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Negotiating Ethical Paradoxes in Conducting a Randomized Controlled Trial: Aligning Intervention Science with Participatory Values

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Abstract

In this article, we describe ethical tensions we have faced in the context of our work as intervention scientists, where we aim to promote social justice and change systems that impact girls involved in the juvenile legal system. These ethical tensions are, at their core, about resisting collusion with systems of control while simultaneously collaborating with them. Over the course of designing and implementing a randomized controlled trial (RCT) of an ecological advocacy intervention for girls, called ROSES, ethical paradoxes crystalized and prompted us to engage in critical reflection and action toward the aim of moving away from conducting research *on* legal-system-involved girls and moving toward a more democratic, participatory process of inquiry *with* girls. Our experience revealed two intertwined paradoxes that ultimately served generative purposes. First, in collaborating with legal system stakeholders, we observed a single story of girls' pathology narrated for girls, without girls, and ultimately internalized by girls. Second, in reflecting critically on the ethical implications of our study design, it became clear that the design was grounded in a medical model of inquiry although the intervention we sought to evaluate was based, in part, on resistance to the medical model. We describe emergent ethical tensions and the solutions we sought, which center on creating counternarratives and counterspaces that leverage, extend, and disrupt our existing RCT. We detail these solutions, focusing on how we restructured our research team to enhance structural competence, shifted the subject of inquiry to include the systems in which youth are embedded, and created new opportunities for former research participants to become co-researchers through formal roles on an advisory board.

Keywords

Randomized controlled trial; Intervention; Ethics; Values; Social justice; Juvenile justice system; Youth; Gender

Introduction

Girls are being incarcerated more frequently and for longer periods of time, and are matriculating—often as mothers—into the adult criminal legal system (Hoyt & Scherer,

1998; Snyder & Sickmund, 2006). While the adult legal system has clearly defined punitive goals, juvenile justice is generally intended to be “rehabilitative” (e.g., Jenson & Howard, 1998; Simpson, 1976). However, the system’s parallel aims of supporting healthy youth development and simultaneously controlling and punishing youth behaviors are contradictory (Belknap, 2014; Javdani, Sadeh, & Verona, 2011b). As such, legal justice does not necessarily produce social justice for girls. As scholars committed to social justice, we are vested in disrupting systemic responses that limit their choice and opportunity. In this article, we examine the process that arose out of ethical tensions involving collusion with systems of control and our resistance as researchers and through research.

We knew that we wanted to utilize our work to challenge these systems of control. To this end, we spent 4 years building relationships with stakeholders in a large, urban juvenile legal system. Somewhat to our surprise, we gained quick buy-in from stakeholders, who readily admitted that the juvenile legal system was failing girls and that they did not know what to do about it. Seizing the opportunity, we successfully procured a grant with full support from our legal system collaborators to focus on examining an intervention we had designed years prior specifically for legal-system-involved girls.

We designed a two-armed randomized controlled trial (RCT) to evaluate a program of community-based advocacy (Javdani & Allen, 2016) for 300 legal-system-involved girls (half randomly assigned to advocacy) that would allow us to make the causal inferences required by current governance structures for program dissemination (Howell & Lipsey, 2012). The study has been underway for 2 years and will continue for several more. As we became more involved in implementing this RCT and collaborating with our legal system partners, it became apparent that the medical model from which the RCT research design stems was at odds with the values of our intervention (Morrison, 1978). We identified further challenges in doing experimental social justice research, which led to multiple ethical decision points that prompted us to take concrete action to expand and disrupt our ongoing RCT.

The advocacy intervention approach we study is rooted in social justice—and grew out of the field of community psychology (Davidson & Rapp, 1976; Davidson et al., 1977; Sullivan & Bybee, 1999). The model emphasizes girls’ rights and values their expertise in ways that directly resist dominant approaches to helping (Javdani & Allen, 2016). The ROSES intervention (Resilience, Opportunity, Safety, Education, and Strength), is a 10- to 12-week program designed specifically for girls involved in the legal system. It employs university students who engage in intensive training to become advocates working alongside girls, in girls’ home communities. Advocates are assigned an individual client, meet with them twice per week, and engage in advocacy for 10 hours per week. Thus, ROSES is an intensive program delivering between 100 and 120 hours of direct service to each participant. The advocates’ work is informed systematically and directly by girls’ self-defined short- and long-term goals, needs, and wants; guided by the touchstone “change the context, not the girl,” advocates work to engage girls’ goals by connecting them with informal and formal community resource providers. The central goal and distinguishing feature of ROSES is its focus on strengthening girls’ contexts. As such, ROSES systematically and comprehensively identifies and secures community resources for girls in ways that (a) are driven by girls’

needs and rights (e.g., right to education, right to healthcare, right to freedom of expression); (b) target multiple contexts and systems (e.g., school, home, court); and (c) emphasize and build on girls' pre-existing individual and environmental assets. ROSES thus aims to support girls in navigating various systems (e.g., school, medical, legal), connect them to community resources, and equip them with the skills necessary to independently navigate systems and procure access to resources in the future (see Javdani & Allen, 2016).

This framework contradicts the ethos of medical models of care that largely deny the expertise of patients yet prescribe the remedies for their pain (Fisher & Goodley, 2007; Martin, 2001). Indeed, the ROSES intervention explicitly views girls as experts by valuing them as strong, intelligent, and aware of the ways in which social structures have betrayed them. Our program's name and symbol—ROSES—came from a formerly incarcerated ROSES participant and references a poem by Tupac Shakur (1999) describing how, against all odds, a rose can grow from concrete.

The funding granted for our RCT required an explicit University-Community partnership, prompting us to become more involved with the legal system. Thus, the ethical tensions of this work became clearer through repeated conversations and a host of formal and informal interactions. For example, we were invited by our legal system collaborators to facilitate a workshop for their newly launched Girls Empowerment Series. We started by simply asking the 30 girls present: "What would you like to talk about?" One girl said, "I want to know more about sex. If I don't have birth control, does all sex result in pregnancy?" Several girls agreed and probed further, and we began a conversation about female fertility and sex, including education about the female menstrual cycle. Moments later, a staff member stood up and told the girls their questions were inappropriate. We paused, confused, and asked the girls to take a short break as we huddled with the staff. Their message was clear: girls could not be trusted with the fertility information we were providing. Why? Because the staff stated that they might use the information to get pregnant.

While we were not naïve to operating within hierarchical systems, we felt a tension between our allegiance to our community partners (represented by the legal system staff) and our stance as scholars seeking to privilege girls' experiences and expertise. We were in partnership with a system prioritizing the control of girls and, as we began to reflect on our research design, we realized that we had not deliberately made opportunities for girls' perspectives to be shared or heard. This was at direct odds with the values of the ROSES intervention. What's more, our legal system collaborators had, of their own accord and in their free time without compensation, created this Girls Empowerment Series with the best intentions: to create a space to talk about things that were important for girls. It became clear, however, that—although well intentioned—neither the content nor the process of "empowerment" as enacted was inclusive of the girls' own wants, needs, or desires (Rappaport, 1987). Indeed, norms of control were operating powerfully in the room (Tseng & Seidman, 2007). How, then, could their expertise be named and valued? We had to think beyond internal validity and seriously consider the potential iatrogenic effects of our research program (Campbell, 2016)—*especially* those that were un-intentional (O'Neill, 1989).

That workshop represented a critical event in our story. We realized that, by conducting our RCT as planned, ignoring the tension between our alliance with an institution trying to control girls and our values and ethical responsibilities as critical scholars, our work could serve to further silence them. While we were satisfied with the ROSES intervention model and content, we were becoming increasingly troubled by our non-participatory research methodology. Why? Because girls had no real say (e.g., about what constitutes legitimate inquiry or knowledge; Fine, 2016). Suggesting that the girls' request for information about sexual health should be ignored underscored that the system responsible for girls' care believed that they could not be trusted with knowledge about their own bodies. In a few moments, a set of incredibly confusing messages was delivered to girls (and us): girls do not know enough, they should not know more, and they cannot be trusted with the knowledge they already have. This single example represents a pattern and exposes the assumptions deeply entrenched within the formal and informal structures of the legal system, including in ways that shape the relationships between girls and the adults who have been entrusted with their care (e.g., detention and court officers; caseworkers, court officials).

It became evident to our research team that if we did not create opportunities to challenge the often unexamined yet powerful hierarchies at play, we would ultimately be colluding with a system set up to subjugate girls (Foucault, 1977). As we sat with these tensions, we found ourselves reframing our thinking. Dilemmas arose: what were we responsible for, and to whom were we responsible? Morris's (2015) guidance led us to question whose priorities were exerting the most influence, and O'Neill's (1989) touchstone ethical questions enabled us to make deliberate choices about how to restructure our research practice. There were several stakeholders to whom we were accountable: the university, funders, collaborators, and girls. As O'Neill suggests, we asked ourselves, who is the most vulnerable group? The answer was clear: the girls. *What* we were responsible for was more complicated. We were responsible for using the best methods available to answer our questions, and had designed a gold standard experiment to this end, with the goal of being able to make causal inferences. However, we were also responsible for psychopolitical validity (Prilleltensky, 2003), defined as the ability of a program of research to disrupt existing power dynamics through problematizing status quo processes. We were responsible for the science but also "more than science" (Rappaport, 2005). In pursuit of implementing our RCT, we became more acutely aware of these power dynamics and our own risk of unintentionally colluding with oppressive practices (Ladner, 1971). How could we disrupt existing structural dynamics that treated girls' input as unimportant? How would we address the tensions of conducting research in which girls' roles were primarily as research participants, while simultaneously delivering an intervention with a transformative change-oriented agenda (Ali & Sichel, 2014; Schneider, 2013)? Framed in this way, we re-construed the outcomes of interest in dominant paradigms (e.g., girls' arrest) as the consequences of formal (e.g., institutional) and informal (e.g., gendered) hierarchies (Ali & Sichel, 2014).

These questions gave rise to a second critical event: consultation with Professor Michelle Fine to seek her expertise on these issues. She discussed the dangers of "care as colonizing" research (Fine, 2016; personal communication, July, 2015), and the potential for girls to be further disenfranchised under the guise of intervention science. The writings of Caplan and Nelson (1973), and Ryan (1976) also echoed and exposed the dilemma that we had found a

way to be “useful” (Caplan & Nelson, 1973) by studying and pathologizing the suffering of “the other” (Ryan, 1976). We invited Professor Fine to engage with legal-system-involved girls through a concept mapping exercise within the aforementioned Girls Empowerment Series. We left energized by the girls themselves but also angry and wary. The girls had, once again, tried to speak, but their expression was stifled. One young woman stated, “I wish my caseworker had more time for ‘human-work’ and took less time on paperwork.” A few staff members applauded but simultaneously claimed, “that’s not how we are able to work”; a response we interpreted as honest but with the unintended consequence of silencing girls. Indeed, staff repeatedly interrupted girls’ testimony and the workshop culminated with staff pausing our concept mapping exercise because we arranged for a special meal for a girl with a food allergy. Staff stated, “she can eat the food we brought her... she’s just trying to push your limits.” As a research team, we were essentially being warned about how not to be manipulated by girls; at the same time, the girls’ authentic expressions critiquing the system resonated with staff. In our debriefing exchange, Professor Fine summarized our experience well: “Hard to create cracks in fascist systems. But we keep prying open such spaces” (Michelle Fine, personal communication, May 2, 2016).

In the following section, we enumerate important details of this story and articulate the solutions we have sought to “create cracks and pry open spaces.” We also explore the paradoxes inherent in using our relative power as researchers, backed by the resources of a research university, to protect a vulnerable population of girls using strategies that at times, at least in the short-term, accommodate status quo processes of the legal system—what Anyon (1984) terms “accommodating to survive.” We juxtapose this with our own critical thinking around the paternalism present in the idea of protection, which is a pattern deeply rooted in the juvenile legal system (Chesney-Lind, 1977). We contend that this critical engagement and willingness to expand and disrupt an existing research program may mitigate dangers that could emerge without such engagement, not least of which is the danger of generating a single story of girls’ legal system involvement that is not their own (Adichie, 2009).

Ethical Paradoxes

Campbell (2016) has used the term “sticky” to describe ethical situations because of the ways in which the term “conveys a sense of being interconnected, attached, and maybe even stuck...negotiating the complexities of interconnected people, organizations, and agendas, facing demands that often leave us feeling wary and unsure” (pp. 5–6). In this section, we disentangle some of this “stickiness” by organizing critical events of our story into a set of overlapping ethical paradoxes that helped us clarify how best to move forward with our intervention research.

A Single Story of Girls’ Pathology Narrated for Girls, Without Girls, *and* Internalized by Girls

The literature on legal-system-involved girls tells a story of girls’ pathology. This story is not untrue—it is backed by research suggesting that 90% of girls who enter the legal system have over five childhood traumas and multiple mental health diagnoses (e.g., DeHart &

Moran, 2015). The literature also tells a single story about the meaning of these traumas and mental health challenges that they impact girls in ways that disrupt their capacity to regulate their own emotions and make healthy life decisions, subsequently promoting girls' engagement in crime. This is the definition of victim blaming and locates the social problem only in the individual (Ryan, 1976).

While we have (Javdani, 2013) offered a critique of this narrow framework in the literature, our ethical dilemma was much more complex and involved dynamics of internalized oppression (Prilleltensky & Gonick, 1996). Moreover, the cross-system and large-scale scope of this RCT brought us into multiple contacts with people and spaces to whom/which we were previously not privy, and these repeatedly underscored the ways in which current practices and procedures create systems in which girls are rewarded for internalizing and enforcing (by espousing) the dominant narrative of their own pathology. This became clear during a presentation with judges and other officers of the court, in which the first author was a speaker, and at which incarcerated girls were invited to share their experiences by responding to the question, "*How can the system serve you better?*" This was, at face value, the beginning of a participatory process. One by one, girls stood and told their stories. What they said, almost exclusively, was that they had made mistakes and wanted help to become "less bad." The court officials in the audience had two reactions to these statements: praise for girls accepting responsibility, and encouragement that these girls could "achieve anything you want in life... we believe in you." This constituted a false promise of meritocracy (Wise, 2015), made to a group of girls representing a population that has been historically marginalized by virtue of race, class, and sexual identity-based discrimination (Fine, 1991; Morris, 2016). The girls' performance also demonstrated they had internalized this single story of pathology, which was articulated and reinforced by representatives of systems that ultimately fail them.

A Medical Model of Inquiry Applied to Evaluate an Intervention Resisting the Medical Model

Immediately after this presentation, more questions arose. Would we, as researchers, inadvertently promote the single story of pathology simply by assessing, through our RCT, the degree to which girls' mental health might improve through their engagement in the ROSES advocacy program? If we asked girls almost exclusively about their mental health symptoms, we were, at best, communicating our adherence to the assumptions of this story. At worst, we were positioned to promote what Teo (2008) describes as epistemological violence because it includes girls in the collection of data but excludes them from the analysis and interpretation of data (Bal & Trainor, 2016). Meanwhile, this process simultaneously runs the risk of reifying the narrative of pathology and constructing legal-system-involved girls as an inferior other (Ali & Sichel, 2014; Spivak, 1988). Why had this not been as evident to us before?

First, we knew that to legitimize the ROSES intervention and allow it to be incorporated as part of the service array in our large metropolitan area, we had to demonstrate that it affected the outcomes that mattered to the legal system. Second, while we were firm on the fact that the intervention was grounded in social justice values, the RCT design used within the

context of the legal system was at odds with the values of the intervention. We began to ask ourselves how we could instill the values that we knew to be present in the intervention into the content and process of the RCT.

The ROSES intervention deliberately and structurally (i.e., in its manual, training, and supervisory structures) critiques the assumptions of the medical model—that the recipients of interventions need to be compliant, that problems are located within individuals, and that interventionists are experts in defining, diagnosing, and solving the recipients' problems (e.g., Sallis, Owen, & Fisher, 2008). Advocacy holds very different assumptions: girls are experts in their own lives, problems are created by and located within and between structures (e.g., patriarchy, racism) and systems (e.g., juvenile legal, educational, foster care), and intervention providers are collaborators aiming to work alongside girls in a process of empowerment. This process of empowerment endeavors to leverage girls' strengths and support them in reaching self-defined goals (Allen, Bybee, & Sullivan, 2004; Javdani & Allen, 2016; Sullivan & Bybee, 1999). However, in reflecting on our research design, a paradox was revealed: we had adopted a medical model of inquiry to evaluate an intervention explicitly resisting the medical model.

As Rappaport (1981) argued, paradox can be generative. We took this to heart and realized that these two paradoxes were intertwined—the application of a medical model adhering blindly to researcher objectivity and methodological neutrality could promote the dangerous single story of girls' pathology, ultimately internalized by girls. Indeed, methodologies carry values and assumptions about what types of knowledge are important and how best to collect, synthesize, and interpret that knowledge (Denzin, 2009). Our next steps directly stemmed from “unsticking” these tensions.

Getting “Unstuck”

Getting “Unstuck” through Critical Reflection

After our consultation with Professor Fine, and our reflection on the critical events where we saw the devaluation of girls and the promotion and internalization of a single story of pathology, it was clear that we had some thinking to do, and that thinking involved the clear articulation of our values as researchers. This entailed reflection on how we engaged in inquiry (Campbell, 2016) and how we could humanize the process by which we generated knowledge (Ali & Sichel, 2014).

On Stance—We discerned a need to engage critically with our own epistemic stance(s) (Barad, 2007; DuBois, 1899), beginning with articulating our own positionality. As women (all three authors) and immigrants to the United States (first and second authors), our stance is inevitably shaped by processes of being written about as the objects of social science research (Smith, 2012) in ways that function to maintain and enforce existing power dynamics. Thus, we reoriented our approach to deliberately resist the myth of researcher and methodological neutrality, which we were positioned to do by virtue of our own educational privilege and access (Fine, 2016; Smith, 2012; St. Pierre, 2016). This led to the articulation of an ethical “touchstone”—not to “do” research about girls without girls, a mantra arising from the literature on social movements involving individuals with disabilities (Charlton,

1998). Through this process, two commitments surfaced: (a) we committed to resistance, recognizing that we needed to resist structures of oppression via research and action; and (b) we committed to collaboration, acknowledging that deliberate collaboration can dialectically engage systems and stakeholders and disrupt patterns of hegemony.

On Resistance—The ROSES intervention model resists core assumptions traditionally made by researchers conducting RCTs. Accordingly, the ROSES research model required a recasting of the definitions of justice articulated by the American Psychological Association ethics code (APA, 1992), as well as in other major ethical reports (e.g., the Belmont Principals). Juxtaposing the values of our intervention with the realities of our RCT, we realized that we had to better articulate our nomological net of ethics (Campbell, 2016; Morris, 2015) and resist the dominant interpretation and instantiation of justice in research ethics (Tebes, Thai, & Matlin, 2014). Specifically, justice in ethics is often interpreted as “fairness” or “what is deserved,” articulated in the Belmont report as “to each person (a) an equal share; (b) according to individual need; (c) according to individual effort; (d) according to societal contribution; and (e) according to merit” (Beauchamp, 2003). This definition of justice is one that inherently assumes a meritocratic reality and views *equality* (equal treatment for all individuals) and *equity* (equal treatment for groups with attention to dynamics of power) as one and the same (Bronfenbrenner, 1973; Zander & Marshall, 2013). We resisted these definitions as decontextualized, and instead redefined justice in terms of a) *redistribution* (of opportunities and resources); b) *participation* (no policy/research about/on us, without us); and c) *recognition* (of the institutional betrayals of girls, and of girls’ own expertise, including expertise about their own experiences and needs, as well as expertise in resisting injustice; Fraser, 1999). Moreover, this redefinition of justice represented resistance to the legal system’s tendencies toward paternalism (especially acute for girls) and punishment.

On Collaboration—Although we knew that we could not resist through conformity, we also recognized our commitment to collaboration—with our legal system partners, with girls, and with our broader scholarly community. The question of “who sits at the [inquiry generating] table?” also begs the questions: “who was not invited?” and “who is most affected?” We found ourselves wondering, *is it possible to resist through collaboration, or was this the ultimate “sticky” paradox?* After all, to abandon the process of collaboration with our legal system partners was to abandon—in many ways—the girls who could not choose to disengage with the legal system. Furthermore, our process of critical reflection exposed the importance of our feminist stance, which values collaboration (Lather & Lather, 1991; Letherby, 2003), so long as that collaboration is conducted in keeping with a clear vision of social justice that has the potential to be resistant (Fine, 1992). This surfaced the concept of *deliberate collaboration* as a process by which we could resist and simultaneously disrupt dominant narratives that function to reproduce injustices while maintaining our commitments to girls and our legal systems partners. Thus, our ethical aim was to construct knowledge via participatory pathways. We knew that to access girls, and to understand the myriad ways in which the system successfully creates narratives that position girls as being at fault for their own misfortunes—and to disrupt those narratives—we had to work with

system gatekeepers and simultaneously create opportunities to enact the justice(s) of redistribution, participation, and recognition.

Getting “Unstuck” through Critical Action

We appreciated that the RCT design was a relevant and strong method for the research questions we were asking, and was required to answer the questions of causality necessary to legitimize ROSES and attend to its sustainability (Shadish, Cook, & Campbell, 2002). However, the ethical tensions we experienced led us to better understand that the knowledge generated by the data from the RCT design had its limits—because as adults and outsiders to the juvenile legal system, our knowing could not reflect the expertise of girls. While the RCT was a strong design for internal validity, we needed to increase psychopolitical validity (Prilleltensky, 2003). Thus, we have taken and planned several actions to promote an ethical process that prioritizes the justices of redistribution, participation, and recognition, to produce counternarratives (Langhout & Thomas, 2010), and create counterspaces that invite and legitimize girls’ expertise and agency (Case & Hunter, 2012). These actions took the form of leveraging the design of our existing RCT, expanding the boundaries of the RCT by shifting the lens of inquiry to be about the structural inequities in girls’ lives, and disrupting our RCT by creating formal opportunities for girls to participate as co-researchers and for our intervention to function as an alternative to incarceration.

Leveraging the Existing RCT: “Blind to [Treatment] Condition, Not to Oppression.”—In strengthening our RCT, an important action was to restructure the training and supervision of our research team by adopting a structurally competent approach to researcher training that would allow us to maintain internal validity through researcher blindness to condition while simultaneously attending to dynamics of oppression in the research process. Structural competency emerged as a paradigm in medical training in response to the traditional medical model (Metzl & Hansen, 2014) and was adapted for the training of counseling psychologists (Ali & Sichel, 2014). Structural competency resists pathologizing individuals by re-defining the etiology of illness—and by extension norm-violating behavior—locating the cause of an individual’s ailments at least partially in their environment. In adapting this approach for psychological research, Ali and Sichel (2014) call for researchers to do “research as advocacy.” This further aligned our research study with the values of the ROSES intervention.

Our new research training draws upon Black feminism and critical race theory (e.g., Crenshaw, 1989), which understands scientific knowledge as being embedded in political and cultural contexts (Subramaniam, 2009). We augmented our research team’s standard training protocols with a structurally competent research curriculum, which all of our traditional research team members (i.e., university students) complete—from those picking up the phones during the referral process, to those obtaining assent and consent, and to those engaging in field-based data collection. This training challenges conventional definitions of justice, emphasizing our values of participation, recognition, and redistribution. Our research assistants read, write, and learn not only about experimental design and validity, but also about the expanded definitions of justice, the limits of objectivity, and the fallacy of conflating equity with equality. Although these team members are not “advocates,” they are

engaged in training that redefines research as advocacy and has the explicit goal of challenging the deficit-oriented single story of pathology. Through this training, we aimed to create a collective consciousness about the invisible power inherent in seemingly commonplace research acts such as obtaining consent and collecting data (Corrigan, 2003) and challenge researcher and method neutrality (Bhattacharya, 2007).

In addition to expanding our training protocol, we recognized that we needed to do a better job of collecting ecological data (i.e., at higher levels of analysis) to examine important questions around context, including the degree to which context moderates intervention effects. This was a direct way for us to address the ethical concern that our research findings would support a single story of pathology and that girls would experience our assessment protocol as victim blaming. However, we found challenges when attempting to assess context. Specifically, our data collection protocol was already tightly packed with measures we had proposed to collect in our original grant, and there were few quantitative measures of ecological factors—particularly regarding the institutional response of the legal system—that we could readily administer in a youth- or caregiver-report format. Nonetheless, we identified several measures of contextual factors on oppression-related attitudes (e.g., critical consciousness, hostile, and benevolent sexism), skill building (e.g., contextual competence), and gender-based social demands (e.g., girls' caretaking responsibilities) that we had previously not included. To create room for these measures in the RCT, we sought permission from our funders to forgo conducting a lengthy clinical assessment on girls' mental health symptoms and instead substitute a largely used (but much less time-consuming) youth report of the same constructs validated specifically for this population.

Expanding the Boundaries of the RCT—Our efforts to examine context outlined a need for research on how to assess the institutional response of the legal system as a way of shifting our lens from individual girls' behavior to that of the legal context that is meant to serve them—toward increasing a justice of recognition. Although we did not find an effective tool to measure this institutional response at the start of our RCT, we drew from justice work by domestic violence and sexual assault survivors' advocates and launched a team-wide court watch, which is ongoing (e.g., Smith & Skinner, 2012). We thus framed our RCT—and the doors it opened via our contracted legal system collaboration—as a tool for increasing systems accountability using our time and resources to attend family court and systematically document the dynamics and processes of juvenile courts. While this process is not yet a part of our formal research, it has functioned to generate ideas about creating a measure of the legal response to girls that can be used by us (and others) in the future, and has the potential to enhance institutional accountability by documenting bias and girls' subjugation in the courtroom (Legal Momentum, 2005).

We further sought to create spaces that directly included legal-system-involved girls and created opportunities for them to disseminate their situated knowledge and produce new knowledge. These spaces could promote a justice of recognition that young people who have been most marginalized by structural oppressions are gifted in understanding the dynamics of oppression and how to survive them (Fine, personal communication, 2016). As a first step, we sought collaborations outside of the legal system with organizations that had legal expertise and influence. These collaborations allowed us to get buy-in from powerful legal

system players on the need to prioritize the system's response to girls as a key training issue for their staff. Once buy-in was established, we were able to obtain support from our own institution to co-organize a statewide research conference on the topic of girls' justice with our collaborators. This conference served as the first opportunity to invite formerly incarcerated girls to speak about their experiences in the system, alongside academic experts and legal system employees in frontline and leadership positions. Every keynote event at the conference included presentations from system-involved girls and was prefaced by questions on systems' accountability.

This conference demonstrated the potential of prioritizing girls' expertise, but it also had clear limits—it was a single event and, while energizing, would not expand or shift our research study because it was not linked to the RCT. This strengthened our desire to develop a counterspace where legal-system-involved girls could answer questions that are important to them (e.g., does the ROSES intervention “work,” for whom, and in what ways?). To create this type of structure, we needed additional resources, particularly because we knew we wanted to provide formal and paid opportunities for girls to engage in generating and interpreting knowledge. Thus, a key action we took was to identify potential funding sources and aggressively pursue them, leading to procurement of a grant in collaboration with Professor Fine that will launch the ROSEbudding Scientists advisory board. Our goal for this advisory board was to create a formal infrastructure through which girls gain access to training, data, and software to promote girls' opportunities to have a say in the production of research about their lives.

Though this group, consisting of about a dozen girls who complete the ROSES intervention, has not fully launched as a participatory action project, its structures, design, and training protocols have been created. We designed the advisory board such that it would include girls after their completion of the RCT to eliminate confounds arising when girls enroll in both ROSES and the advisory board. At the same time, this design leverages the expertise that girls will obtain by being ROSES intervention participants and positions them as experts in their lives and experts on what it is like to participate in ROSES. An envisioned expansion of the board is to scale it up to a youth Participatory Action Research project that would allow us to examine further questions of interest to the board's members, including those focused on the impact of the board itself. We will strive to co-create the evaluation design and methodology of these larger projects with and for youth.

The advisory board will analyze and interpret the data generated by the ROSES RCT. We will employ girls as paid co-researchers and train them in the methods of inquiry and analysis of experimental research using the Public Science framework (Torre, Fine, Stoudt, & Fox, 2012). The knowledge generated through this project will have critical implications for expanding our lens on girls' lives, which will be central to the articulation of policy, program, and systems change, an area in which girls' voices have been glaringly absent. As part of engaging them as co-researchers, girls will be invited to think creatively about how they want to communicate to target audiences (e.g., judges, probation, and foster care providers), and have the opportunity to disseminate research findings in non-traditional ways—such as open letters, art, and poetry. This counterspace in which girls' creativity and research literacy can thrive has the potential to communicate the message that girls can be

community leaders, scholars, and civically engaged citizens with the power to study and create change.

Disrupting the RCT: Promoting Psychopolitical Validity—We recognize that the ROSEbudding Scientists advisory board also has the potential to disrupt the questions asked by the RCT and the interpretation of its findings. In modeling our protocols on the Public Science Project, we are striving to create an inclusive and democratic space that reinforces girls' critical thinking (Torre et al., 2012). Indeed, girls may push back on the legitimacy of significant or null findings evidenced by standard analytic techniques. For instance, a traditional repeated measures analysis might find that romantic partners increase the odds of girls' arrest, but girls may take issue with this finding. Perhaps they would not think this finding is legitimate based on their experiences and observations. Girls may also suggest that reporting this finding could have negative consequences for their lives (e.g., courts limiting the time they can spend with romantic partners). Of course, we would not avoid reporting findings simply based on girls' (or any research team member's) instincts. Rather, we would rely on our participatory research structure and the framework of our training to invite girls to use their research skills to ask new questions of the data, conduct additional analyses, and generate alternative interpretations (e.g., Langhout & Thomas, 2010). This, in turn, responds to our ethical commitment to question researcher and method neutrality and create formal opportunities for girls' participation in research.

Finally, we strove to further balance the scales between internal and psychopolitical validity by creating an alternative-to-incarceration option for girls whose legal system stakeholders were willing to avoid incarcerating girls if they were guaranteed to be offered the ROSES intervention. This essentially meant that, for these girls, we avoid randomization altogether. We did this because a primary reason for conducting the RCT was to legitimize ROSES as a formal alternative to incarceration. As we developed more relationships with system officials who functioned as influential change agents (including judges), we found that the opportunity for changing legal practice was already in place, albeit for only a handful of girls although we had not proven the efficacy of ROSES. However, we knew that girls were more likely to be incarcerated for their own (as opposed to societal) safety (Humphrey, 2004) that incarceration was detrimental to girls' mental and physical health (Javdani, Sadeh, & Verona, 2011a), and it puts them at greater risk for deeper system involvement (Chesney-Lind & Eliason, 2006). We also had confidence that the ROSES intervention would do no harm (even if we were not sure of its benefits) based on its pilot with the same population of girls (Javdani & Allen, 2016). We determined that we had the resources to train additional advocates and would be able to accommodate a larger sample size so that we could retain adequate statistical power and maintain our funding commitment to randomize 300 girls for the RCT. Thus, we pursued this alternative-to-incarceration option in cases where girls expressed a clear desire to remain in their homes (i.e., not be incarcerated), and legal system stakeholders committed to avoid incarceration if ROSES was guaranteed. This made transformative change possible for a small number of girls for whom we could guarantee the option of ROSES.

Conclusion

In responding to the intersecting ethical tensions that arose in conducting this RCT, an overarching aim of our research team has been to systematically expand the lens of inquiry by making deliberate choices about what is being studied, how it is being studied, and who has access to the inquiry process. Negotiating these tensions required us to identify aspects of our work that were compatible with the RCT design and those that required a disruption to it (Olwig & Hastrup, 1997).

We conclude with a lesson re-learned, echoed by Rappaport's (2005) argument that community psychology—and allied disciplines— “do more than science,” and we underscore that such an endeavor may produce *better* science. This notion is not new. It is part of liberation and criticalist perspectives that call for the humanization of research as an ethical necessity that increases the validity of the truths produced by research and is in direct commitment to sovereignty (Paris, 2011; Paris & Winn, 2013). The humanization of research through processes of inclusion and participation is thus deeply tied to the ethical aspirations of the social sciences; the knowledge generated by such research holds power not only for the transformation of individual researchers, but also for the generation of knowledge and advancement of conceptualizations viewing systems as lived-in spaces that need to be understood, challenged, and changed by the people they are meant to serve (Fine, 2015).

We also underscore, as others have, that the practice of ethics requires action (Campbell, 2016; Morris, 2015; O'Neill, 1989; Tebes et al., 2014). That is, beyond engaging in reflection and consulting with people and literature, the stickiest ethical situations we encountered demanded that we do some (or many) things differently. This was undoubtedly disorienting and required more work and more risk-taking personally and professionally. We think of this now as a type of ethical “course-correcting,” a term referring to how airline pilots will take off with a planned course given known parameters but will make adjustments along the way based on new and ever-changing conditions in their environments. As a research team, this was the best analogy for our process and we took relief in accepting that our inquiry space was also rapidly changing in unanticipated ways. We learned early on that course-correction involved proactive planning and flexibility so that our team was positioned to absorb the impact of shifting course.

Related to this analogy is a final lesson learned, and it is that ethics requires attention to power (Serrano-García, 1994). We recognized that our own power as researchers, legitimized by our education and access, enabled us to determine if, when and how to course-correct, and to ultimately make choices large and small that could systematically shift the gaze of inquiry, as one community partner recently paraphrased, “from the rose to the concrete.”

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Highlights

- We describe implementing a randomized control trial of advocacy for legal-system-involved girls.
- We detail the ethical tensions in this work, which center on single stories of girls' pathology.
- Responses to these tensions focus on created counternarratives and counterspaces.
- Solutions focus on restructuring our research team to enhance structural competence.
- Implications focus on creating new opportunities for system-involved girls to become co-researchers.