

Ensuring Success in School  
Task Force

Appendix

June 2010

Addressing the educational and related needs of children and youths who are parents, expectant parents, or survivors of domestic or sexual violence to ensure their ability to stay in school, stay safe, and successfully complete their education



## Appendices

Appendix A: School District U-46 Forms .....	A-1
U-46 Teen Parent Intake Form.....	A-1
U-46 Protocol for Teen Parents.....	A-3
Appendix B: Bibliography .....	B-1
The Dropout Crisis .....	B-1
Pregnant and Parenting Adolescents (with a Focus on School-Related Issues).....	B-4
Physical Violence Victimization and/or Sexual Assault Among Pregnant and Parenting Adolescents .....	B-9
Programs and Interventions for Pregnant and Parenting Adolescents .....	B-17
Youths Who Are Survivors of Domestic or Sexual Violence (with a Focus on School-Related Issues) .....	B-25
Children and Youths in Foster Care .....	B-31
Youths Who Identify as Lesbian, Gay, Bisexual, Transgender, or Queer .....	B-33



# U-46 Teen Parent Intake Form

Date: \_\_\_\_\_ Update: \_\_\_\_\_

(Share with appropriate personnel as needed)

Parent Educator: \_\_\_\_\_

School Site: \_\_\_\_\_

## Teen Mother:

Full Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ethnicity/Language: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_

Lives with: \_\_\_\_\_

## Teen Father: \_\_\_ involved \_\_\_ not involved

Full Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ethnicity/Language: \_\_\_\_\_

Lives with: \_\_\_\_\_

---

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Prenatal Care:

Due Date: \_\_\_\_\_

Prenatal Care Began at \_\_\_\_\_ months

Doctor: \_\_\_\_\_

Hospital: \_\_\_\_\_

Doctor's Note (edc): \_\_\_\_\_

PE Note: \_\_\_\_\_

## Postnatal Care:

Pediatrician: \_\_\_\_\_

Vaginal \_\_\_\_\_ C-Section \_\_\_\_\_

Birth Weight/Height: \_\_\_\_\_

Breast: \_\_\_\_\_ Bottle: \_\_\_\_\_

## Health/Welfare Services Accessed:

\_\_\_\_\_ Private insurance

\_\_\_\_\_ WIC

\_\_\_\_\_ Medical Card

\_\_\_\_\_ Housing Authority

\_\_\_\_\_ Food Stamps

\_\_\_\_\_ Counseling

\_\_\_\_\_ County Health Department: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_

## Employment Status:

\_\_\_\_\_ employed

\_\_\_\_\_ # of hours

\_\_\_\_\_ not employed

\_\_\_\_\_ Issues: \_\_\_\_\_

**Educational Status:** \_\_\_\_\_ Special Education \_\_\_\_\_ General Education

- \_\_\_\_\_ enrolled in school; grade \_\_\_\_\_
- \_\_\_\_\_ homebound tutor \_\_\_\_\_
- Homebound dates:
  - Start: \_\_\_\_\_
  - End: \_\_\_\_\_
- \_\_\_\_\_ enrolled in GED classes
- \_\_\_\_\_ home schooling program
- \_\_\_\_\_ high school graduate
- \_\_\_\_\_ enrolled in 2/4 year college
- \_\_\_\_\_ not involved w/ education; last year attended \_\_\_\_\_

**Parenting Resources:**

- \_\_\_\_\_ Kane Cares
- \_\_\_\_\_ Parents As Teachers – U-46
- \_\_\_\_\_ Teen Parenting services through county
- \_\_\_\_\_ Other outside district \_\_\_\_\_

**Childcare Placement:**

- \_\_\_\_\_ family/friend
- \_\_\_\_\_ childcare home/center
- \_\_\_\_\_ none

**Reason for exiting education:**

- \_\_\_\_\_ attendance barriers
- \_\_\_\_\_ academic difficulty
- \_\_\_\_\_ dislike of school
- \_\_\_\_\_ expulsion
- \_\_\_\_\_ family influence
- \_\_\_\_\_ illness (physical, mental)
- \_\_\_\_\_ pregnancy
- \_\_\_\_\_ lack of childcare

**Reason for exiting parent program:**

- \_\_\_\_\_ moved; no forwarding address
- \_\_\_\_\_ moved out of district
- \_\_\_\_\_ child over eligible age
- \_\_\_\_\_ employment
- \_\_\_\_\_ disinterested
- \_\_\_\_\_ employment/economic
- \_\_\_\_\_ not parenting

---



I give permission to share information with the following people/agencies:  
Yo doy consentimiento de compartir información con las siguientes personas/agencias:

- Parent Educator: \_\_\_\_\_
- Nurse: \_\_\_\_\_
- Counselor: \_\_\_\_\_
- Social Worker: \_\_\_\_\_
- Fresh Start Coordinators: \_\_\_\_\_
- Home School Liaison: \_\_\_\_\_
- Teacher (s): \_\_\_\_\_
- Other: \_\_\_\_\_

- ext. # \_\_\_\_\_
- ext. # \_\_\_\_\_
- ext. # \_\_\_\_\_
- ext. # \_\_\_\_\_
- ext. # \_\_\_\_\_
- ext. # \_\_\_\_\_
- ext. # \_\_\_\_\_

\_\_\_\_\_  
Signature/Firma

U-46 PROTOCOL FOR TEEN PARENTS (High School) 12/6/07

<p>I.</p> <p><b>Students suspect pregnancy and might tell:</b></p> <p style="text-align: center;"></p> <p style="text-align: center;">Friends School Nurse Social Worker Counselor Dean Teacher Other</p>	<p>II.</p> <p><b>Single Point of Contact</b></p> <p style="text-align: center;"></p> <p style="text-align: center;">SCHOOL NURSE</p> <ol style="list-style-type: none"> <li>1) Address health issue.</li> <li>2) Refer to confirm pregnancy: family doctor, Kane/other Health Dept., other (VNA, Great Elgin Family Care Center)</li> <li>3) Encourage parent notification</li> <li>4) Encourage involvement of father</li> <li>5) Complete Teen Parent Intake Form and share with appropriate staff (Nurse maintains forms)</li> <li>6) Enter data on district spreadsheet and submit numbers quarterly to Parents as Teachers.</li> </ol>	<p>III.</p> <p><b>Confirmation of Pregnancy</b></p> <p style="text-align: center;"><b>YES</b></p> <ol style="list-style-type: none"> <li>1. Determine level of confidentiality with student.</li> <li>2. Determine staff notification: counselor, dean, parent educator, teacher, etc.</li> <li>3. Refer to counselor for any course changes (i.e. PE options).</li> <li>4. Refer to parent educator.</li> </ol> <p style="text-align: center;"><b>NO</b></p> <ol style="list-style-type: none"> <li>I. Refer to community resources for prevention.</li> <li>II. Refer to school resources (counselor, social worker, others)</li> </ol>
<p>IV.</p> <p><b>School Services During Pregnancy</b></p> <ol style="list-style-type: none"> <li>1) Nurse provides ongoing service and monitors health of student.</li> <li>2) Nurse helps determine timetable for seeking Homebound Tutoring services if pre-natal complications and arranges for services.</li> <li>3) At 7-8 months of pregnancy, the nurse, social worker, Fresh Start coordinators, teacher, counselor, parent educator, parents, father, and others may join student to meet to develop a written Transition Plan. A facilitator (TBD by school) leads a discussion of plans for education, childcare, transportation, etc. Barriers are identified, referrals are made and responsibilities for completing tasks are determined. The collaborative plan centers on the goal of the student returning to school within six weeks. All sign the plan.</li> </ol>	<p>V.</p> <p><b>Birth of Child / Post Natal Care</b></p> <ol style="list-style-type: none"> <li>1) Initiate Transition Plan</li> <li>2) Begin post-natal Homebound Tutoring</li> <li>3) Continue personal visits</li> <li>4) Explore options for successful return to high school (with in six weeks)</li> </ol>	<p>VI.</p> <p><b>Retention of Student / Graduation</b></p> <ol style="list-style-type: none"> <li>1) Counselor reexamines Transition Plan regularly with student and considers options: scheduling options, course evaluation, graduation plan, etc.</li> <li>2) Student receives ongoing support from:             <ol style="list-style-type: none"> <li>A. Parent Educator – updates intake form</li> <li>B. School Nurse</li> <li>C. Counselor</li> <li>D. Social Worker</li> <li>E. Dean</li> <li>F. Family Teachers</li> <li>G. Fresh Start Coordinator</li> <li>H. Others</li> </ol> </li> </ol>



## **Bibliography**

An annotated bibliography of relevant research and articles gathered by the Ensuring Success in School Task Force follows. It is not a comprehensive review of the literature.

### **The Dropout Crisis**

Bridgeland, J. et al. (2006). *The Silent Epidemic: Perspectives of High School Dropouts*. <http://www.civicenterprises.net/pdfs/thesilentepidemic3-06.pdf>.

This report examines the reasons that youths cite for dropping out of high school. While some students dropped out because of significant academic challenges, most dropouts were students who could have, and believed they could have, succeeded in school. While the individual reasons the students cited varied, most indicated that dropping out of high school was not a sudden act but a gradual process of disengagement. Improving instruction and access to supports for struggling students and ensuring that students have a strong relationship with an adult in the school are suggested, among others, to enhance students' chances of staying in school.

Center for Labor Market Studies at Northeastern University & Alternative Schools Network. (2009). *Left Behind in America: The Nation's Dropout Crisis*. [http://www.clms.neu.edu/publication/documents/CLMS\\_2009\\_Dropout\\_Report.pdf](http://www.clms.neu.edu/publication/documents/CLMS_2009_Dropout_Report.pdf).

Highlighting the national dropout crisis, this report analyzes a variety of U.S. Census Bureau data from 2007, including Illinois-specific data. In 2007 nationwide 16 percent of people between 16 and 24 (nearly 6.2 million people) were high school dropouts. Also highlighted are the long-term economic implications for high school dropouts.

Corbett, C. et al.; AAUW. (2008). *Where the Girls Are: The Facts About Gender Equity in Education*. <http://www.aauw.org/research/whereGirlsAre.cfm>.

This report is a comprehensive review of girls' educational achievement during the past 35 years, focusing on the relationship between girls' and boys' progress. Academic success for girls does not come at the expense of boys—there is a positive connection between girls' and boys' educational achievement.

De Rosa, C. et al. (1999). *Service Utilization Among Homeless and Runaway Youth in Los Angeles, California: Rates and Reasons*. *Journal of Adolescent Health* 24:449–58.

This study examines the overall experiences of homeless and runaway youths with regard to service delivery and barriers. Surveys and in-depth interviews assessed the youths' homeless history, mental and physical health, HIV risk behaviors, and alcohol and drug use and examined their service utilization patterns. Drop-in centers and shelters were most commonly utilized, and dental care and psychological services less. Barriers identified by the youths were restrictive rules and concerns about confidentiality, among

others. Drop-in centers and shelters are a good starting point for other interventions, such as job placement or HIV testing, because they are utilized the most.

Illinois Task Force on Re-enrolling Students Who Dropped Out of School. (2008). Final Report.

<http://www.asnchicago.org/PDFs/2008/Re-enrolledStudentsFinalReportSept2008.pdf>.

The final report of the Illinois Task Force on Re-enrolling Students Who Dropped Out of School presents policies and best practices aimed at reenrolling, teaching, and graduating Illinois students who left school before earning a high school diploma. The Task Force stresses students' needs for experienced teachers and staff members, ongoing professional development for teachers, curricula focusing on career subject areas, support services, and mentors.

Kaba, M. et al. (2009). Women & Girls Collective Action Network. Status of Girls in Illinois. [http://www.girlsinthegame.org/uploads/files/SOG\\_Report2009.pdf](http://www.girlsinthegame.org/uploads/files/SOG_Report2009.pdf).

This report is an overview of the well-being of girls in Illinois through compiled statistical data and research regarding health care, mental and emotional health, substance abuse, physical activity and sports, sexuality, violence, education, out-of-school activities, and support from adults.

Levin, H. et al.; Columbia University. (2007). The Costs and Benefits of an Excellent Education for All of America's Children.

[http://www.cbse.org/media/download\\_gallery/Leeds\\_Report\\_Final\\_Jan2007.pdf](http://www.cbse.org/media/download_gallery/Leeds_Report_Final_Jan2007.pdf).

This article assesses the benefits and costs to society of investing in educational strategies to improve high school graduation rates. After interventions that have been shown to raise high school graduation rates are identified, their cost and effectiveness and the lifetime public benefits of high school graduation calculated, each new high school graduate would provide a net economic benefit to the public budget of \$127,000. This benefit is 2.5 times greater than the costs associated with implementing the strategies.

Levin-Epstein, J. & Greenberg, M. (eds.); Center for Law and Social Policy. (2003). Leave No Youth Behind: Opportunities for Congress to Reach Disconnected Youth.

<http://www.clasp.org/admin/site/publications/files/0135.pdf>.

This report identifies common challenges and concerns related to youths who are at risk of dropping out of high school. Existing federal initiatives aimed at supporting disconnected youths are outlined, and the importance of developing an integrated set of policies to meet the needs of this population is discussed as are these federal initiatives, among others: adult education and literacy programs; financial aid programs; programs to demolish cultural and academic barriers to accessing higher education; special education and related services; services and programs for homeless and runaway youths; services and cash assistance under the Temporary Assistance for Needy Families (TANF)

program; and youth services and activities funded under the Workforce Reinvestment Act.

McKernan, S.M. & Ratcliffe, C.; The Urban Institute. (2002). Events that Trigger Poverty Entries and Exits.

[http://www.urban.org/UploadedPDF/410636\\_PovertyEntries.pdf](http://www.urban.org/UploadedPDF/410636_PovertyEntries.pdf).

This report examines the relationship between events and poverty transitions for Americans from the late 1980s to the late 1990s. Higher educational attainment of the household head is associated with a lower probability of the household entering poverty. Persons who live in households headed by individuals with more than a high school degree are the least likely to enter poverty, followed by persons in households where the head has a high school degree only. Those in households headed by persons with no high school degree are the most likely to enter poverty.

National Women's Law Center. (2007). When Girls Don't Graduate We All Fail: A Call to Improve High School Graduation Rates for Girls.

<http://www.nwlc.org/pdf/DropoutReport.pdf>.

This National Women's Law Center report found that one of every four girls failed to complete her high school diploma in four years and that the numbers were worse for girls of color. These dropout patterns have severe economic consequences for girls' futures: compared to their male peers who drop out of school, girls who do not complete high school have higher rates of unemployment, earn significantly lower wages, and are more likely to rely on public support programs to provide for their families.

National Women's Law Center & Mexican American Legal Defense and Education Fund. (2009). Listening to Latinas: Barriers to High School Graduation.

<http://www.nwlc.org/pdf/ListeningtoLatinas.pdf>.

This study deals with the challenges facing Latina students in the United States and explores ways to overcome obstacles that undermine their chances for success. Qualitative research and a review of current literature identified these common themes: Latinas have high aspirations, but too many doubt their ability to reach their goals; the Latino community faces many challenges that help explain the discrepancy between Latinas' aspirations and actual expectations; and Latinas face particular challenges related to the intersection of their ethnicity and gender.

Sum, A. et al.; Center for Labor Market Studies at Northeastern University for Chicago Alternative Schools Network. An Assessment of the Labor Market, Income, Health, Social, and Fiscal Consequences of Dropping Out of High School: Findings for Illinois Adults in the 21st Century. (2007).

[http://iris.lib.neu.edu/cgi/viewcontent.cgi?article=1000&context=dukakis\\_center\\_pub](http://iris.lib.neu.edu/cgi/viewcontent.cgi?article=1000&context=dukakis_center_pub).

This report examines the high personal and social costs associated with dropping out of high school for Illinois children and youths. In light of the limited labor market for individuals who have dropped out and discrepancies in earnings between dropouts and high school graduates, both the personal (e.g., lower lifetime earnings) and public (e.g., lower tax contributions, higher need for public assistance) fiscal implications stemming from the dropout problem are discussed.

Tsoi-A-Fatt, R.; CLASP. (2009). Keeping Youth Connected: Focus on Chicago.

<http://www.clasp.org/admin/site/publications/files/Chicago-Profile.pdf>.

This article highlights data related to high school graduation rates in Chicago, with a focus on low-income communities. That a young person's academic achievement is affected by such factors as school environment, the conditions of the surrounding community, family stability, and peer influences should be recognized. How schools and communities should work to solve the dropout crisis in Chicago is set forth.

### **Pregnant and Parenting Adolescents (with a Focus on School-Related Issues)**

Alan Guttmacher Institute. (1995). *Issues in Brief: Teenage Pregnancy and the Welfare Reform Debate*. <http://www.guttmacher.org/pubs/ib5.html>.

This article explores the extent to which teenage mothers depend on welfare and how varying income levels affect the differences in their behavior and decisions. Current proposals to decrease teenage pregnancy and out-of-wedlock births among young women who are at risk of welfare are analyzed to determine whether the proposals are likely to achieve their goals. The authors contend that welfare reform is necessary, but legislators are still failing to recognize the importance of ensuring that poor and low-income adolescents are able to make their own decisions about childbearing. This can happen only if legislators recognize that comprehensive services that enable adolescents to avoid unplanned pregnancies and unwanted births are essential to helping adolescents avoid or escape poverty and welfare.

Alan Guttmacher Institute. (2006). Teenage Pregnancy Statistics—National and State Trends and Trends by Race and Ethnicity.

<http://www.guttmacher.org/pubs/USTPtrends.pdf>.

This report has national data on teen pregnancy, birth, and abortion rates, separated by race, ethnicity, and age. For the first time since the 1990s, between 2005 and 2006 the overall pregnancy and birth rates among teenagers and young women increased. While preliminary data cannot indicate whether this is a short-term fluctuation or a new trend,

researchers explore the possible connection between this increase and increases in poverty, shifts in the ethnic composition of the population, the growing use of abstinence-only sex education, and changes in public attitudes toward teen pregnancy.

Beutel, A.M. (2000). The Relationship between Adolescent Nonmarital Childbearing and Educational Expectations: A Cohort and Period Comparison. *The Sociological Quarterly* 41:297–14.

This study tests the hypothesis that unmarried adolescent childbearers in the early 1990s would be less likely to lower their educational expectations than unmarried adolescent childbearers in the early 1980s, indicating progress for the educational expectations of unmarried adolescent childbearers over the course of a decade. The results of this study do not support this hypothesis. In both decades adolescent nonmarital childbearing has a statistically significant negative effect on educational expectations. Lowering educational expectations is how adolescent mothers resolve the conflict between the competing demands of education and motherhood.

Child Trends. (2009). *Facts at a Glance*. [http://www.childtrends.org/Files//Child\\_Trends-2009\\_08\\_31\\_FG\\_Edition.pdf](http://www.childtrends.org/Files//Child_Trends-2009_08_31_FG_Edition.pdf).

This fact sheet, published annually by Child Trends, is an overview of teen childbearing in the United States by state and by age and race. It has statistical information about pregnant teens who had low birth rates, who experienced dating violence, who ever experienced forced sex, who drank alcohol or used drugs, and who had four or more sexual partners. Illinois ranks twenty-second in percentage of teen births, with New Hampshire, Vermont, and Massachusetts having the lowest rates and Texas, New Mexico, and Mississippi having the highest.

Coley, R.L. & Chase-Lansdale, P.L. (1998). Adolescent Pregnancy and Parenthood: Recent Evidence and Future Directions. *American Psychologist* 53:152–66.

This article analyzes research on adolescent sexual activity, pregnancy, and parenthood—literature on how the involvement of fathers and grandmothers affects the lives of young mothers and their children. An overview of successful intervention programs and of policy implications of federal welfare for adolescent parents and their children, it calls for more research on the psychological implications of becoming an adolescent parent.

Corcoran, M.E. & Kunz, J.P. (1997). Do Unmarried Births Among African American Teens Lead to Adult Poverty? *Social Service Review* 71:274–87.

Researchers from the University of Chicago used data from the Panel Study of Income Dynamics to examine whether the relationship between teen out-of-wedlock birth and women's later income, poverty, and welfare status could be due to unmeasured family or neighborhood background factors. The researchers tested this hypothesis by comparing a sample of sister pairs in which one sister had not had a baby before the age of 19 and the

other sister had an out-of-wedlock teenage pregnancy. In a sample of sixty pairs of sisters (both sisters and half-sisters), pairs of sisters fared equally badly: background disadvantages were stronger predictors of adult low income, poverty, and welfare than out-of-wedlock teenage pregnancy.

Cushman, J. (1999); Population Resource Center. *Adolescent Pregnancy and Childbearing in the U.S.*

This report discusses current teen birth rates, sexual activity, contraception, ethnic and racial comparisons, out-of-wedlock births to teens, international comparisons, and the costs of teen births. While the teen birth rate has been steadily decreasing since 1990, there are still one million teenage women giving birth each year in the United States. The percentage of teenagers engaging in sexual activity before the age of 18 increased to 63 percent in 1995. The younger a teenager is when beginning to engage in sexual activity, the greater the probability that the teenager will have more lifetime partners and experience coercive sex. The percentage of unintended teen births differs significantly across ethnic and racial lines. Black teens have had the largest decline in teen birth rates. By contrast, Hispanic teen births decreased by only 5 percent in the same period. According to these statistics, teen pregnancy and birth and abortion rates in the United States are the highest in the Western world.

DeBolt, M.E. et al. (1990). Factors Affecting the Probability of School Drop-Out: A Study of Pregnant and Parenting Adolescent Females. *Journal of Adolescent Research* 5:190–205.

This study seeks to identify factors that differentiate between pregnant and parenting adolescents who complete high school and those who drop out. Previous research indicating poor schools' performance as a predictor of dropping out also applies to teens who are pregnant or parenting. These categories of pregnant and parenting students were also found to be statistically at greater risk of dropping out: students who are under 16, students enrolled in special education, and students who, upon enrolling in a special program, did not see an improvement in their grades. Pregnancy may worsen an adolescent's already negative school performance and experience.

Geronimus, A. (1997). Teenage Childbearing and Personal Responsibility: An Alternative View. *Political Science Quarterly* 112:405–30.

The author looks at welfare reform proposals and legislation, scientific evidence, and the link that politicians have made between teenage pregnancy and the moral decline of the nation. that Teenage pregnancy does not represent an abandonment of personal and moral responsibility but instead may be caused by many small problems (e.g., problems in the educational system, labor market opportunities, child care, and housing, to name a few) contributing to the larger problem.

Hellenga, K. et al. (2002). African American Adolescent Mothers' Vocational Aspiration-Expectation Gap: Individual, Social and Environmental Influences. *Psychology of Women Quarterly* 26:200–212.

Researchers investigated the vocational aspirations and expectations of girls attending an alternative school for pregnant and parenting teens to determine whether a participant's ability to imagine and create better circumstances for herself was connected to whether or not she could actually overcome poverty, despite being a minority, poor, adolescent mother. Having a higher grade point average, living with biological parents, and having a career mentor are more often associated with higher expectations and aspirations, and depressive and anxious symptoms often lead to a gap between aspirations and expectations.

Larson, N.C. (2004). Parenting Stress Among Adolescent Mothers in the Transition to Adulthood. *Child and Adolescent Social Work Journal* 21:457–76.

This study assessed parenting stress among young mothers to understand their experience as they mature from adolescents into adults. Researchers used the Parenting Stress Index (PSI) to quantify the source and magnitude of stress in the parent-child relationship for the 241 unmarried parenting adolescents who participated in the study. By the time an adolescent's child reaches preschool years, the adolescent's level of parental stress falls to be within the normal range. Criticism from the adolescent's parent and the adolescent's relationship with her current sexual partner have a significant impact on parenting stress.

Manlove, J. (1998). The Influence of High School Dropout and School Disengagement on the Risk of School-Age Pregnancy. *Journal of Research on Adolescence* 8:187–200.

This study examines whether dropout status or measures of school engagement—parental involvement, grades, and educational aspirations—influence the likelihood of having a school-age pregnancy. There is a strong positive correlation between school dropout and teenage pregnancy for white and Hispanic students, especially for younger teens. Support from families, enrollment at schools with greater resources, and higher levels of school engagement reduce the risk of teen pregnancy and parenthood. As for the debate about teen motherhood and its educational consequences, many teens had already dropped out of school due to disengagement before becoming pregnant.

Marcy, H.M.; Center for Impact Research. (2003). No Place to Grow: The Unsafe and Unstable Housing Conditions of Illinois Pregnant and Parenting Youth and Their Children.

A statewide needs-assessment survey of the housing needs of pregnant and parenting youths in Illinois found that over a quarter of the surveyed youths were living in unsafe or unstable conditions and calls attention to the need for a statewide focus on supplying alternative living arrangements for pregnant and parenting youths. The most serious obstacles to placing pregnant and parenting youths in appropriate housing are youths'

lack of income, lack of affordable housing, lack of long-term supportive housing, limited availability or lack of transitional living programs, and youths' lack of credit.

Marcy, H.M.; Center for Impact Research. (2003). Prepped for Success? Supporting Pregnant and Parenting Teens in Chicago Schools.

<http://www.impactresearch.org/documents/preppedexecutive.pdf>.

A survey of pregnant and parenting teens in Chicago found that students in this population are experiencing barriers to furthering their education. Over a quarter of the surveyed students enrolled at regular schools reported that they had been encouraged to leave. Child care was a central concern for these students: over one in five of the surveyed teen parents whose schools did not have on-site child care reported that taking their children to child care took them thirty minutes or longer on top of their own commute to school. Over three-quarters of the surveyed students who were not in school reported that they wanted to return to school. The most frequently cited reason for why they could not go back to school was a need for child care.

National Center for Health Statistics. (2010). Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, National Survey of Family Growth 2006–2008. Vital and Health Statistics, Series 23, Number 30. Hyattsville, Maryland: Department of Health and Human Services.

[http://www.cdc.gov/nchs/data/series/sr\\_23/sr23\\_030.pdf](http://www.cdc.gov/nchs/data/series/sr_23/sr23_030.pdf)

The National Survey of Family Growth (NSFG) collects data on factors—such as marriage, divorce, contraception, and pregnancy outcomes—affecting the formation, growth, and dissolution of families. Selected NSFG data on the sexual activity, contraceptive use, sexually transmitted diseases, pregnancy, childbearing, and attitudes about teen childbearing of a national sample of 15-to-19-year-old males and females are analyzed, and trends in these measures are identified by comparing results with NSFG measures from 1988, 1995, and 2002.

Upchurch, D.M. (1993). Early Schooling and Childbearing Experiences: Implications for Postsecondary School Attendance. *Journal of Research on Adolescence* 3:423–43.

This article on the relationship between adolescent childbearing and educational attainment uses data from across the country and over a period of seven years and examines the factors associated with postsecondary school attendance for young women who had a child while in high school.

Way, N. & Leadbeater, B.J. (1999). Pathways Toward Educational Achievement Among African American and Puerto Rican Adolescent Mothers: Reexamining the Role of Social Support from Families. *Development and Psychopathology* 11:349–64.

A six-year analysis of ninety-three urban African American and Puerto Rican adolescent mothers to understand better the relationship between social support and educational

outcomes found that a lack of support from immediate family members seemed to increase the drive of young mothers to be successful, whereas long-term, unconditional support appeared to diminish a young mother's motivation to be successful. Experiences before and during the first year after childbirth are critical in determining the adolescent mother's long-term educational outcomes.

### **Physical Violence Victimization and/or Sexual Assault Among Pregnant and Parenting Adolescents**

Bayatpour, M. et al. (1992). Physical and Sexual Abuse as Predictors of Substance Use and Suicide Among Pregnant Teenagers. *Journal of Adolescent Health* 13:128–32.

This article looks at the relationship between physical and sexual abuse and the likelihood of suicide and substance abuse among pregnant teenagers. A survey of 352 pregnant teenagers enrolled at a comprehensive prenatal clinic, all receiving public assistance, found that pregnant teens who had a history of both physical and sexual abuse were seven times more likely to have suicidal thoughts and suicide attempts than teenagers without a history of abuse. Surveillance for pregnant teens who have suffered from physical or sexual abuse or both must be increased.

Berenson, A.B. et al. (1992). Prevalence of Physical and Sexual Assault in Pregnant Adolescents. *Journal of Adolescent Health* 13:466–69.

This study examines the prevalence of physical and sexual assault among pregnant adolescents, the adolescent's relationship with the perpetrator, and whether the violent behavior changed once the victim became pregnant. The most common perpetrator of violence is a member of the family; however, if a boyfriend or spouse causes the violence, it tends to increase during pregnancy. Visits to clinicians are a good time to educate victims on available services. Pregnant adolescents who are at risk of abuse must be identified as soon as possible so that they can be given adequate support, counseling, and education.

Berenson, A.B. et al. (1992). Violence and Its Relationship to Substance Use in Adolescent Pregnancy. *Journal of Adolescent Health* 13:470–74.

Pregnant adolescents who attended a teen pregnancy clinic at a local university were asked about their history of substance use in relation to their history of sexual and physical violence. Evidence supports the common theory among clinicians that victims of child sexual abuse are at increased risk of drug use. Physical assault by a boyfriend or spouse had a stronger association with illicit drug use among pregnant teens in comparison to assault by a family member.

Boyer, D. & Fine, D. (1992). Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment. *Family Planning Perspectives* 24:4–11, 19.

This study examines the link between pregnant adolescents' past experience of sexual abuse and risk of maltreatment of their own children in the future. An alarmingly high percentage of the pregnant and parenting young women surveyed (66 percent) had experienced sexual victimization. Abused young women are also more likely to have more than one pregnancy, to become pregnant by different men, and to be single parents. These problems stem from the long-term effects of sexual victimization.

Center for Impact Research. (2000). Domestic Violence and Birth Control Sabotage: A Report from the Teen Parent Project.

[www.impactresearch.org/documents/dvandbirthcontrol.pdf](http://www.impactresearch.org/documents/dvandbirthcontrol.pdf).

This study examines the prevalence of domestic violence among teenage mothers on welfare, and the impact of the violence on their use of birth control and their efforts to obtain education and employment. A survey of 474 girls showed that young women with older boyfriends exhibited a higher prevalence and severity of domestic violence. As the severity of domestic violence increases, so does the intensity of “verbal birth control sabotage” and work- or school-related sabotage. Any effort to help teenage mothers prevent pregnancy or attain self-sufficiency must confront the issue of domestic violence.

Collins, M.E. (1997). Factors Influencing Sexual Victimization and Revictimization in a Sample of Adolescent Mothers. *Journal of Interpersonal Violence* 13:3–24.

This is a secondary analysis of a previous study done by D. Boyer and D. Fine (1992) about the risk factors associated with sexual revictimization. Different factors that increase or decrease the risk of sexual victimization are identified.

Covington, D.L. et al. (1997). Improving Detection of Violence Among Pregnant Adolescents. *Journal of Adolescent Health* 21:18–24.

This study seeks to increase effective screening of pregnant adolescents who are exposed to violence and therefore at increased risk of substance abuse, inadequate prenatal care, and poor birth outcomes. Researchers experimented with structured screening tools used repeatedly throughout the course of a teen's pregnancy. Routine assessment detected a threefold increase in reported violence; however, it was not statistically significant. Also, the reporting of violence was higher when multiple assessments were administered throughout prenatal care.

Gessner, B.D. & Perham-Hester, K.A. (1998). Experience of Violence among Teenage Mothers in Alaska. *Journal of Adolescent Health* 22:383–88.

The Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) asked 7,178 teen and adult women about their experience of violence before, during, and after pregnancy

to compare the risk of violence between teens and adults. Teenage mothers were approximately twice as likely to report having experienced violence as adult women, with the risk of violence even greater after the pregnancy.

Gielen, A.C. et al. (1994). Interpersonal Conflict and Physical Violence During the Childbearing Year. *Social Science Medicine* 39(6):781–87.

This study measures the frequency and severity of interpersonal conflict and physical violence for pregnant women during the prenatal and postpartum periods. Women tend to be at a greater risk of violence during the postpartum period, and younger women experienced increased abuse. Women who felt that they had a supportive network of friends and family were less likely to report moderate or severe violence from their partners.

Harrykisson, S. et al. (2002). Prevalence and Patterns of Intimate Partner Violence Among Adolescent Mothers during the Postpartum Period. *Archives of Pediatrics and Adolescent Medicine* 156:325–30.

This study examines the prevalence, frequency, severity, and patterns of intimate partner violence (IPV) during the first two years postpartum among adolescent African Americans, Mexican Americans, and European Americans. Mexican American and African American women had the highest rates of IPV at three months postpartum, and European American women experienced the highest rates of IPV at eighteen months postpartum. The overall prevalence of frequent IPV was between 16 percent and 22 percent; this indicates that adolescents are at high risk of experiencing IPV during the postpartum period. Effective screening by health care providers is critical for detection and a potential opportunity for intervention.

Herrenkohl, E.C. et al. (1998). The Relationship between Early Maltreatment and Teenage Parenthood. *Journal of Adolescence* 21:291–303.

This study follows five groups of preschool-age children, both male and female, through adolescence. Two of the groups of children come from child welfare abuse and protective service programs, two more from Head Start classrooms and day care programs, and one from a private nursery program. After following these students for fifteen years, researchers were able to confirm a link between early childhood maltreatment and teenage pregnancy. They did not, however, find a statistically significant link between teen pregnancy and the individual's happiness and self-respect as a child.

Kennedy, A.C. (2007). Homelessness, Violence Exposure, and School Participation Among Urban Adolescent Mothers. *Journal of Community Psychology* 35:639–65.

This study uses the risk-and-resilience perspective, which focuses on assessing the cumulative risks that people face and how those risks increase vulnerability to adverse outcomes, and looks particularly at the overlap of homelessness and exposure to violence

with teen pregnancy and parenting. Participants in the survey who reported being homeless at some point in their lifetimes all witnessed parental violence and experienced physical abuse, with 75 percent experiencing partner violence. Homelessness varied among ethnic groups. Attention needs to be placed on factors such as violence and homelessness among pregnant and parenting adolescents in order to design policies that do not revictimize the young women.

Kennedy, A.C. (2006). Urban Adolescent Mothers Exposed to Community, Family, and Partner Violence: Prevalence, Outcomes, and Welfare Policy Implications. *American Journal of Orthopsychiatry* 76:44–54.

A comprehensive evaluation of recent empirical literature on urban adolescent mothers' exposure to multiple forms of violence, this article shows the need for researchers to examine the issue of violence among pregnant urban youths more systematically and identifies areas for further research such as the correlation between teen pregnancy and community and parental violence and rates of childhood physical abuse among adolescent mothers.

Kennedy, A.C. & Bennett, L. (2006). Urban Adolescent Mothers Exposed to Community, Family, and Partner Violence: Is Cumulative Violence Exposure a Barrier to School Performance and Participation? *Journal of Interpersonal Violence* 21:750–73.

This study assesses the prevalence of current and lifetime exposure to community violence, violence between parents, physical abuse by a parent or caregiver, and partner violence among poor, pregnant urban adolescents. Cumulative violence exposure is an insignificant predictor of school dropout rates and school participation; however, homelessness is a significant factor. Findings contribute to literature on violence exposure suggesting that teenage mothers may be particularly vulnerable to cumulative violence. This study highlights the importance of examining violence cumulatively as opposed to focusing research on one or two forms of violence, especially when the focus is on urban, pregnant youth.

Kennedy, A.C. (2005). Resilience Among Urban Adolescent Mothers Living with Violence: Listening to their Stories. *Violence Against Women* 11:1490–1514.

This is a qualitative study of ten adolescent mothers; the study explores their experience of multiple forms of violence (community, family, and partner), the relationship between violence and school, and the girls' resilience in the face of violence. High exposure to multiple forms of violence can produce negative social outcomes, such as dropping out of school and behavioral problems. The young women identified as resilient in this study shared five distinct characteristics that contributed to their resilience: the ability to connect with others for support; problem-solving abilities and playfulness as opposed to impulsivity; a strong goal orientation coupled with motivation to succeed; the ability to be introspective, interpersonally intelligent, and articulate; and the ability to be

independent, action-oriented, and determined to stand up for themselves. The implications of these findings for welfare policy reform are discussed.

Koniak-Griffin, D. & Lesser, J. (1996). The Impact of Childhood Maltreatment on Young Mothers' Violent Behavior Toward Themselves and Others. *Journal of Pediatric Nursing* 11:300–308.

This report looks at how having a history of childhood maltreatment affects pregnant adolescents' and young mothers' violent and self-injurious behavior, which may have a negative impact on their parenting as well. Subjects with a history of abuse were almost seven times more likely to attempt suicide than those without a history of abuse. Young mothers with a history of abuse increase their risk of self-injurious behavior; however, a history of abuse does not increase the risk of physical violence toward others or toward their children.

Kulkarni, S. (2006). Interpersonal Violence at the Crossroads Between Adolescence and Adulthood: Learning About Partner Violence from Young Mothers. *Violence Against Women* 12:187–207.

This study takes a closer look at partner violence at the turning point between adolescence and adulthood by interviewing adolescent mothers. Four general themes emerged as common to many of these young women: physical proximity of family members, chaos at home, growing up in the shadow of abuse, and striving to make their relationship work. These themes demonstrate how essential that young mothers have adult guidance, material support, and a safe haven.

Lanz, J.B. (1995). Psychological, Behavioral, and Social Characteristics Associated with Early Forced Sexual Intercourse Among Pregnant Adolescents. *Journal of Interpersonal Violence* 10:188–200.

The study examines the psychological, behavioral, and social effects that early sexual victimization may have on pregnant and parenting women younger than 18. Victims reported significantly more severe symptoms of anxiety, depression, low self-esteem, and illegal drug use than pregnant or parenting youths who did not experience sexual victimization. The effects of early sexual victimization may be detectable for several years among adolescent women. Adolescent sex education, pregnancy prevention programs, and programs for pregnant and parenting teens should include relevant material and other information about support services for survivors of sexual abuse.

Leadbeater, B.J.R. & Way, N. (2001). Relationships that Hurt: Escaping Domestic Violence. *Growing Up Fast: Transitions to Early Adulthood of Inner-City Adolescent Mothers* 116–37). Mahwah, N.J.: Lawrence Erlbaum.

This study follows adolescent mothers who had left abusive relationships and those who were currently in an abusive relationship over a six-year period. Mothers who were still

in abusive relationships after six years had significantly higher levels of depressive symptoms, self-critical behavior, illness, traumatic stress, and dependence than all other groups. The women who left abusive relationships often spoke of their fear but also of a renewed sense of control and a chance for success. The most important finding of this research is the impact that self-sufficiency has on the transition to adulthood for women who suffer from abuse. Without comprehensive intervention programs that encourage independence and provide financial support, adolescents in abusive relationships are unlikely to move forward.

Leiderman, S. & Almo, C.; Center for Assessment and Policy Development and National Organization on Adolescent Pregnancy, Parenting, and Prevention. (2001). *Interpersonal Violence and Adolescent Pregnancy: Prevalence and Implications for Practice and Policy*.

This report examines the overlap of the issues of interpersonal violence and adolescent pregnancy. Although there are substantial data limitations, the best available evidence indicates that interpersonal violence is prevalent among pregnant and parenting adolescents. While practitioners may be aware that interpersonal violence is a factor in young people's lives, they need to address the issue better when implementing interventions and policy. More cross-disciplinary strategies are necessary to create services that meet the needs of pregnant and parenting adolescents who are survivors of domestic and sexual violence.

Lesser, J. & Koniak-Griffin, D. (2000). The Impact of Physical or Sexual Abuse on Chronic Depression in Adolescent Mothers. *Journal of Pediatric Nursing* 15:378–87.

This article reports on the prevalence of physical abuse, sexual abuse, and history of suicide attempts among adolescent mothers, and the impact of resulting depressive symptoms on maternal-child interactions. Severe depressive symptoms in the early postpartum period harmed maternal-child interactions, and if the depressive symptoms continued, the interactions accordingly worsened. Young women with a history of childhood mistreatment were more likely to have attempted suicide in the last twelve months. The article affirms the need for more mental health services for at-risk populations.

Martin, S.L. et al. (1999). Violence in the Lives of Pregnant Teenage Women: Associations with Multiple Substance Use. *American Journal of Drug and Alcohol Abuse* 25:425–40.

This study examines the relationship between exposure to violence and substance use, particularly the use of cigarettes, alcohol, and drugs, among pregnant teenagers. Victims of violence were more likely to use one or multiple substances than nonvictims. Awareness and early detection of violence and substance abuse is crucial for protection and support for not only the mothers but also the children.

Osborne, L.N. & Rhodes, J.E. (2001). The Role of Life Stress and Social Support in the Adjustment of Sexually Victimized Pregnant and Parenting Minority Adolescents. *American Journal of Community Psychology* 29:833–49.

This study measures the social support, psychological adjustment, sexual experiences, and life-stress levels of pregnant and parenting adolescents. Participants who were victims of sexual abuse reported higher levels of depression, anxiety, and life stress than those who were not. Social support is no protection against depression or anxiety at average or high levels of stress. Health and service personnel should be trained to assess and treat victims of sexual violence due to the considerable amount of pregnant adolescents who fall into this category.

Parker, B. et al. (1994). Abuse During Pregnancy: Effects on Maternal Complications and Birth Weight in Adult and Teenage Women. *Obstetrics and Gynecology* 84:323–28.

This study assesses the effect of physical and sexual violence during pregnancy on low birth weight and maternal complications. The 1,203 pregnant adult and teenage women who participated in the study were interviewed once during each trimester of pregnancy to determine whether abuse had occurred and the severity of the abuse. A greater percentage of teenagers reported abuse than adult women. The rate of physical or sexual abuse during pregnancy for this study was one in five teens and one in six adults. Early intervention methods can stop the cycle of violence and prevent escalating abuse for pregnant adolescents.

Parker, B. et al. (1993). Physical and Emotional Abuse in Pregnancy: A Comparison of Adult and Teenage Women. *Nursing Research* 42:173–78.

This study examines the frequency and severity of physical and emotional abuse of pregnant teens and adults. Physically abused women scored higher on mental abuse and verbal aggression than nonabused women. This shows that victims of physical abuse are also victims of mental/verbal abuse. This finding highlights the importance of assessing for mental abuse in addition to physical abuse.

Renker, P.R. (2002). “Keep a Blank Face. I Need to Tell You What Has Been Happening to Me.” Teens’ Stories of Abuse and Violence Before and During Pregnancy. *MCN: The American Journal of Maternal/Child Nursing* 27:109–16.

This study looks at the experiences of adolescents before and during their pregnancy. Participants were asked about their social support, their experiences of violence, and the steps they had taken to take care of themselves and their child. The analysis of participant responses generated seven common themes: seeking safety, losing faith in the police and other institutions, experiencing loss, living on the edge with substance abuse, taking the next steps, crying out for help through suicide attempts, and changing and temporary relationships. This study demonstrates the difficulties that pregnant young women face and suggests that identification of abuse by appropriate health and education providers before and during pregnancy will enhance pregnancy outcomes and maternal well-being.

Renker, P.R. (1999). Physical Abuse, Social Support, Self-Care, and Pregnancy Outcomes of Older Adolescents. *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 28:377–88.

This study assesses the relationship between abuse and social support systems, and pregnancy and maternal outcomes. Medical records and surveys completed by the participants constitute the data used in this study. Adolescents who experience abuse during their pregnancy experience lower levels of self-care and higher levels of substance abuse than nonabused adolescents. There was also a significant difference in the birth weights between the two groups. With regard to social support, shelter and family help had the most marked impact on low birth weight among abused teen mothers.

Rhodes, J.E. et al. (1993). Sexual Victimization in Young, Pregnant and Parenting, African American Women: Psychological and Social Outcomes. *Violence & Victims* 8:153–63.

This study takes a closer look at the social support, psychological functioning, sexual victimization, and economic strain on pregnant African American adolescents. Victimized women have lower self-esteem, more symptoms of perceived distress, and higher levels of economic strain. Victims also were less satisfied with their support resources than their nonabused peers.

Rosen, D. (2004). “I Just Let Him Have His Way”: Partner Violence in the Lives of Low-Income, Teenage Mothers. *Violence Against Women* 10:6–28.

This study explores the impact of partner abuse on teenage pregnancy, with a focus on identifying factors that contribute to an adolescent’s decision to stay in or leave an abusive relationship. White teenagers were twice as likely to exit violent relationships as black adolescents. Teenagers who were currently in violent relationships were also less likely to be enrolled in school. The most significant factor in determining whether the pregnant teenage girl left an abusive relationship was the strength of her parental/family support.

Smith, C. (1996). The Link Between Childhood Maltreatment and Teenage Pregnancy. *Social Work Research* 20:131–41.

This study examines the claims of previous studies that suggest a link between childhood maltreatment and pregnancy. Researchers surveyed pregnant teens in a public school and found that even when controlling for confounding variables, such as poverty, there was still a significant link between childhood maltreatment and pregnancy. This link indicates a need for proper assessment and services for maltreated teenagers.

Stevens-Simon, C. & McAnarney, E. R. (1994). Childhood Victimization: Relationship to Adolescent Pregnancy Outcome. *Child Abuse and Neglect* 18:569–75.

This study analyzes the impact of childhood abuse on pregnant African American teens with regard to their levels of stress, depression, social support, substance abuse, prenatal care, and low birth weight. Previously abused pregnant teens reported more stress, depression, substance abuse, and less social support than nonabused adolescents. A significant relationship was also found between childhood victimization and low birth weight. Researchers recommend teaching health care providers about these potential correlations to identify victims of abuse so that they can initiate early intervention programs.

Wiemann, C.M. et al. (2000). Pregnant Adolescents: Experiences and Behaviors Associated with Physical Assault by an Intimate Partner. *Maternal and Child Health Journal* 4:93–101.

Pregnant adolescents experience higher rates of domestic violence than pregnant adults. This article examines pregnant adolescents' experience of violence and the characteristics of their perpetrators. Findings of a survey administered as part of this study indicate that one in every eight pregnant adolescents has experienced physical violence from the baby's father. Of these adolescent mothers, 40 percent also experienced violence from a family member or relative.

### **Programs and Interventions for Pregnant and Parenting Adolescents**

Allen, J.P. et al. (1990). School-Based Prevention of Teenage Pregnancy and School Dropout: Process Evaluation of the National Replication of the Teen Outreach Program. *American Journal of Community Psychology* 18:505–24.

This study analyzes why and how the National Teen Outreach Program works. This program was implemented at thirty-five different sites nationwide and aimed at providing help for young people identified as at risk for behavioral problems, primarily dropping out or becoming pregnant. The program is more successful with older students, and students had fewer behavioral problems when they attended more hours of the program.

Batten, S.T. & Stowell, B.G.; Center for Assessment and Policy Development. (1999). School-Based Programs for Adolescent Parents and Their Young Children: Guidelines for Quality and Best Practice.

Emphasizing that identifying and serving adolescent parents before they drop out is critical, this article is an overview of supportive policies that help keep expectant and parenting adolescents in school. Nonschool interventions with teen parents who have already dropped out have only modest effects on increasing social and economic self-sufficiency. Among core services highlighted are flexible, quality schooling; case management and family support services; access to prenatal care and reproductive health

services; parenting and life skills education and supportive services; and quality child care with links to basic preventive health care.

Brindis, C. & Philliber, S. (1998). Room to Grow: Improving Services for Pregnant and Parenting Teenagers in School Settings. *Education and Urban Society* 30:242–60.

The authors of this article reviewed sixteen programs for pregnant and parenting teenagers to ascertain what services and programs are most beneficial for this population. They found that schools should provide flexible programming and avoid a “one-size-fits-all” approach. Programs that were more comprehensive had better outcomes. The authors raise the need for increased efforts to implement systematic programs and evaluations and encourage school districts to help develop community-based solutions.

Center for Assessment and Policy Development. (1999). Helping the Education System Work for Teen Parents and Their Children.

This article examines the importance of providing services to students who are parents or expectant parents within a mainstream school setting, rather than only in stand-alone programs. School districts should seek to balance resources and priorities between enhanced services for adolescent parents within comprehensive high schools and stand-alone alternatives. In order to reevaluate how schools are meeting the educational needs of expectant and parenting students, school districts should work to estimate better the number of adolescent parents who might be enrolled or who might be eligible for enrollment in the community.

Center for Assessment and Policy Development. (1999). Providing Critical Services and Supports to Teen Parents and Their Children.

This article explores the ancillary services, including health care, child care, parenting education, and case management, needed by teen parents and their children. Services and supports should be school-based to ensure participation and outcomes; a core set of comprehensive services offered to all pregnant and parenting adolescents should include developmentally appropriate child care; prenatal care and family planning services; preventive health care for infants and young children; and case management with assessment, care planning, and coordination of services. A set of additional services—transportation, counseling (including substance abuse counseling and treatment), housing assistance, and economic assistance, among others—should be accessible for teen parents.

Center for Assessment and Policy Development. (1999). Providing Services to All Teen Parents, Both Non-TANF and TANF.

This article promotes a broad welfare prevention strategy and argues that all teen parents should be supported while in school, regardless of their welfare status. The authors recognize two major challenges to supporting teen parents and their children: there is no

stable public source of funding universally available to pay for child care, case management, and other services for all teen parents regardless of Temporary Assistance for Needy Families (TANF) status; and, while there are often a variety of funding sources available for some support services for some non-TANF teen parents, there is no single entity within a community with responsibility and authority to pool those resources. One proposed solution is the allocation of flexible state and local resources through formulas based on the number of teen parents and children of teen parents served throughout the district schools.

Center for Assessment and Policy Development. (1999). Using Title IX to Protect the Rights of Pregnant and Parenting Teens.

This article outlines the provisions of Title IX applicable to upholding the rights of expectant and parenting students. The authors review the implications of Title IX and its protections for educational options and choices, parenting education, absence and leave policies, and extracurricular activities.

Center for Law and Social Policy. Early Head Start and Teen Parent Families: Partnership for Success.

[http://www.clasp.org/admin/site/publications\\_archive/files/0210.pdf](http://www.clasp.org/admin/site/publications_archive/files/0210.pdf).

This issue brief discusses the special needs of teenage parents and their children and highlights the services available through Early Head Start programs. Emphasizing that teen parent families face multiple risks—including issues involving disability, abuse, or neglect—that complicate their situations, the authors argue that services should be designed to meet these interrelated issues.

Chen, S.C. et al. (1995). Family and Community Support of Urban Pregnant Students: Support Person, Function, and Parity. *Journal of Community Psychology* 23:28–33.

This study examines the different supports that pregnant teens need and the level of family and community support available to them. While every teen cited some degree of community support, from schools or clinics, for example, they all cited support persons in the family system more frequently and across all support functions, such as advice, child care, and fun. Within the family support system, pregnant teens reported turning to their mother or to their baby's father for support the most. This research has implications for health care and social service professionals, who need to recognize the importance of including these support persons in the pregnant adolescent's pre- and postnatal care.

Collins, M.E et al. (2003). Teen Living Programs for Young Mothers Receiving Welfare: An Analysis of Implementation and Issues in Service Delivery. *Families in Society* 84:31–38.

The authors of this article visited twenty-one Teen Living Programs—residential programs designed to meet the complex needs of teen parents receiving welfare

assistance—in Massachusetts in order to examine issues related to the implementation and effectiveness of the programs and recommend service delivery to teen parents enrolled in these programs. Although the long-term nature of the programs and the comprehensiveness of the programs are strengths, the programs have limited access to child care and education. Discrimination against teen moms, the punitive nature of welfare reform, and governmental institutions (schools, health care, housing services) created barriers to the teen parents' success in the programs. Efforts should focus on enhancing the greater social environment for teens and be increased to evaluate the outcomes of changes in welfare reform, policy implementation, and programmatic barriers.

Crean, H.F. et al. (2001). School-Based Child Care for Children of Teen Parents: Evaluation of an Urban Program Designed to Keep Young Mothers in School. *Evaluation and Program Planning* 24:267–75.

This study evaluates the effectiveness of a dropout prevention program for adolescent mothers by measuring the graduation rate, classes passed, risk status, suspension rates, and school attendance of teen mothers who participated in the program against the rates of those who did not. Adolescent mothers who participated in the program passed a greater number of core classes, had higher school attendance, and were at a lower overall risk than the nonparticipating teen mothers. Having child care and an advocate for pregnant teens in schools can be much-needed support and contribute to successful graduation rates.

DeRosa, R.R. & Pelcovitz, D. (2006). Treating Traumatized Adolescent Mothers: A Structured Approach. In N.B. Webb (ed.), *Working with Traumatized Youth in Child Welfare* 219–45). New York: Guilford Press.

This article analyzes the effectiveness of Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), a twenty-two-week intervention program for adolescent mothers who suffer from posttraumatic stress disorder (PTSD). Preliminary data revealed that the girls expressed high satisfaction with the program, with 77 percent of the members staying active. Staff members in the group home where the study was conducted reported increased cohesiveness among the participants and said that the girls used the coping mechanisms they were taught to help them in difficult situations.

Fischer, R.L. (1997). Evaluating the Delivery of a Teen Pregnancy and Parenting Program across Two Settings. *Research on Social Work Practice* 7:350–69.

This article examines a teenage pregnancy and parenting program that recently relocated from a health clinic setting to a public school-based setting in order to see if the move was beneficial to the population served. Moving to a school-based setting greatly improved the program's success. When the program was based at the school, more teens graduated from high school, utilized the program, and were better connected to other available services such as Medicaid and WIC (Special Supplemental Nutrition Program

for Women, Infants, and Children). Negative pregnancy outcomes (i.e., miscarriages) were also reduced. These findings affirm the decision to relocate the program.

Franklin, C. & Corcoran, J. (2000). Preventing Adolescent Pregnancy: A Review of Programs and Practices. *Social Work* 45:40–52.

This is a literature review of current programs and practices for adolescent pregnancy prevention—to help practitioners identify and select effective programs and interventions. An effective pregnancy prevention program is one that includes comprehensive sex education and training in, among other skills, how to use contraceptives. Practitioners are cautioned to take age and developmental issues into account when designing their programs.

Frost, J.J & Forrest, J.D. (1995). Understanding the Impact of Effective Teenage Pregnancy Prevention Programs. *Family Planning Perspectives* 27:188–95.

This article evaluates the effectiveness of five adolescent pregnancy prevention programs by analyzing the behavior of adolescents who participated in the programs against the behavior of nonparticipating adolescents. The programs emphasize abstinence or delay of sexual initiation, training in decision making and negotiation skills, and education on sexuality and contraception. Prevention programs significantly changed the behavior of participating adolescents, delaying initial sexual activity and increasing the use of contraception.

Harris, M.B. & Franklin, C. G. (2003). Effects of a Cognitive-Behavioral, School-Based, Group Intervention with Mexican American Pregnant and Parenting Adolescents. *Social Work Research* 27:71–83.

This study examines the effectiveness of cognitive-behavioral group intervention in helping adolescent mothers complete high school. The treatment group received eight group intervention sessions along with regular case management services, while the control group received only regular case management services. Adolescents who experienced the intervention sessions displayed statistically significant improvement in all measures, especially school attendance rates and grades, compared to the control group. Among the strengths of the intervention program are its relevance to the needs of the population and its inclusion of Mexican culture and language.

Leadbeater, B.J.R. & Way, N. (2001). Building a Rock to Stand On: Policies that Enhance Competence for the Transition to Early Adulthood. In *Growing Up Fast: Transitions to Early Adulthood of Inner-City Adolescent Mothers* 167–98. Mahwah, N.J.: Lawrence Erlbaum.

This article discusses the need for policies that focus on supporting and easing the transition to adulthood of adolescent mothers. The authors reviewed existing legislation and current best practices and suggest concrete policies to help alleviate barriers to

adolescents' achieving financial independence and stability in their family life. The authors advocate targeted interventions that are responsive to the specific short-term needs of these young women.

Lesko, N. (1995). The "Leaky Needs" of School-Aged Mothers: An Examination of US Programs and Policies. *Curriculum Inquiry* 25:177–205.

Historically programs for teenage mothers have narrowly defined their needs as prenatal needs. This article argues for a broader interpretation of the needs of teenage mothers to include such vital components as child care and career education. Federal, state, and local education responses to teenage pregnancy have also failed to acknowledge the structural contributing factors—such as racism, sexism, and poverty—to the phenomenon of teen pregnancy. In order to have independent young mothers, programs must be more comprehensive.

Luster, T. et al. (1996). The Effects of a Family Support Program and Other Factors on the Home Environments Provided by Adolescent Mothers. *Family Relations* 45:255–64.

This study sought to determine whether extra levels of support offered to teenage mothers would improve their psychological well-being and their interactions with their children. Participants were teenage mothers enrolled in a family support service that focused on completing high school, finding employment, and securing quality child care. One group of participants received a standard level of support, and the other received extra support from a family advocate. Both groups fared equally well, with no distinction in outcomes for different levels of support.

Manlove, J. et al. (1997). Positive Outcomes Among School-Age Mothers: Factors Associated with Postponing a Second Teenage Birth. *Child Trends*.

This article examines factors associated with a second teen birth or a closely spaced teen birth within twenty-four months. While different characteristics were found to be associated with postponing a second teen birth, analysis revealed that teen mothers who were involved in educational activities or (among older mothers) employment activities, even part-time, were more likely to postpone a second teen birth. Teen mothers who completed their general education development (GED) certificate or high school diploma were also more likely to postpone a second teen birth.

Polit, D. et al. (1988). The Challenge of Serving Teenage Mothers: Lessons from Project Redirection.

[http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content\\_storage\\_01/0000019b/80/1c/fa/de.pdf](http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/1c/fa/de.pdf).

This study compares the experiences of a group of teen mothers who participated in Project Redirection, a program aimed toward providing services and supports to low-income adolescent parents, to a group of teen mothers who did not participate in the

program over a period of five years. The program seeks to enhance the young parents' educational, job-related, parenting, and life-management skills, while encouraging these youths to delay further childbearing. The program's strategy was to link participants with community-based services, conduct workshops, peer-group sessions, and individual counseling, and pair the youths with adult mentors. The young mothers who participated in the program had more favorable outcomes than the comparison group in the areas of employment, earnings, welfare dependency, and parenting skills, and their children were at a developmental advantage.

Seitz, V. & Apfel, N. H. (1999). Effective Interventions for Adolescent Mothers. *Clinical Psychology: Science and Practice* 6:50–66.

This article reviews both successful and unsuccessful intervention programs created to alleviate the adverse effects of early motherhood. Programs that were successful often exhibited common strategies such as providing nurses for home visits; aligning the program goals with the mother's own goals; bridging the pre- and postnatal periods; and locating the program at school, where services are accessible and convenient for teen mothers.

Seitz, V. et al. (1991). Effects of an Intervention Program for Pregnant Adolescents: Educational Outcomes at Two Years Postpartum. *American Journal of Community Psychology* 19:911–30.

This article measures the outcomes of a particular intervention program for inner-city black, low-income, school-age mothers two years after they exited the program. Students were responsive to the program and exhibited higher academic achievement and a lower risk of subsequent childbearing. A small, focused pregnancy intervention can positively affect the academic challenges that adolescent mothers face.

Shapiro, D.L. & Marcy, H.M; Center for Impact Research. (2002). Knocking on the Door: Barriers to Welfare and Other Assistance for Teen Parents.

Surveys conducted in Chicago, Boston, and Atlanta found that teen parents experienced difficulties in accessing and retaining benefits from the Temporary Assistance for Needy Families (TANF) program. Needy teen parents surveyed reported two main factors preventing them from receiving assistance: caseworkers not always being familiar with teen parent-specific TANF policy, and teen parents not being allowed time to come into compliance with TANF requirements. Many assistance programs are underutilized by teen mothers, and teen parents who miss school or are unable to attend appointments with caseworkers due to parenting responsibilities are vulnerable to losing their assistance.

Solomon, R. & Liefeld, C.P. (1998). Effectiveness of a Family Support Center Approach to Adolescent Mothers: Repeat Pregnancies and School Drop-Out Rates. *Family Relations* 47:139–44.

This study assesses the effectiveness of a pilot project to reduce dropout rates and subsequent pregnancies for urban teenagers who are pregnant with their first child. The pilot project attained both of these goals. The authors stress the importance of continually evaluating programs to maintain high levels of quality and produce desired outcomes.

Stephens, S.A. et al.; Center for Assessment and Policy Development. (1999). Improving Outcomes for Teen Parents and Their Young Children by Strengthening School-Based Programs: Challenges, Solutions, and Policy Implications.

This policy paper examines how to strengthen school-based efforts for adolescent parents and their children so that schools are more effective in meeting needs and improving outcomes for these young families. The paper addresses the following challenges faced by school-based programs: making teen parents and their children visible; helping the education system work for teen parents and their children; providing critical services and supports to teen parents and their children; linking schools with (Temporary Assistance for Needy Families (TANF) services and resources; and providing services to all teen parents, regardless of whether they receive TANF.

Waller, M.A. et al. (1999). Mentoring as a Bridge to Positive Outcomes for Teen Mothers and their Children. *Child and Adolescent Social Work Journal* 16:467–80.

The article addresses several negative stereotypes associated with teen pregnancy and affecting public thought and teen mothers' own self-image. The authors propose a volunteer mentor program to help support these teen mothers within the community and offer specific guidelines for the program's implementation.

Weinman, M.L. et al. (1999). Opportunities for Pregnant and Parenting Teenagers: A School-Based and School-Linked Intervention Program. *Journal of School Nursing* 15:11–18.

This study evaluates the effectiveness of a particular intervention program for parenting teens at ten "high-risk" schools over the course of a year. Among program goals were increasing attendance and academic scores, increasing the use of referral services, and increasing the well-being of the students and the health of their infants. The program did increase the number of teens who passed their grade levels and received their diploma. The study recommends involving the family and the birth father, involving appropriate school personnel to address the needs of student mothers and their children, and educating principals and school staff members.

## **Youths Who Are Survivors of Domestic or Sexual Violence (with a Focus on School-Related Issues)**

American Bar Association Commission on Youth at Risk. Family Conflict: The Effects of High Family Conflict and Domestic Violence on Teenagers.

<http://www.abanet.org/youthatrisk/factsheets/familyconflict.shtml>.

This brief fact sheet addresses the ways in which family conflict and domestic violence influence the development of teenagers in their attitudes toward school, relationships, and themselves. These youths' educational performance, risky behavior, health problems, social interactions, emotional difficulties, and delinquency are explored.

American Bar Association. Teen Dating Violence Prevention Recommendations. (2006).

<http://www.abanet.org/unmet/teenabuseguide.pdf>.

The American Bar Association details recommendations for teen dating violence prevention for teens, parents, school personnel, mental health professionals and school counselors, physicians and health care professionals, judges and court personnel, victim attorneys and prosecutors, law enforcement officers, and domestic-violence organizations.

Black, M.C. et al.; U.S. Centers for Disease Control and Prevention. (2006). Physical Dating Violence Among High School Students—United States, 2003. *Morbidity and Mortality Weekly Report for the Centers for Disease Control and Prevention* 55.19 at 532–35.

This article describes the Centers for Disease Control and Prevention's findings from the 2003 Youth Risk Behavior Survey regarding the prevalence of physical dating violence victimization among high school students and its association with five risk behaviors. Results show that 8.9 percent of students reported physical dating violence victimization during the twelve months preceding the survey, and the students reporting this victimization were more likely to engage in risk behaviors such as sexual intercourse, attempted suicide, episodic heavy drinking, and physical fighting.

Break the Cycle. Safe Schools Model Policy: A Comprehensive Approach to Addressing Dating Violence and Sexual Violence in District of Columbia Schools. (2008).

<http://www.breakthecycle.org/pdf/dc-model-school-policy.pdf>.

This model policy offers a comprehensive, interdisciplinary approach to the problem of dating violence and sexual violence. Among topics discussed are protocol for school response to dating violence and sexual violence; training for school employees; prevention education for students; accommodations and services for students experiencing dating violence and sexual violence; and parents' and students' rights.

Carlson, Christine N. (2003). Invisible Victims: Holding the Educational System Liable for Teen Dating Violence at School. *Harvard Women's Law Journal* 26:351–93.

This article discusses the legal aspects of a school's responsibility to address youth dating violence, taking into account the special role that school systems play in the life of a teen. Examining litigation brought against schools under Title IX and other statutes, the author explores ways in which the sexual harassment liability provisions in Title IX can be extended to include dating violence protections. Schools might be at risk of sexual discrimination suits when they fail to deal with teen dating violence.

Cloitre, M. et al. (2009). A Developmental Approach to Complex PTSD: Childhood and Adult Cumulative Trauma as Predictors of Symptoms Complexity. *Journal of Traumatic Stress* 22:399–408.

This article discusses childhood exposure to violence and the range of complex symptoms resulting from these experiences such as posttraumatic stress disorder (PTSD). Childhood cumulative trauma, but not adulthood trauma, was a predictor of increasing symptom complexity in adults. Complex PTSD symptoms occur in both adult and child samples, and childhood experiences significantly influence adult symptoms.

Cohen, E. et al.; Safe Start Center. (2009). Understanding Children's Exposure to Violence. [http://www.safestartcenter.org/pdf/IssueBrief1\\_UNDERSTANDING.pdf](http://www.safestartcenter.org/pdf/IssueBrief1_UNDERSTANDING.pdf).

This issue brief discusses the social, emotional, and psychological impact of exposure to violence on children and the types of interventions that these children need to deal with the range of developmental problems resulting from these experiences. Intensive intervention programs are essential to helping children and youths recover from their experiences of violence. The presence of supportive adults who create safe environments to help these children and youths cope with major adverse experiences is crucial to supporting the healthy development of these children and youths.

Decker, M. et al. (2005). Dating Violence and Sexually Transmitted Disease/HIV Testing and Diagnosis Among Adolescent Females. *Pediatrics* 116:272–76.

This study examines the relationship between dating violence and sexually transmitted disease (STD)/HIV testing and diagnosis among a representative sample of sexually active adolescent girls. Data were collected from high school female students who completed the 1999 and 2001 Massachusetts Youth Risk Behavior Surveys and who reported having ever had sexual intercourse. After adjusting for STD/HIV risk behavior, dating violence is significantly associated with STD/HIV testing and diagnosis among sexually active adolescent girls.

Fantuzzo, J.W. & Mohr, W.K. (Winter 1999). Prevalence and Effects of Child Exposure to Domestic Violence. *The Future of Children* 9(3).

This report identifies the adverse effects of childhood exposure to domestic violence. Recognizing that specific effects may differ depending on a number of variables, such as the children's ages, the nature and severity of the violence, and the existence of other risk factors in the children's lives, the authors discuss the problems associated with children's exposure to violence and including increased display of aggressive behavior, increased emotional problems such as depression and anxiety, lower levels of social competence, and poorer academic functioning.

Glauber, Anne. Tween and Teen Dating Violence and Abuse Study. (2008). [http://www.loveisnotabuse.com/c/document\\_library/get\\_file?p\\_l\\_id=45693&folderId=72612&name=DLFE-203.pdf](http://www.loveisnotabuse.com/c/document_library/get_file?p_l_id=45693&folderId=72612&name=DLFE-203.pdf).

This quantitative study surveyed "tweens" (ages 11–14), parents of tweens, and teens (ages 15–18) about the prevalence of sexual activity and abusive behavior in young relationships. Of the youngest sampled (11–12), 40 percent reported that their friends were victims of verbal abuse. A full 72 percent of the tweens surveyed stated that relationships usually began at 14 or younger, earlier than researchers had expected. Only half of the tweens surveyed said that they knew the signs of abusive relationships. Nearly half of the teens surveyed reported experiencing verbal, physical, or sexual violence from their boyfriends. This study shows the importance of incorporating dating violence education in middle schools as well as high schools.

Hagan, J. & Foster, H. (2001). Youth Violence and the End of Adolescence. *American Sociological Review* 66:874–99.

This article explores how the youth experience of high levels of violence as a perpetrator, victim, or bystander can contribute to an early exit from adolescence. The authors draw on research from the National Longitudinal Study of Adolescent Health to show that having experienced violence is associated with depression, dropping out of school, running away from home, suicidality, and teenage pregnancy.

Halpern, C.T. et al. (2001). Partner Violence Among Adolescents in Opposite-Sex Romantic Relationships: Findings from the National Longitudinal Study of Adolescent Health. *American Journal of Public Health* 91:1679–85.

This report investigates the prevalence of psychological violence and minor physical violence among adolescents in romantic relationships and the sociodemographic factors associated with victimization. One-third of adolescents surveyed reported some type of victimization and about 12 percent reported physical violence. Patterns of victimization varied with sex and type of victimization.

Horowitz, K. et al. PTSD Symptoms in Urban Adolescent Girls: Compounded Community Trauma. *American Academy of Child and Adolescent Psychiatry* 34:1353–61.

This study measures the traumatic stress response in a population of female urban adolescents. Of the seventy-nine white, Hispanic, and African American adolescents surveyed, 67 percent met the DSV-III-R criteria for posttraumatic stress disorder (PTSD). This trauma does not appear to put the development of female adolescents on hold; however, repeated exposure to community violence can have an impact on forming interpersonal relationships and adolescent identities.

James, W. et al. (2000). Youth Dating Violence. *Adolescence* 35:455–65.

The authors conducted a study on dating violence among adolescents enrolled in an alternative high school program. Respondents to the survey reported both psychological and physical victimization in their dating relationships. The authors argue that their findings confirm that dating violence among adolescents is a serious health problem that must be addressed.

Legal Momentum. State Law Guide: Teen Dating Abuse Education and School Policies. (2009). <http://www.legalmomentum.org/assets/pdfs/teen-dating-abuse-education.pdf>.

This document is an overview of recent state legislation across the country regarding teen dating violence, along with recommended provisions for school dating violence policies. Among the recommendations are to designate a staff person to act as a coordinator for victims of dating violence, develop specific procedures for making referrals to external support services, and create an in-school stay-away order, with provisions for safety planning, enforcement, and disciplinary procedures for violators.

Lipschitz, D.S. et al. (2000). Clinical and Functional Correlates of Post-Traumatic Stress Disorder in Urban Adolescent Girls at a Primary Care Clinic. *Journal of the American Academy of Child and Adolescent Psychiatry* 39:1104–11.

This study assesses the rates of posttraumatic stress disorder (PTSD) among urban adolescent girls due to overexposure to community violence, and the impact that PTSD has on adolescents' lives. The young women participating in the study were administered a survey with questions about childhood trauma, exposure to violence, and PTSD symptoms. Girls with PTSD reported significantly more trauma and higher rates of emotional and childhood sexual abuse and physical neglect than girls with partial or no PTSD. Girls with PTSD were also significantly more likely to fail in school, be suspended from school, and be arrested than the others. Additional resources are needed to help urban adolescent girls who suffer from PTSD.

Lipson, J.; American Association of University Women Educational Foundation. (2001). *Hostile Hallways: Bullying, Teasing, and Sexual Harassment in School*.  
<http://www.aauw.org/research/upload/hostilehallways.pdf>.

This study investigates secondary school students' experiences of sexual harassment, such as bullying, teasing, and inappropriate touching, and compares the author's survey results with those from a similar study conducted in 1993. Among the topics covered in the survey are students' knowledge and awareness of sexual harassment, personal experiences with sexual harassment in their school lives, and the emotional and behavioral impact of these experiences.

Lowe, Laura A. et al. (2007). Preventing Dating Violence in Public Schools: An Evaluation of an Interagency Collaborative Program for Youth 69–87.

This article discusses the results and implications of an evaluation of a teen dating violence prevention program. Researchers assessed changes in knowledge and attitudes among the seventy-four participants in the program. While many participants came into the program with high knowledge levels and desired attitudes, the program did appear to have a positive impact on those who had exhibited less knowledge and less desirable attitudes at the beginning.

Malik, Shaista et al. (1997). Community and Dating Violence Among Adolescents: Perpetration and Victimization. *Journal of Adolescent Health* 21:291–302.

This article explores the relationships between community violence and dating violence, and violence victimization and violence perpetration. Using a social learning framework, researchers surveyed 719 high school students and found that exposure to violence in one context, community or dating, has a crossover effect on both victimization and perpetration in another context. Exposure to weapons and violent injury in the community were consistent predictors of both perpetration and victimization of both dating and community violence.

*Morbidity and Mortality Weekly Report*. (June 2010). Youth Risk Behavior Surveillance—United States, 2009. Surveillance Summaries, Vol. 59, No. SS-5. Department of Health and Human Services. <http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>

The Youth Risk Behavior Surveillance (YRBS) is an annual survey conducted by the Centers for Disease Control and Prevention and measures youth activities in six categories of health risk behaviors: unintentional injury and violence, tobacco use, alcohol and other drug use, sexual behavior, unhealthy dietary behavior, and physical inactivity. Of particular interest are their reports on numbers of teens who have been hit by a dating partner, who have skipped school because of safety reasons, and who have experienced forced sex. YRBS information is particularly useful in that it is easy to compare across different years and identify trends. YRSB presents findings by state and by major metropolitan area, with separate measures in each category for Chicago.

Nunez, M. & Wordes, M.; National Council on Crime and Delinquency & National Center for Victims of Crime. (2002). *Our Vulnerable Teenagers: Their Victimization, Its Consequences, and Directions for Prevention and Intervention*.

<http://www.ncvc.org/ncvc/AGP.Net/Components/documentViewer/Download.aspxnz?DocumentID=32558>.

Current research indicates that teens are victimized at an alarming rate at home, at school, and in the streets. This report has detailed information on rates of victimization and statistical information on the effect of victimization on school performance, health and mental health, homelessness, and delinquency. The report concludes with a comprehensive set of strategies for victimization prevention and intervention.

Rennison, C.M.; Bureau of Justice Statistics. (2001). *Special Report: Intimate Partner Violence and Age of Victim, 1993–99*.

<http://bjs.ojp.usdoj.gov/content/pub/pdf/ipva99.pdf>.

This U.S. Department of Justice Bureau special report presents findings on rates of intimate partner violence from the National Crime Victimization Survey. Intimate partner violence is primarily a crime against women, and younger women generally have higher rates of intimate partner violence than older women.

Silverman, J. et al. (2001). Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality. *Journal of the American Medical Association* 286:572–79.

This study assesses the impact of adolescent dating and sexual violence on a person's overall health. The study confirms the prevalence of dating violence within the population of high school-age girls surveyed, with one in five teens reporting ever having experienced physical or sexual abuse from a dating partner. Girls who had experienced dating violence also exhibited other serious health risk behavior such as substance abuse, unhealthy weight control, sexual risk behavior, suicidality, and pregnancy.

Sousa, Carole A. (1999). Teen Dating Violence: The Hidden Epidemic. *Family and Conciliation Courts Review* 37:356–74.

This article is an overview of the epidemic of teen dating violence, with a definition of teen dating violence and an exploration of the social dynamics particular to intimate partner violence among teens. The article reviews dating violence prevention and intervention materials and stresses the need for statutory reform so as not to exclude teens needing protection from domestic violence legislation because of their minor status.

Tjaden, P. & Thoennes, N.; U.S. Department of Justice, National Institute of Justice. (1998). Prevalence, Incident, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey. <http://www.ncjrs.gov/pdffiles/172837.pdf>.

This National Institute of Justice and Centers for Disease Control and Prevention research brief presents data from a national telephone survey on violence against women. Results of the nationally representative survey of 8,000 women and 8,000 men yield empirical data on the prevalence and incidence of rape, physical assault, and stalking; the prevalence of male-to-female and female-to-male intimate partner violence; the prevalence of rape and physical assault among women of different racial and ethnic backgrounds; the rate of injury among rape and physical assault victims; and injured victims' use of medical services.

Wolfner, G. & Gelles, R. (1993). A Profile of Violence toward Children: A National Study. *Child Abuse and Neglect* 17:197–217.

This report presents the findings of a national survey of nearly 6,000 households; the survey examined violence toward children. Among the topics in the report are the distribution of violence, how the nature of violence toward children is changing, the effectiveness of intervention and prevention efforts, where more prevention and treatment resources are needed, and identification of high-risk groups.

Wile Schwarz, S.; National Center for Children in Poverty. (2009). Adolescent Violence and Unintentional Injury in the United States. [http://www.nccp.org/publications/pdf/text\\_890.pdf](http://www.nccp.org/publications/pdf/text_890.pdf).

This issue brief is a statistical overview of the high rates of injury and death experienced by adolescents. The brief identifies problems related to mental health, sexual and reproductive health, substance use, violence, and unintentional injury as part of a complex web of potential challenges to adolescents' health.

### **Children and Youths in Foster Care**

Bussier, Alice et al. (2005). Adolescents, the Foster Care System, and the Transition to Adulthood: What Legal Aid Lawyers Need to Know. *Clearinghouse Review: Journal of Poverty Law and Policy* 39:159–70.

This article reviews recent legislative agendas that have helped facilitate foster youths' transition to independent living. Emphasizing the support offered by child welfare professionals and legal advocates, the authors focus on the need to help youths in foster care successfully complete their education.

Courtney, M.E. et al.; Chapin Hall at the University of Chicago. (2004). Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care. [http://www.chapinhall.org/sites/default/files/CS\\_97.pdf](http://www.chapinhall.org/sites/default/files/CS_97.pdf).

The authors examine the transitional pathways to adulthood for foster youths. Highlighted are the difficulties that result from the reality that federal child welfare funding provides very limited support to states to allow youths to remain in foster care past their 18th birthday, leading to foster youths “aging out” of care and having to be “on their own” at a relatively early stage in the transition to adulthood. The authors describe the findings of data collected from a study conducted with state public child welfare agencies in Illinois, Iowa, and Wisconsin to gather information about services provided to selected foster youths and to report on the adult self-sufficiency outcomes they achieved.

Courtney, M.E. et al.; Chapin Hall at the University of Chicago. (2007). Midwest Evaluation of the Adult Functioning of Former Foster Youth from Illinois: Outcomes at Age 21. [http://www.chapinhall.org/sites/default/files/Midwest\\_Study\\_Illinois.pdf](http://www.chapinhall.org/sites/default/files/Midwest_Study_Illinois.pdf).

This is an Illinois-specific subreport of the authors’ findings from their broader study of the transitional pathways to adulthood for foster youths in Illinois, Iowa, and Wisconsin. The study covers a wide range of Illinois foster youths’ experiences, including factors related to education, employment and earnings, mental health, pregnancy, and victimization.

Love, L.T. et al. (2005). *Fostering Hope: Preventing Teen Pregnancy Among Youth in Foster Care*. Washington, D.C.: National Campaign to Prevent Teen Pregnancy.

Researchers conducted focus groups with teen parents and nonparenting teens in the foster care system and conducted surveys with foster child service providers in Chicago. From the conversations with youths, main themes arose, among them the benefits that many youths see in having a baby, the pressure they feel to have sex and the widespread misinformation or lack of information about sex, pregnancy, and birth control. Surveys from service providers revealed that most foster youth organizations lacked a distinct plan to prevent teen pregnancy, and individual service providers cited a need for more training on this and other health-related topics. The researchers conclude with a list of recommendations, stressing the need for specific, targeted, holistic interventions and supports.

McMillen, C. & Tucker, J. (1999). The Status of Older Adolescents at Exit from Out-of-Home Care 339–60.

This study assessed the exit status of older youths from Missouri leaving out-of-home care. Most of the youths surveyed exited in unplanned ways, especially without employment or high school diplomas. The study’s implications for independent living programs for older youths are discussed.

McMillen, C. et al. (2003). Educational Experiences and Aspirations of Older Youth in Foster Care. *Child Welfare* 82:475–95.

This study examines the school experiences of Missouri youths who were in the foster care system and referred for independent-living preparation. The authors' findings support the need for a system of education advocates who work to maintain proper education placements for youths in foster care and help them receive the academic resources that they need to graduate from high school and enter college.

The National Campaign to Prevent Teen and Unplanned Pregnancy. (Aug. 2006). Science Says 27. [http://www.thenationalcampaign.org/resources/pdf/SS/SS27\\_FosterCare.pdf](http://www.thenationalcampaign.org/resources/pdf/SS/SS27_FosterCare.pdf).

This article presents data regarding pregnancy rates, sexual behavior, and the use of reproductive health services among youths in foster care. Girls in foster care are two times more likely than girls not in foster care to have been pregnant. They are also significantly more likely to have subsequent pregnancies. Young women who have exited the foster care system have difficulty accessing health care services such as access to contraceptives. This article illustrates the need for pregnancy prevention programs targeted at foster youths.

The National Campaign to Prevent Teen and Unplanned Pregnancy. (2009). Reproductive Health Outcomes Among Youth Who Ever Lived in Foster Care. [http://www.thenationalcampaign.org/resources/pdf/FastFacts\\_FosterCare\\_ReproductiveOutcomes.pdf](http://www.thenationalcampaign.org/resources/pdf/FastFacts_FosterCare_ReproductiveOutcomes.pdf).

This brief report shows findings regarding the reproductive health outcomes of youths who ever lived in foster care from the National Longitudinal Study of Adolescent Health. Youths who ever lived in foster care tend to exhibit higher sexual risk taking and thus tend to experience a higher incidence of teen and nonmarital births.

### **Youths Who Identify as Lesbian, Gay, Bisexual, Transgender, or Queer**

Diaz, E. & Kosciw, J.; Gay, Lesbian and Straight Education Network. (2009). Shared Differences: The Experiences of Lesbian, Gay, Bisexual, and Transgender Students of Color in Our Nation's Schools. [http://www.glsen.org/binary-data/GLSEN\\_ATTACHMENTS/file/000/001/1332-1.pdf](http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/000/001/1332-1.pdf).

This study examines the school experiences of lesbian, gay, bisexual, and transgender (LGBT) students of color. The authors emphasize that, although there are commonalities in LGBT students' school experiences, LGBT students are a diverse population, and, in order better to address the challenges they face, what is important is to understand the multiplicity of experiences these youths have in school—for example, how these experiences are shaped and how they may vary by personal characteristics, such as race and ethnicity.

Kosciw, J. et al., Gay Lesbian and 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](http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/000/000/700-1.pdf).

This report outlines the Illinois-specific findings from the Gay, Lesbian and Straight Education Network's 2003 National School Climate Survey, which investigated the experiences of lesbian, gay, bisexual, and transgender youths in school. The survey found that name-calling, harassment and bullying, and the use of derogatory language by students and staff members were common occurrences in schools and were often not properly addressed by teachers and other school staff members.

Ray, N.; National Gay and Lesbian Task Force Policy Institute and National Coalition for the Homeless. (2006). Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness.

This review of available research addresses the question of why so many lesbian, gay, bisexual, and transgender (LGBT) youths are becoming and remaining homeless. The review examines the harassment and violence that many of these youths experience in the shelter system and summarizes research on critical problems—among which being mental health issues, substance abuse, and risky sexual behavior—affecting these youths. The review also addresses the federal government's response to youth homelessness and details model programs from social service agencies to highlight strategies to improve service delivery to LGBT homeless youths.

