

Increasing School Connectedness for Girls:

Restorative Justice as a Health Equity Resource

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GEORGETOWN LAW

CENTER ON POVERTY and INEQUALITY

INITIATIVE ON

**GENDER
JUSTICE &
OPPORTUNIT**

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About Our Organization

The Georgetown Law Center on Poverty and Inequality works with policymakers, researchers, advocates, and youth to develop effective policies and practices that alleviate poverty and inequality in the United States. We author and widely disseminate in-depth reports, conduct research, host conferences, and lead national youth-centered coalitions and working groups. Our work analyzes challenges and proposes solutions to help youth thrive, reaching a national audience through a broad dissemination strategy resourced at the law school.

The Center's Initiative on Gender Justice and Opportunity trains a spotlight on low-income girls and girls of color, seeking to improve public systems' approaches to marginalized girls by effectively addressing girls' trauma, recognizing their strengths, improving girls' education access and outcomes, and ending girls' inappropriate involvement in the juvenile justice system. In sum, the Initiative seeks to promote girls' health and wellness and support them to thrive free of intersectional discrimination.

For more information, go to <https://www.law.georgetown.edu/poverty-inequality-center/gender-justice-and-opportunity>.

To become a member of our Trauma-Informed Schools Learning Network for Girls of Color, an online platform for school communities co-led by the National Black Women's Justice Institute, please visit www.schools4girlsofcolor.org.

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Introduction

Schools can play an essential role in ending health inequities. But not all students experience schools in the same ways. Given the intersectional factors of race, gender, sexual identity, and poverty in their lives, marginalized girls are at a particularly high risk of negative outcomes in schools, including punitive and exclusionary discipline, school pushout,* and contact with law enforcement and the juvenile justice system.¹ They also face high rates of trauma, which further elevates their chance of decreased school engagement even in the absence of other factors. Taken cumulatively, the experience of marginalized girls makes them uniquely vulnerable to lower levels of educational attainment, leading to lifelong negative health effects.

School connectedness, defined as students' belief that adults in their school care about their learning and about them as individuals, results in lower rates of health-risk behaviors and improved academic performance.² Over the last ten years, evidence has increasingly shown that in addition to reducing discipline disparities, restorative justice (RJ) has also been shown to promote positive student and teacher relationships and peer-to-peer relationships, healthier school climates, increased feelings of self-efficacy, improved academic performance, and social and emotional skill development. Each of these outcomes fosters school connectedness, which ultimately advances health equity for students.

* The National Clearinghouse on Supportive School Discipline defines “pushout” as follows:

Pushout refers to practices that contribute to students dropping out. These include unwelcoming and uncaring school environments and over-reliance on zero tolerance school policies that push students out of school. Historically, factors (e.g., suspension, expulsions, systemic inequality) that result in school pushout have disproportionately impacted students of color, students from low-income families, LGBT students and students in the juvenile justice and alternative education settings. Research demonstrates that the dropping out of school that is a product of pushout has severe and lasting consequences for students, schools, and communities. Students who are pushed out experience diminished academic opportunities and social alienation. They are pushed into substandard alternative schools and GED programs, which may compromise future academic and job success.

Pushout, National Clearinghouse on Supportive School Discipline, <https://supportiveschooldiscipline.org/learn/reference-guides/pushout> (last viewed Oct. 29, 2019). See also MONIQUE W. MORRIS, PUSHOUT: THE CRIMINALIZATION OF BLACK GIRLS IN SCHOOLS 4, 13 (2016) (describing school pushout as “multiple ways in which racial, gender, and socio-economic inequity converge to marginalize Black girls in their learning environments,” ultimately resulting schools pushing out Black girls and “often render[ing] them vulnerable to further victimization and delinquency.”)

School connectedness is rooted in the “extent to which students feel personally accepted, respected, included, and supported by others in the school social environment.”³ Research has identified two main ways in which school connectedness impacts the health of students. First, it reduces harmful health outcomes often associated with traumatic symptoms, including emotional distress, suicidal ideation and behavior, substance use, weapon-related violence, and early sexual activity.⁴ Second, it increases self-efficacy, academic achievement, and resiliency.⁵ These improvements, which are facilitated by school connectedness, in turn are linked to overall educational attainment and, as a result, improved health outcomes. For instance, students who report higher levels of school connectedness are less likely to leave school, accrue absences, or engage in behaviors reflecting decreased self-regulation.⁶ For such students, schools provide an essential foundation for positive health outcomes.

The potential health benefits of school connectedness—especially as a mitigating factor for health inequities for marginalized girls—demands heightened attention from educators and policymakers. For too long, girls have been largely left out of the mainstream education reform conversations. This issue brief examines the use of RJ in K-12 schools across the country as a multi-tiered system that supports increased school connectedness for marginalized girls. To consider the potential for RJ to positively support girls’ school connection and attainment, this issue brief reviews key research in the following primary areas:

- **Education as a critical social determinant of health**
- **Exclusionary discipline as a factor for school disconnection and entry into the school-to-prison pipeline**
- **Effects of trauma on educational outcomes**
- **Gender differences in trauma and adverse childhood experiences (ACEs)**
- **Empirical evidence of school-based RJ**

It then maps outcomes of RJ in the context of school connectedness, as well as other protective factors that support childhood health and wellbeing. It concludes with recommendations for future action in policy, practice, and research, drawing attention to the pressing need to more fully integrate trauma-informed and gender-responsive best practices into school-based RJ.

Education as a Key Social Determinant of Health

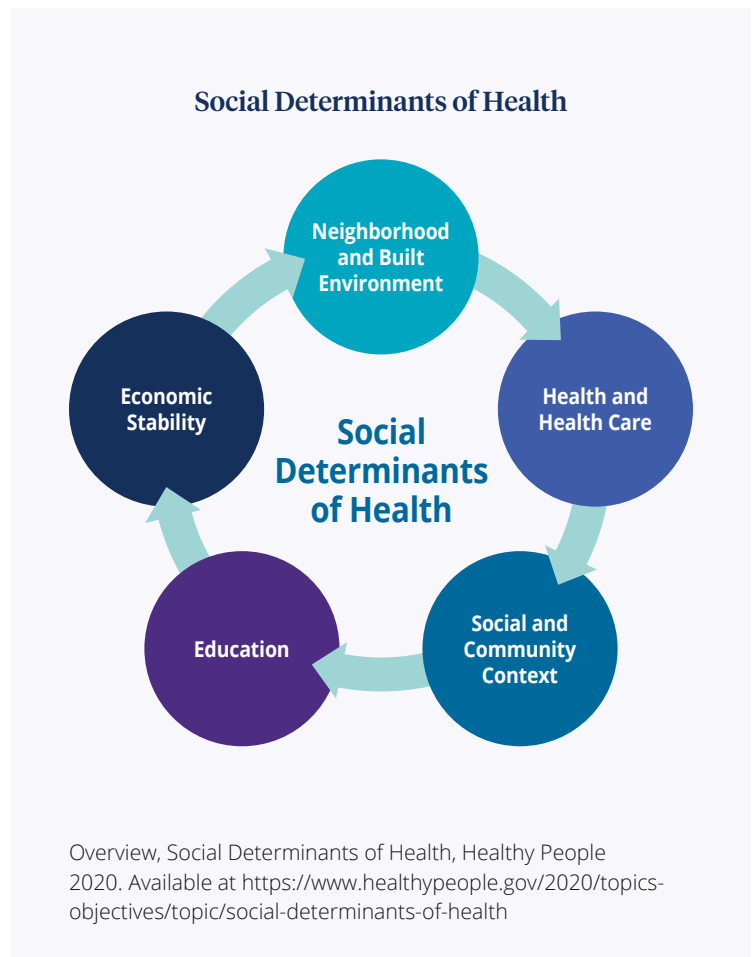
Education is widely recognized as one of the most important social determinants of health. From early childhood education access to high school graduation, it serves as a strong predictor for lifelong health.⁷ The further a child progresses in school, the more likely she is to be set up for lifelong healthy behaviors and success, including financial stability, employment, and increased life expectancy, as well as the health and educational attainment of her own children.⁸

The Centers for Disease Control defines the social determinants of health as the “conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.” Examples include access to health care, education, and economic stability.⁹

High school graduation, for example, has been associated with an increase in average lifespan of 6 to 9 years.¹⁰ The time children spend in school during their key developmental years creates opportunities and challenges for educators to provide them with a critical foundation for success and lifelong health and wellbeing. For students in schools that promote emotional development, employ multi-tiered systems of support to develop prosocial behaviors, support academic achievement, and reduce emotional distress, the positive outcomes are quite striking.¹¹

Educational attainment can affect health across generations.

But over the last four decades, disparities in health outcomes associated with educational attainment have grown in all regions across the country.¹² For racial and ethnic minorities in the United States, disproportionality in access to the social determinants of health—including education—takes on many forms, such as higher rates of chronic disease and premature death¹³ and high levels of chronic stress and premature aging.¹⁴ For women and girls of color, health disparities reflect intersectional gendered racial discrimination.¹⁵



Education inequities represent a crisis in public health for marginalized girls. Despite the importance of educational attainment as a major predictor of positive health outcomes,¹⁶ Black girls were suspended from school at overwhelmingly disproportionate rates.¹⁷ Removing students from the classroom through punitive and exclusionary discipline strategies has far-reaching negative consequences, from hindering cognitive and social development (particularly in the early years)¹⁸ to being more likely to be retained, less likely to graduate, and more likely to be referred to the juvenile justice system.¹⁹

The effects of school exclusion can be cumulative. “Each additional suspension further decreases a student’s odds of graduating high school by 20 percent.”²⁰



In addition, research has shown that exclusionary discipline fosters distrust and feeling unwelcome among students.²¹ In schools where marginalized students also lack access to critical evidence-based social-emotional programs and practices, schools are not spaces of learning, but ones marked by disconnection and trauma, often resulting in students leaving school.²²

While there is no single solution to resolve the complex links between education and health outcomes, experts agree on the critical importance of focusing on them, particularly during childhood, to promote health equity and justice. The implementation of gender-responsive and trauma-informed RJ can increase school connectedness and develop core social-emotional skills of all students, support students who have more intensive needs, and create educational contexts that are supportive of girls.



Gender, Exclusionary Discipline, and the Impact on Girls' Health

Girls face unique challenges in educational attainment.²³ Yet they receive significantly less attention than their male counterparts. This is particularly true for girls with intersectional identities, including girls of color and girls who identify as LGBTQ or gender nonconforming. The topic is a critical one, since marginalized girls disproportionately miss class time due to exclusionary discipline, which is associated with “school avoidance and diminished educational engagement, decreased academic achievement, increased behavior problems, an increased likelihood of dropping out, substance abuse, and involvement with juvenile justice systems.”²⁴

Black girls, in particular, experience disparate disciplinary outcomes. According to the U.S. Department of Education’s Office for Civil Rights, during the 2015–2016 school year, Black girls were over 5 times more likely than white girls to receive at least one out-of-school suspension.²⁵ This finding is consistent with data from the 2013–2014 school year, in which Black girls represented 53.6 percent of all girls with multiple out-of-school suspensions, despite representing only 15.6 percent of the female enrollment.²⁶ Black girls also have disproportionately high rates of contact with the juvenile justice system. Nationally, they represented 29.2 percent of girls referred to law enforcement by school officials and 39.6 percent of those arrested on school grounds.²⁷

Exclusionary discipline is strongly correlated with a host of negative outcomes affecting student wellness, including increased disengagement, greater risk of trauma, and feelings of stress and isolation.

LGBTQ and gender nonconforming youth face similarly punitive treatment in school. A national analysis of the impact of sexual orientation and gender identity on disciplinary treatment and outcomes indicated that LGBTQ and gender nonconforming youth experienced higher rates of detentions, suspensions, and expulsions.²⁸ Additionally, LGBTQ and gender nonconforming youth were reported to experience feelings of isolation and lack of connection due to poor school climate, which led to increased absenteeism.²⁹ Yet despite these statistics, methods to reduce school exclusion for marginalized girls are understudied.³⁰

Black Girls’ Suspension Rates



Civil Rights Data Collection (CRDC) for the 2015–16 School Year, OFF. FOR CIVIL RIGHTS (Sept. 25, 2018), <https://www2.ed.gov/about/offices/list/ocr/docs/crdc-2015-16.html>.

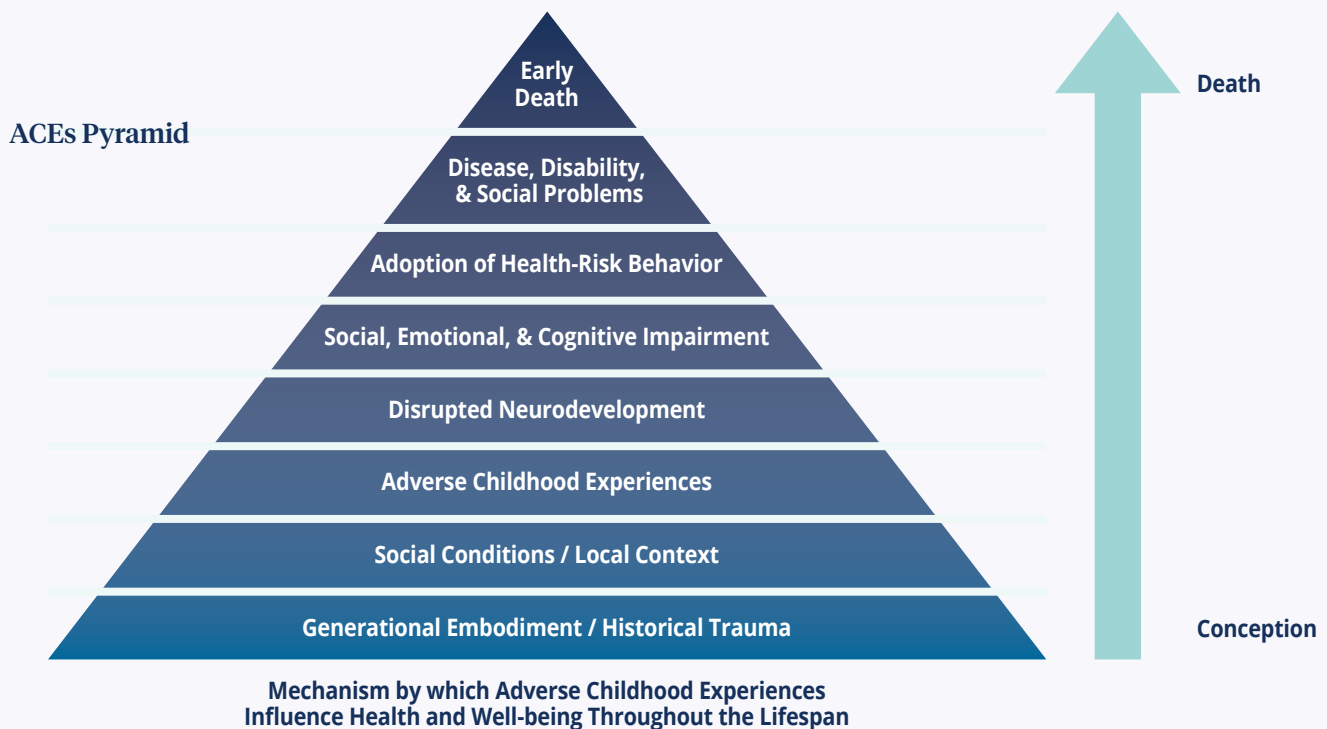
The Effect of Trauma on Health and Education

Marginalized girls experience high rates of trauma that also affect their educational attainment.

As first revealed in the Adverse Childhood Experiences (ACEs)³¹ survey conducted by Kaiser Permanente and the Centers for Disease Control,³² these incidents are associated with higher risk of poor mental and physical health outcomes, and it places children at far higher risk of learning and behavioral problems.³³ In school-age children, for example, ACEs have been associated with chronic absenteeism—a predictive factor for leaving school.³⁴ Research has also established a link between traumatic experiences in elementary children (grades

2 – 5) and reading achievement,³⁵ as well as student learning, discipline, and performance. For example, traumatized children are 2.5 times more likely to fail a grade.³⁶ They are more likely to score below grade level on achievement test scores,³⁷ have receptive or expressive language difficulties,³⁸ and be suspended, expelled, and/or designated for special education services.³⁹

Adolescence represents a key window of opportunity to ameliorate the short- and longer-term impacts of trauma and positively alter the life course trajectory.



The ACE Pyramid, Adverse Childhood Experiences Presentation Graphics, *available* at <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html> (last reviewed Mar. 27, 2019).

In addition to affecting educational attainment, educators often fail to recognize traumatic symptoms and, instead, respond punitively. For example, girls, especially girls of color, may be punished for truancy, or for behavior that is interpreted as acting out, disrespectful, or defiant—all of which may be expressive of trauma—by being disciplined or even referred to law enforcement, which further pushes them away from school, rather than providing support and healing.⁴⁰ In addition, according to experts, lack of school connectedness can result from “assault and harassment in school and counseling needs that are overlooked by schools.”⁴¹ Indeed, schools typically lack adequate resources to identify and address trauma, especially in schools in which girls of color represent a significant proportion of the student body.⁴² In response to this challenge, the National Women’s Law Center has recommended training for educators and staff “to recognize signs of trauma that may underlie perceived ‘defiant’ or ‘disrespectful’ behavior, understand the effects of trauma on children, and learn ways to appropriately address trauma and not re-victimize students.”⁴³

School connectedness and positive perceptions of school climate, though beneficial for all students, may be even more critical for students at risk for negative outcomes. This is particularly important given the prevalence of trauma among marginalized girls in schools.



Stark gender disparities exist in children’s experiences of trauma and chronic toxic stress, especially for girls of color and girls who are LGBTQ or gender nonconforming. Studies indicate that girls tend to have higher ACE scores than boys, and that the forms of trauma they experience are unique to their gender.⁴⁴ For example, girls more often report sexual abuse, sexual assault, and physical punishment compared to their male counterparts.⁴⁵ Girls also face unique forms of trauma, chronic stress, and intersectional discrimination based on their race and gender.⁴⁶ Girls’ responses to trauma also are distinct from boys. They are significantly more likely to meet criteria for symptoms of post-traumatic stress disorder, depression, and suicidality, for example.⁴⁷

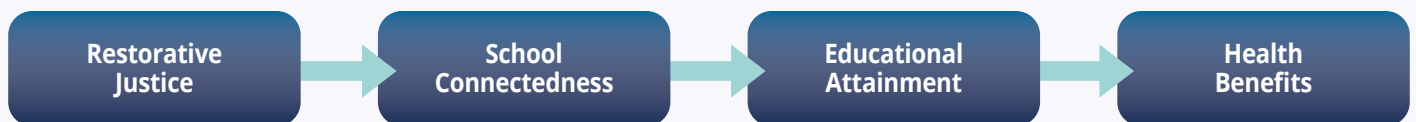
Schools are increasingly implementing trauma-informed practices to address such social-emotional and mental health needs.⁴⁸ Researchers examining emotional and health disparities for students, in particular, suggest that trauma-informed approaches may reduce a range of educational disparities and positively affect academic and behavioral outcomes.⁴⁹



Building a Culture of Health in Schools: Advancing Health Equity Through Restorative Justice

To begin building a path toward greater school connectedness for marginalized girls, solutions must focus on transforming schools into sites of wellbeing in two key ways. Schools must *reduce* reliance on exclusionary discipline and simultaneously *increase* school connectedness. RJ can help achieve these goals.

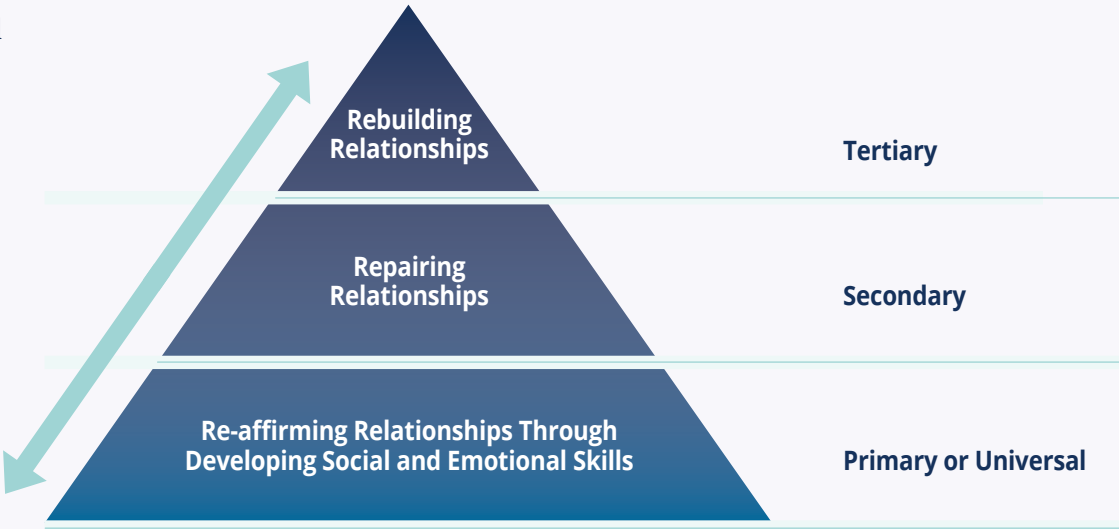
Since the 1990s, use of RJ practices in schools has rapidly grown. First implemented in small pilot programs to address school safety, student disengagement, and ineffective punitive discipline, RJ has moved from the periphery to the center of evidence-based interventions in education policy and practice.⁵⁰ There is no universal definition of RJ practices, but a consensus exists among academics, practitioners, educators, and policymakers that they reflect a core set of values: connectedness, positive relationships, accountability, and individual and community wellbeing.⁵¹ Across the country, teachers, administrators, staff, students, parents, and community-based practitioners have implemented RJ as a continuum of formal and informal practices.⁵²



Whole-school approaches are widely accepted as the most successful RJ intervention model. They seek to develop and enhance relational ecology at each level to support the entire community.⁵³

Over the last two decades, most research has focused on the effectiveness of RJ as an alternative to traditional exclusionary school discipline. In this context, RJ has been positioned as a remedy to the far-reaching consequences of zero-tolerance policies and the school-to-prison pipeline. Studies of schools across the country have validated that the implementation of RJ can reduce reliance on punitive practices,⁵⁴ replace zero-tolerance policies,⁵⁵ address high rates of disproportionality in school discipline,⁵⁶ mitigate the far-reaching negative consequences of exclusionary discipline,⁵⁷ and decrease youth entry into the school-to-prison pipeline.⁵⁸ Multiple studies have confirmed that RJ decreases rates of office referrals,⁵⁹ suspensions, and expulsions,⁶⁰ improves classroom behavior,⁶¹ and lowers rates of misbehavior and incidents.⁶² A multi-year analysis of RJ in Minnesota public schools, for example, showed 45 percent reduction in behavior-related referrals and 63 percent reduction in suspensions.⁶³

**A Whole-School Model
of Restorative Justice**



A whole school model of restorative justice. Adapted from Brenda Morrison, *Restoring Safe School Communities* (Federation Press 2007).



Bridging the Gap: Restorative Justice, School Connectedness, and Health Equity

Public health researchers are clear that practices and policies that improve school connectedness⁶⁴ help children and adolescents “avoid behaviors that risk adverse health and educational outcomes.”⁶⁵ RJ is a critical means of achieving that goal. While RJ has been proven successful as an alternative to exclusionary discipline, it

must also be understood as an integral part of advancing health equity for marginalized girls. Yet RJ literature has overlooked key connections to health and health equity.⁶⁶ The relationship between RJ and increased school connectedness, which can in turn lead to educational attainment and health outcomes, should be elevated and examined in future studies.

Case Study: Oakland Public Schools

A longitudinal analysis of RJ in multiple schools in the Oakland Unified School District found that RJ reduced suspensions and the discipline gap, improved academic outcomes, and promoted students building “caring relationships with adults, and with other peers.”⁶⁷ Approximately 70 percent of staff surveyed reported that RJ improved climate and 67 percent of students felt that RJ improved their emotional and social skills.⁶⁸

Social-Emotional Skills

Researchers have identified RJ approaches as playing a crucial role in the social-emotional development of students,⁶⁹ which plays a complementary role to school connectedness. RJ's core values (e.g., relationality, self-awareness, accountability, and conflict resolution skills), practices (e.g., tiered interventions and curriculum), and policies (e.g., non-exclusion) are directly related to building social-emotional skills and "establish[ing] a non-authoritarian culture of high expectations with high levels of support that emphasizes doing things with someone as opposed to doing things to or for someone."⁷⁰ This approach emphasizes the development of inter- and intra-personal skills, as well as positive conflict resolution and responsible decision-making. RJ's building of social-emotional capacities includes promoting students' self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.⁷¹ These skills provide the essential architecture both for students' school success⁷² and their long-term health and wellbeing, "lay[ing] the foundation for healthy relationships and the prevention of adverse outcomes including poor health."⁷³

RJ improves school connectedness in multiple ways. First, RJ develops positive adult and peer-to-peer relationships.⁷⁴

"Circle helped me be my best self. I came a long way and without it I don't know where I would be! It's a chance to connect with others & become understanding before judging."

Hydeia F.

For example, in a study of teacher integration of classroom-based RJ practices, researchers surveyed 412 high school students across 29 classrooms and found that student-teacher relationships were improved.⁷⁵ In a K-3 elementary school, teachers reported that implementation of RJ supported the "develop[ment] of authentic relationships with their students based on mutuality" and improved relationships with families.⁷⁶ In a multi-year case study of whole-school RJ, students reported that RJ promoted shared community values that fostered connectedness with peers and feelings of belonging, agency, and resilience.⁷⁷ Additionally, a 2018 randomized controlled trial of RJ implementation found that two-thirds of teachers utilizing RJ reported stronger relationships with students.⁷⁸

Second, RJ supports improved self-regulation, increased accountability and autonomy,⁷⁹ and improved conflict resolution skills,⁸⁰ all of which act as important buffers for children against poor short- and long-term health outcomes.

“The circle process has taught me patience when facilitating conflict [resolution]. I have learned to be mindful of how I am affected and how my words or actions may affect others inside / outside of the circle. Sitting in a shared space with others has given me self-control—I hold the space and listen.”

Paris T.

For example, in a four-school case study in New York middle and high schools, researchers found that RJ contributed to increased sense of student autonomy and agency leading to increased positive decision-making.⁸¹ Additionally, the study found that RJ promoted social awareness and cultural competence among students and staff.⁸² Similarly, results from an evaluation of a restorative circles program in a high school identified six key themes: ownership of the process, interrupting the school-to-prison pipeline, improved relationships, prevention of destructive ways of engaging in conflict, meaningful dialogue, and academic and social achievements.⁸³ All of these skills help to develop prosocial behaviors and decrease emotional distress, which in turn supports educational success and positive health and wellbeing.

Third, RJ also strengthens school climate,⁸⁴ a core foundation for school connectedness.⁸⁵ Supportive school climates are associated with a range of positive outcomes, including decreased behavioral and emotional issues,⁸⁶ improved academic performance,⁸⁷ positive staff relationships and job satisfaction,⁸⁸ and parent and family engagement in the schools.⁸⁹ In a study of RJ in a small urban high school, students identified self-efficacy, conflict resolution skills, and leadership development (e.g., social-emotional competencies) as outcomes of RJ.⁹⁰

Additionally, the study found that teachers felt RJ created opportunities for “increased communication and healthier relationships among each other”⁹¹ rather than being limited to “classroom management or discipline contexts.”⁹² The strong value of RJ at all levels of the school contributed to staff’s sense that they were “increasingly able to respond to the contemporary demands of teaching.”⁹³

Whether viewed through an analysis of independent or cumulative indicators, RJ supports the development of key “resilience-building strategies” at both the individual and school-level,⁹⁴ which is especially important for addressing symptoms of trauma, heightened feelings of disconnection, and experiences of school exclusion. The National Association of School Psychologists has, in fact, recommended the implementation of RJ as an important means of creating trauma-informed schools.⁹⁵

To maximize the potential of RJ to improve the educational experience of marginalized girls and ultimately support positive health outcomes, the integration of gender-responsive⁹⁶ and/or gender-specific⁹⁷ frameworks is essential. Although an understudied area in the field, early findings indicate that gender-specific RJ can provide girls with a safe space for the development of healthy peer-to-peer relationships and improved listening, anger management, and empathic skills—all of which support greater self-efficacy and emotional literacy. For example, a two-year ethnographic study of weekly talking circles with adolescent girls in an urban public high school revealed two key outcomes. First, girls felt an increased sense of safety within the school community. Second, girls identified the circles as promoting refined anger management, active listening, and interpersonal sensitivity.⁹⁸

Sharleene's Story

I entered the Restorative Practice class at the Alliance School by “accident.” I was 16 years old, caring for my father whom I had not been with on a regular basis since I was six. With everything that was going on in my life, I did not pay attention to my health and wellbeing.

After a week of being in the class, I was a bit anxious, but was drawn to the work. It connected to something inside me that I knew was there, but never acknowledged. My teacher, Heather, invited me to stay in the class, because she believes that people come to circle for a reason.

Initially I found the circle welcoming and intense. The other students were able to be themselves and an intentional space was held for all of their stories. I could feel everyone else's energy. Even though it was overwhelming, I was able to share my story and listen to others. I realized that I was not alone and learned from the stories that others shared. In circle, I learned how to work through my emotions by telling my story and through my art.

Circle helped me to see myself, and I learned to sit with who I was and began to learn to release what did not belong to her.

When my father passed, what I felt in circle helped me let go of what I could not control. And showed me that it was okay and that I could be present with whatever I was feeling. I allowed myself to grieve, as I needed.

Four years after graduating, I have reflected on the way that Jill (my art teacher) and Heather (my restorative justice teacher) have guided my process—I express myself through art and storytelling.

Circle taught me to take care of myself, to accept where I am in each moment, and to listen to myself when making decisions rather than being swayed by culture and the opinions of others.

I am determined to defy self-described stereotypes about Puerto Rican women, such as dependence on a man for my identity and my livelihood. I am seeking my own passions—making art and creating a unique way forward.



Recommendations

A growing body of research supports the importance of multi-tiered systems of support within school to strengthen educational attainment. However, more research and advocacy is needed to ensure that marginalized girls are at the forefront of practice and policy. School-based RJ is an ever-growing set of practices that offers the promise of increased school connectedness and, as a result, improved health outcomes. While understudied, the implementation of gender-responsive and trauma-informed RJ can create educational contexts in which marginalized girls, who are particularly vulnerable to school disconnection, can thrive. As policy, practice, and research grow, the links between RJ and health equity can become more widely understood and implemented, and RJ practices can become more responsive to children's unique identities and experiences.

Policy. Improving health outcomes through RJ requires a dual policy approach: reducing punitive school discipline policies and implementing whole-school RJ models. Currently, more than ten states have enacted legislation formalizing RJ as a preferred discipline response over zero-tolerance punitive practices,⁹⁹ and there is a growing trend to integrate RJ in discipline code policies, student codes of conduct, practice guides, and other policies.¹⁰⁰ States should also take an active role in supporting implementation of these policies by providing funding and technical assistance including model discipline policies and professional development. To address the distinct needs of girls, policymakers should further mandate trauma-informed, culturally competent, and gender-responsive forms of restorative approaches.

Practice. Schools considering the adoption of RJ should strive to implement whole-school models to provide a multi-tiered and integrated approach to addressing discipline, academic success, and health and wellbeing. There is growing consensus in the field that whole-school models represent best practice. Whole-school models not only expand positive outcomes of RJ outside the disciplinary context, but also engage all members of the school community. Students, teachers, administrators, and parents alike can benefit from increased connectedness, social capital, positive school climate, and improved relationships. Intentionally creating opportunities for meaningful engagement at levels—including staff, students, administrators, and parents—is an ongoing, critical component of RJ implementation. To sustain RJ, there must also be increased opportunities for professional development for all staff — administrators to paraprofessionals to teachers. In doing so, schools should maintain a special focus on developing gender-responsive RJ that is culturally responsive and trauma-informed to address marginalized girls’ distinct strengths and needs.

Research. There is limited research on the explicit links between RJ and health equity. This is a missed opportunity. New research, including experimental pilots, randomized controlled trials, impact analyses, and longitudinal studies, will not only greatly enhance the evidence base, but guide educators in effectively implementing RJ practices. Future studies should not only examine RJ as a stand-alone policy or program, but also the use of RJ integrated with other multi-tiered systems such as social-emotional learning. Assessing the success of processes of implementation, using examples of sustained RJ programs, is also essential to building a stronger body of knowledge. Further, research is needed to measure the effects of implementing trauma-informed and culturally responsive RJ. Key lessons learned may help guide future implementation and assessment. Lastly, researchers should apply a public health lens to RJ to advance a larger health justice framework. Examining RJ as solely a discipline response has limited growth of the field. Instead, RJ research should strive to elevate how educational environments can create opportunities for students to be as healthy as possible, including more effective and appropriate responses to issues specific to intersectional identities. Research across all of these areas will support the development of more equitable policies and the implementation of such policies and healing approaches.



Conclusion

Educational attainment is a key factor in improving the health and wellbeing of girls. Although no single program or practice can accomplish this goal alone, RJ is one key promising approach.

Grounded in relational theory—and developed as a multi-tiered system of support—the evidence base for RJ has grown exponentially over the last decade. Studies have validated outcomes in the areas of school connectedness, school climate and safety, peer relationships, conflict resolution skills, accountability and autonomy, academic performance, and social-emotional skills. Implementation of whole-school RJ aims to create opportunities for students to affirmatively strengthen their assets and skills, rather than responding to their lived experiences as deficits.

Yet the potential of RJ is far from being realized. In schools that do not yet implement RJ, the focus should be on strategic implementation with short- and long-term goals. Among the growing number of schools that already have RJ, there should be increased attention on sustainability, scaling up to whole-school implementation, and gender-specific initiatives. Girls face a distinct set of factors inside and outside the classroom that may negatively influence their connections with peers and teachers and lead to disengagement, and even leaving school. New research should be coupled with policy changes to decrease the risk of girls entering the school-to-prison pipeline or becoming increasingly disconnected with their school community and ultimately dropping out.

We all have a role to play in advancing health equity for future generations. The Center on Poverty and Inequality is working to ensure that all children, with special attention to marginalized girls, have an equal opportunity to live the healthiest life possible. This goal cannot be reached unless we increase our focus on transforming schools into places of academic achievement grounded in best practices to support the health and wellbeing of girls.

Endnotes

- 1 See generally KAYLA PATRICK & NEENA CHAUDHRY, NAT'L WOMEN'S LAW CTR., LET HER LEARN: STOPPING SCHOOL PUSHOUT FOR GIRLS INVOLVED IN THE JUVENILE JUSTICE SYSTEM (2017), https://nwlc.org/wp-content/uploads/2017/04/final_nwlc_Gates_JuvenileJustice.pdf.
- 2 Carol Goodenow, *The Psychological Sense of School Membership Among Adolescents: Scale Development and Educational Correlates*, 30 PSYCHOL. SCHS. 79 (1993); CTRS. FOR DISEASE CONTROL & PREVENTION, U.S. DEP'T HEALTH & HUM. SERVS., SCHOOL CONNECTEDNESS: STRATEGIES FOR INCREASING PROTECTIVE FACTORS AMONG YOUTH (2009), <https://www.cdc.gov/healthyyouth/protective/pdf/connectedness.pdf>.
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