

STATUS OF GIRLS IN ILLINOIS



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STATUS OF GIRLS IN ILLINOIS

** The cover photo provided by Girls in the Game and all other Report photos provided by Steering Committee and organizations featured are copywritten.*

Introduction

In March 2009, President Obama signed an Executive Order creating the White House Council on Women and Girls. The purpose of this Council is to ensure that American women and girls are treated fairly in all matters of public policy and to work to enhance, support and coordinate the efforts of existing programs for women and girls.

In keeping with this national goal, the Status of Girls in Illinois report asks: How are girls and young women in Illinois faring as they navigate their way through childhood and adolescence and eventually move into adulthood? The assumption framing this report is that if we can better understand the multiple needs of girls, along with strategies to meet those needs, we can inspire change so that we are all moving in the same direction – **forward**.

Why a report on the Status of Girls?

We believe that it is critical for all Illinoisians to have up to date, accurate data about the state of girls' physical, social, and psychological well-being. This information will allow stakeholders to better support girls and young women in their development. To provide a fuller picture of girls' experiences, this report explores several interrelated domains – health, substance abuse, physical fitness, sexuality, violence, education and out-of-school time activities.

The report utilizes existing statistical data and research to tell the story of how girls are faring in Illinois. A great deal of information about Illinois girls is scattered across many different and often difficult-to-find documents. A primary goal of this report is to centralize the information and to make it accessible, not only in print but also via the internet, to a variety of agencies, groups, institutions and individuals who have the needs and interests of Illinois's girls in mind. The report's reference section and webpage can also direct those interested in further research to solid sources of data about girls.

We hope that this report will be useful for those setting policies impacting girls' lives, and all those concerned about girls' well-being. To that end, in addition to the data presented, the report also offers a set of recommendations for educators, policymakers, funders, families, activists, community members and others who are interested in advocating for girls. These recommendations underscore what is needed in terms of funding, research, and programs for girls.

A consistent theme in our recommendations is the need for resources for organizations that help girls to thrive. From anti-violence groups to groups that foster leadership and self esteem, to groups that help girls stay physically fit and learn nutrition skills – all of these organization support girls as they navigate an often treacherous path. Few public or private funding sources exist nationally or locally to specifically support the needs of girls and young women, and organizations that help girls thrive are often left without resources for their crucial work. We call on public and private funders to make more resources available for girls across our state.

Some Demographic Information about Illinois Girls

According to the 2007 National Survey of Children’s Health, there are over 1.5 million girls (ages 0-17) in the state of Illinois. Of these, 33.2% are age 5 or younger, 32.5% are between 6 and 11 years old, and 34.3% are between 12 and 17¹ years old. 53.5% of these girls are White, 19.3% are Latinas, 18.9% are Black, and 4.0% are multi-racial. 4.2% of girls are immigrants.²

Over a quarter of a million Illinois girls (16.1% of girls) live in homes that are below the federal poverty level. 10.2% of girls in Illinois live in “working poor”³ households

According to the 2005/2006 National Survey of Children’s Health for Children with Special Health Care Needs⁴ , about 14% of children ages 0 to 17 in Illinois have special health care needs. 11.8% of girls in Illinois have special health care needs.⁵ More specific data about children with special health care needs can be found at the Status of Girls website.

According to the 2007 Youth Risk Behavior Surveillance System, 8.7% of Chicago female high school students describe themselves as gay, lesbian, or bisexual. For more detailed information about young sexual minority women, please see the appendix of this report for the results of a study by researchers at Howard Brown Health Center.

1 National Survey of Children’s Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>. All of this data is made available in chart format on the website for this report, statusofgirls.womenandgirlscan.org.

2 U.S. Census Bureau, 2006 American Community Survey, Sex by Age by Citizenship Status

3 Working poor is defined as parents employed full-time with incomes less than 100% of the federal poverty level.

4 The federal Maternal and Child Health Bureau defines Children with Special Health Care Needs (CSHCN) as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required of children generally.”

5 Child & Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs, Data Resource Center for Child and Adolescent Health website, retrieved (8/6/09) from www.cshcn.org

When girls get a chance...

While girls and young women face many societal obstacles, they remain incredibly resilient. Many young women in Illinois engage in activism, produce their own media, and develop curricula for other young women. Therefore, while this report necessarily focuses on the risks that girls face as they make their way through childhood and adolescence, we have also highlighted girls' strengths and resilience by featuring the work of high quality and innovative programs and organizations that are working to support young women's healthy development.

For example:

Over one in ten girls in Chicago experiences dating violence. Yet when given a chance, teenagers at Females United for Action wrote and published an article that helped to shape public dialogue not just in Chicago, but nationwide, around teen dating violence, and provided a tool to educate their peers.

Girls in Illinois are disproportionately impacted by sexually transmitted infections. When given a chance, girls in Chicago worked with the Illinois Caucus for Adolescent Health to advocate and draft a comprehensive sex education policy passed by the Board of Education.

Over 13% of Chicago girls are obese, and 78% of Chicago girls do not meet the recommended levels of physical activity. When given a chance, girls enrolled in Girls in the Game programs choose healthy and active behaviors which result in a reduction in BMI (Body Mass Index), increased consumption of healthy foods and improved self-esteem.

These are just three examples of the many programs that are supporting girls' efforts to thrive against the odds. These, and several other programs, are highlighted at the end of each section, in order to draw attention to girls' ability to overcome obstacles when they have access to resources and support.

Main Sources of Data

The steering committee is indebted to the Center for Urban Research and Learning (CURL) at Loyola University for collecting the primary data for this report. CURL drew from a variety of sources to paint as complete a picture as possible of the reality of girls' lives in Illinois. That data was supplemented by those collected by steering committee member and report co-author, Mariame Kaba. In addition, researchers at the Howard Brown Health Center generously shared critical information about LGBTQ young women in Illinois which we have included in the appendix of the full report. Information about some of the main sources of data for this report is listed below:

The Youth Risk Behavior Surveillance System (YRBS) was developed by the Centers for Disease Control and Prevention in 1990 to monitor teen sexual behavior, tobacco and alcohol use, and other behaviors. The survey is conducted every two years and provides data on 9th through 12th grade students in public and private schools in the United States. Over 14,000 students across the country completed the questionnaire in 2007, the most recent data available and the data used in this report. One important limitation of the data is that they are limited to youth in high school, and do not include students who have dropped out, were absent from school on the day of the survey, or older teens who have graduated from high school.

The National Survey on Drug Use and Health (NSDUH) provides yearly national and state-level data on the use of alcohol, tobacco, illicit and non-medical prescription drugs in the United States. Other health-related questions also appear from year to year, including questions about mental health. The NSDUH is sponsored by the Substance Abuse

and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service and a part of the U.S. Department of Health and Human Services (DHHS).

The National Survey of Children's Health (NSCH) is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration, U.S. Department of Health and Human Services. The NSCH examines the physical and emotional health of children ages 0-17 years of age. Special emphasis is placed on factors that may relate to the well-being of children, including medical homes, family interactions, parental health, school and after-school experiences, and safe neighborhoods. This is parent-reported information on the health and well-being of children in each state and nationally.

In addition to these major sources of data, we used several issue-specific sources. In some cases, the data derives from youth-led research. For example, we rely on research by the **Rogers Park Young Women's Action Team**, a Chicago group that has conducted youth surveys on issues including teen dating violence, street harassment and mental and emotional health, and has used these to advocate for policy changes and needed resources for girls.

Limitations & need for further research

While we have drawn from many sources for this report, there are several limitations to the available data that we want to point out at the outset.

Marginalized girls: Girls' experiences differ widely across race, sexual orientation, ability, socioeconomic status, immigrant status and more. Wherever possible, we have included data that takes into account girls' diversity, and highlighted the lessons derived from

this data. Unfortunately, there is a dearth of research about the lives of young women from marginalized communities such as young women who trade sex for money and survival needs, young women with disabilities, or those who identify as LGBTQ. While we indicate specific areas in which research is needed throughout the report, we want to stress that research is needed across the board on how these young women are faring in our state.

Girls' resiliency: Another key limitation of existing research about girls is that it focuses a great deal on risks and negative outcomes, with very little data available about girls' strategies for overcoming hardships and their resiliency. We have sought to provide a counterpoint to this deficit model by offering concrete examples of crucial programs that develop young women's sense of agency and foster their resiliency.

Boys' experiences: While this report focuses on the status of girls and young women in Illinois, we take note of the fact that boys and young men also face a number of societal problems. While boys and young men face some of the same challenges as young women, they are not the focus of this particular report. However, statistical information about young men is available in the datasets that can be downloaded from the Status of Girls website at www.womenandgirlscan.org/statusofgirls. We encourage those who are interested in making comparisons between young men and young women to visit the website. We also welcome efforts by other stakeholders to develop a report about the status of boys in Illinois.

Highlights

84.9% of Illinois parents report that their daughters are in excellent or very good health (NSCH 2007).

More than one in ten (11.9%) girls face at least 1 chronic health condition, and 5.8% face two or more chronic health conditions (NSCH 2007).

5% of Illinois girls ages 6-17 missed 11 or more days of school in the past 12 months due to an illness or injury; 10.7% missed 6-10 days, 60.5% missed 1-5 days (NSCH 2007).

91.7% of girls/young women in Illinois had one or more past year preventive medical care visit in 2007 (NSCH 2007).

21.8% of Chicago girls have been told by a doctor or nurse that they have asthma; this is highest among Black girls (27.8%). (YRBS 2007)

In Illinois, 28.9% of girls had a doctor recommend that they receive a vaccination shot against HPV, compared with 31.1% nationwide. 16.2% of Illinois girls have received the shot, compared with 18.7% nationwide (NSCH 2007).

In Illinois, 7.1% of girls ages 2 to 17 lack health insurance coverage of any kind (NSCH 2007).

One quarter (25%) of Illinois parents surveyed in 2007 felt that they do not have adequate health insurance coverage to meet their daughters' needs (NSCH 2007).

General Health for Girls & Access to Health Care

by Mariame Kaba

Virtually every issue we discuss in this report – from violence to substance use to physical fitness – has an impact on girls’ health. It is important, then, to look at the level of access that girls in Illinois have to basic health care, as well as the physical health issues they are facing.

GENERAL HEALTH

The 2007 National Survey of Children’s Health asks parents to report on the health status of their children. 84.9% of parents of girls in Illinois reported that their daughters were in excellent or very good health, 11.7% of girls were reported to be in good health and 3.4% in poor health.

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GENERAL HEALTH			
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11.9% of girls face at least 1 chronic health condition, and 5.8% face two or more chronic health conditions.			
NSCH 2007	In general, how would you describe your daughter’s health? Would you say her health is excellent, very good, good, fair, or poor? ¹		
	Excellent/ Very Good	Good	Fair/ Poor
Illinois	84.9%	11.7%	3.4%
U.S.	84.9%	11.9%	3.1%
	How many girls currently have one or more chronic health conditions from a list of 16 conditions? ²		
	No Current Chronic Conditions	1 Current Chronic Condition	2+ Current Chronic Conditions
Illinois	82.3%	11.9%	5.8%
U.S.	81.5%	12.4%	6.1%
Oral health is also a very important part of overall health. Most Illinois parents (73.9%) report that the condition of their daughters’ teeth is excellent or very good. This is similar to the rate nationally.			
	How would you describe the condition of your daughter’s teeth: excellent, very good, good, fair, or poor? ³		
	Excellent/ Very Good	Good	Fair/ Poor
Illinois	73.9%	19.0%	7.1%
U.S.	72.3%	19.7%	8.0%

¹ National Survey of Children’s Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

² National Survey of Children’s Health (2007), <http://nschdata.org/DataQuery/DataQueryResults.aspx>

³ National Survey of Children’s Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

GENERAL HEALTH

5% of Illinois girls ages 6-17 missed 11 or more days of school in the past 12 months due to an illness or injury; 10.7% missed 6-10 days, 60.5% missed 1-5 days.

NSCH 2007	During the past 12 months, about how many days did (child's name) miss school because of illness or injury? ⁴			
	0 Days	1-5 Days	6-10 Days	11 or More
Illinois	23.8%	60.5%	10.7%	5.0%
U.S.	21.9%	59.4%	12.8%	5.9%

91.7% of girls/young women in Illinois had one or more past-year preventive medical care visit in 2007.

	How many children/youth had one or more preventive medical care visits during the past 12 months? ⁵	
	No Preventative Medical Care Visits	One or More Preventative Medical Care Visits
Illinois	8.3%	91.7%
U.S.	11.9%	88.1%

Getting enough sleep is an essential ingredient of overall good health. According to parent reports, only 64.5% of Illinois girls aged 6 to 17 get enough sleep every night, meaning that 35.5% of girls are not receiving adequate sleep.

Children, Ages 6-17, Who Got Enough Sleep Every Night During the Past Week

	During the past week, on how many nights did (child's name) get enough sleep for a child his/her age? ⁶			
	0 Days	1-5 Days	6-10 Days	11 or More
Illinois	1.6%	6.7%	27.2%	64.5%
U.S.	2.3%	6.0%	27.7%	64.1%

⁴ National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

⁵ National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

⁶ National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

GENERAL HEALTH

Turning to the YRBS provides more information about racial disparities as they relate to girls' health. For example, 21.8% of girls in Chicago have been told by a doctor or nurse that they have asthma; this is higher among Black girls, with 27.8% having been told they have asthma. 10.2% of girls in Chicago reported being told that they *still* have asthma; again, this number is higher for Black girls, with 15.5% currently having asthma.

Percentage of female high school students who have ever been told by a doctor or nurse that they had asthma ⁷, by race/ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	20.7%	20.6%	20.4%	21.8%
Black	23.3%	24.4%	Group too small	27.1%
Hispanic/Latina	19.3%	19.3%	Group too small	18.6%
White (non-hispanic)	20.3%	19.7%	19.9%	Group too small

Percentage of female high school students who have ever been told by a doctor or nurse that they had asthma and still have asthma ⁸, by race/ethnicity 2007

All Races	12.5%	13.4%	13.8%	10.2%
Black	15.6%	14.1%	Group too small	15.5%
Hispanic/Latina	11.4%	7.9%	Group too small	5.1%
White (non-hispanic)	12.2%	14.5%	14.4%	Group too small

⁷ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

⁸ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

GENERAL HEALTH

Human Papillomavirus (HPV) Shot

Over the past three years, the use of vaccinations to guard against HPV has sparked controversy and received national attention. Concerns over the short term side effects, the potential long term effects of the drug, and marketing of the drug in communities of color, led many to question and oppose its use.

In Illinois, 28.9% of girls had a doctor recommend that they receive a vaccination shot against HPV, compared with 31.1% nationwide. 16.2% of Illinois girls have received the shot, compared with 18.7% nationwide.

NSCH 2007	Did a doctor or health care provider recommend that [girl's name] receive HPV shots ⁹	
	No	Yes
Illinois	71.1%	28.9%
U.S.	68.9%	31.1%
NSCH 2007	Has [girl's name] ever received any human papilloma virus shot? ¹⁰	
	No	Yes
Illinois	83.8%	16.2%
U.S.	81.3%	18.7%

HEALTH INSURANCE COVERAGE

In Illinois, 7.1% of young women ages 2 to 17 lack health insurance coverage of any kind, making it more difficult for them to access critical health services. In 2007, 9.1% of girls and young women in Illinois were currently uninsured or experienced periods of no coverage. Unfortunately we are unable to break out these percentages across racial lines.

Most young women (65.7%) in Illinois who have health care coverage are privately insured, compared to 61.7 percent nationally.

NSCH 2007	Does (girl's name) have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid? ¹¹	
	Uninsured	Insured At Time of Survey
Illinois	7.1%	92.9%
U.S.	8.9%	91.1%

⁹ National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

¹⁰ National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

¹¹ National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

HEALTH INSURANCE COVERAGE

NSCH 2007	How many girls had consistent health insurance coverage during the past 12 months? ¹²		
	Insured All Year	Currently Uninsured or Periods of No Coverage	
Illinois	90.3%	9.7%	
U.S.	84.9%	15.1%	
	What type of health insurance coverage, if any, did girls have at the time of the survey? ¹³		
	Public Insurance	Private Insurance	Uninsured
Illinois	27.1%	65.7%	7.2%
U.S.	29.4%	61.7%	8.9%
<p>One quarter (25%) of Illinois parents surveyed in 2007 felt that they do not have adequate health insurance coverage to meet their daughters' needs. This compares to 23.4% nationwide.</p>			
	How many girls had consistent health insurance coverage during the past 12 months? ¹⁴ (In Illinois)		
	Current Insurance is Adequate	Current Insurance is NOT Adequate	
Illinois	75.0%	25.0%	
U.S.	76.6%	23.4%	

¹² National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

¹³ National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

¹⁴ National Survey of Children's Health (2007), <http://nschdata.org/DataQuery/DataQueryResults.aspx>

HEALTH INSURANCE COVERAGE

In the past few years, Illinois has introduced school health centers, located in or near schools, that provide an opportunity for young women to receive affordable health care. Centers provide a number of services including primary care, counseling, dental and medical health services. According to Illinois Kids Count, in FY2008 the state had 50 school health centers, with 23 in Chicago. Each year in Illinois school health centers save an estimated¹⁵:

- **\$233,000 to \$342,000 by reducing asthma hospitalizations**
- **\$1.77 million by providing immunizations**
- **\$2.50 million by reducing emergency room visits.**

Enrollment in School Health Centers by Gender, Location, and Race, FY 2008 ¹⁶

	Illinois Total	Chicago	Suburban Chicago	Downstate
Total enrolled	79,677	18,350	11,693	49,634
Percent	100%	23%	14.7%	62.3%
Female	39,596 (49.70%)	9546	5653	24,397
Illinois Total:	White	Black	Latino	Asian/Pacific Islander
	30.4%	43.7%	15.9%	2.6%

When Girls Get a Chance....

The **Young Women's Empowerment Project** works to unite girls of color with life experience in the sex trade and street economy around issues that directly affect our lives. We believe that all girls should have the power to control our bodies. When the vaccine for HPV, Gardasil, came out, YWEP girls were concerned about how this drug was being marketed and that some girls and young women of color were being forced to receive this drug even though the long term effects had barely been shown.

YWEP joined with Committee on Women Population and the Environment to make a statement (www.cwpe.org/node/222) that explains all the risks and benefits of this drug. We also decided to teach ourselves how to do our own self exams so that we could take care of ourselves if we could not get to a doctor. This statement has been handed out to thousands of girls and our outreach workers can teach girls how to give themselves self exams to protect against HPV disease on our own terms.

¹⁵ Illinois Coalition for School Health Centers (n.d.) Reducing costs, improving health – costs & benefits of Illinois school health centers. Chicago: Illinois Maternal & Child Health Coalition.

¹⁶ Illinois Coalition for School Health Centers – School-Based Health Center Data from Voices for Illinois Children

Recommendations:

1. School health centers have been an integral resource for young women and girls across the state of Illinois. As the state budget crisis worsens, policymakers should continue to find ways to fund these centers. It is important to develop and support affordable, confidential health care services that are accessible to all girls.
2. Policymakers should ensure that all girls and young women in Illinois have health insurance.
3. Funders should support more school-based and community-based asthma education and prevention programs. Particular attention should be paid to offering this education in the African-American community.

2007 NATIONAL SURVEY OF CHILDREN'S HEALTH			
Indicator	Explanation	Percent Girls in Illinois	Percent Girls Nationwide
Health Status			
Child Health Status	Percent of children in excellent or very good health	84.9%	84.9%
Oral Health Status	Percent of children in excellent or very good oral health	73.9%	72.3%
Missed School Days	Percent of children age 6-17 who missed 11 or more days of school in the past year (because of injury or illness)	5.0%	5.9%
Health Care			
Current Health Insurance	Percent of children currently uninsured	7.1%	8.9%
Insurance Coverage Consistency	Percent of children lacking consistent insurance coverage in the past year	9.7%	15.1%
Adequacy of Current Insurance Coverage	Percent of children with current insurance NOT adequate to meet his/her needs	25%	23.4%
Preventive Health Care	Percent of children with a preventive medical visit in the past year	91.7%	88.1%
Preventive Dental Care	Percent of children with a preventive dental visit in the past year	81.7%	79.2%
Mental Health Care	Percent of children age 2-17 with problems requiring counseling who received mental health care	63.9%	58.5%
Medical Home	Percent of children who received care within a medical home	59.7%	58.2%
HPV Shot	Percent of girls (12-17) who have ever received any human papilloma virus shots	16.2%	18.7%

Over a third of female high school students in Illinois (34.4%) and Chicago (36.9%) reported experiencing depression over the past year (YRBS 2007).

Mental & Emotional Health

by Mariame Kaba

Black female high schools students (14.2%) in Illinois are more likely to attempt suicide than their Latina (11.9%) or White (6%) peers (YRBS 2007).

14.2% of Chicago female high school students reported that they had engaged in self mutilation, such as cutting or burning themselves over the past year (YRBS 2007).

According to the 2007 National Survey of Children's Health, 2.4% of girls in Illinois currently suffer from Attention Deficit Disorder, with 1.5% of girls taking medication.

36.1% of Illinois girls and young women (age 2-17) who reported needing mental health care are not receiving any type of care (NSCH 2007).

According to one study, about 14.7% of the female youth at the Cook County Temporary Juvenile Detention Center met the diagnostic criteria for PTSD, with rates highest among Latinas (16.9%), followed by Blacks (14.7%) and then Whites (10.5%). (Abram, Teplin, Charles, Longworth, McClelland, and Dulcan 2004).

Girls in Illinois face high rates of depression and other mental illnesses. Half of all lifetime cases of mental health illness begin by the age of 14.¹ With over a third of girls who need mental health care not receiving it, the state has a strong need to support mental health treatment for girls, as well as programs that help girls build self esteem and peer support.

Depression & Suicide

National data suggest that a significant proportion of young people have symptoms of emotional distress. According to the 2007 National Survey of Drug Use and Health (NSDUH), two million young people across the nation (8.2% of the population ages 12-17) had a major depressive episode² (MDE) during the past year.

One of the broadest indicators of depressive symptoms comes from the Youth Risk Behavior Surveillance System (YRBS). Their survey asks: Have you ever felt so sad or hopeless almost every day, for two weeks in a row, that you couldn't do some of your usual activities? In the 2007 YRBS, 35.8% of female high school students nationally reported this level of sadness; In Illinois, 34.7% of young women in high school indicated depressive symptoms. Across the board, Latina females reported higher rates of depression than their non-Hispanic Black and White peers.

Percentage of female high school students who felt sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities during the 12 months before the survey, by race/ethnicity 2007 ³				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	35.8%	34.7%	34.4%	36.9%
Black	34.5%	37.9%	Group too small	33.5%
Hispanic/Latina	42.3%	39.0%	Group too small	42.2%
White (non-hispanic)	34.6%	32.6%	32.6%	Group too small

1 Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE, Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*, 2005. June;62(6):617-27.

2 For these estimates, MDE is defined using the diagnostic criteria set forth in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, which specifies a period of two weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image.

3 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_mmwr.pdf

In 2007, the **Rogers Park Young Women’s Action Team**, a youth group on Chicago’s north side, surveyed 175 young women between the ages 11 to 19 about the impact of stress in their lives. The YWAT found that 28.6% of young women surveyed had considered suicide. 47.4% of young women reported that they personally knew between 1 and 5 girls and young women (under the age of 18) who had considered suicide. 8.2% personally knew more than 10 girls and young women under age 18 who had considered suicide.

According to the National Center for Health Statistics, suicide is the third leading cause of death in all teens in the United States. Of every 100,000 young people in each age group, the following number died by suicide:⁴

- Children ages 10-14 – 1.3 per 100,000
- Adolescents ages 15-19 – 8.2 per 100,000
- Young adults ages 20-24 – 12.5 per 100,000

Historically, black teens and young adults had lower suicide rates than white teens, but in recent years, the suicide rate for black youth has increased significantly.⁵

For example, the 2007 YRBS found that in Illinois, Black female (14.2%) high school students are more likely to attempt suicide than their Latina (11.9%) and White (6%) peers. The 2007 YRBS also points to the fact that a significant portion of female high school students (17%) in Illinois have seriously considered attempting suicide. This is higher for Latinas (19.1%) and Black girls (18.0%) than White girls (14.5%).

Percentage of Female High School Students Who Attempted Suicide One or More Times During the 12 Months Before the Survey ⁶				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	9.3%	8.6%	8.4%	9.7%
Black	9.9%	14.2%	Group too small	8.6%
Hispanic/Latina	14.0%	11.9%	Group too small	8.4%
White (non-hispanic)	7.7%	6.0%	5.7%	Group too small

⁴ Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS): www.cdc.gov/ncipc/wisqars

⁵ Joe S, Baser RS, Neighbors HW, Caldwell CH, S Jackson J. 12-Month and Lifetime Prevalence of Suicide Attempts Among Black Adolescents in the National Survey of American Life. *J Am Acad Child Adolesc Psychiatry* 2009 Mar; 48 (3) 271-82.

⁶ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

Percentage of Female High School Students Who Have Seriously Considered attempting Suicide During the 12 Months Before the Survey, 2007⁷

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	18.7%	17.0%	17.0%	17.1%
Black	18.0%	18.0%	Group too small	13.9%
Hispanic/Latina	21.1%	19.1%	Group too small	17.7%
White (non-hispanic)	17.8%	14.5%	14.3%	Group too small

Research has also found higher-than-average suicide rates for LGBTQI communities. Illinois does not currently have specific data available on suicides and attempted suicides for LBTQ girls. However, the 2005 Chicago YRBS reported that lesbian, gay, and bisexual students had suicide attempt rates three to four times higher than rates for heterosexual students. Clearly, more research is needed to understand the scope of this problem among LBTQ girls and to develop effective suicide prevention plans.⁸

Self-Mutilation

14.2% of female high school students in Chicago reported that they had engaged in self-mutilation over the past 12 months. This was far higher than the rate in other parts of the state (2.2%), and rates were highest among Latinas (16.1%).

Percentage of Female High School Students Who Did Something to Purposely Hurt Themselves Without Wanting to Die, such as Cutting or Burning Themselves, One or More Times During the 12 Months Before the Survey, 2007⁹

	Illinois w/o Chicago	Chicago
All Races	2.2%	14.2%
Black	Group too small	9.4%
Hispanic/Latina	Group too small	16.1%
White (non-hispanic)	0.8%	Group too small

⁷ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

⁸ "Chicago Public High Schools Differential Risk Factors for Lesbian, Gay, Bisexual Identified Students – 2005 Youth Risk Behavior Survey Results." Retrieved from www.illinoisafeschools.org/page_attachments/0000/0008/2005_CYRBS.pdf

⁹ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

ADD / ADHD

According to the 2007 National Survey of Children's Health, 2.4% of girls in Illinois currently suffer from Attention Deficit Disorder, with 1.5% of girls taking medication.

NSCH 2007	How many children currently have ADD/ADHD and take medication for this condition? ¹⁰		
	ADD/ADHD Ever, Not Taking Meds Now	ADD/ADHD Ever, Currently Taking Meds	Never Told Child Has ADD/ADHD
Illinois	0.9%	1.5%	97.6%
U.S.	1.3%	2.2%	96.5%

Eating Disorders

According to the 2007 YRBS, during the 30 days prior to the survey, 7.4% of Illinois female high school students had vomited or taken laxatives to avoid weight gain or to lose weight. This percentage had been similar in the 1995 survey, which showed 7.7% of Illinois female high school students engaging in this behavior. In 2007, Illinois White girls (8.1%) were the most likely to have used vomiting or laxatives this way within 30 days of the survey, followed by Latinas (7.6%) and then Black girls (4.5%). In Chicago, 5.8% of girls of all races reported using vomiting or laxatives this way.

Percentage of female high school students who vomited or took laxatives to keep from gaining weight during the past 30 days , by race/ethnicity 2007 ¹¹				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	6.4%	7.4%	7.7%	5.8%
Black	3.5%	4.5%	Group too small	4.8%
Hispanic/Latina	7.0%	7.6%	Group too small	5.5%
White (non-hispanic)	6.9%	8.1%	8.0%	Group too small

¹⁰ National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

¹¹ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

The same survey also showed that in Illinois, 15.9% of female high school students had spent 24 hours or more without eating to avoid gaining weight or to lose weight within the 30 days before the survey. This behavior was most common among White Illinois girls (17.9%), followed by Latina (13.9) and then Black girls (10.9). Among Illinois girls in 2007, 5.6%, without consulting a doctor, had taken diet pills, powders, or liquids to avoid gaining weight or to lose weight. For more information and detailed charts, please consult the physical activity and sports section of this report.

Mental Health Service Use Among Youths

According to the National Survey of Drug Use & Health, in 2007 across the U.S., 3.1 million youth aged 12 to 17 (12.5%) received treatment or counseling for problems with behavior or emotions in the specialty mental health setting (inpatient or outpatient care). Additionally, 11.5% of youth received services in the education setting, and 2.8% received mental health services from the general medical setting in the past 12 months. 5.1% of youth received mental health services in multiple settings.

The 2007 National Survey of Children’s Health found that 58.5% of girls across the U.S. with current emotional, developmental, or behavioral problems requiring treatment or counseling received some type of mental health care. This means that a significant proportion (41.5%) of young women across the U.S. who needed mental health care DID NOT receive counseling.

In comparison, the same Survey showed that 63.9% of Illinois girls (2-17) with emotional, developmental, or behavioral problems received mental health care/counseling of some type during the 12 months before the survey. This means that 36.1% of Illinois girls and young women who needed mental health care DID NOT receive it.

NSCH 2007	How many children received needed mental health care or counseling during the past 12 months? ¹²	
	Need But Did NOT Get Mental Healthcare/Counseling	Need & Received Mental Healthcare/ Counseling
Illinois	36.1%	63.9%
U.S.	41.5%	58.5%

Mental Health among Young Women in Detention

Little data have been collected on the psychological well-being of detained youth. Abram et al (2004) collected data between 1995 and 1998 regarding post-traumatic stress disorder (PTSD) among youth detained at the Cook County Temporary Juvenile Detention Center (CCJTDC). The research revealed that 84% of females in the center reported having experienced a trauma. The prevalence of trauma among girls in the center did not vary significantly across race.

¹² National Survey of Children’s Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

Girls 14 and older were more likely to report trauma histories (86.5%) than girls aged 10 – 13 (59.1%). The most common trauma that girls reported (63.5%) was seeing or hearing someone be killed or very badly hurt. 47.3% of females in the CCJDTC reported having been threatened by a weapon. About 14.7% of the detained female youth met the diagnostic criteria for PTSD, with rates highest among Latinas (16.9%), followed by Blacks (14.7%) and then Whites (10.5%). Many of the youth detained had experienced multiple traumas. The authors assert that few traumatized at-risk and detained youth are screened for PTSD, and few receive services, which could lead to chronic problems with PTSD and to other mental health and social problems. Abram et al also note that the conditions of incarceration can make PTSD worse and that detention staff often respond to youth having psychiatric crises by using restraining and isolation, which can worsen anxiety, numbing of emotions, and aggression.

Prevalence of Trauma by Sex and Race/Ethnicity – Female Detainees				
	Total	African American	White	Hispanic
Ever experienced any trauma listed?	84.0%	85.8%	76.8%	81.6%
Ever been in a situation where you thought you/someone close to you was going to be hurt very badly or die?	49.1%	47.0%	53.7%	55.2%
Ever been attacked physically or beaten badly?	30.9%	26.7%	32.6%	46.9%
Ever been threatened with a weapon?	47.3%	47.9%	36.8%	50.6%
Ever forced to do something sexual that you did not want to do?	29.6%	31.0%	27.4%	24.9%
Ever been in a bad accident like a car crash?	21.9%	19.0%	33.3%	27.9%
Ever in a fire, flood, tornado, earthquake, or other natural disaster where you thought you were going to die or be seriously injured?	10.6%	10.7%	8.4%	11.4%
Other than one television/movies, ever seen/heard someone get hurt very badly or be killed?	63.5%	65.2%	60.0%	58.1%
Ever very upset by seeing a dead body/pictures of a dead body of someone you knew well?	27.9%	30.2%	23.2%	21.0%

13 Karen M. Abram, PhD; Linda A. Teplin, PhD; Devon R. Charles; Sandra L. Longworth, MS; Gary M. McClelland, PhD; Mina K. Dulcan, MD. *Posttraumatic Stress Disorder and Trauma in Youth in Juvenile Detention*. *Arch Gen Psychiatry*. 2004; 61: 403-410.

When girls get a chance...

My Sister's Keeper (MSK) is a youth-led program for girls aged 8 to 14 in the Uptown/ Rogers Park communities of Chicago. Started 3 years ago, the club was formed by members of Alternatives' Girl World Program who wanted to support and encourage positive decision making skills with younger girls. In order to prepare for the club, youth leaders complete a series of communication and mentor trainings. Next, the youth leaders design interactive workshops, small group activities and fun games. Then, the MSK leaders invite girls from local schools to join in the fun!

The club is comprised of a small number of members and youth leaders in order to facilitate strong, positive relational work between the attendees and the young women who facilitate. Since inception, MSK has provided fun and informative workshops focusing on community safety, health, puberty, nutrition and positive relationships to girls from eight Chicago area elementary schools and agencies.

Recommendations:

1. Programs to build girls' self esteem and positive self image are crucial for girls to thrive. Funds should be made available for programs that incorporate peer education and peer support, and that help girls to develop leadership skills.
2. Access to mental health treatment should be expanded, whether in a school setting, a medical setting, or a mental health setting.
3. Girls in detention need mental health screening and treatment, and freedom from traumatic conditions of confinement.
4. Mental health providers should be culturally competent in the care that they offer for girls of color and LGBTQ girls.
5. Researchers need to develop a clearer understanding of the experiences of girls that lead to depression and suicide. Practitioners need to focus on developing culturally competent prevention plans that address the specific needs of various communities (including the LGBTQI communities).

References

Karen M. Abram, PhD; Linda A. Teplin, PhD; Devon R. Charles; Sandra L. Longworth, MS; Gary M. McClelland, PhD; Mina K. Dulcan, MD. Posttraumatic Stress Disorder and Trauma in Youth in Juvenile Detention. Arch Gen Psychiatry. 2004; 61: 403-410.

Substance Use & Abuse

by Mariame Kaba

Drinking is common among Illinois high school girls; with 46.6% reporting current alcohol use. Black girls were less likely to report being current drinkers than their white and Latina peers (YRBS 2007).

Nearly a third of Illinois high school girls (31.4%) reported engaging in binge drinking. White and Latina girls were much more likely to engage in heavy episodic drinking than their Black counterparts (YRBS 2007).

Over 1 in 5 female high school students in Chicago had their first experience with alcohol before age 13 (YRBS 2007).

Black girls are less likely to smoke than other races. White girls are much more likely to use cigarettes than other racial groups (YRBS 2007).

Chicago high school girls (13.7%) are much less likely to be current smokers than their counterparts across the state of Illinois (21.8%) and the nation (18.7%). (YRBS 2007)

According to the 2007 National Survey of Children's Health, 26.1 percent of girls in Illinois live in a household where someone uses cigarettes, cigars, or pipe tobacco. This number has decreased from 30.1 percent in 2003.

Nearly 1 in 5 (19.3%) Chicago high school girls are current marijuana users. More young women in Chicago also report ever having used marijuana than their peers in Illinois and across the nation as a whole (YRBS 2007).

Over 1 in 10 (10.9%) Chicago high school girls first used marijuana before they turned 13. This is more than double the national average (5.2%). (YRBS 2007)

Girls in Illinois are using alcohol, cigarettes and illegal drugs at an alarming rate. In many cases, use of these substances begins before girls reach their teenage years. The use of alcohol, cigarettes and drugs greatly impacts girls' mental, emotional and physical health. Teen girls who are addicted to alcohol or drugs face unique challenges to their self-confidence, ability to process emotional issues, and their sense of personal power.

Alcohol

According to the 2007 Youth Risk Behavior Survey, in Illinois, nearly half (46.6%) of female high school students are current drinkers. White girls are more likely to use alcohol (51%) than Latina girls (47.8 %) and Black girls (34.6%).

31.4% of high school girls in Illinois reported episodic heavy drinking, compared to a national average of 24.1%. Young Black women (12.7%) were significantly less likely to engage in this behavior compared to their white (38.2%) and Latina (29.9%) peers.

In Chicago, 20.6% of female high school students reported episodic heavy drinking. Latina girls (24%) were more likely to engage in heavy drinking than other racial/ethnic groups. 14.8% of Black female high school students reported having had five or more drinks of alcohol in a row within a couple of hours on one or more of the past 30 days before the survey.

21.5% of female high school students in Illinois reported having had their first alcoholic drink before age 13. This was highest among Latinas (27.2%) compared to Black girls (20.5%) and White girls (19.8%).

Percentage Of Female High School Students Who Had At Least One Drink of Alcohol On One Or More Of The Past 30 Days (Current Alcohol Use), Race & Ethnicity 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	44.6%	46.6%	48.0%	40.4%
Black	34.9%	34.6%	Group too small	35.5%
Hispanic/Latina	47.5%	47.8%	Group too small	44.5%
White (non-hispanic)	47.1%	51.0%	51.4%	Group too small

Percentage of Female High School Students Who Had Five or More Drinks of Alcohol in a Row, that is, Within a Couple of Hours on One or More of the past 12 Months Before the Survey				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	24.1%	31.4%	33.8%	20.6%
Black	10.7%	12.7%	Group too small	14.8%
Hispanic/Latina	25.3%	29.9%	Group too small	24.0%
White (non-hispanic)	27.9%	38.2%	38.5%	Group too small

Percentage of Female High School Students Who Had their First Drink of Alcohol (Other than a Few Sips Before Age 13 years)				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	20.0%	21.5%	21.3%	22.9%
Black	22.7%	20.5%	Group too small	22.5%
Hispanic/Latina	24.2%	27.2%	Group too small	23.1%
White (non-hispanic)	17.8%	19.8%	19.3%	Group too small

Tobacco/Cigarettes

Cigarette smoking among high school aged girls and young women in Illinois is a cause for concern, with over 1 in 5 (21.8%) reporting that they are current smokers. Smoking is problematic because it puts girls at risk for diseases such as cancer and heart disease. Almost one in 10 (9.9%) of Illinois female high school students are current frequent smokers (smoking 20 or more cigarettes in a month). Currently, very few people begin to use tobacco as adults; almost all first use has occurred by the time people graduate from high school.¹ Tobacco is often the first drug used by those young people who use alcohol, marijuana, and other drugs.

Smoking rates vary greatly among young women across races. Young white women are more likely to be smokers than their Latina and Black peers. In Illinois, young White women (26.7%) are more than three times as likely to be smokers as their Black counterparts (7.5%).

Percentage of Female High School Students Who Smoked Cigarettes on One or More of the Past 30 days before the survey (current cigarette use), race and ethnicity 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	8.7%	21.8%	23.0%	13.7%
Black	8.4%	7.5%	Group too small	6.9%
Hispanic/Latina	14.6%	20.4%	Group too small	16.4%
White (non-hispanic)	22.5%	26.7%	26.0%	Group too small

¹ Preventing Tobacco Use among Young People: A Report of the Surgeon General, Executive Summary. U.S. Department of Health and Human Services (1994).

Percentage of Female High School Students Who Smoked Cigarettes on 20 or More of the Past 30 Days (current frequent cigarette use), race and ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	7.4%	9.9%	10.7%	3.3%
Black	2.1%	3.7%	Group too small	1.4%
Hispanic/Latina	3.3%	4.9%	Group too small	2.8%
White (non-hispanic)	10.2%	13.4%	13.0%	Group too small

Percentage of Female High School Students Who Ever Smoked Cigarettes Daily, that is, At Least One Cigarette Every Day for 30 days (lifetime daily cigarette use), race and ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	11.8%	15.8%	16.6%	7.9%
Black	5.0%	6.8%	Group too small	3.7%
Hispanic/Latina	7.1%	7.9%	Group too small	7.7%
White (non-hispanic)	14.9%	21.1%	20.3%	Group too small

It is difficult to expect a girl to refrain from smoking when she sees her parents smoking in the home. According to the 2007 National Survey of Children's Health, 26.1 percent of girls in Illinois live in a household where someone uses cigarettes, cigars, or pipe tobacco. This number has decreased from 30.1 percent in 2003.

Girls Ages 0-17 Who Live in a Household Where Someone Smokes Tobacco

NSCH 2007	Does anyone in the household use cigarettes, cigars, or pipe tobacco? ²	
	No One in Household Smokes Tobacco	Someone in Household Smokes Tobacco
Illinois	73.9%	26.1%
U.S.	74.0%	26.0%

2 National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

Marijuana

Marijuana is the most common drug in use by girls. Across the United States, over a third of girls (34.5%) report having tried marijuana at least once. This is even higher in Illinois (37.7%) and Chicago, where 42.3% of female high school students reported having used marijuana.

Over a fifth of girls surveyed in Illinois (18.7%) and Chicago (19.3) reported having used marijuana in the last 30 days. In Chicago, one in ten girls (10.9%) had tried marijuana for the first time before age 13 – more than double the national average of 5.2%.

Percentage of Female High School Students Who Used Marijuana One or More Times During their Lifetime (Lifetime Marijuana Use), race & ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	34.5%	37.7%	36.9%	42.3%
Black	35.0%	37.8%	Group too small	40.2%
Hispanic/Latina	35.9%	43.7%	Group too small	43.2%
White (non-hispanic)	34.1%	37.2%	36.6%	Group too small

Percentage of Female High School Students Who Used Marijuana One or More Times During the 30 days before the survey (Current Marijuana Use), race & ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	17.0%	18.7%	19.0%	19.3%
Black	17.1%	14.1%	Group too small	20.0%
Hispanic/Latina	16.4%	18.9%	Group too small	16.8%
White (non-hispanic)	17.0%	20.6%	20.5%	Group too small

Percentage of Female High School Students Who Used Marijuana For the First Time Before Age 13 Years, race & ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	5.2%	7.6%	7.3%	10.9%
Black	4.9%	7.0%	Group too small	11.0%
Hispanic/Latina	7.1%	11.9%	Group too small	16.8%
White (non-hispanic)	4.4%	6.9%	6.8%	Group too small

Crack/Cocaine

Among high school girls, the use of cocaine, including crack, is slightly lower in Illinois (6.1%) and Chicago (4.6%), when compared to the national average (6.5%).

Percentage of Female High School Students Who Used Any Form of Cocaine, including Powder, Crack, or Freebase One or More Times During Their Life (Lifetime Cocaine Use), race & ethnicity 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	6.5%	5.8%	6.1%	4.6%
Black	0.9%	0.6%	Group too small	1.6%
Hispanic/Latina	10.2%	8.4%	Group too small	4.2%
White (non-hispanic)	6.9%	6.6%	6.4 %	Group too small

Percentage of Female High School Students Who Used Any Form of Cocaine, including Powder, Crack, or Freebase One or More Times During the 30 days before the survey (Current Cocaine Use), race & ethnicity 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	2.5%	2.2%	2.4%	1.6%
Black	0.5%	0.6%	Group too small	1.6%
Hispanic/Latina	3.9%	3.9%	Group too small	1.0%
White (non-hispanic)	2.6%	2.4%	2.3 %	Group too small

Other Drug Use

Reported use of other drugs is also significantly lower than reported use of marijuana. 2.2% of Chicago high school girls reported having used heroin at least once. This is higher than the reported use in Illinois (1.0%) and nationally (1.6%). 5.8% of girls in Chicago reported using ecstasy, compared with Illinois (5.0%) and national (4.8%).

On the other hand, rates of methamphetamine use are lower in Chicago (2.5%) and Illinois (2.4%) than nationally (4.1%).

Percentage of Female High School Students Who Used Heroin One or More Times During their Life (Lifetime Heroin Use), race & ethnicity 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	1.6%	1.0%	0.8%	2.2%
Black	0.7%	0.8%	Group too small	2.6%
Hispanic/Latina	3.3%	3.1%	Group too small	1.9%
White (non-hispanic)	1.3%	0.6%	0.5%	Group too small

Percentage of Female High School Students Who Used Methamphetamines (also called speed, crystal, crank, or ice) One or More Times During Their Life (Lifetime Methamphetamine Use), race & ethnicity 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	4.1%	2.4%	2.5%	2.5%
Black	0.8%	0.9%	Group too small	2.8%
Hispanic/Latina	5.3%	2.2%	Group too small	1.8%
White (non-hispanic)	4.5%	3.0%	2.9%	Group too small

Recommendations:

1. School-based smoking prevention programs, based on a model of identifying social influences, have demonstrated consistent and significant reductions in adolescent smoking prevalence. These types of programs should be supported and encouraged to expand their reach.
2. Adult allies should help young women become media critics so that they can recognize messages that are intended to make them think that cigarettes and alcohol will make them more attractive and sexy. These allies also need to help girls realize that movies, music, and television glamorize drugs, alcohol and cigarettes.
3. We need to help girls find healthy ways to manage stress. Many more teen girls than boys report feeling a lot of stress in their lives and girls often suggest that they use substances to relieve that stress.
4. Organizations should enlist teen girls to become substance abuse peer educators so that they can see themselves as role models and engage in more pro-social behaviors.
5. Organizations should use harm reduction approaches to intervene in the lives of substance using and abusing young women.



Physical Activity & Sports

by Melissa Spatz

13.6% of Chicago female high school students are obese, compared to 9.9% in Illinois and 9.6% nationally. Obesity rates are highest for Black girls (15.7%), compared with Latinas (11.0%) (YRBS 2007)

20.7% of Chicago female high school students are at risk of becoming overweight, compared to 15.8% in Illinois and 15.1% nationally (YRBS 2007).

63.7% of Illinois female high school students are trying to lose weight (YRBS 2007).

More than one in ten (12.1%) female high school students in Chicago reported that they tried to control their weight within the past month by refraining from eating for more than 24 hours. 6.8% had used diet pills, powders or liquids without doctor's advice, and 5.8% had vomited or taken laxatives to keep from gaining weight (YRBS 2007).

67.2% of Illinois girls, and 78.3% of Chicago girls, do not meet the recommended levels of physical activity (YRBS 2007).

27.4% of Illinois girls, and 44.2% of Chicago girls, do not attend physical education classes (YRBS 2007).

55.8% of Chicago female high school students attend physical education classes one or more days a week – compared with the state average of 72.6% and the national average of 49.4%. 39.9 percent of female high school students in Chicago attend physical education classes daily; compared with their peers across Illinois (45%) and nationally (27.3%) (YRBS 2007).

42.3% of female high school students in Chicago participate in at least one sports team, compared with the state average of 51.4% and the national average of 50.4% (YRBS 2007).

45.4% of female high school students in Chicago watch three or more hours of television compared with the state average of 32.8% and the national average of 33.2% (YRBS 2007).

Girls are strong and capable, and given the chance, they are forces for change in their families, schools, communities and beyond. Yet for the first time in U.S. history, girls are expected to have a shorter lifespan than their parents, due to epidemic obesity and inactivity.

The current youth health crisis of obesity, the result of sedentary lifestyles and lack of access to physical activity and healthy food choices, disproportionately affects girls, in particular girls of color and those from low income communities.

Obesity

Obesity kills more Americans each year than AIDS, all cancers and all accidents combined.¹ Health risks linked to obesity include diabetes, asthma, sleep apnea, high blood pressure, high cholesterol, coronary heart disease, stroke, and cancer.²

Nationally, these health issues and trends disproportionately affect African American and Latina girls. At present, nearly 24% of African American girls and over 20% of Latina girls³ are overweight.⁴

Surpassing the already alarming national rates, girls in Chicago are facing unprecedented levels of overweight and obesity. In fact, female high school students in Chicago (13.6%) are more likely to be obese than their peers across the state (9.2%) and nationwide (9.6%).

Obesity is not simply a health problem; it is also a financial burden. Weight-related medical expenses account for more than \$93 billion in health care spending, more than is spent on health issues associated with drinking and smoking combined. And because between 70 and 80% of obese adolescents continue to be obese in adulthood, the amount of health care spending continues to increase over time.⁵

These very real, but reversible trends, are threatening their immediate health as well as their right to grow up healthy, happy and strong. Girls from communities of color, often exclusive of economics, are at the greatest risk.

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4 CDC. (2008, November). Nutrition and the Health of Young People. <http://www.cdc.gov/HealthyYouth/Nutrition>

5 CDC (2007). <http://www.cdc.gov/nccdphp/publications/factsheets/prevention/obesity.htm>
<http://www.cdc.gov/media/pressrel/2009/r090727.htm>

**Percentage of Female High School Students Who Were Obese ⁶
(i.e. at or above the 95% percentile for body mass index), by race/ethnicity 2007**

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	9.6%	9.9%	9.2%	13.6%
Black	17.8%	14.0%	Group too small	15.7%
Hispanic/Latina	12.7%	9.8%	Group too small	11.0%
White (non-hispanic)	6.8%	8.3%	8.1%	Group too small

**Percentage of female high school students who are at risk of becoming overweight
(i.e., at or above the 85% percentile but below the 95% percentile for body mass index. ⁷), by race/ethnicity 2007**

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	15.1%	15.8%	15.0%	20.7%
Black	21.4%	24.3%	Group too small	21.9%
Hispanic/Latina	17.9%	20.3%	Group too small	18.5%
White (non-hispanic)	12.8%	13.2%	13.1%	Group too small

The 2007 National Survey of Children’s Health, which relies on parent reports, also found that girls in Illinois (16.3%) are more likely to be obese than the national average of 13.5%. They are also more likely to be overweight (16.4%) than their peers nationally (15.2%).

NSCH 2007	Current Weight, Girls Ages 10-17 – What is the weight status of children based on Body Mass Index for age (BMI-for-age)? ⁸							
	Underweight		Healthy Weight		Overweight		Obese	
Illinois	4.2%	15	63.1%	303	16.4%	73	16.3%	63
U.S.	4.5%	1,013	66.8%	14,942	15.2%	2,967	13.5%	2,189

⁶ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

⁷ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

⁸ National Survey of Children’s Health (2007), <http://nschdata.org/DataQuery/DataQueryResults.aspx>

Body Image, Dieting and Weight Loss

Across Illinois, 37.2% of Illinois female high school students describe themselves as overweight, and a staggering 63.7% are trying to lose weight. The data reveals racial disparities regarding body image, dieting and weight loss attempts. While the empirical evidence shows that Black girls are more likely than their White and Latina peers to be overweight or obese, Latina young women are far more likely than girls of other races to describe themselves as overweight. In Illinois, 42% of Latinas described themselves as overweight, compared with 28.6% of Black girls and 38% of White girls.

Girls use a range of approaches to lose or maintain their weight. Some of these, like reducing intake of high-fat foods and increasing exercise, are healthy. However, girls often use dangerous methods, including fasting, the use of pills without doctor's advice, laxatives, and vomiting. While the most common method of weight loss reported by girls was exercise (72.4% in Illinois, and 57.4% in Chicago), girls also use much more dangerous methods to lose weight. For example, 15.9% of Illinois female high school students, and 12.1% of Chicago high school students have refrained from eating for more than 24 hours to lose weight.

Percentage of female high school students who described themselves as slightly or very overweight ⁹ , by race/ethnicity 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	34.5%	37.2%	37.2%	34.0%
Black	30.1%	28.6%	Group too small	29.0%
Hispanic/Latina	39.3%	42.0%	Group too small	39.4%
White (non-hispanic)	34.0%	38.0%	37.4%	Group too small

Percentage of female high school students who were trying to lose weight, ¹⁰ by race/ethnicity 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	60.3%	63.7%	64.8%	53.4%
Black	49.5%	47.8%	Group too small	45.4%
Hispanic/Latina	62.1%	64.7%	Group too small	60.9%
White (non-hispanic)	62.3%	68.0%	67.3%	Group too small

⁹ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

¹⁰ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

Percentage of female high school students who exercises to lose weight or to keep from gaining weight during the 30 days before the survey,¹¹ by race/ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	67.0%	72.4%	74.3%	57.4%
Black	50.7%	58.4%	Group too small	50.0%
Hispanic/Latina	66.4%	70.3%	Group too small	64.1%
White (non-hispanic)	71.5%	76.4%	76.1%	Group too small

Percentage of female high school students who ate less food, fewer calories, or low-fat foods to lose weight or to keep from gaining weight during the 30 days before the survey,¹² by race/ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	53.2%	55.0%	57.3%	41.2%
Black	34.6%	37.7%	Group too small	36.0%
Hispanic/Latina	52.0%	51.8%	Group too small	45.0%
White (non-hispanic)	58.4%	59.7%	59.8%	Group too small

Percentage of female high school students who did not eat for 24 hours or more hours to lose weight or to keep from gaining weight during the 30 days before the survey,¹³ by race/ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	16.3%	15.9%	16.4%	12.1%
Black	13.2%	10.9%	Group too small	9.4%
Hispanic/Latina	17.4%	13.9%	Group too small	13.8%
White (non-hispanic)	16.7%	17.9%	17.7%	Group too small

11 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

12 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

13 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

Percentage of female high school students who took any diet pills, powders, or liquids without doctor's advice to lose weight or keep from gaining weight during the 30 days before the survey, ¹⁴ by race/ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	7.5%	5.6%	5.3%	6.8%
Black	3.9%	2.6%	Group too small	5.6%
Hispanic/Latina	7.8%	7.8%	Group too small	7.7%
White (non-hispanic)	8.3%	5.9%	5.5%	Group too small

Percentage of female high school students who vomited or took laxatives to keep from gaining weight during the past 30 days, ¹⁵ by race/ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	6.4%	7.4%	7.7%	5.8%
Black	3.5%	4.5%	Group too small	4.5%
Hispanic/Latina	7.0%	7.6%	Group too small	5.5%
White (non-hispanic)	6.9%	8.1%	8.0%	Group too small

¹⁴ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

¹⁵ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

¹⁶ LHC. (2009). Leadership for Healthy Communities. Advancing policies to support healthy eating and active living. Fact Sheet: Overweight & Obesity among Latino youths; Fact Sheet: Overweight & Obesity among African American youths. http://www.leadershipforhealthycommunities.org/images/stories/lhc_factsheet_latino_2.3.09.pdf. http://www.leadershipforhealthycommunities.org/images/stories/lhc_factsheet_africanamerican_2.3.09.pdf

Dietary Intake

Even girls not engaging in weight loss efforts may have unhealthy diets. In part, and in particular for many Black and Latina girls, this may be due to a lack of access to healthy food choices in their communities and schools.

Black girls, in particular, are eating fewer healthy foods than their White and Latina peers. Less than one in five female high school students in Illinois eats five servings of fruit or vegetables a day. Fewer Black girls (14.6%) eat fruit and vegetables regularly than Latinas (18.0%) or White girls (19.2%). Fewer Black girls (5.3%) in Illinois drink three or more glasses of milk per day than their Latina (12.6%) or White (11.6%) peers.

Percentage of female high school students who ate fruits and vegetables five or more times a day during the 7 days before the survey, ¹⁷ by race/ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	19.9%	18.5%	18.6%	19.7%
Black	23.4%	14.6%	Group too small	17.6%
Hispanic/Latina	22.1%	18.0%	Group too small	20.9%
White (non-hispanic)	17.6%	19.2%	19.1%	Group too small

Percentage of female high school students who drank three or more glasses per day of milk during the 7 days before the survey, ¹⁸ by race/ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	8.8%	10.3%	11.3%	5.2%
Black	5.7%	5.3%	Group too small	4.9%
Hispanic/Latina	8.1%	12.6%	Group too small	7.5%
White (non-hispanic)	9.9%	11.6%	11.8%	Group too small

¹⁷ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

¹⁸ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

Percentage of female high school students who drank a can, bottle, or glass of soda or pop at least one time during the 7 days before the survey,¹⁹ by race/ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	29.0%	28.3%	28.6%	23.2%
Black	37.2%	28.6%	Group too small	20.5%
Hispanic/Latina	29.5%	32.2%	Group too small	30.3%
White (non-hispanic)	27.3%	27.3%	27.2%	Group too small

Physical Activity

Research shows that girls involved in sports and health-promoting activities experience higher levels of self-confidence, develop healthier life styles, and fare better academically.²⁰ Studies also show that an additional 15 minutes of exercise each day lowers the risk of obesity by nearly 50%.²¹

Both boys and girls benefited from the passage of Title IX in 1972, but low income girls still do not have as many sports and fitness opportunities as boys. Nationally, middle-income girls and boys play sports at the same rate, but in low-income families, only 51% of girls play sports compared to 73% of boys.²² Even when girls and boys have equal access to sports, boys' sports are often prioritized. More than one-third of parents or guardians agree that their schools favor boys' sports programs.²³

The state of Illinois requires daily physical education for students. However, because schools may apply for exemptions, 79% of elementary students in Chicago have gym class only once per week. Even when schools offer physical education, girls participate far less than boys. Even more alarming, nearly 82% of Chicago's elementary schools do not provide regular recess.²⁴

¹⁹ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

²⁰ See, e.g. Don Sabo & Phil Veliz, *Go Out & Play!*, report for the Women's Sports Foundation (2008), <http://www.womenssportsfoundation.org/~media/Files/Research%20Reports/Go%20Out%20and%20Play%20report%209%2018%2008.pdf>

²¹ YRBSS. (2004). Youth risk behavior surveillance system. Physical Activity Health Risks. National Adolescent Health Information Center and Public Policy Analysis and Education Center for Middle Childhood Adolescents and Young Adult health. policy.ucsf.edu/pubpdfs/Nutri_Phys_Act.ppt

²² Don Sabo & Phil Veliz, *Go Out & Play!*, report for the Women's Sports Foundation (2008), <http://www.womenssportsfoundation.org/~media/Files/Research%20Reports/Go%20Out%20and%20Play%20report%209%2018%2008.pdf>

²³ *Ibid.*

²⁴ COFI. (2008). *Community Organizing & Family Issues. Elementary Justice Campaign: Redirecting the School-to-prison pipeline.* http://www.cofionline.org/power_pac.php?id=31

Girls of color, girls from low income backgrounds, and those who live in urban areas in Chicago are especially unlikely to play sports or have access to physical activity outside of school.²⁵ Over 50% of African American and 40% of Latina girls do not participate in weekly physical education classes at school. ²⁶ Only 48.9% of Illinois girls do the recommended amount of physical activity, and this is even lower for Black girls (34.7%) and Latinas (39.4%). Additional research is needed, to identify barriers to involvement in physical activity for these girls, so that programs can be designed accordingly.²⁷

Nearly 80% of Chicago’s youth spend much of their after-school time alone. ²⁸ Over half of Illinois girls aged 6 to 17 (51.6%) have televisions in their bedrooms. 45% of Chicago female high school students watch television three or more hours on an average school day, compared with Illinois as a whole (32.8%) or nationally (33.2%). Black girls (54.6%) are the most likely to watch three or more hours of television a day.

Percentage of female high school students who were physically active doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time for a total of at least 60 minutes/day on five or more of the 7 days before the survey, ²⁹ by race/ethnicity 2007 (Met recommended level of physical activity)

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	25.6%	32.8%	34.9%	21.7%
Black	21.0%	22.4%	Group too small	22.1%
Hispanic/Latina	21.9%	23.9%	Group too small	19.3%
White (non-hispanic)	27.9%	37.0%	37.5%	Group too small

25 CLOCC. (2007). *Taking on Childhood obesity in Chicago. Prevalence of Childhood Overweight in Chicago.* <http://www.clocc.net/coc/prevalence.html>

26 YRBSS. (2004). *Youth risk behavior surveillance system. Physical Activity Health Risks. National Adolescent Health Information Center and Public Policy Analysis and Education Center for Middle Childhood Adolescents and Young Adult health.* policy.ucsf.edu/pubpdfs/Nutri_Phys_Act.ppt

27 Robert M. George, Gretchen Ruth Cusick, Shannon Guiltinan, *How Active Are Teens during Their Out-of-School Time? The View from Chicago, Chapin Hall Issue Brief, May 2009,* http://chapinhall.org/sites/default/files/publications/Issue_Brief%2005_27_09_Final.pdf

28 CLOCC. (2007). *Taking on Childhood obesity in Chicago. Prevalence of Childhood Overweight in Chicago.* <http://www.clocc.net/coc/prevalence.html>

29 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_mmwr.pdf

NSCH 2007	Physical Activity (girls age 6-17) - During the past week, on how many days did (child's name) exercise or participate in physical activity for at least 20 minutes that made her sweat and breathe hard? ³⁰			
	0 Days	1-3 Days	4-6 Days	Everyday
Illinois	11.9%	29.2%	39.1%	19.7%
U.S.	12.3%	28.9%	34.8%	23.9%

Percentage of female high school students who went to physical education (PE) classes on one or more days in an average week when they were in school, ³¹ by race/ethnicity 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	49.4%	72.6%	75.1%	55.8%
Black	50.6%	61.6%	Group too small	49.5%
Hispanic/Latina	57.3%	74.3%	Group too small	19.3%
White (non-hispanic)	46.8%	74.6%	74.7%	Group too small

Percentage of female high school students who went to physical education (PE) classes five days in an average week when they were in school, by race/ethnicity 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	27.3%	45.0%	45.4%	39.9%
Black	27.8%	38.5%	Group too small	36.9%
Hispanic/Latina	35.5%	42.6%	Group too small	39.1%
White (non-hispanic)	25.6%	46.5%	45.3%	Group too small

³⁰ National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

³¹ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

³² 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

Percentage of female high school students who played on at least one sports team (run by their school or community groups) during the 12 months before the survey,³³ by race/ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	50.4%	51.4%	53.4%	42.3%
Black	44.7%	38.8%	Group too small	40.7%
Hispanic/Latina	41.8%	49.5%	Group too small	46.3%
White (non-hispanic)	54.8%	55.3%	56.0%	Group too small

NSCH 2007	Parent report of child's (girls age 6-17) participation in sports – During the past 12 months, was [child name] on a sports team or did she take sports lessons after school or on weekends? ³⁴	
	Participated	Did Not Participate
Illinois	59.3%	40.7%
U.S.	54.7%	45.3%

Percentage of female high school students who watched television three or more hours per day on an average school day,³⁵ by race/ethnicity 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	33.2%	32.8%	30.6%	45.4%
Black	60.6%	58.9%	Group too small	54.6%
Hispanic/Latina	43.6%	42.8%	Group too small	40.0%
White (non-hispanic)	24.0%	23.8%	23.3%	Group too small

35 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

Percentage of female high school students who played video or computer games or used a computer for three or more hours/day, ³⁶ by race/ethnicity 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	20.6%	18.9%	18.6%	21.5%
Black	26.7%	20.8%	Group too small	18.4%
Hispanic/Latina	21.8%	19.5%	Group too small	19.5%
White (non-hispanic)	18.2%	17.0%	16.9%	Group too small

NSCH 2007	On an average weekday, about how much time does your daughter usually watch TV or videos? ³⁷			
	None	1 or Less Hours	More than 1, But Less Than 4	4 or More Hours
Illinois	5.9%	37.0%	43.7%	13.4%
U.S.	7.1%	38.4%	42.0%	12.5%

NSCH 2007	Is there a television in daughter's bedroom? ³⁸	
	Yes	No
Illinois	51.6%	48.4%
U.S.	52.6%	47.4%

³⁶ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

³⁷ National Survey of Children's Health (2007), <http://nschdata.org/DataQuery/DataQueryResults.aspx>

³⁸ National Survey of Children's Health (2007), <http://nschdata.org/DataQuery/DataQueryResults.aspx>

Middle School Girls

The **Center for Human Nutrition** at the University of Illinois (Chicago) conducted research about obesity and physical activity among low income minority students in Chicago. This study provides valuable information about the fitness level of middle school aged youth in contrast with the YRBS data, which focuses on high school students. Their study focused on 498 students, grades 5-7 from four Chicago Public Schools. 56.2% of their sample was girls and 98.8% were black. Most of the students lived with a single parent (47.9%). 25.1% of girls were obese (body mass index > 95th percentile) and 14.9% were overweight. The charts below highlight the study participants' physical activity and snacking patterns.

PHYSICAL ACTIVITY			
Percentage of female middle school students who had at least 20 min of hard exercise in the past 7 days			
None	1-2 Days	3-4 Days	5 or More Days
12.4%	30.6%	25.2%	31.8%
Percentage of female middle school students who had at least 30 min of light exercise in the past 7 days			
None	1-2 Days	3-4 Days	5 or More Days
19.1%	32.3%	25.3%	23.3%
Time per day that female middle school students spent watching TV, playing video games or on the computer			
less than 3 hours	3 - 4 hours	5 or more hours	
34.0%	28.6%	37.4%	
Time female middle school students spent exercising in each PE class			
less than 10 minutes	10 - 20 minutes	20 - 30 minutes	more than 30 minutes
13.1%	32.8%	18.9%	35.2%
How Female Middle School Students Get to School			
Walk	Bus	Drop Off	Bicycle
61.8%	13.5%	34.0%	0.4%

Eating Patterns (how often consumed a certain food group over the past 7 days)

FRUITS

Did not eat	< 1 time day	1 time day	2-3 times day	> 4 times a day
11.3%	12.7%	22.5%	40.8%	12.7%

VEGETABLES

Did not eat	< 1 time day	1 time day	2-3 times day	> 4 times a day
		47.2%	43.1%	9.7%

GREEN SALAD

Did not eat	< 1 time day	1 time day	2-3 times day	> 4 times a day
	44.4%	12.5%	18.1%	16.7%

FRIED FOOD

Did not eat	< 1 time day	1 time day	2-3 times day	> 4 times a day
4.1%	10.8%	33.8%	32.4%	18.9%

SOFT DRINKS

Did not eat	< 1 time day	1 time day	2-3 times day	> 4 times a day
10.8%	6.8%	13.5%	48.6%	20.3%

SNACKING

ate snack when watching TV

Never	Sometimes	Often	Always
8.1%	41.9%	17.6%	32.4%

are snacking between meals

Never	Sometimes	Often	Always
46.6%	31.5%	9.6%	12.3%

ate snack on way home or to school

Never	Sometimes	Often	Always
27.0%	48.6%	14.9%	9.5%

ate snack when doing homework

Never	Sometimes	Often	Always
13.5%	66.2%	9.5%	10.8%

When Girls Get a Chance....

Girls in the Game provides and promotes sports & fitness opportunities, nutrition & health education, and leadership development to enhance the overall health and well-being of all girls. Since 1995, Girls in the Game has emerged as a leading girls' health and fitness organization in Chicago, providing evidence based programming to more than 2,500 girls ages 6-18 each year. All programs incorporate the four pillars of the mission – sports, health, leadership and life, supporting girls as they learn healthier choices and develop the confidence and leadership skills needed to succeed on and off the field. Four years of independent research confirms that after one year, girls involved in Girls in the Game:

- Exercise more
- Have a lower, healthier BMI (Body Mass Index)
- Eat more fruits, vegetables and healthy foods
- Have a healthy body image and feel good about themselves
- Believe they are leaders with the ability to change their lives and their communities
- The best proof is from the girls themselves– their smiles, long-term involvement and enrollment in the programs in record numbers.

Recommendations

Everyone benefits from investing in girls' healthy development. With the right support, girls can reach their fullest potential and positively influence the health of their families and communities.

1. Schools should provide girls with access to physical education and physical activity programs, that respond to the specific needs and characteristics of the girls they seek to engage, as well as their community and neighborhood contexts. Programs must be evidence-based, gender-specific and comprehensive, addressing physical health and overall wellness.
2. Policymakers must respond to the problem of “food deserts” that deprive low income communities, often communities of color, from access to healthy and fresh food, and we must ensure that girls have access to such food.
3. Public and private funders should support organizations that provide programming promoting healthy lifestyles, healthy body images and access to physical education and physical activity. Programs for girls of all backgrounds are important, and should be designed to meet the needs of girls at all stages of their development, and to include access to positive adult role models.
4. Adult providers of youth programming need ongoing training and support to ensure girls served by their sites receive high quality physical activity and health promotion programming.

In Illinois, young Black women (59.8%) are more likely to have had sexual intercourse than their Latina (56.1%) and white (45.2%) counterparts. This mirrors the national pattern (YRBS 2007).

In Illinois, more young women report being currently sexually active than their female counterparts nationwide (39.8 vs. 35.6%). (YRBS 2007)

In 2007, there were 18,054 births to teen girls ages 15-19 in Illinois. (IDPH)

In Illinois, Latina girls have the highest birth rates among their peers. (CDC)

86% of the pregnant and parenting female foster youth in DCFS care are African American (Dworsky & DeCoursey 2009).

In Illinois, young women ages 15-19 accounted for 38% of cases of Chlamydia among all women in 2007. (IDPH)

93% of Illinois female high school students have been taught in school about HIV/AIDS. (YRBS 2007)

8.7% of female high school students describe themselves gay, lesbian, or bisexual, including 6.6% of black girls and 9.3% of Latina girls (other racial groups in the survey were too small to determine a reliable percentage). (YRBS 2007) We were unable to locate any studies using a representative sample of LGBTQ girls. Fortunately, researchers at the Howard Brown Health Center provided us with information based on an exploratory study about young sexual minority women (ages 16-24). We have included the results of their work in the appendix of the full Status of Girls in Illinois report.

According to the Chicago Department of Public Health, in 2007, there were 23 girls and young women under 19 years old diagnosed with HIV, this accounted for 34% of youth cases. In 2008, there were 20 girls and young women under 19 years old diagnosed with HIV which accounted for 26% of all youth cases.

The 2007 Chicago Youth Risk Behavior Survey indicates that among female high school students:

53% have ever had sexual intercourse.

41% are currently sexually active.

11% have had sexual intercourse with four or more persons during their life.

6% have had sexual intercourse for the first time before age 13.

34% have ever had oral sex.

63.5% have used a condom during last sexual intercourse; this is significantly higher than statewide and nationwide percentages.

11.5% have used birth control pills; this is significantly lower than statewide and nationwide percentages.

88% have ever been taught in school about AIDS or HIV infection.

Highlights

Young women's understanding of their sexuality is shaped by gender and culture. When we address young women's sexuality, the discourse often privileges risk, danger, and violence. The discussion of romance and/or desire is almost non-existent (Tolman, 2002). In fact, girls' sexuality involves both pleasure and some danger. Our focus should be on better understanding both. In this report, we rely on existing data sources that mostly focus on young women's age of first sexual intercourse, number of partners, birth and abortion rates, prevalence of STDs and birth control decisions. This however does not mean that we want to reduce young women's sexuality to these statistics. In 1998, Lynn Phillips was commissioned to write a report about girls by the National Council for Research on Women. The resulting study titled **"the Girls Report – what we know & need to know about growing up female"** suggested that:

"While national data exist on age of first intercourse, little data are available on prevalence of other types of girls' sexual activities, including sexual experiences with other girls, experiences of pleasure with self, and non-intercourse related sexual experiences with males."

Unfortunately over ten years later, we find that such statistical data remain limited. So while we recognize that girls' sexuality is fluid and complex, we are still constrained by the lack of data that capture the variety of young women's experiences. The Status of Girls in Illinois report does provide key data about sexual activity rates, pregnancy and birth rates, contraceptive use, sexually transmitted infection rates, young women's sexual identity, sex education, access to accurate and appropriate information, and experiences of abuse. We also provide findings from a non-representative study about the sexual health of young sexual minority women (LBTQ ¹) in the appendix section of the full report. For a deeper consideration of the complexity of young women's sexuality, we recommend the work of Michelle Fine, Lynn Phillips, Sharon Thompson and Deborah Tolman, among many others. These researchers have relied on ethnographic methods to paint a rich portrait of the complexity of young women's sexuality.

Sexual Activity

According to the 2007 Youth Risk Behavior Survey (YRBS), nearly half of Illinois female high school students statewide (48.8 percent) have had sexual intercourse. Young women in Chicago (53.0%) are significantly more likely than female high school students statewide (48.8%) and nationally (45.9) to report having had intercourse. Across Illinois, there are differences in sexual experience among racial and ethnic groups: the prevalence of having had sexual intercourse was higher among black female (59.8%) than Latina (56.1%) and white female (45.2%) adolescents.

¹ LBTQ stands for lesbian, bisexual, transgender, and queer.

Percent of female high school students who have had sex at least once, ² by race/ethnicity 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	45.9%	48.8%	48.0%	53.0%
Black	60.9%	59.8%	Group too small	57.4%
Hispanic/Latina	45.8%	56.1%	Group too small	50.9%
White (non-hispanic)	43.7%	45.2%	45.3%	Group too small

39.8% of Illinois high school students reported that they had had intercourse with at least one person during the three months before the survey. This is how the YRBS defines “sexually active,” and it excludes girls having sex with other girls. Statewide more young women reported being currently sexually active than their female counterparts nationwide (39.8% vs. 35.6%). In Illinois, Black young women (46.9 percent) were much more likely to be currently sexually active than their white (39.6%) and Latina female (38.6%) peers.

Percent of female high school students who report having had sexual intercourse with at least one person during the 3 months before the survey, by race/ethnicity 2007 ³				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	35.6%	39.8%	39.6%	40.6%
Black	43.5%	46.9%	Group too small	46.6%
Hispanic/Latina	35.3%	38.6%	Group too small	34.9%
White (non-hispanic)	35.1%	39.6%	39.7%	Group too small

Percent of female high school students who report having had sexual intercourse before the age of 13, by race/ethnicity, 2007 ⁴				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	4.0%	2.8%	2.4%	5.8%
Black	6.9%	4.9%	Group too small	7.3%
Hispanic/Latina	4.5%	4.6%	Group too small	3.7%
White (non-hispanic)	3.1%	1.3%	1.2%	Group too small

2 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

3 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

4 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

12.7% of Illinois female high school students report having had four or more sexual partners. Interestingly, in this instance, young women in Chicago (10.7%) were slightly less likely than their counterparts statewide to report having had sexual intercourse with multiple partners. There are racial differences among young women in Illinois who report having had multiple sexual partners. Black females (16.3%) were more likely than their Latina (11.9%) and White (12.2%) peers to have had sexual intercourse with four or more persons during their life.

Percent of female high school students who report having sexual intercourse with four or more partners during their life, by race/ethnicity 2007 ⁵				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	11.8%	12.7%	13.2%	10.7%
Black	18.1%	16.3%	Group too small	11.6%
Hispanic/Latina	11.3%	11.9%	Group too small	9.3%
White (non-hispanic)	10.6%	12.2%	12.6%	Group too small

According to Halpern-Feisher et. al (2005), many young adults consider oral sex to be less risky in terms of health, social, and emotional consequences than vaginal sex. Nationally over half of females (54%) aged 15-19 report having had oral sex with someone of the opposite sex. About 22% of females ages 15-19 had oral sex but not vaginal intercourse (Lindberg, Jones, & Santelli, 2008). We were unable to find accurate numbers in terms of the prevalence of oral sex across Illinois. We were only able to identify Chicago-specific data as it relates to oral sex.

Chicago 2007 — Percentage of female students who have ever had oral sex (YRBS) ⁶	
Total	33.9%
15 or Younger	21.8%
16 or 17	36.5%
18 or Older	Group too small
9th Grade	23.7%
10th Grade	24.0%
11th Grade	43.0%
12th Grade	50.1%
All Races	Group too small
Black	31.5%
Hispanic/Latina	35.5%
White (Non-Hispanic)	Group too small

5 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

6 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

In 2007, 19.7% of Illinois female high school students who had had intercourse in the past three months reported using alcohol or drugs during their most recent sexual encounter, with White young women (23.6%) more likely than their Latina (16.2%) and Black (12.9%) counterparts to report this behavior. Young women in Chicago were significantly less likely (8.7%) to report drinking alcohol or using drugs before their last intercourse.

Percent of female high school students who had had intercourse in the past three months who drank alcohol or used drugs before last intercourse by race/ethnicity, 2007 ⁷				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	17.7%	19.7%	21.5%	8.7%
Black	12.9%	12.9%	Group too small	6.3%
Hispanic/Latina	16.5%	16.2%	Group too small	Group too small
White (non-hispanic)	19.8%	23.6%	24.0%	Group too small

Pregnancy and Reproductive Choices

In Illinois, there were 18,054 births to teens aged 15-19 in 2007.⁸ Since 1991, there has been a 39% decrease in the rate of teen births in Illinois, even greater than the 32% decrease nationally.

2007					
Births (all ages)	Teens	Under 15	15-17	18-19	% of births to mothers under age 20
180,530	18,314	260	5,988	12,066	10.1%

The Illinois teen birth rate in 2006 was 39.5 per 1,000 girls aged 15-19 (the national rate was 41.1 per 1,000 girls aged 15-19). Among all states, the 2006 teen birth rate in Illinois ranks 22nd (50=highest).

2006	Teen Birth Rate by Age ⁹ (per 1,000 females)		
	Teen Birth Rate, Girls 15-19	Girls 15-17	Girls 18-19
Illinois	39.5%	22.5%	65.5%
U.S.	41.9%	22.0%	73%

⁷ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

⁸ Illinois Department of Public Health – Birth to Mothers Under 20 Years of Age: 1959-2007. www.idph.state.il.us/health/teen/birthsunder20_59-latest.htm [retrieved on 8/9/09].

⁹ Centers for Disease Control and Prevention. National Center for Health Statistics. VitalStats: Birth Data Files. <http://www.cdc.gov/nchs/vitalstats.htm> [January 2009] Date Accessed: May 2009

2006	Proportion of Teen Births (girls ages 15 - 19) by Race/Ethnicity ¹⁰		
	Number of Births in Illinois	%	% United States
Black	6,487	37%	24%
Hispanic/Latina	5,645	32%	33%
White (non-hispanic)	5,463	31%	39%
Native American	38		
Asian/Pacific Islands	113		

2006	Teen Birth Rate by Race/Ethnicity ¹¹	
	Illinois	U.S.
Black	77	64
Hispanic/Latina	78	83
White (non-hispanic)	20	27
Native American	18	55
Asian/Pacific Islands	7	17

89% of all births to mothers under age 20 in Illinois were to unmarried teen mothers. This is higher than the national average of 84%. 20% of teen births in Illinois are repeat births, which is only slightly higher than the national average of 19%. The majority of teen births in Illinois occur outside of marriage to teens in all racial/ethnic groups. In 2006, births outside of marriage accounted for 87% of births to White teens, 99% of births to Black teens, 84% of births to Latina teens, 87 percent of births to Native American teens, and 63% of teen births to Asian/Pacific Islander teens.

In Illinois, the estimated percentage of females who will have a baby during their teenage years, based on 2006 birth rates, is 17 % compared to 18 % nationally (Perper & Manlove, 2009).

In 2005, 8.1% of new mothers under age 20 in Illinois were diagnosed with postpartum depression (Illinois Pregnancy Risk Assessment Monitoring System – PRAMS). 13.6% of young women under age 20 in Illinois reported physical abuse by an ex-husband/ex-partner before and during pregnancy. 14.2% of young women under age 20 in Illinois reported physical abuse by a husband/partner before and during pregnancy.

¹⁰ Centers for Disease Control and Prevention. National Center for Health Statistics. VitalStats: Birth Data Files. <http://www.cdc.gov/nchs/vitalstats.htm> [January 2009] Date Accessed: May 2009

¹¹ Centers for Disease Control and Prevention. National Center for Health Statistics. VitalStats: Birth Data Files <http://www.cdc.gov/nchs/vitalstats.htm> [January 2009] Date Accessed: May 2009

Pregnant and Parenting Foster Youth

Researchers at Chapin Hall suggest that female foster youth are at high risk of becoming pregnant and giving birth.¹² They analyzed administrative data from the Teen Parenting Service Network¹³ which included records for 4,590 pregnant and parenting foster youth, primarily female (84%). These data encompass the vast majority of pregnant or parenting female wards in Cook and the collar counties. The vast majority of female pregnant and parenting foster youth are African American (86%) and nearly one-quarter (22.6%) of pregnant and parenting female foster youth were identified as having a disability. At least 30% of the female foster youth had been pregnant more than once. On average, female foster youth gave birth to their first child when they were 17.8 years old, although nearly one-third of the young mothers had given birth by age 16. Nearly one-quarter of the young mothers had at least two children. Close to 90% of the female foster youth received prenatal care while they were pregnant, although prenatal care did not begin until the third trimester. Having more than one child was a significant barrier to educational attainment among female foster youth. Each additional child reduced the odds of having a high school diploma or GED by 45 percent.

Contraception Use

57.5% of sexually active Illinois female high school students reported using a condom during their last sexual intercourse in 2007. This suggests that 42.5% of female students DID NOT use a condom. Among young women, Black female (65.0%) students were more likely to report using a condom than their White (57.1%) and Latina (51.5%) female peers. In Chicago, young women (63.5%) were more likely to report having used a condom during their last intercourse than their counterparts across the state and nationally.

Percent of female high school students who report using a condom during last sexual intercourse (of those who are currently sexually active) 2007, by race/ethnicity ¹⁴				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	54.9%	57.9%	56.9%	63.5%
Black	60.1%	65.0%	Group too small	71.2%
Hispanic/Latina	52.1%	51.5%	Group too small	Group too small
White (non-hispanic)	53.9%	57.1%	57.5%	Group too small

12 Dworsky, A & DeCoursey, J. (2009). *Pregnant and Parenting Foster Youth: Their Needs, Their Experiences*. Chicago: Chapin Hall at the University of Chicago.

13 The teen parenting service network includes five regional service partner agencies (Omni, Lakeside, Aunt Martha's, Casa Central, and Chicago Child Care Society) and is coordinated by the Uhlich Children's Advantage Network.

14 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

Among currently sexually active female high school students in Illinois, 21.6% reported using birth control pills to prevent pregnancy before their last intercourse. White female high school students in Illinois (25.7%) were more likely to have used birth control pills than Latina (16.7%) and Black (13.1%) young women. Young women in Chicago (11.5%) were less likely than their peers in Illinois (21.6%) and nationally (18.7%) to report using birth control pills.

Percent of female high school students who report using birth control pills to prevent pregnancy before last sexual intercourse 2007, race/ethnicity ¹⁵				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	18.7%	21.6%	22.8%	11.5%
Black	12.1%	13.1%	Group too small	8.5%
Hispanic/Latina	9.1%	16.7%	Group too small	Group too small
White (non-hispanic)	24.0%	25.7%	25.2%	Group too small

As is illustrated below, condom and birth control pill use varied by race/ethnicity among sexually active female high school students in Illinois.

Use of Condoms & Birth Control Pills by Race/Ethnicity, Sexually Active Female High School Students in Illinois 2007 ¹⁶		
	Condoms	Birth Control Pills
All Races	57.5%	21.6%
Black	65.0%	13.1%
Hispanic/Latina	51.5%	16.7%
White (non-hispanic)	57.1%	25.7%

15 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

16 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

Abortion

In 2005, 1.2 million abortions were performed in the U.S., down from 1.31 million in 2000. The abortion rate for young women under 19 years old was 17.1 per 1,000 in 2005 compared to 50.1 for women over 25 years old. About 17% of women having abortions in the U.S. are teens and 33% are between the ages of 20 and 24 (Gutmacher Institute, Facts on Induced Abortion in the U.S., July 2008).

Reported legal abortions, by race and age group, selected states, United States, ¹⁷ 2005						
	White		Black		Other	
Teens Under 15	1,258	0.4%	1,561	0.8%	134	0.3%
Teens 15-19	47,797	16.4%	31,701	16.1%	5,013	13.1%

The reasons teens give most frequently for having an abortion are concern about how having a baby would change their lives, inability to afford a baby now, and feeling insufficiently mature to raise a child. 6 out of 10 minors who have abortions do so with at least one parent's knowledge. The great majority of these parents support their daughter's decision to have an abortion. (Gutmacher Institute, 2008).

In 2007, there were 39,291 abortions among Illinois residents.¹⁸ Below is an illustration of the number of abortions among teens in Illinois.

Age, 2007 (Illinois Residents)	Number of abortions
0-14	257
15-17	2,827
18-19	4,054

Recently the U.S. Court of Appeals dissolved the injunction on the 1995 Illinois Parental Notice of Abortion Act. As a result of this action, abortion providers are legally bound to give at least 48 hours notice to an adult family member of any young woman under the age of 18 seeking to terminate her pregnancy. As Soo Ji Min, executive director of the Illinois Caucus for Adolescent Health recently wrote in the Chicago Sun Times:¹⁹ "Rather than continuing to restrict health options for adolescent women, we should focus on ensuring that all youth have access to the information and reproductive health care they need and deserve."

¹⁷ Abortion Surveillance System 2005, from CDC

¹⁸ Illinois Department of Public Health. 2007 Illinois Abortion Statistics. www.idph.state.il.us/health/abortion/abort07.htm [retrieved 8/9/09].

¹⁹ Min, Soo Ji (2009). Parental Notification Law Harms Women. Chicago Sun Times (August 8,2009). Retrieved on 8/13/09 from www.suntimes.com.

Sexually Transmitted Diseases¹⁹

In the United States, almost half of the approximately 19 million new cases of STDs reported each year occur among young adults ages 15-24 years.²¹ Nearly one in four sexually active young people contract a sexually transmitted disease every year, and one-half of all new HIV infections in this country occur among people under the age of 25 (Kaiser Family Foundation Fact Sheet Teen Sexual Activity, January 2003).

Compared to older adults, sexually active teens and young adults are at higher risk for acquiring STDs, which is attributable to a combination of behavioral, biological, and cultural factors. An unpublished 2008 CDC study finds that among female adolescents ages 14-19, one in four (26%) has HPV,²² Chlamydia, Herpes Simplex Virus (HSV-2) infection or trichomoniasis, with HPV accounting for the vast majority of infections. Black girls had a higher STD prevalence (48%) than Whites (20%) and Latinas²³(20%). The authors of this study estimate that about 3.2 million teen girls in the United States are infected with one the STDs previously cited.

Chlamydia is the most frequently reported STD in Illinois and the United States. Adolescents and young adults represent the majority of reported cases in Illinois. Adolescents ages 15-19 years accounted for 34 percent (19,085) of Chlamydia cases reported during 2007 and had an incidence rate of 2,134.8 compared to 446.6 for the total Illinois population. The Chlamydia rate among African American females (2,479.2) was 9.5 times higher than white females (259.8)²⁴

Adolescents and young adults are disproportionately affected by gonorrhea in Illinois. Infected persons ages 15-24 years accounted for 62 percent (13,006 of 20,813) of reported cases during 2007. Because teens are disproportionately affected by gonorrhea in Illinois, the Illinois Department of Public Health STD program supports gonorrhea and Chlamydia screening programs in school-based health centers and juvenile detention centers by providing laboratory testing and STD medications at no charge.²⁵

A recent study estimated the direct medical costs of Chlamydia, gonorrhea and primary and secondary syphilis in Illinois youth ages 15-24 years at \$71 million (Pultorak, Wong, Rabins, Mehta, 2008). During 2007, STD clinics provided services to a significant number of adolescents ages 15-19 years: 2,238 females (22% of female visits where sex and age were reported). In Illinois, persons aged 12 years and older may seek confidential treatment for STDs without parental consent.²⁶ Many cases of Chlamydia and gonorrhea go unreported due to high rate of asymptomatic infections; diagnosis is especially difficult in women. Left untreated sexually transmitted diseases can cause other serious health issues such as cervical cancer and infertility. Additionally, STDs like gonorrhea and Chlamydia facilitate the transmission of HIV by increasing an individual's chances of acquiring HIV infection onto partners who are uninfected.

Both nationally and in Illinois, racial and ethnic minorities are disproportionately affected by STDs. Reasons for the differences may include socioeconomic status, limited health care access, variability in utilization of health care, and background disease prevalence.

Age Group	Illinois Reported Sexually Transmitted Diseases (Females), by Age 2007 ²⁷					
	Chlamydia		Gonorrhea		Early Syphilis	
0-4	26	0%	5	0%	0	0%
5-9	8	0%	17	0%	0	0%
10-14	503	1%	176	2%	0	0%
15-19	15,736	38%	4,340	38%	15	19%
20-24	15,004	36%	3,693	33%	16	20%

20 Over the past few years, a number of practitioners have begun to use the term Sexually Transmitted Infections instead of Sexually Transmitted Diseases (STD). However as I read through the public health literature, I most often came across the term STD. For that reason, I will refer to sexually transmitted diseases throughout this report.

21 Illinois Department of Public Health. Sexually Transmitted Diseases in Illinois – 2007 Epidemiologic Summary and Yearly Trends Tables for 1998-2007 (May 2009).

22 Human Papillomavirus (HPV) infections account for about half of STIs diagnosed among 15-24 year olds each year. HPV is extremely common, often asymptomatic and generally harmless. However, certain types, if left undetected and untreated can lead to cervical cancer.

23 CDC Press Release. Prevalence of sexually transmitted infections and bacterial vaginosis among female adolescents in the United States: Data from the National Health and Nutritional Examination Survey (NHANES) 2003-2004. 2008

24 Illinois Department of Public Health. Sexually Transmitted Diseases in Illinois – 2007 Epidemiologic Summary and Yearly Trends Tables for 1998-2007 (May 2009).

25 Illinois Department of Public Health. Sexually Transmitted Diseases in Illinois – 2007 Epidemiologic Summary and Yearly Trends Tables for 1998-2007 (May 2009).

26 Illinois Department of Public Health. Sexually Transmitted Diseases in Illinois – 2007 Epidemiologic Summary and Yearly Trends Tables for 1998-2007 (May 2009).

27 Illinois Department of Public Health. Sexually Transmitted Diseases in Illinois – 2007 Epidemiologic Summary and Yearly Trends Tables for 1998-2007 (May 2009).

**Reported Chlamydia Cases and Percentages by Sex, Age Group, Race, Ethnicity
(Chicago, Illinois Excluding Chicago, and Illinois Totals), 2007²⁸**

Gender	Chicago		Illinois w/o Chicago		Illinois Total	
Male	5,603	25%	8,133	24%	13,736	25%
Female	16,577	75%	25,156	76%	41,733	75%
Unknown	1	0%	0	0%	1	0%
Total	22,181	100%	33,289	100%	55,470	100%
Age Group	Chicago		Illinois w/o Chicago		Illinois Total	
0-4	23	0%	22	0%	45	0%
5-9	8	0%	3	0%	11	0%
10-14	153	1%	387	1%	540	1%
15-19	6,907	31%	12,178	37%	19,065	34%
20-24	7,729	35%	12,264	37%	19,993	36%
Race	Chicago		Illinois w/o Chicago		Illinois Total	
Black	15,921	72%	14,793	44%	29,152	53%
White (non-hispanic)	2,584	12%	12,472	37%	13,555	24%
Native American	19	0%	23	0%	42	0%
Asian/Pacificc Islands	103	0%	297	1%	348	1%
Other/Unknown	3,554	16%	5,704	17%	10,472	19%
Total	22,181	100%	33,269	100%	55,470	100%
Ethnicity	Chicago		Illinois w/o Chicago		Illinois Total	
Hispanic	2,555	12%	3,577	11%	6,132	11%
Non-Hispanic	17,293	78%	23,954	72%	41,247	74%
Unknown	2,333	11%	5,758	17%	8,091	15%
Total	22,181	100%	33,289	100%	55,470	100%

28 Illinois Department of Public Health. Sexually Transmitted Diseases in Illinois – 2007 Epidemiologic Summary and Yearly Trends Tables for 1998-2007 (May 2009)

Reported Gonorrhea Cases and Percentages by Sex, Age Group, Race, Ethnicity (Chicago, Illinois Excluding Chicago, and Illinois Totals), 2007²⁹

Gender	Chicago		Illinois w/o Chicago		Illinois Total	
Male	4,570	49%	4,931	43%	9,501	46%
Female	4,818	51%	6,494	57%	11,312	54%
Unknown	0	0%	0	0%	0	0%
Total	9,388	100%	11,425	100%	20,813	100%
Age Group	Chicago		Illinois w/o Chicago		Illinois Total	
0-4	5	0%	3	0%	8	0%
5-9	6	0%	12	0%	18	0%
10-14	80	1%	115	1%	195	1%
15-19	2,668	28%	3,696	32%	6,364	31%
20-24	2,927	31%	3,715	33%	6,642	32%
Race	Chicago		Illinois w/o Chicago		Illinois Total	
Black	7,917	84%	7,703	67%	15,620	75%
White (non-hispanic)	2,584	12%	12,472	37%	13,555	24%
Native American	9	0%	7	0%	16	0%
Asian/Pacificc Islands	563	6%	2,362	21%	2,925	14%
Other/Unknown	872	9%	1,324	12%	2,196	11%
Total	9,388	100%	11,425	100%	20,813	100%
Ethnicity	Chicago		Illinois w/o Chicago		Illinois Total	
Hispanic	276	3%	363	3%	639	3%
Non-Hispanic	8,411	90%	9,366	80%	17,777	85%
Unknown	701	7%	1,696	15%	2,397	12%
Total	9,388	100%	11,425	100%	20,813	100%

²⁹ Illinois Department of Public Health. Sexually Transmitted Diseases in Illinois – 2007 Epidemiologic Summary and Yearly Trends Tables for 1998-2007 (May 2009)

Incarcerated individuals have been shown to have disproportionately high rates of STDs, high risk sexual practices, and substance abuse. For some of this population, jail programs may be their only exposure to health care. There are 18 juvenile detention centers in Illinois. IDPH and the Chicago Department of Health had integrated STD screening and testing programs into many Illinois jails. In 2007, jails and prisons identified and reported 2 percent of reportable STDs in Illinois. For example, screening and testing programs at Cook County Jail and the Cook County Juvenile Detention Center identified 314 (1.4%) of the 22,181 Chlamydia, 94 (1%) of the 9,388 gonorrhea, and 4 (1.2%) of the 331 primary and secondary syphilis cases reported among Chicago residents in 2007. Because of the high rates of infection identified by STD screening programs for inmates, especially at juvenile detention facilities, the Department encourages and supports jail-based STD screening programs by providing laboratory testing and medications for the treatment of STDs at no charge. In 2007, STD screening and testing programs were supported by the Department of Public Health at 12 juvenile county and state detention facilities.

Illinois Juvenile Jail STD Screening and Testing Program – Chlamydia and Gonorrhea Positivity Rates at Jails Submitting at least 25 Specimens by Sex and Provider, 2007 ³⁰					
		Positive for Chlamydia		Positive for Gonorrhea	
Facility	Tests	Males	Females	Males	Females
Champaign County Juvenile Detention Facility/Urbana	63	7.0%	20.0%	0.0%	0.0%
Cook County Juvenile Detention Center/ Chicago	4,363	9.4%	17.1%	2.2%	8.5%
Dupage County Youth Detention Center/Wheaton	136	6.9%	8.8%	0.0%	2.9%
Illinois Youth Correctional Center (Males Only)	542	5.7%	N/A	0.9%	N/A
Illinois Youth Correctional Center/ Harrisburg	92	10.9%	N/A	1.1%	N/A
Mary Davis Home/ Galesburg	32	10.0%	8.3%	0.0%	16.7%
Peoria County Juvenile Detention Center/ Peoria	83	10.9%	31.6%	1.6%	5.3%
River Valley Juvenile Detention Center/ Joliet	318	7.5%	11.1%	0.4%	3.2%
Sangamon County Juvenile Detention Center/ Springfield	148	10.7%	16.7%	1.8%	8.3%
Vermillion County Juvenile Detention Center/ Danville	46	5.7%	9.1%	5.7%	0.0%

³⁰ Illinois Department of Public Health. Sexually Transmitted Diseases in Illinois – 2007 Epidemiologic Summary and Yearly Trends Tables for 1998-2007 (May 2009).

HIV/AIDS

The CDC estimates that almost 46,000 young people, ages 13 to 24, were living with HIV in the U.S. (in the 45 states and 5 dependent areas with confidential name-based HIV reporting) in 2006. Young women comprised 28% of these HIV/AIDS cases among 13- to 24-year olds. In 2006, persons aged 13-29 accounted for the largest number of new HIV infections, 19,200 (34%). Most young people with HIV/AIDS were infected by sexual transmission.

Estimated numbers of persons living with HIV/AIDS – 34 states and 5 U.S. dependent areas				
age at year end	2004	2005	2006	2007
13 & under	3,996	3,568	3,119	2,736
13-14	1,316	1,297	1,242	1,159
15-19	3,864	4,286	4,828	5,400
20-24	13,699	14,367	15,347	16,965

Estimated numbers of AIDS cases, by year of diagnosis and selected characteristics, 2004-2007 – United States and dependent areas				
age at diagnosis	2004	2005	2006	2007
13 & under	55	54	38	28
13-14	71	70	71	80
15-19	333	409	392	455
20-24	1,635	1,669	1,603	1,927

Although Black teens (aged 13-19) represent only 16% of U.S. teenagers, they account for 69% of new AIDS cases reported among teens in 2006. A similar impact can be seen among Black children.³¹ Latino teens aged 13-19, account for 19% of AIDS cases among teens, slightly greater than their share of the U.S. teen population in 2006 (17%).

Despite the risk for acquiring HIV among youth, in 2007, only 12.9% of U.S. high school students report having been tested. Young women were more likely to have been tested (14.8%) than their male counterparts (11.1%). There were also significant racial/ethnic differences in testing: black females (27.2%) were far more likely to have been tested than Latina (13.8%) and White young women (12%).³²

³¹ CDC, *HIV/AIDS Surveillance Report*, Vol. 18, 2008

³² 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control

In Chicago, adolescents and young adults (15-24) who accounted for 16% of newly diagnosed HIV infections in 2006 experienced a 42% increase in the number of HIV infections between 2000-2006.³³ Blacks represent nearly three-quarters of all adolescent and young adults diagnosed with HIV infection in 2006. Whites accounted for 13% and Hispanic for 12% of infections.

According to the Chicago Department of Public Health, in 2007, there were 23 girls and young women under 19 years old diagnosed with HIV, this accounted for 34% of all youth cases. In 2008, there were 20 girls and young women under 19 years old diagnosed with HIV which accounted for 26% of all youth cases.

Chicago	Girls 0-19 years old	% total youth under 19
2007	23	35%
2008	20	26%

There are 4,866 females of all ages living with HIV/AIDS in the City of Chicago. Of these, 3,701 (76%) are Black, 617 (13%) are Hispanic, 439 (9%) are White and 109 (2%) are of another race. In 2006, women accounted for 20% of diagnosed HIV infections, a percentage that has remained relatively stable over the last six years. The gender gap, however, varies considerably by race/ethnicity. Women represent 29% of all HIV infections among Blacks, 17% among Hispanics, and 5% among Whites. The leading mode of transmission for women is heterosexual contact. Among female HIV infections diagnosed in 2006, 79% were transmitted through heterosexual contact, and 20% as a result of injection drug use.

Access to Information about Sexual Health

Guidance on the teaching of sexual health education in Illinois is provided by two laws: the Illinois School Code regarding Sex Education (105 ICLS 5/27_9.1) and the Critical Health Problems and Comprehensive Health Education Act (105 ICLS 110/). The state does not require sex education for students. If it is taught, sexuality education must “emphasize abstinence until marriage” even though nearly half of female high school students in Illinois report already having had sex. Lessons must also stress possible “emotional and psychological consequences” of premarital sex and teach “honor and respect for monogamous heterosexual marriage.” Students must be taught that abstinence is the only 100% effective method of protection against unwanted pregnancy and STDs, including AIDS (ICAH Fact Sheet, January 2008).

Illinois is a national leader in the abstinence-only industry with five organizations each receiving nearly \$800,000 from federal Community Based Abstinence Education (CBAE) grants. Overall, more than \$7 million in abstinence-only money pours into Illinois from the

³³ Chicago Department of Public Health. *HIV/AIDS Brief: The HIV/AIDS Epidemic in Chicago*. (December 2008).

federal government. Furthermore, Illinois was home to Project Reality, one of the largest abstinence-only curriculum developers, training centers, and service providers. Abstinence-only programs have been shown to be particularly harmful to women and girls and communities of color. According to a report titled *Sex, Lies, & Stereotypes*, “females disproportionately suffer the consequences of unprotected sexual activity, including STIs and unplanned pregnancies. These programs also contain harmful and outdated gender stereotypes that cast women as the gatekeepers of aggressive male sexuality. The gender bias perpetuated by abstinence-only programs not only has tangible, negative effects on the physical health and psychological well-being of young women, but also undermines social ideals of gender equality. For women of color, the absence of accurate sexual health information is particularly damaging given the high rates of HIV infection in their communities, while the gender stereotypes promoted by the programs exacerbate racial as well as sexual inequalities. Finally, abstinence-only programs violate women and girls’ human rights.”³⁴

Illinois is the only state in which HIV positive high school students must notify their principal, who can then share the information with other school personnel as he or she sees fit. An attempt to repeal this law failed in 2008. Illinois requires HIV prevention education for grades 6-12. 92.7% of Illinois female high school students have been taught in school about AIDS or HIV infection; this number is lower in Chicago, with only 87.7% of students having been taught about AIDS or HIV infection.

Percent of female high school students who have ever been taught in school about AIDS or HIV infection by race and ethnicity, 2007 ³⁵				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	90.2%	91.8%	92.7%	87.7%
Black	91.8%	92.1%	Group too small	90.1%
Hispanic/Latina	84.8%	88.5%	Group too small	85.7%
White (non-hispanic)	91.7%	93.4%	93.7%	Group too small

³⁴ Kay, Julie F and Ashley Jackson. *Sex, Lies, & Stereotypes: How Abstinence-Only Programs Harm Women and Girls*. Legal Momentum: New York. www.legalmomentum.org.

³⁵ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf

Chicago 2007 – Percentage of Students Who Have Ever Talked About AIDS or HIV infection with Their Parents or Other Adults In Their Family³⁶	
	Female
	65.3%
15 or Younger	66.6%
16 or 17	67.0%
18 or Older	Group too small
9th grade	68.9%
10th grade	63.4%
11th grade	68.4%
12th grade	59.5%
Black	70.4%
Hispanic/Latina	61.3%
White (Non-Hispanic)	Group too small
All Other Races	Group too small
Multiple Races	Group too small

When Girls Get a Chance...

The Illinois Caucus for Adolescent Health recognizes that young women and communities of color are disproportionately affected by the lack of age appropriate, medically accurate, and comprehensive sexual health education. That's why young people statewide have been leading the fight to change local sexual health education policy and practices. Process and outcomes are evaluated at every step to document successes, lessons learned, and resources developed to share as well as identify gaps in provision and services beyond the classroom. ICAH led efforts to mobilize Chicago Public School students to advocate and draft a new policy passed by the Board of Education in April 2006. The policy change was a landmark victory not only in the state but nationwide. Chicago is the third largest school district in the country and the first district of its size to mandate comprehensive sexual health education for its students and training for its teachers.

³⁶ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control, Chicago High School Survey. <http://www.chdl.org/2007CHH%20Summary%20Tables.pdf>

Recommendations:

1. We believe that it is important to teach young women about their bodies and help them to better understand the full complexity of human sexuality (both its pleasures and its dangers).
2. Illinois should abolish the law that requires students to inform their principal if they are HIV positive or have AIDS.
3. Policymakers should require all schools in Illinois to teach medically accurate, age appropriate, comprehensive sexual education (not simply HIV/AIDS prevention education). The education should encompass accurate information about the full range of sexual orientations among Illinois young women. The law should reflect this.
4. All teachers in Illinois should receive sexual health education as part of their basic training.
5. Illinois health centers and other organizations in the state should provide confidential information and access to reliable contraception, pregnancy and STD testing, pre-natal care and abortion services. In particular, as considerable research has shown emergency contraception to be safe and effective, it should be made available without a prescription to all adolescents.
6. Policymakers should ensure that teen mothers are afforded the opportunity to complete their schooling through subsidizing childcare opportunities.
7. Policymakers can help discourage the spread of HIV/AIDS among teen girls by encouraging condom distribution and needle exchanges, and providing information about their proper use for HIV/AIDS prevention.
8. Researchers should design studies to learn about the complexity of young women's sexuality and make these data readily available to practitioners, policymakers, and the general public.
9. Researchers should undertake studies using representative sampling of girls in order to learn more about same-sex sexual behaviors.
10. Researchers and policymakers need to engage more with LGBTQI communities to better understand their needs.

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Faced with violence in multiple areas of their lives, girls also resist violence in creative and complicated ways. The quantitative data shaping this report do not capture the full realities of violence and resistance in girls' lives, but provide some sense of the further research and activism necessary for girls to thrive.

Violence, Safety & Criminalization

by Michelle VanNatta

80% of cases of both alleged and indicated child sexual abuse investigated through DCFS in FY 2007 were perpetrated against girls. DCFS

In Chicago, more than one in ten girls reported that a boyfriend or girlfriend had hit, slapped or physically hurt them on purpose in the previous year, with Black girls reporting the highest rates of dating violence. YRBS

As of 2007, 9.4% of female high school students in Illinois report ever been physically forced to have sexual intercourse. In Chicago, this number is 11.3% for girls of all races, with Latinas reporting the highest rate of forced intercourse, at 13.3%. (YRBS 2007)

10.7% of Chicago high school girls report that they did not go to school because of safety concerns. (YRBS 2007)

11.7% of female high school students have been harassed one or more times during the past year because someone thought they were gay, lesbian, or bisexual (YRBS 2007).

Four times more Black girls and boys than white girls and boys were court-committed to the Illinois Department of Corrections (Cummings and McAlpine, 2008)

22% of all juvenile arrests in Illinois were of girls. (Cummings and McAlpine, 2008)

Minor offenses such as truancy, prostitution, and running away were the cause of a higher proportion of arrests of juvenile females compared to male. (Cummings and McAlpine, 2008)

The state admitted 3,014 girls ages 10-16 years to secured detention facilities in 2004. (Cummings and McAlpine, 2008)

During 2005, the state of Illinois paid an average of \$70,827 per year to incarcerate each juvenile (IDOC, 2005)

Many girls in Illinois face serious violence in their lives, including the risk of physical and sexual abuse or neglect as children and young adults, threats and injury in school, harassment and assault on the streets they traverse to get back and forth to school and work, physical violence and emotional abuse from dating partners, attempts from pimps, friends and partners to recruit them into the sex trade, and criminalization and detention. In the midst of this, many girls also report a pervasive feeling of threat and lack of security. In addition, the social service and criminal legal systems that purport to protect girls can be further sources of violence, harassment, and stigmatization.

Conspicuously missing from the data below is information regarding hate crimes against girls (on the basis of sexual identity, gender identity, race, religion, ability status, or other factors), arrest data broken down by race and neighborhood, experiences of sexual violence other than forced intercourse, a process-oriented understanding of violence that occurs at schools, information on police brutality against girls, and an account of girls' strategies of resistance to the violence and threats they face. After persistent efforts to attain these data specifically for Illinois girls, it is clear that little research exists detailing girls' lived experiences of violence. Also missing from the picture painted by the data below are girls' personal stories of what the violence in their lives has meant to them, how they have coped, how they have resisted, and what resources they have needed to heal. The quantitative data tell a limited story, and the exclusion of such variables as race in arrest data leaves the community without a clear picture of the actual processes that are affecting girls' lives. The following data merely hint at the diverse worlds of Illinois girls and suggest directions for further research and action.

Child Abuse and Neglect

In FY2007, 50% of reports of suspected abuse and neglect to the Illinois Department of Children and Family Services (DCFS) were girls (48,279). Abuse and neglect of girls starts at an early age, with 37.6% of abuse of girls in Illinois perpetrated when the girls are age 5 or younger. Neglect of Black girls occurs at twice the rate at which they constitute the population of Illinois. Among children killed by abuse or neglect, Black girls are dramatically overrepresented compared to girls of other races. Girls account for almost 80% of childhood sexual abuse survivors as determined by DCFS, with Black girls again facing violence at higher levels than other young females.

Girls Reported as Abused and Neglected ¹ (Number of children reported is an unduplicated count within the State)		
# of children	Percent	Rate per 1,000
48,279	50.0%	30.5

¹ Illinois Department Of Children and Family Services <http://www.state.il.us/DCFS/docs/CANTS2007.pdf> Child Abuse and Neglect Statistics Fiscal Year 2007. November 2007 Report. Date Accessed: February 2009

In FY07, DCFS “indicated”² 27% of reported cases of child abuse and neglect. 67 of these cases resulted in death. There were 25 deaths of girls under the age of 17 due to abuse or neglect and 13 girls were under the age of one year old. In FY07, 8,274 children in Illinois were victims of alleged sexual abuse reported to DCFS and out of those, about 80% were girls. In FY07, almost 80% of indicated reports of child sexual abuse were female.

Girls Indicated for Sexual Abuse³ (Number of children indicated is an unduplicated count within the state)		
# of children	Percent	Rate per 1,000
1,924	79.6%	1.2
Gender not reported = 4	0.2%	

Violence at School

Girls encounter significant violence in their school environments, and this is worse for girls in Chicago than for those in other parts of Illinois or the U.S. More than one in nine (9.4%) Chicago high school girls reported in a 2007 survey that someone had threatened or injured them using a gun, knife, club or other weapon while on school property at least once in the previous year (YRBS, 2007). The overall number for the U.S. was 5.4%. At the same time, 4.9% of Chicago high school girls stated that they themselves had carried a gun, knife, club, or other such weapon on school property at some point in the month before the survey, while 2.8% of girls in the rest of Illinois had carried a weapon and 2.7% was the national average (ibid).

A number of young women reported that they were involved in a physical fight on school property. Overall 8.5% of high school girls in the U.S. said that they had been in a physical fight at school. Girls of color in Illinois and Chicago were much more likely to report fighting at school than their white peers.

Based on all of these statistics, it is not surprising that a significant proportion of Chicago high school girls (10.7%) report that they did not go to school because of safety concerns.

Percentage of female high school students who were threatened or injured with a weapon such as a gun, knife, or club on school property one or more times during the 12 months before the survey⁴ 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	5.4%	5.8%	5.0%	9.4%
Black	8.1%	6.3%	Group too small	8.6%
Hispanic/Latina	5.4%	9.7%	Group too small	10.9%
White (non-hispanic)	4.6%	4.3%	3.9%	Group too small

2 If DCFS finds that credible evidence is revealed during the course of their investigations of reports of alleged abuse and neglect then the cases are considered ‘indicated.’

3 Adapted from Illinois Department of Children and Family Services <http://www.state.il.us/DCFS/docs/CANTS2007.pdf> Child Abuse and Neglect Statistics Fiscal Year 2007. November 2007 Report. Date Accessed: February 2009

4 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. <http://www.cdc.org/YRBS%202007%20Summary%20Tables.pdf>

Percentage of female high school students who carried a weapon such a gun, knife, or club on school property at least 1 day during the 30 days before the survey⁵ 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	2.7%	2.8%	2.4%	4.9%
Black	3.5%	5.2%	Group too small	6.6%
Hispanic/Latina	4.1%	4.9%	Group too small	3.4%
White (non-hispanic)	2.1%	1.6%	1.5%	Group too small

Percentage of female high school students who were in a physical fight on school property one or more times during the 12 months before the survey⁶ 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	8.8%	9.5%	8.8%	14.9%
Black	15.2%	15.9%	Group too small	18.7%
Hispanic/Latina	12.4%	16.2%	Group too small	12.1%
White (non-hispanic)	5.9%	6.1%	6.1%	Group too small

Percentage of female high school students who did not go to school because they felt they would be unsafe at school or on their way to or from school on at least 1 day during the 30 days before the survey⁷ 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	5.6%	4.3%	3.3%	10.7%
Black	6.3%	8.3%	Group too small	10.0%
Hispanic/Latina	9.7%	6.8%	Group too small	10.4%
White (non-hispanic)	4.2%	2.2%	1.9%	Group too small

NSCH 2007	How often do you feel (girl's name) is safe at school? Would you say never, sometimes, usually, or always?		
	Never Safe	Sometimes Safe	Usually/Always Safe
Illinois	1.0%	9.1%	89.9%
U.S.	1.0%	9.5%	89.5%

5 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. <http://www.chdl.org/YRBS%202007%20Summary%20Tables.pdf>

6 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. <http://www.chdl.org/YRBS%202007%20Summary%20Tables.pdf>

7 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. <http://www.chdl.org/YRBS%202007%20Summary%20Tables.pdf>

A great deal of school harassment is based on bias about actual or perceived sexual identity. The Gay, Lesbian, Straight Education Network (GLSEN) reports that 74% of students in Illinois had heard homophobic slurs at school, such as the words “faggot” or “dyke.”⁸ Even more Illinois students, 83%, had heard other students say things like “that’s so gay” or “you’re so gay” (ibid). GLSEN learned from students that often teachers and school staff did not intervene when hearing these comments, and, worse, almost one fifth of students (19%) said they had heard school staff make sexist comments, 12% had heard staff make racist comments, and 11% had heard staff make homophobic comments. Less than one quarter of students said that their schools had Gay/Straight Alliances (GSAs) or groups dedicated to LGBT student issues, and less than half of students said that their schools had an anti-harassment policy with specific language protecting LGBTQI students.

Community Violence and Harassment

Significant numbers of girls were involved in physical fights in the year preceding the 2007 survey. Nationally, 26.5% had been in a fight, in Chicago 36.4% had. 28.1% of girls in Illinois as a whole reported fighting. 12.5% of Chicago high school girls stated that they themselves had carried a gun, knife, club, or other such weapon at some point in the month before the survey, while 6.8% of girls in the rest of Illinois had carried a weapon and 7.5% was the national average (ibid).

Percentage of female high school students who were in a physical fight one or more times during the 12 months before the survey ⁹ 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	26.5%	28.1%	26.8%	36.4%
Black	39.4%	40.6%	Group too small	45.4%
Hispanic/Latina	33.5%	35.0%	Group too small	28.8%
White (non-hispanic)	21.5%	22.6%	22.6%	Group too small

Percentage of female high school students who carried a weapon such a gun, knife, or at least 1 day during the 30 days before the survey ¹⁰ 2007				
	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	7.5%	6.8%	6.0%	12.5%
Black	10.0%	8.8%	Group too small	13.4%
Hispanic/Latina	9.0%	10.3%	Group too small	11.4%
White (non-hispanic)	6.1%	4.6%	4.4%	Group too small

8 Gay, Lesbian, Straight Education Network. 2006. From Teasing to Torment: A Report on School Climate in Illinois. http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/000/000/700-1.pdf

9 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. <http://www.cdc.org/YRBS%202007%20Summary%20Tables.pdf>

10 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. <http://www.cdc.org/YRBS%202007%20Summary%20Tables.pdf>

A surprising number of parents reported recognizing that their daughter bullied others sometimes. 12% of adults reporting in Illinois and 14.6% of adults reporting nationwide felt that their girl had bullied or been cruel or mean to others sometimes or always in the past month. The data do not indicate the parents' perspective on what this means or what, if anything, they were doing about the issue.

NSCH 2007	How often was this true for [girl's name] during the past month: She bullies or is cruel or mean to others? ¹¹ (Ages 6-17)			
	Never	Rarely	Sometimes	Usually/Always
Illinois	6.7%	20.2%	10.5%	1.5%
U.S.	66.1%	19.3%	12.5%	2.1%

The following information refers specifically to Rogers Park, a northside Chicago neighborhood.¹² While data on street harassment are not available for the rest of the state at this time, the numbers paint a picture of an issue that significantly impacts girls' lives and which has rarely been addressed through systematic organizing or intervention. Most of the 168 respondents attended Sullivan High School (41), while other area schools including Field Elementary, Senn High School, Gale Academy, Mather, Lane Tech, Jordan Community Academy, Armstrong Elementary, and Kilmer Elementary, had fifteen or less respondents each. Of the girls responding, 86% said that someone had catcalled them on the street, for example shouting out "Hey, baby!" or "Hey, beautiful." 58% reported that while they were on the street, men or boys had harassed them, and 36% of those said this happened at least once per day. More than half the girls, 54%, said that they never responded to the calls or harassment, and 53% felt that there was nothing they could do to stop it. 60% of girls said that while walking in Rogers Park they felt unsafe, and of those who felt unsafe, 61% were most uncomfortable between 8 p.m. and midnight.

Harassment Based on Perceived Sexual Identity

Data cited previously specifically focus on in-school harassment of girls who are or are perceived to be lesbian, gay, or bisexual. This type of harassment is also perpetrated in homes, on the street, at work, and in all the other realms girls inhabit. Almost 12% of Chicago girls reported that they had faced such harassment in the past year.

¹¹ National Survey of Children's Health (2007), <http://nschdata.org/DataQuery/DataQueryResults.aspx>

¹² These results are from the Rogers Park Young Women's Action Team: Street Harassment Survey Summary Report, who surveyed 168 young women about street harassment and safety in Rogers Park.

DEMOGRAPHIC PROFILE OF RESPONDENTS: 22.6% were between the ages of 10 and 13; 36% were between the ages of 14 to 16; 25% were between the ages of 17 and 19. 55% were African-American/Black; 22% were Latina/Chicana/Hispanic; 10% were Asian-American; 5.4% were White/Caucasian.

Chicago 2007 – Percentage of Girls Who Have Been Harassed One Or More Times During the Past 12 Months Because Someone Thought They Were Gay, Lesbian, Or Bisexual¹³

Total	11.7%
15 or Younger	14.6%
16 or 17	11.3%
18 or Older	Group too small
Black	9.0%
Hispanic/Latina	13.5%
White (Non-Hispanic)	Group too small
All Other Races	Group too small
Multiple Races	Group too small

Dating Violence

In addition to the violence in their homes, schools, and neighborhoods, girls also face violence in their dating relationships. According to the 2007 YRBS, 8.8% of high school girls in the U.S. reported that a boyfriend or girlfriend had hit, slapped or physically hurt them on purpose in the previous year. In Chicago, 10.6% of girls reported this, with Black girls reporting the highest rates of dating violence.

Percentage of female high school students who were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey¹⁴ 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	8.8%	8.6%	8.1%	10.6%
Black	13.2%	12.0%	Group too small	11.7%
Hispanic/Latina	10.1%	10.0%	Group too small	8.9%
White (non-hispanic)	7.4%	7.0%	6.8%	Group too small

¹³ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control, Chicago High School Survey. <http://www.chdl.org/2007CHH%20Summary%20Tables.pdf>

¹⁴ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. <http://www.chdl.org/YRBS%202007%20Summary%20Tables.pdf>

A north side Chicago group, the **Rogers Park Young Women's Action Team**, conducted a study about teen dating violence in 2004. They surveyed over 290 young people ages 13-19 in Chicago and found that 12.4% of young women surveyed said that they had been abused or experienced violence in a dating relationship, and 3.8% were unsure whether they had been thus abused. 66.5% of girls said that other teens they knew were being or had been abused in a relationship and many of those said they knew of more than one person in this situation. 41% of girls reported that they did not consider yelling at someone to be a form of violence. Girls also reported resisting violence. 95% stated that they would try to help a friend who was being abused, and 93% asserted that having a child with someone was not a reason to stay with an abusive partner.

Many girls reported that they had at some point in the past experienced various forms of relationship violence. 30% stated that partners had called them names (such as "bitch," "ho," or "stupid") between one and five times. 7% reported that partners had done this more than five times, while 63% had never been mistreated in this way. 25% stated their partner had pushed or shoved them at least once, with 6% experiencing this more than 5 times. 5% of girls reported that their partner had forced them to have sex 1 – 5 times, with 2% reporting sexual assault more than 5 times.¹⁵

The Young Women's Action Team reported some of their findings in the charts below.

GIRLS' THOUGHTS ON:			
	Agree	Disagree	Not Sure
<i>IF someone is being abused, it is NOT his/her fault</i>	58%	16%	26%
<i>If you have a child with someone, you should stay with that person even if the person is abusive.</i>	3%	93%	3%
<i>If my friend was in an abusive relationship I would try to help him or her.</i>	95%	2%	3%
<i>I believe that jealousy is a sign that my partner loves me.</i>	15%	55%	30%

¹⁵ The Rogers Park Young Women's Action Team's Street Harassment Survey Summary Report. (June 11, 2004). http://www.youngwomensactionteam.org/index.php?option=com_content&task=view&id=62&Itemid=118 Date Accessed: February 2009

Girls tell what has happened in their relationships when asked if a boyfriend/girlfriend has done certain things:

	Never	1-5 Times	Not Sure
<i>Called me names (like bitch, ho, loser, stupid)</i>	63%	30%	7%
<i>Forced me to have sex when I didn't want to</i>	93%	5%	2%
<i>Threatened to hurt me if I didn't do something he/she wanted</i>	91%	8%	1%
<i>Blamed me when he/she was upset</i>	58%	36%	6%
<i>Pushed or shoved me</i>	68%	25%	6%
<i>Choked me</i>	90%	3%	2%
<i>Slapped me</i>	90%	9%	1%

Girls' thoughts of what actual examples of violence are: (233 Girl respondents)

	Yes	No	Not Sure
Yelling	41%	41%	18%
Ignoring someone	13%	73%	13%
Slapping someone	93%	3%	4%
Threatening someone with a knife	97%	3%	0%
Forcing someone to have sex if he or she doesn't want to	95%	3%	1%
Pushing someone	77%	11%	12%
Grabbing someone	79%	10%	10%
Choking someone	97%	2%	65%
Calling someone names like "stupid" "ho" or "bitch"	77%	13%	10%
Throwing something at someone	87%	6%	6%
Trying to keep someone from seeing his/her friends and family	71%	19%	11%
Kicking someone	93%	5%	3%

Forced to Have Sexual Intercourse

According to the 2007 YRBS, 11.3% of Chicago girls reported being forced by partners, family members, acquaintances or others to have intercourse when they did not want to. This number is the same as the number percentage for girls in the U.S. as a whole. The prevalence of having experienced forced intercourse varies across race and age. Latina high school girls in Chicago are more likely than Black or White girls to experience forced sexual intercourse (13.3 percent).

Percentage of female high school students who had ever been physically forced to have sexual intercourse¹⁶ 2007

	U.S.	Illinois	Illinois w/o Chicago	Chicago
All Races	11.3%	9.4%	9.0%	11.3%
Black	13.3%	9.7%	Group too small	8.4%
Hispanic/Latina	1.4%	11.7%	Group too small	13.3%
White (non-hispanic)	11.0%	9.0%	8.9%	Group too small

Considering that sexual abuse is usually underreported and that this measure includes only forced intercourse, the actual occurrence of rape and sexual assault is likely to be even higher.

Violence and Resilience experienced by Girls in the Sex Trade
by Shira Hassan

Girls also face violence when recruited by pimps into the sex trade, and further violence once they became involved in trading sex for money. A study by Jody Raphael and Jessica Ashley (2008) showed the experiences of violence by girls who were under pimp control. The researchers found that out of 100 young women (ages 16 – 25) interviewed, 24% reported being slapped during the process of recruitment. Another 20% stated that they were sexually assaulted during recruitment; 47% reported sexual assault by the time of their interview. The study found that for girls working with pimps, the more customers they had, the more violence they faced over time. The average age of the girls in the study was 16 years old and the age of entry into the sex trade was between 12-15 years old. Nearly 65% of the girls stated that they wanted to exit the sex trade but could not because they were afraid of violence or could not successfully access services that could assist them with drug use and housing issues.

A 2009 study by the Young Women’s Empowerment Project (YWEP), a Chicago group led by and for girls and transgender girls impacted by the sex trade and street economy, focused on girls’ resilience and survival strategies. The girls collected qualitative data and had 205 responses, including transgender girls (18), homeless girls (54), pregnant girls (44) and girls who said they were mothers (52). All of the girls were involved in different aspects of the sex trade and street economies, with 30 reporting working with pimps, 119 reporting trading sex for survival needs, 58 trading sex for drugs and 70 trading sex for gifts like clothing, baby formula or paying bills. Girls were also involved in the sex trade in multiple ways at the same time.

YWEP’s findings highlighted the resilience and resistance methods girls used when experiencing both individual and institutional violence. One of the study’s key findings is that “the individual violence that girls experience is enhanced by the institutional violence that they experience from systems and services.” The study found that girls are denied help from systems that are designed to help them. The Division of Children and Family Services (DCFS), the police and legal system, hospitals, shelters, and drug treatment facilities were all identified by girls as denying them assistance because of their involvement in the sex trade,

¹⁶ 2007 Youth Risk Behavior Survey (YRBS), Centers for Disease Control. <http://www.cdc.org/YRBS%202007%20Summary%20Tables.pdf>

because of being transgender, or being queer, because of being young, because of being homeless, and because of drug use. Girls in the study found that police often accuse girls in the sex trade of lying when they turn to them for help. Police abuse far outnumbered stories of abuse by other systems.

Despite this persistent institutional violence, girls in the sex trade have well practiced methods of fighting back and healing. Girls avoid violence by safety planning, and by using harm reduction to address everything from drug use to housing. Girls educate themselves and their peers about their rights in dealing with the police. Girls build critical awareness by becoming politicized and developing an analysis about violence against women and sharing this with other girls in their neighborhoods. Girls also reported creative acts of resilience, resistance, and self-care such as aromatherapy, medicinal drug use, bubble baths, or food. Other forms are about connection – for example, hanging out with girlfriends, or reading books about liberation and activism. “All of these acts of resistance are critical and meaningful for these girls. It gives them a feeling of power in a culture that wants to keep them powerless.”

Girls and the Criminal Legal System

When policymakers plan prisons, they are planning for the incarceration of people who are currently children. During 2005, the state of Illinois paid an average of \$70,827 per year to incarcerate each juvenile (IDOC, 2005). Girls have been caught up in the accelerating imprisonment of people in the U.S., particularly people of color. Since girls whose parents are incarcerated face higher rates of incarceration themselves, and since history of involvement with the juvenile justice system means increased chances of incarceration during adulthood, understanding the broader context of imprisonment of women of color is important in understanding the criminalization and detention of girls.

The Bureau of Justice Statistics reports that in the U.S. as of June 30, 2008, local jails, state prisons and federal prisons held 207,700 women (West and Sabol, 2009), with shocking overrepresentation of African American and Latina women, reported as: “94,500 white, 67,800 Black, and 33,400 Hispanic.” Just over 7 years before, in 2000, the total number of women was 156,200. These numbers do not reflect people who are currently under the control of the correctional industry through parole or probation, and the BJS does not include Native American and Asian American prisoners in these statistical breakdowns.

Between 1992 and 2008, the number of women incarcerated in Illinois state correctional and transitional facilities almost doubled from 1456 to 2816 (IDOC, 2001; IDOC, 2008). Experiences of abuse can pave women’s paths to prison (Richie, 1996). The Bureau of Justice Statistics’ (BJS) most recent study on incarcerated women’s histories of violence was published in 1999. BJS reports that 46.5% of women imprisoned in state prisons stated that they had been physically abused prior to their imprisonment, and 39% said that they had been sexually assaulted before their imprisonment, usually before they were eighteen years old (Harlow, 1999).

According to the Illinois Department of Corrections, girls constituted about 7-8% of juveniles incarcerated in IDOC juvenile facilities during 2003, 2004, and 2005¹⁷. In Illinois, Bostwick and Ashley (2009) report regarding pre- and post-adjudication detention: “In 2007, 17% of the 15,747 juveniles detained were girls (n=2,677). Girls were detained at a rate of 437 for every 100,000 girls ages 10 to 16” (p. 23). In 2006 in Illinois, 333 girls ages 12 – 18 were in detention, with a strong overrepresentation of Black girls¹⁸.

Between 2000 and 2005 in Chicago, 17.4 – 18% of juvenile arrests were of girls¹⁹, the majority of those arrests, almost 40%, took place at an educational facility, and 26.3% of girls being arrested on a public way (e.g. street).²⁰ The top three reasons for arrests of girls in 2004 were: simple battery, theft,

and disorderly conduct (ibid). According to Jessica Ashley (2008), Illinois arrest reports from 2007 show that 10,500 girls ages 10 through 16 were arrested. Around 30% of the arrests were for violent crimes, with battery the most common, followed by property crimes. 34% of arrests of girls resulted from violent felony and misdemeanor arrests.²¹ The data reported do not include any information on the context in which these arrests took place or a racial breakdown for arrests of girls.

The Health Medicine Policy Research Group reported in April 2008 that: "Census figures provided by the CCJTDC [Cook County Juvenile Temporary Detention Center] illustrate that on any given day, approximately 55 girls (or 11 percent of the total population) reside at the CCJTDC. They are housed in 3 distinct units, each having 22 beds.... [Data demonstrate] that girls are being detained at CCJTDC (or local county-run) detention facilities in increasing numbers from 2005 to 2006 with an estimated increase again in 2007."²² This disturbing trend suggests that the female population is functioning within a system designed for male offenders. Perhaps the important question that policy makers and juvenile justice officials should be encouraged to ask is: Under what conditions do most girls and female adolescents develop and grow to their fullest potential? What are the strategies/practices juvenile justice organizations have implemented to create those conditions for females during periods of detention? What types of policy interventions are required to create and foster healthy adolescent development...?" (Cummings and McAlpine, 2008, p.5).

Girls in Cook County reported many factors that show their high risk of significant physical and emotional health problems. 14% said that they had experienced forced sex and 94% of girls in detention reported having engaged in vaginal sex. Almost half of girls reported that their first consensual sex took place before or at age thirteen, and about 1 in 5 girls detained in Cook County is pregnant or parenting (ibid). About 75% of young women in the Cook County Temporary Juvenile Detention Center had a psychiatric disorder (Abram, et al., 2004). For further information on mental health issues for girls in detention, please see the Mental Health section of this Report.

17 Illinois Department Of Corrections, 2005, 2004, 2003 http://www.idoc.state.il.us/subsections/reports/department_data/Department%20Data%202005.pdf http://www.idoc.state.il.us/subsections/reports/department_data/Department%20Data%202004.pdf http://www.idoc.state.il.us/subsections/reports/department_data/Department%20Data%202003.pdf

18 Office Judicial Justice and Delinquency Prevention's Census of Juveniles in Residential Placement Author's analysis of OJJDP's Census of Juveniles in Residential Placement 1997, 1999, 2001, 2003, and 2006 [machine-readable data files]. Date Accessed: February 2009 http://ojjdp.ncjrs.gov/ojstatbb/cjrp/asp/Age_Sex_Race.asp

19 Chicago Police Department Research and Development Division. 2006. Juvenile Arrest Trends. https://portal.chicagopolice.org/portal/page/portal/ChicagoPolice/GET_INFORMED/Reports%20%20Statistics/Juvenile%20Reports/JuvJustV311.pdf

20 Chicago Police Department, 2005. Juvenile Justice. Juvenile Arrests – Males vs. Females 1999 – 2004. https://portal.chicagopolice.org/portal/page/portal/ChicagoPolice/GET_INFORMED/Reports%20%20Statistics/Juvenile%20Reports/JJv2i3.pdf

21 Jessica Ashley, *The Compiler*, Illinois Criminal Justice Information Authority, Summer 2008, Volume 26 No. 1., www.icjia.state.il.us

22 Illinois Criminal Justice Information Authority. (2003-2007). [Juvenile Monitoring Information System (JMIS)]. (2003-2006). Cook County Juvenile Temporary Detention Center. Unpublished raw data as cited in Cummings and McAlpine, 2008.

Juvenile Institution & Parole Populations

Snapshot of 98 Female DJJ Youth on July 6, 2009

Facility	Property Offenses	Drug Relate Offenses	Crimes Against People	Weapon Charges
Pere Marquette	14	0	7	0
Warrenville	32	4	41	0
Total	46	48	48	0

A comparison of the 2003 – 2005 Juvenile Institution and Parole Populations from in the Illinois Department of Corrections Annual Facility Report (See footnote 17)

	June 30, 2003		June 30, 2004		June 30, 2005	
Females	127	8%	120	7%	109	8%
Institution Total	1,565	100%	1,603	100%	1,434	100%
Parole Total	1,814		1,906		2,130	

Youth Admissions to Secure Detention

Number of Female Youth (Ages 10-16) Admissions to Secure Detention, CY 2005, Cook County.²³

County	Female	% Female	Total
Cook	807	11.28%	7,155
DOC	3	6.82%	44
Out-of-State	35	33.65%	104
Total for all counties	2,806	17.23%	16,284

Number of Female Arrests (Age 10-16) CY2005.²⁴

County	Female	% of Total Arrests	Total arrests age 10 – 16
Cook	6,176	18.04%	34,244
Total for all counties	10,258	20.56%	49,886

²³ Juvenile Monitoring Information System and Cook County Detention Center, Illinois Department of Corrections

²⁴ Computerized Criminal History System, Illinois Department of Corrections

Chicago Police Department Juvenile Arrest Trends Juvenile Justice- Juvenile Arrest Trends (2000-2005)

2005 Juvenile Arrest Population: 17%

2000 to 2005 Juvenile Arrest Population: 17-18.4% females

Female Arrest Rate per 1,000 Persons 5 to 16 years of Age, 1999 to 2004

1999	2000	2001	2002	2003	2004
26.9%	23.0%	20.7%	21.7%	19.9%	20.5%

Female Arrests by Arrestee's Age at Time of Arrest, 2004

Under 9	10	11	12	13	14	15	16
0.3	0.4	2.1	4.9	10.7	19.4	30.4	31.7

Female Arrests by the Top Four Locations of Arrest, 2004.

Public Way	Educational	Residential	Retail Sales/Services
26.3%	39.9%	10.3%	15.1%

Top 10 Offenses for Which Females Were Arrested, 1999 to 2004²⁵. (*Index Crimes)

Offense Type ^a	1999	2004	% Change
Simple Battery	1,467	1,807	23.2%
Larceny-Theft*	1,132	799	-29.4%
Disorderly Conduct	910	392	-56.9%
Miscellaneous Non-Index Offenses ^b	754	311	-58.8%
Drug Abuse Violations	398	306	-23.1%
Simple Assault	311	259	-16.7%
Aggravated Battery*	236	248	5.1%
Motor Vehicle Theft*	359	229	-36.2%
Weapons	229	181	-21.0%
Aggravated Assault*	189	156	-17.5%

a. Ranking based on 2004 arrest numbers.

b. Includes such offenses as criminal trespass to property and mob action.

²⁵ Chicago Police Department Research and Development Division
https://portal.chicagopolice.org/portal/page/portal/ChicagoPolice/GET_INFORMED/Reports%20%20Statistics/Juvenile%20Reports/JuvJustV311.pdf Date Accessed: March 26, 2009

Person offense arrests by type, class, and gender, 2007.

(Adapted from p. 33 of Bostwick and Ashley – Original source: Authority's CHRI Ad Hoc data sets)

Offense Type	Girls: Misdemeanor		Girls: Felony	
	Count	Percentage	Count	Percentage
Assault	404	99%	3	1%
Battery	2,372	81%	549	19%
Homicide	0	0%	3	100%
Intimidation	2	20%	8	80%
Kidnapping	1	14%	6	86%
Offenses involving children <i>(e.g. neglect)</i>	4	80%	1	20%
Robbery	0	0%	123	100%
Total of person offenses	2,783	80%	693	20%

Sex offense arrests were very infrequent among girls, with only sixteen girls arrested on this type of charge in 2007, with fourteen of those charged with misdemeanors. Less than one percent of girls' detention resulted from sex offense convictions (Bostwick and Ashley, 2009).

Arrests, detention admissions, and IDOC commitments of girls for property offenses, 2007*

(Adapted from p. 40 of Bostwick and Ashley }

Offense Type	Arrest	Detention	Corrections
Arson	19	24	1
Burglary	146	105	23
Criminal Damage	313	91	8
Criminal Trespassing	401	32	13
Motor Vehicle Theft	69	38	13
Other Property Offenses	79	23	6
Theft	2,373	222	34
Total property offenses	3,400	535	97

* Corrections data for 2005 through 2007 were unavailable; FY04 was used. Source: Authority's CHRI Ad Hoc datasets, Juvenile Monitoring Information System, and Illinois Department of Corrections.

Arrests of girls in 2007 by Offense and Category ²⁶				
Offense	Misdemeanor	Felony	Other	Total
Person	2,783	693	0	3,476
Sex	14	2	0	16
Weapons	68	35	0	103
Property	2,552	844	4	3,400
Drugs	311	212	1	524
Noncompliance	150	60	22	232
Status	295	0	175	470
Other	805	118	1,404	2,327
Total	6,978	1,964	1,606	10,548

Status offenses are acts that are considered illegal when committed by youth, but legal for adults. Girls are not typically sent to a juvenile detention facility for this type of offense only, but could be re-admitted to detention for a status offense during a period of parole (Bostwick and Ashley, 2009).

Status offense detention admissions for girls, 2007 ²⁷		
Offense	Percent	Total
Alcohol <i>(possession & consumption)</i>	46.7%	21
Curfew	6.7%	3
Runaway	31.1%	14
Truancy	15.6%	7

Not surprisingly, in the midst of so much violence and criminalization, many girls report that they do not feel safe. Nationally, 34% of teen girls 13 – 17 feared being forced into sexual activity, and 35% feared being attacked with a gun, knife or other weapon.²⁸ At the same time, 41% of girls 8 – 12 years old reported fearing being made fun of or teased, while only 14% feared war and 18% feared terrorist attacks (ibid). When lacking a sense of safety, girls are more likely to feel unhappy, struggle to perform adequately in school, worry about finding either adults or peers to confide in, and have difficulty with decision-making. Everyday situations created fears for girls, 38% of whom noted that classroom activities and time spent with same-age peers threatened their emotional safety. These fears worsened as girls move from pre-teen to teen years. Girls' reports of feeling safe with parents, peers, and schoolmates decreased from pre-teen to teen years.

²⁶ Adapted from Bostwick and Ashley, 2009.

²⁷ Adapted from Bostwick and Ashley, 2009, p. 54. Original source: Juvenile Monitoring Information System

²⁸ Boes, Barbara. 2003. *Feeling Safe: What Girls Say*. Girls Scouts of the U.S.A. Girl Scout Research Institute. http://www.girlscouts.org/research/pdf/feeling_safe.pdf

When Girls Get a Chance....

Females United for Action believes that media portrayals of women, girls and genderqueer youth are a key factor in the violence that they experience. When the news story broke about Chris Brown's alleged intimate partner violence against Rihanna (2 popular singers), FUFA members were unhappy with the way that violence survivors were being portrayed. They saw a lot of victim-blaming, and a failure to put the issue in context, and so they decided to write their own article. The resulting article, *Beyond Chris & Rihanna*, looks at the "epidemic" of teen dating and domestic violence, and calls on the media to portray survivors in a positive light. FUFA has presented workshops for youth across Chicago, spoken on the radio about the article, and the article has been used in cities across the country, including Atlanta, New York, Durham, Chapel Hill, Raleigh, Greensboro, Washington, DC, Knoxville, Minneapolis, Boston, Oakland, San Francisco, Miami, Vancouver, Philadelphia, LA & Detroit. FUFA has since developed a workshop to teach other youth how to "harness the hype" and get their own voices heard in the media.

According to the **Rogers Park Young Women's Action Team**, the streets belong to all of us. Over the past six years, YWAT has heard stories of sexual harassment and assault from young women transit riders. In 2008, they began to research the prevalence of sexual harassment and assault in the Chicago Transit Authority (CTA). They collected data through an online and paper survey, disseminated a report of their findings, met with elected officials and CTA officials, made public comments at a CTA board meeting and hosted two spoken word events on the issue. Garnering two front page stories in the Chicago Sun Times helped YWAT members win key concessions. The CTA issued a bulletin reminding employees of the agency's stance and policies regarding harassment; is updating their security tips brochure to reflect the girls' concerns; is creating a specific code to categorize harassing complaints; and is developing a broader customer information campaign that will include message cards on trains and buses.

Recommendations:

1. Given the early age at which many girls report experiencing violence in romantic or sexual involvements, partner violence prevention programs and sexual violence prevention programs should be implemented in junior high schools or earlier. Curricula should include a focus on reaching boys and/or potential perpetrators of violence as a central goal.
2. Researchers contacted for this report commented on the paucity of data in many key areas. In particular, the lack of information on girls' arrests broken down by race prevents an adequate understanding of the criminalization of Chicago and Illinois girls. This is especially important because data conclusively show disproportionately harsh surveillance, arrest, prosecution, conviction, and sentencing of Black and Latina adults. In addition, while quantitative data are available about many violence and criminalization issues, the lack of qualitative data and contextual information leaves us to guess at the real meanings behind the numbers.
3. As we plan and build prisons today to incarcerate girls when they reach adulthood, we should divert our energies into creating conditions for girls to succeed. We believe that it is important to shift away from incarceration and toward community engagement, resource-building, and treatment to address social and community problems.
4. Schools should promote Gay/Straight Alliances (GSAs) in schools, along with other programs for creating greater understanding and safety for LGBTQI youth. Building an atmosphere of mutual understanding and community among youth and adults of all sexual and gender identities can end stigma, harassment, and violence against LGBTQ communities.
5. Funders should support anti-violence programs.
6. Conflict resolution skills must be taught at an early age. Role models of non-aggressive, nurturing men should replace violent and aggressive images of maleness that prevail in mainstream media.
7. Researchers should study the unique forms of violence experienced by girls with disabilities, as well as the creative survival strategies employed by girls with disabilities.
8. Researchers, policymakers, funders, and activists need to listen more to girls' own stories of their experiences of violence, resistance, and resilience. Girls must play an active role in defining their own issues and in developing effective strategies for safety and well-being.

Bill of Health Rights for Incarcerated Girls

Through a partnership between Health and Medicine Policy Research Group and Girl Talk, this document was created in 2005 by both girls in and recently released from detention.

1. **Family Contact.** We believe girls should be able to see their children more than once a week and without a judge's special permission. Girls should be allowed to see their immediate family members regardless of age.
2. **Accurate Information.** We believe girls should have access to information about their health records and their court case details.
3. **Personal Privacy and Confidentiality.** We believe girls have a right to privacy that includes their personal information as well as their bodies and personal space.
4. **Food, Water, and Exercise.** We believe girls should have access to nutritious food, sufficient water, and daily exercise.
5. **Proper Hygiene.** We believe girls should have more time to bathe, quality bathing products, as well as clean clothes and towels more often.
6. **Adequate & respectful mental health care.** We believe girls should have access to counseling services for their mental health.
7. **Another Chance.** We believe girls have the right not to be treated as criminals upon their release from detention and to be connected with community resources prior to release.
8. **Medical care.** We believe girls have a right to receive medical attention and medicine when they are ill.
9. **Gender-specific care.** We believe young women struggle with issues that are specifically related to their experience as girls, and deserve support in doing so from people who understand those issues.
10. **Freedom from discrimination and verbal & physical abuse.** We believe girls have a right to be respected by both staff and peers.

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Significant numbers of Illinois girls leave high school quite early, and drop out rates vary strongly by race. During the 2005-6 school year in 9th grade, young Black women (6.69%) and Latina (5.59%) women drop out significantly more often than Asian American (1.50%), White (1.06%) and Native American (2.92%) young women (Illinois State Board of Education, 2007).

Illinois has a poor record for graduation rates of Latina (61.1%) and Black (59.1%) girls, while White and Asian American girls both have an 84% graduation rate (Editorial Projects in Education Research Center, 2008).

During the 1990s, girls' dropout rates for Chicago Public Schools declined and their graduation rates rose, but the rate of change varied across racial groups. While measures improved for all groups, they improved least for Black girls, widening the graduation gap between Black girls and girls of other races (Allensworth, 2005).

In 2006-7, more than 1000 girls from K-12 were expelled from Illinois schools (Illinois State Board of Education, 2008a).

Illinois lags dramatically behind the national average in high school graduation rates for Native American girls, who have a 52.5% graduation rate in the U.S., but only a 27% graduation rate in Illinois (Editorial Projects in Education Research Center, 2008).

Family income levels have a strong impact on girls' ACT scores (Corbett, C., Hill, C. & Rose, A. 2008).

Illinois surpassed the national average (61.1%) in 2003 with 69.9% of girls 3 – 5 years old regularly attending kindergarten, Head Start, and other early childhood programs. Recent budget cuts are likely to crush this pattern (National Survey of Children's Health, 2003).

In 2008, 76% of Illinois 3rd grade girls performed at or above grade level in reading, and 85.4% performed at or above grade level in math. By eighth grade, Illinois girls' performance was stronger in reading with 85.5% performing at or above grade level, and slightly weaker in math, with 81.7% performing at or above grade level (Illinois State Board of Education, 2008b).

More than one in ten (10.7%) female high school students reported in 2007 that they did not go to school at least once in the last thirty days because of safety concerns. This is nearly double the national average (5.6%) (YRBS 2007).

Schools are crucial to girls' current and future well-being. Effective teaching, mentoring, and social support in a nurturing and stimulating environment are strong protective factors for girls, regardless of risks in their lives. Conversely, experiencing mistreatment or failure at school can increase girls' risks of experiencing a variety of problems, including delinquency (Bostwick and Ashley, 2009). A study of girls in correctional facilities determined that all of the girls had skipped school and had gone to school detention (ibid).

To give a context for the numbers and charts that follow, the National Center for Education Statistics provides the following data for 2006-7¹ : Illinois has a total of 2,118,276 students, including boys and girls. There are 2,178 Native American girls. There are 39,432 Asian/Pacific Islander American girls in all grades. There are 207,122 Black girls in Illinois schools. The total number of Latina students is 198,900. White female students number 559,637.

As with other aspects of girls' lives, educational experiences of Illinois girls vary strongly by race and income level. The high school graduation rate for Illinois girls is 88.8% overall, with Black girls graduating at 74.9%, White girls at 92.5%, and Latinas at 75.7%.² Girls from low-income families achieve lower test scores in math, reading, and English than girls from higher-income families.³

In addition, Chicago schools are the site of a great deal of stress and abuse for many girls. According to the 2007 YRBS, more than one in ten (10.7%) female high school students reported in 2007 that they did not go to school at least once in the last thirty days because of safety concerns. This is nearly double the national average (5.6%).

Suspensions and Truancy

Suspension of Illinois girls increased 43% from 2002 to 2007 (Bostwick and Ashley, 2009). In the 2007 school year, the suspension rate for Illinois girls from kindergarten through 12th grade was 5,783 per 100,000 (ibid). The total number of Black girls suspended only once was almost double the total of White girls suspended only once. The total of Black girls suspended more than once for four to ten days is almost 4.5 times the total of White girls.

1 Common Core of Data (CCD). "Public Elementary/Secondary School Universe Survey." 2006-7 v1b.

2 Illinois State Board of Education. 2008b. 2008 Illinois State Report Card. http://webprod.isbe.net/ereportcard/publicsite/getReport.aspx?year=2008&code=2008StateReport_E.pdf. Date accessed: January 2009

3 Corbett, C., Hill, C. & Rose, A. 2008. *Where the Girls Are: The Facts About Gender Equity in Education*. American Association of University Women. Accessed February 13, 2009. <http://www.aauw.org/research/upload/whereGirlsAre.pdf>

2006-2007, Number of suspensions of girls by grade, and race/ethnicity ⁴										
	Suspended Only Once			Total Suspended Only Once		Suspended More than Once			Total Suspended More than Once	
	K-8	9-12	TOTAL	1-3 DAYS	4-10 DAYS	K-8	9-12	TOTAL	1-3 DAYS	4-10 DAYS
Black	8,338	9,804	18,142	13,684	4,458	5,459	8,638	14,097	36,268	12,327
Hispanic/Latina	2,267	4,056	6,323	4,897	1,426	807	2,296	3,103	7,054	1,956
White (non-hispanic)	2,910	6,584	9,494	7,406	2,088	1,239	3,717	4,956	12,668	2,753
Native American	28	57	85	61	24	55	38	93	183	45
Asian/Pacific Islands	61	194	255	203	52	18	56	74	177	48
Multiracial	272	326	598	477	121	164	208	372	965	248
Totals	13,876	21,021	34,897	26,728	8,169	7,742	14,953	22,695	57,315	17,377

2006-2007 Female Truants, Chronic Truants, and Truant Minors in Elementary and Secondary School⁵			
	Truants	Chronic Truants	Truant Minors
Elementary	16,601	2,477	1,224
Secondary	36,955	3,007	1,418
Total	163,938	23,993	11,617

2006-2007, Female Truants, Chronic Truants, and Truant Minors in Elementary and Secondary School ⁶		
Truants	Chronic Truants	Truant Minors
26,501	7,927	1,811

⁴ Illinois State Board of Education Most recent data on suspensions made available by the Illinois State Board of Education, 2006-2007 School Year. Date accessed: January 2009. http://www.isbe.net/research/pdfs/eoy_suspension06-07.pdf

⁵ Illinois State Board of Education, Most recent data on truants, chronic truants, and truant minors made available by the Illinois State Board of Education, 2006-2007 School Year. Date accessed: January 2009. http://www.isbe.state.il.us/research/pdfs/eoy_truants0607.pdf

⁶ Illinois State Board of Education, Most recent data on truants, chronic truants, and truant minors made available by the Illinois State Board of Education, 2006-2007 School Year. Date accessed: January 2009. http://www.isbe.state.il.us/research/pdfs/eoy_truants0607.pdf

Expulsions and Dropouts

Differences in methods for calculating graduation and dropout rates can create confusion. When comparing different data sets, it is important to understand the methods used to calculate the rates, since complex decisions about, for example, whom to count as a “dropout” can substantially affect the rate reported. In order to have a valid measure of increases or decreases in dropout and graduation rates, it is best to look at the data sets from a single research source. This can also make comparing graduation rates across regions difficult. For a full explanation of these issues, see Allensworth (2005).

In 2007, Illinois schools expelled girls from kindergarten through 12th grade at a rate of 101 per 100,000 (Bostwick and Ashley, 2009). The expulsion rate of girls went up by 55% between 2002 and 2007 in Illinois (ibid). In 2006-2007, the Illinois State Board of Education reported that for grades K-8, the total number of expulsions of White girls was the highest of all groups, followed by Black girls, with a very small total number of Latina, Asian American, and Native American girls expelled. The total number of expulsions for high school students was higher for all racial groups except Native American girls (with no expulsions recorded during high school). For high school girls, the total number of expulsions of Black girls is slightly higher than that of White girls, with the total number for Latinas, Asian Americans, and Multiracial girls significantly lower than that of either Black or White girls.

2006-2007, Number of expulsions of girls by grade, and race/ethnicity ⁷			
	K-8	9-12	TOTAL
Black	181	257	438
Hispanic/Latina	24	60	84
White (non-hispanic)	205	240	445
Native American	2	0	2
Asian/ Pacific Islands	9	10	19
Multiracial	7	11	18
Totals	428	578	1,006

Multiple factors lead to dropping out, and Bostwick and Ashley (2009) report: “Adolescent girls are particularly vulnerable to disengaging from academic pursuits if they perceive themselves to be incapable of meeting academic performance standards.⁸ Such disengagement can lead to dropping out of school and other school-related problems.... [F]emale drop-outs may have their situation compounded by teen parenting” (P. 15).

⁷ Illinois State Board of Education, Most recent data on expulsions made available by the Illinois State Board of Education, 2006-2007 School Year. Date accessed: January 2009. http://www.isbe.net/research/pdfs/eoy_ex_0607.pdf

⁸ Illinois State Board of Education, Most recent data on dropouts made available by the Illinois State Board of Education, 2006-2007 School Year. Date accessed: January 2009. http://www.isbe.net/research/pdfs/eoy_dropouts06-07.pdf

2006-2007, Number of female high school dropouts by grade cluster, and race/ethnicity⁹

	9th	10th	11th	12th
Black	1,395	1,092	858	856
Hispanic/Latina	862	719	688	682
White (non-hispanic)	537	631	1,021	1,218
Native American	3	1	7	6
Asian/Pacific Islands	25	39	42	32
Multiracial	48	28	46	43
Totals	2,870	2,514	2,662	2,837

2005-2006, High school girls' dropout rates by grade level and race statewide¹⁰

	9th	10th	11th	12th
Black				
Number of Dropouts	1,310	1,139	805	905
State Wide Enrollment	19,594	17,230	14,239	12,062
Dropout Rate	6.69%	6.61%	5.65%	7.50%
Hispanic/Latina				
Number of Dropouts	828	607	607	582
State Wide Enrollment	14,804	10,167	10,167	9,271
Dropout Rate	5.59%	5.97%	5.97%	6.28%
White (non-hispanic)				
Number of Dropouts	506	645	1,056	1,232
State Wide Enrollment	47,958	47,861	45,320	23,372
Dropout Rate	1.06%	1.35%	2.33%	2.84%
Native American				
Number of Dropouts	7	2	12	7
State Wide Enrollment	240	222	234	178
Dropout Rate	2.92%	0.90%	5.13%	3.93%
Asian/Pacific Islands				
Number of Dropouts	44	36	48	48
State Wide Enrollment	2,932	3,016	2,962	2,855
Dropout Rate	1.50%	1.19%	1.62%	1.68%
Multiracial				
Number of Dropouts	5	14	14	17
State Wide Enrollment	1,289	576	576	564
Dropout Rate	0.39%	2.43%	2.43%	6.28%
Totals				
Number of Dropouts	2,700	2,542	2,542	2,791
State Wide Enrollment	86,817	73,498	73,498	68,302
Dropout Rate	3.11%	3.46%	3.46%	4.09%

Between 2002 and 2007, the dropout rate for Illinois high school girls went down by 27%, with a total number of 10,883 girls dropping out of high school in 2007. The 2007 high school dropout rate for girls was 3,472 per 100,000 (Bostwick and Ashley, 2009). Across race, we see major differences in dropout rates. For 12th grade girls, dropout rates were: 7.50% for Black girls, 6.28% for Latinas, 6.28% for Multiracial girls, 3.93% for Native American girls, 2.84% for White girls, and 1.68% for Asian American girls.

Graduation

Between 1991 and 1999 in Chicago, the rate of girls of all races graduating by age 18 increased. The rates increased more for Latina, White, and Asian American girls than for Black girls, so that the gap in graduation between Black girls and girls of other races increased during this period, even as the graduation rate for Black girls was rising (Allensworth, 2005). Illinois girls' graduation rates are close to the national averages when the numbers are broken down by race, except for American Indian/Alaska Native girls. For this group in 2004-5, Illinois girls are less than half as likely to graduate (27%) compared to the national average for American Indian/Alaska Native girls (54.4%). During the same period, graduation rates were 84% for White and Asian American or Pacific Islander girls, while only 61% for Latina girls and 59% for Black girls.

2006-2007, Number of female high school graduates by race/ethnicity in Chicago ¹¹ and Illinois ¹²		
	Chicago	Illinois
Black	5,369	11,733
Hispanic/Latina	3,289	8,544
White (non-hispanic)	1,023	42,543
Native American	11	222
Asian/Pacific Islands	475	2,916
Multiracial	197	500
Totals	10,364	66,458

9 Illinois State Board of Education, Most recent data on dropouts made available by the Illinois State Board of Education, 2006-2007 School Year. Date accessed: January 2009. http://www.isbe.net/research/pdfs/eoy_dropouts06-07.pdf

10 Illinois State Board of Education, Most recent data on dropouts made available by the Illinois State Board of Education, 2005-2006 School Year. Date accessed: January 2009. <http://www.isbe.state.il.us/reports/annual07/students.pdf>

11 Illinois State Board of Education, Most recent data on graduation rates in Chicago made available by the Illinois State Board of Education, 2006-2007 School Year. Date accessed: January 2009. http://www.isbe.state.il.us/research/pdfs/eoy_graduates06-07.pdf

12 Illinois State Board of Education, Most recent data on graduation rates made available by the Illinois State Board of Education, 2006-2007 School Year. Date accessed: January 2009. http://www.isbe.state.il.us/research/pdfs/eoy_graduates06-07.pdf

Percent of Female Graduation rate by race/ethnicity, 2004-2005¹³

	Chicago	U.S.
Black	59.1%	61.3%
Hispanic/Latina	61.1%	62.7%
White (non-hispanic)	84.0%	79.8%
Native American	27.0%	52.5%
Asian/Pacific Islands	84.0%	82.8%

Family Income

Family income levels generally have some impact on girls' test scores across subject areas. The effect of family income level on female students' ACT mean English scores.¹⁴

ACT Mean English Scores, by Family Income Level 1997-2007

	HIGH	MIDDLE	LOW
1997	22.7	21.0	18.7
1998	22.7	21.0	18.8
1999	22.8	21.1	18.7
2000	22.7	20.9	18.6
2001	22.7	20.8	18.4
2002	22.6	20.6	18.0
2003	22.7	20.5	18.0
2004	22.8	20.6	18.1
2005	22.9	20.6	18.0
2006	23.0	20.7	18.0
2007	23.0	20.5	17.9

Note: Low-income students reported an annual family income of less than \$30,000, middle-income students reported an annual family income of \$30,000 to \$60,000, and high-income students reported an annual family income of more than \$60,000. Income figures not adjusted for inflation.

Source: Unpublished data provided to the AAUW Educational Foundation by the ACT Statistical Research Department.

¹³ Editorial Projects in Education Research Center. 2008. *Illinois: School to College: Can State P-16 Councils Ease the Transition?* <http://www.edweek.org/media/ew/dc/2008/40sgb.il.h27.pdf>

¹⁴ Corbett, C., Hill, C. & Rose, A. 2008. *Where the Girls Are: The Facts About Gender Equity in Education*. American Association of University Women. Accessed February 13, 2009. <http://www.aauw.org/research/upload/whereGirlsAre.pdf>

Family Income

Girls' ACT Mean Mathematics Scores, by Family Income Level 1997-2007

	HIGH	MIDDLE	LOW
1997	21.9	20.2	18.4
1998	22.1	20.3	18.5
1999	21.9	20.1	18.3
2000	21.9	20.1	18.3
2001	21.8	20.0	18.2
2002	21.8	19.9	18.0
2003	21.7	19.8	17.9
2004	21.8	19.9	18.1
2005	21.8	19.9	18.0
2006	21.9	19.9	18.0
2007	21.9	19.8	18.0

Note: Low-income students reported an annual family income of less than \$30,000, middle-income students reported an annual family income of \$30,000 to \$60,000, and high-income students reported an annual family income of more than \$60,000. Income figures not adjusted for inflation.

Source: Unpublished data provided to the AAUW Educational Foundation by the ACT Statistical Research Department.

Standardized Testing: PSAE, ISAT, SAT, AP, and IAA

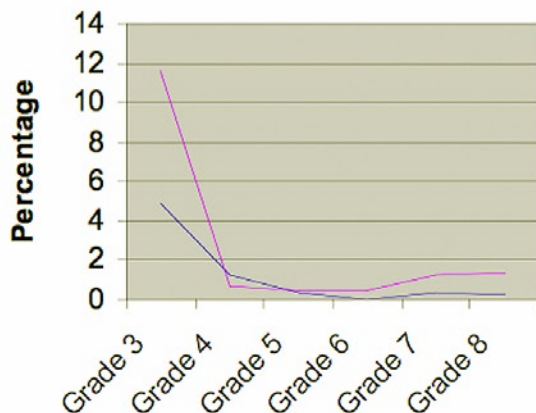
In Illinois, the Prairie State Achievement Examination (PSAE) – as reported in the 2008 Illinois State Report Card – found that 36.8% young women in Grade 11 were considered “below standards” for their expected reading level. Similarly, this State Report Card found that 38.2% of these 11th Grade girl were “below standards” for mathematics and 42.9% were “below standards” for science.

Illinois Standards Achievement Test (ISAT): Female test-taker data¹⁵

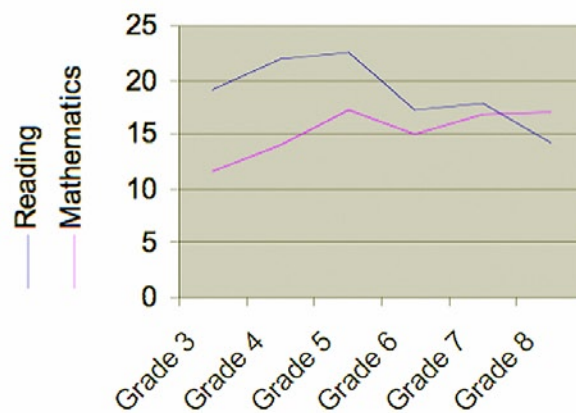
The table below presents the student scores by percentage by four performance levels. The percentages may not always add up to 100 because of rounding. Level 1 means “academic warning.” Level 2 means “below standards.” Level 3 means “meet standards.” Level 4 means “exceeds standards” (ibid, p. 7)

	Reading Level				Math Level			
	1	2	3	4	1	2	3	4
3rd Grade	4.9%	19.1%	48.8%	27.2%	2.9%	11.6%	45.9%	39.5%
4th Grade	1.2%	21.9%	47.7%	29.3%	0.7%	14.0%	60.4%	24.9%
5th Grade	0.3%	22.5%	46.9%	30.2%	0.4%	17.2%	66.1%	16.3%
6th Grade	0.2%	17.3%	53.7%	30.2%	0.4%	15.1%	64.1%	20.4%
7th Grade	0.3%	17.9%	60.4%	21.4%	1.3%	16.8%	56.9%	24.9%
8th Grade	0.2%	14.3%	76.4%	9.1%	1.4%	17.0%	55.2%	26.5%

Percentage of Girls who are at Academic Warning for ISAT



Percentage of Girls "Below Standards" in ISAT



¹⁵ Illinois State Board of Education. 2008 Illinois State Report Card. http://webprod.isbe.net/ereportcard/publicsite/getReport.aspx?year=2008&code=2008StateReport_E.pdf. Date accessed: January 2009

Illinois Alternate Assessment (IAA)¹⁶

When an Individualized Education Program (IEP) indicates that ISAT and PSAE would not be appropriate, Illinois administers the Illinois Alternate Assessment (IAA). Students with disabilities receive IEPs. Level 1 is “Entry” and means that “students do not demonstrate knowledge and skills in the subject through links to the Illinois Learning Standards.” Level 2 is “foundational” and means that “students demonstrate emerging knowledge and skills in the subject as linked to the Illinois Learning Standards. Students exhibit an ability to reproduce knowledge and skills.” Level 3 means “satisfactory” and means that “students demonstrate basic knowledge and skills in the subject through links to the Illinois Learning Standards. Students exhibit an ability to associate their knowledge and skills.” Level 4 is “mastery” and means that “students demonstrate knowledge and skills in the subject through links to the Illinois Learning Standards. Students exhibit the ability to apply their knowledge and skills” (ibid, p. 14).

	Reading Level				Math Level			
	1	2	3	4	1	2	3	4
3rd Grade	19.2%	22.9%	31.4%	26.5%	23.4%	13.3%	37.0%	26.3%
4th Grade	20.6%	22.1%	38.2%	19.1%	19.4%	17.9%	35.8%	26.9%
5th Grade	21.4%	20.1%	32.2%	30.2%	15.6%	20.1%	37.3%	27.0%
6th Grade	17.4%	20.1%	32.2%	30.2%	16.4%	16.7%	34.0%	33.0%
7th Grade	13.6%	21.6%	33.6%	31.2%	15.2%	14.8%	39.9%	30.1%
8th Grade	16.5%	13.6%	39.3%	30.6%	11.8%	20.0%	37.7%	30.5%
11th Grade	12.2%	15.0%	25.6%	47.2%	14.1%	12.7%	40.7%	32.6%

Engagement and Success in School

Girls’ success in school is predicated on many factors, including girls’ engagement in the educational process, girls’ completion of their academic work outside school, and educational programs that are appropriate for girls’ individual needs. Based on 2007 parent reports in the National Survey of Children’s Health, the vast majority of girls age 6 – 17, in Illinois and nationwide, usually or always care about doing well in school. More than 90% of girls nationally and more than 93% in Illinois usually or always do their required homework. Illinois schools were comparable with schools nationally in parent reports that more than 75% of girls had not had school problems in the past year that had prompted school personnel to contact parents or adults in the home. Almost 14% of girls in Illinois and slightly more than 14% of girls nationally had schools contact their parents or other adults regarding problems in school more than once in the past year, however.

¹⁶ National Survey of Children’s Health (2007), <http://nschdata.org/DataQuery/DataQueryResults.aspx>

Specific Components of School Engagement

CARES ABOUT DOING WELL IN SCHOOL, GIRLS AGE 6-17, NSCH 2007			
In past month, how often did [girl's name] care about doing well in school? ¹⁷			
	Never, Rarely, or Sometimes	Usually	Always
Illinois	6.3%	17.0%	76.7%
U.S.	8.4%	18.7%	73.0%
DOES ALL REQUIRED HOMEWORK, GIRLS AGE 6-17, NSCH 2007			
In past month, how often did [girl's name] do all of her required homework? ¹⁸			
	Never, Rarely, or Sometimes	Usually	Always
Illinois	7.0%	19.3%	73.8%
U.S.	9.7%	20.9%	69.4%
GIRL HAS PROBLEMS WITH SCHOOL, NSCH 2007			
In the past 12 months, how many times has [girl's name]'s school contacted a parent or other adult in household about problems she is having with school? ¹⁹			
	Never	Once	More than Once
Illinois	76.6%	9.5%	13.9%
U.S.	75.3%	10.0%	14.7%
<p>Individualized Education Programs (IEPs) are plans developed for children with special needs, health issues, or disabilities to ensure student's access to appropriate education. Almost 8% of girls in the U.S. ages 6 – 17 have an IEP, while only about 5% of Illinois girls have an IEP.</p>			
SCHOOL AGE GIRL HAS IEP, AGES 6-17, NSCH 2007			
Does [girl name] have a health problem, condition, or disability for which she has a written intervention plan called an Individualized Education Program or IEP? ²⁰			
	Has An Intervention Plan	Does Not Have An Intervention Plan	
Illinois	4.9%	95.1%	
U.S.	7.9%	92.1%	

17 National Survey of Children's Health (2007), <http://nschdata.org/DataQuery/DataQueryResults.aspx>

18 National Survey of Children's Health (2007), <http://nschdata.org/DataQuery/DataQueryResults.aspx>

19 National Survey of Children's Health (2007), <http://nschdata.org/DataQuery/DataQueryResults.aspx>

20 Office of Research, Evaluation and Accountability Department of Applied Research. Freshmen on Track Rates 2005-2008. Produced October 10, 2008. Date accessed: February 5, 2009. http://research.cps.k12.il.us/export/sites/default/accountweb/Reports/Citywide/ontrack_citywide2008.pdf

21 Data Book on Illinois Higher Education: Enrollments, Degrees Conferred, Staffing, Tuition and Fees, Financial Aid, Finance. "This is the thirty-fifth annual Data Book on Illinois Higher Education. The information is compiled from data reported by Illinois institutions in surveys conducted or coordinated by the Board of Higher Education staff." Date Accessed: January 2009 <http://www.ibhe.state.il.us/Data%20Bank/DataBook/2008/DATABOOK2008.pdf>

22 Chicago Public Schools's Office of High Schools and High School Programs. Data and Evaluation: Comparison of College Retention Rates For the Classes of 2004, 2005, and 2006 For All Graduates. Date accessed: April 8, 2009.

Characteristics of Off Track Students

A student is considered “off track” if they have not passed enough courses to be able to graduate at eighteen. CPS reports in 2008 that about 1/3 of freshmen girls were off-track. CPS reports for the class of 2004, 71.6% of females were retained into year 2; 76.5% retained into year 3, and 82.9% retained into year 4. Again, there were racial disparities: Asian girls were the least likely to be off track, followed by White, and then Native American girls. Black girls were the most likely to be off-track. The percentage of female CPS students off-track did not change greatly between 2005 and 2008, except among Native American girls, who had wide changes each year in the proportion considered off-track.

Demographic Characteristics ²¹ – Percent of Female Students Off Track				
	2005	2006	2007	2008
Black	37%	39%	41%	37%
Hispanic/Latina	33%	34%	35%	34%
White (non-hispanic)	21%	20%	21%	24%
Native American	18%	35%	43%	24%
Asian/Pacific Islands	11%	8%	7%	11%

Post-Secondary Enrollment, College Enrollment, and Retention Rates

In 2007 in Illinois, 466,474 women were enrolled in post-secondary education programs – mostly in undergraduate programs (381,581). Illinois graduate programs enrolled 84,893 women.

2007, Total fall post-secondary enrollment of female students by race or national origin, type of institution, and level of instruction.²²

Total Fall Female Enrollments by Race or National Origin, Type of Institution, and Level of Instruction, Fall 2007			
	Undergraduate	Graduate	Total Enrollment
Black	61,174	10,600	71,774
Hispanic/Latina	49,838	4,351	54,189
White (non-hispanic)	231,982	49,669	281,651
Native American	1,212	228	1,440
Asian/Pacific Islands	18,731	4,876	23,607
Non-Resident Alien	4,260	7,189	11,449
No Indication	14,384	7,980	22,364
Total	381,581	84,893	466,474

Source: IBHE Fall Enrollment Survey-Part I

**Comparison for Female Graduates of the 2004, 2005, and 2006
Classes of those who enrolled the prior year²³**

	2004		2005		2006	
Enrolled in Spring	5,483		5,521		5,571	
Retained into year 2	3,925	71.6%	3,874	70.2%	4,036	72.4%
Retained into year 3	3,002	70.2%	3,003	77.5%	----	----
Retained into year 4	4,036	72.4%	----	----	----	----

Early Education

Significantly more Illinois girls (69.9%) attended pre-school, kindergarten, Head Start, or Early Start in the past month in Illinois compared to the U.S. overall (61.1%). With recent threats to funding early childhood education and programs at a state level in Illinois, we may begin to see serious regression in this area in coming years.

**Percent of Female Children (Ages 3-5) Regularly Attended Nursery School,
Preschool, Kindergarten, Head Start, or Early Start During the Past Month²⁴**

NSCH 2003	Did Not Attend During Past Month	Regularly Attend During Past Month
Illinois	30.1%	69.9%
U.S.	38.9%	61.1%

Item not repeated in NSCH 2007.

Girls Ages 6-17 Who Have Repeated One or More Grades in School

(Illinois had less grade repeaters than the national average, and this trend held between 2003 and 2007)

Since starting kindergarten has child repeated any grades?^{25/25}

NSCH 2003	No Grades Repeated	1 or More Grades Repeated
Illinois	95.3%	4.7%
U.S.	90.9%	9.1%
NSCH 2007	No Grades Repeated	1 or More Grades Repeated
Illinois	95.0%	5.0%
U.S.	91.6%	8.4%

²³ National Survey of Children's Health (2003), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

²⁴ National Survey of Children's Health (2003), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

²⁶ National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

²⁷ National Survey of Children's Health (2003), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

²⁸ National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

Reading

Illinois improved between 2003 and 2007 in the percentage of girls reading for pleasure for 31 or more minutes on the average school day, based on parents' reports. Illinois was close to the national average for these numbers in 2003, but gained ground over the national average by 2007.

Girls Ages 6-17 Who Spend More Than One Hour Reading for Pleasure on an Average School				
On an average school day, about how much time does (girl's name) usually spend reading for pleasure? ^{27/28}				
NSCH 2003	0 Minutes	30 Minutes or Less	31-60 Minutes	Over 60 Minutes
Illinois	11.3%	43.6%	26.9%	18.1%
U.S.	12.2%	43.8%	27.8%	16.3%
NSCH 2007	0 Minutes	30 Minutes or Less	31-60 Minutes	Over 60 Minutes
Illinois	7.9%	36.2%	30.6%	25.3%
U.S.	11.3%	41.5%	27.3%	19.8%

When Girls Get a Chance...

Project Exploration's Girls Services are designed to change the status quo. Girls' interests shape the curriculum of after-school *Sisters4Science*, summer *All Girl Expeditions to Montana*, and an annual *Girls' Health and Science Day* conference. By designing research projects, sharing their work in a public "Showcase of Knowledge" and working alongside women scientists, girls are improving leadership skills, scientific literacy, and considering science as a possible career. Project Exploration's girls demonstrate that when presented with ongoing opportunities to be involved with high-caliber science, they'll take them: in 2008 43% of girls who graduated high school as Project Exploration field alumni are majoring in science – that's five times higher than the national average.

Gender JUST fights oppression in Queer, Trans, and Gender-Non-Conforming (QTGNC) communities by organizing through a racial, economic, and gender justice framework. Women-identified youth of color have played a critical role in Gender JUST's development and continue to strengthen the organization by centering the work around their experiences in schools, communities, and social service institutions.

Women-identified youth play a central role in Gender JUST's Safe & Affirming Education Campaign, which is a struggle against heterosexism and violence towards QTGNC students in Chicago Public Schools (CPS). These young women led a public accountability session with the head of CPS to demand changes to make schools open to QTGNC students. Out of this, schools have been made safer for young women, as well as all students, by prohibiting discrimination based on gender identity, by creating a system for grievances and accountability, and by opening a dialogue between QTGNC young people and CPS.

Recommendations:

These recommendations are based in part on the Girls Report by Lynn Phillips, for the National Council for Research on Women.

1. Policymakers need to fund school districts to create schools that reflect the latest education research. Research should include qualitative studies that analyze students' experiences of school and address students' own explanations for what leads them to engage positively with school environments and what leads them to dropout. Much of the research that exists does not examine girls' specific experiences. We need more research on girls' reasons for dropping out of school, to inform policy and organizing campaigns. This should include a focus on how girls' sense of safety impacts the dropout rate.
2. Researchers, policymakers, and schools need to focus specifically on learning more about the needs and experiences of girls with disabilities and creating positive learning environments for them.
3. Schools and communities must create cultures which reward and celebrate girls' intelligence, efforts, skills, and learning. Programs can show girls the types of careers they might pursue, especially in math and science, while mentoring can provide additional encouragement and motivation. Schools can also provide career counseling and college preparation information early in high school, including focus on what types of careers girls might pursue that match their interests and yield a stable livelihood.
4. High school retention programs should be evidence-based and designed based on knowledge of challenges facing specific communities, since dropout and expulsion rates vary strongly by race and income level.
5. School personnel and students need training and intervention to reduce bullying and harassment. Schools should have comprehensive policies and procedures for dealing with harassment, bigoted comments, bullying, and violence, including training staff, faculty, and students to intervene in instances of mistreatment. Development of peer juries and student-facilitated peace circles can empower students to prevent escalation of conflict and resolve conflict positively. Such programs need to include a focus on the specific dynamics of gender-related violence and harassment, hate-based behavior toward LGBT students, racism, and other forms of oppression.
6. Funders need to provide monies to create and implement school structures, programming, school labor force structure, and curricula that engage students and prepare them for future study and work. Funds are needed as well for programs that help girls to stay in school, and encourage their success in a variety of academic fields.
7. Researchers and policymakers need a better understanding of what creates a sense of safety for girls at school, since significant numbers of girls report feeling unsafe at school and sometimes avoiding school for this reason. While typical efforts to address this problem have included increasing police presence in schools, more analysis must take place to ascertain if this truly improves the school environment and to consider what other measures can improve student security. For those students who feel safer at school than they do in their homes, neighborhoods, or routes to school, more holistic efforts must be implemented to improve students' safety and wellbeing overall so that they can focus and succeed in their educational endeavors.

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According to parent reports in the 2007 National Survey of Children's Health, 80.5% of girls ages 6-17 in Illinois are engaged in at least one structured activity after school.

Out of School Time Activities & Support from Adults

by Mariame Kaba

Illinois parents report that 61.7% of girls ages 6-17 participate in clubs and organizations after school or on weekends (NSCH 2007)

In Illinois, 13% of girls ages 12-17 engage in community service or volunteer work once a week or more. This is lower than the national average of 16.3% (NSCH 2007).

According to the 2007 NSCH, 10.1% of girls ages 12-17 in Illinois work 10 hours or more per week. This is lower than the national average of 11.8%. 64.7% of Illinois girls were not currently working.

72.2% of girls in Illinois attend religious services at least once a month with the majority attending at least once a week. Only 20.1% of girls in Illinois never attend religious service (NSCH 2007).

While girls spend a good deal of time in school, they also engage in plenty of activities in their out-of-school time. According to parent reports in the 2007 National Survey of Children's Health, 80.5% of girls ages 6-17 in Illinois are engaged in at least one structured activity after school. These include activities that provide "structured" opportunities to develop skills, learn new things, and have fun, such as school, community, and religious programs, private lessons, and community service. Extracurricular activities are very important to the holistic development of young women and girls. They provide opportunities for socialization and offer preparation for adulthood. Girls often use these opportunities to build confidence in their ability to lead and change their communities.

NSCH 2007	How many girls participate in one or more organized activities outside of school, such as sports teams or lessons, clubs, or religious groups? ¹	
	Did Not Participate	Participated in 1 or More Activities
Illinois	19.5%	80.5%
U.S.	19.4%	80.6%

The 2007 National Survey of Children's Health provides even more specificity as to the types of structured activities that girls engage in during their out of school time. For example, Illinois parents report that 61.7% of girls ages 6-17 participate in clubs and organizations after school or on weekends.

Participation in Clubs or Organizations		
NSCH 2007	During the past 12 months, did your daughter participate in any clubs or organizations after school or on weekends? ²	
	Did Not Participate	Participated in 1 or More Activities
Illinois	61.7%	38.3%
U.S.	59.8%	40.2%

Community service and volunteering are widely accepted as desirable. Researchers suggest that participation in community service helps young people develop community-oriented attitudes, may reduce the alienation from society that some teens can experience, and encourages youth to become engaged in democratic processes, such as voting, when they are adults (Calabrese and Schumer 1986; Conrad and Hedin 1991). Young women are more likely to participate in volunteer work than their male peers. In Illinois, 13% of girls ages 12-17 engage in community service or volunteer work once a week or more. This is lower than the national average of 16.3%.

1 National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

2 National Survey of Children's Health (2007), <http://nschdata.org/DataQuery/DataQueryResults.aspx>

Girls Ages 12-17 Who Participate in Volunteer Work or Community Service at School, Church, or in the Community

NSCH 2007	During the past 12 months, has your daughter been involved in any type of community service or volunteer work at school, church, or in the community? ³			
	Never	Few Times /Year	Few Times/Month	Once/Wk. or More
Illinois	24.3%	40.2%	22.6%	13.0%
U.S.	18.9%	40.4%	24.3%	16.3%

In addition to structured activities such as participation in clubs, community service, and other organizations, many girls are employed. Research on the effects of youth employment has examined its relationship to a number of short-term and long-term outcomes. Several studies indicate a positive relationship between moderate amounts of work (20 hours per week or less) and higher levels of subsequent educational attainment (Brown 2001). According to the 2007 NSCH, 10.1% of girls ages 12-17 in Illinois work 10 hours or more per week. This is lower than the national average of 11.8%. 64.7% of Illinois girls were not currently working. Unfortunately we are unable to break this data out across race. National studies suggest that “teens from poor and minority backgrounds are much less likely to be working than other teens. Those who do work, however, are generally more likely to be working longer hours (20 or more hours in an average week).” (Brown, 2001)

Girls Ages 12-17 Who Work for Pay Outside of Home

NSCH 2007	During the past week, how many hours did your daughter work for pay? ⁴		
	Did Not Work	Worked Less Than 1-9 Hours	Worked 10 Hours or More
Illinois	64.7%	25.2%	10.1%
U.S.	65.3%	22.8%	11.8%

³ National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

⁴ National Survey of Children's Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

Religion plays a very important role in many people’s lives. According to parent reports, the vast majority of girls in Illinois attend religious services regularly. 72.2% of girls in Illinois attend religious services at least once a month with the majority attending at least once a week. Only 20.1% of girls in Illinois never attend religious services.

Girls Ages 0-17 Who Attended Religious Services				
NSCH 2007	How often does your daughter attend religious services?⁵			
	Never	At Least Once a Year	At Least Once a Month	At Least Once a Week
Illinois	20.1%	7.7%	19.2%	53.0%
U.S.	19.8%	8.5%	17.0%	54.6%

Support from Adults

According to parent reports, the percentage of girls ages 6-11 who spent some time at home alone (without an adult present) during an average week, has decreased from 2003 to 2007. According to the 2003 NSCH, 20.3% of girls ages 6-11 in Illinois had been at home unsupervised for some part of the after-school period during an average week. In 2007, that number had decreased to 9.6%. Girls in Illinois are more likely to be left at home unsupervised than their counterparts nationally. Research suggests that youth who are unsupervised are at increased risk of engaging in negative behaviors.

Girls, Ages 6-11, Who Spent Some Time At Home Alone (Without an Adult Present) During the Past Week		
NSCH 2003	Sometimes children spend time caring for themselves at home without an adult responsible for them. During the past week, did your daughter spend time caring for herself for even a small amount of time?⁶	
	Never	Stayed Home Alone At Least Once
Illinois	79.7%	20.3%
U.S.	85.3%	14.7%
NSCH 2007	Sometimes children spend time caring for themselves at home without an adult responsible for them. During the past week, did your daughter spend time caring for herself for even a small amount of time?⁷	
	Never	Stayed Home Alone At Least Once
Illinois	90.4%	9.6%
U.S.	91.3%	8.7%

5 National Survey of Children’s Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

6 National Survey of Children’s Health (2003), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

7 National Survey of Children’s Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

Parent involvement in children’s lives is very important to their successful transition to adulthood and to their overall positive development. The majority of Illinois parents appear to be taking an active interest in their children’s activities and well-being.

Parent Attendance at Girl’s Events or Activities				
NSCH 2007	During the past 12 months, how often did you attend events or activities that your daughter participated in?⁸			
	Never	Sometimes	Usually	Always
Illinois	2.4%	13.8%	25.5%	58.3%
U.S.	2.1%	12.4%	25.4%	60.1%

Proportion of Girl’s Friends That Parents Have Met				
NSCH 2007	Regarding your daughter’s friends, would you say that you have met all of her friends, most of her friends, some of her friends, or none of her friends?⁹			
	All	Most	Some	None
Illinois	33.8%	47.7%	16.9%	1.6%
U.S.	32.8%	48.6%	17.2%	1.4%

Girls Ages 0-17 Who Ate a Meal Together With Their Family Every Day During the Past Week				
NSCH 2007	During the past week, on how many days did all the family members who live in the household eat a meal together?¹⁰			
	0 Days	1-3 Days	4-6 Days	Everyday
Illinois	5.1%	20.8%	34.0%	40.1%
U.S.	4.3%	19.4%	31.4%	44.9%

8 National Survey of Children’s Health (2007), <http://nschdata.org/DataQuery/DataQueryResults.aspx>

9 National Survey of Children’s Health (2007), <http://nschdata.org/DataQuery/DataQueryResults.aspx>

10 National Survey of Children’s Health (2007), <http://www.nschdata.org/StateProfiles/CustomProfile.aspx>

Recommendations:

1. Parents and other adult allies should support girls' involvement in community groups and extra-curricular activities, help them to develop leadership skills, and encourage them to take action to promote constructive social change.
2. Organizations and schools should offer girls more leadership opportunities and vehicles for active explorations of their interests and talents.
3. Funders should support programs that encourage girls' recreation and leadership.

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*This report is inspired by all of the
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and girls that we work with and love.*

The report is dedicated to the memory
and legacy of Cyndie McLachlan, who
gave so many young women and girls in
Chicago wings.

Contact Information for Featured Organizations

General Health & Access to Health Care

Young Women's Empowerment Project

2334 W Lawrence Ave Ste 209
Chicago, Illinois 60625
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www.youarepriceless.org

Mental & Emotional Health

Girl World - My Sista's Keeper

A project of Alternatives Inc.
4730 N. Sheridan Road
Chicago, Illinois 60640
(773)506-7474
www.alternativesyouth.org

Physical Activity & Sports

Girls in the Game

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Sexuality

Illinois Caucus for Adolescent Health

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Violence, Safety & Criminalization

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Missions of Key Partners



Women & Girls Collective Action Network

The Women & Girls Collective Action Network (www.womenandgirlscan.org) is a center for consciousness-raising, training, dialogue and action around issues that matter to women and girls. We strengthen connections across communities to promote collective action. We provide resources and support to create safe spaces for girls and women to develop as leaders, learn from one another, and take action to promote social justice.

LOYOLA
UNIVERSITY CHICAGO



This data collection was completed by Loyola University Chicago's Center for Urban Research and Learning (CURL), an innovative, collaborative, university-community research center. CURL seeks to promote equality and to improve people's lives in communities throughout the Chicago metropolitan region. (www.luc.edu/curl)



The mission of Girls in the Game (girlsinthegame.org) is to provide and promote sports & fitness opportunities, nutrition & health education and leadership development to enhance the overall health and well-being of all girls. All programs integrate the organization's four pillars – sports, health, leadership and life. Recognized locally and nationally as a leader in the field of girls health and fitness programming, the organization provides evidence-based healthy lifestyle programming designed for female youth ages 6-18 from diverse ethnic, economic and geographic backgrounds. As part of a strategic vision to reach more girls in under-served communities, Girls in the Game has developed Spring Training, a professional development and certification program for youth service providers wishing to initiate or enhance their services to girls.



The Rogers Park Young Women's Action Team (YWAT) is a youth-led, adult-supported social change project that empowers women to take action on issues that affect their lives (particularly issues of violence against girls and young women). The YWAT believes that girls and young women should be free from violence. We believe that through collective action, consciousness-raising, and organizing we can end violence against girls and young women. (www.youngwomensactionteam.org)

Appendix – Health and Sexual Practices of Young Sexual Minority Women (YSMW)

*by Davietta Butty,
Amy Johnson & Rob Garofalo*

The current sample of 131 women is derived from a larger study of lesbian, gay, bisexual, and transgender (LGBT) youth (N=496) (see Garofalo et al., 2007, 2008; Mustanski et al., 2007). The sample is not representative of all young sexual minority women and data cannot be assumed to apply to youth outside of this sample. Youth were recruited from local community-based organizations and venues over a 12-month period from 2004-2005. Recruitment did not occur in traditionally high-risk venues such as bars, clubs, or bathhouses. The Institutional Review Boards from Howard Brown Health Center and Children's Memorial Hospital approved all study procedures and a waiver of parental consent for participants aged 16-17. Surveys were administered at a Chicago community-based organization, using Computer Assisted Self Interviewing (CASI). The survey assessed general demographics, psychosocial and health-related characteristics, and sexual risk behaviors. Respondents received \$30 for participating.

The 131 young women, self-identified as gay (3%), lesbian (47%), bisexual (46%) or questioning/unsure (4%; see Table 1). Ages ranged from 16-24 (mean=20). The largest percentage of participants was white (42%), with 25% Latina, 18% African American, and 14% other (including 8% multiracial).

Table 1 illustrates the fluidity of sexual identity and attraction among YSMW. While 94.7% of the women in this sample indicated some level of attraction to women, their self-perceived sexual orientations differ considerably

Table 1: Sample Demographics (Total 131)		
Race/Ethnicity	Number	Percent
White (non-Hispanic)	55	42%
Black	24	18.3%
Hispanic/Latina	33	25.2%
Asian/Pacific Islands	5	3.8%
Other	3	2.3%
Multiracial	11	8.4%
Sexual Orientation		
Gay	4	3.1%
Lesbian	62	47.3%
Bisexual	60	45.8%
Questioning/Unsure	5	3.8%
Physical Attraction Toward		
Only males	2	1.5%
Mostly males, but some females	25	19.1%
Males and females equally	28	21.4%
Mostly females, but some males	39	29.8%
Only females	32	24.4%
Missing data	5	3.8%

Table 2 shows that the women in the sample have largely been educated through high school, with 73.2% having a high school diploma or more advanced degree. Additionally, 61.1% are currently students. These data regarding educational level support the data collected on living situation, with 41.9% living in an apartment, dorm, or house, and 39.7% living with parents or family. Few were homeless or in a non-permanent living situation (3.1%), and less than half (45%) were currently employed.

Table 2: Education, Housing, and Employment (Total 131)		
Educational Level	Number	Percent
Less than 7th grade	1	0.8%
Junior high	3	2.3%
Partial high school	31	23.7%
High school graduate	24	18.3%
Partial college (at least one year)	46	35.2%
College education	24	18.3%
Graduate degree	2	1.5%
Educational Status		
Currently a student	80	61.1%
Not currently a student	51	38.9%
Living Situation		
Living alone in an apartment, dorm, or house	18	13.7%
Living with parents or family	52	39.7%
Living with a roommate in an apartment, dorm, or house	31	28.2%
Living with a romantic or sexual partner	16	12.2%
Group home or residential treatment facility	4	3.1%
No permanent address (homeless, squatting, etc.)		
Employment Status		
Currently employed	59	45%
Not currently employed	72	55%

Religious affiliations were documented, but not disclosed in favor of religious significance or importance (Table 3). Roughly equal percentages of women found religion to be of some importance in this sample, with 54.2% finding religion “fairly” or “very important,” and 45.8% finding it “fairly unimportant” or “not at all important.” In the sample, 24.4% reported “never” praying and 74% reported not having attended a youth event sponsored by a religious organization in the last 12 months, indicating varied and complex religious identities and participation.

Table 3: Religion (Total 131)		
<i>Importance of Religion</i>	Number	Percent
Not at all important	26	19.8%
Fairly unimportant	34	26.0%
Fairly important	51	38.9%
Very important	20	15.3%
<i>Prayer Frequency</i>		
Never	32	24.4%
Less than once a month	22	16.8%
At least once a month	24	18.3%
At least once a week	26	19.8%
At least once a day	27	20.6%
<i>Attendance of Religiously-Sponsored Youth Activities</i>		
Not attended in the past 12 months	97	74.0%
Less than once a month	19	14.5%
Once a month or more, but less than once a week	7	5.3%
Once a week or more	8	16.1%

Basic physical fitness was assessed using BMI calculation (based on self-reported height and weight) and current cigarette use as a proxy for overall health (Table 4). Alcohol consumption and substance use were documented separately. While 31.3% of the sample was defined as overweight or obese, 13.7% were considered obese. Additionally, 7.6% of the sample did not submit data for this question. Data on cigarette use show that 42% of women in the sample are current smokers, with 24.4% not submitting data.

Table 4: Physical Fitness (Total 131)

Weight Status	Number	Percent
Underweight (BMI < 18.5)	6	4.6%
Average (BMI 18.5-24.9)	74	56.5%
Overweight (BMI 25-29.9)	23	17.6%
Obese (BMI > 30)	18	13.7%
Missing data	10	7.6%
Current Smoker (at least one cigarette per day)		
Yes	55	42.0%
No	44	33.6%
Missing Data	32	24.4%

Alcohol use is shown in Table 5 and was defined as the frequency of having “five or more drinks of alcohol in one day (including the evening) during the last year.” Among the women in the sample, 21% reported this as a weekly occurrence. Alcohol-related irresponsibility was defined as a failure to complete “regular activities or take care of responsibilities” due to alcohol consumption. Activities and responsibilities may include taking medication, completing school work, going to class, etc., which 2.3% of women reported having alcohol-related difficulty completing on a weekly basis. Alcohol-related memory loss, or the inability to remember the events of the previous evening due to alcohol consumption, was also investigated. The majority of women (85%) reported experiencing this phenomenon “never” or “less than monthly.” In each of these data sets, 8% of the women in the sample were non-responders, indicating that these women either declined to respond to the questions or that the questions did not apply to them. History of alcohol use with a date or sexual partner was reported, with 74% of women indicating that they had not used alcohol only because a date or sexual partner they were with was using it. “Use” was not quantified in this question as it was in the previous question on alcohol use. History of unintended sexual behavior referred to instances such as having unplanned sex or not using a condom while under the influence of alcohol. Forty-one percent of women in the sample reported having experienced this situation. Five percent of women were non-responders.

Table 5: Alcohol Use and Behavior (Total 131)

<i>Frequency of Use (5 or more drinks per day during last year)</i>	Number	Percent
Never	30	22.9%
Less than monthly	45	34.4%
Monthly	18	13.7%
Weekly	27	20.6%
Missing data	11	8.4%
<i>Frequency of Alcohol-Related Irresponsibility</i>		
Never	80	61.6%
Less than monthly	35	26.7%
Monthly	2	1.5%
Weekly	3	2.3%
Missing data	11	8.4%
<i>Frequency of Alcohol-Related Memory Loss</i>		
Never	72	55%
Less than monthly	39	29.8%
Monthly	5	3.8%
Weekly	3	2.3%
Missing data	11	8.4%
<i>Alcohol Use Due to Date/Sexual Partner Use</i>		
Yes	27	20.6%
No	97	74.0%
Missing Data	11	8.4%
<i>Unintended Sexual Activity Due to Alcohol Use</i>		
Yes	54	41.2%
No	70	53.4%
Missing Data	11	8.4%

Histories of arrest and/or incarceration are compiled in Table 6, with 74% of women reporting never having been arrested by the police and 88% of women reporting that they had never been in jail or a juvenile detention center.

Table 6: Physical Fitness (Total 131)		
History of Arrest	Number	Percent
Yes	34	26.0%
No	97	74.0%
History of Jail or Juvenile Detention		
Yes	16	12.2%
No	115	87.7%

Substance use during the last year is detailed in Table 7 and divided between marijuana use and use of “street drugs” which includes drugs such as cocaine, crack cocaine, methamphetamine, Ecstasy, Rohypnol, GHB, hallucinogens, etc. Of the 76% of the women who responded to the question regarding marijuana use, 17% reported “never” using marijuana and 7% reported using marijuana “every day.” In this question, the “use” of marijuana was defined as smoking it. Eighty percent of women reported not having used street drugs in the past year.

Table 7: Substance Use (Total 131)		
Frequency of Marijuana Use	Number	Percent
Zero times	22	16.8%
Once a month or less	35	26.7%
More than once a month, but less than once a week	19	14.5%
One or more times a week, but not every day	15	11.5%
Every day	9	6.9%
Missing data	31	23.7%
Street Drug Use in the Past Year		
Yes	26	19.8%
No	105	80.2%



Table 8 shows the varied sexual histories and experiences of the women in the sample. Of the 131 women in the sample, 78% had willingly performed oral sex on a female and 60% had willingly performed oral sex on a male. While the woman’s willingness or desire to perform these acts was omitted from the table, it was an integral part of the questions in the survey (Have you ever performed oral sex on a female/male [that is, put your mouth on his/her genitals or vagina] because you wanted to?). Forty-four percent of women indicated that they used the internet to find sexual or romantic partners and 18% of women indicated that they had sex (oral, anal, or vaginal) with a partner they met on the internet. Ninety-three percent of women responded that they had never exchanged sex (oral, anal, or vaginal) for money or drugs, and 79% of women reported never having been pregnant. Table 9 expands on Table 8 by showing the average ages of the women when they performed oral sex and the average number of partners they performed oral sex on in the last year. Women in the sample first performed oral sex on a male around the age of 15 and had an average of 7 male partners in the past year. Women first performed oral sex on a female around the age of 17 and had an average of 3 female partners in the past year. The average age that women first had receptive anal sex with a male partner was 17, with an average of approximately 2 partners in the past year. The average age that women first had receptive vaginal sex (defined as “bottoming, or when someone put a sex toy, dildo, penis, or other object into your vagina”) was roughly 17, and the average number of partners over the past year was reported to be 6. For this question, the gender identification of the partner(s) was non-specific. Partners were defined as recipients of oral sex and those with whom the women had receptive anal or vaginal sex.

Table 8: Sexual History (Total 131)

<i>Performed Oral Sex on a Female</i>	Number	Percent
Yes	102	77.9%
No	29	22.1%
<i>Performed Oral Sex on a Male</i>		
Yes	78	59.5%
No	53	40.5%
<i>History of Internet Use to Find Partners</i>		
Yes	57	43.5%
No	69	52.7%
Missing Data	5	3.8%
<i>History of Sex with a Partner Met on the Internet</i>		
Yes	24	18.3%
No	33	25.2%
Missing Data	74	56.5%

Table 8: Sexual History continued...

History of Exchanging Sex for Money or Drugs		
Yes	10	7.6
No	121	92.4
History of Pregnancy		
Yes	26	19.8%
No	103	78.6%
Missing Data	2	1.5%

Table 9: Additional Sexual History (Total 131)

Age of First Oral Sex	Mean
On a Male	15.47
On a Female	17.14
Number of Partners in the Last Year (Oral Sex)	
Male partners	17.14
Female partners	2.72
Age of First Receptive Anal Sex	
With a male partner	17.11
Number of Partners in the Last Year (Anal Sex)	
Male partners	1.58
Age of First Receptive Vaginal Sex	
With a partner	16.53
Number of Partners in the Last Year (Vaginal Sex)	
Partners	6.33

Table 10 shows some of the people to whom the women in the sample disclosed their sexual orientation or sexuality as well as the reactions of these people. Nearly two times as many women disclosed their sexuality to their mothers or step-mothers than disclosed their sexuality to their fathers or step-fathers, with 47% discussing their sexuality with their mothers and 24% discussing it with their fathers. Women were more than twice as likely to respond that their mother’s reaction would be “accepting” (45%) than that their father’s reaction would be “accepting” (28%). Additionally, 16% reported discussing their sexuality with their employer and 34% would describe their employer’s reaction as “accepting.”

Table 10: Disclosure of Sexuality (Total 131)		
To Mother/Step-mother	Number	Percent
Definitely knows and we have talked about it	62	47.3%
Definitely knows and we have never talked about it	18	13.7%
Probably knows or suspects	25	19.1%
Does not know or suspect	19	14.5%
Missing data	7	5.4%
Reaction of Mother/Step-mother		
Accepting (it would not matter)	59	45.0%
Tolerant (but not accepting)	24	18.3%
Intolerant (but not rejecting)	14	10.7%
Rejecting	22	16.8%
Missing data	12	9.2%
To Father/Step-father		
Definitely knows and we have talked about it	32	24.4%
Definitely knows and have never talked about it	22	16.8%
Probably knows or suspects	25	19.1%
Does not know or suspect	27	20.6%
Missing data	25	19.1%
Reaction of Father/Step-father		
Accepting (it would not matter)	36	27.5%
Tolerant (but not accepting)	21	16.0%
Intolerant (but not rejecting)	16	12.2%
Rejecting	21	16.0%
Missing data	31	28.2%

Table 10: Disclosure of Sexuality continued...

To Boss/Employer	Number	Percent
Definitely knows and we have talked about it	21	16.0%
Definitely knows and we have never talked about it	10	7.6%
Probably knows or suspects	19	14.5%
Does not know or suspect	34	26.0%
Missing data	47	35.9%



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