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Violence exposure and health related risk among African American adolescent female detainees: A strategy for reducing recidivism

Kamilah M. Woodson,

School of Education, Department of Human Development and Psycho-educational Studies,
Howard University, Washington, District of Columbia, USA

Courtney Hives, and

School of Education, Howard University Graduate School, Washington, District of Columbia, USA

Kathy Sanders-Phillips

Howard University School of Medicine, Washington, District of Columbia, USA

Abstract

Juvenile crime and violent victimization continue to be significant social problems (Fitzpatrick, Piko, Wright, & LaGory, 2005); in that, adolescents, females in particular, are likely to participate in health related risk behaviors as result of having been victimized or exposed to a violent environment. Specifically, abuse, neglect, sexual molestation, poverty, and witnessing violence are well known risk factors for the development of trauma-related psychopathology and poor outcomes relative to delinquency, drug and alcohol abuse, and HIV risk behaviors (Steiner, Garcia, & Matthews, 1997). HIV infection is a common public health concern disproportionately affecting adolescent African American female detainees. This unique population has a serious history of violence exposure, which subsequently tends to lead to engaging in risky sexual behaviors, mental health problems, and abusing substances. Also, as a result of little to no intervention, this population is recidivating at an alarming rate, a problem that may further exacerbate the expression of health-related risk behaviors among African American adolescent female detainees. The authors briefly describe a pilot program to be implemented in the juvenile justice system that is based on the Model of Accumulated Risk (Garbarino, 1996), Bronfenbrenner's Ecological Model (1994), and the Positive Youth Justice Model (Butts, Bazemore, & Meroe, 2009). The program proposes to reduce risky sexual behaviors, teach alternatives to abusing substances, treat mental health concerns, and reduce the rate of recidivism through "positive youth development", PYD (Butts, Bazemore, & Meroe, 2009). Tying elements of wraparound services and reeducation together, this program addresses salient concerns that may have an impact on an adolescent detainees' success following their release from prison in a holistic manner.

Keywords

adolescent; incarceration; recidivism; HIV; substance abuse; violence exposure; African American; female; psychological functioning

Introduction

An increase in female juvenile incarceration and recidivism has prompted efforts to develop preventative measures to reduce the rate of juvenile offenders in the justice system. In 2008, law enforcement agencies in the United States made an estimated 2.11 million arrests of persons younger than age 18, with 30% being adolescent females (Conerly, Robillard & Braithwaite, 2006; Puzzanchara, 2009). Existing evidence suggests that recidivism often happens within six months following incarceration and treatment (Quinn & van Dyke, 2004). Juveniles are the most expensive population to incarcerate (Book, Thomas & Steinke, 2004) and also have the greatest risk of recidivism due to their transience and low psychosocial maturity (Kenny, Lennings & Nelson, 2007). Predictive factors for female juvenile recidivism include having a family history of abuse, neglect, dysfunction, aggression, and victimization (Archwamety & Katsiyannis, 1998; Maskin & Brookins, 1974). Others include engaging in criminal activity before the age of fourteen (Book, Thomas & Steinke, 2004), the severity of the crime committed (Archwamety & Katsiyannis, 1998), having a history of out-of-home placement (Minor, Wells & Angel, 2008), deficient moral development (Larden, Melin, Holst & Langstrom, 2006), and poor educational achievement (Hayes & Bensch, 1983; Kollhoff, 2002; DuCloux, 2003; Abrams, 2006).

To adequately address the unique issues of adolescent detainees with a history of violence exposure, a recidivism program that accounts for all of the residual effects of violence exposure should be implemented. The deleterious effects of violence exposure should be addressed holistically, especially since many of the consequences are interrelated. Previous research suggests that there are several preventative factors that may help to reduce the rates of juvenile recidivism including educational remediation (Kollhoff, 2002; DuCloux, 2003), developing psychosocial skills (Abrams, 2006), and the implementation of family programs and intervention (Quinn & van Dyke, 2004). Due to the expense of implementing protective factors, many of these preventative measures have not been successfully introduced into the juvenile justice system. When considering the likelihood of delinquent youth to continue antisocial lifestyles into adulthood (Book, Thomas & Steinke, 2004), the expense of placing adolescents into secure custody, and the increasing rate of female adolescents entering the justice system (Archwamety & Katsiyannis, 1998), it is imperative that preventative measures are successfully implemented, particularly upon release.

Female adolescents who have a history of violence exposure have unique needs that must be met in order to successfully prevent recidivism. As a result of their violence exposure, these adolescents may have lingering trauma, mental health difficulties, engage in risky sexual behaviors, and abuse drugs and alcohol. Increasingly, a culture is being created which makes the inner cities of the United States look like war zones; thus, many African American inner city female adolescents have well documented exposure to traumatogenic events in their “psychosocially toxic environments” (Steiner, Garcia & Matthews, 1997). They further assert that trauma might also have special relevance for the perpetration of crime and the cycle of violence (Steiner, Garcia & Matthews, 1997). Though there have been intervention programs introduced into out-of-home secure placement sites, it seems that there is a lack of programs specifically targeting African American adolescent female detainees who have a history of violence exposure, and engage in these potentially self-injurious behaviors. However, before comprehensive programs can be developed for this group, a thorough understanding of the impact violence exposure has on their health-related behaviors is imperative. There is however limited literature on African American adolescent female detainees; therefore, some of the literature cited is relative to young adult incarcerated women and African American adolescent females, in general, to bridge the gap in the existing literature while illustrating the need to intervene with African American adolescent female detainees early and robustly.

Literature Review

Exposure to Violence and HIV Risk Behaviors

Adolescents who are involved in the juvenile justice system are at a higher risk of sexually transmitted diseases (including HIV/AIDS) and unplanned-pregnancies than are their non delinquent peers (Rosengard, Barnett, Golembeske, & Lebeau-Craven, 2006). According to Conerly, Robillard and Braithwaite (2006), adolescent females placed in detention facilities typically engage in a number of risky behaviors (including drug use/abuse and risky sexual behavior) at very early ages. African American adolescent girls experience disproportionately higher rates of early sexual activities, teenage pregnancy and HIV/AIDS more than girls from other racial and ethnic backgrounds (Peterson, 2007). Bralock & Koniak-Griffin (2007) suggest that inner-city minority adolescents, in particular, are at increased risk for HIV infection as a function of higher proportions of persons with HIV in inner-city areas; due in part to, the higher sexually transmitted infection (STI) rates among ethnic minority youth and the disproportionate impact of AIDS on racial and ethnic minorities in the United States (CDC, 2004). Current statistics indicate that adolescent and young adult African American women in the United States are disproportionately infected with HIV and currently constitute more than 62% of the new AIDS cases in the U.S. (Centers for Disease Control and Prevention, [CDC], 2003). While health disparities among women in the general population are well documented; young women entering the correctional system represent a population already at high risk for communicable diseases, substance abuse, and mental health problems (Braithwaite, 2006; Cotton-Oldenburg et al, 1997; Fogel & Martin, 1992; Hammett, 1998). Incarcerated women are particularly vulnerable, and there is growing evidence that the high rates of violence to which African Americans, especially women, are exposed, may also significantly increase vulnerability to drug use, HIV, and incarceration.

Although there have not been many specific studies of the impact of exposure to interpersonal and community violence on sexual risk taking among African American adolescent females, existing research suggests that these relationships are established early in life. In a cross-sectional study of 9th and 11th grade students it was found that exposure to family violence was associated with higher numbers of sexual partners among African American adolescent females (Orpinas et al., 1995). Johnson and Harlow (1996) found that exposure to interpersonal violence was associated with a greater perceived risk of HIV and with more sexual risk behaviors. Victims of violence also were less likely to refuse unwanted sex; had a higher number of sexual partners; were more likely to use hard drugs and, as adults, had a higher number of risk factors for exposure to HIV. These findings are consistent with previous data that young women at risk for HIV/AIDS are more likely to have histories of trauma and abuse that are associated with feelings of powerlessness (Sanders-Phillips, 2002).

Both a history of violence exposure as well as exposure to violence during the formative adolescent years may increase women's susceptibility to HIV. For example, gender is a highly significant risk factor for sexual abuse, and girls are abused at three times the rate of males (Taylor et al., 2001). Brown, Miller & Maguin (1999) found that 59 percent of women incarcerated in a maximum security prison reported sexual victimization histories during childhood and adolescence, with 51 percent indicating that the abuse first occurred between the ages of 0 to 9 years. 42 percent stated that the duration of the abuse was for more than one year (Arriola, Smith & Farrow, 2006). They further state that 80 percent of women reporting severe childhood physical violence also later experienced severe physical violence by an intimate partner (Arriola, Smith & Farrow, 2006). These statistics support the finding that the rates of sexual abuse in the family are paralleled by street victimization, which is also higher for girls (Taylor et al., 2001). Results from the representative sample surveyed as

part of the National Co Morbidity Survey (N= 8,098, ages 15–54 years) found higher rates of domestic violence among African-Americans. There was also an inverse association of domestic violence to age and socioeconomic status (Kessler et al., 2001). These levels of abuse are highly correlated with sexual risk-taking and HIV exposure. Beadnell et al. (2000) also found that abused women were less likely to use condoms and were more likely to report traditional sex roles, involvement with a risky partner, substance use, and psychological distress. Women with histories of violence exposure also reported lower perceptions of control over safer sex, greater feelings of powerlessness, lower self-efficacy in sexual negotiation, lower self-esteem, and lower likelihood of participating in an HIV intervention. Wyatt et al. (2002) reported that HIV positive women were more likely to have been exposed to interpersonal violence, had more sexual partners; and had more sexually transmitted diseases. Valois (1999) found that alcohol, tobacco, marijuana use, and dating violence are strong predictors of an increased number of sexual partners. This is especially true for African American adolescent detainees (Rosengard, Stein, Barnett, Monti, Golembeske, & Lebeau-Craven, 2006). Therefore, given what we know about African American incarcerated women relative to their violence exposure and HIV/AIDS risk, it is clear that early intervention with at risk and detained adolescents is important to decrease the spread of AIDS/HIV in this population.

Exposure to Violence and ATOD Use

One factor that contributes to juvenile arrest and detention is substance use (Braithwaite, Conerly, Robillard, Stephens, & Woodring, 2003), which is closely associated with violence and recidivism. According to Braithwaite et al., (2003), adolescents with repeat admissions were more likely to have recently used PCP when compared with those with first admission. We know that adolescence is a time when impulsivity and sensation seeking, combined with a lack of orientation toward future consequences are likely to be pronounced, (Robbin & Bryan, 2004); however, this is especially true for high-risk youth who have been exposed to violence. Most adolescents often underestimate their chances for negative outcomes (Quadrel, Fischhoff, & Davis, 1993), thus making risk behaviors, such as alcohol use, drug use, and cigarette smoking more likely (Robbins & Bryan, 2004). For youth who have been exposed to violence, and who have been described as persistently violent, they were two to three times more likely to engage in alcohol, cigarette, or marijuana use on a weekly basis, more likely to have tried cocaine, and more likely to be a poly-drug user (Ellickson et al., 1996; Braithwaite et. al, 2003). Substance abuse is the leading psychiatric disorder among incarcerated females; such that, approximately half of all female state prisoners used drugs or alcohol (Arriola, Smith & Farrow, 2006). Although adolescents are developmentally curious, it has been suggested that young people, young women in particular, may initially engage in the social use of drugs as a means of coping with previous life traumas and high levels of stress (Sanders-Phillips, 2002). These stressors generally include histories of violence and abuse (Downs et al., 1993; Roberts et al., 1998). Broman (2005) reports that childhood physical and sexual abuse is most related to substance abuse for females as compared to males. For young women who are incarcerated, these explanations are highly relevant; however, the use of drugs for these women may serve several other functions in addition to self-medication.

According to Braithwaite (2006), many studies have shown that females are initially lured into the illegal drug scene as a means to earn money, and may end up with serious debilitating substance abuse problems. Similarly, Wechsberg, Lam, Zule, Hall, Middlesteadt, & Edwards, (2003) found that homeless, crack-using African American females appear to be at extreme risk for engaging in dangerous risky behaviors to survive. They further assert that without stable shelter, many homeless young women also experience violence, report risky behaviors, including drug dealing and trading sex for drugs (Nyamathi

et al., 2000; Wechsberg, Lam, Zule, Hall, Middlesteadt, Edwards, 2003). This is similar for adolescents; such that, many teens who are incarcerated report having had survival sex under the influence of alcohol or drugs. Consequently, females (both youth and adult) are more likely than their male counterparts to be under the influence of cocaine and other drugs at the time of their arrest, more likely to receive long sentences due to the sentencing guidelines associated with possession of cocaine, and were often participating in risky sexual activities to procure more drugs (Arriola, Smith & Farrow, 2006). With all factors being considered, there is an endless cycle of violence, abuse, and drug use in the lives of incarcerated young women (Braithwaite, 2006). Moreover, Greenfeld & Snell (1999) state that from 1990 to 1996, drug offenses accounted for 34 percent of women in state prisons and 72 percent of women in federal prisons (Braithwaite, 2006). These rates underscore the notion that illicit drug use and abuse plays an important role in the large number of young women being incarcerated, while drug use among female detainees remains largely an untreated problem (Braithwaite, 2006; Haywood et al. 2000). According to Covington & Bloom (2003), one and three women serving time in state prison report having committed an offense in order to obtain money to support a drug habit (Braithwaite, 2006) and likely began using substances in adolescence. Braithwaite, Conerly, Robillard, Stephens, and Woodring (2003) further state that Adolescents with repeat admissions to a juvenile facility were more likely to have recently used PCP when compared with those with first admissions. Consequently, programs that aim to treat substance use among African American adolescent female detainees, will remove them from the trajectory leading to adult incarceration due to drug abuse.

Exposure to Violence and Psychological Functioning

Violence exposure has been linked to a wide range of mental health problems for youth, including anxiety, depression, suicide ideation, and posttraumatic stress disorder (Fitzpatrick, Piko, Wright, & LaGory, 2005). Exposure to community violence also results in a high degree of PTSD (Steiner et al., 1997). Youth reporting more exposure to violence, either as a perpetrator or as a victim, are more likely to report more depressive symptoms than their counterparts (Knox, Funk, Elliot, & Bush, 2000; Vermeiren et al., 2003). There is considerable evidence that violence exposure may be related to psychological distress that is associated with greater risk behaviors in African American adolescent female detainees. According to Grisso (1999), juvenile offenders have a prevalence rate of mental health concerns of 40% to 50% with girls reporting higher than boys (Kenny, Lennings, & Nelson, 2007). According to Otto-Salaj, Gore-Felton, McGarvey, and Canterbury (2002), teens with three or more symptoms of depression were 5.6 times more likely to engage in sex trade; thus, having an increased number of partners and the power differential that may exist, seemingly prohibits them from insisting on barrier methods of contraception (Arriola, Braithwaite, & Newkirk, 2006) further exacerbating feelings of helplessness and hopelessness.

Exposure to interpersonal violence during childhood is associated with more internalizing (anxiety/depression, withdrawal) behaviors in children (McFarlane, Groff, O'Brien & Watson, 2005). The range of responses in adolescents exposed to violence includes feelings of futurelessness, powerlessness, depression, post-traumatic stress and suicide (Vermeiren et al., 2002; Mazza & Reynolds, 1999; Sanders-Phillips, 1997; Bell & Jenkins, 1991; Hughes, 1988; Freemann et al., 1993). According to Braithwaite (2006), 81 percent of women entering jail have had at least one psychiatric disorder over the course of their lives (Teplin, Abram & McClelland, 1996) that likely began in adolescence. Among incarcerated female populations, acting-out behaviors and self-destructive behaviors are common (Bell & Jenkins, 1991). For example incarcerated females (both adolescent and adult) frequently engage in self-mutilating behaviors, are verbally abusive and report numerous suicide

attempts (Braithwaite, 2006). These acting-out and self-destructive behaviors are likely attributable to the fact that incarcerated women have higher rates of substance abuse, antisocial personality disorder, borderline disorder, post-traumatic stress disorder, and histories of sexual and physical abuse (Braithwaite, 2006). Moreover, repeated violence exposure that is cumulative, leads to anger, despair, and emotional numbing (Pynoos & Nader, 1988), in the general population, which may also be observed in detained adolescents. Some of these young women often again, feel hopeless, and in the absence of hope for the future, may attempt to gain a sense of control over their lives through repeated encounters with life threatening situations (Lorion & Salzman, 1993; Garbarino et al., 1991). Although, when compared to other groups, African Americans may report less overt reactions to violence; however, it has been suggested that they may be more seriously impacted than would appear (Garbarino et al., 1991). According to Smith, Leve, and Chamberlian (2006), the reaction to traumatic events accounts for many features central to conduct problem behavior: lack of empathy, impulsivity, anger, acting-out, and resistance to treatment with adolescent girls. Further, victims of violence are at risk for developing PTSD, substance abuse disorders and a host of other psychiatric disorders, which certainly shapes their likelihood for engaging in risk and illegal behavior and ultimately being detained (Arriola, Smith, & Farrow, 2006). Untreated mental health disorders among African American adolescent female detainees pose a challenge for the juvenile justice system and, after their release, for the larger mental health system (Teplin, Abram, Mc Clelland, Dulcan, & Mericle, 2002).

Recidivism

Several investigators (Gomez, 1996; Worth, 1989; Amaro, 2000) have concluded that there is an urgent need for HIV prevention programs that acknowledge the issues specific to minority women including ethnicity, culture, and racial relations. Similarly, Sanders-Phillips (1999a, 1999b) has argued that substance use, which is related to HIV risk, is also substantially influenced by ethnicity and gender. Therefore, the impact of ethnicity and gender on substance use must be acknowledged when addressing an adolescent's risk for HIV/AIDS. There is also growing awareness that, especially for young women of color, relationships between gender, race, oppression, substance use, and AIDS risk may be exacerbated by daily life experiences that include high rates of community violence and poverty. These life experiences can reinforce feelings of powerlessness and hopelessness that may significantly increase substance use and limit a woman's ability or motivation to engage in self-protective behaviors (Sanders-Phillips, 1999a, 1999b).

Gender differences in power, efficacy and socioeconomic status are related to gender differences in the patterns of drug use that may increase exposure to HIV (Hankins, 1990). There is increasing acknowledgement in the fields of developmental psychology and developmental psychopathology that exposure to multiple risk factors such as the concurrent and/or sequential exposure to family, community, and contextual violence may exceed a child's ability to cope effectively. For African American adolescent detainees, these accumulated risk factors in essence place them on a trajectory of multiple incarcerations into adulthood. Therefore, if programs don't exist that treat the complexity of their problems they will recidivate. These conclusions have led to the development of the Holistic Recidivism Reduction Model, (HRRM) (Hives & Woodson, 2010).

The Holistic Recidivism Reduction Model

The Holistic Recidivism Reduction Model, (HRRM) is based in part on the theories that underscore three models. These models provide a unique contribution to the Holistic Recidivism Reduction Model. They help us contextualize the needs of African American adolescent female detainees; thus, providing a framework to develop interventions that

address the impact of violence on the expression of health-related risk behaviors among this population. Further, the model is quite comprehensive; in that it addresses all of the domains that impact the success of the reentry process for African American adolescent detainees. The domains are housing, social support, health care, mental health, education, vocational training, spirituality, and role models. (see diagram 1) Moreover, the model supports interventions that promote individual and collective success, to thereby reduce recidivism.

One of the models that informs the HRRM is The Model of Accumulated Risk (Garbarino, 1996). This model is based on developmental research on the impact of stressful life events on the development of competence in childhood and beyond (Garbarino, 1996). The model would predict that these young women are especially vulnerable to poor outcomes based on the fact that their exposure to interpersonal and community violence takes place in the larger context of other risks such as exposure to community violence (Garbarino, 1996). This may result in profound and extreme accumulated risk since the magnitude of risk outweighs the opportunities for resilience (Tolan et al., 1996). The model asserts that exposure to multiple stressors in childhood must be balanced by equal or greater protective or positive experiences to avoid poor childhood outcomes (Sameroff et al., 1987). This developmental model is particularly relevant to our understanding the impact of exposure to multiple sources of violence on health-related risk behavior among adolescent African American female detainees.

Another model that supports the HRRM is The Bronfenbrenner Ecological Model (1994). This model is based on a theory that suggests the importance of examining an adolescent's development within the context of a system of relationships that form her environment. Bronfenbrenner's theory defines the environment in terms of complex "layers", each having an impact on an adolescent's development (Bronfenbrenner, 1994). The theory also suggests that changes or conflict in any one layer will ripple throughout other layers. Consequently, it is necessary to not only examine the adolescent in her immediate environment, but also at the interaction of the larger environment. Relative to African American adolescent female detainees, this model posits that if the adolescent has been exposed to violence then those experiences would have a significant impact on other areas, (i.e. achievement in school, relationships with peers etc.). The model further explains the interconnectedness of the adolescent's world and experiences.

Finally the HRRM is informed by The Positive Youth Justice Model (Butts, Bazemore, & Meroe, 2009). This model is based on the idea of "positive youth development" or "PYD", which is an effective framework for designing interventions for young offenders (Butts, Bazemore, & Meroe, 2009). A positive youth development framework encourages youth justice systems to focus on protective factors as well as risk factors, with broader efforts to facilitate successful transitions to adulthood for justice-involved youth. Further, it highlights the interaction of two key assets needed by all youth: 1) learning/doing, and 2) attaching/belonging (Butts, Bazemore, & Meroe, 2009). These assets would be developed within the context of six separate life domains (work, education, relationships, community health, and creativity) (Butts, Bazemore, & Meroe, 2009). The Positive Youth Justice Model emphasizes a strength based developmentally-sound approach that builds on community connections, positive peer culture and family engagement (Butts, Bazemore, & Meroe, 2009). According to Butts, Bazemore, and Meroe (2009), the PYD should be adapted for justice-involved youth, and that it is well suited as a principle theory of habilitation and rehabilitation for young offenders. The Holistic Recidivism Reduction Model and The Reducing Recidivism Through Holistic Healing Program illustrate this adaptation.

The Reducing Recidivism Through Holistic Healing Program

The aforementioned Holistic Recidivism Reduction Model (Woodson & Hives, 2010) serves as the theoretical framework that undergirds The Reducing Recidivism Through Holistic Healing Program (Woodson & Hives, 2010). The program was created for African American female detainees between the ages of twelve and eighteen who were recently released from secure custody after their first incarceration. These adolescent females would be previously classified as “High-Risk” for recidivism based on risk-assessment pre-screening instruments used prior to adjudication. The young ladies would be selected prior to release. They also will have a documented history of violence exposure. Upon release, the female detainees will participate in the yearlong Reducing Recidivism Through Holistic Healing Program where they will live in a dormitory setting. The program encompasses eight components of the adolescent’s environment that are likely to have an impact on her development and future success (see Table 1). These components, which will be applied concurrently, will work to adequately address the unique issues of adolescent detainees who are surviving the repercussions of violence exposure. The components of the program will address the deleterious effects of violence exposure by addressing them in a holistic and positive manner. It is the aim of the program to view female juvenile detainees as whole individuals who have multiple stressors that may lead to recidivism. The incorporation of these eight components will minimize the causes of delinquency and reduce recidivism in a pro-social and positive manner. Ultimately, the program promotes a strength based approach to successful reintegration into the larger society. It further establishes the necessary collaborative arrangements with the community to ensure the delivery of prescribed services and supervision (Gies, 2003).

Program Components

Housing—For many adjudicated adolescents, secure housing accommodations are not made prior to release (Foggitt, 2004). This may lead to the adolescents returning to environments where they have negative influences or could be in danger. Safety is a major concern for juveniles reentering environments where they were exposed to violence. For this special population, individualized accommodations should be made. The Reducing Recidivism Through Holistic Healing Program will be housed in a dormitory-like facility within the local community. Participants will be required to reside in the facility through the duration of the program. Medical and mental health care staff will be on site at all times. Transportation will be provided to reduce excessive employment absences and problems with health care delivery. The participants will be allowed visitors but will not be able to leave the facility without permission. Residing in this environment will ensure that appropriate supports will continue to be utilized and the participants may continue to be monitored. It will also provide a secure environment, facilitate bonding experiences, ensure service-delivery, and allow for supervision.

Social Support—The development of healthy attachment and social support networks may result in less risky sexual behaviors and increased feelings of safety following a history of violence exposure. According to Conerly, Robillard, and Braithwaite (2006), women with a history of abuse, who are from crime-ridden areas and do not have adequate systems of support, are especially at risk for HIV. Previous research indicates that social support may help prevent adolescents from experiencing negative outcomes such as returning to delinquent behavior (Britner, Balcazar, Blechman, Blinn-Pike, & Larose, 2006). A recidivism prevention program tailored to African American adolescent detainees should include a psychosocial development component that encourages healthy attachment to family, school, peers, and social support networks (Abrams, 2006; Latimer, 2001). Using the Problem Behavior Theory as a framework, the social support component of the Reducing Recidivism Through Holistic Healing Program will encourage peer and community

involvement to enhance self-concept and achievement motivation (Conerly et al., 2006). Throughout the 52-week program, the adolescents will participate in weekly task-oriented group activities and will learn to depend on each other as means of support. There will be ongoing community projects, such as volunteering with Habitat for Humanity or a beautification project at a local community center. These activities will require the girls to learn to trust, depend on each other, and work as a unit. Prior to the completion of the program, the adolescents will participate in an Outward Bound trip that will not only require teamwork but will show the girls that they can believe in others, even after experiencing trauma. The goals of the social support element will be to create healthy social networks, enhance community involvement, and show the participants that they can trust and depend on others for support. When there is an increase in social bonds, there is often a decrease in delinquent behavior, including violence and risky sexual behaviors.

Role Models—African American female role models have the ability to provide gender role ideology and sex role socialization to the adolescent female detainees. These mentors will help the young ladies feel connected to their communities. The development of these mentor/mentee relationships allow the adolescents to engage in goal setting, and encourages them to participate in positive extracurricular activities. (Britner et al., 2006) Also, these incarcerated adolescents benefit from making positive connections with mentors from the community (Gibson & Duncan, 2008). In addition to making positive connections, role models can assist youth in maintaining protective behaviors related to sexual risk-taking (Conerly et al., 2006) and violence exposure. Troubled adolescents need living examples of the human spirit who have overcome obstacles similar to their own (Brown, 2006). Utilizing elements of both the Social Cognitive Theory and the Theory of Gender and Power (Conerly et al., 2006), The Reducing Recidivism Through Holistic Healing Program will include women who have a history of incarceration and are from similar backgrounds as the adolescent detainees. The program participants and their role models will meet once a week for the duration of the program. Further, their involvement will assist the participants in developing feelings of self-efficacy, assertiveness, and gender-specific power. Once the adolescent has successfully completed the program, they too, will have the opportunity to become a peer role model for the incoming cohort of girls. This will result in the development of a pipeline of individuals who have completed the program and are giving back to their communities. The major goal of the positive role models is to instill hope in these African American adolescent female detainees (Brown, 2006).

Education—Research has shown that decreased academic achievement may result in an increase in delinquent behaviors (DuCloux, 2003). According to Haberman and Quinn (1986), only 1.6 percent of post-release juveniles earn a high school diploma. Considering this statistic, it is important for the program participants to gain educational skills that can lead to earning a GED or can contribute to their vocational development. Skills such as reading and mathematics are crucial to the future of incarcerated adolescents (Platt, Kaczynski, & LeFebvre, 1996). Considering the target population's history of violence exposure, sexual risk-taking, and substance abuse, it is imperative that the participants receive sexual education as well as substance abuse education. In the Reducing Recidivism Through Holistic Healing Program, the adolescents will receive tutoring from onsite teachers. For individuals who are interested in continuing their education, there will be opportunities to participate in standardized test preparation, and a program that grants them access to college, both 4 year and community college. All of the girls will learn computer skills and will become familiar with software programs such as Microsoft Office. Finally, the girls will participate in sexual education where they will learn how to protect themselves sexually and utilize healthy alternatives to risky sex and substances. Completion of these

objectives will result in the girls being prepared for future educational and vocational endeavors as well as a reduction in risky sexual behaviors.

Mental Health—Approximately 70 percent of adolescents who enter the juvenile justice system have a diagnosable mental health disorder (Kennedy, 2007). Often, incarcerated individuals have experienced trauma and violence exposure, which typically results in risky health behaviors and delinquency (Green, Miranda, Daroowalla, & SiddiqueIt, 2005). Adjudicated youth have mental health difficulties related to violence exposure, such as Post-Traumatic Stress Disorder and depression. A recidivism prevention program should account for these issues through thorough case management and proper mental health referrals (Wood, Foy, Layne, Pynoos, & James, 2002). It is important for these adolescents to have their mental health needs properly identified and to have the appropriate supports in place prior to their release (Kennedy, 2007). With the Reducing Recidivism Through Holistic Healing Program, the adolescents will have an initial mental health assessment and will have the opportunity to participate in group and individual therapy with qualified mental health care professionals once a week. Mental health employees will be on site 24-hours a day for emergency situations as well as unscheduled consultations. The participants will work on coping skills with regard to past trauma. They will also work to enhance life skills, increase self-esteem, and will learning resistance/abstinence skills that will improve their psychological functioning, reduce sexual risk-taking and substance abuse (Conerly et al., 2006). A treatment that has been found to be effective with females is art therapy (Goodkind & Miller, 2006). Goodkind & Miller (2006) further assert that because women are “right brained” they benefit from expressive therapies. Art therapy promotes the expression of feelings, self-esteem building, improved confidence, stress reduction, and group bonding. The adolescent female detainees will address mental health needs, identify strengths, and learn coping mechanisms. The ultimate goal of the mental health supports is to assist in the creation of healthy coping mechanisms and to encourage positive behaviors.

Vocational Training—According to Conerly et al. (2006), economic stability is a major concern that is often compromised by demands by family and other expectations. Often, incarcerated adolescents are released to unstable environments with little financial stability, and are unable to leave these unhealthy environments because of financial restraints. An effective way to reduce juvenile recidivism is to help the adolescents obtain secure employment (Bauer, 1995). Upon release, the juveniles often need to secure employment in order to support themselves. These employment experiences foster the development of transferable vocational skills for the future. Gainful employment also leads to positive attitudes of achievement, accomplishment, and self-worth (Bauer, 1995). The Reducing Recidivism Through Holistic Healing Program will help develop these skills through specialized vocational training. To determine the adolescents’ skill sets, an assessment of vocational skills, social skills, and academic skills will be completed when they first arrive at the dormitory (Platt et al., 1996). The participants will learn resume-building skills, which will be used when they apply for work-related youth programs like Americorps. They will have the opportunity to gain employment at a work-related youth program during their stay and will have the opportunity to continue their work endeavors upon completion of the program. Ideally, this component of the program will foster the development of a sense of pride in the participants relative to their accomplishments. These vocational experiences will also instill hope for the future in these adolescents. Having the opportunity to work will help these young women make strides towards securing some sense of financial stability and independence.

Health Care—Female juvenile offenders are at increased risk of adverse health outcomes due to their prior history of criminal activities, physical and sexual abuse, lifestyle, and high-

risk behaviors (Staples-Horne, 2007). Staples-Horne (2007) also suggests that these adolescents tend to have less access to healthcare, do not seek preventative care, are behind in their immunizations, and do not have the financial means to pay for medical costs. Due to the fact that African American adolescent female detainees are engaging in risky sexual behaviors, they are at higher risk for sexually transmitted diseases and pregnancy (Staples-Horne, 2007; Abrams, Etkind, Burke, & Cram, 2008; St. Lawrence, Snodgrass, Robertson, & Baird-Thomas, 2008). Many juvenile facilities have medical services available for the residents. However, these services are often discontinued following the adolescent's release, and they don't get the benefit of continuity of care. The Reducing Recidivism Through Holistic Healing Program will address the unique needs of African American adolescent female offenders. In addition to providing medical services within the detention centers, the adjudicated adolescents will learn about risky sexual behaviors through peer education. Due to the unique nature of this population, HIV risk-reduction interventions will also be included in the health care component of the holistic healing program. The participants will learn proper condom use, effective sexual communication, and the dangers of risky sexual behaviors (Conerly et al., 2006). According to Teplin, Elkington, McClelland, Abram, Mericle and Washburn (2005), providing HIV/AIDS risk interventions to adolescents while they are in custody could a population that may not receive interventions in the community. In addition to having available medical services, the adolescents will learn about nutrition, and will participate in daily physical activity. These activities will include dance, team-based sports and general exercise. Upon completion of the program, the adolescents will have learned healthy behaviors that are to be continued once they complete the program.

Spirituality—The concept of spirituality is a central focus in the African American community (Harvey & Coleman, 1997). Participating in spiritual/religious practices can result in feelings of community and togetherness while emphasizing positive virtues and morality. Within the Reducing Recidivism Through Holistic Healing Program, the participation in an individually chosen spiritual practice will be strongly encouraged. The adolescents will have the opportunity to attend religious services in the facilities that are program community partners, as well as within other facilities in the community. They will also have an opportunity to express their spirituality through dance, song, meditation and yoga. The African American Adolescent female detainees will gain a sense of faith (depending on the chosen denomination) which will equip them with adaptive ways of coping, and with positive ways of living and being in the world. These churches will also begin to function as surrogate families for some of these adolescents, thereby creating more opportunities for mentorship and support.

In an effort to ensure that the participants will complete the Reducing Recidivism Through Holistic Healing Program, there will be an incentives and consequences system in place that will work towards keeping the adolescents in the program. Upon successful completion of the program, the participants will graduate. They will receive a certificate of completion that will be included in their criminal record to show that they have had the opportunity to be rehabilitated. The adolescents will have the option to work as role models for the subsequent cohort of participants. They will also secure employment prior to their release. If a participant is not successful in completing the program because of continued criminal activity or leaving prematurely, they will not earn the aforementioned incentives and could possibly be remanded in the custody of the juvenile detention center.

Implications for Policy and Practice—African American adolescent female detainees who have a history of violence exposure have unique needs that must be met in order to successfully prevent recidivism. As a result of their violence exposure these adolescents may have lingering trauma, mental health difficulties, engage in risky sexual behaviors, and abuse drugs and alcohol. The deleterious effects of violence exposure should be addressed

holistically, especially since many of the consequences are interrelated. Given that, juvenile justice policies should take into account the fact that much of the delinquent behaviors of these adolescents is attributed to their violence exposure; such that perhaps they could allow the adolescents to go into intensive residential treatment as opposed to lock up in detention facilities. Policies that increase funding for therapists and case managers could also help to improve the psychological functioning of the detainees, given the fact that again, African American adolescent females enter the juvenile justice system with high incidences of depression, anxiety and post-traumatic stress.

The most important factor related to relapse prevention and the prevention of recidivism, is family and social support networks. Book, Thomas, and Steinke (2004) assert that successful and consistent intervention early in a child's life lowers the incidents of delinquent acts in the future. Because of this, greater emphasis should be placed on family counseling and having parental involvement in detention center programming, and rehabilitative experiences, wherever possible. This is extremely crucial; in that, the future of our communities and these young women depend on the successful implementation of treatment interventions. Further, the practices that emphasize the importance of education and the development of vocational skills have the capability of raising these adolescents to new heights academically, to thereby achieve their full potential.

Future Research—Future research should encompass an outcome evaluation of this and other programs. This line of research will assist in the determination of the effectiveness of such interventions. One way of determining how well this and similar programs affect the participating adolescents is to compare them to adolescents who are enrolled in more traditional after care programs (Gies, 2003). In terms of research designs, data should be collected using an experimental design. Moreover, information on the demographic characteristics of the adolescents, the extent and nature of supervision, and the services provided, should be collected with intermediate and longitudinal outcomes being measured (Gies, 2003). Results from such studies could be used to develop programs to be conducted in the Juvenile Detention Facilities to supplement those services that exist currently. Finally, this area of research could also benefit from the use of qualitative approaches; such that, anecdotal data captures subtle nuances that could prove to be quite useful as well.

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Diagram 1.
Holistic Recidivism Reduction Model

Table 1

Reducing Recidivism Through Holistic Healing Program

Component	Activity	Future Success
Housing	<ul style="list-style-type: none"> • Live Onsite • Medical/Mental Health • Visitation 	<ul style="list-style-type: none"> • Safety • Bonding Experiences • Service Delivery
Social Support	<ul style="list-style-type: none"> • Group Work • Community Project • Outward Bound 	<ul style="list-style-type: none"> • Trust • Positive Peer Networks • Increased Social Bonds
Role Models	<ul style="list-style-type: none"> • Meet 1x Week • Become Role Model to Next Cohort 	<ul style="list-style-type: none"> • Self-Efficacy • Assertiveness • Gender-Specific Power • Pipeline
Education	<ul style="list-style-type: none"> • Tutoring • Standardized Test Prep • Computer Skills • Sex Ed 	<ul style="list-style-type: none"> • Future Education • Readiness for Testing • New Skills • Reduce Risky Sexual Behavior
Mental Health	<ul style="list-style-type: none"> • Assessment • Group/Individual Therapy • Art Therapy 	<ul style="list-style-type: none"> • Coping Skills • Self-Esteem • Identifying Strengths
Vocational Training	<ul style="list-style-type: none"> • Skill Assessment • Resume Writing • Workplace Etiquette • Youth Programs 	<ul style="list-style-type: none"> • Pride • Hope for Future • Group Work • Financial Stability
Health Care	<ul style="list-style-type: none"> • Medical Care • Physical Activity • Sex Ed 	<ul style="list-style-type: none"> • Learning Healthy Behaviors
Spirituality	<ul style="list-style-type: none"> • Religious Ceremony • Music/Dance • Yoga 	<ul style="list-style-type: none"> • Virtues and Morality • Community • Togetherness • Power Greater Than Themselves