

# Welcome



## Girls Matter!

*A webinar series addressing  
adolescent girls' behavioral health*

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# Deborah Werner



**Deborah Werner**

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SAMHSA's TA and  
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Families Impacted by  
Substance Abuse and  
Mental Health Problems

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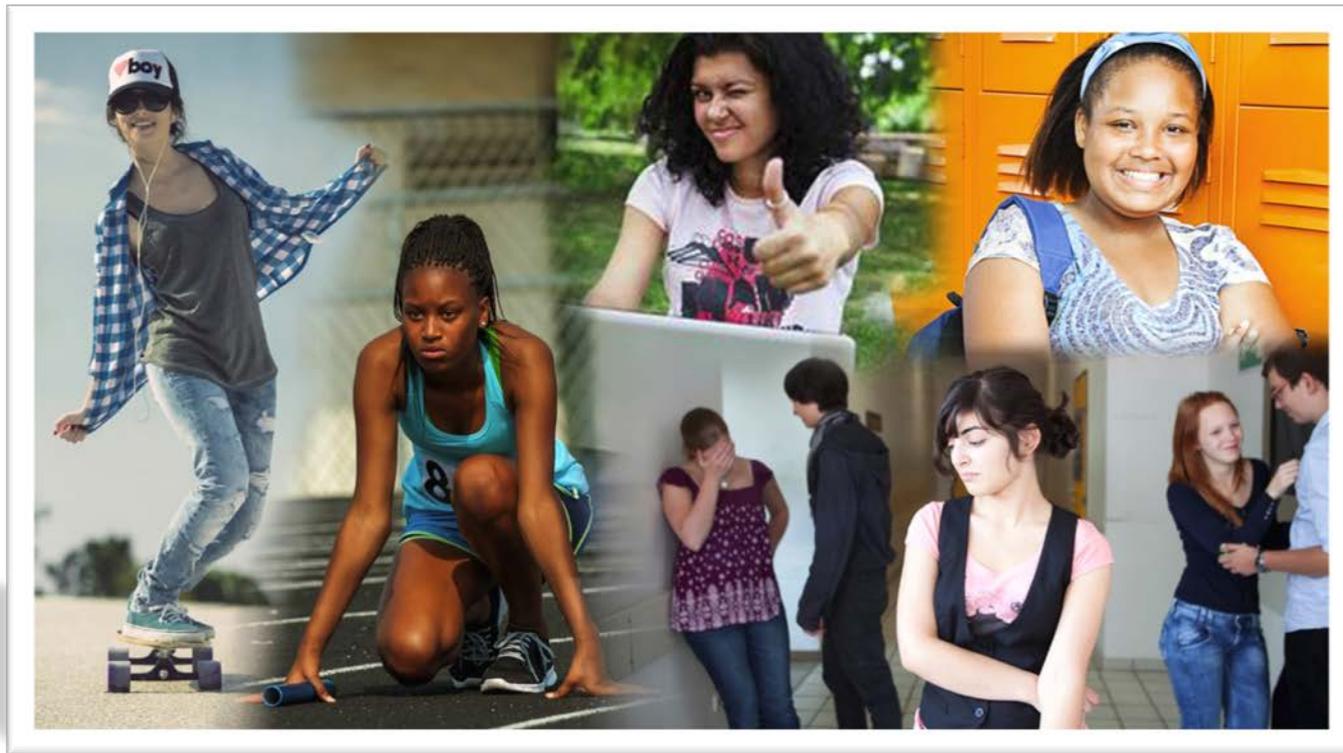
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# About Girls Matter!



# Purpose of Girls Matter!

- Increase the behavioral health workforce's understanding of the needs and concerns of adolescent girls (primarily ages 12-18)
- Bring visibility and attention to the specific behavioral health concerns of adolescent girls

# Webinars

- **Growing Up Girl** — February 25
- **Girl in the Mirror** — March 13
- **Girls and Substance Use** — April 22
- **Digital Girls** — May 20
- **Sanctuary and Support** — June 10
- **Youth Development and Recovery Supports** — July 24

# Moderator



**TRINA MENDEN ANGLIN,  
M.D., PH.D.,**

**HUMAN RESOURCE SERVICES  
ADMINISTRATION (HRSA)**

# Panelists

**Scyatta Wallace, Ph.D.**  
St. John's University



**Elizabeth Miller, M.D., Ph.D.**  
Children's Hospital  
of Pittsburgh of UPMC



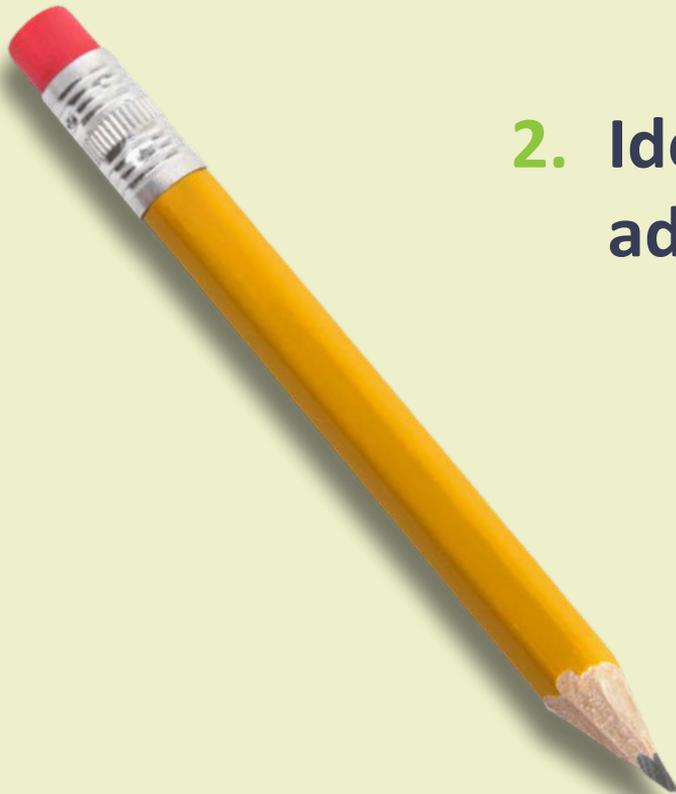
# The Health and Well-being of Adolescent Girls: *A Developmental Perspective*

Elizabeth Miller, MD PhD  
Division of Adolescent Medicine  
Children's Hospital of Pittsburgh of UPMC



# Objectives

1. Describe typical adolescent female development
2. Identify key health issues affecting adolescent girls



# Adolescence

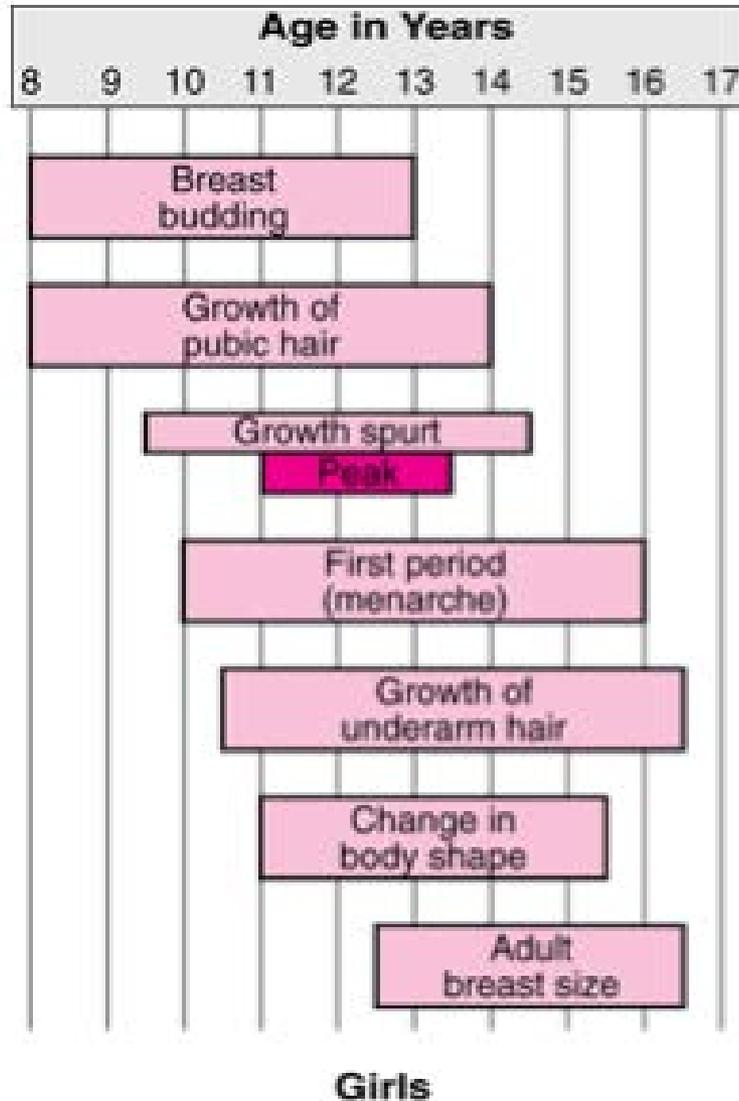
- Transition between childhood and adulthood
- The interval between the beginning of sexual maturation and the attainment of adult roles and responsibilities in society
  - Begins with physiologic changes
  - Adult status is a social not biologic definition
  - 11- 26 years
  - Socioculturally defined



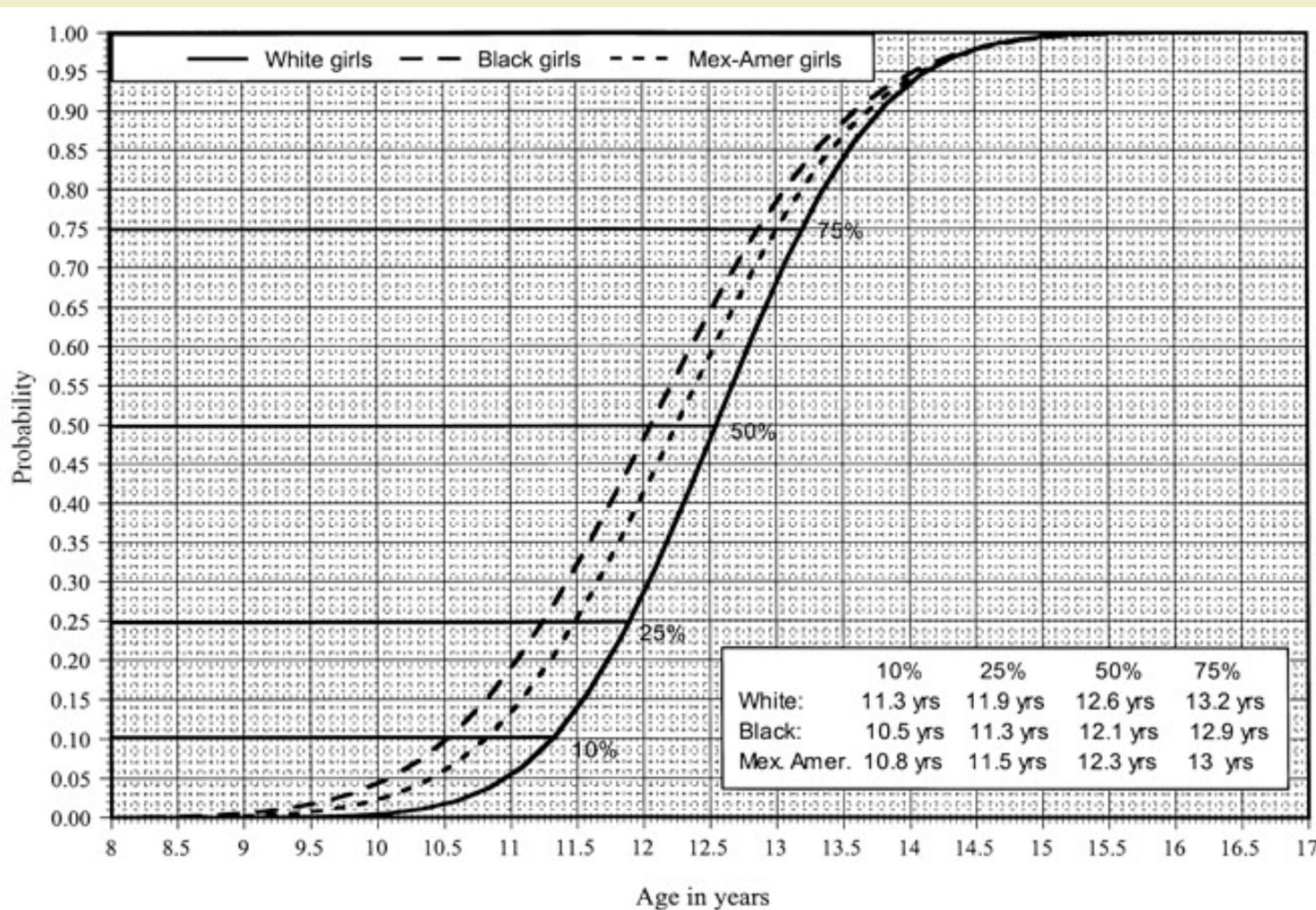
- Sequence of events by which a child is transformed into an adult, including the growth of secondary sexual characteristics, the onset of reproductive function, and dynamic brain changes.
- Puberty and adolescence are separate processes
  - Puberty happens relatively early
  - Adolescence develops slowly and has a long tail

## FEMALES

Sequence and mean age of pubertal events

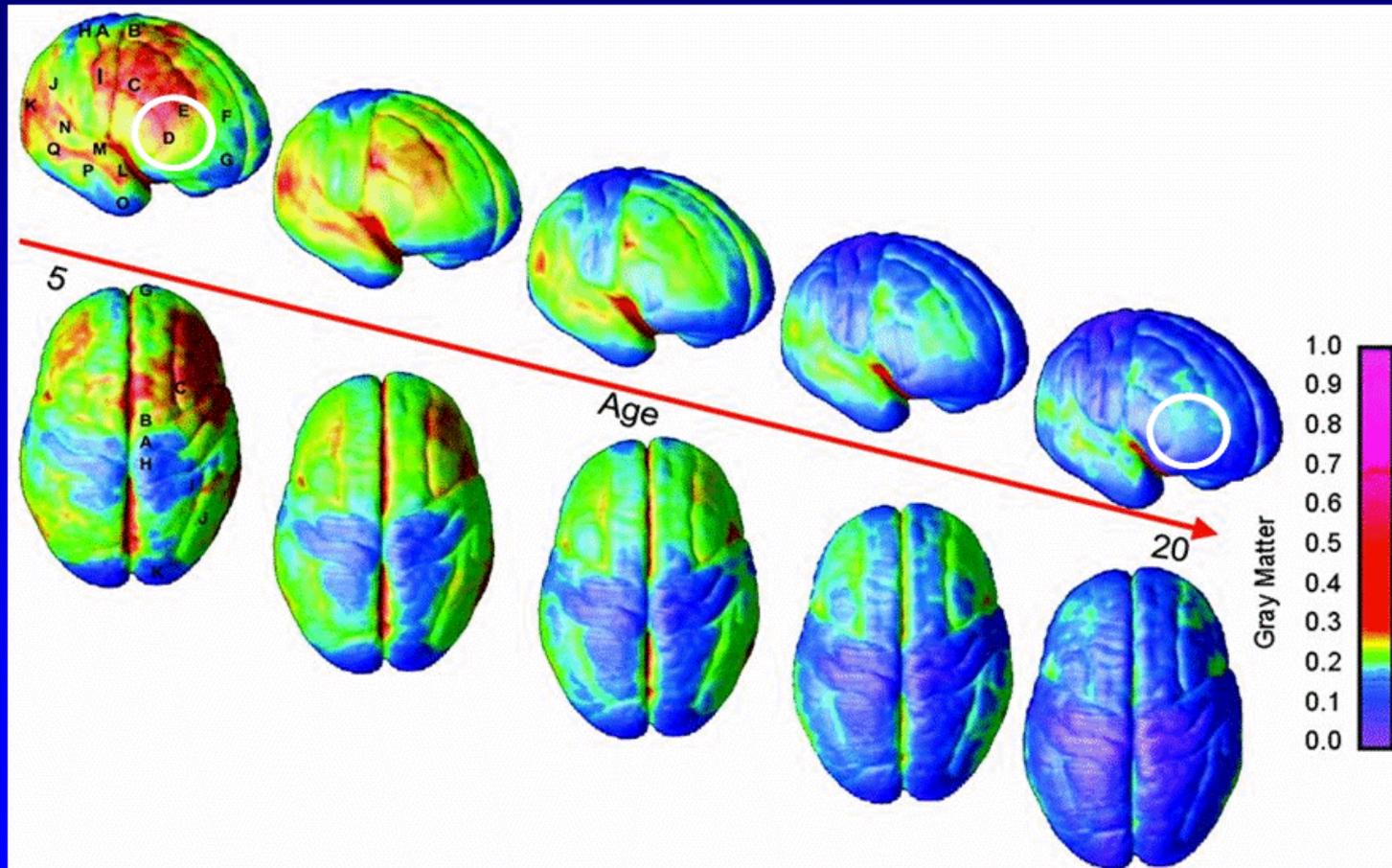


# Probit plots for age at menarche for non-Hispanic white, non-Hispanic black, and Mexican American girls in the NHANES III.



Chumlea W C et al. Pediatrics 2003;111:110-113

## *MRI Scans of Healthy Children and Teens Over Time*



# Phases and tasks of adolescence

- Early adolescence - 11-14 years (middle school)
- Middle adolescence - 15-18 years (high school)
- Late adolescence - 19-26 years (young adult)

# Biopsychosocial development

- Independence
- Body image
- Cognitive development
- Sexual development
- Peer group involvement
- Identity and Goals



# Independence

- **Early**
  - Less interest in parental activities
  - Wide mood swings
- **Middle**
  - Peak of parental conflicts
- **Late**
  - Reacceptance of parental advice and values



# Body image

- **Early**
  - Preoccupation w/ pubertal changes
  - Uncertainty about attractiveness
- **Middle**
  - General acceptance of body
  - Attention to appearance
- **Late**
  - Acceptance of pubertal change



# Cognitive development



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*Adolescent Medicine*

- **Early**
  - Concrete thought
  - Egocentrism
- **Middle**
  - Acquire abstract thought
  - Development of insight
- **Late**
  - Improved ability to verbalize ideas
  - Better able to appreciate alternatives



# Sexual development

- **Early**
  - Focus on body changes
  - Attractions emerge
- **Middle**
  - More intense sexual feelings
  - Pairings begin
- **Late**
  - Less fluctuation in pairings
  - More stable relationships
  - Emergence of sexual identity



# Peers

- **Early**
  - Intense relationships with friends
- **Middle**
  - Peak of peer involvement
  - Conformity with peer values
  - Sexual activity / experimentation
- **Late**
  - Peer group less important
  - Develop intimate relationships



# Identity and goals

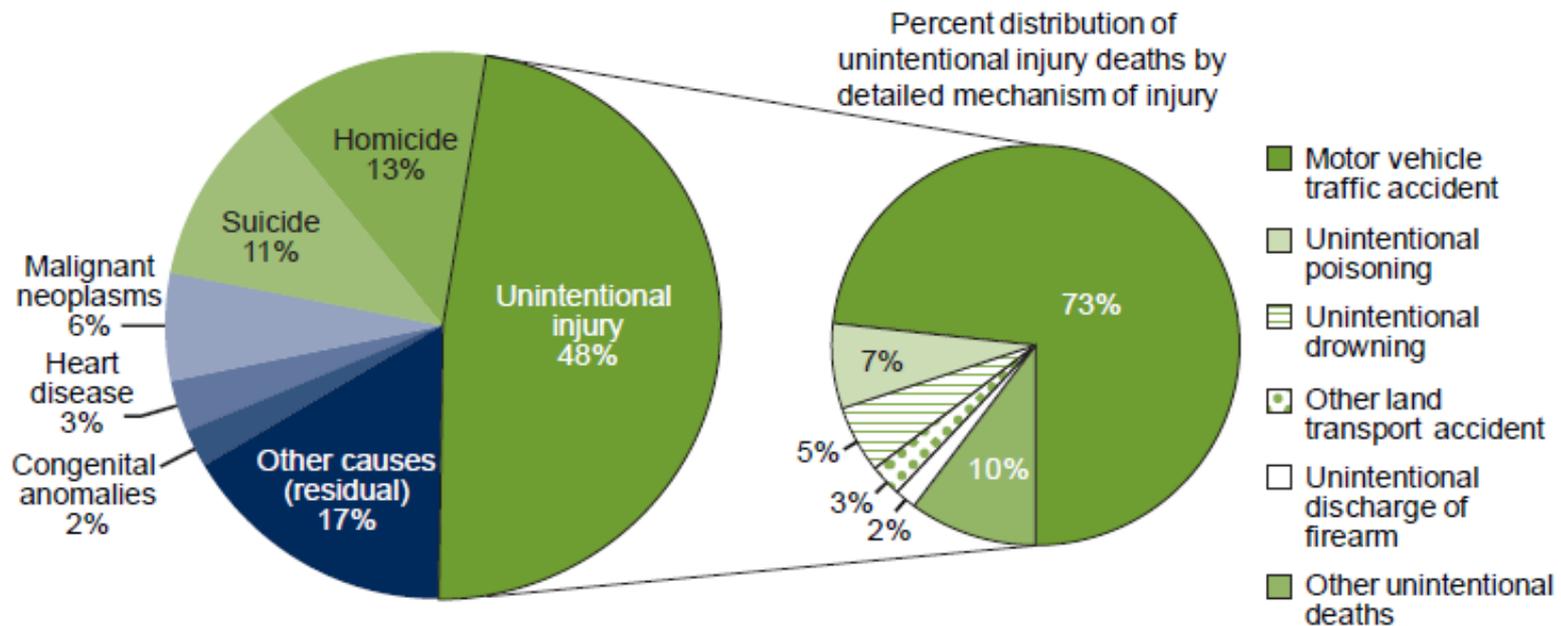
- **Early**
  - Need for privacy
  - Idealistic vocational goals
- **Middle**
  - Feel omnipotent and immortal (“optimistic bias”)
  - Increased intellectual ability
- **Late**
  - Realistic vocational goals
  - Refinement of moral, religious, and sexual values

What contributes to poor health outcomes among adolescent girls?



# Mortality 12-19 year olds

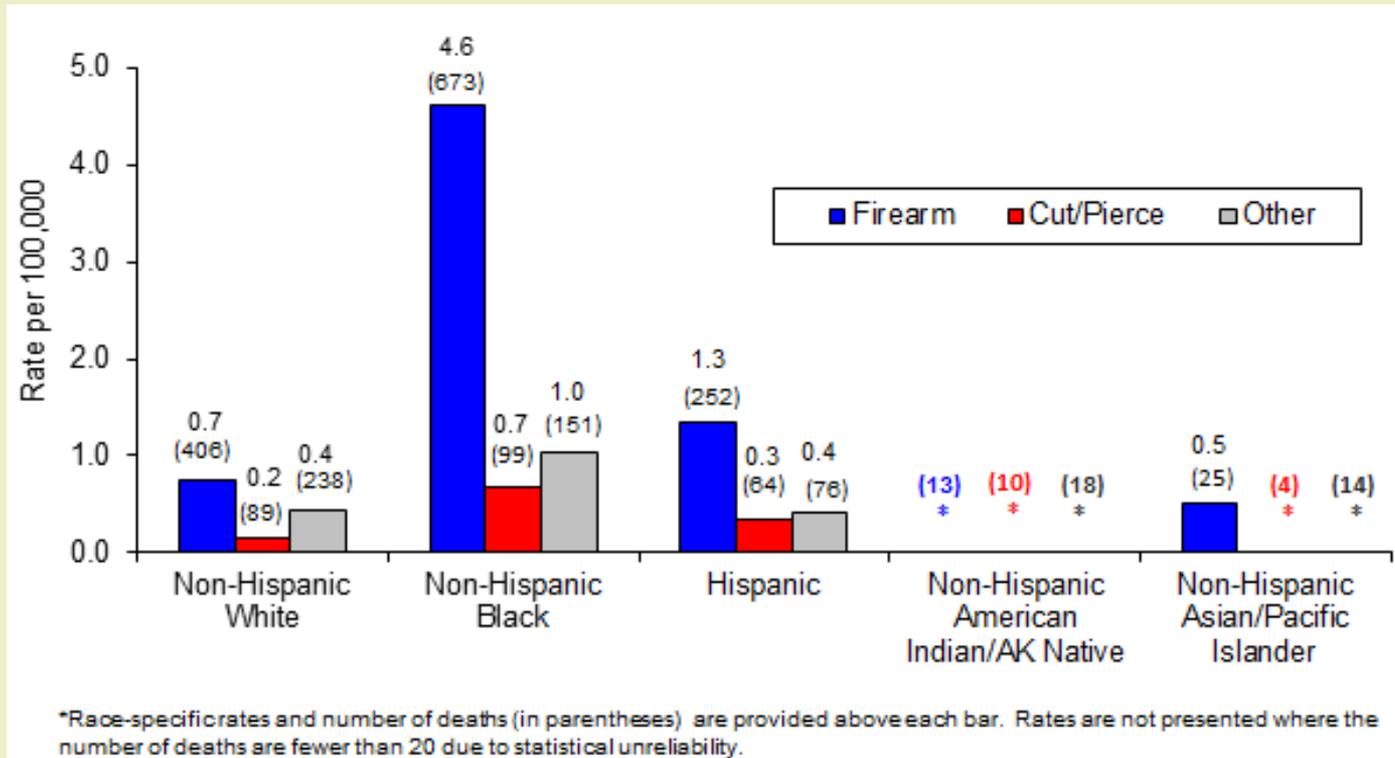
Figure 3: Percent Distribution of all Deaths to Teenagers 12-19 Years by Cause of Death, 1999-2006



Source: National Vital Statistics System, 2010

## Homicide Rates Among Females Ages 10–24 Years, by Race/Ethnicity and Mechanism, United States, 2008–2010

[http://www.cdc.gov/violenceprevention/youthviolence/stats\\_at-a\\_glance/hr\\_female.html](http://www.cdc.gov/violenceprevention/youthviolence/stats_at-a_glance/hr_female.html)



## Among US high school female students in past 12 months:

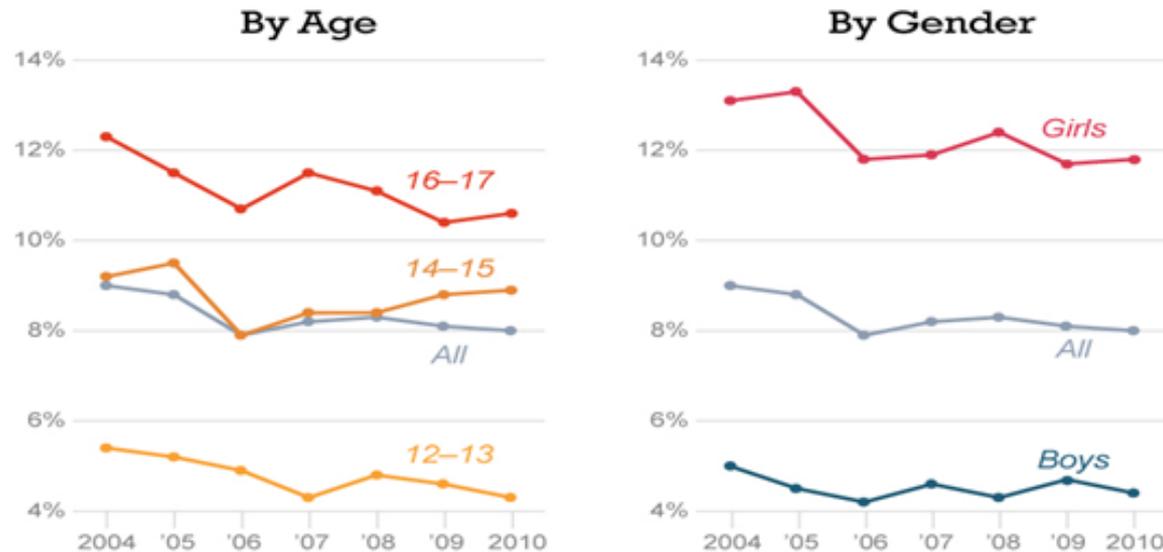
- 36% reported feeling sad or hopeless almost every day for 2 or more weeks in a row
- 19% seriously consider attempting suicide
- 15% had made a plan about suicide
- 10% made a suicide attempt
- 3% made an attempt that required medical attention (injury, poisoning, or overdose)
- Sex differences in mortality related to suicide attempt (males > females)



## Among adolescents, older teens and girls are most likely to experience depression

One in 10 adolescents age 16–17 experienced at least one major depressive episode in the past year. With a current rate of more than one in eight, teen girls are about three times more likely to experience depression than boys.

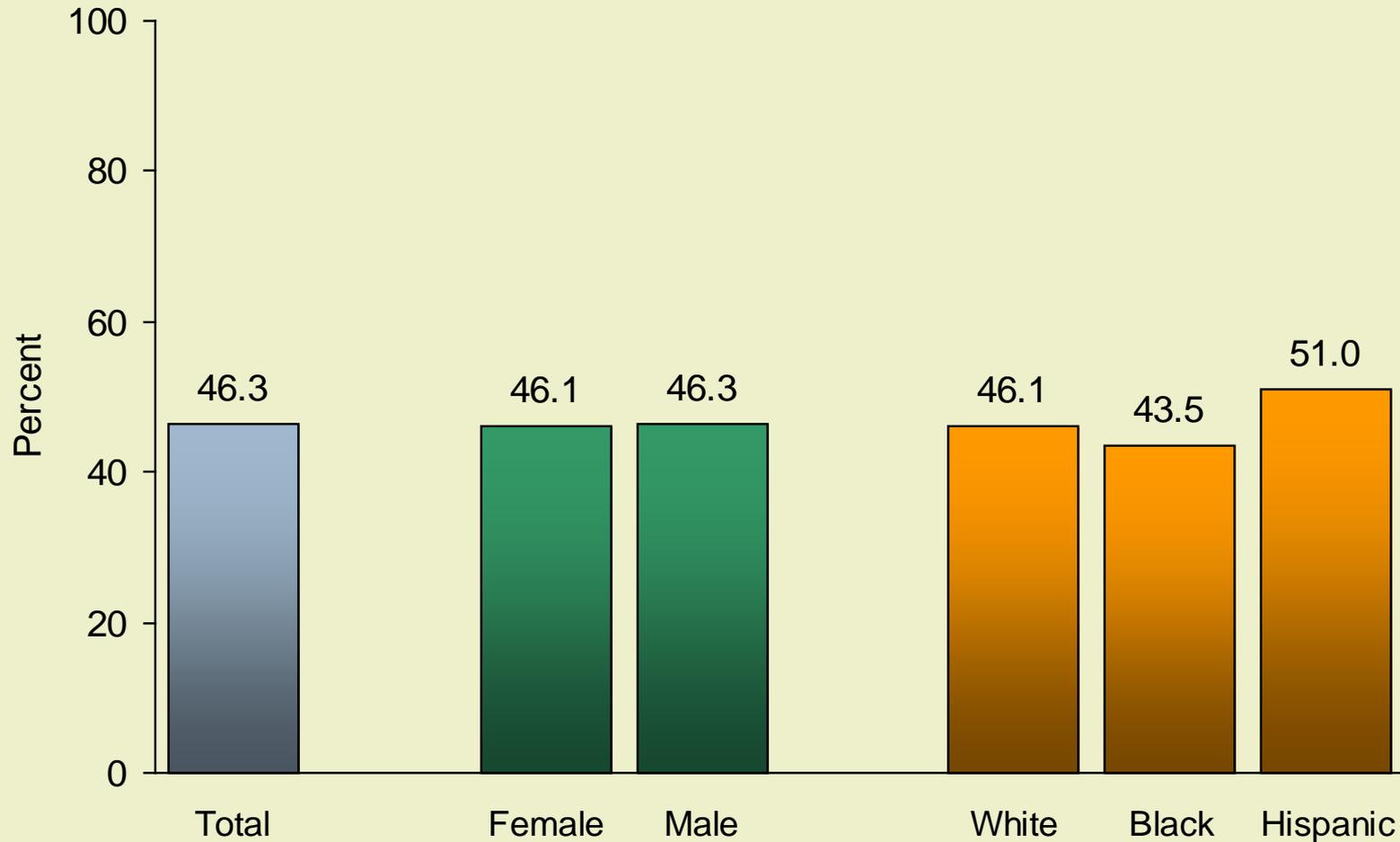
PERCENTAGE OF ADOLESCENTS WHO HAD MAJOR DEPRESSIVE EPISODE, PAST YEAR



Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2011.



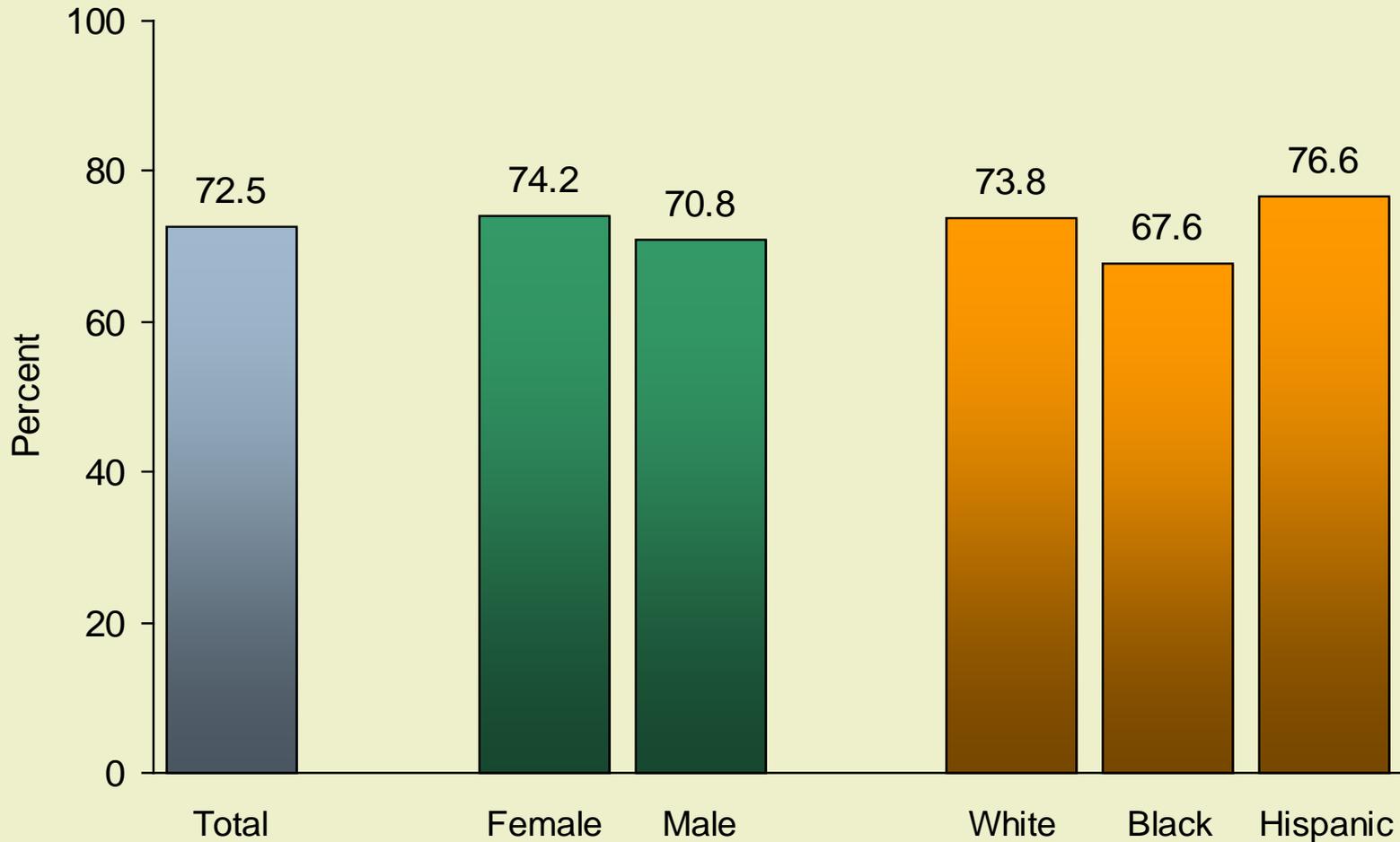
# Percentage of High School Students Who Ever Smoked Cigarettes,\* by Sex and Race/Ethnicity,† 2009



\* Ever tried cigarette smoking, even one or two puffs.

† H > B

# Percentage of High School Students Who Ever Drank Alcohol,\* by Sex† and Race/Ethnicity,‡ 2009

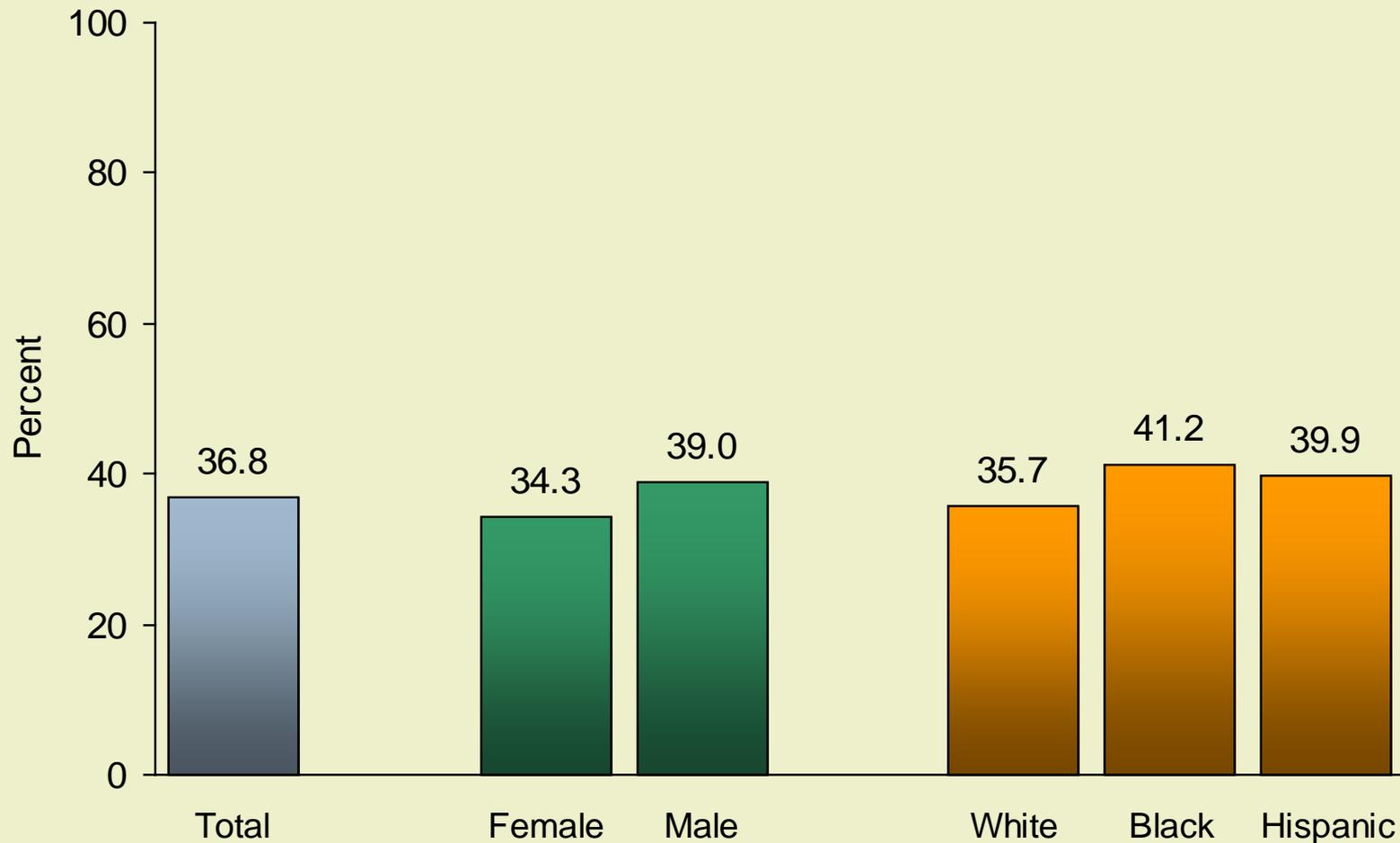


\* Had at least one drink of alcohol on at least 1 day during their life.

† F > M

‡ W, H > B

# Percentage of High School Students Who Ever Used Marijuana,\* by Sex† and Race/Ethnicity,‡ 2009

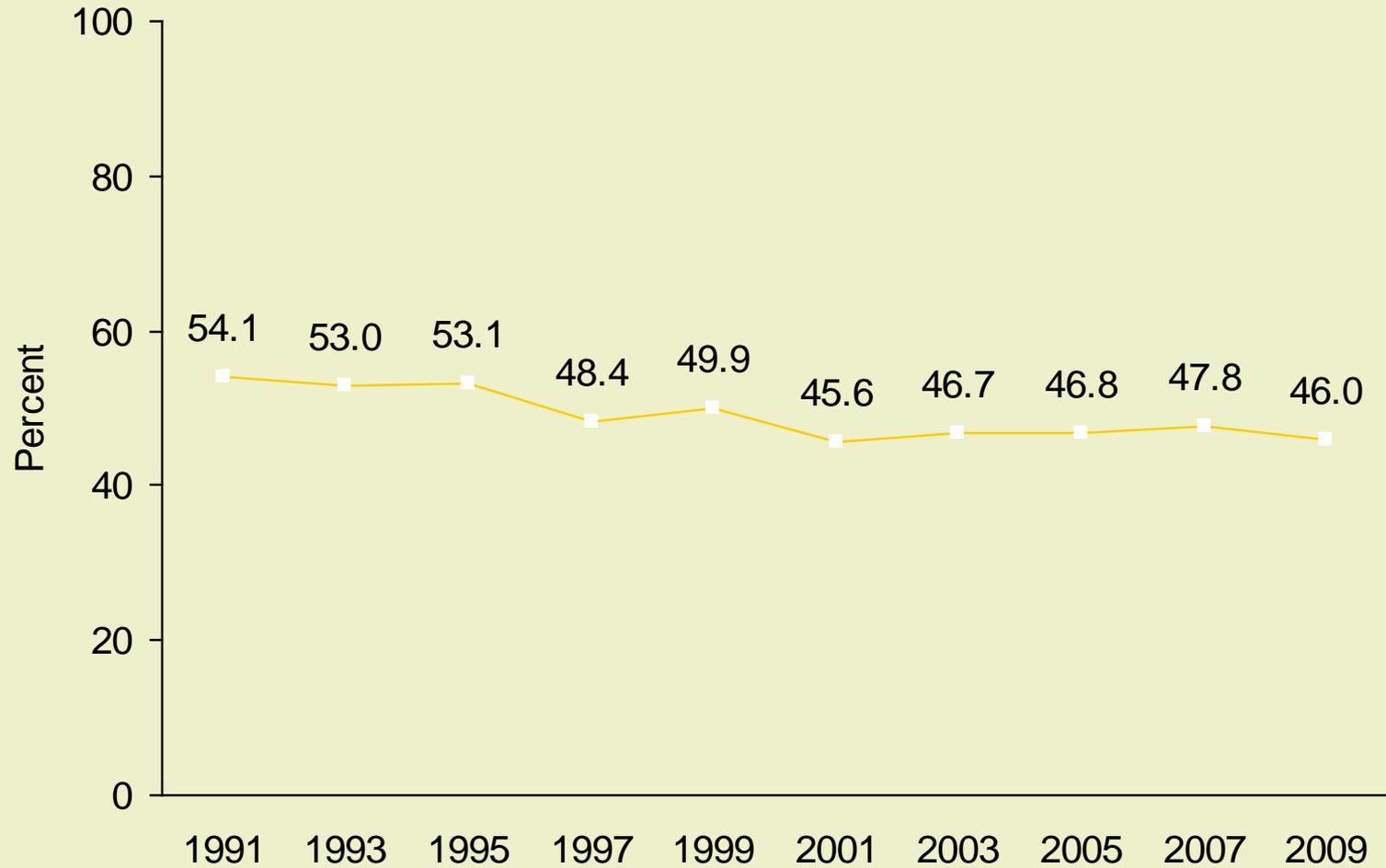


\* Used marijuana one or more times during their life.

† M > F

‡ B, H > W

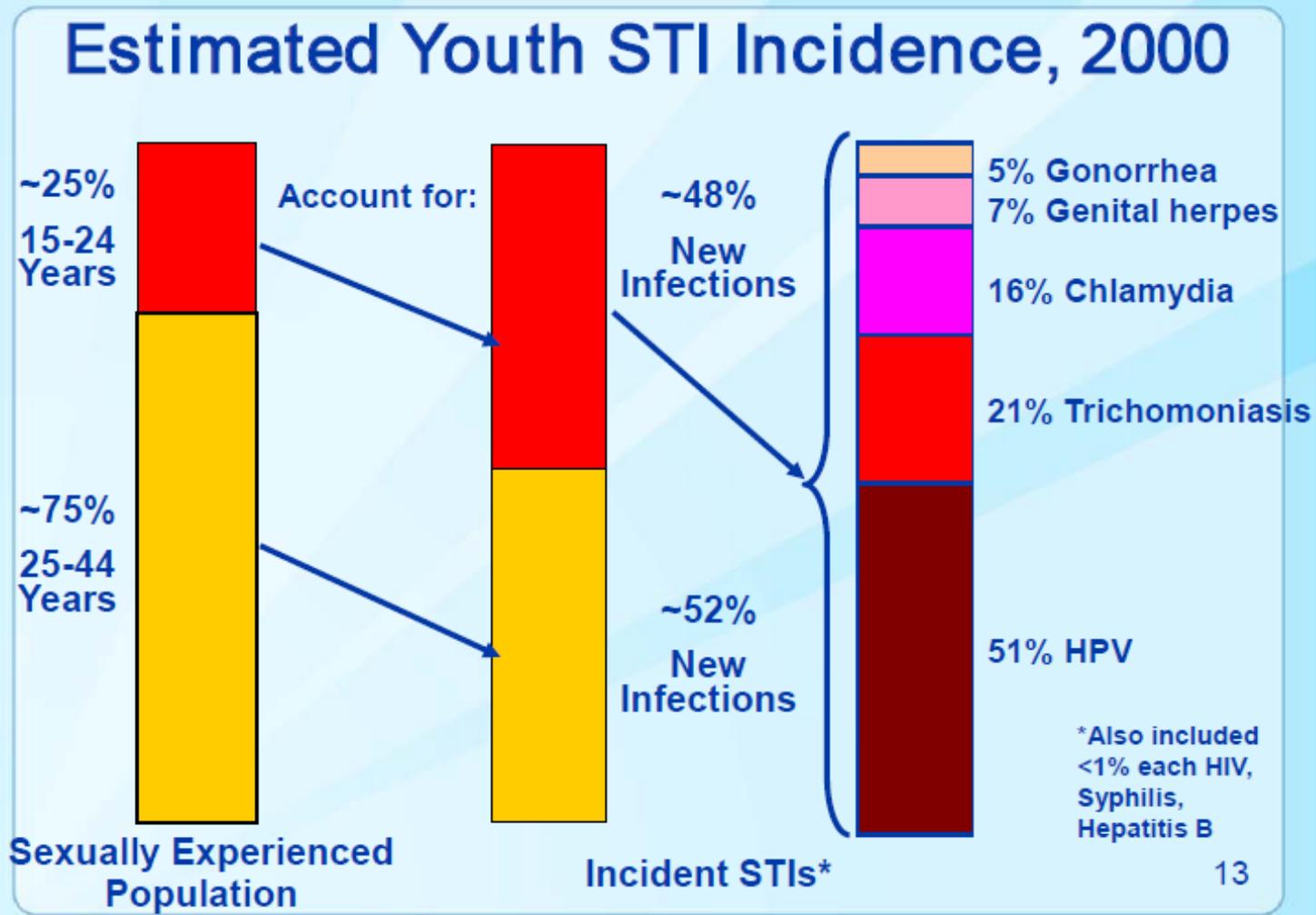
# Percentage of High School Students Who Ever Had Sexual Intercourse, 1991 – 2009†



† Decreased 1991–2009,  $p < 0.05$ .

*National Youth Risk Behavior Surveys, 1991–2009*

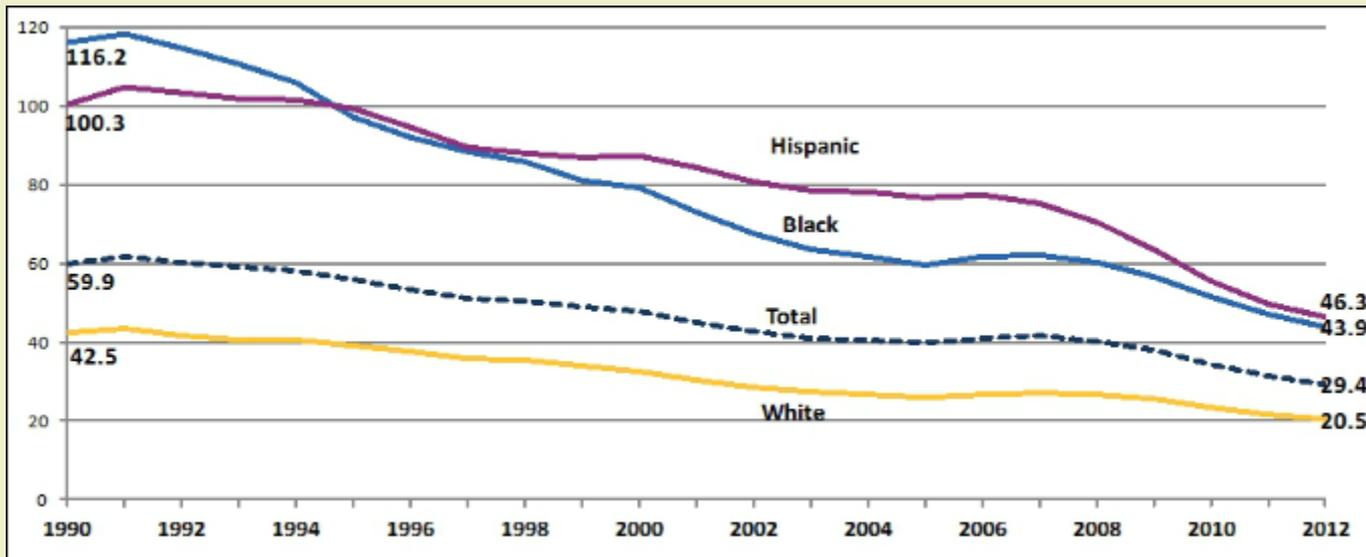
# Estimated Youth STI Incidence



Weinstock et al., Persp Sex Reprod Health, 2004

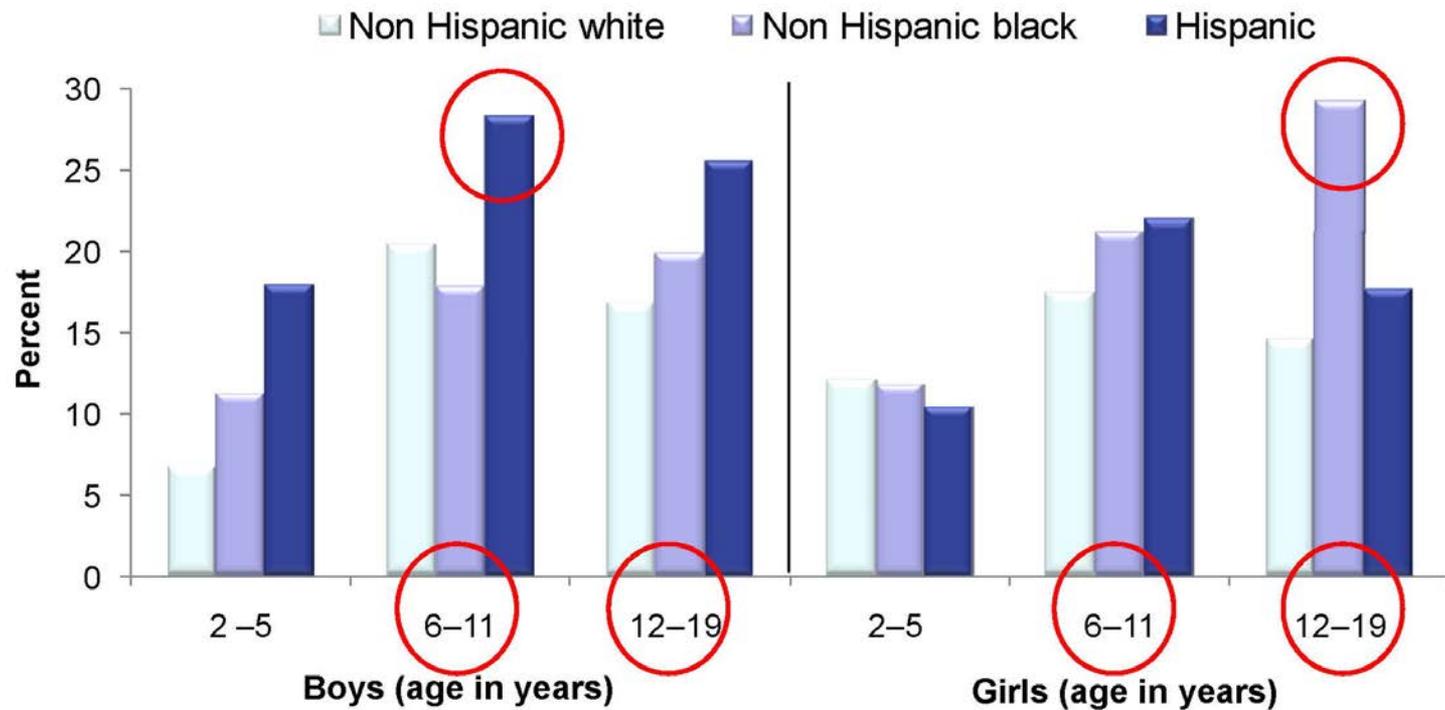
# Birth rates per 1,000 females ages 15-19, by race/ethnicity, 1990-2012

Source: Hamilton, B. E., Martin, J. A., & Ventura, S. J.(2013). *Births: Preliminary data for 2012*. Hyattsville, MD: National Center for Health Statistics.



87% of pregnancies among girls ages 15-17 are unplanned

## Prevalence of Obesity Children and Teens, 2007-2008



National Health and Nutrition Examination Survey; Ogden et al, JAMA 2010

# Moderator



**TRINA MENDEN ANGLIN,  
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**HUMAN RESOURCE SERVICES  
ADMINISTRATION (HRSA)**

# Growing Up Girl: Considering Context



Scyatta A. Wallace, Ph.D  
Associate Professor  
St. John's University

CEO/Founder  
Janisaw Company

# Girls & Adolescence

- ▶ Adolescent girls are affected by many things during their development including :
  - Self-Esteem/Identity
  - Parent & Family Relationships
  - Peer Pressure
  - School & Community Context
  - Racial and Cultural Influences

# Self-Esteem/Identity

- ▶ Identity Development
  - The process of the development of the distinct personality of an individual.
  - Defines individuals to others and themselves.
  - Influenced greatly by interactions with others in their immediate environment and larger society.
  - Due to increased cognitive abilities and independence, adolescents start focus more on developing their self-identity.

# Self-Esteem/Identity Definition

## ▶ **Self-Identity**

- Descriptive and evaluative representations about the self

## ▶ **Self-Esteem**

- The judgment a person makes about his/her own worth

# Self-Esteem/Identity Chart

Self-esteem began to decline at age 11 years in white girls, but appeared to be stable in black girls between 9 and 14 years of age.

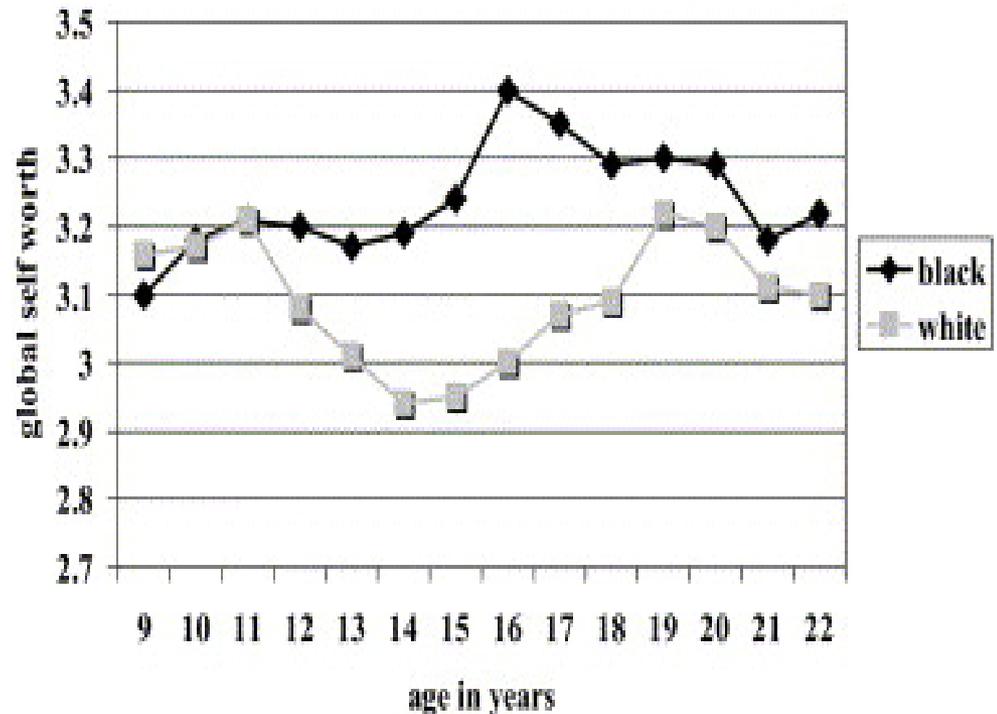
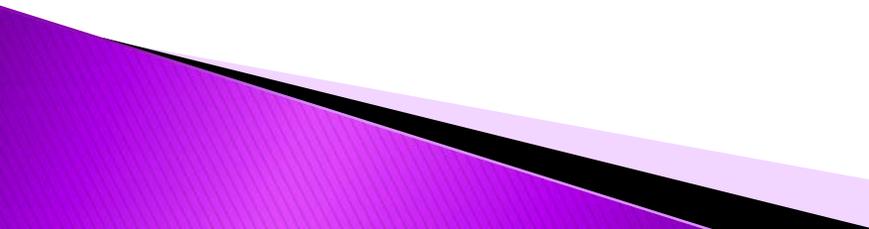


Figure 1 Global self-worth, by race and age. Longitudinal analysis of 1213 black and 1166 white girls, aged 9 and 10 years at intake. Black diamonds = black participants; gray squares = white participants.

# Self-Esteem/Identity Levels

- ▶ High levels of self-esteem are associated with positive outcomes in academic achievement, social relationships and improved coping skills .
- ▶ Low levels of self-esteem can lead to adverse outcomes such as depression, anti-social behavior , substance abuse and eating disorders.

(Biro, Striegel-Moore, Franko, Padgett & Bean, 2006)



# Parental Influence



Parents have the responsibility to both promote adolescent development and adjustment and to intervene effectively when problems arise.

("Maternal, newborn, child," 2014 )

# Parent & Family Relationships

- ▶ Adolescents may start to notice the flawed, human side of authority figures such as parents and other family members.
- ▶ With newly found independence teenagers often question parents' rules and may cause periods of conflict.
- ▶ Adolescent girls try to test new roles to achieve new identity, and parental authority may be severely tested.

(Conger, Williams, Little, Masyn&Shebloski, 2009;  
*Relationship development* , 2014))

# Factors Effecting Parent & Family Relationships

- ▶ Parenting practices that support adolescent girls:
  - Positive Interactions
    - Show affection, love and respect to child
    - Spend time with their child and enjoy family activities together.
  - Supervision & Monitoring
    - Engage child in straight talk about making healthy choices.
    - Set clear boundaries and have clear, appropriate consequences.
  - Reinforcement
    - Recognize hard work and achievements.
    - Listen to their child's concerns and opinions.

# Factors Effecting Parent & Family Relationships : Peers

- Peers serve as a reference groups (e.g. cliques & crowds) with whom one compares oneself.
- Peer groups may have positive and negative effects.



Teen friendships serve six functions:

Companionship  
Stimulation  
Physical Support  
Ego Support  
Social comparison  
Affection & intimacy

(Mustillo , Budd & Hendrix, 2013)

# Sample Research Findings

- ▶ “I would have to say my nine-year-old sister, to tell you the truth, because she’s, like, the realest. I think she’s the one who really cares about me no matter what, who would not judge me no matter what. She will always stick by my side, no matter what. Even when I’ve done wrong, she will still be, like, “I still love you. I’m not gonna tell Mommy. You still good. I still love you.” She keeps me grounded.”  
– 17 year old female
- ▶ “I’m very careful about who I call my friends. So the friends that I have now they’re good. We talk about everything; they support one another. They’re good.”  
– 15 year old female

– Findings from R25 MH067127 and R25 HD045810 as part of the UCSF Collaborative HIV Prevention Research in Minority Communities

# Peer Pressure

- ▶ During adolescence social relationships with peers become more important than parents.
- ▶ Peers provide the opportunity to compare and evaluate opinions, abilities, and physical changes.
- ▶ They may also create pressure for girls to engage in unhealthy behaviors such as drugs/alcohol, disordered eating and unsafe sex.

# Peer Pressure Sample Research Findings

- ▶ “When I was in junior high school, there was this girl in class and she was always reading these -- these books. Like, PUSH and ZANE and stuff. And we was like, “What are those books about?” We snuck into her book bag and we read it one day, and it was like, a whole new world. Like, “What is goin’ on? Do people really do this?”
- ▶ “...And people have been caught in my junior high school havin’ sex. We caught a girl and a boy in the main staircase, where everybody comes. We were just like, “Wow. This is what people have been doin’?” I was like, “Oh, shoot.” In junior high school.”  
- 17 year old female

- Findings from R25 MH067127 and R25 HD045810 as part of the UCSF Collaborative HIV Prevention Research in Minority Communities

# Racial and Cultural Influences

## ▶ **Gender Identity**

- An inner sense of one's self as masculine or feminine, male or female

## ▶ **Gender Roles**

- How each sex is subject to different expectations and pressures, which results in feminine or masculine behaviors and attitudes

# Racial and Cultural Influences

## ▶ Gender Roles

- During adolescence girls' self views are shaped by societal pressures to behave in 'feminine ' ways.
- Expectations of "femininity" include :
  - remaining passive and avoiding conflict
  - suppressing anger
  - conforming with beauty images
  - being "nice ", lady like or 'good'

(Tolman, Impett, Tracy & Michael , 2006 ; Impett, Henson, Breines, Schooler&Tolman, 2011)

# Racial and Cultural Influences: Level of Voice

- ▶ Level of voice
  - term originating from the work of Carol Gilligan (1982,1993)
  - adolescent girls may begin identifying with and endorsing the cultural roles of the “good woman”:
    - puts her others’ needs, desires and wants ahead of hers
    - suppresses her own voice
- ▶ Previous studies suggest that girls with high levels of femininity exhibited lower levels of voice in public situations (school, outings with friends) than they did in private settings (at home).

(Horn , Newton & Evers, 2011)

# Racial and Cultural Influences: Identity



## ▶ Racial Identity

- Knowledge about racial identity begins at age three, when children are able to perceive similarity with their own racial/ethnic group
- However, it is not until adolescence that minority youth begin to examine the meaning of their race and minority status
- High levels of racial Identity are associated with positive youth outcomes

# Racial and Cultural Influences: Acculturation

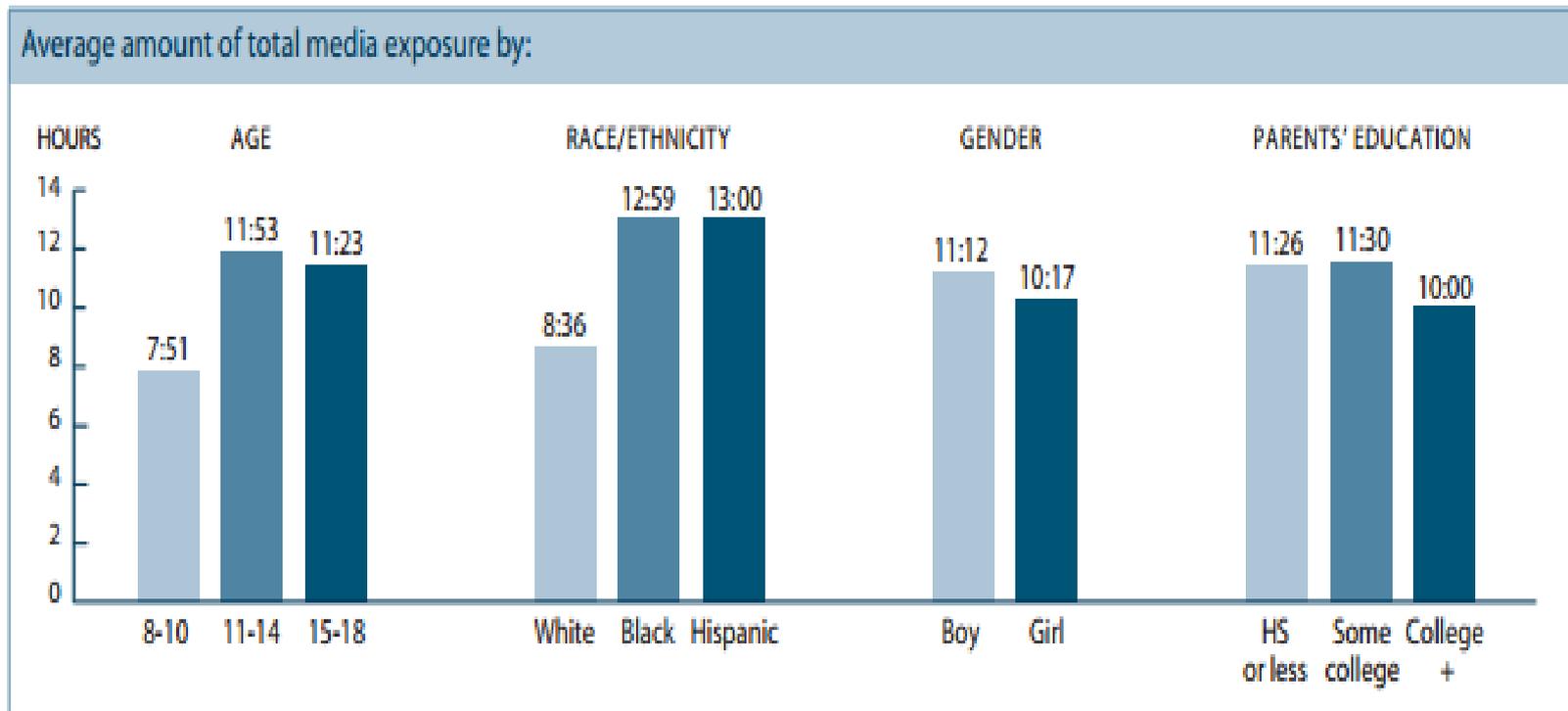


## ▶ Acculturation

- The process of developing multiple group identities, such as an “ethnic” identity as well as a “mainstream” identity.
  - The “mainstream” identity is related to being a member of the larger society (e.g. ‘American’ culture).
- Among immigrant youth, a combination of strong “ethnic” identity and strong “mainstream” identity is related to healthy developmental outcomes

# Racial and Cultural Influences: Media Exposure

## Total Media Exposure, by Demographics



# Racial and Cultural Influences: Social Media

- ▶ Media outlets such as TV, magazines, and the social media display the newest trends in popular culture such as clothing styles, language and music.
- ▶ Girls are major consumers of media and engage with these messages every day to “fit in” within their peer groups and society.



*(Report of the APA Task Force on the Sexualization of Girls, 2007)*

# Racial and Cultural Influences: Media

- ▶ Many media outlets sexualize women and girls
- ▶ A Kaiser Family Foundation study found a 400% increase over a 20 year period in sexual references during the evening television viewing time period commonly referred to as "family hour."
- ▶ These sexualized images 'teach' girls that women are objects and their value is based on image/bodies.
  - This can be detrimental to the development of self concept and world view when girls internalize these negative and unrealistic stereotypes.

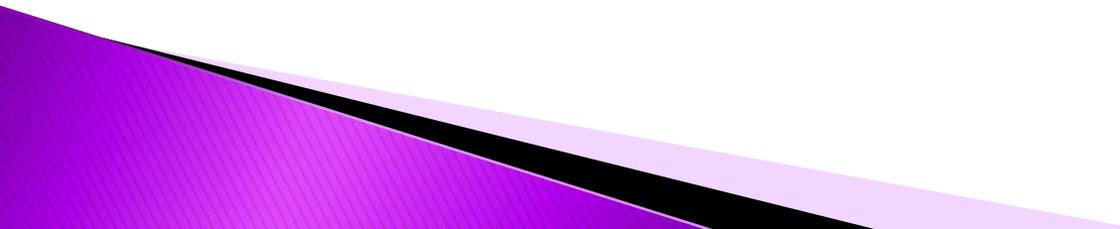
*(Report of the APA Task Force on the Sexualization of Girls , 2007 )*

# Media or Societal Expectations



- ▶ When they are encouraged to love and take care of their bodies without comparing or trying to conform to images from the media or societal expectations , girls develop a stronger sense of self-esteem.

# School & Community Context

- ▶ School connectedness appears especially important to adolescent girls who experience adversity in their homes.
  - ▶ School may be one of few contexts where such achievements are recognized and celebrated .
- 

# School & Community Context Study Findings

- ▶ Several studies have shown the benefits and effects of involvement in extracurricular activities, religious communities and volunteering.
  - Zaff and colleagues discovered that consistent participation in extracurricular activities from 8th grade through 12th grade predicted academic achievement and prosocial behaviors in young adulthood.



(Zaff, Moore, Papillo & Williams, 2003; Lenzi, Vieno, Santinello, Nation & Voight, 2013 )

# Sample Research Findings: Community Activities

What is there for teens to do in your neighborhood?

“There’s a library across the street but even the library looks bad. Lets see you have a broken down park, that people stay after dark and I think people have been shot there. My old private school they messed up the basketball courts, mind you the school had gates and dogs but they still find a ways to jump and play basketball and break the hoops and all that stuff. Library, library is a mess, they mess up the books. Look like somebody threw a bomb there.”

- 16 year old female

-

Findings from R25 MH067127 and R25 HD045810 as part of the UCSF Collaborative HIV Prevention Research in Minority Communities

# Support Systems

- ▶ Resiliency is the ability to adapt well in the face of challenging circumstances.
- ▶ Resiliency can be nurtured and supported by caring adults who take a strength-based approach to foster and empower a child's efforts to cope with hardships.
- ▶ In the case of adolescent girls, developing a healthy self-esteem and having good role models protects from risk factors.

("Girls study group," 2009; Alvord, Gurwitch, Martin & Palomares, 2011)

# Support Systems

- ▶ Adolescent girls depend on their families, communities, schools, health services and their workplaces to learn a wide range of important skills that can help them cope with the pressures they face and make the transition from childhood to adulthood successfully.



# Support Systems: Example

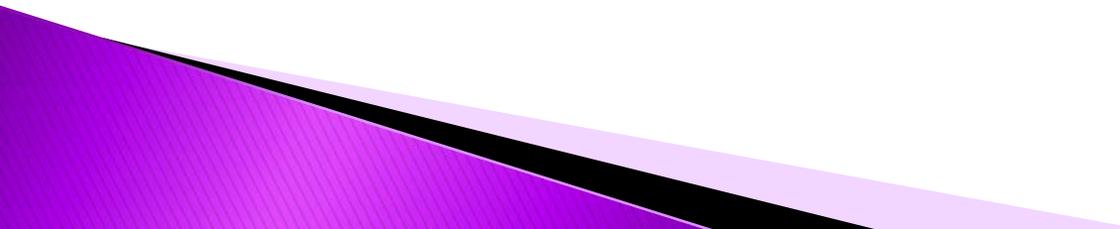
Dear Mary J,

I love you so much you are like a hero to me. As a child I hated myself but whenever I listened to your music I feel inspired. My name is X. I'm a 13 year old in the 9<sup>th</sup> grade. At this moment I have started writing a book about fake friends because all my life I never had a close person to lean on.

Your group FFAWN have helped me in many ways. I was able to meet new people and learn about other teenagers. I have changed a lot since I've been going to this girls group. I was able to become close with other teenagers my age and even older than me.

I thank you so much for creating this girls group to help out other teenager girls. And for this I love you so much. You are one of a kind.

-Letter from participant of FFAWN 3E workshops



# Resources

The Representation Project

<http://therepresentationproject.org/resources/>

Dove Self-Esteem Project

<http://www.dove.us/Our-Mission/Girls-Self-Esteem/Get-Involved/>

Communication Skills Building for Parents of Preteen Girls

<http://www.womenshealth.gov/talking-to-preteens/>

True Child

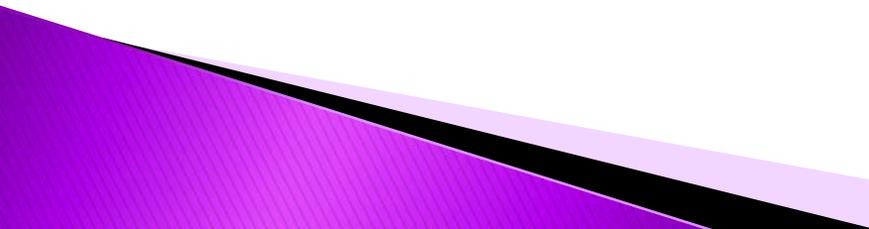
<http://www.truechild.org/FindTools>

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  - Foundation for the Advancement of Women Now (FFAWN)
- 

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Janisaw Company  
[www.janisaw.com](http://www.janisaw.com)  
[scyatta@janisaw.com](mailto:scyatta@janisaw.com)

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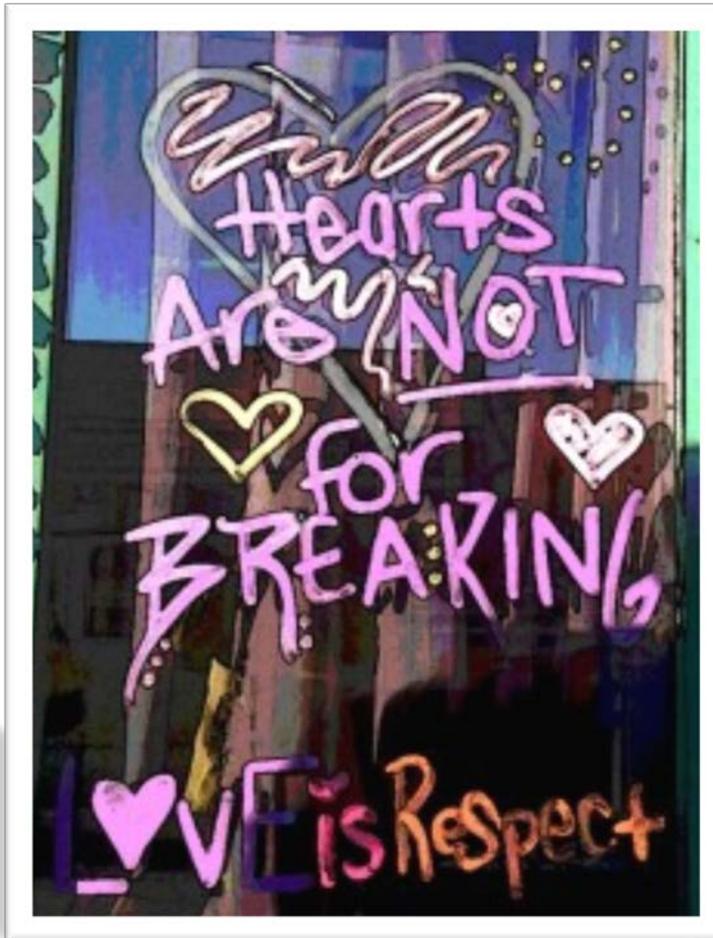
# Moderator



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# It's Teen Dating Violence Awareness and Prevention Month



Created by  
BRAVO of O'Neill

# WHAT WE KNOW



**1 in 4** (25%) U.S.  
women  
and

**1 in 5** (20%) U.S. teen  
girls report ever  
experiencing physical  
and/or sexual partner  
violence.

# From “Teen Dating Violence” to “Adolescent Relationship Abuse”



Children's | of  
Hospital of Pittsburgh | UPMC  
*Adolescent Medicine*

- Adolescence spans a LONG time (ages 10 – 26) so interventions need to be developmentally appropriate
- Opportunity for youth and young adults to define diverse “relationships” – hanging out, hooking up, talking to someone
- Inclusive of range of abusive behaviors (not only violence) -- including tech abuse

# Adolescent Relationship Abuse is Prevalent



- One in four teens in a relationship report being called names, harassed, or put down by their partner via cell phone/texting
- One in five teen girls have electronically sent or posted nude/semi-nude photos or videos of themselves (12% of these girls say they felt 'pressured' to do so)



# Adolescent Relationship Abuse is a Public Health Problem

- Sexual and reproductive health
- Mental health and substance use
- Overall health status

## LACK OF CONTROL IN SEXUAL ENCOUNTERS

“

I'm not gonna say he raped me... he didn't use force, but I would be like, "No," and then, next thing, he pushes me to the bedroom, and I'm like, "I don't want to do anything, " and then, we ended up doin' it, and I was cryin' like a baby, and he still did it. And then, after that... he got up, took his shower, and I just stayed there like shock...

Miller, et al, 2007

# Relationship Abuse and Pregnancy



- Adolescent girls in physically abusive relationships are **3.5 times more likely** to become pregnant than non-abused girls.

# Relationship Abuse and Pregnancy

- Adolescent mothers who experienced physical abuse within three months after delivery were **nearly twice** as likely to have a repeat pregnancy within 24 months



## Relationship Abuse and Unprotected Intercourse



- Girls who experienced physical dating violence were **2.8 times** more likely to fear the perceived consequences of negotiating condom use than non-abused girls

# MALE PARTNER PREGNANCY INTENTION AND CONDOM MANIPULATION



Like the first couple of times, the condom seems to break every time. You know what I mean, and it was just kind of funny, like, the first 6 times the condom broke. Six condoms, that's kind of rare I could understand 1 but 6 times, and then after that when I got on the birth control, he was just like always saying, like you should have my baby, you should have my daughter, you should have my kid.”

— 17 yr. old female who started Depo-Provera without partner's knowledge

Miller, et al, 2007



I was on the birth control, and I was still taking it, and he ended up getting mad and flushing it down the toilet, so I ended up getting pregnant. I found out that [before this] he talked to my friends and he told them that we were starting a family. I didn't know that. I didn't want to start a family. I wanted to finish school.

— 18 yr. old female with 2 year old son

Miller, et al, 2007



**“I talk about this with  
all my patients...”**

**Providing Universal  
Education on  
Healthy Relationships**

- Few adolescents report experiences of violence to adults, and adolescents make up a small proportion of clients utilizing domestic violence services. (Foshee et. al, 2000)
- Goal may be education about relationship abuse and that the adolescent health program is a safe place to discuss these issues

# Futures Without Violence Safety Card for Adolescent Relationship Abuse

(Funding: DOJ and  
HHS, ACF and OWH)



## What About Respect?

**Anyone you're with (whether talking, hanging out, or hooking up) should:**

- Make you feel safe and comfortable.
- Not pressure you or try to get you drunk or high because they want to have sex with you.
- Respect your boundaries and ask if it's ok to touch or kiss you (or whatever else).

How would you want your best friend, sister, or brother to be treated by someone they were going out with? Ask yourself if the person you are seeing treats you with respect, and if you treat them with respect.

## **Safety cards as a simple, brief assessment and counseling intervention**

- Opportunity to talk about healthy relationships
- Provide primary prevention by identifying signs of an unhealthy relationship.
- Educate clients about what they can do if they have a friend or family member who may be struggling with abuse
- Plant seeds for adolescents experiencing abuse but not yet ready to disclose.
- Help victims learn about safety planning, harm reduction strategies and support services.

## Client perspectives

“They would bring out a card, basically walk in with it and she would open it and ask me had I ever seen it before. ... It was awesome. She would touch on having, no matter what the situation you’re in, there’s some thing or some place that can help you. I don’t have to be alone in it. That was really huge for me because I was alone most of the time for the worst part.”

## Client perspectives

“[Getting the card] makes me actually feel like I have a lot of power to help somebody...”

Safety card available from Futures Without Violence

# Acknowledgments

- The Substance Abuse and Mental Health Services Administration (SAMHSA)
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THANK YOU!

# Closing Comments



## Girls Matter!

*A webinar series addressing  
adolescent girls' behavioral health*

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# Resources

- SAMHSA's Girls Matter!  
<http://www.tinyurl.com/girlsmatter2014>
- Other SAMHSA resources <http://www.samhsa.gov>
- HHS, Office of Women's Health, girls health website  
[www.girlshealth.gov](http://www.girlshealth.gov)
- HRSA Office of Women's Health, health & wellness  
<http://www.hrsa.gov/womenshealth/wellness/>
- Futures without Violence  
<http://www.futureswithoutviolence.org/>

# Resources continued

- Interagency Working Group on Youth Programs, collaborative website <http://findyouthinfo.gov/>
- National Institute on Drug Abuse, teen website <http://teens.drugabuse.gov/>
- National Online Resource Center on Violence Against Women, Teen Dating Violence Special Collection <http://www.vawnet.org/special-collections/TDV.php>
- Federal collaborative website on bullying <http://www.stopbullying.gov/>

# THANK YOU!

- Following the webinar you will see a brief satisfaction survey. Please take a moment to provide your email address and feedback!
- All qualified attendees for today's training will receive an email from [ceu@attcnetworkoffice.org](mailto:ceu@attcnetworkoffice.org) within 72 hours of today's event with instructions for obtaining your certificate of attendance
- We hope you enjoyed the presentation and that you will join us for the Girl in the Mirror on March 13th.