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RESTORATIVE HEALTH: LESSENING THE IMPACT OF PREVIOUS ABUSE AND VIOLENCE IN THE LIVES OF VULNERABLE GIRLS

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"Restorative health" is the idea that those who have been denied access to the social determinants of health, particularly as young children, should have the right to restoration of healthy functioning. In interviewing a group of vulnerable young women, ranging in age from 15 to 22, we discovered how they experience the link between health and justice in their lives. Participants were living on the street, in extreme poverty, or both. Traumatic early childhood events continued to affect their ability to function healthily. We conclude and suggest that certain rights-based principles need to ground the development of interventions with this group.

As professionals we have an obligation to consider the perspectives of vulnerable populations and to use this information to inform our understanding of their health needs when planning for equitable health service resource allocation. One concept that may show promise is restorative health. We use this term to refer to the right of equal access for all

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to a fundamental level of health care and health resources. Restorative health is further defined as the idea that those who, particularly as young children, have had their rights of access to the social determinants of health systematically denied to them have the right to restoration. The achievement of this goal can be accomplished through a systematic process of mediation and negotiation in which both parties benefit. We define health and health resources in the broadest sense to include all the social determinants of health (for example, food, social support, and a nurturing environment) that have been demonstrated to have an impact on the ability to achieve and maintain health (Marmot & Wilkinson, 1999).

In this article we are conceptualizing restorative health to be analogous to its sister concept restorative justice and we explore it in the context of the day-to-day lives of a group of vulnerable young women. Restorative justice can be defined as the idea that offenders can be restored to their full capacity as citizens through engaging in a process of negotiation/mediation with their victims (Llewellyn & Howse, 1999; Rudin, 1999). Thus not only is harmony in the community restored but both the victim and offender are "healed" in the process. A goal also should be to restore health to groups who have not had access to basic health care services resources and who need to be healed to reach their full capacity as citizens. Citizenship is a concept that implies a number of things including a consideration of the rights and obligations of both the individual and the state (Istvanffy, 2003). According to Kershaw (2003), citizenship

> defines the entitlements and obligations that accompany full membership in a society. These rights and responsibilities empower and regulate our participation across important areas of social life, including our private households, the labour market, civic spaces and the political arena. Citizenship in essence articulates what we can legitimately expect and demand of other full members of society and what they can expect and demand from us. (p. 8)

We are claiming here that, due to the obligations imposed through the notion of citizenship, when we as a society become aware of ill effects being experienced by vulnerable members of the community, due to systematic denial of rights in the form of basic health resources, we are obligated to make every effort to restore these vulnerable individuals to health. Furthermore, even when we do not become aware of these ill effects until years after they were originally experienced, in this case by vulnerable young women, we are no less obligated. While there is no question that biological elements also are involved in determining how an individual will be able to achieve health and healthy functioning, we are claiming here that access to basic services should be viewed as a

fundamental human right and that when some individuals are systematically denied this access we have communally failed as a moral and just society. We are also, by failing such individuals, denying ourselves the benefit of their full participation as functioning members of our communities in the way that is implied by the notion of full citizenship (Slack, 2003). We present the following research findings, therefore, as an illustration of the way the concept of restorative health might be useful to both the wider community of policymakers and to frontline practitioners in both the health care system, the justice system, or more general areas of service provision to vulnerable clients.

Girls living in poverty or on the street are a particularly vulnerable group who are systematically denied access to such basic determinants of health as food, shelter, and safety, and are, as a result, less likely to be "healthy" (Marmor, Barer, & Evans, 1994; Marmot & Wilkinson, 1999). These girls also represent a group that has been notoriously difficult to reach for research studies (Horowitz et al., 2002). Here we discuss specific ways in which girls living in less than ideal circumstances described their vulnerability, their experiences of a variety of forms of violence in interpersonal relationships, their contacts with the criminal justice system, implications for their health, and their experiences of accessing, or being unable to access, health care services appropriate to their needs. The essential argument here is that when violence, abuse, or neglect occurs at home when they are children, they are set on a path that can result in them being lost to us. This is unacceptable morally and because it is a waste of a valuable resource.

BACKGROUND

The present study was conducted following a larger project on social cohesion in vulnerable young women[1] in which we considered the interconnections between factors such as race and gender on the lives of marginalized girls in Canadian society (Jiwani, Janovicek, & Cameron, 2002). In that study we began to get a sense that, although the girls continued to live with the consequences, the negative experiences that many of the most disadvantaged had lived through seemed to have happened years earlier. We began to suspect that the system had, at an earlier point in their lives, failed these girls, many of whom were now in regular

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[1]The first study is entitled The Intersectionality of Race and Gender in Social Cohesion: An Examination of Factors Influencing Identity Formation, Experiences of Violence, and Integration of Marginalized Girls in Canadian Society. It was funded by SSHRC, Grant No. 829-1999-1002.

connection with the social service system, the criminal justice system, or both.

In this article we report on the findings of the study in which we explored at-risk girls' understandings of the impact of their young childhoods and their current contact with both the health care and criminal justice systems, and their resulting state of health and well-being. This group of young women, many of whom were concurrently dealing with either substance abuse issues or involvement with the court system, were asked about their experiences of interpersonal violence in the context of conversations about their understandings of health and justice. We explore empirical evidence supporting the importance of understanding the link between health and justice issues in the following section in which we discuss the theoretical insights derived from current literature.

Current State of Knowledge

Researchers have begun to call upon us first to adopt a more critical approach to our analysis of work with disempowered groups such as children (Berman, 2003) and, second, to include an analysis of strengths as well as vulnerabilities when working with such groups (Rew & Horner, 2003). It is increasingly recognized that adverse childhood experiences have been under-recognized as a source of problems in later life (Felitti et al., 1998). Abuse and violence against children and their mothers is a frequent focus of such work (Ericksen & Henderson, 1998; Felitti et al., 1998; Peled, Jaffe, & Edleson, 1995). Less overt forms of adverse childhood experience, such as living in poverty or parental divorce, however, also have been shown to be associated with significant problems in later life (Blane, 1999; Palosaari & Aro, 1995; Shaw, Dorling, & Davey Smith, 1999). A variety of problems resulting from adverse early childhood experiences have been documented extensively in recent years and include depression in adolescence; violent behavior toward others, including increased risk of dating violence; low self-esteem; and post-traumatic stress syndrome (Capelli et al., 1995; Dahlberg, 1998; Foege, 1998; Naar-King, Silvern, Ryan, & Sebring, 2002; Palosaari & Aro, 1995; Tamplin & Goodyer, 2001; Wekerle et al., 2001; Whitfield, 1998). Some of these effects are recognized to persist also into adulthood (Felitti et al., 1998; Pine, Cohen, Johnson, & Brook, 2002). An emerging focus of research in this field concerns the cumulative effects of abuse and violence over the lifespan and the increasingly compelling evidence that negative childhood experiences predispose individuals to further violence (Bohn & Holz, 1996).

At the same time as we begin to appreciate the important link between childhood experiences within the home and subsequent levels of

adult health, we also are beginning to understand the profound effect that the social conditions in which people live have on their opportunities to be healthy (Backett-Milburn, Cunningham-Burley, & Davis, 2003; Blane, 1999; Marmor, Barer, & Evans, 1994; Marmot & Wilkinson, 1999; Mazza & Overstreet, 2000; Shaw, Dorling, & Davey Smith, 1999; Valaitis, 2002). Individuals, within their families, their neighborhoods, their communities, and as members of the larger society, are all influenced in subtle and interrelated ways by a unique set of circumstances that determine their future. For example, the protective power of having one positive intimate relationship has been noted in children experiencing parental divorce (Palosaari & Aro, 1995), as has the additional negative burden of being female (Alliance of Five Research Centres on Violence, 1998; Berman & Jiwani, 2002; Jiwani & Moore, 1998). On a broader scale, the negative effects of health care restructuring has been linked to increased difficulties for disadvantaged people to access equitable resources (Bramhan, 2004; Lynam et al., 2003).

Empirical evidence also supports the importance of exploring the link between disadvantage, health, and justice. First, with marginalized girls who are on the street, an obvious link is between substance abuse and criminal activity. Nearly two-thirds of the girls in U.S. training schools need substance abuse treatment at intake and more than half are multiply addicted (Chesney-Lind, 2001). Related to this drug problem are rates of sexual abuse. Girls in the justice system experience particularly high rates of abuse; more than 60% reported being victim to some form of physical abuse and more than 54% reported being victims of sexual abuse (Chesney-Lind, p. 2). With respect to mental health profiles, researchers of youth in detention centres report that girls are more likely than boys to have a broad array of problems such as conduct disorders and suicidal tendencies (Moretti & Odgers, 2001). Unwanted pregnancies for these girls in conflict with the law also occur at a higher rate than in the general population.

Second, at a more general level of analysis, socioeconomic factors seem to link health and justice. Krieger (2000) comes close to making this link in stating, “Social justice is the foundation of public health. Embodying equality should be our goal for all” (pp. 67–68). Wilkinson, Kawachi, and Kennedy (1998) agree. In a compelling article they argue that income inequality affects both the health of and violent crime in a community. Life expectancy in particular, arguably a most salient measure of well-being, is associated strongly with income inequality (Elstad, 1998). Homicide and death by violent circumstances have an even more striking relationship with income inequality.

Further, the McCreary Centre Society report (2002) in which adolescents in British Columbia who have been abused were studied, found

those who had been involved in the sex trade were at greater risk for negative health outcomes compared with those who had never engaged in the trade. It becomes a more pronounced link for youth in custody. Sexually abused female youth (97% of sample) compared with nonabused female youth (72% of sample) in custody reported weekly emotional health problems and physical health problems (83% to 44%).

A third piece of evidence comes from a 25-year longitudinal study that established the link between mother's delinquencies and mental health stability and her children's experiences of the same phenomena. Werner and Smith (1992) found that mothers who had been delinquent themselves as children possessed four times the rate of family court histories than other women. These mothers also had more psychiatric problems than either male delinquents or nondelinquent girls (p. 3) and provided poor parenting of their own children. The authors conclude that mothers with severe mental health problems and past criminal justice system associations put their own children at risk (Antonishak, Reppucci, & Mulford, 2003).

Finally, looking at how the law itself views the connection between the health and welfare of the child and justice outcomes for him or her, we examine the most global example, the International Convention on the Rights of the Children, U.N. (1989; to which Canada is signatory). The intent behind the convention clearly is consistent with a more holistic link between health and justice considerations for the welfare of the child. Article 6 (2) indicates, "States Parties shall ensure to the maximum extent possible the survival and development of the child." Article 36 directs, "States Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare."

The majority of girls interviewed in the original study reported feeling rejected, marginalized, and invisible. The lack of respect and status they receive greatly disadvantages these girls, affecting their self-esteem, mental health, and well-being. These girls came from a variety of backgrounds and were concerned with a number of different issues. It seemed clear, however, that those presently living in at-risk circumstances were more concerned with issues of safety and survival, were more likely to be in contact with the criminal justice system, and were less healthy. Thus the research questions that provided direction for the study we discuss here are "What constitutes health for vulnerable populations of girls?" "How do vulnerable young women experience the link between health and justice in their lives?" and "What is/should be the proper focus and the aim of the various systems regarding prevention, health promotion, and overall well-being?" We deliberately chose to interview girls living in a variety of circumstances and conditions in extreme poverty in order to illustrate the path their lives had taken following

early exposure to violence or abuse in their families of origin. Ethical approval was obtained from Simon Fraser University and from the agencies concerned.

Methodological Approach

This study takes the naturalistic qualitative approach, interpretive description (Thorne, Reimer Kirkham, & MacDonald-Emes, 1997). These authors outline a set of principles and strategies "grounded in nursing's epistemological mandate" (p. 169) that provide both the theoretical orientation as well as the practical direction for the collection and analysis of data. One of the driving forces behind this qualitative approach is the recognition that practice disciplines must develop practice knowledge for professionals whose clients need to be understood both as individuals and aggregates. This approach, although developed in the context of nursing, is particularly relevant to practice professions in that it recognizes the constructed and contextualized nature of individual understandings yet allows for shared realities. In the case of the present study this approach allowed us, as members of different professions, to explore the intersections of our practice arenas. Our aim here was to develop insights that would support our work with one another and would provide us with a mechanism to identify new understandings, from a multidisciplinary perspective, of the link between health and justice issues with adolescent girls.

In this study we recruited 22 young women ranging in age from 15 to 22 and interviewed them in three focus groups. We also include here data resulting from six interviews with girls who chose to be interviewed individually rather than in a group setting. The girls were recruited in three different cities in a western Canadian province, from a variety of agencies that served street youth, single parents, or those with substance abuse issues. The girls were asked to participate in a one-time focus group. Research assistants who were experienced working with adolescents conducted the focus group. The research assistants were specifically instructed to concern themselves with developing a safe environment in which the expression of differing viewpoints was encouraged. In this way we were able to explore the points of similarity as well as the differences. Focus groups have been found to be an effective way of encouraging young women to explore the meanings their life experiences hold for them and to engage in debate toward a common understanding (Banister, Tate, Wright, Rinzema, & Flato, 2002).

The interviews were semistructured in that we were broadly interested in the ways in which their lives had unfolded following experiences in childhood and were conducted using open-ended, nondirecting questions

such as, “Can you tell me a little bit about your childhood?” or “Can you describe your current circumstances?” We asked the participants to describe their childhoods, their present living circumstances, their problems accessing physical resources or emotional support, and their views regarding links between these topics, their current health, and health challenges. In the process of discussing these topics the participants offered several insights into their survival strategies, both positive and negative, and into the ways in which services could be better designed to meet their needs.

Interviews were audiotaped, transcribed, and analysed. As recommended by Thorne and colleagues (1997), we used the techniques detailed in the four-stage process described by Giorgi (1985) to identify themes that were present in the girls’ accounts of their experiences. Thorne and colleagues advocate a process of “repeated immersion in the data prior to beginning coding, classifying or creating linkages. These analytic procedures capitalize on such processes as synthesizing, theorizing, and recontextualizing, rather than sorting and coding” (p. 175). This methodological approach, because it is firmly grounded in the experience of the individual as well as the group and because it encourages the consideration of both, may also allow us to identify new forms of interventions that are both relevant and adaptable.

Participants and Settings

It became clear in the original larger study that many of our original participants had very complex backgrounds that did not fit the way services are organized. If they happened to have supportive families or other support systems in place, they seemed to be able to cope, but if those support systems were problematic, then they were likely to fall through the cracks. The present study was specifically intended to foreground the experiences of girls with few informal support systems and multiple problems. Here we talked to girls who were either living on the street, were sex trade workers or in abusive controlling relationships, or were living in poverty as young parents. Many of the girls had entered the system with multiple points of vulnerability: Many were homeless *and* had substance abuse issues; some were single parents *and* were members of visible minorities. For example, a young woman may be an Asian runaway from an abusive home, or a substance-using girl living in a frequently relocating blended family. Many of the participants were aboriginal and all were actively seeking to use or were already using the support of various health and social support services. Many of them were caught in a revolving door relationship with the criminal justice system.

FINDINGS

We begin by illustrating the kind of childhood abuses and neglect that started these girls on a path to their present circumstances. We include quotes from the participants to illustrate the cumulative nature of violence in their lives, particularly regarding their approach to accessing adequate health care. We move from the past to the present highlighting the effects of early abuse—lack of trust, early childbearing, present relationship violence, contacts with the social welfare and criminal justice systems—on their ability to live healthy lives now. Without exception all the girls turned out to have experienced some degree of overt abuse and neglect either directed at them or as children witness to abuse of their mothers or siblings. This is a telling statistic in itself since, while we suspected a link to childhood abuses, we did not specifically recruit abused girls but rather recruited any young women attending a specific service and willing to participate. We intend to illustrate that all of them were set on a path where abuse was a cumulative and ever-present factor deriving from their earliest experiences and that those experiences were continuing to have an active influence on the choices, decisions, and opportunities available to them.

Childhood Experiences

The girls were readily able to describe the abuse that they experienced in their childhoods. Without exception they had been physically abused, sexually abused, or both, as children or had been present during the abuse of their mothers, or both. Some of the girls were still making sense of these incidents and reacted strongly to them. One girl who had suffered abuse from her mother clearly still was negotiating a relationship with her mother:

> My mom was abused by my father and just told me yesterday. I flipped out on her and told her "That was my life—why are you telling me your problems now?" As a little kid she took out her anger on me.

Another young woman related a common problem, that of adults taking their stress out on their children:

> Parents always say, "oh, I love her. I'll never hurt her and I want her back" in front of the counsellors. Parents should be given lie detector tests. Like my parents are still my guardians, but I haven't lived at home forever.

Many of them had friends living in similar circumstances. They had shared their stories and were able to draw on these other experiences to illustrate their points. A major recurring emotion permeating the girls'

accounts, whether about their own lives or those of their friends, was hopelessness. They described actions that had been taken or considered to try to control violence—restraining orders, charging people with assault, and so on—but they did not in general meet with success:

> M. got shot by her stepdad because he was beating her Mom and they released him from jail and he came to her house and shot her—and he killed her Mom's best friend—and she had a restraining order but it didn't do anything.

> I'm terrified of guys because I was abused by my Dad and I never charged him with it and he'd hit me. He's lucky I never charged him with it.

> I have a court order against my Dad. I feel useless going to court now. He's already done it, it's already been 2 and a half years, and my older sister lives with him and she's on his side and wants to kill me. I'm living on the streets because my Mom doesn't want me.

One of the more disturbing parts of the girls' accounts concerned their complex feelings regarding ways to interact with society at large whether it be in the form of social services, the criminal justice system, or members of their families. Some of them had clearly learned at an early age that those who are supposed to be helping might be the enemy. One young woman described action she had taken during an incident in her childhood that to this day she saw as a reasonable:

> I always worry about social workers. This one time they were coming to take away me and my brother to a foster home and so I said my sister was in the shower and to come back in half an hour and then I ran away with my brother. No one wants to be taken away from their family.

It is clear the experiences the girls had with the formal systems when they were children affected their future interactions—positive or negative, helpful or unhelpful, productive or not. This basic sense of distrust and caution was another legacy that these participants took from their childhoods into the present day along with a pervasive tone of anger.

There was clearly also a strong commitment to make sense of the past. For example, many of them continued, with little success, to try to have a relationship with their parents:

> I tried and tried to talk to my Dad and he's a chronic alcoholic and he didn't listen and kept ignoring me, so I took his Suburban (that's his life) and bumped into a few things, and he tried to charge me and stuff but the cops told him you can't charge your daughter. A week ago he asked me why I did that and I told him, "dad, I need someone to talk to and you are my parent and I'm supposed to be able to go to you when I'm in trouble."

For many of them, however, attempts at rebuilding relationships simply represented too little too late:

> Our Dad didn't want anything to do with us when we lived with him and now we're 18 and 20 and now he's going and trying to work things out, but you can't do that.

Present Circumstances

Anger was a common reaction to childhood trauma that continued to have an effect on the girls lives in the present, often because events in the past were continuing to require specific actions in the present. One young woman, for example, was charging her father with assault. She was at odds with other family members and was distressed by the experience:

> I drink and I smoke up and all that but the only thing that would hurt me more is if my Dad wins this case because then I'm going to have to go back to (place name) and kill him.

Several girls described incidents in which parents who had been less than exemplary during their childhoods continued to disappoint them.

All three focus groups were filled with examples of how a traumatic childhood had put girls on a path that led to them living in less than desirable situations in the present. For example, many of them had run away or had been depressed, self-destructive, or suicidal; "I've tried to kill myself. I've tried using a gun, hanging myself, jumping off the bridge, slitting my wrists."

Interestingly, one said, with the agreement of everyone else in her focus group, "I think the best revenge is success." Others escaped their family homes through early childbearing. One young woman responded to a question about her adolescence: "I didn't get to live the teenage life so I wouldn't know. I had my first baby when I was 15 years old."

Some young women exchanged one abusive situation for another:

> It's really rough because my common-law husband, we've been together for 9 years—and he cracked my skull and I was out for 18 days. He went to court for that and he just got sentenced for assault.

Others continued to experience the kind of problems with the social services that they had learned in childhood:

> They're trying to take my kids away from me because they say I'm an unfit mother and that I'm too sick to be watching these kids . . . but then I say I'm not a single mother and they do have a father who will take care of them.

Many of the girls in these groups had frequent contact with the criminal justice system by virtue of being substance abusers, homeless, or

sex-trade workers. In some cases, however, girls had contact because of the violence they experienced in their current relationships, but a seemingly dysfunctional system was made to work. The girl in the next quotation was told by a judge that if she left her abusive husband, her children would be removed because in the judge's opinion they needed a father:

> I'm grateful for the justice system. All the cops before, they knew. [Name] gave me shit so many times and I had all these bruises and stuff. And then the cops, they just got tired of it so when they picked him up when they see him drunk or something, they pick him up and they put him in the drunk tank and they beat the living shit out of him. Like they put him in the hospital and they asked him, "Now do you see how your wife feels?" That's exactly what they do. He doesn't even push me anymore now because the cops just got too tired of it.

In this case both the police involved and the girl herself seemed to find this a reasonable response to her husband's abusive behaviour when drunk. On one level everyone's goals had been met: The husband still lived at home, and he had stopped abusing his wife. Some may see this as a dysfunctional ad hoc solution, however.

Connections With Justice System and/or Formal Support Systems

Some young women who had more frequent and formal connections with the criminal justice system because their lifestyles disagreed about the responses of those in the system. With regard to the police, however, girls agreed with both the following statements:

> Working girls get treated so differently, they get treated like they aren't even human. But they don't realize they are doing what they're doing to survive—like we're not human.

> But there are cops out there who will respect and who will see you and will understand where you are coming from and why you are doing it.

When it came to connections with the court system, the young women generally agreed that there was a lack of understanding of the difficulties inherent in their situations and not enough acknowledgment of their positive efforts:

> They always look at your past record. I did a robbery a couple of years ago and whenever I go to court, they always bring everything bad that you've done and they don't even look at how long you've been doing good.

It is not only the girls in contact with the criminal justice system who report problems in attempting to access support. There are numerous

examples where everything from physical setting to indifferent individuals make it virtually impossible for girls to access the help they seek:

> Well I live on a Native [designation] reserve which is 85 kms outside of [place name] and we don't even have telephones yet. The doctor comes to us once a month. And we don't have a nurse or anything like that. We don't have immunizations or stuff like.... It's 85 kms one way. If something happens at night, there's no access to a phone because it's only in the school or the band office and at 3:30 they're locked up.

> Mental health counselling—the one we have on reserve—she just babbles and babbles.

> If you have a drug problem, somebody just reads it out of a book, like who is trained or whatever, and they've never smelled pot in their life.

One of the most disturbing and agreed-upon findings from these interviews, however, concerned their views of where effective support could be obtained. In these girls' opinions there is one place where help was guaranteed: If you want to get food, shelter, and health care you get picked up and put in jail. Even more disturbing, this appears to be the only consistent form of support some girls have ever known:

> Jail has become my home away from home. I was 12 when I started and I had no Mom or Dad. It was hard.

> Before you go to jail, they check you all out, a nurse checks you out and gives you a physical. It is a good service and they even have a dentist.

> You gotta be clean in jail.

> You get extra meals—it's not a lot, but it's better than nothing.

It is important to note here again that, on one level, it can be said that the system is working; girls have found a way to access care and the system has found a way to provide it. The question is how to achieve the same result—reasonable access to basic shelter and support—without having to go to jail for it.

DISCUSSION

Adverse childhood experiences, adverse current living conditions, and connections with the social welfare system or the criminal justice system can add to an individual girl's vulnerability. At the same time her responses to them at least must be considered as showing a high degree of instinct for self-preservation. Many responses that we traditionally have viewed as problematic, for example running away, in many cases may be actually highly adaptive. Which came first and who started it: abuse,

deprivation, contact with the law, or early parenthood? It actually does not matter what started it. The important point is that it all equals a vicious cycle. Our concern, and the only intelligent move for us all, is to be the ones who end it. Here may be a role for the new notion of *restorative health*. These girls represent a group who have not had access to the basic rights that are generally acknowledged to be owed to members of society and that, furthermore, are recognized to be fundamental to health (Marmor et al., 1994; Marmot & Wilkinson, 1999). As we previously identified, there is no question that biological and social elements are both involved in determining how an individual will be able to achieve health and healthy functioning. As Blane (1999) points out, however,

> Individual biological development takes place within a social context which structures life chances so that advantages and disadvantages tend to cluster cross-sectionally and accumulate longitudinally. . . . Cross-sectionally, advantage or disadvantage in one sphere is likely to be accompanied by similar advantage or disadvantage in other spheres. (p. 65)

Thus a child raised in disadvantaged circumstances whether due to poverty, abuse, or neglect, is more likely to experience difficulties throughout life. Of course some individuals are more resilient or vulnerable than others. Individuals' inborn characteristics should not be what determines their access to a basic level of support, however, particularly when the need for that support should be so easily anticipated. Just as we implemented the notion of restorative justice in conflict situations where restoration of a strong relationship with the community through a process of negotiation and mediation between victim and perpetrator is a condition of future privilege, so here we contend that the restoration of the basic determinants of healthy development should be acknowledged to be our minimum obligation to these disadvantaged girls. In other words, restorative health should be our operative goal. Next we move to a summary of principles deriving from the girls' input that will be useful to consider when designing services to meet their needs.

There are three main principles implied in the girls' accounts that can help guide the design and development of programs intended for vulnerable girls: first, consultation with the girls themselves; second, harm reduction related to their current behaviors and living conditions; and, third, advocacy on their behalf both as individuals and as a group. First, we need to think about these young women's expertise in their lives and consult with them when planning on their behalf. Girls bring in-depth knowledge of the circumstances that have brought them, and others like them, to us. Service providers bring knowledge of currently available resources and an understanding of how the system works and how it might best be negotiated. Second, with regard to harm reduction,

we need to appreciate too that every gain is a small victory. As the individual girls in this study point out, we must move away from the all or nothing notion that she must, "Just say no." The eventual goal is, of course, to end the risky behavior, but it is critical to incorporate an acknowledgement of present circumstances into safety planning efforts.

Advocacy is the third principle to consider. One important function that is often overlooked is that of advocacy, both with other parts of the system and political activism, for change on behalf of all individuals. In the face of the present lack of focus on the lives of those needing most support it is particularly important that contrary voices—either theirs or those who speak on their behalf—continue to be heard (Lynam et al., 2003). We suggest that a conscious consideration of our responsibilities to the most vulnerable in our society—such as is inherent in the notion of restorative health with its implied focus on the rights of the child to healthy development and well-being (International Convention on the Rights of the Child, 1989)—may be of value in providing a conceptual basis from which to consider our current direction.

CONCLUSION

The negative impact of experiences of violence in childhood clearly affected the potential for health in the young adult lives of our research participants. Some of them had come into contact with various social service agencies as children, others had not. It is our assumption in this paper that girls' experiences of abuse and violence, and their subsequent experiences as young women, derive from a complex set of factors—some of them generic, some specific to the individual—that are not always easily separated into mutually exclusive categories. It is also our assumption that understanding the complexities of young women's experiences, both as children and as adolescents, from their own perspectives, will be helpful to us in providing direction for the design and provision of services that better meet their needs. Furthermore, we contend that the provision of such services is not only our moral obligation as a society but that the failure to do so costs us all dearly and in the end diminishes us all. Restorative health practices will result in restorative justice outcomes for these girls as well as the community.

In conclusion, we support the "advocacy" entrenched in the International Convention on the Rights of the Child (United Nations, 1989), Article 19, which speaks to the ideas and recommendations that are implied by the notion of restorative health made above:

> 1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreat-

> ment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
>
> 2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

On the basis of the argument made above, we conclude that our notion of restorative health, grounded as it is in the idea of health and well-being as a basic right, can be operationalized through the provision of adequate services and resources to disadvantaged and vulnerable young girls. As with the principle behind the notion of restorative justice we as a society benefit. Following from this argument, we suggest that a conscious consideration of the notion of restorative health, with its implied focus on negotiating, restoring, and strengthening the relationship between the most vulnerable groups in our society with the wider community, may be of value in providing a conceptual basis from which to consider our current direction. Application of such a perspective moves our helping behaviors toward disadvantaged populations out of the realm of charitable interventions and identifies them as obligations that we owe to those whose rights we have not always guarded. Clearly governments are beginning to recognize both the vulnerable state of youth and the need to take a proactive approach to ensuring their health (British Columbia Ministry for Children and Families, 2000; Health Canada, 1997). At the same time, however, we are experiencing significant cutbacks and services, and vulnerable youth are being impacted significantly (Brahman, 2004). Perhaps it is timely to consider the possibility that, by restoring those rights to vulnerable members of our communities, we provide conditions in which *we* have the potential to gain from *their* full participation. It is this circular, mutually beneficial aspect of the application of this concept that may hold the most promise in healing previous hurts.

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