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7

Girls Matter!

A webinar series addressing adolescent girls' behavioral health

Substance Abuse and Mental Health Services Administration

SAMHSA

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

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

Disclaimers

- This webinar is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services (DHHS).

- The contents of this presentation do not necessarily reflect the views or policies of SAMHSA or DHHS. The webinar should not be considered a substitute for individualized client care and treatment decisions.

'Growing Up Girl'

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Note from CEU By Net:

This is a CE Course Earning 5 Credit Hours, Sponsored Online by CEU By Net.

There are many outstanding professionals who contributed, authored, and presented this Wci fgY'a UhYf]U` ]b `U`SAMHSA webinar`]b `: Ycfi Ufm! ‡ bY`&$%(" Read about them as you move along. We hope you enjoy this FREE-TO-READ-and-PRINT online publication as much as we did! If you want to earn a certificate for 5 credit hours from this website, enroll in the course in our catalog, and take our 5 short quizzes!

Cheers! - CEU By Net

Says SAMHSA about this first section of 'Girls Matter' . . .

Substance Abuse and Mental Health Services Administration
SAMHSA
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"What does it mean to be an adolescent girl today? This session provides an overview of girls' development and growth during adolescence and the opportunities and risks that they face. Topics include physical changes, socialization, roles and relationships, identity development, risks, and resiliency as factors affecting girls during this critical time. After completing this webinar, participants will have a basic understanding of developmental issues for adolescent girls that will support more effective work with girls and young women ages 12 to 18."

Deborah Werner

Deborah Werner
Project Director

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

Moderator

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

HUMAN RESOURCE SERVICES ADMINISTRATION (HRSA)

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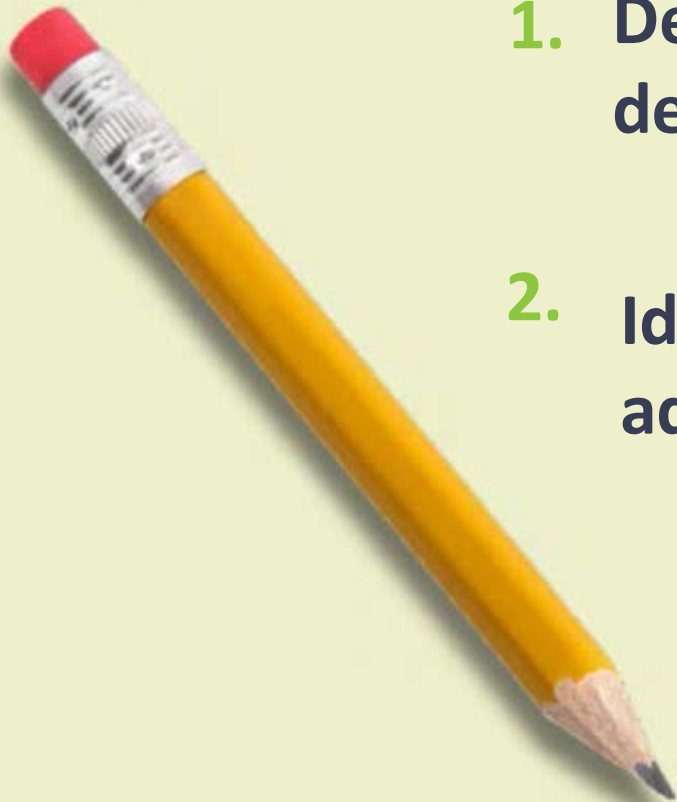## *A Developmental Perspective*

Elizabeth Miller, MD PhD
Division of Adolescent Medicine

Children's Hospital of Pittsburgh of UPMC

Objectives of this section:

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 <u>social</u> not biologic definition

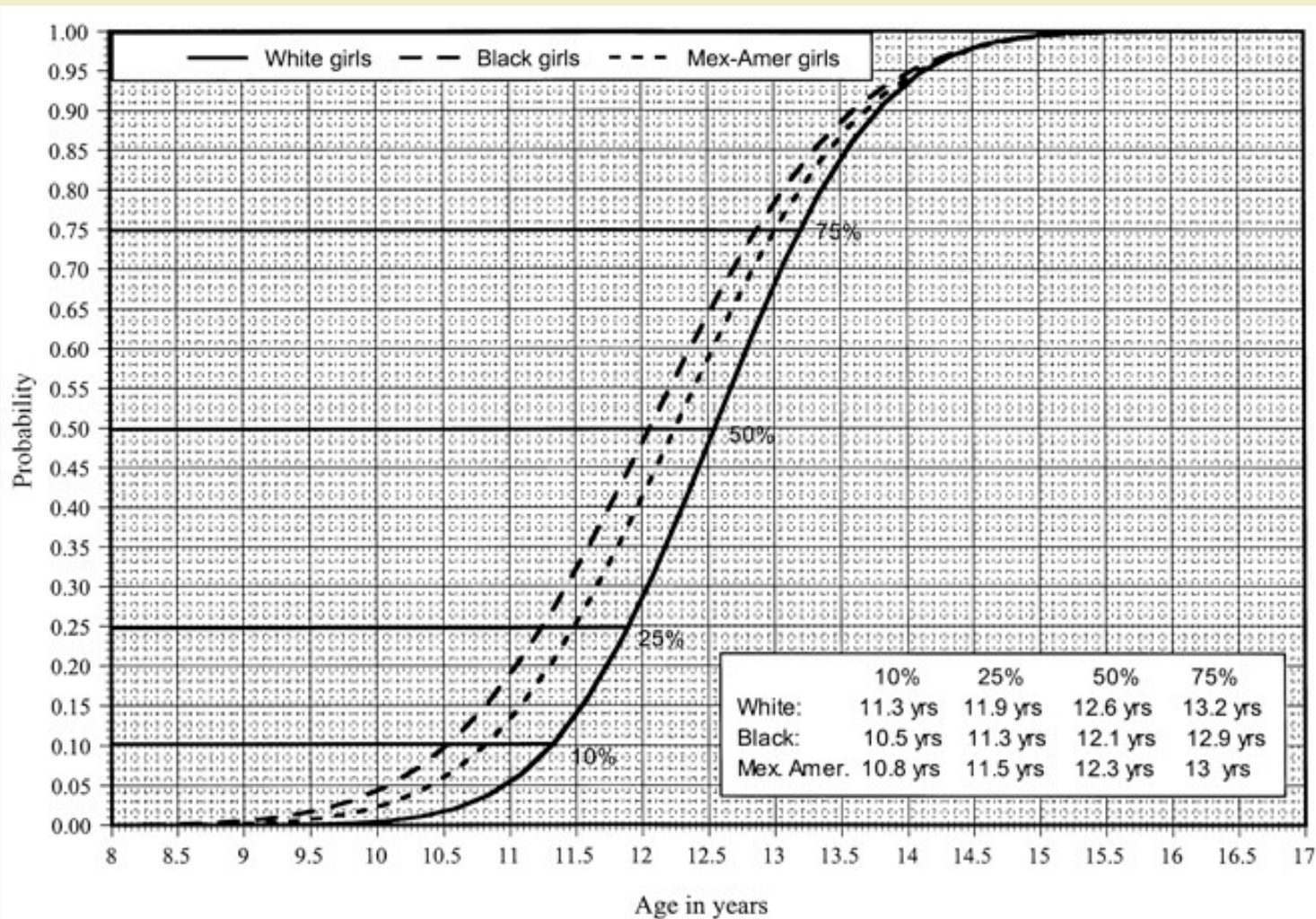 - 11- 26 years

  - Socioculturally defined

Puberty

- 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
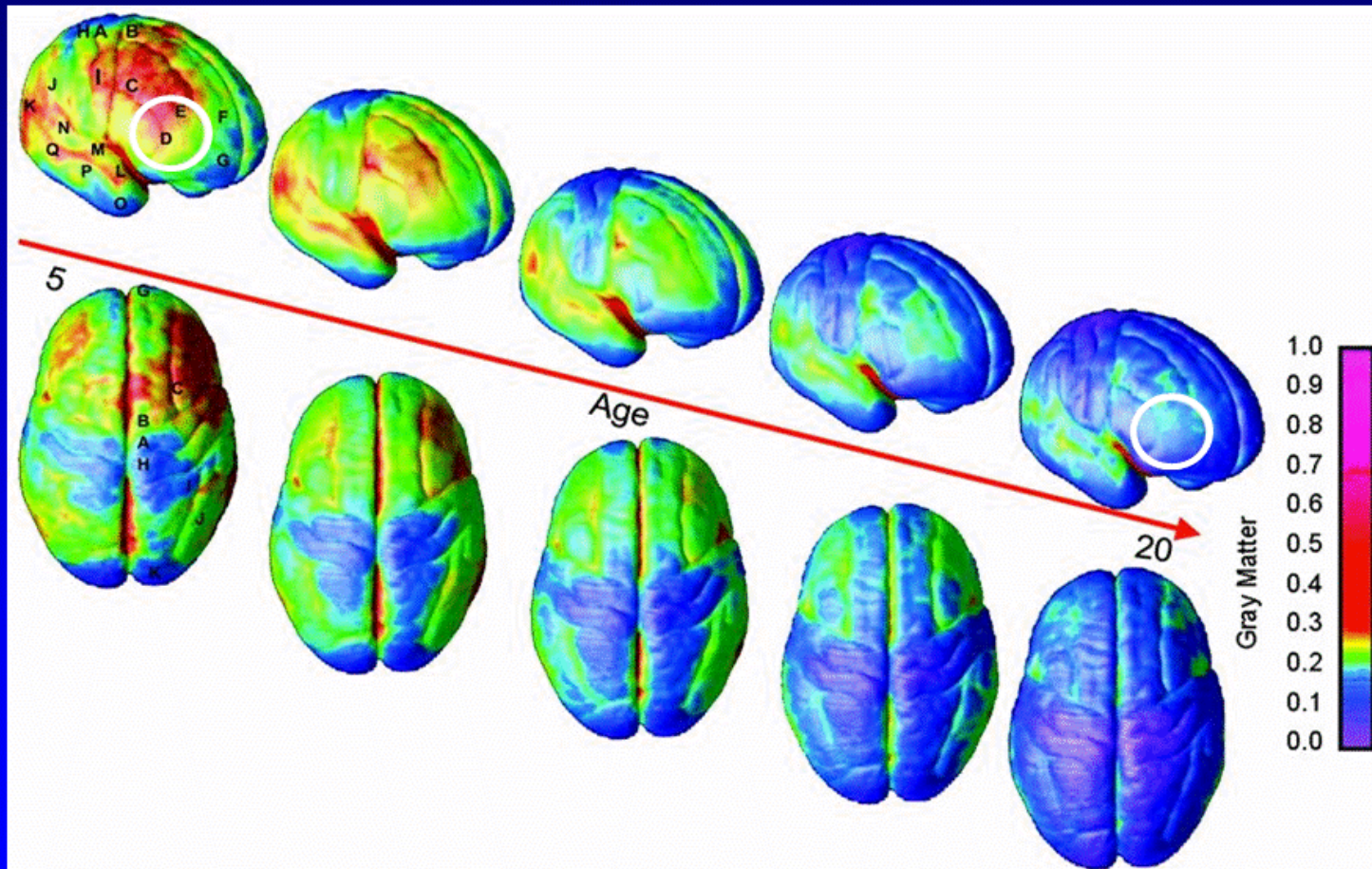
Sequence and mean age of pubertal events
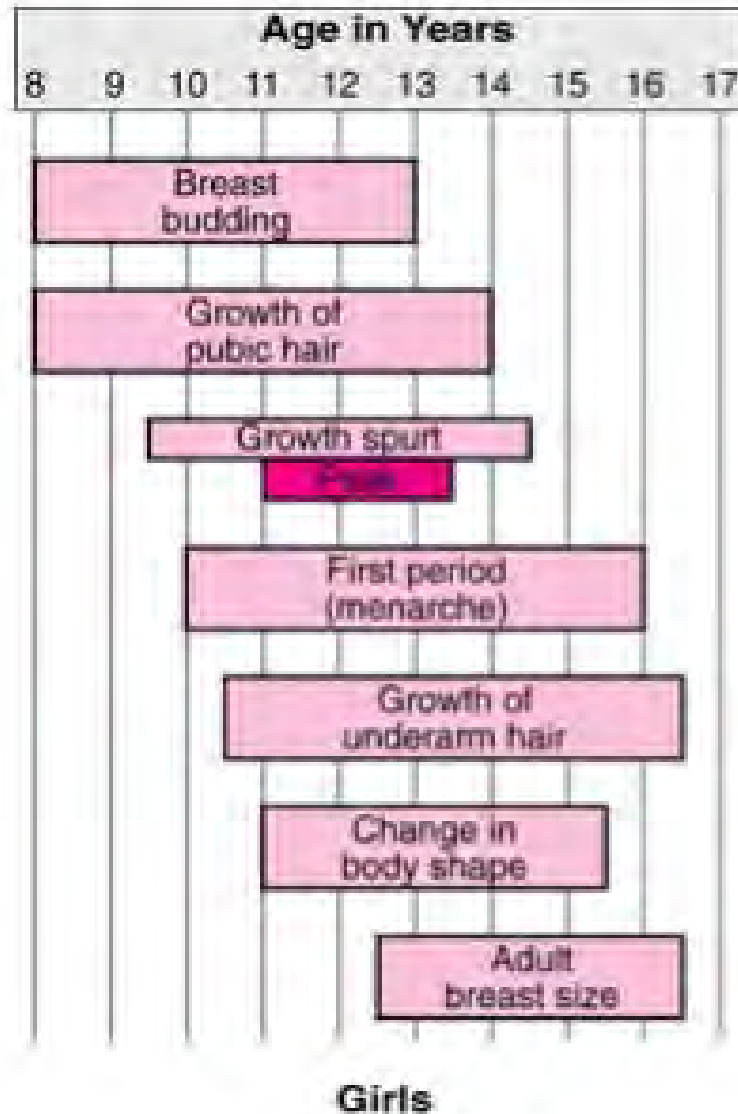
Girls

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

PEDIATRICS®

MRI Scans of Healthy Children and Teens Over Time

Gogtay, Giedd, et al. Proc. Natl. Acad. Sci., 2004

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 - 11 to 14**
  - Less interest in parental activities
  - Wide mood swings

- **Middle - 15 to 18**
  - Peak of parental conflicts

- **Late - 19 to 26**
  - Reacceptance of parental advice and values

Body image

- **Early - 11 to 14**
  - Preoccupation w/ pubertal changes
  - Uncertainty about attractiveness

- **Middle - 15 to 18**
  - General acceptance of body
  - Attention to appearance

- **Late - 19 to 26**
  - Acceptance of pubertal change

Cognitive development

- 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
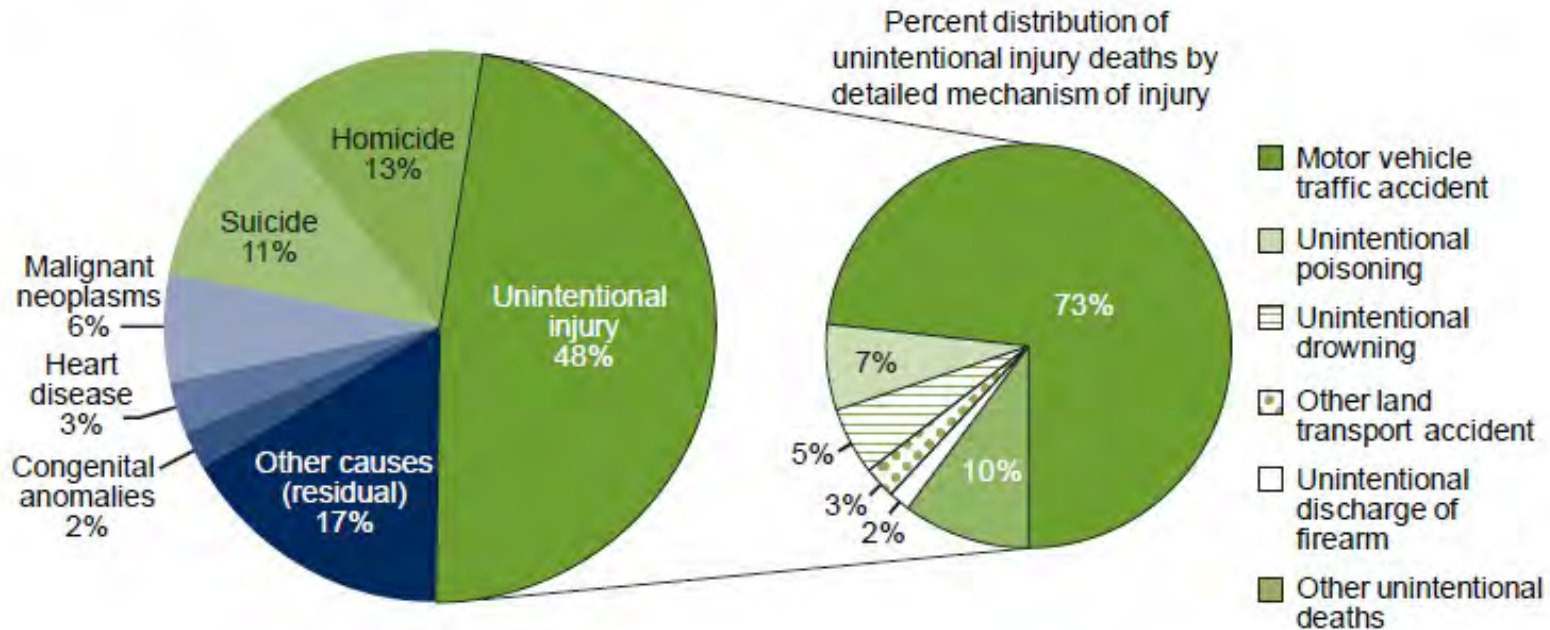
Identity and goals

- 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
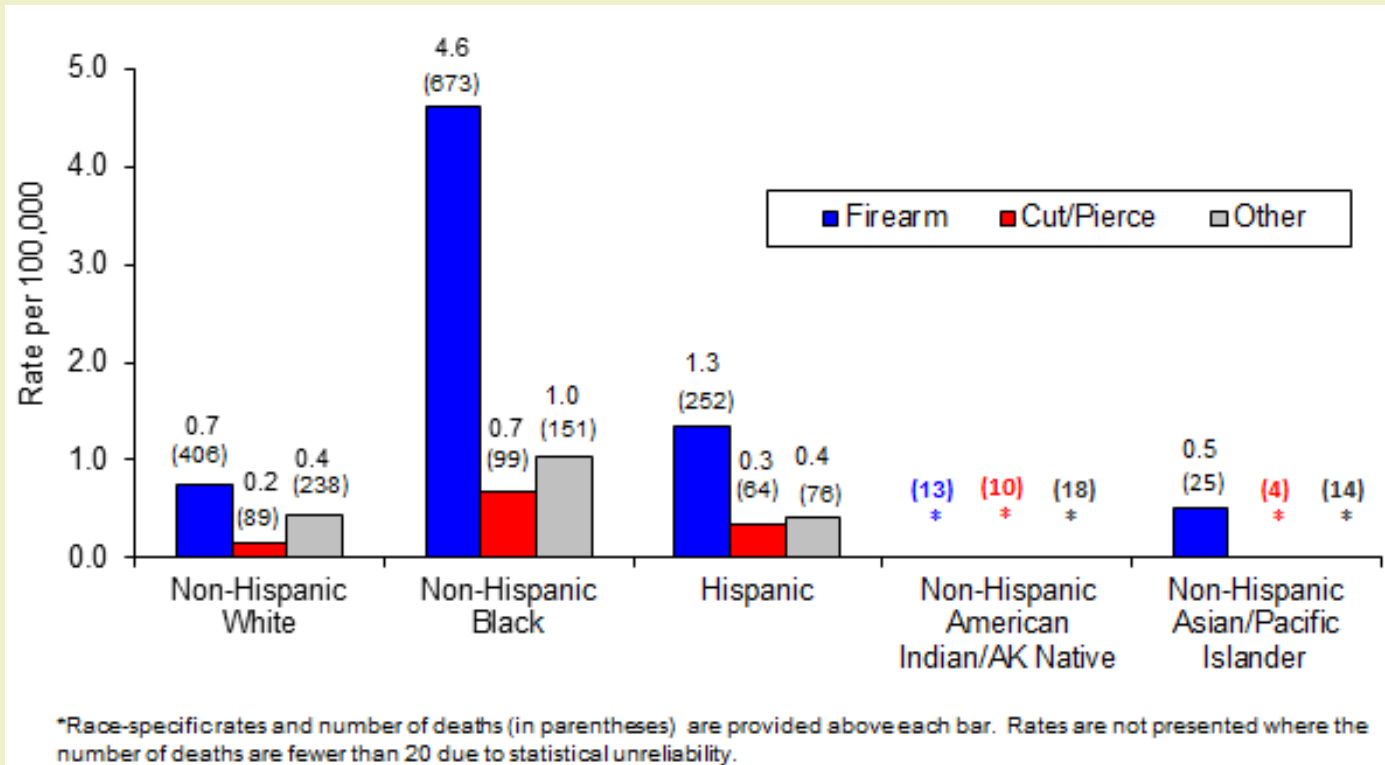outcomes among adolescent girls?

Mortality 12-19 year olds

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

Percent distribution of unintentional injury deaths by detailed mechanism of injury

Homicide 13%
Suicide 11%
Malignant neoplasms 6%
Heart disease 3%
Congenital anomalies 2%
Unintentional injury 48%
Other causes (residual) 17%

73%
7%
5%
3%
2%
10%

- Motor vehicle traffic accident
- Unintentional poisoning
- Unintentional drowning
- Other land transport accident
- Unintentional discharge of firearm
- Other unintentional deaths

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

*Race-specific rates and number of deaths (in parentheses) are provided above each bar. Rates are not presented where the number of deaths are fewer than 20 due to statistical unreliability.

Depression and suicide

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)

YRBS 2011

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

By Age

16–17
14–15
All
12–13

By Gender

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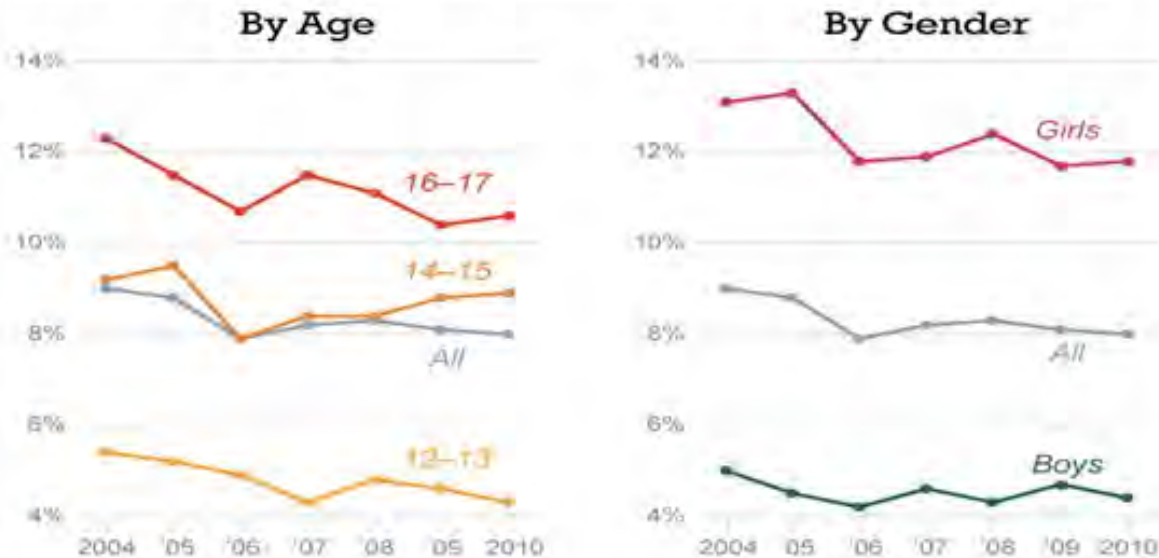
Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2011.

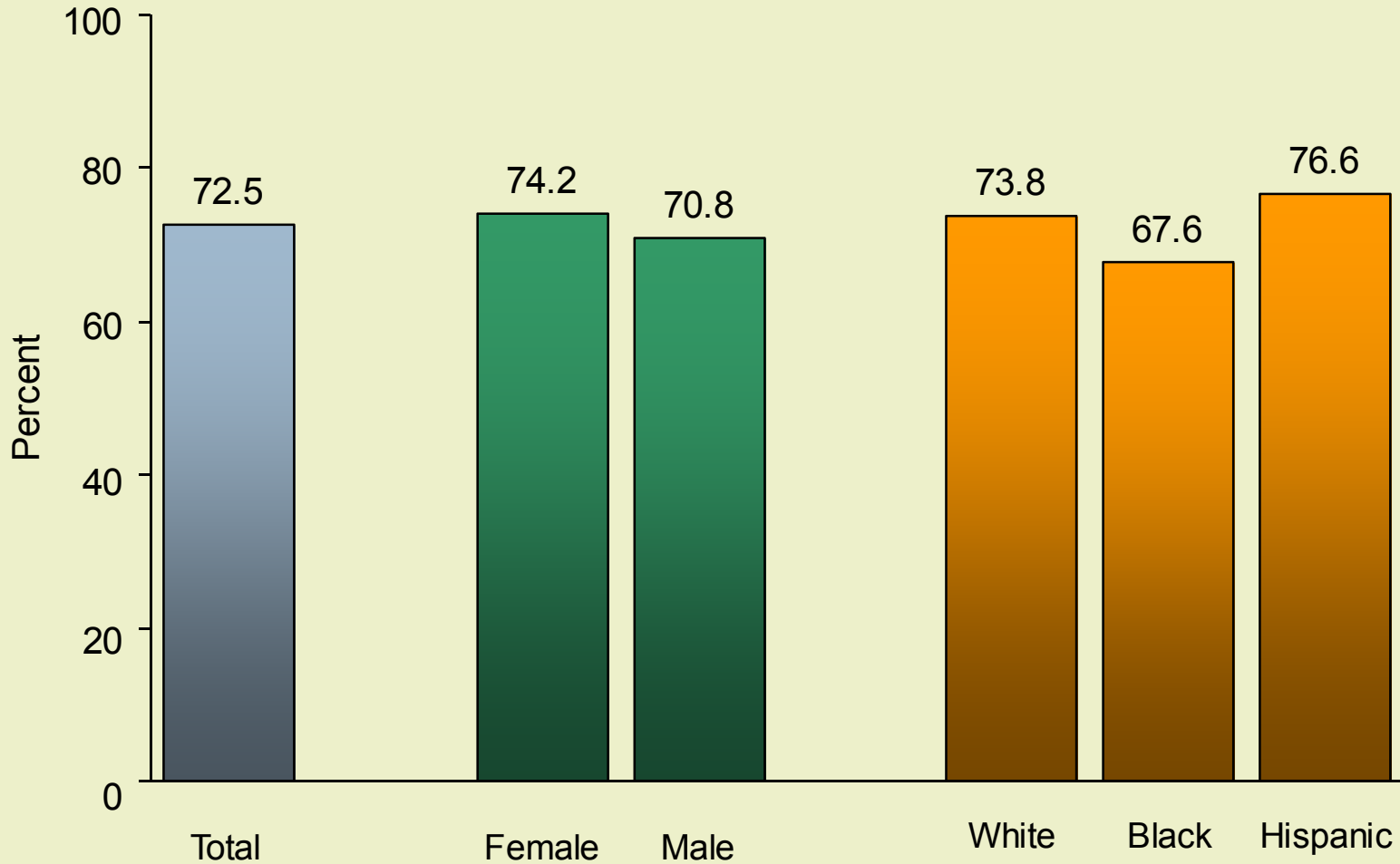Percentage of High School Students Who Ever Smoked Cigarettes,* by Sex and Race/Ethnicity,† 2009

Children's Hospital of Pittsburgh | UPMC
Adolescent Medicine
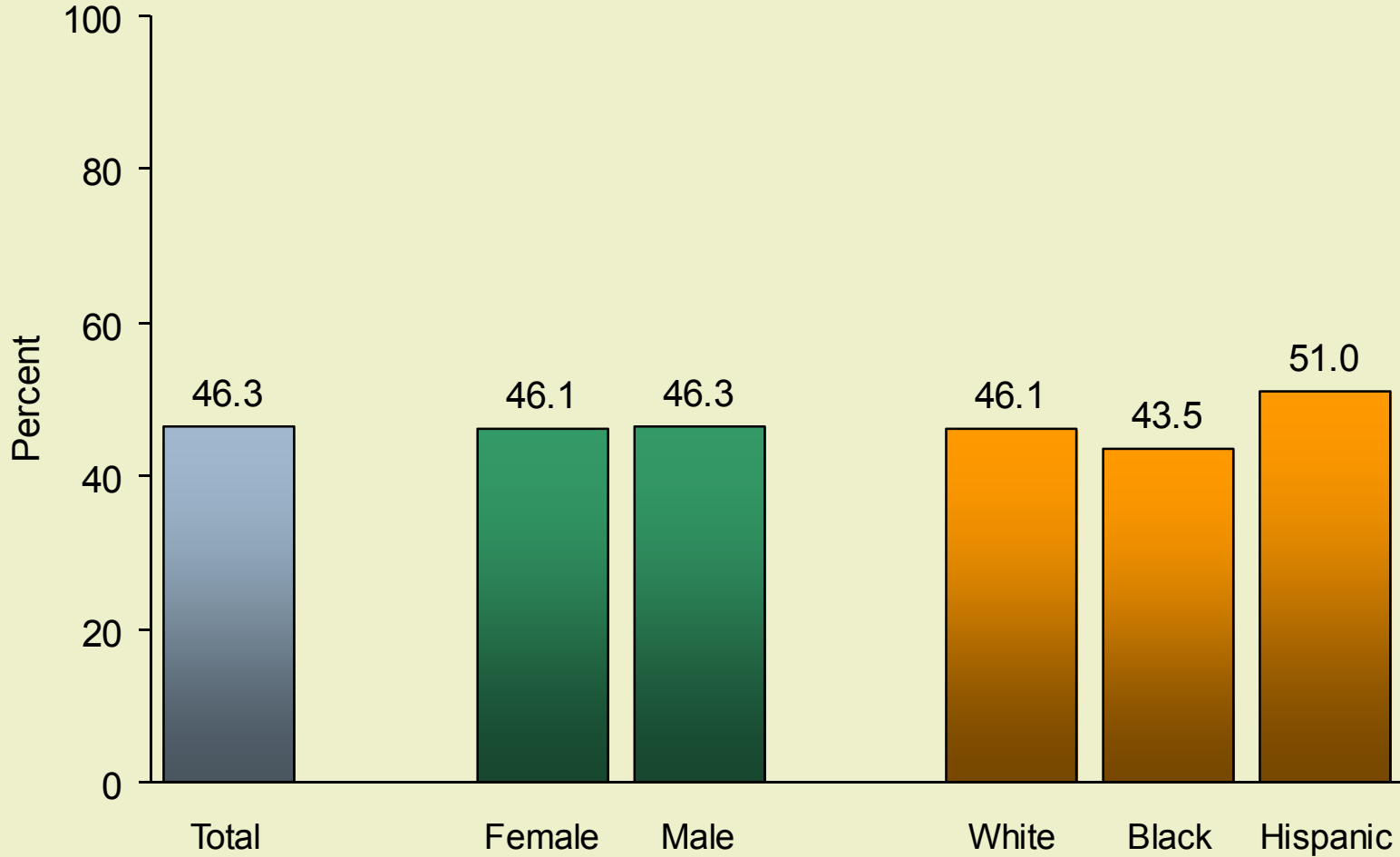
* Ever tried cigarette smoking, even one or two puffs.
† H > B

National Youth Risk Behavior Survey, 2009

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

National Youth Risk Behavior Survey, 2009

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

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Adolescent Medicine

Percent

	Total	Female	Male	White	Black	Hispanic
	36.8	34.3	39.0	35.7	41.2	39.9
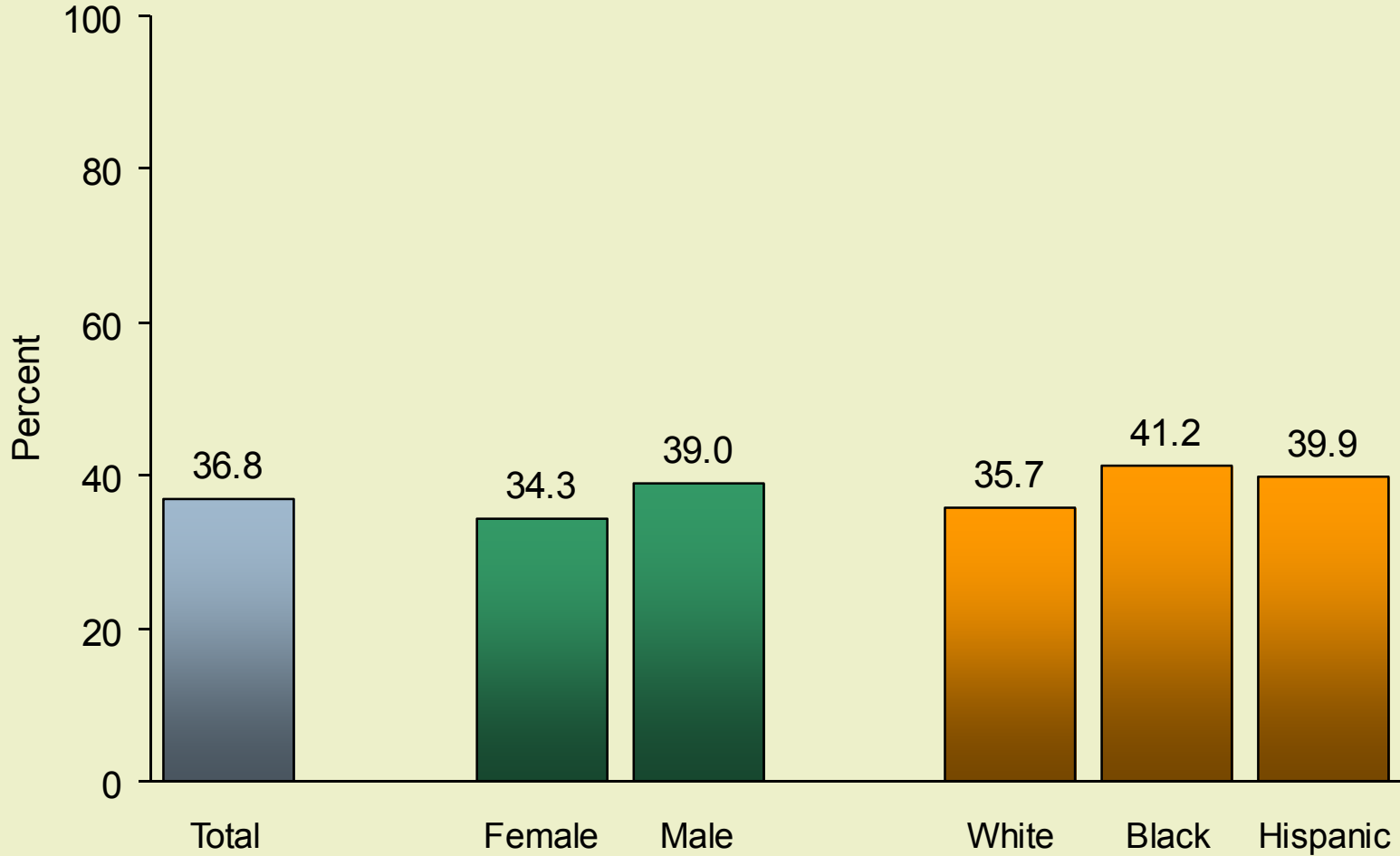
* Used marijuana one or more times during their life.
† M > F
‡ B, H > W

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

Children's Hospital of Pittsburgh | UPMC
Adolescent Medicine
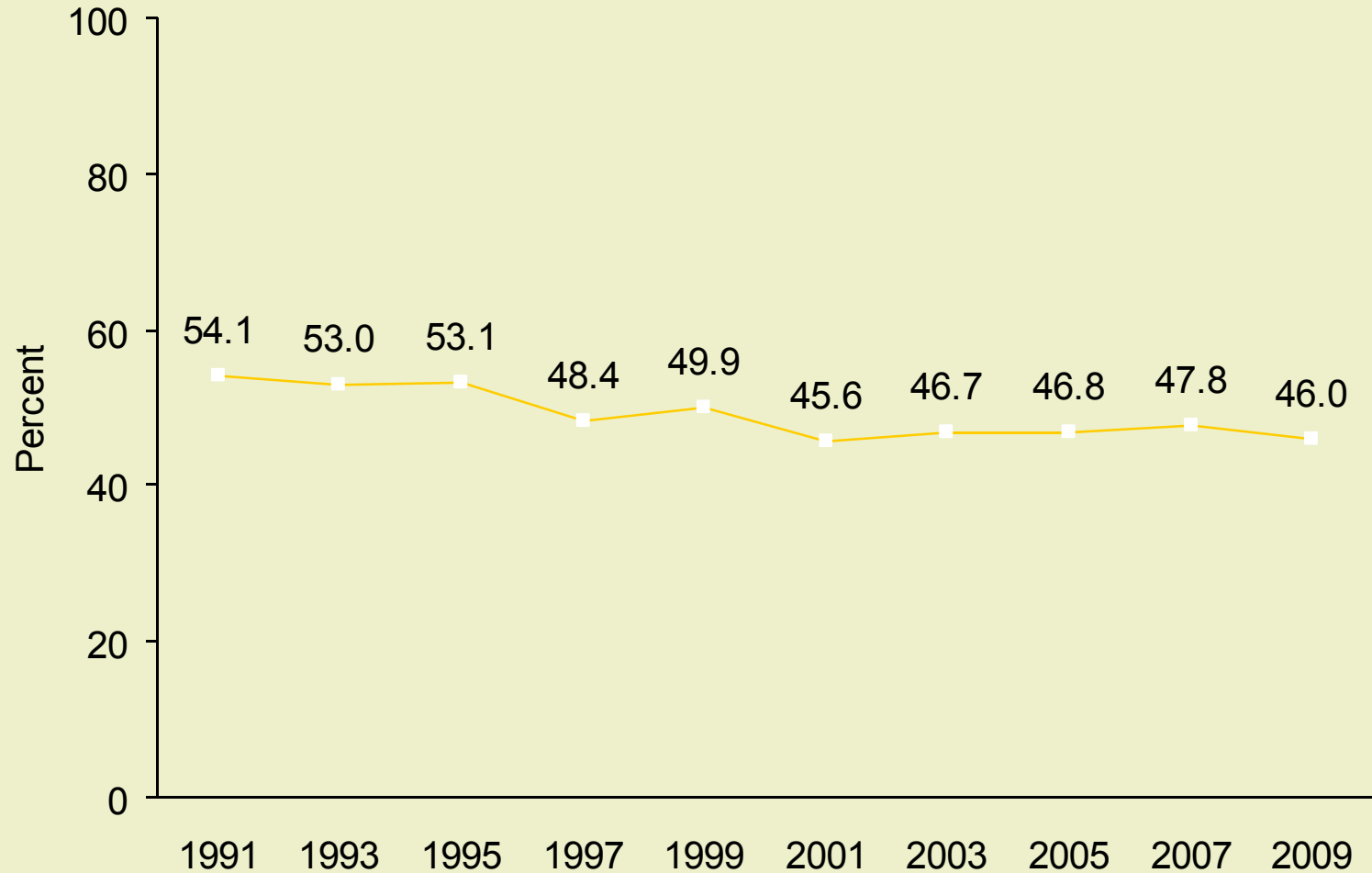
† Decreased 1991–2009, p < 0.05.

National Youth Risk Behavior Surveys, 1991–2009

Estimated Youth STI Incidence, 2000

~25% 15-24 Years — Account for: — ~48% New Infections

~75% 25-44 Years — ~52% New Infections

5% Gonorrhea
7% Genital herpes
16% Chlamydia
21% Trichomoniasis
51% HPV

*Also included <1% each HIV, Syphilis, Hepatitis B

Sexually Experienced Population

Incident STIs*

13
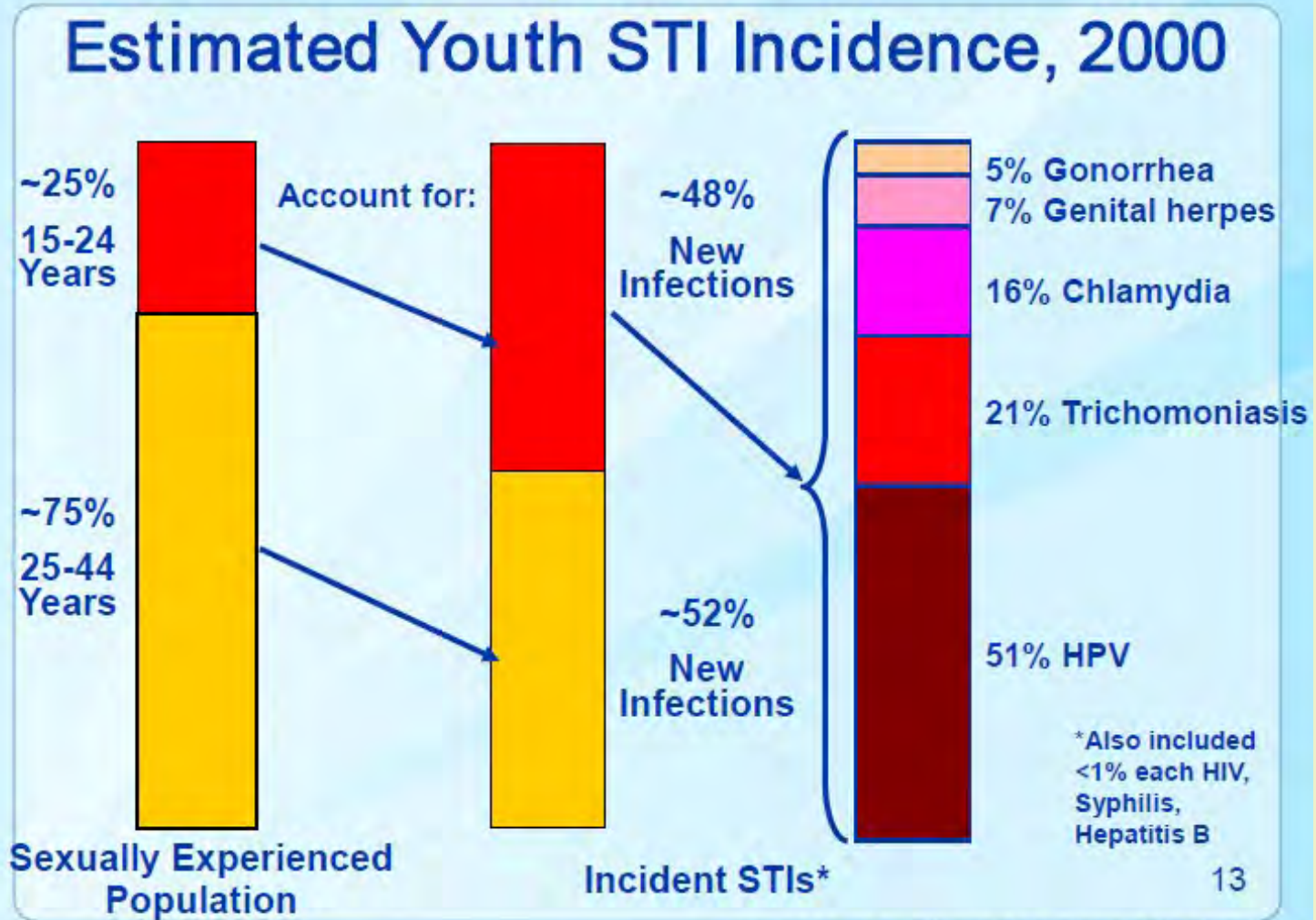
Weinstock et al., Persp Sex Reprod Health, 2004

Birth rates per 1,000 females ages 15-19, by race/ethnicity, 1990-2012
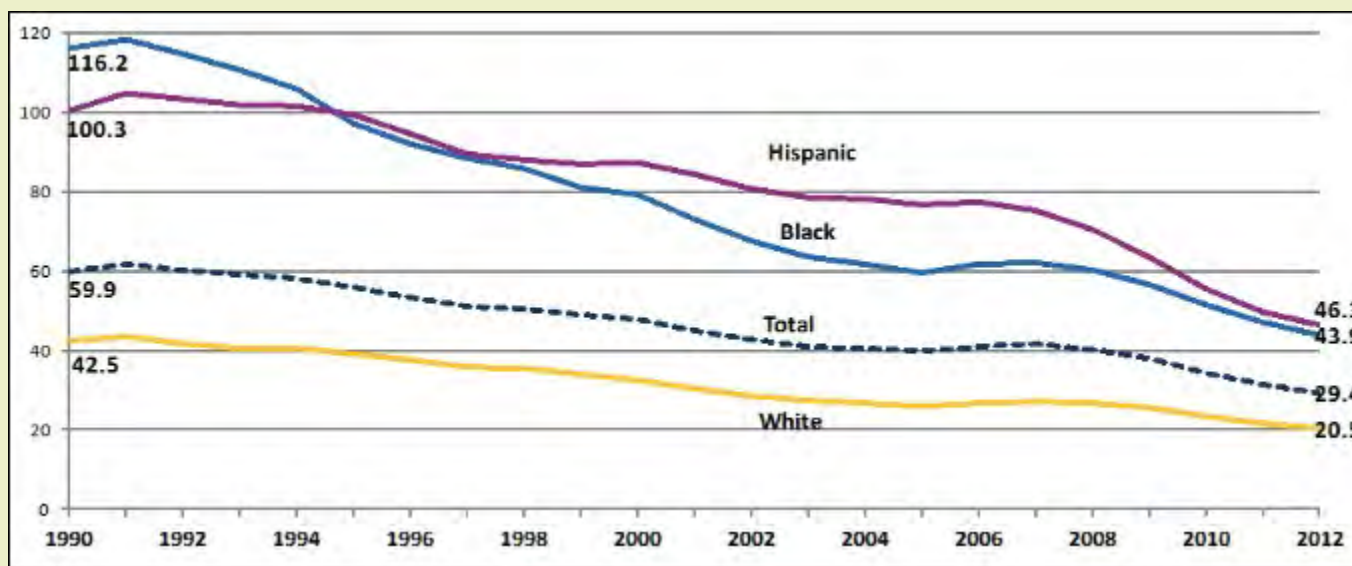
87% of pregnancies among girls ages 15-17 are unplanned
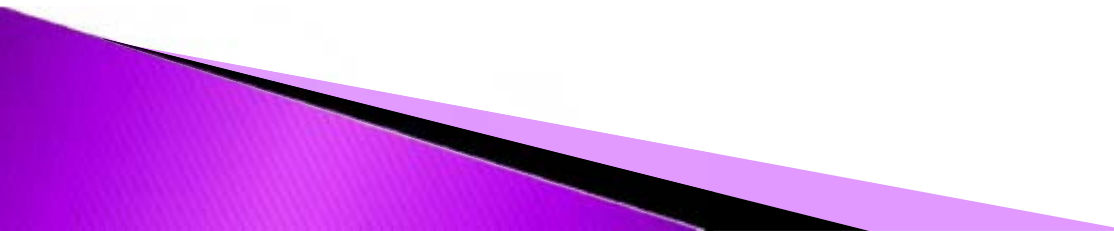
Prevalence of obesity
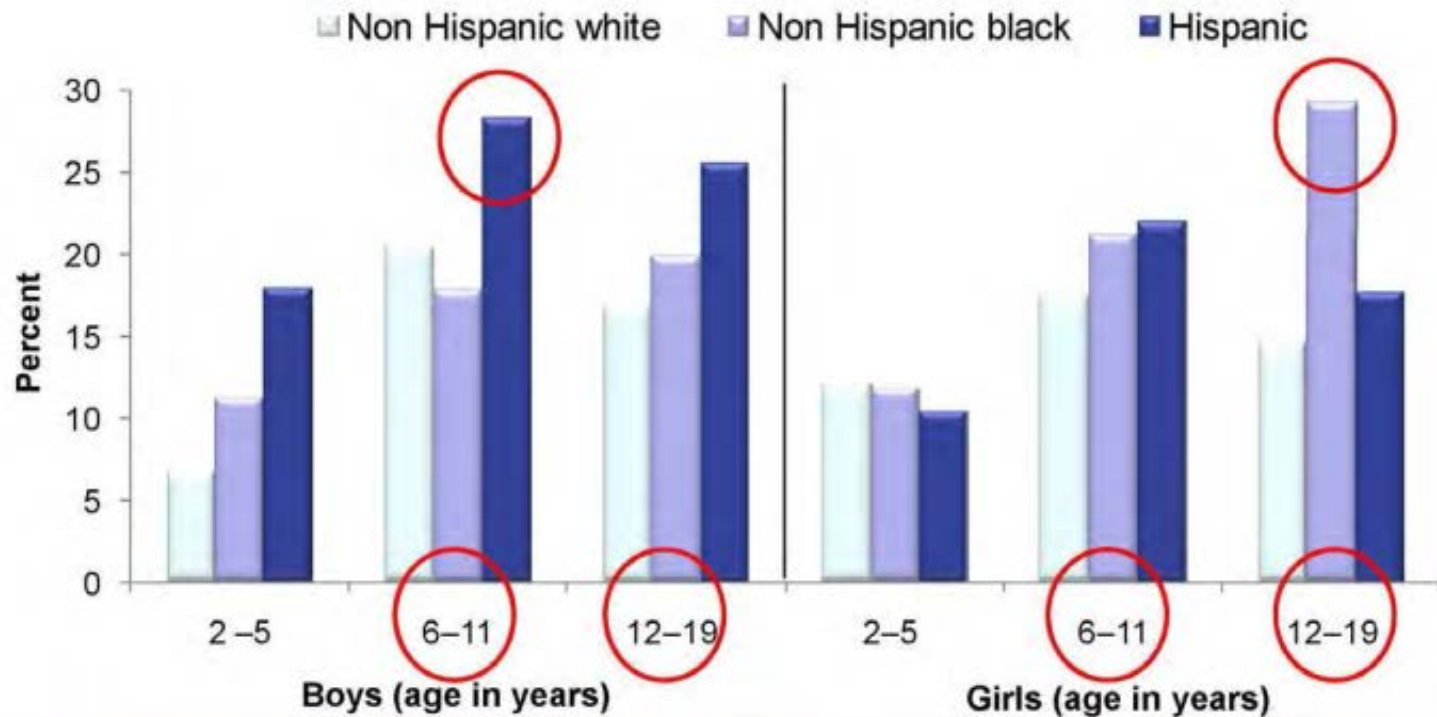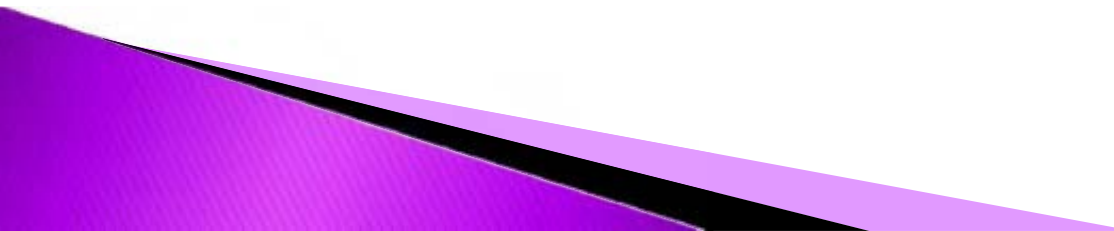
Girls & Adolescence

▸ 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.
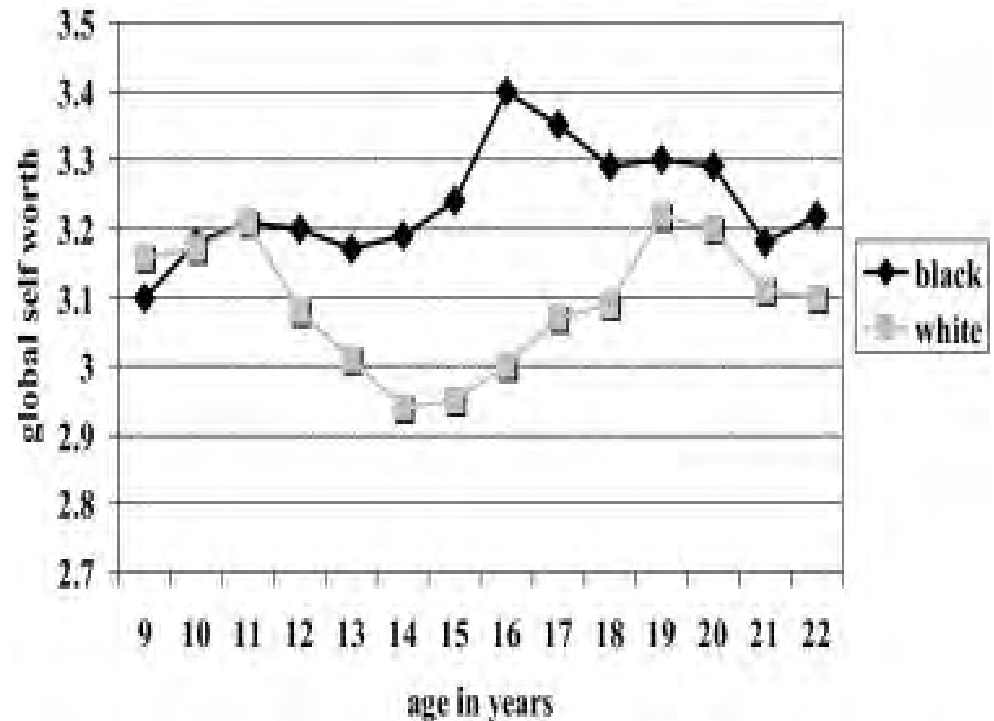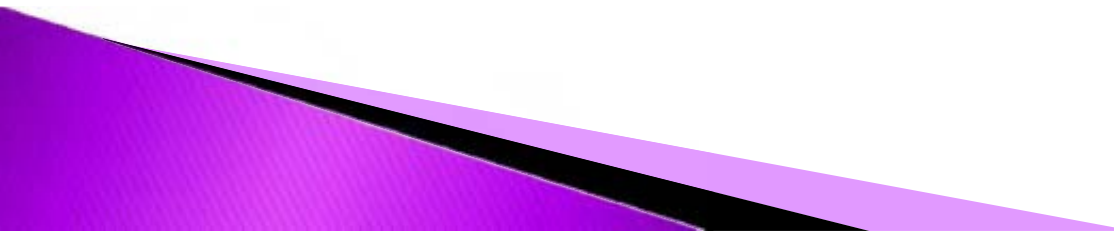

Figure 1   Global self-worth, by race and age. Longitudinal analysis of 1213 black and 1166 white girls, aged 9 and 10 years at intake. Black diamonds = black participants; gray squares = white participants.

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

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.
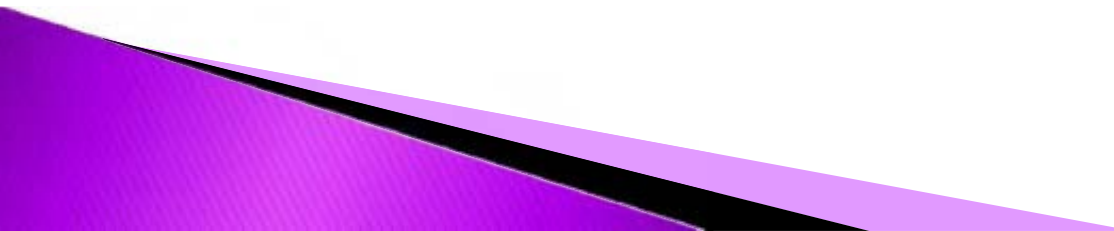
("Maternal, newborn, child," 2014)

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

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.

(Conger, Williams, Little, Masyn&Shebloski, 2009 ;Mustillo , Budd & Hendrix, 2013)

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 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)

* **Note from CEU By Net: When referring to 'voice', Carol Gilligan was speaking of the development of a female's 'moral ethics' - specifically: making decisions primarily based upon caring and responsibility for others vs. acting in one's own interest = a "lower level of voice".**

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: 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)

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.

("Maternal, newborn, child," 2014)

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/

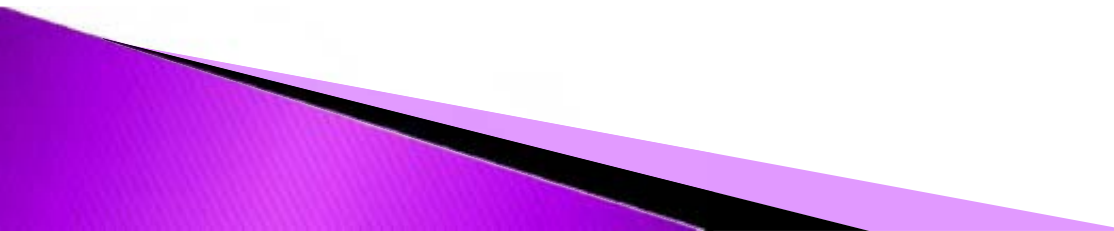True Child
http://www.truechild.org/FindTools

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scyatta@janisaw.com

Teen Dating Violence Awareness and Prevention

Created by
BRAVO of O'Neill

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.

Children's Hospital of Pittsburgh | of 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

"

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

Children's Hospital of Pittsburgh | of UPMC

Adolescent Medicine

> "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."

Miller, et al, 2007

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

" 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.

–

Miller, et al, 2007

18 yr. old female with 2 year old son

"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

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.

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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

- 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/

We hope you enjoyed this first Study Guide of sponsored Course 5N. You may take the quiz for this Study Guide now or later (i.e., it's Quiz #1.) The next Study Guide in this five-section Course 5N is '*Girl In the Mirror'*.
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