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MCHB/OWH
April 2008
**Intersection of HIV/AIDS and Violence
Among Women**
April 23, 2008

Moderator:
LT Morrissa Rice, MHA



**PARTNERSHIP TO REDUCE
INTIMATE PARTNER VIOLENCE AND HIV**

WEBCAST PRESENTATION

**BUILDING CAPACITY FOR HIV PREVENTION AMONG INTIMATE
PARTNER VIOLENCE PROVIDERS:
IMPLEMENTATION, SUCCESS & CHALLENGES**

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APRIL 23, 2008
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Partnership Overview

- o Partnership to Reduce Intimate Partner Violence (IPV) and HIV
 - o Developed by The Wright Group
 - o Socially responsible health and human services agency
 - o Mission: *To help organizations grow by developing solutions that will amplify the impact of their practices within the communities they serve.*
- o Funded by the U.S. Department of Health and Human Services, Office on Women's Health (OWH)
 - o Small Business Contract
 - o Prevention and Intervention AIDS-Related Services for Survivors of Domestic Violence Initiative

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Partnership Overview

- o What is Intimate Partner Violence (IPV)?
 - o Definition: *A pattern of assaultive and coercive behaviors including physical, sexual and psychological abuse, that adults or adolescents use against their intimate partners.*
 - o Intimate partner violence can be seen at all socioeconomic levels, in all races and in both same sex as well as heterosexual relationships.
- o What is the IPV and HIV intersection?
 - o According to research, the prevalence of intimate partner violence among women at risk for HIV may be as high as 67%.
 - o The association between IPV and HIV risk and/or infection may be explained in part by the fact that abused women face difficulty in effectively negotiating sexual matters with their partners, thus increasing their risk significantly.

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 **Partnership Overview** 

o **What is the Partnership to Reduce Intimate Partner Violence (IPV) and HIV?**

- o Began as a pilot program formed in October of 2006, as a growing national effort to educate domestic and intimate partner violence counselors and shelter workers on the relationship between IPV and HIV in female survivors.

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 **Partnership Focus** 

The Partnership focuses on:

- o Training counselors and shelter workers on the intersection of IPV and HIV to strengthen prevention messages and program interventions for female survivors.
- o Increase access and awareness of testing, utilization of local state and regional HIV services, referrals and partnerships.
- o Builds HIV/AIDS capacity in IPV agencies for institutional and systems change.
 - o Infrastructure development in IPV agency for HIV prevention programming.
 - o Organizational leadership development in IPV agency staff with respect to HIV/AIDS.

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 **Goals/ Objectives** 

- o **Goal #1:** Provide a three day, 8-hours training series to 20 IPV providers to increase their overall HIV knowledge, and understanding of the IPV and HIV intersection in female survivors.
 - o Objective: Enroll 50% of agency shelter staff in training series.
- o **Goal #2:** Increase networking between both IPV and HIV communities, to encourage HIV testing and referral services for female survivors in the DC metropolitan area.
 - o Establishment of DC Partnership Working Group

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Partnership Components



- IPV Organizational Integration of HIV Systems Change
 - Needs Assessment
- Develop a gender-specific IPV/HIV training curriculum
- Conduct pre-training assessments for individual participants
- Implement training series (minimum of 24 hours)
 - *Module I: HIV/AIDS 101 and Confidentiality: Gender-Specific Focus*
 - *Module II: IPV Social Norms/ Relationship of IPV and HIV in Women*
 - *Module III: Client Centered Counseling Skills for HIV Risk Reduction*
 - *Evaluation: Pre and Post test evaluation for Modules I through II*
 - 3 month follow-up
 - Optional Follow-up training sessions

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Partnership Components (Cont.)



- DC Partnership Working Group
 - Nine community based organizations (CBOs) developed gender-specific prevention and intervention service recommendations for the District of Columbia HIV/AIDS Administration
 - Local Action
 - Recommendations provided to:
 - Mayor of the District of Columbia
 - The DC HIV Prevention Community Planning Group (CPG)
 - Office for Women's Policy
 - Over 40 nonprofit health and social service organizations servicing women in the District of Columbia

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Pilot Project Results



- 9-month intervention
- Trained 31 IPV providers in HIV prevention:
 - Professional Disciplines
 - 12- Mental Health Professionals (38.7%)
 - 7- Social Workers (22%)
 - 4- Substance Abuse Professionals (12.9%)
 - 3- Outreach Workers/Health Educators (10.3%)
 - 5- Other Professional / IPV Advocates (16.1%)
 - Racial/Ethnic Background
 - 6- Hispanic/Latino (19%)
 - 5- White or Caucasian (16%)
 - 20- Black or African-American (65%)

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Pilot Project Results



- o **Module I: HIV/AIDS 101 and Confidentiality for Women**
 - o 20-Item Questionnaire
 - o Mean Score: 13.48 (n= 31)
 - o Post-test Increase in Knowledge
 - o Mean Score: 18.48 (up 5.00 from pre-test scores; n=31)
 - o 3 month follow-up (HIV Knowledge Retained)
 - o Mean Score: 18.03 (retained 4.55 from post-test for 29 participants)

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Pilot Project Results



- o **Module II: IPV Social Norms/Relationship with HIV**
 - o 14-Item Questionnaire
 - o Pre-test
 - o Mean Score: 11.61(n= 31)
 - o Post-test Increase in Knowledge
 - o Mean Score: 13.35 (up 1.71 from pre-test scores; n=31)
 - o 3 month follow-up (HIV Knowledge Retained)
 - o Mean Score: 13.82 (up .47 from post-test for 29 participants)

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Pilot Project Achievements



- Exceeded our goal to train 20 intimate partner violence providers by 66%, training 31.
- Established HIV prevention and testing referral recommendation procedures into the in-take process (resident and non-resident) in all four agencies.
- Established HIV Confidentiality Policies Recommendations for clients (which was previously not instituted).
- **Dissemination Outcomes**
 - o Provided over 727 women with HIV prevention materials and local testing site information.
 - o 50% above the original objective to provide HIV testing referral and prevention information among 250 women within IPV agencies.
 - o Promotion of www.reduceipvandhiv.org website

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Challenges and Lessons Learned



- o IPV/DV not seen as public health issues by CBO
- o Staff turnover in CBO's
- o Impact of local government in relation to CBO participation
 - o CBOs image to local government
- o Documenting Clients HIV testing
 - o Follow-up
- o IPV Partners not allowing direct access to clients
 - o To ensure validity of self-reporting and evaluation

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New Goals/Objectives for 2007-2008



- o **Goal #1:** Provide a three day, 8-hours training series to 20 IPV providers to increase their overall HIV knowledge, and understanding of the IPV and HIV intersection in female survivors.
 - o Objective: Enroll 50% of agency shelter staff in training series.
- o **Goal #2:** Increase networking between both IPV and HIV communities, to encourage HIV testing and referral services for female survivors in the DC metropolitan area.
 - o Continue the DC Partnership Working Group
 - o Currently in-development:
 - o Baltimore Partnership Working Group
 - o Atlanta Partnership Working Group
- o **(New) Goal #3:** Increase the number of IPV female survivors participating in HIV testing.
 - o Objective: Link IPV partnering agencies with at least one local HIV testing site and establish a partnership and referral system.

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Enhancements for 2007-2008



- o Continue, expand and replicate HIV training program among IPV agencies in Baltimore, MD and Atlanta, GA.
- o Develop and evaluate multiple IPV and HIV training methods for IPV agency staff working directly with female survivors.
- o Continue to develop and host working groups in Washington, DC, Atlanta, GA and Baltimore, MD with new partners.
- o Establish and track detailed quantitative outcomes for female clients getting tested for HIV
 - o Document partnerships to include testing follow-up (i.e. testing results of IPV female survivors).
- o Reach women and other IPV agencies nation-wide through on-line training technology.

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J.E.W.E.L.S.: Community Based Intervention for Ethnic Adolescent Females with Multiple Social Threats

Laverne Morrow Carter, Ph.D., MPH



Presentation Outline

- Problem Statement
- The J.E.W.E.L.S.™ Solution
- FY 2007 Outcomes
- FY 2008 Focus

Problem Statement

- Trans-disciplinary literature shows *risk factors* for HIV, STDs, Gang Involvement, Substance Abuse and Juvenile Delinquency *converge or often collide*
 - Low socioeconomic status
 - Single parent home
 - Emotional estrangement from parents-adults
 - Disconnect and detachment from school and community
 - Association with Peers who engage in risky behaviors
 - Exposure to family, school, and community violence
 - Low self esteem and failure to establish positive social identity



CDC, 2006; Reinking et al, 2005; SAMHSA, 2005; Taylor et al., 2005; NIDA, 2003; Miller, 1998

Problem Statement

- Some Staggering Facts
 - Among youths, minorities and teen girls carry the largest burden of HIV/AIDS
 - Black Youths (aged 13-19)-69% of AIDS cases reported in 2005; 62% through 2002; 16% of U.S. Teens
 - Latinos (aged 20-24)-22% of new AIDS cases reported in 2005; 18% of U.S. young adults
 - Females comprise a larger share of HIV/AIDS cases among teens than among adults-39% among 13-19 year olds compared to 30% among 20 to 24 year-olds, and 26% among 25 and older (2005)
 - One quarter of teens aged 15-17 have not had discussions with a parent or guardian about sex birth control, condoms, or STDs



Kaiser Family Foundation, 2007; CDC, 2006

Problem Statement

- Some Staggering Facts
 - Most *female gang members* in U.S. are *Black or Latina*
 - Economic forces may be a factor in the *appeal of gangs to females* and the appeal of *females to male gang members*
 - The *delinquency rates* for female gang members are *higher* than the rates for non-female gang members
 - Male gang members report that female members are *easily available for sex*
 - Female gang members have *high rates of drug arrests*



Moore and Hagerdon, 2001; Deschenes and Esbensen, 1999; Miller, 1998

THE J.E.W.E.L.S.™ Solution

- Junior Education on Womanhood, Excelling in Life, and Self Esteem
 - Funded in FY 2007 by HHS, Office on Women's Health
 - Concept and educational components developed by CRG
 - Grounded in *IMB* (Fisher et al., 1996) and *Personal Integration Theory* (Rotheram-Borus, 1998)
 - Employs a *Peer Leader* strategy
 - Education and information delivered through games, group exercises, video, drama, poetry, and music
 - Based in a *safe community setting* with focus on each girl, parent-caretakers, peers, and community
 - Conducted in Suburban Cook County, IL

THE J.E.W.E.L.S.™ Solution

- Junior Education on Womanhood, Excelling in Life, and Self Esteem

4 Modules

- Myself
- Me and Others
- Social Threats
- Skills



THE J.E.W.E.L.S.™ Solution

- 2007 Strategy
 - Monthly training, counseling, and development with Peer Leaders, aged 13-15, N=10
 - Five 3-hour education sessions over five weeks with Black and Latina girls aged 9-13, N=101
 - Tailored Newsletters



J.E.W.E.L.S.™ 2007 Outcomes

- Performance Measures included:
 - **Number of Participants**
 - Goal: N=80; Actual: N=101
 - **Knowledge Gain** in all five sessions
 - Using T-test analyses on pre and post tests in each session, the knowledge gains were highly significant at $p < .001$ for all sessions in all locations.
 - **Participant Reports of Satisfaction** on 9 measures ranged from 86% to 97% for all sessions



J.E.W.E.L.S.™ 2007 Outcomes

- OTHER ACCOMPLISHMENTS
 - Created a Suburban Cook County Youth Opportunities Network (YONET)
 - Collaborated on the submission of four proposals for J.E.W.E.L.S.™ expansion and companion initiatives
 - Submitted four abstracts for presentations on the issues and program outcomes at national meetings.
 - Three abstracts were accepted



J.E.W.E.L.S.™ 2008 Strategy

- 46 participants in two towns (Cook County, IL)
- Focus on ages 10-15
- Structured training with Peer Leaders which includes mothers/caretakers
- 15-Session enhanced primary intervention
- Content presented through popular music, movie videos, group games and activities
- Monthly events with parents & caretakers
- Outcomes focus on knowledge and behavioral changes



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Healthy Girls: an Afterschool Program for At-Risk Girls

Laura Granato, Ph.D.
Aileen Worrell
The Granato Group
Vienna, VA

Agenda

- Welcome
- Overview of the Program
- Prevention Risk Factors for Girls
- Special Issues of Girls
- Girls and Gangs
- Gender-Specific Services
- Protective Factors for Girls

The Granato Group

- Provides consulting services and professional counseling (individual, family, group therapy and psychoeducational programs).
- Staff is comprised of Educators, Licensed Professional Counselors, Marriage and Family Therapists, Psychologists, Social Workers, Support Staff, and many others
- Websites: www.granatogroup.com and www.mcleancounseling.com.



Healthy Girls Program 

- Pilot program funded by the Office on Women's Health.
- A 9-month, delinquency prevention and HIV/AIDS/STD prevention program
- Program Components:
 - ❖ Weekly skills groups
 - ❖ Health & Wellness Education
 - ❖ Individual counseling
 - ❖ Multi-Family groups
 - ❖ Mentoring
 - ❖ Academic tutoring
 - ❖ Service project



Goals of the Program 

- Meet the gap of services to youth at risk for delinquency and/or HIV/AIDS/STDs by providing a community program that is gender specific, empowering, and appealing to adolescent girls.
- Reduce the spread of HIV/AIDS and high-risk behavior of youth by providing prevention and intervention services to at-risk girls in a non-restrictive, community program.



Strengths-Based Approach 

- Emphasis is on building girls' strengths and empowering them to make good choices and take control of their own physical and mental health
- Program conducted at the Alternative House's Culmore Teen Center in Falls Church, Virginia





Program Girls

- Between the ages of 9 and 17
- Mostly Latinas who are bilingual
- Primarily from two Fairfax County Schools: JEB Stuart and Glasgow Middle School
- Most live in area of Falls Church called Culmore
- High rates of gang involvement in community
- Many have a history of trauma, abuse, conflictual family relationships, and school difficulties





Why an Afterschool Program?

- Violent crimes by juveniles peak in the afternoon between 3 p.m. and 4 p.m. and 19 percent of all juvenile violent crimes occur in the 4 hours between 3 p.m. and 7 p.m. on school days.
- Juveniles are also at the highest risk of being victimized during this critical period.
- Quality afterschool programs are widely supported as a buffer against the danger of delinquency.
- It is important for children to have an afterschool program that helps them develop academic and social skills in a safe, caring environment (U.S. Department of Justice, 2000).
- Despite this support, there is a lack of affordable, accessible afterschool opportunities in many communities.





Program Format

- Three cohorts of 10 students each.
- Small groups to encourage open discussion and feelings of emotional safety.
- Must be a **safe place, where girls can learn and share without being judged.**
- Tailored to the population being served.
- Rewarding, fun, and relevant to the girls attending.



Program Format (cont.) 

- Facilitators understand the needs of economically disadvantaged students and have the ability to motivate, empathize, and be non-judgmental.
- Psychoeducational and experiential, with interactive exercises, music, videos, role-plays, group discussions, and individual exercises.
- Opportunity to learn and practice new skills within each training session.



Participation Incentives 

- Snacks and raffle prizes at every event!
- For maximum attendance and participation, girls receive incentives.
- Girls earn points towards manicures, clothing store certificates, music store gift certificates, bookstore gift certificates, and IPODS.



Initial Screening and Intake 

- Intake interviews to assess the risk factors in each girl's life and what support she needs to possess the necessary motivation to attend our voluntary program.
- Three screening tools are available, if needed, to identify mental health/substance abuse:
 - Children's Depression Inventory** (Self Report), which screens for suicide and mental health issues,
 - Massachusetts Youth Screening Instrument 2 (MAYSI-2)**, which is currently being used by more than 25 states to screen for the "emotional temperature" of a child or youth transitioning to different parts of the juvenile justice system, and
 - Problem Oriented Screening Instrument for Teenagers (POSIT)**, which identifies potential problems in 10 areas, including substance abuse, mental and physical health, and social relations.





Skills Groups (DBT)

Consists of modules that teach positive lifestyle choices:

- **Mindfulness:** focusing the mind, directing attention, understanding how you feel
- **Emotion Regulation:** reducing emotional intensity
- **Distress Tolerance:** reducing impulsivity
- **Interpersonal Effectiveness:** keeping relationships steady and getting what is needed
- **Walking the Middle Path:** helping with teenager and family problems





Dialectical Behavior Therapy (DBT)

- Developed by Marsha Linehan, Ph.D., DBT was first introduced over a dozen years ago as a treatment for Borderline Personality Disorder (BPD).
- As a result of DBT's success in treating adults, it has been adapted for adolescents struggling with severe emotional turmoil and intensely problematic ways of dealing with their distress.
- In a nutshell, DBT is a compassionate type of behavioral therapy that is intended to help people move toward having a life that feels even more meaningful and worth living.





DBT (continued)

- Distress, emotional pain, interpersonal difficulties, and behavioral problems such as over-eating, not eating, using substances, self-injuring, losing control, withdrawing, and using-up relationships can make it incredibly difficult to function normally and lead a life that feels meaningful and worthwhile.
- DBT targets the issues that cause distress and teaches skills to deal with them without having to resort to self-defeating behaviors.
- **Assumption: we are doing the best we can even though we need to learn ways that work better.**



Health & Wellness Education 

- Girls learn about taking care of, and respecting, their bodies through proper nutrition, stress management, exercise, etc.
- Education on drugs, alcohol, HIV, AIDS, STDs, unsafe sexual behavior, dating violence, etc.



Counseling 

- Individual case management/ treatment plans are developed for each student based on a detailed psychosocial needs assessment.
- Individual, group and family counseling sessions are conducted to meet the individual needs of the student and her family.
- A staff member is available 24 hours a day, 7 days a week.



Multi-Family Groups 

- Engaging the significant adults in a girl's life is critical.
- Parents are invited to regularly attend a multi-family skills training group to teach DBT skills to entire families.
- Parent groups and other activities help the parents learn the skills necessary to assist in their daughter's growth and are an integral part of the program.





Mentoring

- Each participant is matched with an appropriate mentor volunteer in the community.
- Research has shown that having positive, adult role models who nurture a girls' strengths and empower them to make good choices is an effective prevention technique for many harmful and risky behaviors.





Community Service Project

- Girls are encouraged to participate in a volunteer service project of their choosing to promote self-worth and involvement within their community.
- The students determine the type of volunteer service project, learn project management skills along the way and begin to see themselves as a part of something larger.





Academic Tutoring

- Utilizes graduate students and other volunteers from the local community to provide individual and group instruction in areas where girls are struggling or have fallen behind.
- Encourage the girls to continue their education by offering assistance in financial planning for vocational or college enrollment.




Link between Dropout Prevention and Delinquency Prevention

- Clear overlap between dropout prevention, delinquency prevention, and HIV/AIDS/STD prevention.
- Academic failure is often associated with the beginning of delinquency and the escalation of serious offending, and interventions that improve a child's academic performance have been shown to reduce delinquency (Maguin and Loeber, 1996).




Academic Failure and Delinquency

- As with boys, female delinquents frequently have a history of poor academic performance.
- In one examination of incarcerated women, nearly half of the respondents had been expelled from school, and a disproportionate number had learning disabilities.
- In both boys and girls, violent behavior and delinquency have been associated with poor academic achievement, low commitment to school, and frequent school changes.




What is an At-Risk Youth?

- is at risk of academic failure,
- has a drug or alcohol problem,
- is pregnant or is a parent,
- has come into contact with the juvenile justice system in the past,
- is at least 1 year behind the expected grade level for his or her age,
- has limited English proficiency,
- is a gang member,
- has dropped out of school in the past,
- or has a high absenteeism rate at school.




Risk Factors for Delinquency in Girls

- Poverty
- Ethnic membership
- Poor academic performance
- Teen pregnancy
- Substance abuse
- Victimization
- Health and mental health concerns
- Gang membership




Special Issues of Girls

- Gender bias in our society: “no one will demand and obtain intervention for her because in our country it is more often slashed tires, not slashed wrists, that are noticed” (Wells, 1994: 4).
- At-risk girls have severe emotional problems and large numbers may have educational disabilities.




Special Issues of Girls (cont.)

- Many at-risk girls have histories of trauma, which set the stage for substantial problems with depression, self-image, and attempted suicide.
- Programming for girls should address, without labeling them as pathological, histories of sexual and physical abuse (Chesney-Lind & Shelden, 2004).




Special Issues of Girls (cont.)

- Girls' problems with substance abuse should be framed with an understanding that often, for girls, polydrug use is a way of self-medicating (Chesney-Lind & Shelden, 2004).




Special Issues of Girls (cont.)

- As female offenders entering the juvenile and criminal justice systems continue to rise, the focus on women and juvenile females is gaining more attention (Chesney-Lind, 1997).




Youth Gang Statistics

- Although statistics have not been recorded by gender, the National Youth Gang Center reported that in 1999, among gang members, 47% were Hispanic, 31% were African American, and 13% reported being white.





Girls and Gangs

- Because boys and young men have long dominated the gang culture, researchers have been slow to consider why girls become involved in gangs and what risks they face because of gang membership.





Girls and Gangs (cont.)

- In a journal article entitled *Outside/Inside: The Violation of American Girls at Home, on the Streets, and in the Juvenile Justice System in Crime and Delinquency*, Acoca cites data on female juvenile offenders showing a strong correlation between physical, sexual, and emotional victimization and specific high-risk behaviors -polydrug use, school failure, and gang membership (Acoca, 1998).





Girls and Gangs (cont.)

- Girls seem to be attracted to gangs out of a desire for safety or power, and a sense of belonging (Molidor, 1996; Campbell, 1990).
- Studies of female gang members show that many have come from homes with a high incidence of sexual abuse, domestic violence, and family dysfunction (Molidor, 1996).





Gangs & Academic Difficulties

- Poor academic performance leads to low self-esteem which may lead to truancy and dropping out of school. This, in turn, may lead to the formation of a gang to regain a sense of self-esteem.
- Some neighborhood schools are failing in their effort to educate and socialize students which may result in a child's rejection of school and the formation of a gang as a mechanism for filling time, acting out against the school, acquiring skills needed to make money, and building self-esteem.





Education Needs of At-Risk Girls

- Educational environments that are responsive to human diversity treat differences among students as strengths that can be built upon or as needs that must be accommodated.
- Unresponsive and ineffective systems of delivery ignore individual differences or, even worse, treat student differences in a stigmatizing manner that reduces learning opportunities. ([Wang et al., 1997](#))





Gender-Specific Services

- All programs for girls need to provide gender specific services that meet the unique needs of girls and young women.
- They value the female perspective, celebrate and honor the female experience.
- They respect and take into account female development and empower young women to reach their potential.
- Gender specific services are guided by gender identity and development.




Gender-Specific Services (cont.)

- Young women who have lived through challenging environments and victimizing situations present unique treatment issues.
- Providing services given to boys does not address these risk factors adequately.
- When girls are given access to gender responsive services, girls' strengths can be used to overcome the multiple stressors and past trauma that create daily challenges for them.




Gender-Specific Services (cont.)

- Opportunities to develop skills in a range of educational and vocational areas;
- Female role models and mentors that reflect the racial/ethnic backgrounds of clients;
- An emphasis on activities that focus on empowerment, self-respect, and self-efficacy;
- Education and counseling related to health (pregnancy, nutrition, stress management, HIV/AIDS, STDs), mental health (PTSD, depression);
- Emphasis on parenting education, child development.




Protective Factors

- Resilient girls, who avoid delinquency despite exposure to risks, tend to have a close relationship with at least one caring, trusted adult.
- Their teachers and parents tend to express high expectations for them, helping them look positively toward the future.
- They are given opportunities to meet positive role models and mentors through their neighborhood and community life.



Protective Factors (cont.)

- The following protective factors, which can be targeted in comprehensive programs, help girls change their negative behavior:
 - Gender Identification
 - Interpersonal Relations
 - Self-Esteem
 - Individuation
 - Future Orientation
 - Physical Development
 - Family Support
 - School Support
 - Community Support



Gender Identification

- Persistent messages about sex roles hit many girls hard at adolescence, resulting in a well-documented drop in self-confidence and hope during the early teens.
- Research by Carol Gilligan and others has shown that many girls feel as if they lose their "voice" at adolescence, and revert to silence and passivity in place of assertiveness and strength (Taylor, Gilligan & Sullivan, 1995).
- Gender-identity development counters this trend and helps girls see their maturity to womanhood as a hopeful future.



Interpersonal Relations

- Relationships are of particular importance to girls, who are socialized from a young age to listen to others and to value emotional exchanges (Archer, 1985; Lobeber & Hay, 1997; Streitmatter, 1988).
- Positive relationships, including girls' informal communities of friends and their relationships with adults, can be a strong protective factor.
- Relationship skill building will help girls recognize potentially damaging relationships and develop healthy ways of interacting with others.
- Interactions between girl offenders and program staff provide a context for girls to participate in healthy relationships. These interactions need to be fostered in a positive, ongoing, therapeutic manner.





Self-esteem

- Girls' self-esteem is particularly vulnerable at adolescence.
- Low self-esteem can be a precipitating factor in delinquency, depression, suicide, eating disorders, substance abuse, teen pregnancy, and school failure (Albrecht, 1994).
- Enhanced self-esteem can mitigate against these behavioral risks (American Association of University Women, 1991).





Individuation

- During adolescence, girls struggle to balance feelings of self-importance with connection to others.
- They face the developmental task of defining themselves on their own terms, and not relying on adults for approval or determination of self-worth (Ms. Foundation, 1993; Mitten, 1995).
- Having a strong sense of themselves as individuals helps them set appropriate boundaries, make good decisions, and form healthy relationships.
- Developing this sense of self becomes more difficult if they have experienced abuse, family dysfunction, or other situations in which trust was violated (Knudson-Martin, 1994).





Future Orientation

- An orientation toward the future allows girls to see beyond immediate life circumstances, such as poverty.
- Girls who value and aspire to educational achievement tend to have a compelling sense of the future (Benard, 1991).



Physical Development 

- During puberty, a greater number of physical, emotional, psychological, and social changes occur simultaneously than at any other developmental stage.
- Delaying sexual activity offers girls a protective factor against unwanted pregnancy and other risks that could lead to delinquency.



Family Support 

- Youths who have a strong bond with a family member or a trusted adult outside the family are less likely to engage in delinquent behaviors.
- Families foster positive development in girls by providing a nurturing home environment; setting clear limits; teaching cultural identity; communicating expectations; and monitoring the whereabouts of their children.



School Support 

- Schools can provide protective factors by:
 - setting clear policies and high expectations;
 - providing health education that may prevent girls from engaging in risky behaviors (such as early sexual experimentation or substance abuse);
 - teaching problem-solving and communication skills;
 - identifying learning disabilities; and
 - offering early remediation to keep academic development on track.





Community Support

- Similarly, communities can help build resilient girls by fostering positive identity development, including strong cultural or ethnic identities.
- By working together, families, schools, and communities can provide a network of support for girls (Benard, 1991).





Evaluation

- Written evaluation following each activity to determine if the stated goals and objectives were covered as well as focus groups for informal feedback.
- Did participants learn the skills and techniques in the activity? Did they themselves believe the stated goals were taught?
- Summative questionnaire will be administered at the end of the program to determine the impact of new skills and techniques on participant behaviors.
- 3-month and 6-month, post-program follow-up with participants.





Findings

- Girls reported learning the following as a result of the program:
 - How to care for their body & mind (100%)
 - How to prevent HIV/AIDS (91%)
 - New skills for thinking and acting (100%)
- Girls reported they would use what they learned in their daily lives (100%)
- Girls reported their relationships improved as a result of the program (100%)




Lessons Learned

- Assign responsibilities within the group
- Extend program for entire school year
- Follow up with no shows
- Use the same counselor for group and individual counseling
- Use established mentoring organizations or group graduates as peer mentors
- Incorporate cultural/educational trips




Resources

Books:

- *Girls, Delinquency, and Juvenile Justice* (2004) by Meda Chesney-Lind and Randall G. Sheldon.

Websites:

- <http://abcnews.go.com/Technology/DyeHard/story?id=747671&page=1> - *Girls at Greater Risk in Justice System* (ABC News)
- www.girlshealth.gov - Office on Women's Health website for girls.
- *The Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide (MPG)*
<http://www.girlsinc.org/> - Girls Incorporated
http://www.unix.umbc.edu/~korenman/wmst/links_girls.html
- <http://www.neglected-delinquent.org/nd/>
 The National Evaluation and Technical Assistance Center for the Education for Children and Youth Who Are Neglected, Delinquent or At Risk (NDTAC)
- <http://www.air.org/> - American Institutes for Research
- <http://www.civicenterprises.net/> - Civic Enterprises (publisher of the report *The Silent Epidemic*)




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Questions & Answers

Thank you for attending this event.

Please complete the evaluation directly following the webcast.

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