Over 70% of the participants were either satisfied or very satisfied with the services that their daughter received from EP.

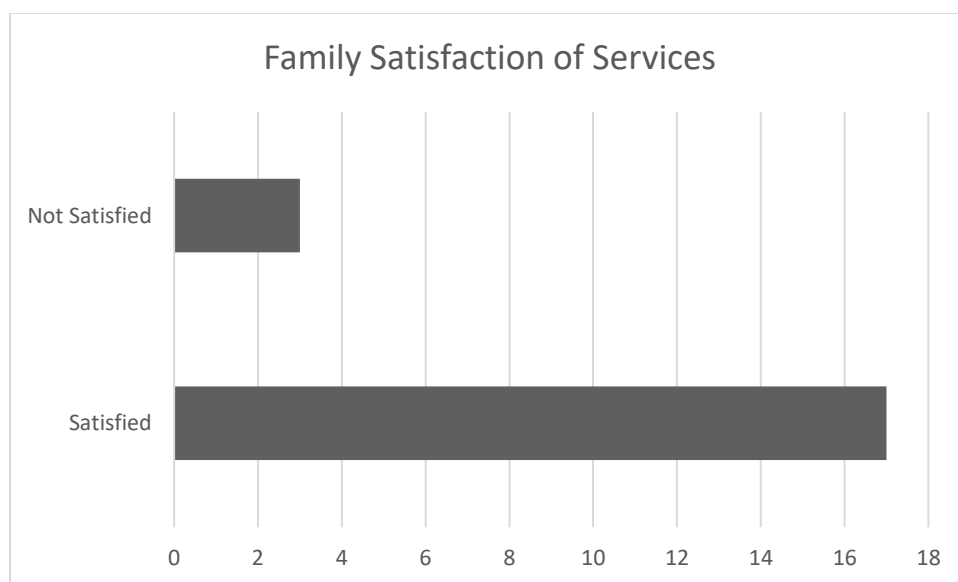


Figure 2. Family satisfaction with services.

### Findings of Research Subquestion 2

R2: Did the female's behavior show a positive change at home and or school after receiving services from EP??

The finding showed that at least 70% of the participants showed an increase in positive behavior changes after receiving services from EP. The females that were receptive to the counselor were more likely to show a positive change in their behavior at home and or school. The participants that were reluctant to the services, the behavior either stayed the same or got worse. The counselor provided feedback and consequences if the female continued to display ungovernable behavior. The counselor provided real life scenarios when meeting with the participant's daughter. Participant 3 stated "my daughter's behavior changed tremendously for the better in home and at school. Her grades improved and she no longer skips school. "She comes home from school and does her homework and is now also abiding by her curfew".



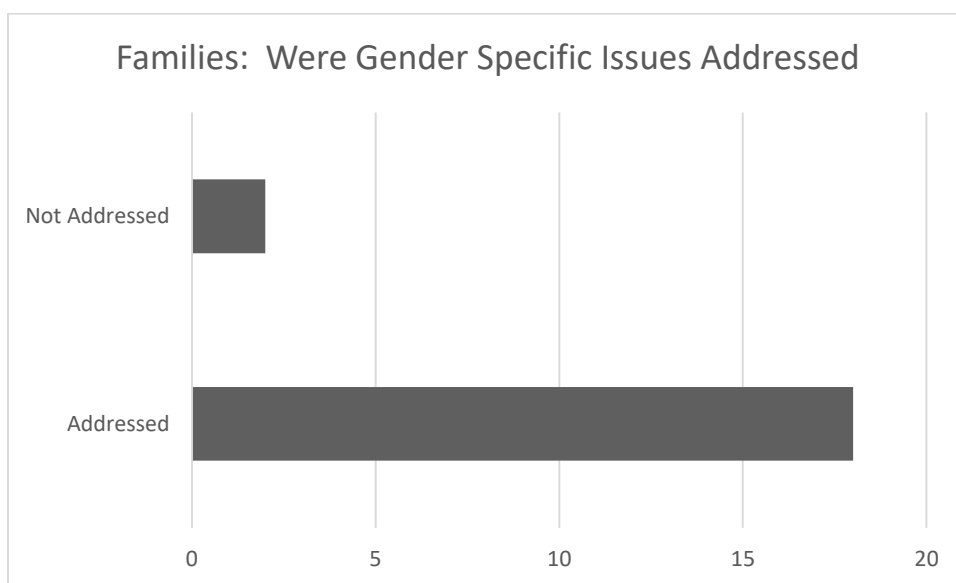
*Figure 3.* Level of behavior change.

### **Findings of Research Subquestion 3**

R3: Did EP address the trauma and/or gender specific issues of female clients?

EP does address trauma and other gender specific issues as it relates to girls. EP was shown to address depression, self-esteem, sexual aggression, education goals, and females that were dealing with issues of peer pressure. These issues were reported to be shown in the daughters of the participants involved in the study. The participants agreed that EP addresses these behaviors.

At least 70% of the participants felt that EP did address the gender specific issues that female offenders are known to experience. Some of the participants expressed that the length of time that EP provided services should be longer. After the study was conducted, I met with the CEO of EP to get a firsthand idea of the services that are rendered and to view the models or documents that are used by EP and its counselor to determine if the models are the same for males and females. The CEO of EP stated that Dialectical Behavior Therapy is one of the primary therapy designs used by his employees. I inquired about the difference in treatment in girls and boys and there was no difference as EP addressed everyone on an individual basis. The service received was based off the offense or charge that the juvenile received. Participant 11 stated “my daughter experienced a traumatic event where she was pregnant and had a miscarriage, EP addressed this issue in great detail and helped her to deal with the loss”.



*Figure 4.* Were gender-specific issues addressed?

### **Discrepant Cases**

There were two discrepant cases that were included in this data. Two of the participants did not believe that their daughter benefitted anything from receiving services from EP. Their responses were totally different from the other participants. In each of these two cases, the participants stated that their daughter did not benefit from the services. Both participants reported that although they were referred to EP by DJJ as a detention alternative, their daughters did not actively engage in the sessions with the counselor from EP. One of the participants stated that her daughter would not open up to the counselor and refused to provide feedback during the sessions. The second participant in the discrepant case stated that the counselor had a hard time connecting with her daughter. The participant stated that her daughter felt as if the counselor did not pay attention to her needs. She stated that her daughter complained that the counselor spent too much time engaging with the parent instead of communicating with her. She

stated that the counselor was not consistent with keeping scheduled appointments and when the counselor

Cases where the female adolescent was not receptive to the services offered from EP resulted in the data being different from the other cases. It was hard to see if the issues were addressed in a case where the female adolescent did not participate or actively engage in the sessions. The cases resulted in different findings because the participant is not able to provide information as it relates to the data collection instrument because the female offender was not willing to participate. In cases like these where the female offender does not feel like services are needed or just refuse to participate in the sessions it will cause discrepant data to be reported.

Discrepant cases arose when a response is different from the total responses of the group. Out of the 20 participants contained within the study there were only three 3 discrepant cases. Using a Pearson Correlation Coefficient analysis contained within NVivo 10, a cluster map was produced that resulted in a model that confirms some of the thoughts of the researcher as the study was conducted. Participant 2 had an abundance of negative thoughts, feelings, and perceptions of the service provided by EP. The participant stated "the counselor did not hold my child accountable and was more of a friend to her instead of a counselor" and also "my daughter didn't really take the counselor serious" whereas even those participants that may have had some negative beliefs about some aspects of the program they still had some positive experiences with the personality of the therapist for example. Participant 14 was extremely positive in their description of the service and service outcomes for their daughter. All of the survey instruments questions were positive for example "the counselor changed my daughter's

behavior for the better" and "the counselor made a positive change in my daughter's and I relationship by teaching us how to communicate with each other". Participant 10 only discrepancy was that they were the midpoint case for outcome similarity from the other participants.

### **Summary**

Female offenders were referred to EP to receive counseling services for various reasons. The company provided individual and/or family counseling to juvenile involved with the juvenile justice system. The majority of the females who parents participated in the study were referred to EP for a status offense. These females either displayed ungovernable behavior, truancy, or running away from home. These offenses are referred to as CHINS offenses. These females were then referred to EP to receive services for these types of behaviors. The CEO then assigned the case to a counselor and then counselor meets with the family to get some background on how and when the behavior starts and in 70% of the cases in this study, the behavior was addressed. Although on some occasions the behavior did not change for the better, the reason for the referral or the charge that caused the youth to be referred to EP was addressed. Some of the females had underlying issues related to trauma and those were the participants that stated their daughter's behavior changed for the better. This could be in part to the trauma being treated. The literature review in Chapter 2 stated that untreated trauma can cause females to display ungovernable behavior or to run away from the issues that have occurred or are occurring in the home. In order for EP to successful with female clients, they should address gender specific behavior as it relates to girls. The role of DJJ is to rehabilitate and not to punish. Therefore services like EP were essential to address issues that females

were dealing with. Once these issues were addressed the female's behavior improved in school and in the home. The goal was to find out the underlying as to why the female is displaying acting out behavior. In two of the cases, the participants stated that their daughter's just wanted to do as they please and did not want to follow their house rules. These two cases showed a pattern of the behavior getting worse. This can be attributed to the youth not being receptive to the services and unwillingness to participate.

Many of the females in the juvenile justice setting have been exposed to traumatic events either as victims or witnesses. Many of these females develop PTSD or other mental health disorders which can impact their ability to achieve developmental milestones. Trauma is also linked to juvenile delinquency. Studies have shown that among those that experience trauma, females are more likely than males to develop mental health problems. Exposure to trauma among girls also increases the risk of drugs and alcohol and subsequent victimization. The impact of trauma should be considered when providing services to girls involved with DJJ. Because the court sometimes lacked the ability and resources to recognize traumatic experiences that may have occurred, they often lacked the capacity to sufficiently meet the mental health needs of the female offender causing them to go further into the juvenile justice system. Policies should be put in place to make sure that agencies that service females that have experienced trauma are offering services specific to their gender. Literature review suggested that programs should be trauma sensitive and gender specific to girls to prevent retraumatization of girls involved with DJJ (Cauffman, 2008).

This research consisted of reflecting the parental views of EP services. The chapter included the viewpoints of parents whose daughter received services from EP.

Chapter 4 included the sample and details of the data analysis. The summary of word queries provided categories and patterns in responses that evolved into themes. The findings are presented in charts. The chapter detailed information on how the evidence of trustworthiness was established by addressing areas of confirmability, transferability, credibility and dependability. Discrepant cases were discussed and how it is factored in with the data analysis. Direct quotes are provided from the participants to support the themes derived from the interview questions. The research questions and findings were noted and discussed in further detail in Chapter 5.



## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this study was to evaluate EP to determine whether EP is gender specific in addressing treatment to the juvenile female offender. For this qualitative case study, I interviewed parents of females who had been referred to EP for services. The participants were chosen from the Chattahoochee Court Circuit, which covers Columbus, Georgia, and five surrounding counties. The females had been referred to EP for various reasons by the GDJJ. The interviews were conducted with parents/guardians to gather data on their thoughts and feelings about the benefits, advantages, and disadvantages of EP, an evidence-based program, and to determine whether the youth's behavior had undergone positive change.

This study was conducted by collecting data from 20 parents of females who had been referred to EP by GDJJ. The research evaluated whether EP addressed the specific issues of juvenile offenders. Female offenders are committing status offenses at a much higher rate than their male counterparts, although they are underrepresented in the juvenile justice system as a whole. The study determined whether EP addressed the issues that caused GDJJ's involvement. The charge of the female offender is known but it is unknown the reason why the female were committing the offense? The aim of this study was to determine whether these females' issues were being addressed by EP. The goal of the study was to determine whether EP addressed the behaviors that caused the females to come into initial contact with GDJJ and whether EP addressed trauma or gender-specific issues in relation to female adolescents. The participants were asked eight verbal interview questions from the data collection instrument. The questions were asked of all

participants in the same manner, recorded on a digital recorder, and later transcribed and analyzed by me with the aim of identifying specific themes and patterns.

The findings showed that EP did treat the behavior that caused the female offenders to become involved with GDJJ. The issues/behaviors were addressed, but a positive behavioral change was not seen in everyone who was involved. EP addressed underlying issues such as depression, anger management, self-esteem, peer pressure, and sexual aggression. In cases in which the females reported some type of trauma, the highest rate of behavioral change was observed once the trauma was addressed. These youth went on to have improved behavior in the home and at school.

### **Interpretation of the Findings**

R1: Did EP address the behaviors that caused the female to come into initial contact with GDJJ?

Data supported the finding that EP addressed the specific behavior that caused the females to come into contact initially with GDJJ. Results showed that 18 of the 20 respondents reported that the behaviors that were displayed by their daughters were addressed by EP. The counselor at EP discussed in detail the offenses that had been reported to EP and addressed specific behaviors by discussing what had led up to the females receiving the charges. Participant 1 stated that the counselor addressed the behavior of her daughter and provided coping strategies and ways to prevent the youth from reoffending. The participants stated that the first session with EP involved detailed discussion of the specific behavior displayed by their daughters, the nature of the charges, and the circumstances surrounding the referral being made to EP after the youth became involved with GDJJ. The literature indicates that not only should the charge be

addressed, but the behavior causing the offense should be addressed as well. The goal is to find out why the youth is displaying acting-out behavior, determine whether there are underlying issues, and then address those issues. If a female has underlying trauma that has not been addressed, it can cause the female to display acting-out behavior and can also be linked to criminal behavior. The female must first be treated as a victim before she can be treated as a perpetrator.

Did the female's behavior show a positive change at home and/or school after she received services from EP?

The participants stated that their daughters' behavior showed positive change in the home and/or at school. The data indicated that the females who actively participated in counseling sessions showed positive change in their behavior. In cases in which the females were reluctant to participate or did not actively engage in the counseling sessions, no change in the negative behavior was noted. The participants noted positive changes such as fewer office referrals at school and their daughters no longer skipping school. The females who had been referred for running away from home were no longer leaving home without permission or running away. The females who had displayed ungovernable behavior were reported to be abiding by their parents' house rules. The peer-reviewed literature shows that behavior needs to be addressed for a positive behavioral change to occur. Further, research shows that in order for treatment to be effective, it must be gender specific for female offenders (Saar, 2015).

R3: Did EP address the trauma and/or gender-specific issues of female clients?

Research shows that girls experience trauma at a much higher rate than males do. Zahn et al. (2009) stated that treatment programs should be gender specific to girls and

should treat traumas shown in female adolescents. The participants discussed some of the topics that were discussed with their daughters during the EP sessions. EP addressed issues dealing with depression, sexual abuse, peer pressure, drug usage, grief, school, goals, and education. EP addressed issues that arose during the counseling sessions, even if they had nothing to do with the reason the referral had been made. Once a specific behavior or issue was reported to EP, it was addressed by the counselor.

The literature review showed that girls commit crimes for various reasons that are different from those of boys. Literature indicates that crime factors differ between males and females; thus, treatment efforts should be gender specific. Although EP primarily uses a specific model to guide staff in treating females, any issues that arose were addressed. Literature suggests that females display more internalized behavior than boys do, and when they are victims of sexual abuse and/or child abuse and neglect, these issues need to be properly addressed. These traumatic events can cause problems for females if they are left untreated. Research and literature suggest that effective programs use behavioral interventions in juveniles' natural environment, are rehabilitative, and provide intensive support (Covington, 2014). EP has been shown to be effective in providing in-home counseling to youth individually as well as family counseling.

### **Limitations**

There were some limitations to this study. While generalizations can be made regarding other female adolescents, the participants were confined to a city in Georgia and the surrounding five counties.

A pilot study was conducted in an attempt to ensure trustworthiness. Attempts to maximize trustworthiness were made by selecting participants from EP who had received

services in the last year. Another limitation is that the parents did not receive services from EP; their daughters received the services. The parents, however, noted the progress or lack thereof made by their children. Another limitation of the study is some of the participants did not note that their daughters had experienced any trauma but did describe the gender-specific issues experienced by their daughters. The study was limited to adolescent girls who received services from EP and did not include males or adult females.

### **Recommendations**

The literature review in Chapter 2 showed that treatment efforts for boys and girls should differ (Cauffman, 2008). Treatment for girls should be gender specific in order to treat issues that girls experience at a much higher rate than boys do. One recommendation for further research is to focus on girls and recidivism and divide the girls up in relation to race. Additionally, it is recommended that further research address the length of programs in order to determine whether behavioral changes differ between programs that are extensive and programs that are short term, such as EP.

Another recommendation for future quantitative research is to determine whether any of the females who received services from EP reoffend in the future, and if they do reoffend, in which timeframe this occurs. Additionally, a study could explore whether youth who reoffend commit the same offense or a different offense. Research could also be conducted to determine whether the parents of females who offend have any type of criminal background, as people are products of their environment; if a girl has a parent who is committing crimes, the parent's behavior could play a role in the girl following the same path. A study in which there is follow up to ascertain whether changes achieved

through intervention are lasting is also recommended. In addition, research with a larger sample size might yield significance in the areas in which this study approached significance, such as the trauma experienced by youth and whether the youth had received treatment previously for the trauma, as this may be an underlying issue linking the female to a path of criminal or acting-out behavior.

I found that EP does not use a module when providing treatment services to adolescent females. Additional research identifying the modules of preference for females may be useful in the treatment of females in outpatient settings. It is also noted and recommended that the timeframe in which EP is involved in the home is 4 to 6 weeks. Some of the participants felt as though the time needed to be longer, as their daughters were receptive to the services. Once they saw a change in the behavior, the services were ending.

More research is recommended on female adolescents in gender-specific programs to further fill in the gaps in the literature (i.e., further exploration of dissertation research questions, longitudinal studies to identify gender-specific programs with modules designed especially for girls and identify which modules are more effective with female adolescents).

It is recommended that EP and GDJJ staff pay attention to the results to develop the prevention and intervention services offered to adolescent females. It is important that females who have experienced trauma are getting the treatment that they need for trauma-related issues. Females who convey traumatic events to GDJJ staff should immediately be referred to services to provide treatment for these traumatic experiences. The literature review in Chapter 2 suggests that females who have untreated trauma may

become involved with GDJJ as a way of trying to cope with the traumatic events that occurred in their lives. It is important that girls are treated with modules designed with their specific needs in mind and not those of their male counterparts. Literature suggests that females are committing crime at a much higher rate than in the past, so treatment efforts need to be implemented for girls. It is also recommended that EP provide trainings to ensure that staff are aware of the gender differences between males and females and how to deal with females who have experienced trauma. Additionally, any agency or treatment provider that provides services to adolescent females should be aware of how to recognize and treat trauma. The results can be disseminated at local conferences and trainings provided to employees of GDJJ.

### **Implications for Social Change**

A female status offender usually performs below grade level in school. This can lead to a decrease in lifetime earning potential as well as increased incidence of criminal behavior such as drug use or prostitution, which can lead to future health problems and poverty. This research study showed a positive change in behavior among those adolescent females that received services from EP. A positive behavioral change shows the possibility of each female becoming a productive, law-abiding citizen and a contributing member of her community. For every student who becomes productive, the government saves money by not having to detain the youth for continued criminal behavior. Significantly reducing the number of females who commit status offenses or delinquent crimes can have an impact on society as a whole. However, the benefit for the affected females and their families is more substantial.

It is hoped that EP will dramatically change the lives and lifestyles of young female offenders after they receive services, with this impact extending into the lives and lifestyles of other females with which they come into contact. This program could have substantial impact on females as it provides them with coping strategies and treatment for PTSD, depression, and other gender-specific issues that they may have encountered. EP also assists parents with parenting classes and provides them with necessary tools to parent their children. EP assisted females with making positive choices in order to live crime-free lives. It holds the female offenders accountable in an effort to make them accept responsibility for their behavior and actions, and it informs them of the consequences with GDJJ if they do not follow their parents' house rules and the laws of the land.

In many cases, community programs failed to develop a comprehensive range of services for female adolescents, which is essential. However, the evidence indicated that when such programs are well implemented and gender specific, they improved the emotional well-being of female adolescents and their families, expand and develop informal social networks, and facilitate a successful course of youth development, causing female participants to avoid future involvement with GDJJ.

This study had implications for social change, in that the data could inform the development of models for use by EP. Further, this study may increase the overall knowledge of the GDJJ regarding the need for more evidence-based programs that are gender specific for females. Females who are referred to evidence-based programs as a detention alternative need to be afforded the opportunity to have their specific needs met. These programs should employ models designed for the treatment of girls. This study



provided opportunities to ascertain that improved gender-specific programs are needed for female offenders, who are now committing crimes at a much higher rate than in the past. Female gender-specific programs need to be developed to include clearly defined outcome measures that are easily understood and provide opportunities for girls to receive treatment based on a model that is designed for girls alone. These models should address trauma and other gender-specific issues that are seen in girls. These evidence-based programs should be evaluated to determine if they are successfully treating female offenders. Untreated trauma can cause behavior to worsen, and further crimes can be committed as a result.

An important social impact of the study is that it may help GDJJ to implement more programs specifically geared toward female offenders. The Juvenile Justice Reform Act allows low- and medium-risk offenders to remain in the community with detention alternatives. If evidence-based programs are geared toward females, then juvenile justice professionals can be assured that their specific needs are being met. Programs that treat female offenders we have been victims of trauma are needed to assure that trauma is not left untreated, given that trauma has been linked to criminal behavior. Models created for female offenders can be beneficial to behavioral outcomes of offenders. It is best clinical practice for therapists to use empirically proven methods of treatment for youth we have experienced trauma. Policies should be put into place to have mandatory treatment available for female adolescents we have experienced trauma. By teaching coping skills to younger female adolescents, it may be possible to decrease the number of status offenses committed by females. Family counseling should be mandatory for all families of female adolescents we continue to commit status offenses

by being ungovernable, being truant, or running away. More emphasis needs to be placed on female offenders because they are becoming more involved with the courts. Females commit status offenses at a much higher rate than boys do. A repeat status offender needs treatment services to determine the underlying reason that the youth keeps running away or acting out in the home. Females we committed status offenses and were referred to EP showed a positive change in behavior in most cases.

### **Reflection of the Researcher**

To my knowledge, all participants in this research study supplied honest responses to the interview questions. Data were collected from 20 participants in a professional manner in a natural setting. The communication between the participants and me, as the researcher, was based on mutual respect and understanding of our positions during this study. Every participant gave vital and useful information that contributed to the success of this study. Prior to data collection, I thought that some of the participants would be reluctant to participate and open up to a complete stranger about their children, but that was not an issue.

As a researcher as well as an employee of the State of Georgia, I found that this process was very enlightening. I am a probation officer supervisor with GDJJ, so I have worked firsthand with female offenders for the last 12 years. In this role, I have formed some personal biases, as I see female offenders on a daily basis and I often wonder why so many of them are falling by the wayside. I believe that females are often overlooked when programs and departments are creating models for treatment because they are underrepresented in the juvenile justice department. Now that we are seeing more and more of these female offenders, treatment providers need to ensure that the models or

treatments they are using are suitable for females. Often, we see girls we have been victims of sexual abuse and have run away from home. Instead of someone taking time to determine why a female adolescent has run away, the adolescent is charged. My personal biases arise from my previous employment at a residential treatment facility that housed female adolescents we had been victims of sexual abuse. These traumatic backgrounds caused the females to display acting-out behavior on a regular basis. During my tenure there, I noticed that once these females became involved in therapy, their negative behavior decreased. Once they discussed their trauma in group and individual settings, their acting-out behavior decreased. My goal in completing this study was to make sure that females are being given a fair chance and that their issues are being addressed.

### **Conclusion**

In this case study, I sought to determine whether EP addressed the gender-specific issues of female offenders. I also sought to identify whether the behavior of female offenders improved after they received services from EP. Furthermore, I sought to ascertain whether EP addressed trauma that was noted in female offenders. Finally, this case study was designed to address a gap in research focused solely on female offenders. My research fills this gap because it was conducted exclusively with data related to female offenders.

The findings of this study showed that treatment services need to be gender specific to target the underlying issues of female offenders. If females have experienced trauma, that trauma must not be left untreated. In cases where the gender-specific issues were addressed, a positive behavior change was noted in the home and or at school. The findings of this research study supported an understanding that EP is gender specific and

that it does address the specific behaviors that cause youth to become involved with GDJJ and be referred to EP. The participants agreed that EP addressed relevant issues, and in most cases, the female offenders showed positive changes in their behavior at home and/or school. EP addressed the trauma-related issues that were relayed to the counselor. Participants noted that they would have liked for the services to have lasted longer and to have been notified of when the services ended, but overall they were satisfied with the services received from EP. EP has thus proven to be evidence based, as it had a positive outcome on clients.

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## Appendix A: IRB Approval

### IRB APPROVAL

Walden University IRB (IRB) approval for data collection was granted on February 17, 2016. The IRB approval number is 02-17-16-0329007.

## Appendix B: Consent Form

*CONSENT FORM*

You are invited to take part in a research study about treatment from Everlasting Peace to determine if it is gender specific. The researcher is inviting parents of females that received counseling from Everlasting Peace participate in the study. If you agree to participate in this study, Everlasting Peace Counseling and Support Services will provide me with your name and contact information. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Meshonda Moore, who is a doctoral student at Walden University.

**Background Information:**

The purpose of this study is to determine if Everlasting Peace Counseling (EP), is gender specific in addressing treatment to the juvenile female offender. Does Everlasting Peace target the underlying issues and trauma of female offenders?

**Procedures:**

If you agree to be in this study, you will be asked to:

Participate in a face to face audio recorded interview that may take 30-45 minutes.

Review data for accuracy once it has been transcribed and make revisions as necessary

Here are the interview questions:

According to the parent/guardian, how did Everlasting Peace address the behaviors that caused the female to initially come into contact with the Department of Juvenile Justice?

1. Tell me about the behaviors that caused the female to initially come into contact with the Department of Juvenile Justice and how did Everlasting Peace address these issues ?
2. What is the female's age and what did the female youth express to you about their treatment received from EP?
3. How has the female's behavior changed at home since receiving services from the Evidence Based Program?

4. What is the youth's grade level and how has the behavior changed as it relates to school?
5. How did EP address the issues or charges that caused the youth to become involved with the Department of Juvenile Justice?
6. Tell me about the topics related to girls and gender issues that were addressed by EP.
7. Tell me about any specific issues that you feel EP left any issues unaddressed.
8. Is there anything that you feel that EP should have done differently?

**Voluntary Nature of the Study:**

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one at Walden University will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.

**Risks and Benefits of Being in the Study:**

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as fatigue, stress, or becoming upset. Being in this study would not pose risk to your safety or wellbeing.

There are not any risks to you or your family for participating in this study. No personal information will be collected or used in any way. By participating in this study, you will assist me in determining if Everlasting Peace is gender specific.

**Payment:**

There will be a \$10 gift card for participating in this study.

**Privacy:**

Any information you provide will be kept confidential, within the limits of the law. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure by keeping all information collected in a secure locked box in my home or stored on a password protected computer. A code will be given to replace each name of the participant. Data will be kept for a period of at least 5 years, as required by the university and then destroyed by me.

**Contacts and Questions:**

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via phone at xxx-xxx-xxxx or email. If you want to talk privately about

your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210. Walden University's approval number for this study is 02-17-16-0329007 and it expires on February 17, 2017 will enter expiration date.

The researcher will give you a copy of this form to keep.

### **Obtaining Your Consent**

If you feel you understand the study well enough to make a decision about it, please indicate your consent by signing below

Printed Name of Participant

Date of consent

Participant's Signature

Researcher's Signature

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## Appendix C: Data User Agreement

### DATA USE AGREEMENT

This Data Use Agreement (“Agreement”), effective as of December 14, 2015 (“Effective Date”), is entered into by and between Meshonda Moore (“Data Recipient”) and Everlasting Peace (“Data Provider”). The purpose of this Agreement is to provide Data Recipient with access to a Limited Data Set (“LDS”) for use in research **in accord with laws and regulations of the governing bodies associated with the Data Provider, Data Recipient, and Data Recipient’s educational program.** In the case of a discrepancy among laws, the agreement shall follow whichever law is more strict.

1. Definitions. Due to the study’s affiliation with Laureate, a USA-based company, unless otherwise specified in this Agreement, all capitalized terms used in this Agreement not otherwise defined have the meaning established for purposes of the USA “HIPAA Regulations” and/or “FERPA Regulations” codified in the United States Code of Federal Regulations, as amended from time to time.
2. Preparation of the LDS. Data Provider shall prepare and furnish to Data Recipient a LDS in accord with any applicable laws and regulations of the governing bodies associated with the Data Provider, Data Recipient, and Data Recipient’s educational program.
3. Data Fields in the LDS. **No direct identifiers such as names may be included in the Limited Data Set (LDS).** In preparing the LDS, Data Provider shall include the **data fields specified as follows**, which are the minimum necessary to accomplish the research: a list of parent’s names and contact information of female youth that received counseling services from Everlasting Peace .
4. Responsibilities of Data Recipient. Data Recipient agrees to:
  - a. Use or disclose the LDS only as permitted by this Agreement or as required by law;
  - b. Use appropriate safeguards to prevent use or disclosure of the LDS other than as permitted by this Agreement or required by law;
  - c. Report to Data Provider any use or disclosure of the LDS of which it becomes aware that is not permitted by this Agreement or required by law;
  - d. Require any of its subcontractors or agents that receive or have access to the LDS to agree to the same restrictions and conditions on the use and/or disclosure of the LDS that apply to Data Recipient under this Agreement; and
  - e. Not use the information in the LDS to identify or contact the individuals who are data subjects.
5. Permitted Uses and Disclosures of the LDS. Data Recipient may use and/or disclose the LDS **for its Research activities only.**



6. Term and Termination.

- a. Term. The term of this Agreement shall commence as of the Effective Date and shall continue for so long as Data Recipient retains the LDS, unless sooner terminated as set forth in this Agreement.
- b. Termination by Data Recipient. Data Recipient may terminate this agreement at any time by notifying the Data Provider and returning or destroying the LDS.
- c. Termination by Data Provider. Data Provider may terminate this agreement at any time by providing thirty (30) days prior written notice to Data Recipient.
- d. For Breach. Data Provider shall provide written notice to Data Recipient within ten (10) days of any determination that Data Recipient has breached a material term of this Agreement. Data Provider shall afford Data Recipient an opportunity to cure said alleged material breach upon mutually agreeable terms. Failure to agree on mutually agreeable terms for cure within thirty (30) days shall be grounds for the immediate termination of this Agreement by Data Provider.
- e. Effect of Termination. Sections 1, 4, 5, 6(e) and 7 of this Agreement shall survive any termination of this Agreement under subsections c or d.

7. Miscellaneous.

- a. Change in Law. The parties agree to negotiate in good faith to amend this Agreement to comport with changes in federal law that materially alter either or both parties' obligations under this Agreement. Provided however, that if the parties are unable to agree to mutually acceptable amendment(s) by the compliance date of the change in applicable law or regulations, either Party may terminate this Agreement as provided in section 6.
- b. Construction of Terms. The terms of this Agreement shall be construed to give effect to applicable federal interpretative guidance regarding the HIPAA Regulations.
- c. No Third Party Beneficiaries. Nothing in this Agreement shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.
- d. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

- e. Headings. The headings and other captions in this Agreement are for convenience and reference only and shall not be used in interpreting, construing or enforcing any of the provisions of this Agreement.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf.

**DATA PROVIDER**

**DATA RECIPIENT**

Signed: Edward O Dubase

Signed: Melham Moore

Print Name: Edward O Dubase

Print Name: Melham Moore

Print Title: President

Print Title: Researcher

## Appendix D: Confidentiality Agreement

**CONFIDENTIALITY AGREEMENT****Name of Signer: Sherrie Jackson**

During the course of my activity in collecting data for this research: "Parents' views of Everlasting Peace to determine if the program is gender specific" I will have access to information, which is confidential and should not be disclosed. I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participant.

***By signing this Confidentiality Agreement I acknowledge and agree that:***

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant's name is not used.
4. I will not make any unauthorized transmissions, inquiries, modification or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
6. I understand that violation of this agreement will have legal implications.
7. I will only access or use systems or devices I'm officially authorized to access and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

***Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.***

  
**Signature: Sherrie Jackson**

4-2-16  
**Date: April, 2, 2016**

## Appendix E: Letter of Cooperation

Letter of Cooperation from a Research Partner

Everlasting Peace  
P.O. Box 12225  
Columbus, GA 31917  
706-464-8539

Date: December 16, 2015

Dear Meshonda Moore,

Based on my review of your research proposal, I give permission for you to conduct the study entitled A Case Study: An assessment of Everlasting Peace to determine if the program is gender specific within Everlasting Peace. As part of this study, I authorize you to collect names of potential participants. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include: providing you with the names and contact information for potential participants. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,



Edward O DuBose

President

Everlasting Peace Counseling and Support Services  
706-464-8539

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staff verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).

## Appendix F: Data Collection Instrument

1. Tell me about the behaviors that caused the female to initially come into contact with the Department of Juvenile Justice and how did EP address these issues?
2. What is the female's age and what did the female youth express to you about their treatment received from EP?
3. How has the female's behavior changed at home since receiving services from the EP Program?
4. What is the youth's grade level and how has the behavior changed as it relates to school?
5. How did EP address the issues or charges that caused the youth to become involved with the Department of Juvenile Justice?
6. Tell me about the topics related to girls and gender issues that were addressed by EP.
7. Tell me about any specific issues that you feel EP left any issues unaddressed.
8. Is there anything that you feel that EP should have done differently?