

Maine's Future

A Report on the Status of Young Women in Maine



Girl Scouts of Kennebec Council

Table of Contents

Background	2
Acknowledgments & Special Thanks	3
Introduction	6
HEALTH: Bodies, Minds and Souls	7
Sexuality	7
Protection and Contraception	7
Pregnancy Rates	8
Sexually Transmitted Diseases (STDs)	8
Weight, Body Image & Eating Disorders	9
Weight	9
Body Image	10
Eating Disorders	11
Nutrition	12
Physical Activity & Exercise	12
Sports Activity	13
Substance Abuse	13
Illegal Drugs	13
Alcohol	14
Tobacco	14
Mental Health	15
Trauma and Abuse	15
Depression	16
Self-Inflicted Injury	17
Suicide	17
EDUCATION: Capacity, Performance and Attachment	19
Standardized Tests & Grades	19
National Assessment of Education Progress	19
Maine Educational Assessment	19
The Scholastic Assessment Test (SAT)	20
Honors Classes and Grades	20

Graduation & Post-Secondary Aspirations	20
School Belonging, Safety & Dropping Out	22
School Belonging	22
Feeling Safe at School	23
Dropping Out	24
SOCIAL STATUS: Socioeconomic Environment, Relationships and Civic Engagement	25
Socioeconomic Environment	25
Relationships	25
Support from Adults and Peers	25
Peer Influence on Risky Behaviors	26
Bullying and Fighting	27
Physical Fighting	28
Time Spent Out of School	29
Attachment to the Wired Community	29
Engagement in the Wider Community	30
Volunteering	30
Involvement in Organized Group Activities	30
Involvement with the Criminal Justice System	30
Maine's Future	33
References and Data Sources	35

Background

This is a special report made possible by the Girl Scouts of Kennebec Council's WINGS group. WINGS, Women Investing in Girl Scouting, is comprised of a group of women donors who have made a sizable contribution to this specialized giving society. Launched in 2001, donations to WINGS are earmarked specifically for projects that will positively impact 'tween and teen girls in Maine. The first project undertaken with WINGS funds, *Maine's Future: A Report on the Status of Young Women in Maine* tracks girls' progress in three key areas affecting their development: education, health and social status.

The research has two purposes. First, there previously existed no clear picture of how Maine girls are faring in one succinct report. While a great deal of data exists on Maine youth, it often is not broken apart by gender, and is frequently found in a variety of reports by many different agencies. Second, the findings will help organizations who work with girls make more informed decisions about their programs and policies. Ultimately, we hope that the report will serve as a catalyst for those who work with girls to improve the services they deliver so that our girls will grow into courageous and strong young women.

The report draws on secondary sources compiled by the University of Southern Maine's Muskie School of Public Service's Institute for Public Sector Innovation, who examined existing data on girls in order to present a clear picture of the status of Maine girls.

WINGS Founding Members

Eleanor Baker
Joann Beaudoin
Edith Bell
Jill Bell
Sandi Brown
Natalie Burns, Esq.
Priscilla Campbell-Wyman
Bonnie Chait
Madeleine Corson
Joanne Crepeau
Debbie Cupo
Anne-Marie Davee
Michele Davis
Gail Dobriko
Brenda Garrand
Marian Garrand
Lynn Goldfarb

Lisa Gorman
Amy Kavanaugh
Felicity Kerr
Linda Lockhart, Esq.
Joan McDonald
Cynthia McMullin
Kathleen Moulton
Christiane Northrup, M.D.
Darby Northway
Janet O'Toole
Sandra Plette
Barbara Raimondi, Esq.
Ann M. Scott
Denise Taaffe
Meredith Tipton, Ph.D.
Julia White
Two donors who wish to remain anonymous

Acknowledgments

We would like to thank **Jennifer Long**, **George Shaler**, **Tina Aubut**, and **Carmen Dorsey** of the University of Southern Maine's Muskie School of Public Service's Institute of Public Sector Innovation for their excellent research. Many members of the Girl Scouts of Kennebec Council's staff contributed to this report; thanks especially to **Amy Kavanaugh**, the **Leadership Team**, and **Deb Nelson**. Thanks also to all Advisory Group members for their contributions to this report. A special thank you to **Meg Baxter**, **Dr. Sandra Featherman**, **Susan Gendron**, **Dr. Dora Mills** and **Barry Stoodley** for reviewing the report in its final stages.

Advisory Group

Chair: Meredith Tipton, Ph.D., University of New England

Karin Anderson, Maine Women's Fund

Joann Beaudoin, Hannaford Bros. Co.

Jill Bell, Cape Elizabeth Schools

Nancy Birkhimer, Maine Department of Human Services

Bonnie Chait, Maine Department of Human Services

Michele Davis, Professional Volunteer

Stacy Donohue, Anthem Blue Cross and Blue Shield

Brenda Garrand, Garrand & Co.

Dorothy Grannell, United Way of Greater Portland

Amy Kavanaugh, Girl Scouts of Kennebec Council

Joan McDonald, Girl Scouts of Kennebec Council

Mary Orear, Mainely Girls

Sandra Plette, Independent

Special Thanks

Finally, special thanks to **Ryan Kavanaugh** for designing the report, and to **WINGS**, **Peoples Heritage Bank** and the **Margaret E. Burnham Charitable Trust** for their generous contributions in support of the report's publication and distribution.

**Maine's Future:
A Report on the Status of Young Women in Maine**

Girl Scouts of Kennebec Council
Women Investing in Girl Scouting

Introduction

The primary objective of this report is to provide families, businesses and policy makers with a descriptive profile of 11-17 year old girls in Maine. This report focuses on the 11-17 age group because demographic data shows that this is a fast growing segment of the population, and therefore warrants increased attention. As a result of this demographic data, in 2002 the Girl Scouts of the U.S.A.'s Girl Scout Research Institute published *The Ten Emerging Truths: New Directions for Girls 11-17*. Throughout the course of this study three distinct age groups emerged, including preteens (ages 11 and 12), teens (ages 13-15), and young women (ages 16 and 17). It is important to note that boys were not used as a comparison in *The Ten Emerging Truths*, nor are they used as a comparison in this report. Rather, national data about girls has been provided as a benchmark whenever possible.

Methodology and Approach

In the spring of 2003, Girl Scouts of Kennebec Council convened an Advisory Group to provide support and guidance for the project. The group selected the global indicators of health, education and social status as the framework of the report and further identified sub-indicators. The Muskie School conducted a review of the literature and identified several key secondary data sources within the three global indicators. The Muskie School proceeded to determine data availability, gather the accessible data, conduct analysis, and write a report for dissemination by the Girl Scouts of Kennebec Council. Primary data collection was beyond the scope of this project, and secondary data sources employed include various state agencies and national organizations in addition to state and national survey instruments.

While researchers tried to collect and/or aggregate data by the 11-17 age group for each indicator, data for this specific age group was not always available. There are instances when comparisons cannot be made – and are not made – between state and national figures due to the manner in which the original data was collected and/or presented.

The U.S. Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Survey* (YRBS), administered in most states and aggregated, was of particular use in providing both generalizable indicators for Maine and national benchmarks. However, nationally, the YRBS was administered only to high school students, while Maine's YRBS included middle school students. While Maine middle and high school results are presented with U.S. high school figures, true comparisons should only be made between the two high school populations.

Furthermore, as this report was reaching completion, the 2003 Maine YRBS results became available; however, national results had not yet been released. Because of the significance of some of the 2003 Maine data, they have been included and noted in this report to show the changes in some categories between 2001 and 2003.

Sample Population

According to the U.S. Census Bureau's 2000 Census, the population of 11-17 year old girls in Maine was 62,656 (13,760,511 in the United States), which is 10% of Maine's total female population and 5% of Maine's total population. Due to the large white population in Maine (96.9% of total population), no race or class distinctions have been made for any of the data in this report. All rate calculations performed for inclusion in this report utilize Census 2000 population data; therefore, when used for years other than 2000, results are approximate.

1

HEALTH: Bodies, Minds and Souls

This section of the study considers the factors that concomitantly influence the bodies, minds and souls of 11-17 year old girls in Maine. Secondary sources enabled researchers to examine sexuality, weight, body image and eating disorders, nutrition, physical activity and exercise, substance abuse, and mental health.

Sexuality

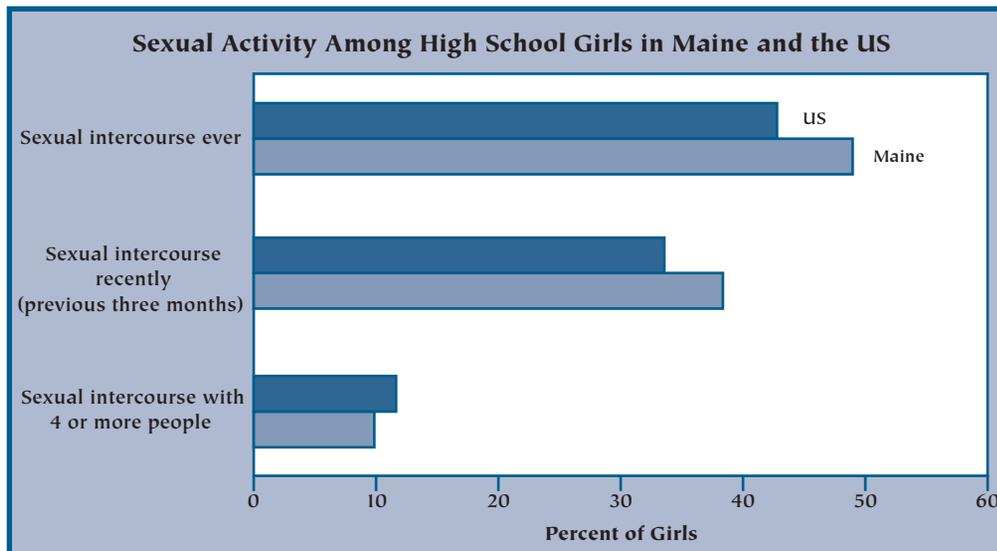
Pregnancy rates, birth rates and prevalence of sexually transmitted diseases (STDs) are well-acknowledged indicators of adolescent female health status. Information about girls' sexual activity, their knowledge about sexual risk taking, and their use of protection/contraception is also important in gauging girls' sexual decisions and behaviors.

According to the 2001 Maine *Youth Risk Behavior Survey* (hereafter YRBS), approximately half of high school girls in Maine are sexually active, with 49% of high school girls and 10% of middle school girls indicating "yes" to the question of "ever" having had

sexual intercourse (this compares to a national rate of 42.9% among high school girls). Of those high school girls in Maine who are sexually active, 38.6% reported having sex "recently" (defined as the previous three months), and 10% of sexually active girls report having sexual intercourse with four or more people in their lifetime. 3.3% of Maine middle school girls reported having sexual intercourse with three or more people in their lifetime.

Approximately half of high school girls in Maine are sexually active.

In 2003, 45.6% of sexually active high school girls in Maine reported using birth control pills during last intercourse; 54.4% reported using condoms.



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Survey*, 2001.

Protection and Contraception

Among the girls who indicated having sexual intercourse recently (during the past three months), 40.5% in Maine (compared to 21.1% in the U.S.) used birth control pills during last intercourse, and 45.8%

Teen pregnancy rates at both the state and national levels continue to decrease, and Maine continues to have a considerably lower teen pregnancy rate than the national average.

(compared to 51.3% in the U.S.) used condoms during last sexual intercourse (YRBS, 2001). The 2003 Maine YRBS showed an increase in both the use of birth control pills and condoms, with a significant increase in condom use (8.6%) and a 5.1% increase in use of the pill.

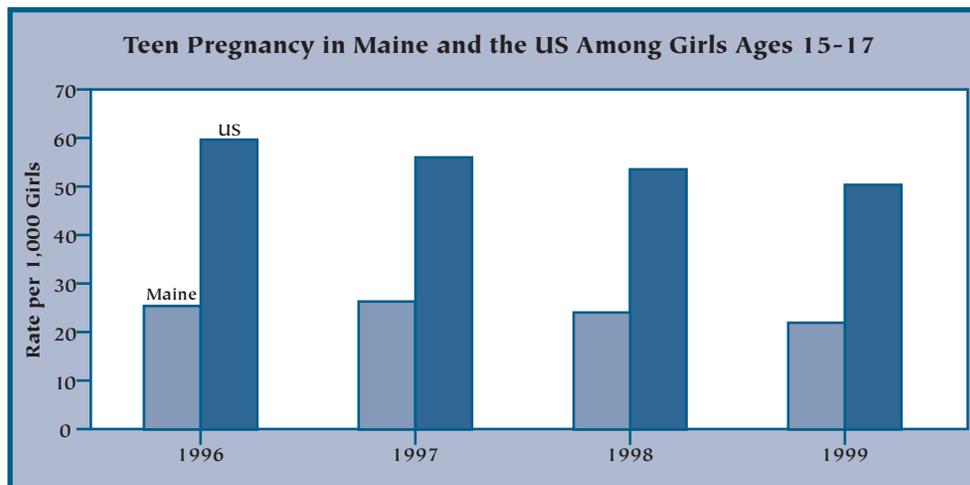
Pregnancy Rates

Teen pregnancy rates at both the state and national levels continue to decrease, and Maine continues to have a considerably lower teen pregnancy rate than the national average (“Teen Sex and Pregnancy,” 1999).

Year	Rate Among 11-17 Year Old Girls (rate per 1,000 Girls)	# of Pregnancies Among 11-17 Year Old Girls
2000	9.4	587
2001	8.7	547
2002	8.3	517

Source: State of Maine, Department of Human Services, Office of Research, Data, & Vital Statistics.

U.S. teen pregnancy rates are only available through 1999 and only for the 15-17 age group. National pregnancy rates for this age group are compared to Maine below.



Sources: "Youth Pregnancy" *Maine Marks for Children, Families & Communities* 2001; Henshaw, Stanley K. "U.S. Teenage Pregnancy Statistics with Comparative Statistics for Women Aged 20-24," 2003.

Most teens do not consider oral sex to be an activity that places them at an increased risk for STDs.

Sexually Transmitted Diseases (STDs)

Girls' understanding about the long-term health implications of contracting and transmitting STDs can affect their decisions about the numbers of sexual partners, frequency of sexual contact, use of condoms, and seeking medical screening and care. Adolescent girls may have a physiologically increased susceptibility to some STDs (STD Surveillance, 2001). Most teens do not consider oral sex to be an activity that places them at an increased risk for STDs (“Facts: Girls and Sexual Activity,” 2003).

Chlamydia and Gonorrhea in Maine and the US

	2000	2001	2002
	Rate per 1,000 Girls	Rate per 1,000 Girls	Rate per 1,000 Girls
Chlamydia			
Maine girls ages 15-19	5.7	10.3	13.2
U.S. girls ages 15-19	23.5	25.4	unknown
Gonorrhea			
Maine girls ages 15-19	0.1	0.5	0.2
U.S. girls ages 15-19	7.0	7.0	unknown

Sources: State of Maine, Department of Human Services, Bureau of Health, Division of Disease Control, HIV/STD Program; United States, Department of Health and Human Services, Center for Disease Control and Prevention, Division of Sexually Transmitted Diseases, National Center for HIV, STD, and TB Prevention, Sexually Transmitted Disease Surveillance Report 2001, Special Focus Profiles, *STDs in Adolescents and Young Adults*.

(1,174) and an 86% increase in gonorrhea cases (126) over the same period in 2002.¹

The 2001 YRBS asked girls if they received education about HIV/AIDS. The resounding majority of Maine high school girls (95.3%) were taught about HIV/AIDS in school, which is to a greater degree than girls nationally (89.0%); 83.2% of Maine middle school girls reported being taught about HIV/AIDS in school.

Weight, Body Image & Eating Disorders

Weight

Weight and Body Mass Index are important health indicators of growth patterns. However, when weight and Body Mass Index (BMI) are beyond acceptable ranges, they can be signals of concern about long-term chronic conditions such as obesity, cardiovascular disease and diabetes.

Weight alone does not provide enough information to determine “normalcy.” Weight, when considered in relation to height as Body Mass Index, is an indicator of body composition or type.² The YRBS has established categories of “at risk for being overweight” and “overweight,” distinctions that reflect the variations in adolescent maturation rates and patterns.³

¹ Maine does not have mandatory reporting on such STDs as HPV and herpes. Further, chlamydia and gonorrhea are much more prevalent than syphilis and HIV. As of July 2003, 130 females in Maine were diagnosed with AIDS, representing 12% of the cases overall. This does not include the number of females with HIV. The incidence for HIV in the adolescent population (under 19 years old) is relatively low; HIV cases make up a very small percentage of the overall cases (ME HIV/STD Program, July 2003).

² The Body Mass Index (BMI) is calculated by dividing weight by height in inches twice, then multiplying by 704.5. A BMI within the standard ranges does not guarantee a healthy weight, so factors such as nutrition and physical activity should also be taken into account (Lambaton Cty. Community Health Services Web site).

³ “Overweight” is defined in the YRBS as students who were at or above the 95th percentile for body mass index by age and sex based on reference data from the national Health and Nutrition Examination Survey. “At risk for being overweight” is defined in the YRBS as students who were equal to or greater than the 85th percentile but less than the 95th percentile for body mass index by age and sex based on reference data from the National Health and Nutrition Examination Survey.

Though lower than the national rate, the rate of chlamydia in Maine rose dramatically from 5.7 per 1,000 girls in 2000 to 13.2 per 1,000 girls in 2002. While Maine girls experience these STDs at a much lower rate than do girls nationally, the significant increase in infection rates might indicate a larger trend of girls engaging in risky sexual behavior.

Maine’s recent figures, published in August 2003, show that chlamydia, gonorrhea and syphilis continue to be diagnosed at elevated levels; between January and July 2003, there was a 35% increase in chlamydia cases

The rate of chlamydia in Maine rose dramatically from 5.7 per 1,000 girls in 2000 to 13.2 per 1,000 girls in 2002.

The significant increase in infection rates might indicate a larger trend of girls engaging in risky sexual behavior.

The vast majority of Maine middle & high school girls reported being taught about HIV & AIDS in school.

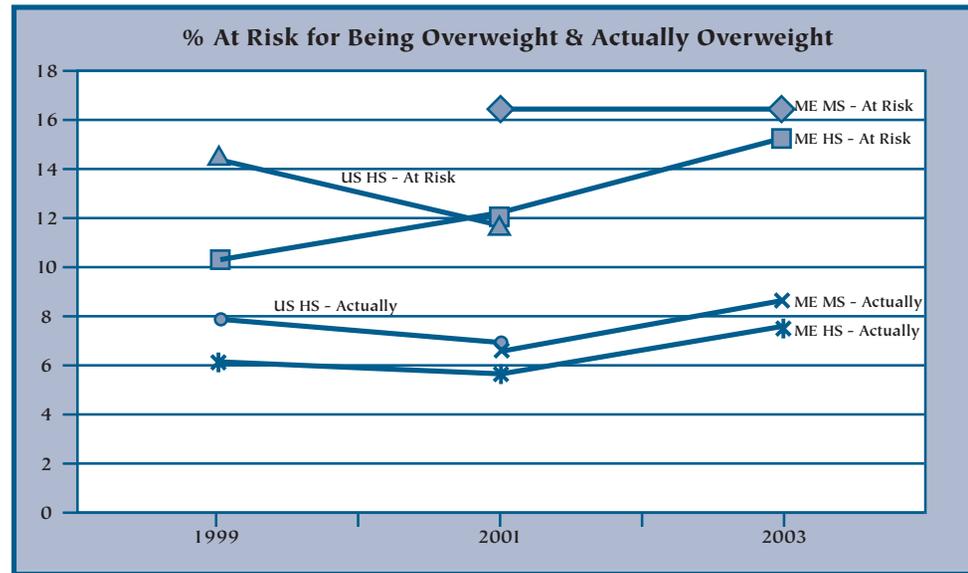
In 2001, 5.7% of high school girls in Maine were actually overweight, lower than the national average. Twelve percent of girls in Maine were at risk for being overweight. By 2003, there was an increase in both categories.

In 2001, 6.6% of Maine's middle school girls were overweight and 16.5% were at risk for being overweight; by 2003 8.6% were overweight. The at-risk group remained at 16.5%.

In 2001, 40% of Maine high school girls thought of themselves as overweight. 60.2% were trying to lose. In middle school, 31% of the girls thought of themselves as overweight, with 59% trying to lose. These numbers are especially significant when compared to the actual rates of Maine girls who are overweight or at risk for becoming overweight, which are much lower than the number of girls trying to lose weight.

In 2001, considerably less than 10% (5.7%) of high school girls in Maine were actually overweight; this was lower than the national average of 6.9%. Twelve percent (12%) of girls in Maine were at risk for being overweight. By 2003, there was an increase in both categories; 7.6% were overweight, and 15.3% were at risk of becoming overweight.

Of the Maine middle school girls, 6.6% were overweight and 16.5% were at risk for being overweight in 2001; by 2003 8.6% were overweight. The at-risk group remained at 16.5%.



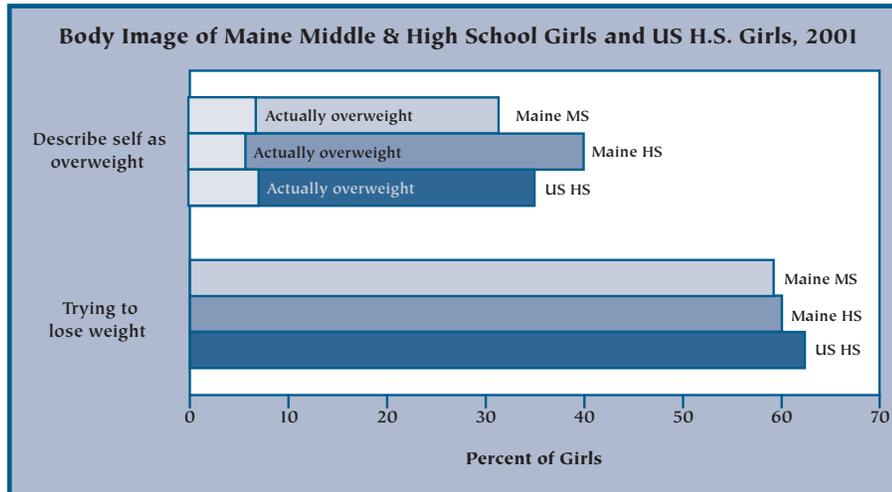
Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Survey*, 1999, 2001, 2003.

Body Image

Pressure to fit an “ideal” physical appearance can affect everyday attitudes and behaviors of adolescent girls and have far-reaching health implications. Dissatisfaction with build and weight can hinder eating habits, psychological well-being, and optimal bone growth. Further, self-consciousness about weight can have both a positive and negative effect depending on the girl’s expectations and self-image.

The 2001 YRBS asked girls about “trying to lose or keep from gaining” weight, indicators which could signal either positive attempts to maintain normal healthy weight or negative responses to a perceived problem. In 2001, 40% of Maine high school girls thought of themselves as overweight, comparable to U.S. figures; 60.2% were trying to lose. In middle school, 31% of the girls thought of themselves as overweight, with 59% trying to lose. These numbers are especially significant when compared to the actual rates of Maine girls who are overweight or at risk for becoming overweight, which are much lower than the number of girls trying to lose weight.

The 2003 YRBS showed increases in all of these categories for both age groups, with the exception that fewer middle school girls were actively trying to lose weight.

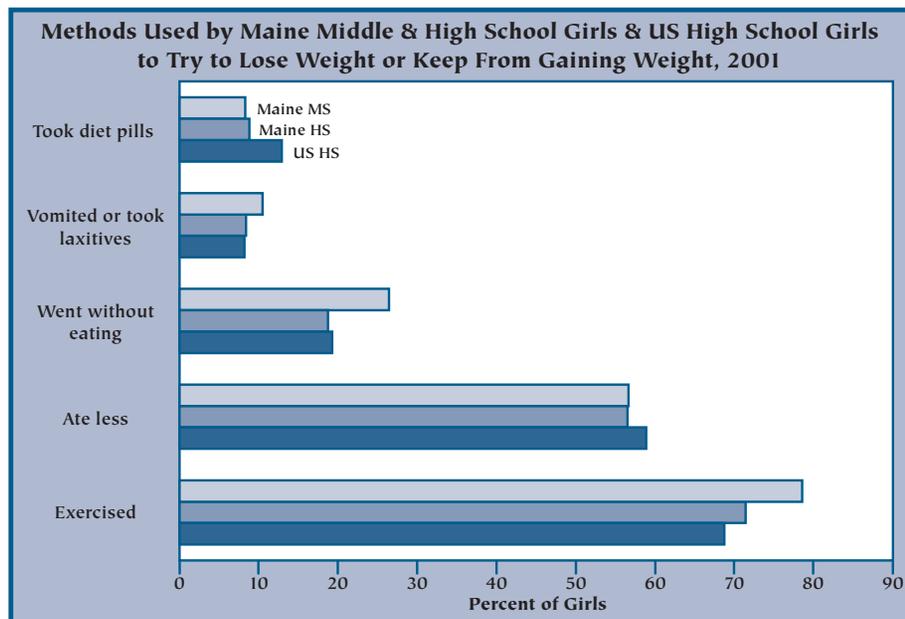


Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Survey*, 2001.

Both middle and high school girls in Maine have increased their use of diet pills.

Yet the methods used most often to lose or keep from gaining weight are exercising and eating less.

According to the 2001 Maine YRBS, the two most prevalent methods for losing weight among high school and middle school girls were “exercising” and “eating less.” Maine girls did not show significant differences from girls nationally. The 2003 Maine YRBS showed slight variations, with high school girls using vomiting/laxatives less often than reported in 2001, but girls in both middle and high school increasing their use of diet pills.



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Survey*, 2001.

Eating Disorders

Eating disorders are illnesses in which those affected exhibit disordered eating behaviors and distorted, negative body image. The Maine Commission on Eating Disorders was established in 1998 by the Maine Legislature to study methods of treatment, education, prevention and support for those with eating disorders and their families. Important findings included:

- Lack of data on the prevalence of eating disorders;
- Lack of planned, systemic education or prevention programs; and
- Few treatment resources available – only two small inpatient programs and a few support groups and therapists in the entire state of Maine.

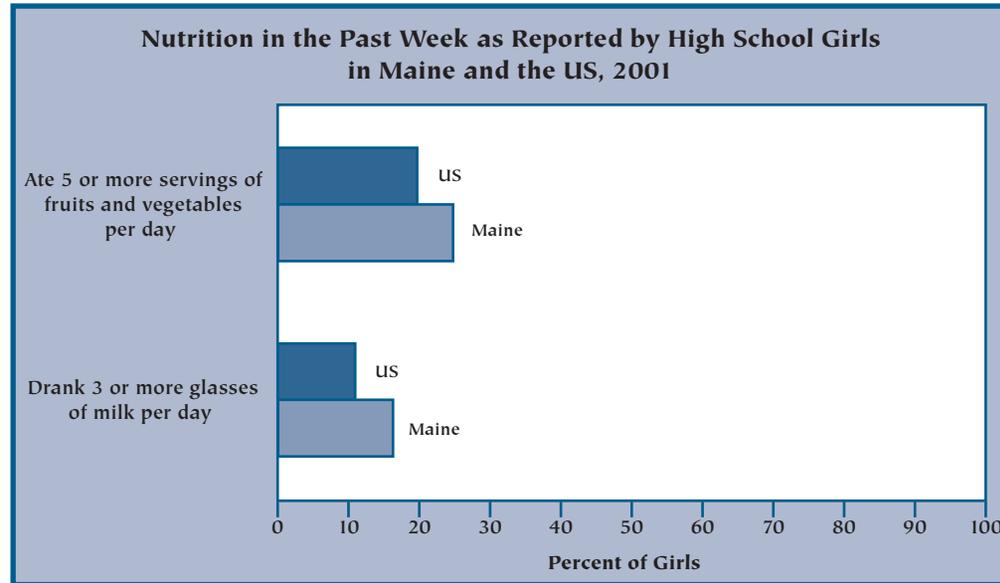
Source: State of Maine. Maine Commission on Eating Disorders, *Eating Disorders in Maine: Final Report of the Commission on Eating Disorders*, 1999.

Many cases of individuals suffering from eating disorders are probably not reported due to the secrecy and shame associated with having an eating disorder (State of Maine, Maine Commission on Eating Disorders, 2003). According to the State of Maine's Commission on Eating Disorders, these disorders are the third most common chronic illness for adolescent girls in the U.S.

Nutrition

Maine high school girls reported slightly better nutritional habits than their national counterparts, although in 2001 fewer than 30% of Maine girls followed the daily recommended allowances for fruits, vegetables and milk.

Maine high school girls reported slightly better nutritional habits than their national counterparts, although fewer than 30% followed the daily recommended allowances for fruits, vegetables and milk.



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Survey*, 2001.

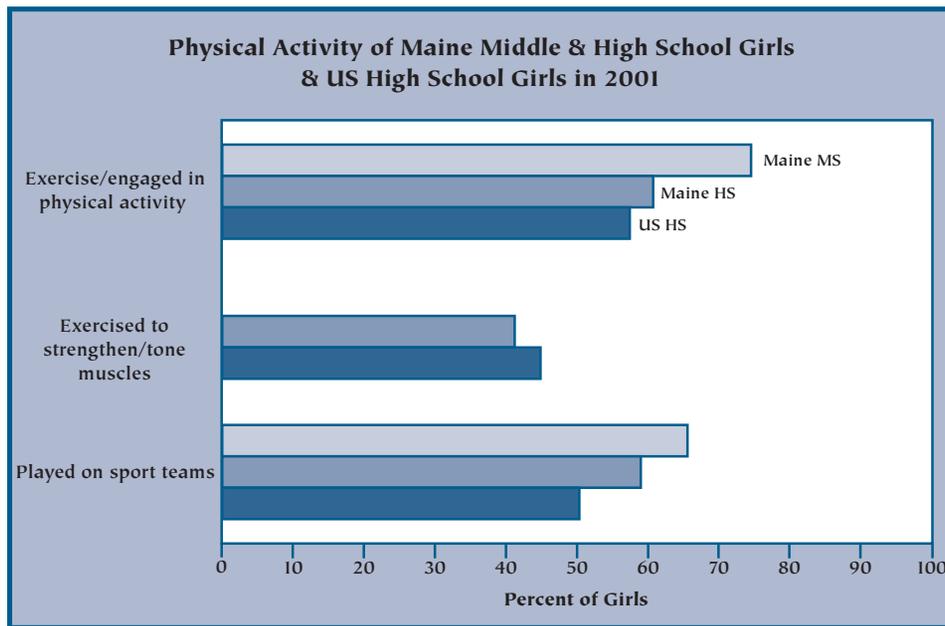
In 2001, 61% of Maine high school girls (57% in the U.S.) exercised/engaged in physical activity that made them sweat or breathe hard for at least 20 minutes on three or more days of the previous week.

Physical Activity & Exercise

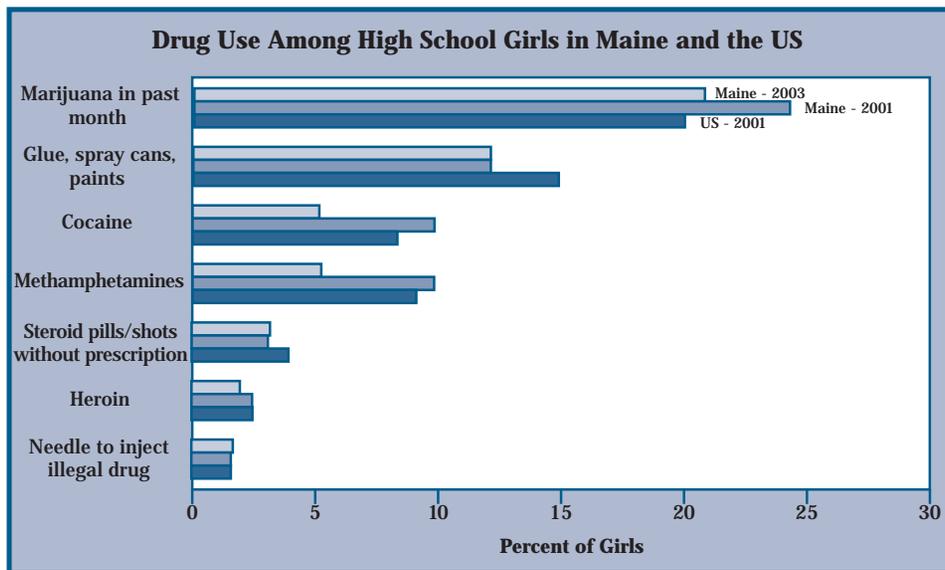
While many girls participate in sports or other physical activities, participation rates fall from middle school to high school. The level and frequency of physical education curriculum varies from middle school to high school and from school to school. In 2001, 42% of Maine high school girls (compared to 48% in the U.S.) attended physical education class one or more days during an average school week, whereas 82.3% of middle school girls in Maine attended physical education class one or more times a week.

The 2001 YRBS also reported on the types of exercise in which girls engaged:

- 61% of Maine high school girls (57% in the U.S.) exercised/engaged in physical activity that made them sweat or breathe hard for at least 20 minutes on three or more days of the previous week;
- 41% of Maine high school girls (45% in the U.S.) exercised to strengthen/tone muscles on three or more days of the previous week.



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Survey*, 2001; No information on "Exercised to strengthen/tone muscles" available for Maine middle school girls.



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Survey*, 2001, 2003.

Sports Activity

According to the 2001 YRBS, 59% of Maine high school girls (50% in the U.S.) played on one or more sports teams, and 65% of middle school girls played on sports teams. The 2003 YRBS showed that high school participation had slipped to 58%, while middle school participation increased to 73%. Involvement in sports teams is not only an indicator of physical activity, but also reflects participation in extracurricular activities.

Substance Abuse

Alcohol, tobacco and other drugs have a real and significant place in the lives of many of Maine's adolescent girls. It is, however, encouraging to note that alcohol consumption decreased, tobacco use decreased, and "other drug use" showed some decreases among high school girls from 2001 to 2003. However, there was a marked increase in other drug use among girls in middle school (YRBS).

Illegal Drugs

In 2001, Maine girls used marijuana, cocaine and methamphetamines to a higher degree than did their national counterparts, but used glue, spray cans/paints, and steroid pills/shots less than girls did nationally. There was no difference in the use of heroin and needles between girls in Maine and the rest of the country.

Furthermore, the 2003 YRBS added a question about ecstasy, a "recreational" drug that has recently emerged as a public health concern: 8.1% of Maine's high school girls had used ecstasy.

According to the 2001 YRBS, 59% of Maine high school girls (50% in the U.S.) played on one or more sports teams, and 65% of middle school girls played on sports teams.

Alcohol consumption decreased, tobacco use decreased, and "other drug use" showed some decreases among Maine high school girls from 2001 to 2003, but in 2001, Maine girls used marijuana, cocaine and methamphetamines to a higher degree than did their national counterparts.

In 2001, Maine high school girls consumed more alcohol than their national counterparts, but their consumption of alcohol showed a downward trend from 2001 to 2003.

Alcohol

In 2001, Maine high school girls consumed more alcohol than their national counterparts, but their consumption of alcohol showed a downward trend from 2001 to 2003. Middle school girls' consumption also decreased over this time period.

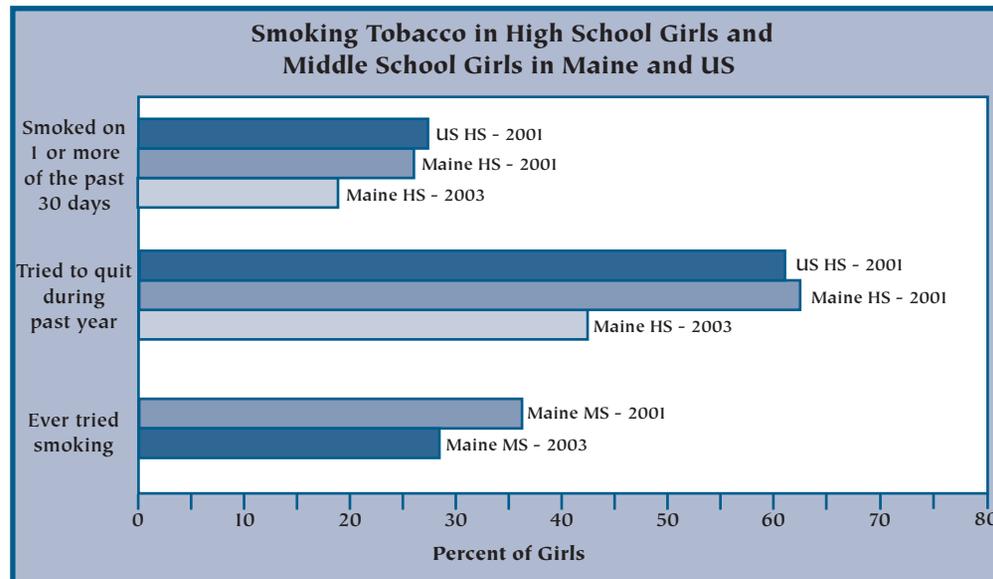
	High School			Middle School	
	U.S. 2001	ME 2001	ME 2003	ME 2001	ME 2003
1 or more drinks in past month	45.0%	49.6%	41.3%	N/A	N/A
More than 5 drinks in row in past month	26.4%	29.1%	22.6%	N/A	N/A
Ever had more than a few sips	N/A	N/A	N/A	40.9%	36.8%

Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Survey*, 2001, 2003.

From 2001 to 2003, the frequency of smoking decreased among both high school and middle school girls in Maine.

Tobacco

From 2001 to 2003, the frequency of smoking decreased among both high school and middle school girls. However, there was also a significant decrease in number of girls who *tried* to quit in past year.



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Survey*, 2001, 2003.

Mental Health

Indicators of mental health used in this report are trauma and abuse, depression, self-inflicted injury and suicide. The U.S. Department of Health and Human Services, Substance Abuse Mental Health Services Administration, defines mental health as:

how a person thinks, feels, and acts when faced with life's situations. Mental health is how people look at themselves, their lives, and the other people in their lives, evaluate their challenges and problems, and explore choices. This includes handling stress, relating to other people, and making decisions.

The Maine YRBS data show that roughly one-third of high school girls reported depressive symptoms in 2001 and nearly one-quarter of high school girls had seriously considered suicide. Suicide ideation was slightly higher among Maine girls than their national counterparts.

Trauma and Abuse

Documentation of exposure to verbal, sexual, and physical violence and trauma over a lifespan can be seen in Maine's Child Protective Services files. In 2002, the Department of Human Services assigned caseworkers to 3,696 girls between the ages of 9-17 for assessment of child abuse and neglect. The records of these caseworkers show that one-third of Maine girls between the ages of 9 and 17 with DHS caseworkers had substantiated cases of abuse in 2002.

Type of Abuse	# of Girls	% of Girls
Neglect	432	35%
Emotional Abuse	419	34%
Sexual Abuse	190	16%
Physical Abuse	181	15%
Total	1,222	100%

Source: State of Maine, Department of Human Services, Bureau of Child and Family Services, *Child Protective Services Annual Report on Referrals*, 2002.

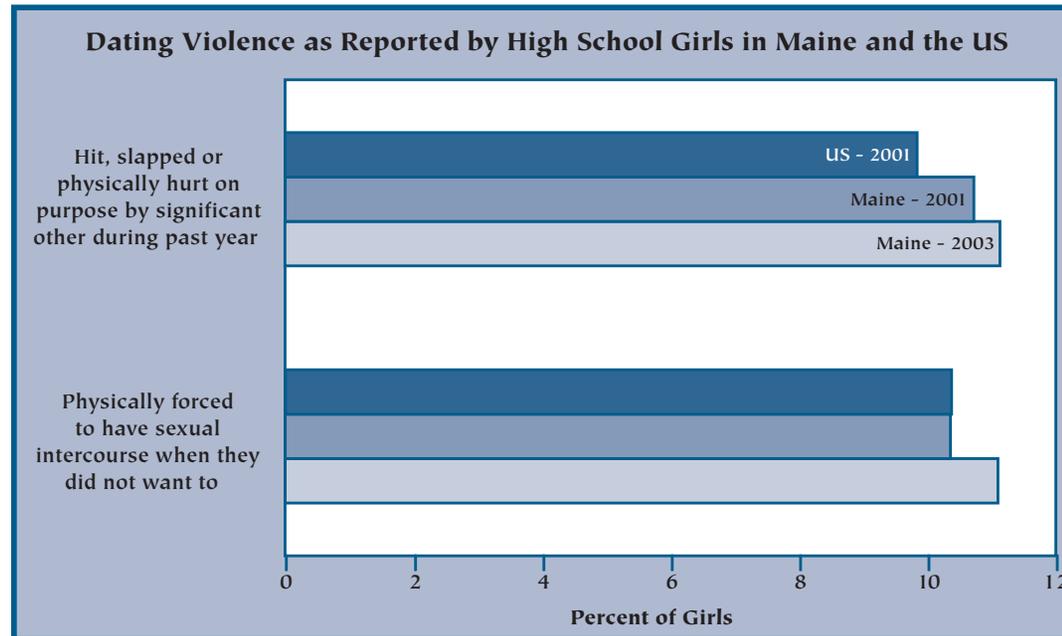
Outside of the family setting, dating provides another venue for adolescent girls to potentially experience violence and victimization. In 2001, Maine girls reported experiencing dating violence more frequently than did girls nationally (10%), and reported an increase in dating violence in 2003; this increase may reflect an increase in awareness and reporting as much as it may reflect an increase in incidence.

The 2001 Maine YRBS data show that roughly one-third of high school girls reported depressive symptoms and nearly one-quarter of high school girls had seriously considered suicide. Suicide ideation was slightly higher among Maine girls than their national counterparts.

In 2001, Maine girls reported experiencing dating violence more frequently than did girls nationally, and reported an increase in dating violence in 2003.

In 2001, 34.1% of Maine high school girls “felt so sad or hopeless during the past year that they stopped doing some of their usual activities.” This decreased to 31.3% in 2003.

47.3% of Maine high school girls said they “rarely or sometimes get help when they feel sad, empty, hopeless, angry or anxious.”



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Survey*, 2001, 2003.

Girls in the U.S. indicated they would talk to the following individuals if they were dating someone who was trying to control, insult, or physically hit them (top four answers of “check all that apply”):

1. Friend who is about your age, 86%
2. Parent, 58%
3. Guidance Counselor, 24%
4. Teacher, 14%

Source: “Teen Dating Violence and Social Environment Survey: Teen Opinion,” 2000.

Depression

In 2001, 34.1% of Maine high school girls “felt so sad or hopeless during the past year that they stopped doing some of their usual activities,” almost identical to their national counterparts (34.5%). Of note, by 2003, the number of high school girls in Maine reporting “feeling so sad or hopeless...” decreased to 31.3% (YRBS).

In 2001, 47.3% of Maine high school girls said they “rarely or sometimes get help when they feel sad, empty, hopeless, angry or anxious,” and only 3.5% of high school girls in Maine indicated turning to a school nurse or counselor when they feel those emotions. In 2003, there was a slight increase in the number of high school girls who would turn to a school nurse or counselor (4.2%) (YRBS).

The Maine Injury Prevention Program (hereafter MIPP) at the Bureau of Health has reviewed hospital discharge data and reports that the rate of hospitalization for depressive disorder is 1.8/1,000; for prolonged post traumatic stress disorder the rate is 2.0/1,000; and for mental disorders (not delineated) the rate is 29.5/1,000.

Self-Inflicted Injury

Maine high school girls accounted for the state's highest hospitalization rates for self-inflicted injuries according to MIPP's 2003 report.

Due to the difficulty in determining the intent of the patient, the data below cannot be interpreted as suicide attempts. According to MIPP staff, teens may, for example, burn themselves as a stress relief mechanism rather than as a suicide attempt. Poisoning is the method of choice for self-harm hospitalizations, while firearms are used most often for completion of suicide.

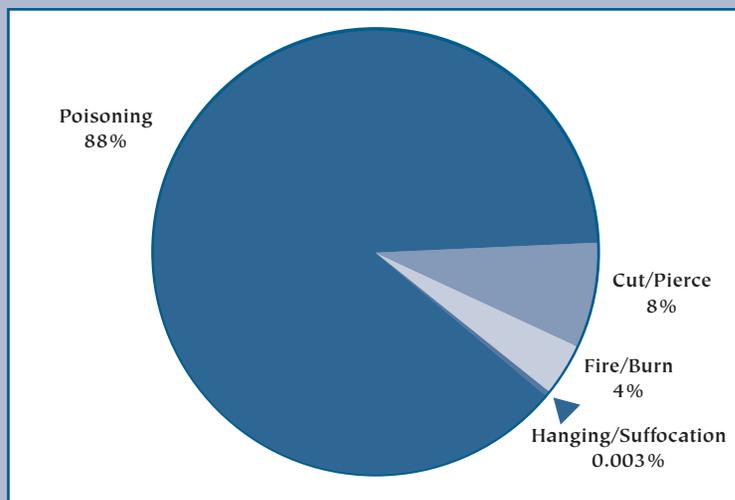
Self-Inflicted Injury Hospitalizations Among 11-17 Year Old Girls in Maine

Year	# of Hospitalizations	Rate per 1,000 Girls
1998	68	1.1
1999	63	1.0
2000	94	1.5
2001	97	1.6

Source: State of Maine, Department of Human Services, Bureau of Health, Division of Community Health, Maine Injury Prevention Program.

Maine high school girls accounted for the state's highest hospitalization rates for self-inflicted injuries.

Methods of Self-Inflicted Injury Leading to Hospitalization Among Girls in Maine Ages 11-17, 1998-2001 (N = 322)



Source: State of Maine, Department of Human Services, Bureau of Health, Division of Community Health, Maine Injury Prevention Program.

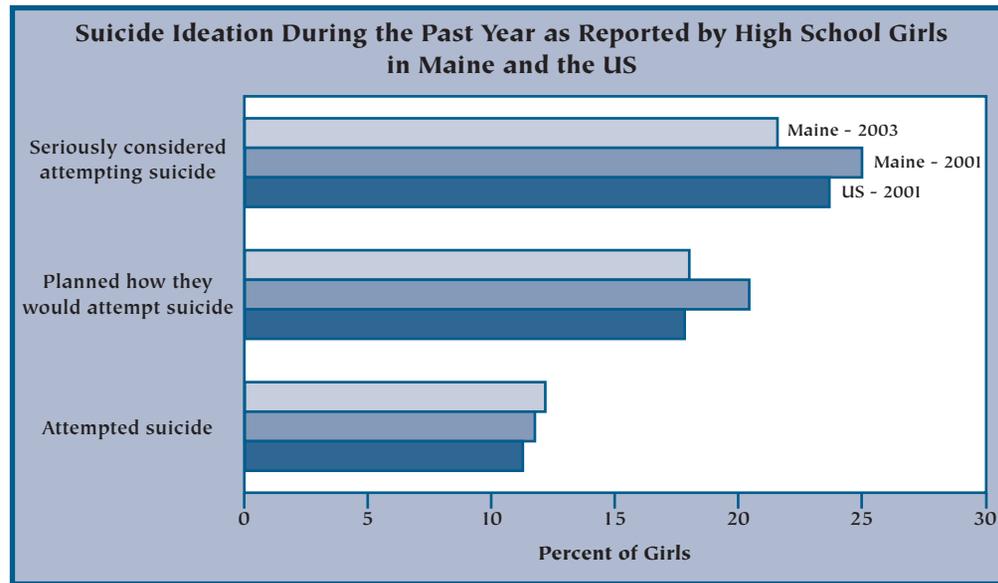
Roughly half of the poisonings reported are from "over the counter" medications. These medications are, in order:

- analgesics (39%)
- anti-depressants (29%)
- sedatives/anti-psychotics (15%)
- anti-histamines/cold-cough (10%)
- anti-convulsants (7%)

Suicide

From 2001 to 2003, the number of high school girls "seriously considering attempting suicide" decreased from 24.9% to 21.5% as did "planning an attempt" (20.3% to 17.9%), but actual attempts increased from 11.6% to 12.1%. This data is troubling in that it indicates that girls are thinking about suicide less yet completing it more often, suggesting that there may not be time for intervention in an increasing number of cases.

From 2001 to 2003, the number of high school girls "seriously considering attempting suicide" decreased from 24.9% to 21.5% as did "planning an attempt" (20.3% to 17.9%), but actual attempts increased from 11.6% to 12.1%.



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Survey*, 2001, 2003.

In 2003, 27.1% of middle school girls considered suicide and 16.1% made a plan about how they would attempt suicide.

In 2001, 25.0% of middle school girls in Maine considered attempting suicide, and 15.2% made a plan about how they would attempt suicide. In 2003, 27.1% of middle school girls considered suicide and 16.1% made a plan (YRBS).

Between 1991 and 2000 Maine had 14 suicides among 11-17 year old girls. Of these 14, 57.1% used a firearm, a method not reported in the self-inflicted injury data. Due to the relatively low number of suicides, it is necessary to aggregate suicide data over several years to obtain statistically significant findings. When this is done, Maine's suicide rate for this age group was higher than the national average from 1996 to 2000 – 2.69 in Maine compared to 1.69 suicides per 100,000 11-17 year old females nationally (MIPP).

2

EDUCATION: Capacity, Performance and Attachment

This section of the study examines the following in order to best provide a profile of the educational status of Maine girls: standardized tests and grades; graduation and post-secondary aspirations; school belonging; safety and dropping out.

Standardized Tests & Grades

Academic achievement is commonly measured by standardized test scores and grades.

National Assessment of Education Progress (NAEP) 2000 & 2002

Referred to as the “Nation’s Report Card,” the National Assessment of Educational Progress (NAEP) uses advanced sampling and analysis methods to predict student performance in reading and mathematics. As a result of the 2001 *No Child Left Behind Act*, the Nation’s Report Card has moved from a four-year to a two-year cycle for surveying reading and mathematical abilities. Maine administers the NAEP to 4th and 8th graders.

The NAEP findings can be used to show how 8th grade Maine girls fare compared to girls nationally. Findings include:

- Maine girls’ reading scores lead the nation at the 8th grade level; only the United States’ Department of Defense schools have higher average scores. However, from 1998 to 2002, Maine girls’ average scores experienced a small but significant decline.
- Maine girls’ writing scores were also higher than the national average at the 8th grade level from 1998 to 2002.
- Although Maine girls’ science scores declined from 1996 to 2000 (as did the national average), Maine girls’ scores remained higher than the national average.
- Maine girls’ math scores remained stable from 1996 to 2000, and were higher than the national average (Maine Educational Assessment 1996-2003).

Maine Educational Assessment 2002-2003

It is compulsory for students to take the Maine Educational Assessment (hereafter MEA) in grades 4, 8 and 11. The MEA measures the knowledge of every child and can be used by schools and districts to identify problems specific to that particular location. MEA standards are based upon Maine’s Learning Results, which represent more immediate goals for Maine’s schools.

Girls	Reading	Writing	Math	Science
8 th Grade	52%	52%	17%	9%
11 th Grade	55%	41%	18%	14%

Source: State of Maine, Department of Education, *Maine Educational Assessment Performance Analysis*, 2002-2003. PowerPoint slides 12, 13, 22-25.

Maine girls’ reading scores lead the nation at the 8th grade level; only the United States’ Department of Defense schools have higher average scores.

Maine girls’ science scores are higher than the national average at the 8th grade level.

Maine girls’ math scores remained stable from 1996 to 2000, and were higher than the national average at the 8th grade level.

There is a marked increase in performance in reading and math for students with an internet connection at home in both 8th and 11th grades.

The greater number of hours worked, the poorer the performance in reading and math, particularly when the hours are greater than eight per week.

Girls account for more than half of Maine's SAT takers.

The MEA also explores the relationships between:

- **Students' performance and having or not having home internet connection:** There is a marked increase in performance in reading and math for students with an internet connection at home in both 8th and 11th grades.
- **11th grade students' performance in reading and math and the impact of part-time work:** The greater number of hours worked, the poorer the performance, particularly when the hours are greater than eight per week. Math performance suffers worse than reading. Half of 11th graders do not work, and only about 3% work more than 21 hours.⁴

The Scholastic Assessment Test (SAT)

Administered by The College Board, the SAT is an optional test for high school students. The SAT is not necessarily used as a measurement of a student's knowledge, but as an indicator of a student's capacity and a predictor of college performance. Girls account for more than half of Maine's SAT takers (53% in both 2002 and 2003). This is similar to the national average of 54% in both 2002 and 2003.

Year	Average Math Score – ME Girls	Average Math Score – U.S. Girls	Average Verbal Score – ME Girls	Average Verbal Score – U.S. Girls
2000	488	498	503	504
2001	484	498	503	502
2002	485	500	501	502
2003	483	503	499	503

Source: "College-Bound Seniors: A Profile of SAT Test Takers: Maine" The College Board, 2000-2003.

Honors Classes and Grades

Enrollment in honors classes reflects both a level of academic achievement and aspiration. A Student Descriptive Questionnaire, which is included with the SAT, inquires about enrollment in honors classes. The questionnaire revealed that about one-quarter (24%) of Maine's female SAT takers report enrollment in honors English courses, while almost one-fifth say they are enrolled in honors mathematics (19%), natural science (19%), and social science/history (18%) courses ("College Bound Seniors: A Profile of SAT Test Takers: 2001 Maine").

On the other end of the spectrum, 3.7% of Maine high school girls and 4.5% of U.S. high school girls reported receiving grades of mostly Ds and Fs during the past year. 5.7% of middle school girls in Maine reported receiving grades of mostly Ds and Fs during the past year (YRBS, 2001).

Graduation & Post-Secondary Aspirations

Two important indicators of girls' success or failure in the educational system are the rates that they complete (graduate) or drop out of school. Completing reflects a positive dynamic, dropping out points to less positive interaction between girls and schools. Dropping out is further discussed in a later section.

⁴ **Results were not broken down by gender:** Specific results can be found on the Maine Department of Education's Web site.

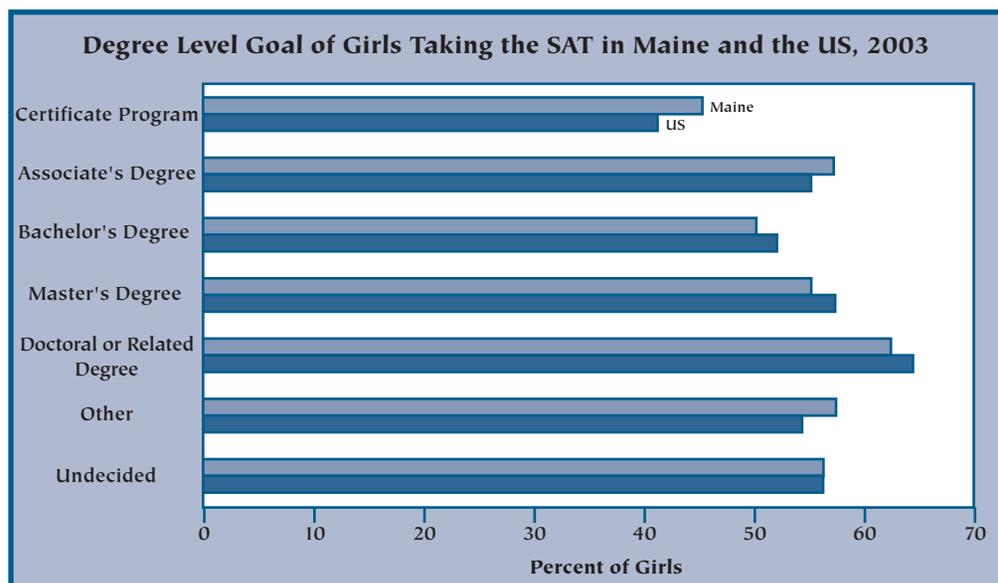
Completion rates have inched upward. The Maine Department of Education calculated a total graduation rate⁵ for girls in

- 1999-2000 of 86.8%
- 2000-2001 of 87.4%
- 2001-2002 of 88.2%.

Aspirations to continue on an educational track were high in Maine in 2002. Almost three-quarters (73.7%) of Maine high school girls planned to enroll in post-secondary education. More private school girls (78.8%) intended to enroll in post-secondary education than public school girls (73.2%).

Aspirations can also be measured by the degree-level goal identified by girls. In 2003, female SAT takers in Maine indicated Bachelors, Masters and Doctoral degree goals at a higher percentage than their national counterparts. 71% of the total SAT takers in Maine, and 70% of the total SAT takers nationally, checked one of the degree options.

Almost three-quarters (73.7%) of Maine high school girls plan to enroll in post-secondary education.



Source: "College Bound Seniors: A Profile of SAT Test Takers: 2003 Maine." The College Board, 2003. The above figure shows girls as a percentage of the total SAT takers (male and female) who indicated each degree level goal. Therefore, percentages do not add up to 100%.

⁵ Graduation Rate = # of graduates (completers) in particular high school class / (# of graduates + # of all dropouts during the 9-12th grade years of this particular class). Maine employs the formula promulgated by the U.S. Dept. of Education for the Common Core of Data (CCD) survey system of the National Center for Education Statistics. Because not all states report dropouts using the CCD definition, the CCD cannot provide national totals for completion rates. The most recent data from the U.S. Department of Education is for the year 2000-01, published November 10, 2003.

School Belonging, Safety & Dropping Out

School connectedness is a concept gaining considerable attention among researchers, policy makers and educators. As explained below, the rate of participation in extracurricular activities is an important variable in the level of student connectedness:

When adolescents feel cared for by people at their school and feel like a part of their school, they are less likely to use substances, engage in violence, or initiate sexual activity at an early age. Students who feel connected to school in this way also report higher levels of emotional well-being. (McNeely et al, 2002)

School Belonging

In 2002, the *Maine Youth Drug and Alcohol Use Survey* (hereafter MYDAUS) explored student connectedness. The vast majority (84.6%) of Maine girls ages 11-17 report they had the chance to be part of class discussions and activities, and 94.4% report there is the chance for activities. However, only half (50%) believed they had the chance to make decisions in school.

The vast majority of Maine girls ages 11-17 report they had the chance to be part of class discussions and activities, and 94.4% report there is the chance for activities. Only half (50%) believed they had the chance to make decisions in school.

Opportunity	YES!	Yes	No	NO!	Total
Chance to make decisions (N = 22,703)	6.6%	43.4%	37.2%	12.8%	100.0%
Chance to be part of class discussions/activities (N = 22,680)	27.3%	59.1%	11.7%	2.0%	100.0%
Chance for activities (N = 22,787)	61.8%	32.6%	4.2%	1.4%	100.0%

Source: State of Maine, Department of Behavioral and Developmental Services, Office of Substance Abuse, *Maine Youth Drug and Alcohol Use Survey*, 2002.
(YES! and NO! indicate stronger agreement or disagreement than Yes and No.)

Only 16% of Maine girls “never” participated in clubs, organizations and activities. Most girls reported some degree of involvement.

The Ten Emerging Truths, a study published by Girl Scouts of the U.S.A.’s Research Institute, gives a national perspective and asked the question in a different way. Slightly more than 40% of the girls in their study belonged to a school club and just over 10% belonged to student government.

Occasions During Last Year on Which 11-17 Year Old Girls in Maine Reportedly Participated in Clubs, Organizations and Activities in School

# of Occasions	% of Girls
Never	16.0%
1-2 times	23.5%
3-5 times	18.9%
6-9 times	10.7%
10-19 times	8.0%
20-29 times	4.5%
30-39 times	2.2%
40 + times	16.3%
Total	100.0%

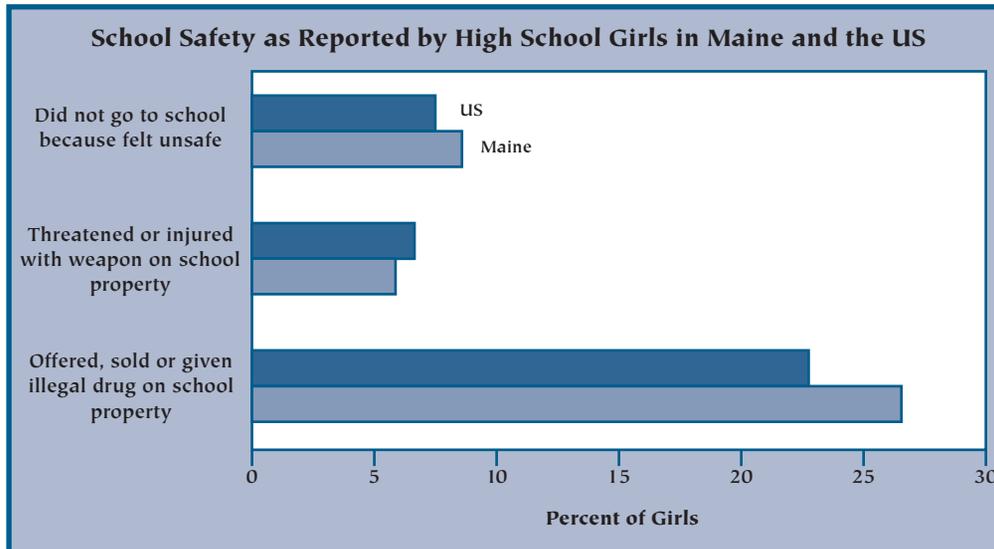
Source: State of Maine, Department of Behavioral and Developmental Services, Office of Substance Abuse, *Maine Youth Drug and Alcohol Use Survey*, 2002.

Age Group	% Belonging to School Club	% Belonging to Student Government
Girls 11-12	26%	5%
Girls 13-15	40%	12%
Girls 16-17	48%	20%
Girls 11-17	41.3%	12.3%

Source: Schoenberg, Ed. M., et al., *The Ten Emerging Truths: New Directions for Girls 11-17*, Girl Scouts of the U.S.A, Executive Summary, 2002.

Feeling Safe at School

The figure below depicts the percentage of girls who did not go to school in 2001 because they felt unsafe on at least one occasion during the previous month, with Maine high school girls reporting that they feel unsafe at school at a higher rate than their national counterparts. Further, over one-quarter of Maine high school girls, more than high school girls nationally, were offered, sold, or given illegal drugs on school property during the past year.



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Survey*, 2001.

Over one-quarter of Maine high school girls, more than high school girls nationally, were offered, sold, or given illegal drugs on school property during the past year.

Maine dropout rates indicate a downward trend.

Dropping Out

A dropout is an individual who leaves school without completing a state or school administrative unit approved secondary program. Dropping out can suggest a lack of school attachment, although it can also be a result of any number of factors. Dropping out serves as a barrier to a girl's level of academic performance and career aspiration; it is therefore encouraging that dropout rates indicate a downward trend. Maine high school girls dropped out of school at a rate of:

- 2.8% for the 1999-2000 school year
- 2.7% for the 2000-2001 school year
- 2.6% for the 2001-2002 school year⁶

Source: State of Maine, Department of Education, *Maine Graduation and Post-Secondary Aspirations*, 2001-2002.

⁶ In Maine, the dropout rate is an annual event dropout rate calculated for a particular year by dividing # of dropouts for a school year / by the Oct 1st 9-12th grade total enrollment. This is consistent with the CCD survey. Because not all states report dropouts using this definition, the CCD cannot provide national totals for dropouts. The most recent data from the U.S. Department of Education is for the year 2000-01, published November 10, 2003. The majority of reporting states in 2000-01 (26 of the 45) had dropout rates ranging from 4.0 to 7.0 percent. The median dropout rate of reporting states was 4.2. Maine's dropout rate was 3.1 (this includes males and females). There were four states that had a dropout rate of less than 3.0: IA, NJ, ND and WI.

3

SOCIAL STATUS: Socioeconomic Environment, Relationships and Civic Engagement

Social status is a complex mixture of factors. This section focuses on aspects of socioeconomic environment, family and friends, and interaction with the “outside” world.

Socioeconomic Environment

According to the U.S. Census Bureau, 12.9% of Maine children lived in poverty in 2000; this compares to 16.2% of children in the United States. A full 36.6% of children in Maine are from low-income families, slightly lower than the national rate of 38% (United States, Census Bureau, Census, 2000).⁷

Relationships

Research on adolescent girls’ development has shown that relationships play a significant part in girls’ daily lives and decisions (Brown, L.M.). Parents, teachers, other adults, and peers can be sources of support as well as sources of tension and aggression in girls’ lives.

Support from Adults and Peers

Maine girls, ages 11-17, reported that they received a high degree of adult support from family and teachers, but less support from adults in the neighborhood (MYDAUS and YRBS, 2001, 2003).

- Most high school girls in Maine (89.7%) feel that their family loves them and provides them with help and support when they need it (YRBS, 2001). In 2003, this sense of support decreased among high school girls to 68.1% while a higher percentage of middle school girls (72.5 %) felt their family loves them.
- Most 11-17 year old girls (88%) enjoy spending time with their mothers and 79% enjoy spending time with their fathers (MYDAUS).
- More than two-thirds (71%) of 11-17 year old girls share their thoughts and feelings with their mothers, while slightly less than half (49%) do the same with their fathers (MYDAUS).
- Two-thirds (66.7%) of high school girls in Maine feel that they have a teacher who really cares about them and offers them encouragement (YRBS, 2001).
- Less than half (39%) of 11-17 year old girls had neighborhood adults they could talk to about something important (MYDAUS).

12.9% of Maine children lived in poverty in 2000; a full 36.6% of children in Maine are from low-income families.

In 2001, most high school girls in Maine (89.7%) felt that their family loved them and provided them with help and support when they needed it.

More than two-thirds of 11-17 year old girls share their thoughts and feelings with their mothers, while slightly less than half do the same with their fathers.

Two-thirds of high school girls in Maine feel that they have a teacher who really cares about them and offers them encouragement.

⁷ Incomes less than twice the federal poverty threshold are defined as “low-income.” In 2003, the poverty threshold for a family of three was \$14,393. “Low-income,” therefore, would represent income of less than \$28,786 for a family of three during 2003.

Nationally, girls say their mothers listen to and help them most, followed by their friends, and then their fathers.

From a national perspective, girls say their mothers listen to and help them most, followed by their friends, and then their fathers. Younger girls turn to mothers more, while older girls turn more frequently to friends.

Age Group	% of Girls who Responded "Mother"	% of Girls who Responded "Father"	% of Girls who Responded "Friends"
11-12	61%	3%	25%
13-15	42%	4%	36%
16-17	37%	2%	35%
11-17	47%	3%	32%

Source: Schoenberg, Ed. M., et al.

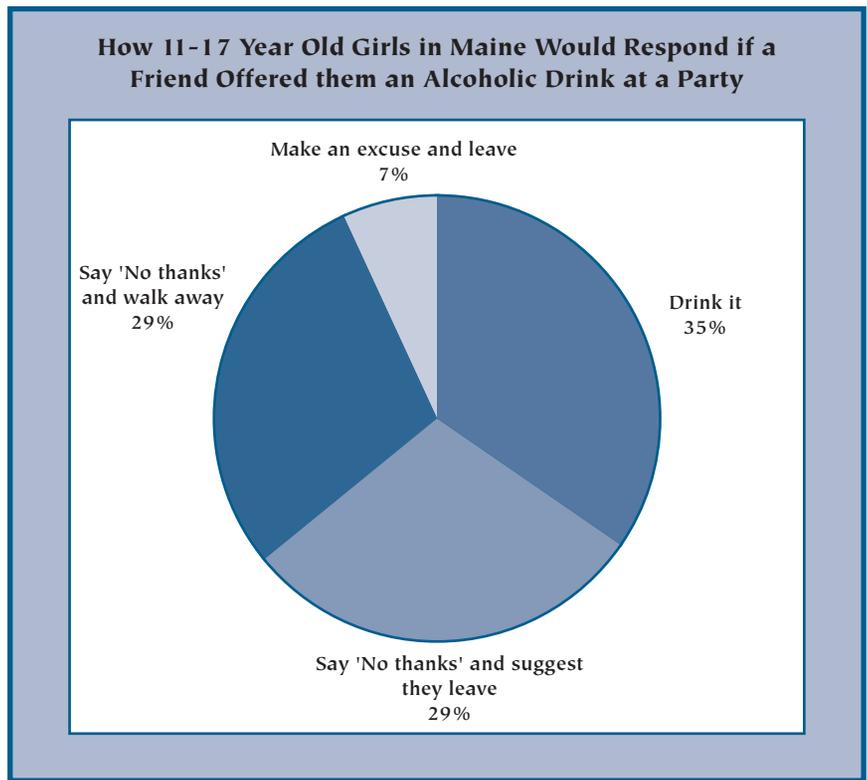
Peer Influence on Risky Behaviors

The MYDAUS also explored the degree of peer influence on risky behavior. Close to half of Maine girls (44.4%) have done something dangerous on a dare. Very few (9%) say they would actually shoplift just because a friend encourages them to and 44% of Maine girls report that they would tell a friend to return the shoplifted item. However, more than one-third (35%) of Maine girls would drink if a friend offered them alcohol at a party (MYDAUS).

The vast majority of Maine girls would not shoplift at the encouragement of a friend. However, more than one-third of Maine girls would drink if a friend offered them alcohol at a party.

Occasions	% of Girls
Never	55.6%
I've done it, but not in the past year	23.4%
Less than once a month	10.7%
About once a month	5.3%
2-3 times a month	3.4%
Once a week or more	1.6%
Total	100.0%

Source: State of Maine, Department of Behavioral and Developmental Services, Office of Substance Abuse, *Maine Youth Drug and Alcohol Use Survey*, 2002.



Source: State of Maine, Department of Behavioral and Developmental Services, Office of Substance Abuse, *Maine Youth Drug and Alcohol Use Survey*, 2002.

Bullying and Fighting

The last few years have witnessed an increased public awareness and dialogue about bullying, harassing behavior and relational aggression among youth.

**Girls in the US who Reported Bullying
(during the current term)**

	None	1x or 2x	Sometimes	Weekly
% of Girls Who Bullied Others	63.2%	23.2%	8.5%	5.2%
% of Girls Who Were Bullied	63.8%	22.5%	7.3%	6.4%

Source: Nansel, Tonja R., et al., 2001.

While there is a scarcity of data on relational aggression or bullying among 11-17 year old girls in Maine, there are national studies that provide some insight. One indicates that over one-third (36.9%) of the girls who participated in the study engaged in bullying others, while the same number of girls (36.2%) experienced being bullied. The girls specified the common types of bullying as:

- verbal bullying (both taunting and sexual comments)
- rumors

(Nansel, Tonja R., et al.).

In 2001, 9.5% of Maine's high school girls had offensive comments directed at them or were attacked at school (or on their way to school) because of their perceived sexual orientation. This increased to 11.5% in 2003.

In 2001, 22.4% of high school girls in Maine were involved in physical fights, which is slightly less than the national percentage.

Indeed, Colby College professor Lyn Mikel Brown suggests that this relational aggression lies at the heart of girlfighting:

By focusing on the overt, the extreme, and the physical only, we are likely to miss most of what constitutes girlfighting – that is, the more relational forms of aggression like gossip, back-stabbing behavior, and covert competition; the more subtle forms of psychological cruelty, ostracism, and harassment. (Brown, L.M.)

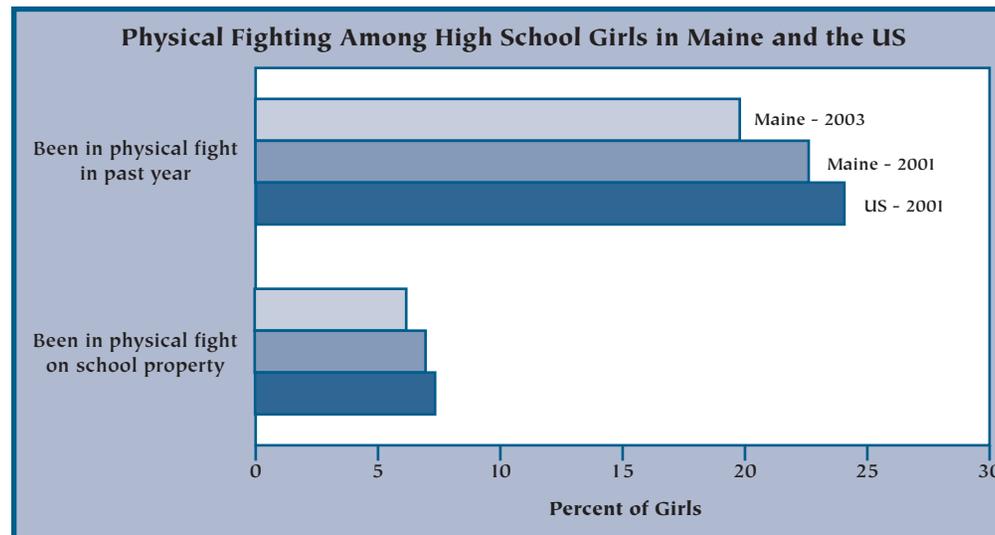
Type of Bullying	% Ever Bullied	% Frequently Bullied
Belittled about looks or speech	65.3%	20.5%
Subjects of rumors	65.3%	17.3%
Subjects of sexual comments or gestures	57.2%	20.5%
Hit, slapped or pushed	43.9%	11.1%
Belittled about religion or race	23.7%	7.2%

Source: Nansel, Tonja R., et al.

According to Maine's 2001 YRBS, 9.5% of high school girls had offensive comments directed at them or were attacked at school (or on their way to school) because of their perceived sexual orientation. This increased to 11.5% in 2003 (YRBS).

Physical Fighting

Physical fighting was more prevalent among middle school girls than high school girls in Maine. In 2001, 38.7% of middle school girls in Maine reported ever having been in a physical fight. This increased to 41.0% in 2003 (YRBS).



Source: United States, Department of Health and Human Services, Center for Disease Control and Prevention, Youth Risk Behavior Surveillance System, *Youth Risk Behavior Survey*, 2001, 2003.

In 2001, 22.4% of high school girls in Maine were involved in physical fights, which is slightly less than the national percentage (23.9%); less than one-third of these fights were on school grounds. Self-reported fighting among high school girls in Maine decreased to 19.6% in 2003 (YRBS).

MYDAUS examined intent by asking girls on how many occasions they attacked someone with the idea of seriously hurting them, and most (90%) responded “never.” Less than a quarter of girls in Maine are engaged in fighting; for the majority of those girls who are fighting, intentional harm is not the objective.

Time Spent Out of School

Across the nation, there has been an increasing amount of attention paid to the hours after school and how children fill these critical hours. Girls in Maine are engaged in a number of after school activities, as was described in some detail in previous sections.

Attachment to the Wired Community

Television and the internet are integral parts of households and are avenues of communication, recreation and information gathering.

- 21.0% of high school girls in Maine and 35.0% nationally watch three or more hours of television per day on an average school day (YRBS, 2001).
- 29.6% of middle school girls in Maine watch three or more hours of television per day on an average school day (YRBS, 2001).
- 48.8% of high school girls in Maine said they use a computer for fun or to play video games for at least one hour per day on an average school day (YRBS, 2001).
- Due to the State of Maine's Laptop Initiative, 100% of 7th grade girls in Maine now have laptops, though there is no data yet regarding the Laptop Initiative's effect on girls' communication.

U.S. girls ages 8-18 cite the computer as their favorite medium, with about 85% of those with computer access using them. Girls in the U.S. ages 14-18 spend approximately 45 minutes per day using the computer for recreational use (email, surfing the web, games) and under 30 minutes for schoolwork ("Facts: Girls and Information Technology").

Location	% of Households with Computers	% of Households with Internet Access
Maine	64.1%	57.8%
U.S.	56.5%	50.5%

Source: State of Maine, Department of Labor, Bureau of Labor Statistics, Division of Labor Market Information Services, *Statistical Abstract of the United States: 2002*.

21.0% of high school girls in Maine watch three or more hours of television per day on an average school day.

29.6% of middle school girls in Maine watch three or more hours of television per day on an average school day.

48.8% of high school girls in Maine said they use a computer for fun or to play video games for at least one hour per day on an average school day.

In 2002, 59% of Maine's 11-17 year old girls volunteered to perform a community service.

Engagement in the Wider Community

Volunteering

In 2002, 59% of Maine's 11-17 year old girls volunteered to perform a community service. Comparably, the U.S. Census Bureau reports that in 1999 there was a 57% participation rate for community service among 6th –12th grade girls in the U.S. (2002).

Occasions During Last Year in Which 11-17 Year Old Maine Girls Volunteered to do Community Service

# of Occasions	% of Girls
never	41.0%
1-2 times	22.0%
3-5 times	13.0%
6-9 times	8.5%
10-19 times	6.5%
20-29 times	3.4%
30-39 times	1.6%
40 + times	4.1%
Total	100.0%

Source: State of Maine, Department of Behavioral and Developmental Services, Office of Substance Abuse, *Maine Youth Drug and Alcohol Use Survey*, 2002.

Involvement in Organized Group Activities

The Girl Scout study *The Ten Emerging Truths* reports that, nationally, 12% of all 11-17 year old girls reported belonging to a community organization, with the degree of involvement significantly increasing among the older girls.

Maine girls reported that the following organized group activities were available to them in their communities:

Community Activities Available for Girls in Maine

	# Girls Responding	Yes	No	Total
Sports Teams	20,554	93.1%	6.9%	100.0%
Scouting ⁸	21,126	79.0%	21.0%	100.0%
Boys and Girls Clubs	19,978	61.5%	38.5%	100.0%
Service Clubs	18,983	58.5%	41.5%	100.0%
4-H Clubs	18,556	42.3%	57.7%	100.0%

Source: State of Maine, Department of Behavioral and Developmental Services, Office of Substance Abuse, *Maine Youth Drug and Alcohol Use Survey*, 2002.

Girls accounted for 31.5% of total juvenile arrests in Maine in 2001.

Involvement with the Criminal Justice System

Entanglement with the criminal justice system represents the other end of the continuum from pro-social involvement in community groups. History of abuse (physical, emotional and/or sexual), drug use, unstable homes, school failure, and mental health issues are factors that may lead to girls' anti-social behaviors.

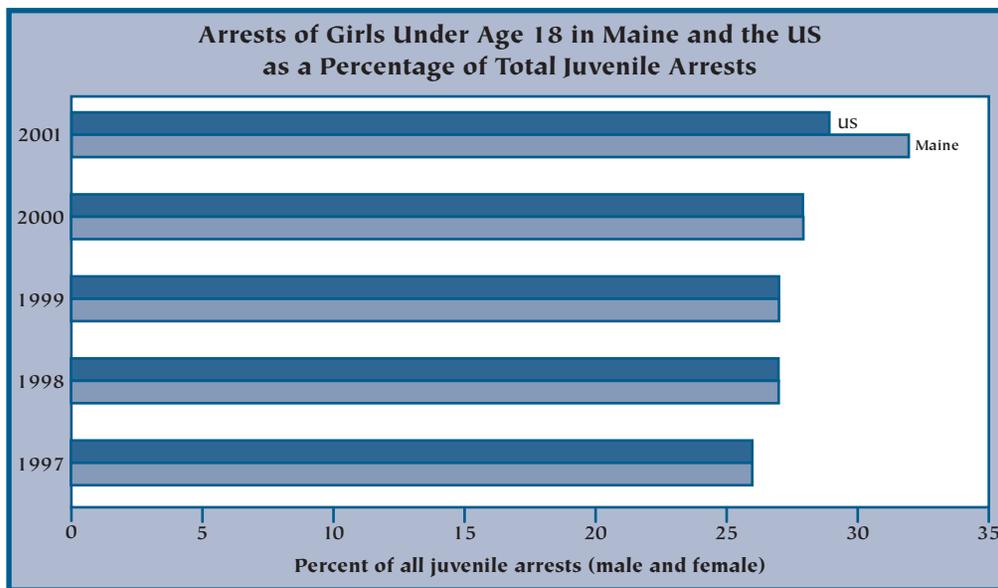
The percentage of girls arrested is rising in both Maine and the U.S. In 2001, the proportion of arrests of Maine girls compared to total arrests surpassed the national percentage. And, girls accounted for 2,303 juvenile (under age 18) arrests in 2001, accounting for 31.5% of total juvenile arrests in Maine.

- 287 arrests were for liquor law violations
- 186 for running away
- 144 for drug offenses
- 87 for curfew violation or loitering
- 35 for driving under the influence

(State of Maine, Department of Public Safety, 2001).

⁸ This refers to both Girl and Boy Scouts because girls may participate in some of the Boy Scouts' coeducational programs.

Nationwide, there were 349,252 juvenile females arrested in 2001, accounting for 29% of all juvenile arrests (male and female), 18% of all juvenile arrests were for violent crimes and 60% of juvenile arrests were runaways. Of those girls under 18 arrested in the U.S. in 2001, 65% were 15 to 17 years old (“Girls and Juvenile Justice Quick Facts,” 2002).



Source: State of Maine, Department of Public Safety, Uniform Crime Reporting System, *Crime in the United States 2001*.

The rate of girls adjudicated has risen as well as numbers of arrests. In 2000, Maine’s rate was 7.9/1,000; in 2002, the adjudication rate was 9/1,000 girls. This difference may be attributable to system response as much as it is to the girls’ behaviors. Girls involved in the system are often driven further into it due to technical violations, contempt citations, and probation revocations rather than for new offenses.

Year	# of Girls	Rate per 1,000 girls
2000	498	7.9
2001	490	7.8
2002	562	9.0

Source: State of Maine, Department of Corrections, Division of Juvenile Services, Recidivism Database query.

Maine's Future

Attempting to assess the true status of any population is a difficult task. How do you paint a complete picture of the over 60,000 middle and high school girls who live in Maine – girls who are from many different backgrounds and face a wide variety of challenges?

Assessments such as this report invariably fail to present the whole picture. They can, however, provide us with the information needed to inform policy, fund initiatives, and implement programs that will positively impact the lives of Maine girls.

That is our hope for this report. The data indicate that in many ways we have built a strong foundation preparing Maine girls to become strong and confident young women; we would be negligent, however, if we did not acknowledge that there is ample opportunity to improve the health, educational opportunities, and social services available to Maine girls. To delay action is to compromise the future of our girls statewide. The Girl Scouts of Kennebec Council believes that is a risk we cannot take – because to compromise the future of Maine's girls and young women is to compromise the future of all of Maine.

References and Data Sources

- Brown, L.M. "Girlfighting: Betrayal, Teasing and Rejection Among Girls." Presented at the Greater Portland Girls Collaborative. Portland, Maine. 19 March 2002.
- "College Bound Seniors: A Profile of SAT Test Takers: 2000 Maine." The College Board. 2003. <http://www.collegeboard.com/sat/cbsenior/yr2000/me/cbs2000.html>.
- "College Bound Seniors: A Profile of SAT Test Takers: 2001 Maine." The College Board. 2003. <http://www.collegeboard.com/sat/cbsenior/yr2001/pdf/ME.pdf>.
- "College Bound Seniors: A Profile of SAT Test Takers: 2002 Maine." The College Board. 2003. http://www.collegeboard.com/prod_downloads/about/news_info/cbsenior/yr2002/pdf/2002_MAINE.pdf.
- "College Bound Seniors: A Profile of SAT Test Takers: 2003 Maine." The College Board. 2003. http://www.collegeboard.com/prod_downloads/about/news_info/cbsenior/yr2003/pdf/.
- "Eating Disorders and their Precursors." National Eating Disorders Association. 2003. http://www.nationaleatingdisorders.org/p.asp?WebPage_ID= 320&Profile_ID= 41138.
- "Facts: Girls and Information Technology." August 2000. Girls Incorporated. 2003. <http://www.girlsinc.com/ic/content/GirlsandInfoTechnology.pdf>.
- "Facts: Girls and Science and Math." February 2000. Girls Incorporated. 2003. <http://www.girlsinc.com/ic/content/GirlsandScienceandMath.pdf>.
- "Facts: Girls and Sexual Activity." March 2003. Girls Incorporated. 2003. <http://www.girlsinc.com/ic/content/GirlsandSexualActivity.pdf>.
- "Facts: Girls and Substance Use." May 2002. Girls Incorporated. 2003. <http://www.girlsinc.com/ic/content/GirlsandSubstanceUse.pdf>.
- "Facts: Girls and Tobacco Use." March 2001. Girls Incorporated. 2003. <http://www.girlsinc.com/ic/content/GirlsandTobaccoUse.pdf>.
- "Fact Sheet: The Truth About STDs." *Sexuality Information and Education Counsel of the United States (SIECUS)*. March 2003. <http://www.siecus.org/pubs/fact/fact0019.html>.
- "Girls and Juvenile Justice Quick Facts." *Every Child Deserves a Safe Start*. Children's Defense Fund. 2003. http://www.childrensdefense.org/ss_jjfs_girlsjj.php.
- "Girls Health: A Maine Profile. 2001." Maine Women's Health Campaign. 2003. <http://www.mwhc.info/index.htm>.
- Henshaw, Stanley K. "U.S. Teenage Pregnancy Statistics with Comparative Statistics for Women Aged 20-24." The Alan Guttmacher Institute. 2003. http://www.agi-usa.org/pubs/teen_stats.html.

- Institute of Education Sciences. National Center for Education Statistics. *National Assessment of Educational Progress (NAEP)*. 2003. <http://www.nces.ed.gov>.
- Maine Principal's Association. Fax of handwritten statistics to author. 2003. <http://www.mpa.cc/index.html>.
- Mainely Girls. *A Special Report, Maine Girls: Who We Are and Who We Are Becoming, Data and Findings from the 1998/99 Survey of Girls*. 2000. 2003. <http://mainelygirls.org/reports/whoweare.html>.
- McNeely, Clea A., J. Nonnemaker, R. Blum. "Promoting School Connectedness: Evidence from the National Longitudinal Study of Adolescent Health." *Journal of School Health*. 2002; 72 (4):138-146. 2003. <http://www.cpc.unc.edu/addhealth/>.
- Mullin-Rindler, Nancy. *Relational Aggression and Bullying: It's More Than Just A Girl Thing*. Center for Research on Women. Wellesley, MA. Wellesley Centers for Women. 2003. <http://209.238.186.142/title388.html>.
- Nansel, Tonja R., et. al. *Bullying Behaviors Among U.S. Youth: Prevalence and Association with Psychological Adjustment*. Journal of the American Medical Association, Vol. 285, No. 16, April 25, 2001. 2003. <http://www.whittedclearlylaw.com/CM/Links/Links117.asp>.
- "The Nation's Report Card." National Assessment of Education Progress (NAEP). National Center for Education Statistics. 2003. <http://nces.ed.gov/nationsreportcard>.
- Office of Juvenile Justice and Delinquency Prevention. National Counsel of Juvenile and Family Court Judges. *Easy Access to FBI Arrest Statistics: 1994-2001*. 2003. http://ojjdp.ncjrs.org/ojstatbb/ezaucr/asp/ucr_display.asp.
- Schoenberg, Ed. M., et al. *The Ten Emerging Truths: New Directions for Girls 11-17*. Executive Summary. 2002. Girl Scout Research Institute. 2003. http://www.girlsouts.org/about/ResearchInstitute/original/ten_truths.html.
- State of Maine. Department of Behavioral and Developmental Services. Office of Substance Abuse. *Maine Youth Drug and Alcohol Use Survey (MYDAUS) 2002*. 2003. <http://www.maine.gov/maineosa/survey/home.php>.
- State of Maine. Department of Corrections. Division of Juvenile Services. Recidivism Database. Queried Database 2003.
- State of Maine. Department of Education. *Maine Educational Assessment (MEA) Performance Analysis. 1996-2003*. 2003. <http://www.state.me.us/education/mea/edmea.htm>.
- State of Maine. Department of Education. *Maine Graduation and Post-Secondary Aspirations. 1999-2002*. 2003. <http://www.state.me.us/education/enroll/enrlfacts.htm>.
- State of Maine. Department of Human Services. Bureau of Child and Family Services. *Child Protective Services Annual Report on Referrals*. 2002.
- State of Maine. Department of Human Services. Bureau of Health. Division of Community Health. Maine Injury Prevention Program (MIPP). 2003. <http://www.maine.gov/dhs/bohdcfh/inj/data.html>.

State of Maine. Department of Human Services. Bureau of Health. Division of Disease Control. HIV/STD Program. 2003. http://www.maine.gov/dhs/boh/ddc/HIV_STD.html.

State of Maine. Department of Labor. Bureau of Labor Standards. *Work Permits Approved by the State of Maine for Girls Under Age 16*. 2003. <http://www.state.me.us/labor/bls/blsmain.htm>.

State of Maine. Department of Labor. Bureau of Labor Statistics. Division of Labor Market Information Services. *Statistical Abstract of the United States: 2002*. 2003. <http://www.sate.me.us/lmis/>.

State of Maine. Department of Public Safety. Uniform Crime Reporting System. *Crime in the United States 2001*. 2003. http://www.state.me.us/dps/cim/crime_in_maine/cim.htm.

State of Maine. Maine Commission on Eating Disorders. *Eating Disorders in Maine: Final Report of the Commission on Eating Disorders*. March 1999.

“Teen Dating Violence and Social Environment Survey: Teen Opinion.” 2000. The Empowerment Program. Knowledge Networks and The Hauser Group. 2003. http://empowered.org/Press/Releases/Topline_Results.htm.

“Teen Pregnancy: Trends and Lessons Learned.” 2002. The Alan Guttmacher Institute. 2003. http://www.agi-usa.org/pubs/ib_1-02.html.

“Teen Sex and Pregnancy.” 1999. The Alan Guttmacher Institute. 2003. http://www.agi-usa.org/pubs/fb_teen_sex.html.

“Teen Weight Concerns.” 26 October 2002. County of Lambton Community Health Services Department. 2003. <http://www.lambtonhealth.on.ca/youth/teamweight.asp>.

United States. Bureau of Labor Statistics. *Local Area Unemployment Statistics*. MapStats. FedStats. Civilian Labor Force and Unemployment. 2003. http://www.fedstats.gov/qf/Meta/long_58608.htm.

United States. Census Bureau. Census 2000. American Community Survey. *Statistical Abstract of the United States: 2002*. <http://www.census.gov/acs/www/Products/Profiles/Single/2002/ACS>.

United States. Census Bureau. Census 2000. Poverty Thresholds. *Poverty Thresholds by Size of Family and Number of Children: 2001*. 2003. <http://www.census.gov/hhes/poverty/threshld.html>.

United States. Department of Education. National Center for Education Statistics. *Public High School Dropouts and Completers from the Common Core of Data: School Years 1998-99 and 1999-2000*. NCES 2002-382, by Beth Aronstamm Young. Washington, DC. 2002. 2003. http://nces.ed.gov/pubs2002/dropout98_99/.

United States. Department of Health and Human Services. Center for Disease Control and Prevention. Division of Sexually Transmitted Diseases. National Center for HIV, STD, and TB Prevention. *Sexually Transmitted Disease Surveillance Report 2001*. 2003. <http://www.cdc.gov/std/stats01/TOC2001.htm>.

- United States. Department of Health and Human Services. Center for Disease Control and Prevention. Division of Sexually Transmitted Diseases. National Center for HIV, STD, and TB Prevention. *Sexually Transmitted Disease Surveillance Report 2001. Special Focus Profiles. STDs in Adolescents and Young Adults*. 2003. <http://www.cdc.gov/std/stats01/2001SFAdol&YAdults.htm>.
- United States. Department of Health and Human Services. Center for Disease Control and Prevention. Division of Sexually Transmitted Diseases. National Center for HIV, STD, and TB Prevention. *Sexually Transmitted Disease Surveillance Report 2001. Supplement. Gonococcal Isolate Surveillance Project: Annual Report*. 2001. 2003. <http://www.cdc.gov/std/GISP2001/default.htm>.
- United States. Department of Health and Human Services. Center for Disease Control and Prevention. Division of Sexually Transmitted Diseases. National Center for HIV, STD, and TB Prevention. *Sexually Transmitted Disease Surveillance Report 2001. Supplement. Syphilis Surveillance Report, 2001*. 2003. <http://www.cdc.gov/std/Syphilis2001/default.htm>.
- United States. Department of Health and Human Services. Center for Disease Control and Prevention. National Center for Health Statistics. 2003. <http://www.cdc.gov/nchs/>.
- United States. Department of Health and Human Services. Center for Disease Control and Prevention. National Center for Health Statistics. *New Birth Report Shows More Moms Get Prenatal Care*. National Vital Statistics Reports, Vol. 51, No. 2, Dec. 18, 2002. 2003. <http://www.edc.gov/mchs/releases/02news/precare.htm>.
- United States. Department of Health and Human Services. Center for Disease Control and Prevention. National Center for Injury Prevention and Control Injury, Web-based Injury Statistics Query and Reporting System (WISQARSTM). *Fatal Injuries: Mortality Reports*. 2003. <http://www.cdc.gov/ncipc/wisqars/default.htm>.
- United States. Department of Health and Human Services. Center for Disease Control and Prevention. Youth Risk Behavior Surveillance System. *Youth Risk Behavior Survey (YRBS) 2001 and 2003*. 2003. <http://www.cdc.gov/nccdphp/dash/yrbs/> and <http://www.maineeshp.com/survey.html>.
- United States. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. National Mental Health Information Center. Center for Mental Health Services. *Mental Health Directory*. 2003. <http://www.mentalhealth.samhsa.gov/resources/dictionary.aspx#M>.
- United States. Department of Justice. Federal Bureau of Investigation. *Crime in the United States*. 2001. 2003. <http://www.fbi.gov/ucr/01cius.htm>.
- United States. Department of Labor. Bureau of Labor Statistics. *Report on the Youth Labor Force*. November 2000. 2003. <http://www.bls.gov/opub/rylf/rylfhome.htm>.
- Vail, Kathleen. "How Girls Hurt." *American School Board Journal*. August 2002. <http://equity.edreform.net/resource/620>.
- "Youth Pregnancy." *Maine Marks for Children, Families & Communities*. February 2001. Maine Children's Cabinet. 2003. <http://www.mainemarks.org/indicators/ind16.htm>.

Girl Scouts of Kennebec Council

Board of Directors

Sandra Plette, President
Michele Davis, 1st Vice President
Brenda Garrand, 2nd Vice President
Margaret Boulos, Treasurer
Robert Davis, Assistant Treasurer
Ellen Niewoehner, Secretary
Bonnie Chait, Association Liaison
Joan McDonald, Executive Director
Anant Ahluwalia
Edith Bell
Kim Block
Kathy Bouchard
Natalie Burns, Esq.
Christopher Coggeshall, Esq.
Pamela DiPietro-Hale
Ann Houser
Cassandra Kapinos, Teen Girl Scout
Cory Kuhl
Linda Lockhart, Esq.
Denise Martin
Beth Shorr
Rachel Siviski, Teen Girl Scout
Denise Taaffe
Meredith Tipton, Ph.D.
John Wasileski
Julia White

For more information, please contact:

Joan McDonald, Executive Director/CEO
Amy Kavanaugh, Director of Development and Report Coordinator
Deb Nelson, Communications Manager

Girl Scouts of Kennebec Council
138 Gannett Drive PMB 280
PO Box 9421
South Portland, Maine 04116
207.772.1177
800.660.1072 (in Maine only)
Fax: 207.874.2646
kennebec@gskc.org
Visit our Web site at www.gskc.org

Maine's Future: A Report on the Status of Young Women in Maine is generously funded by:



Margaret E. Burnham
Charitable Trust

