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MEET OUR FELLOWS

LESLIE ACOCA

ACKNOWLEDGEMENTS

We acknowledge and thank Bernardine H. Watson, the author of this article, who tells an inspiring story about Leslie Acoca. Ms. Watson interviewed Ms. Acoca and wrote this profile based on their conversations. This is the second in our series of "Meet the Fellows" profiles. The series is intended to provide readers with stories that describe our fellows' motivation, goals and the philosophies that drive their work.

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LESLIE ACOCA

EXECUTIVE DIRECTOR

National Girls Health and Justice Institute
Fellowship Project: **Girls Health Screen Project**

Leslie Acoca describes herself as "a bouillabaisse"—a soup with many different flavors and ingredients. At her core she's a Latina. Her father was Panamanian by way of Spain and Morocco; his family were Sephardic Jews. Her mother was American, British and Christian. Acoca's father was a journalist who worked for the *New York Post* and *Time-Life* Magazines. Because of her father's work, the family moved a great deal. Acoca was born in Panama but as a child she also lived in Paris, Madrid, New York and Miami. "I know all of these places well—they are all a part of me," she says. Acoca remembers a happy childhood with lots of sunlight, bright rooms and love. At 6 years old, after getting off a ship from Panama, she remembers raising her right hand and becoming an American citizen.

"WITH VERY RARE EXCEPTIONS, THERE ARE NO BAD CHILDREN. BAD BEHAVIOR DOES NOT SPRING AT AN EARLY AGE FROM EVILNESS. THERE IS ALWAYS A REASON. I WANTED TO UNDERSTAND AND ADDRESS THE REASONS."

But all of Acoca's memories aren't sunny. In 1997, her younger brother John was murdered in Los Angeles by a 22-year-old man. He eventually pleaded guilty to second-degree murder and was sentenced to 16 years to life in a California state prison. Acoca was too distraught to attend the sentencing, but for many years, the young man who had caused her and her family so much pain stayed on her mind. Finally in 2006, nine years into the man's sentence, she decided she wanted to meet and talk with him. She had spent her entire professional life creating access to programs and services for young offenders and wanted to understand this young man's motivations. Getting clearance to visit him turned out to be more difficult than she'd expected. According to Acoca, "Reconciliation services are not very well developed or user-friendly in this country." After several unsuccessful attempts to contact the young man and gain permission to visit, Acoca finally received support to enter the prison from two wardens familiar with her work in the justice field. Over the next year Acoca would visit her brother's killer four times. "I found out that the young man who killed John was extremely troubled," she says. "He expressed remorse and apologized each time we met. Like so many other young people in trouble, he reported a history of abuse and drug dependence. At the time of the murder, he had just been released from prison for another crime. It is hard for me not to think that if this young man had gotten the help he so desperately needed earlier in life, he might not have harmed my brother."

Acoca is clear-eyed about her exchanges with the young man. "I'm not naive about such confessions and apologies, and they don't erase the crime or the terrible loss," she says. "However, the visits did allow me to hear this man's story and see the face, physical and mental, of the person who committed this terrible crime. In return, I was able to give him a small amount of guidance about the role of making amends, not only in obtaining forgiveness from his victims but in forgiving himself. It was a very demanding, tough process to go through, but I believe we were able to come to a level of reconciliation."

This story of Acoca's experience with her brother's killer reflects the qualities she has developed over the years and brings to her professional work with troubled children and youth: persistence, objectivity, compassion and a deep desire to understand human behavior. Acoca recognizes for example, that young people can do bad things. She strongly believes, however, that behavior directly relates to what's going on in the physical body. "Abuse leaves a physical residue," she says. Acoca began developing this philosophy early in her career. In 1976, several years after graduating with honors from Yale with a degree in literature, she co-founded Full Circle, a residential treatment center in Marin County, California, for children with serious learning and behavioral disorders. At Full Circle, comprehensive medical work-ups were part of the diagnostic process. Acoca recalls that in many cases the physical exams showed a child's behavior was likely linked to health problems. For example, she remembers an 11- year-old boy at Full Circle whose behavior was out of control and occasionally violent. "He would attack people and come after the staff with a broomstick. I remember this so clearly because I was pregnant with my son Josh at the time, and this little boy scared me to death. His medical exam revealed that he had a very serious condition called mega colon, which meant nothing he ate was digested or eliminated properly. This condition accounted for his constant irritability. So this child, who had been labeled the worst of the worst since he was 6 or 7, was indeed chronically and painfully ill. Once we recognized his problem and got him treated he calmed down quite a bit."

Acoca says that her early experiences at Full Circle convinced her that, "with very rare exceptions, there are no bad children. Bad behavior does not spring at an early age from evilness. There is always a reason. I wanted to understand and address the reasons." In 1981 she co-founded Commonweal in Bolinas, California, an organization that provided comprehensive medical, diagnostic and treatment services for youth in trouble with the law as well as comprehensive support for cancer patients. Acoca designed and directed Commonweal's

children's program, which served many adolescents and children in the juvenile justice system. She then went on to earn two master's degrees—one in counseling and one in psychology.

Responding to growing alcohol and drug problems in the youth population, in 1984 Acoca started a third organization in Marin County, Threshold for Change Inc., a comprehensive residential and day treatment program for adolescents in the juvenile justice system. At Threshold for Change, Acoca began to see in her daily work what the data coming out of the justice system in the 1980's were showing: the justice systems in California and nationally were undergoing dramatic change. Women and girls were becoming the fastest growing population in correctional facilities due, in large part, to changes in sentencing laws regarding drug offenses. According to a 2000 Government Accounting Office report, between 1980 and 1998 the number of women under the jurisdiction of federal and state corrections authorities grew at a rate of 8 percent compared to 5 percent for men. Between 1988 and 1997, delinquency cases involving girls increased by 83 percent. The plight of these women and girls—especially the girls—became a calling for Acoca. She remembers the day it began:

"I was sitting in a California courtroom in Solano County. It was a hot, sunny day and I was there as an expert witness on a case. It was getting late, my case hadn't come up yet and the judge was droning on and on. I was reading notes I had sitting in my lap, trying not to appear too rude in court. Suddenly, a lanky-haired, tiny, pale girl in a brown jail suit started to walk toward the front of the court. She was the defendant in the case being heard. I noticed as she walked by that she was shackled at the wrists, ankles and waist, and that she had a huge pregnant belly. She was really afraid as she was trying to walk to the front of the defense table—afraid she was going to trip."

As Acoca tells this story years later, it's as if she is seeing every detail again vividly in her head, and as you listen to her, you can visualize the courtroom too. "It made me really angry," she recalls. "I stood up and I could see that as the girl sat down, the chains dug into her stomach. I had to say something so I said, 'Your honor, why is this girl in restraints? She is clearly just about to deliver.' The judge looked up, furious at me for addressing the court in this way. The bailiff, who was off to my side, looked at me and said, 'flight risk.' That only made me angrier so I spoke again—'Your honor," I said, 'have you ever been nine months pregnant?' Well, that didn't go over very well and the bailiff escorted me from court."

For Acoca, this experience was a motivator rather than a deterrent. After doing some background research, Acoca learned that the young woman in court was 18 years old, poor and not nine but eight and a half months pregnant. Acoca used her contacts to meet with the head of the Department of Corrections for the State of California at that time, who, it turns out, was a former social worker.

"OFFICIALLY, GIRLS IN THE JUVENILE JUSTICE SYSTEM WERE INVISIBLE."

"I ended up working with him to get California Senate Bill 519 written and passed through the California State Legislature. The bill was the first alternative-sentencing legislation in the nation for pregnant and parenting women who would otherwise be incarcerated and separated from their children." Now, instead of state prisons, women who meet certain criteria (such as being convicted of a nonviolent crime, are pregnant or have children up to age 6), may be placed in intensive residential mother-child programs. While the need for the program far exceeds its capacity, hundreds of women and their children have benefited from this legislation.

"This young woman was a poster child for so many things," Acoca says, looking back on the incident. "She was pregnant and should never have been in shackles. Further, she had been arrested for shooting her father whom she accused of sexually abusing her for years and for also molesting her three-year-old child. She was an extreme example of how victimization can lead to violent offending. I followed the case and testified during her appeal. Fortunately, she was eventually acquitted. But I remember her case as a catalyst for my work in this area."

Throughout the 1990s Acoca worked with a variety of organizations including the U.S. Department of Justice; the National Council on Crime and Delinquency (NCCD); the California Department of Corrections; and health and human service departments in several states and localities. She developed programming for women prisoners; conducted research about the lives of incarcerated women and girls; and developed curriculum and training for justice system staff charged with their care. In 1996 she founded the Women and Girls' Institute at NCCD and over the next five years directed five national studies that included thousands of girls and women in the juvenile and criminal justice systems. Several of the reports from the NCCD studies are considered landmarks in the literature on female offenders.

No Place to Hide, the final report from a study of girls in the California system, focused on 900 adolescent girls detained in four California counties. A key goal of the study was to paint a multifaceted picture of these girls, because at that time, according to Acoca, "officially, girls in the juvenile justice system were invisible." The study revealed that the vast majority of girl offenders in California were poor, came from fragmented families and had experienced violent victimization both inside and outside of prison. Many suffered serious health and mental health disorders, including serious drug dependence, and had failed in school, often by the middle grades.

Another report, *Severing Family Ties, the Plight of Incarcerated Women and their Children,* summarized findings from an NCCD national evaluation of programming and policies affecting women and girls in five states. The report looked at the differences between male and female offending, the lack of specific services for women and girls in jails and prisons and the impact of incarceration on female prisoners and their children. According to the report, a majority of women incarcerated in the five states were nonviolent offenders charged with relatively minor property, drug and other low-level crimes. Often investigations into more "violent" offenses by girls, such as assaults, revealed confrontations with family members or peers rather than dangerous assaults. Further, the report pointed out, girls who were victims of sexual and other abuse at home were more likely to be criminalized for running away and placed outside the home because of this behavior.

Severing Family Ties also stated that jails, prisons and other detention facilities, traditionally designed to serve male detainees, often lacked adequate physical and mental health services for incarcerated women and girls. Services such as drug abuse treatment that addressed histories of physical and sexual victimization and family-oriented services for pregnant and parenting girls and women were limited, if not nonexistent. Diagnostic and treatment services for serious illnesses such as cancer, heart disease and HIV were also lacking. The report said that female inmates in this study were particularly concerned about the lack of onsite obstetrical facilities; that women in labor had to be transported outside correctional facilities to deliver their infants; that they were often returned to

prison too soon after delivery and were denied adequate follow-up care. Inmates in the study reported that, in most cases, their newborns were removed from their care within hours or the day of delivery and returned immediately to the mother's often distant home county, making regular visitation near impossible.

Another landmark report, *Educate or Incarcerate,* published in 2001, is based on a study of 1,000 girls in the Florida juvenile justice system. In this report, Acoca laid out a blueprint designed to encourage Florida legislators to invest in educational facilities and services for girls rather than prisons. As in previous reports, Acoca's findings pointed to educational failure as one of the most significant risk factors underlying girls offending. Another finding in the report underscored Acoca's long-held beliefs about the relationship between health care and behavior. The Florida study found that the odds of a girl committing a violent offense are 37 percent less likely if she has received or is receiving the mental health treatment she needs and 72 percent less likely if she is receiving regular physical health care. "I know that finding is pretty dramatic," says Acoca.

"People ask me all the time about the reason for such a strong connection between medical treatment and offending. My initial reaction is, "just get them the health services; they deserve them." But actually I think the reasons for these findings are very practical. Kids who are victimized and/or are sick—physically or mentally—don't behave well; kids who are sick and don't get treated, deteriorate; kids who are sick with no one to treat or care for them, deteriorate even more."

For Acoca, addressing the health needs of girls in the justice system is not just a matter of preventing further justice system involvement; it's an economic and health issue for society as a whole. "Currently, there is a myth that women and girls are advancing in this country. It is

really a myth. The University of California just released a study, which concluded that only 3 percent of California corporations are led by woman. That means 97 percent are led by male leaders. True, girls who have economic advantages are probably doing better in the United States than women ever have. But poor, minority women who are single mothers and are in the justice system, are becoming increasingly disadvantaged. And the more disadvantaged you are, the less likely you are to have any options for you or your children in this economy. We have to understand that we are one community. The young women who are filling the detention centers, jails and prisons at unprecedented rates are coming back to our communities. Many of them are at high risk for infectious and communicable diseases such as hepatitis, tuberculosis and sexually transmitted infections including HIV-AIDs. We can't lock up young women, young mothers, deny them health care, sunlight, fresh air and decent food and expect to have healthy communities or a healthy society."

In 2001, Acoca founded another California-based organization, In Our Daughters Hands (IODH.) She describes IODH as dedicated to promoting the physical, mental and developmental potential of girls, particularly those who have entered or are at risk of entering the juvenile justice and child welfare systems. The name—In Our Daughter's Hands—comes from something her own daughter Rhiannon said to her when she was just 13 years

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old. "My daughter grew up when I was really in the thick of doing research on girls in the juvenile justice system, and she would listen to the information about substance abuse and all the things that girls could be involved with, and at one point, she just said, 'You know, it is kind of disturbing but true, the future really is in our daughters' hands.' I think even then my daughter had a clear sense that girls really hold the legacy of the country."

"GIRLS REALLY HOLD THE LEGACY OF THE COUNTRY."

Through IODH, Acoca continued her work on behalf of incarcerated girls—lecturing, consulting and writing for such organizations as the New Jersey Juvenile Justice Commission, Boston College of Law, the California Department of Corrections and the Child Welfare League of America. This new organization also became home base for the project that has consumed Acoca for the past seven years—the Girls Health Screen Project (GHSP). Despite studies showing the serious physical and mental health problems of incarcerated girls, Acoca discovered that there are no medical standards to guide the screening, assessment and treatment of this population. Nor is there a comprehensive database on the particular health needs of these girls, a fact Acoca calls "stunning." GHSP has developed the first research-based health screen in the United States for girls in the juvenile justice and child welfare systems and focuses on girls age 10 to 17.

Acoca began developing the GHSP in 2002 and has been supported over the years by a coalition of public and private funders, including the Jacob and Valeria Langeloth Foundation, The California Endowment, The California HealthCare Foundation, the Kaiser Family Foundation, the Philadelphia Department of Health and Human Services, the Independence Foundation, the Pennsylvania Commission on Crime and Delinquency and the Stoneleigh Center. Her principal partners in the project are Robert Schwartz of the Juvenile Law Center (JLC) in Philadelphia (also the sponsoring organization for Acoca's fellowship), Dr. Donald Schwarz, former chief of adolescent medicine at Children's Hospital of Philadelphia (CHOP) and Deputy Mayor for Health and Opportunity for the City of Philadelphia, and Dr. Cynthia Mollen, assistant professor of pediatric medicine at CHOP. Dr. Schwarz acted as the medical director for the project until Dr. Mollen took over the role in 2008. GHSP has three phases: 1) design of the Girls Health Screen (GHS) and physical examination protocol; 2) validation of GHS with girls in three detention centers and 3) dissemination of the GHS and validation study results to detention centers across the country. Ultimately Acoca, along with GHSP funders and partners, hopes that this project will lead to the development of a national database on the health needs of incarcerated girls and inform policy and practice across the country.

The first two phases of the project—design and validation—are completed. During phase one, the questions for the GHS were developed by reviewing 320 medical case files of detained girls in three project sites: Philadelphia, Pennsylvania, and San Diego and Santa Cruz, California. In discussing selection of these three sites Acoca explains, "I wanted sites that represent various points in terms of geography, culture and innovation. Philadelphia has always been a center of juvenile justice reform. It is a very high-need urban site with a significant population of poor, young women of color. Another plus was the collaborative work I have done with Bob Schwartz of JLC over the years. Santa Cruz, on the other hand, is a small, suburban and rural setting and has one of the most innovative juvenile justice systems in the country. San Diego is the fourth largest county in the country and one of the most diverse. The detention center we worked with in San Diego has close to 200 intakes of girls a month, which is quite a large number."

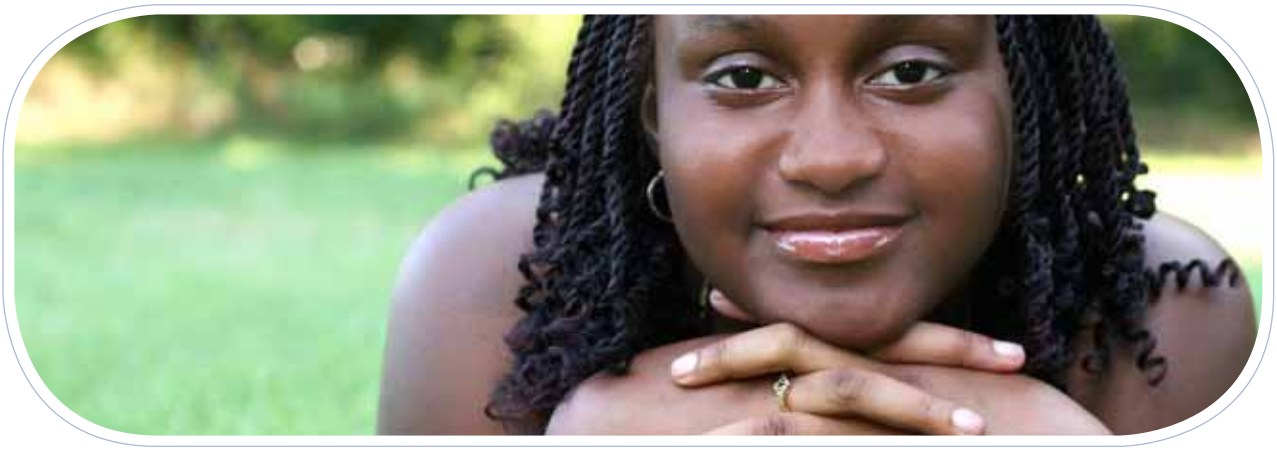
Approximately 140 girls from across the three sites participated in phase two—the validation of the screening instrument. (Complete data were collected on 119 girls.) Upon entering one of the three facilities, each girl sat in front of a laptop and completed a computerized version of the screening instrument designed to identify and prioritize her medical needs. After they were screened, each girl took the physical exam developed in phase one by Dr. Schwarz and administered by nurses at each site. The girls' answers on the GHS were then compared to the

results of the physical exam to determine whether or not the GHS successfully identified and prioritized the girls' medical needs. The results of the screen and exam give facility staff the information necessary to make sure girls' medical needs are met. According to Acoca, the results of the screen and exam offer a prototype for an "electronic medical passport." Not only could such a passport provide the medical information necessary to treat girls while they are *inside* but also travel with them for use by community health providers once the girls are released to the *outside*.

The challenges of developing and implementing the first validated health screen in the nation for detained girls have been numerous. "Our greatest technical barrier was getting Internal Review Board (IRB) permission to study the population," Acoca says. "Detained girls are the most protected human subjects in terms of conducting medical research. As juveniles deprived of their liberty, they are among the most vulnerable populations of children. It took us two years to get through the IRB process, and we had two IRB's to satisfy—one at CHOP and a second at the City of Philadelphia. We are grateful the IRB at CHOP was able to oversee all of the study sites nationally."

Surprisingly, getting access to the juvenile facilities was not a big problem, Acoca says. "Bob Schwartz, Don Schwarz and I had sufficient experience and reputation to convince the chiefs of probation, the superintendents of detention centers and the chief presiding judges in every jurisdiction to support the health screen." However, getting all the screenings and physical exams completed in all three sites took extraordinary effort. According to Acoca, "To comply with the research requirements of the study, Don Schwarz trained all the nurses and nurse practitioners who performed the girls' physical exams. And while all the jurisdictions and facilities we worked in were phenomenally accommodating, it was initially disruptive to their schedules to have us there because we were replacing existing medical intake procedures with the GHS. Nevertheless, the medical and correctional professionals stayed with us for many years because they believed in what we were doing." One exciting aspect of the GHSP research was the ease and speed with which the girls—even those who had been out of school for some time—were able to complete the computerized instrument, something which Acoca says bodes well for broader use in correctional facilities.

Over the past year, Acoca has presented some of the initial findings from the GHSP to a number of government, foundation and nonprofit organizations, including the National Government Accountability Office, a subcommittee of the Senate Judiciary Committee; the Child Welfare League of America; the National Commission on Correctional Healthcare; and the California Endowment Center for Healthy Communities. Given her previous work with incarcerated girls, the findings did not surprise her. The screening data shows a significant number of girls from across the three sites had been in foster care, had been homeless and have no safe place to live once they leave detention. At intake, significant numbers of girls were found to have serious allergies but did not have the necessary medication; histories of alcohol and drug abuse; and previously unidentified sexually transmitted infections. A number of girls reported a history of forced sexual contact. In fact, nurses administering the GHS reported that girls were more likely to report sexual assault during the computerized screening than during a person-to-person interview. The physical exams revealed high rates of gynecological problems and injuries.



> IT'S CLEAR THE GIRLS SHE STUDIES AND WRITES ABOUT ARE NOT JUST NUMBERS TO HER.

While Acoca was not surprised by the findings from her latest work, it's clear the girls she studies and writes about are not just numbers to her. Acoca has spent a lot of time with girls in correctional facilities, so much time that that she says "my office is a child's jail." She remembers many of these girls quite well. There was the "very beautiful African-American girl" she met in a West Coast detention center. "This girl was so upset because most of her hair had fallen out, partly because of the stress, but mostly because the shampoos and soaps in the detention centers are so harsh and not meant for girls. She showed me a photograph of herself on the day she entered the center with a head of thick, beautiful hair. And now she was sitting there with nothing but these little nubs. It was devastating for her as it would be for any young woman."

It is the pregnant girls and young mothers who really stay in Acoca's mind. "There was one pregnant girl I remember who was about 14 when she was taken from the facility in labor out to the hospital to have her baby. She later told me about the terrible looks she got at the hospital from the staff and other patients, and how coldly she was treated. Her baby was taken away from her within hours. Later she was bought back to the facility and received very minimal care. Her milk was coming in—as you can imagine, the circumstances were pretty horrific." And then there was the Christmas party she attended at another West Coast facility for detained girls. "It was one of those very few events where the children of detained girls were invited. The girls were anywhere from age 14 to 17. At the party there was a table that held a plate of oatmeal and chocolate chip cookies, and this 15-year-old girl who had her little baby on her hip was looking at them. Both she and the baby started to reach for the cookies when she asked the correctional officer, 'Are these cookies for me or my baby?' She didn't know."

Still, Acoca says, "I try never to present the girls I write about or work with as tragic or needy, since they have needs like all of us. Actually, many of them are tremendously talented and resilient—I think of them as untapped resources, like solar or wind power. Sometimes I think their natural gifts are enhanced by their hardship. I want to use data to tell their stories. I'm like my dad in that way; he was basically a storyteller. I want people to understand the circumstances behind these girls offending. I really think we can do something about it."

Currently, Acoca is working to complete phase three of GHSP— building a national database on the health needs of girls in the justice system; disseminating the findings from the GHSP research in order to influence policy and practice in the justice system; and institutionalizing the use of GHS in detention centers and child welfare agencies nationally. Her ultimate goal is to have the health screen transformed into a web-based program that can be easily accessed by facilities, community health providers and girls themselves.

For Acoca, completing the GHSP will be like giving birth to a third child. "I definitely feel like I'm in the third trimester of a pregnancy, and I can't wait for this child to be born. There were times when I wasn't sure we were going to make it. I am deeply grateful for the Stoneleigh fellowship, which came along at just the right time—when my partners and I needed the recognition and energy. It's not just the money, but the nurturing, skill-building and community that Stoneleigh provides." Last year, Acoca began developing the National Girls Health and Justice Institute, a nonprofit that will promote the use of the GHS and work to improve health outcomes for high-risk girls and their children. This is the fourth organization Acoca has founded or co-founded. "I believe in institution-building" she says, "especially when you're trying to do something new. You have to create a home for new thinking. I am trying to build a shelter for new information about girls in trouble.

"HAPPINESS REALLY ISN'T WHAT YOU CAN GAIN FOR YOURSELF BUT WHAT YOU PROMOTE IN EVERYONE YOU COME IN CONTACT WITH."

In 2001 Leslie Acoca was recognized by the Dali Lama with the Unsung Hero award. In talking about the experience, she says, "To be recognized by the Dali Lama was very, very humbling. He epitomizes generosity and expansiveness and I felt so fortunate, not for myself, but that he was recognizing this issue of girls who are spiritually and physically locked up. That was a great gift." She goes on to say, "Right before I was recommended for that award, I read the Dali Lama's book on happiness. In the book he says something like happiness really isn't what you can gain for yourself but what you promote in everyone you come in contact with. That makes so much sense to me. When I look back on my years of working with girls, the highest points, the points where I felt best were when a light went on in a girl I was talking to; where there was some visible movement toward a sense of well-being and health; and a sense that she could move forward with her life. I've gotten a tremendous amount of joy in promoting that sense in others." Doesn't that just say it all?

Stoneleigh Center is a Philadelphia-based foundation established to help improve the well-being of children and youth. Focused on work that promotes change in our country's youth-serving systems, we meet our mission through fellowship awards that support outstanding individuals whose work unites research, policy and practice.

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