

# STATUS OF GIRLS IN ILLINOIS



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Women & Girls CAN was the lead agency for the Status of Girls in Illinois report. The organization coordinated the project, led the steering committee, served as fiscal sponsor, coordinated communications between all the partner groups and consultants, analyzed the data, and collaborated to write the report.

### **Report Steering Committee**

In a strong move of solidarity, leaders within Chicago's most established and reputable organizations serving girls and young women joined forces in November 2008 to commission a new report focused on the status of girls in Illinois. While past reports have shown that effective gender-specific programming can be transformative in the lives of young women, the ***Status of Girls in Illinois*** report goes one step further.

The ***Status of Girls in Illinois*** organizes and presents existing data and research on multiple areas of development and health to present a portrait of how girls are statistically faring in Illinois.

### **Steering Committee Members**

Tracy Fischman, AccountAbility Minnesota, former Chicago consultant

Mariame Kaba, Director of Project NIA, Rogers Park Young Women's Action Team, former program officer at Steans Family Foundation

Aparna Sharma, Program Officer, Chicago Foundation for Women

Amy Skeen, Executive Director, Girls in the Game

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In addition to their role as members of the Steering Committee, Melissa Spatz and Mariame Kaba played a vital role in meeting with the research team, communicating with the Advisory, crafting, writing and finalizing the Executive Summary and Full Report, and securing the needed funding to drive the project to completion. The other members of the Steering Committee are proud to have partnered with them and want to recognize both Mariame and Melissa, whose leadership efforts made the report a reality.

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

# STATUS OF GIRLS IN ILLINOIS

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FULL REPORT IS AVAILABLE AT:  
[WWW.STATUSOFGIRLS.WOMENANDGIRLSCAN.ORG](http://WWW.STATUSOFGIRLS.WOMENANDGIRLSCAN.ORG)

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*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 Illinoisans to have up to date, accurate data about the state of girls' physical, social, and psychological well-being. This information will allow providers, advocates and allies 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 organizations 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.

# Introduction

## 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 17<sup>1</sup> 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.<sup>2</sup>

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" households.<sup>3</sup> According to the 2005/2006 National Survey of Children's Health for Children with Special Health Care Needs <sup>4</sup>, 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.<sup>5</sup> More specific data about children with special health care needs can be found at the Status of Girls website.

According to the 2007 YRBS, 8.7% of Chicago female high school students describe themselves as gay, lesbian, or bisexual. For more detailed information about young sexual minority women, see the appendix of the complete Status of Girls in Illinois report for the results of a study by researchers at Howard Brown Health Center.

## 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. Our intention is to draw attention to girls' ability to overcome obstacles when they have access to resources and support.

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](http://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.cshcndata.org](http://www.cshcndata.org)

### Main Sources of Data

The steering committee is indebted to the Center for Urban Research and Learning (CURL) at Loyola University Chicago for collecting the secondary 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. Those were supplemented by information 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, now 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.



# Introduction

## 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. We also see a lack of reporting on Asian Pacific Islander, Native American, and Multi-racial girls. This lack of data represents an all too-often undersampling of these groups in large data sets and thus doesn't lend itself to comparison across groups. The lack of data reported on these groups does not represent lack of concern nor does it represent a lack of groups working on issues impacting these communities. 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.statusofgirls.womenandgirlscan.org](http://www.statusofgirls.womenandgirlscan.org). 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.

## General Health for Girls & Access to Health Care

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

More than one in ten girls (11.9%) 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 visits 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

Virtually every issue we discuss in this report – from violence to substance use to physical fitness – has an impact on girls' health. Available data reveals that girls are facing a variety of health issues, including high rates of asthma, in particular among Black girls, and a high rate of chronic health problems. With one quarter of Illinois parents feeling they cannot access adequate health care to serve their daughters, the use of school-based health clinics and reliance on nonprofit organizations to share information about health-related matters becomes crucial.

### 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.

### 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 the Committee on Women, Population and the Environment to make a statement ([www.cwpe.org/node/222](http://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.

**\* Written by YWEP**

## Mental & Emotional Health

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).

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 post-traumatic stress disorder (PTSD), with rates highest among Latinas (16.9%), followed by Blacks (14.7%) and then Whites (10.5%) (Abram, Teplin, Charles, Longworth, McClelland & Dulcan 2004).



## Highlights

## Mental & Emotional Health

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.<sup>1</sup> 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.

### 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).

### When Girls Get a Chance...

***My Sista'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.

<sup>1</sup> 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.

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 racial groups. 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).

26.1% of girls in Illinois live in a household where someone uses cigarettes, cigars, or pipe tobacco. This number has decreased from 30.1% in 2003 (NSCH 2007).

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).

## Substance Abuse

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.

### 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.



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% 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).

## Physical Activity & Sports

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.

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.

### Recommendations:

1. Schools should provide girls with access to physical education and physical activity programs, which respond to the specific needs and characteristics of the girls they seek to engage, as well as their community and neighborhood contexts (George, Cusick & Guiltinan 2009). 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.

### 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. Programs incorporate the 4 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; and 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.



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 2009).

In Illinois, Latina girls have the highest birth rates among their peers (CDC 2007).

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

In Illinois, young women ages 15-19 accounted for 38% of cases of Chlamydia among all women in 2007 (IDPH 2009).

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 as 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 LBTQ 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 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, and 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.



## Highlights (continued)

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

*34% have ever had oral sex.*

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

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, such statistical data remain limited. While we recognize that girls' sexuality is fluid and complex, we are constrained by the lack of data that capture the variety of young women's experiences. The Status of Girls in Illinois report provides 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 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.

### 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.

### 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.

## Violence, Safety & Criminalization

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

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 2007).

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 have skipped 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 & McAlpine 2008).

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

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

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

Highlights

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 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 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.

### **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), 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 LGBTQI communities.
5. Funders should support anti-violence programs that are innovative and that engage community members in ending violence.

## Violence, Safety & Criminalization

### Recommendations... (continued)

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.

### 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, 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.

Significant numbers of Illinois girls leave high school quite early, and dropout rates vary strongly by race. During the 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 racial groups (Allensworth, 2005).

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

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 (NSCH 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 2008).

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).



# Education

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 & 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).

## **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.

### Recommendations:

(continued)

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.



## Education

### 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.

## Out of School Time Activities & Support from Adults

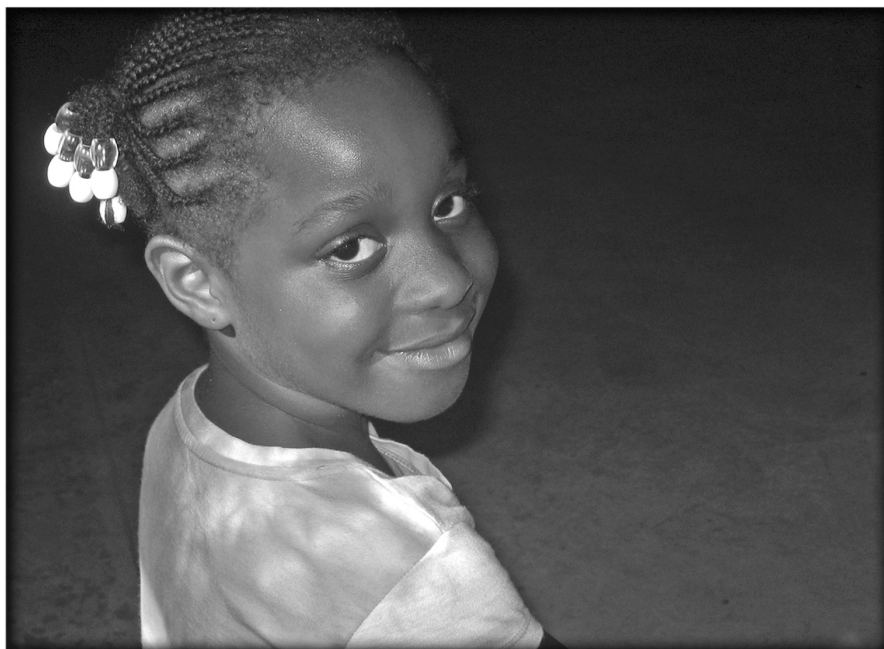
According to parent reports, 80.5% of girls ages 6-17 in Illinois are engaged in at least one structured activity after school (NSCH 2007).

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).

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 (NSCH 2007).

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).



## Out of School Time Activities & Support from Adults

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.

### 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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Females United for Action (FUFA)  
Gender JUST  
Girlworld, a project of Alternatives Inc.  
Girls in the Game  
Illinois Caucus for Adolescent  
Health (ICAH)  
Project Exploration, Rogers Park  
Young Women's Action Team (YWAT)  
Young Women's Empowerment  
Project (YWEP)

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The report is dedicated to the memory  
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Chicago wings.

## Contact Information for Featured Organizations

### **General Health & Access to Health Care**

#### ***Young Women's Empowerment Project***

2334 W Lawrence Ave Ste 209  
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[www.youarepriceless.org](http://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](http://www.alternativesyouth.org)

### **Physical Activity & Sports**

#### ***Girls in the Game***

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### **Sexuality**

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The Women & Girls Collective Action Network ([www.womenandgirlscan.org](http://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.



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](http://www.luc.edu/curl))



*Preparing people to lead extraordinary lives*



The mission of Girls in the Game 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.youngwommensactionteam.org](http://www.youngwommensactionteam.org))





# STATUS OF GIRLS IN ILLINOIS

[www.statusofgirls.womenandgirlscan.org](http://www.statusofgirls.womenandgirlscan.org)



Chicago Foundation for  
**women**

