

Ensuring Success in School Task Force

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

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Ensuring Success in School Task Force Final Report to the Illinois General Assembly Executive Summary

Call to Action

Public Act 95-0558, enacted into law in 2007, required the Illinois State Board of Education to create the Ensuring Success in School Task Force.¹ In light of the growing dropout and push-out crisis in Illinois, this task force was charged with developing policies, procedures, and protocols to be adopted by school districts for addressing the educational and related needs of elementary and secondary students who are parents, expectant parents, or survivors of domestic or sexual violence to ensure their ability to stay in school, stay safe while in school, and successfully complete their education.

The duties of the Task Force include

- examining thoroughly the barriers to school attendance, safety, and completion for children and youths who are parents, expectant parents, or victims of domestic or sexual violence;
- researching and identifying effective policies, protocols, and programs in Illinois and elsewhere;
- conducting meetings and public hearings in geographically diverse locations throughout Illinois to ensure the maximum input from area advocates and service providers, from local education agencies, and from children or youths and their parents or guardians;
- establishing and adhering to procedures and protocols to allow individuals to participate in the Task Force anonymously and confidentially;
- inviting the testimony of and conferring with experts on relevant topics; and
- submitting a report of the Task Force's findings on best practices and policies to the General Assembly.

Addressing the Problem

Young people who are parents, expectant parents, or survivors of domestic or sexual violence face unique challenges as they try to meet school obligations while coping with pregnancy and parenting responsibilities or the stresses related to domestic and sexual violence. Such challenges, which disproportionately, though by no means exclusively, affect young women and girls, often interfere with their ability to have an education and reach their potential for educational development through the secondary level. Because these students have historically been stigmatized and discriminated against, Illinois policymakers and school staff members must understand and be sensitive to these children and youths' needs.

Federal and state laws do exist with an aim to safeguard the educational rights of these students. Most notable at the federal level, Title IX of the Education Amendments of 1972 prohibits discrimination in education based on sex, including marital or parental status.² Illinois law

similarly dictates that “no student shall be discriminated against because of his or her actual or potential marital or parental status.”³ With regard to domestic and sexual violence, the Illinois administrative code says that “no student shall be subjected to sexual intimidation or harassment by any school employee, by other students, or by the effect of any school policy or practice.”⁴ The Illinois State Constitution establishes the right to free public education through the secondary level for all people and prohibits discrimination in education on the basis of sex.⁵ Research on students who are parents, expectant parents, or survivors of domestic or sexual violence and testimony presented at the Task Force hearings, however, all point to the insufficiency of existing legislation. These students need legal protections that specifically recognize their right to attend school and complete their education in a safe and encouraging learning environment.

The policy and procedural recommendations presented in this report offer strategies and solutions to issues that schools are already required to address. Task Force members are keenly aware of the difficult fiscal posture of our state, school districts, and human service providers. Many of the strategies and solutions offered can be accomplished at low or no cost; and, for the others, what is important is to begin taking the steps needed for proper implementation.

Task Force Methodology

The Ensuring Success in School Task Force held five public hearings in 2008 and 2009 in Quincy, Elgin, Springfield, Mount Vernon, and Chicago, Illinois, collecting written and oral testimony from students, parents, advocates, school personnel, and other service providers. Several common themes were heard at these hearings, the most predominant among them being

- the problematic nature of inconsistent “ad hoc” responses to student needs and requests, and the corresponding lack of clear and consistent protocols and policies;
- the lack of basic accommodations needed by this population of students to stay in school;
- the failure of schools to respect student confidentiality;
- the lack of a designated school staff member who is trained in issues related to teen pregnancy and parenting, and domestic and sexual violence, and can give information or referrals;
- the lack of sensitivity/awareness training for all school personnel regarding these issues;
- the failure of schools to respect and enforce orders of protection or civil no-contact orders;
- the need to integrate services with local community-based organizations; and
- the prevalence of homelessness and poverty among this population of students.

See the full report for a complete list of common themes.

Task Force members researched existing policies, in both Illinois and outside the state, to determine best practices. They also heard testimony from various experts in the field on relevant

research and existing initiatives concerning students who are parents, expectant parents, or survivors of domestic or sexual violence. All of these data inform the policy recommendations presented in this report.

Section 1: Consequences of the High School Dropout Crisis

High school completion is vital to an individual's ability to become an economically and socially secure and independent adult. Dropouts have lower employment and lower lifetime earnings than their graduated peers—and higher rates of poverty.⁶ The gap in employment and earnings potential between high school graduates and dropouts is even greater for girls, with female dropouts in Illinois earning on average just 40 percent of what male dropouts earn.⁷ They are consequently also plagued by poorer health and greater reliance on public benefits. Because high school dropouts contribute far less in federal, state, and local taxes than they receive in cash benefits, in-kind transfers, and correctional costs, they impose a net fiscal burden on the rest of society.⁸ Because of this, it is in Illinois's best interest to invest in and support the development of policies and procedures to help keep children and youths in school.

Section 2: Students Who Are Parents or Expectant Parents

In 2007 in Illinois 10.1 percent of the total births—18,314 babies—were to teens.⁹ Nearly 60 percent of teens with a school-age pregnancy drop out of high school at some point, and only 66 percent of teen mothers complete high school or get a general education development (GED) certificate.¹⁰ Some existing policies actually serve to prevent teen parents from completing school. For example, current Illinois law recognizes a student's illness as a valid cause for absence from school but is not clear as to a student's child's illness, leaving student parents to choose between not taking care of their children and being truant. Such policies also dissuade young male expectant parents or parents from taking an active role in prenatal, childbirth, and parenting responsibilities, such as accompanying a pregnant girlfriend to a prenatal appointment. Schools need to work to remove this dichotomy between fulfilling prenatal and parenting obligations and fulfilling school obligations by creating ways to support expectant and parenting students in school while supporting healthy and conscientious parenting.

Foremost, then, among the concerns of the Task Force was addressing the issue of prenatal, childbirth, and parenting-related absences. Students need schools to affirm acts of responsible prenatal care and parenting by formally recognizing such absences as valid. In instances where students miss class work, including quizzes and tests, students need to be allowed to make up missed work, and they need to be provided with extra academic support to avoid falling behind. These extra academic supports should be extended to include homebound instruction when appropriate—another provision currently available to students who are sick themselves but not to students whose children are sick. Engaging these students as active participants in their school should be a top priority, and schools should seek ways to accommodate student needs in the classroom, when possible. This includes everything from allowing pregnant students to have

individual hall passes to go to the bathroom as needed, to providing on-site child care. Even better served are students whose schools provide on-site health centers with services for themselves and their children, cutting back on class time lost in traveling to and from appointments and—through early detection and quality health services—helping prevent the development of health problems. For schools that cannot provide child care or health services, students need information and referrals to community organizations that can. Transportation is also a hurdle particularly for students at schools that do not provide child care. Traveling from home, to child care, and on to school is time-consuming and challenging, as is finding transportation that can accommodate infants and young children.

Many who testified on behalf of teen parents and expectant parents spoke of the need for a designated staff member at each school, a go-to person who could give information about protocol, community resources, and student rights. Oftentimes, in schools lacking explicit protocol, decisions about whether to grant an accommodation are made in the absence of any knowledge of the particular challenges and needs of expectant and parenting students. This go-to person would act as a liaison between student parents and expectant parents, on the one hand, and the school and other resources, on the other hand. The liaison would not have to be a new staff member or have to have any special certifications. The liaison would only have to be aware of the basic dynamics of teen pregnancy and parenting, of existing school policy regarding expectant and parenting students, and of how to refer them to needed resources. This would eliminate the problem of inconsistent, uninformed, and unhelpful responses from the school to students requesting the accommodations and support they need to stay in school.

Because students who are parents or expectant parents are disproportionately at risk of dropping out, schools should separately track the graduation, transfer, and dropout rates of this population of students. The Illinois State Board of Education currently reports these rates to the General Assembly on an annual basis, categorized by grade level, sex, and race.¹¹ Separately tracking parents and expectant parents could help schools learn more about the needs of this population and assess the success of their initiatives to keep this population of students in school.

In light of the testimony given at public hearings, the research, and the examples of best practices found around the state and around the country, the Task Force recommends, among others, that policies affecting expectant and parenting youths

- waive minimum attendance requirements for expectant and parenting students, and recognize prenatal, childbirth, and parenting-related absences as valid;
- allow students to make up work missed because of expectant parenting or parenting-related absences, and provide appropriate academic supports, including the option of homebound instruction;
- allow in-school accommodations as necessary to facilitate school attendance and participation;

- develop clear protocols for helping students arrange ancillary services, including child care, health care, transportation, parenting classes, support groups, and other services as needed;
- allow school transfers as necessary and without penalty for parenting students who cannot secure child care within a reasonable distance from the school of origin; and
- separately track graduation, transfer, and dropout rates for these students.

See the full report for a complete list of recommendations.

Section 3: Student Survivors of Domestic and Sexual Violence

Nationally 8.8 percent of teenage girls report having been hit, slapped, or otherwise physically hurt on purpose by a dating partner. Although the number is slightly lower for Illinois, at 8.6 percent, it is higher for Chicago, where 10.6 percent of girls report this. In Illinois 9.4 percent of female high school students report ever having been forced to have sexual intercourse.¹² Students in Grades 8–11 also report a very high rate of sexual harassment in their lifetimes (81 percent), with 30 percent of girls and 24 percent of boys saying that the sexual harassment happens not just once in a while but often.¹³ Teens overall are more likely to be victims of trauma, abuse, and neglect, with young women of color living in poverty reporting the highest rates of nonlethal intimate partner violence.¹⁴ Experiencing or witnessing domestic or sexual violence has an impact on students that can be emotional, social, psychological, developmental, and even neurological. The estimated risk of developing posttraumatic stress disorder (PTSD) is 49 percent for survivors of rape, 32 percent for survivors of severe beating or physical assault, and 24 percent for survivors of other types of sexual assault.¹⁵ This has an impact on school attendance and performance as well. In Chicago 10.7 percent of girls reported skipping school at least one day in the prior thirty days because of safety concerns—nearly twice the national average of 5.6 percent.¹⁶

Studies are clear about the negative repercussions that witnessing violence in the home can have on children’s lives, including emotional problems, increased aggressive behavior, lower levels of social competence and poorer academic performance. Beyond this, however, studies show that children who witness abuse are more likely to be abused themselves, both in their own homes and in relationships they form later in life.¹⁷ Abuse of children perpetrated by other children similarly has a negative impact on a child’s development and well-being. Dating violence among adolescents is a serious public health concern. Students who experience dating violence or sexual harassment have a hard time paying attention in school and often participate less in class or do not go to class at all, whether the violence happened on or off school grounds. Testimony at Task Force hearings indicated that student survivors of sexual violence experienced sharp declines in grades following incidence of violence.

School response to domestic and sexual violence survivors has often had the effect of revictimizing the student. Unintentional—or intentional—blaming of the survivor is common,

with a number of student survivors reporting at Task Force hearings that schools were not only ignorant but also sometimes openly hostile toward them. Witnesses told stories of schools that refused to respect orders of protection, denied reasonable accommodations requested by the survivor, placed the burden of change and compliance on the survivor and not the perpetrator, forced the survivor to repeat her story several times and in front of other people, denied the survivor basic confidentiality, and punished the survivor for minor offenses related to the violence while overlooking the acts of violence committed by the perpetrator. Students who are survivors of domestic and sexual violence want to stay in school and graduate, but fear for their safety and well-being often forces them into involuntary homeschooling or alternative programs or forces them to drop out entirely.

Students need to be able to feel safe at school. Requiring training for all school personnel on how to deal sensitively with survivors of domestic and sexual violence is a step toward increasing student safety and well-being. Schools need to develop clear and consistent protocols for how to handle disclosures as well, to avoid the ad hoc, inconsistent, and often very insensitive responses that student survivors receive. Schools need to designate a go-to person on staff, someone who is trained in issues related to domestic and sexual violence. Like the liaison recommended for students who are parents or expectant parents, this person would not have to be a new staff member and would not require any special certification. The liaison would give information about student rights, resources, and available accommodations and would be able to make referrals to appropriate community services.

Another factor in maintaining safety at school is recognizing orders of protection and civil no-contact orders. When possible, the burden of compliance—for example, a change in class schedule, locker assignment, or lunch hour—should be placed on the perpetrator, not the survivor. Where criminal charges are not being pursued for whatever reason, this does not release the school from its obligations to protect and accommodate the survivor. The criminal justice system serves a different purpose and operates under a different standard of proof. The decision not to press criminal charges by the survivor or law enforcement, or lack of a criminal conviction, does not exonerate the perpetrator of wrongdoing, nor does it invalidate the survivor's need for accommodations. With regard to school disciplinary proceedings against a survivor, schools need to put aside the “zero-tolerance” policies to which they often adhere and instead consider whether or how the survivor's misbehavior is related to the survivor's experience of violence. When there is a relationship between the survivor's behavior and the survivor's experience of violence—for example, when students engage in acts of self-defense—schools need to be flexible and modify the punishment appropriately.

Schools should grant reasonable requests for accommodation for student survivors of domestic and sexual violence. Requests to change classes, lockers, and lunch hours or to leave class a few minutes early to ensure safe passage in the hallway do not greatly inconvenience the school but do contribute to creating a safe and supportive environment for the student. School absences that occur as a result of the experience of violence should be excused; schools should help these

students make up the work they missed and provide extra academic support when needed. This provision extends to homebound instruction, which a victim should be able to request but which the schools should not use as an excuse for failure to provide in-school accommodations. While maintaining school stability is key, in instances where a student survivor requests a school transfer, schools should grant this request without penalty even if the violence did not occur on school grounds.

Student survivors of domestic and sexual violence need a variety of support services, such as counseling. Schools should provide counseling for these students in a safe and confidential environment and respect the confidential nature of the student-counselor relationship. In instances where a school cannot provide counseling services or other services that the student needs, schools need to work with external service providers in the community to ensure the delivery of necessary services. Building such relationships would be cost-effective for schools while improving outcomes for student survivors of domestic and sexual violence and their families. Schools should always maintain the confidentiality of student records and ensure that any documentation regarding a student's status as a survivor of domestic or sexual violence, including orders of protection, safety plans, requests for accommodation, and referrals, be kept confidential and separate from the student's permanent record, and not be released, transferred, disclosed, or otherwise disseminated without the student's consent.

In light of the testimony given at public hearings, the research, and the examples of best practices found around the state and around the country, the Task Force recommends, among others, that policies affecting student survivors of domestic and sexual violence

- waive minimum attendance requirements for students who are survivors of domestic or sexual violence and recognize absences as valid if they are due to safety concerns, to having received victim services, or to recovering from physical or psychological injuries;
- allow students to make up missed work and provide appropriate academic supports, including the option of homebound instruction;
- allow in-school accommodations—including changing classes, lockers, lunch hours, or any other appropriate safety measures—as necessary to facilitate school attendance and participation;
- honor any order of protection and civil no-contact order;
- allow student survivors of violence to transfer to another school without penalty for reasons of safety and well-being; and
- place the burden of compliance on the perpetrator whenever possible.

See the full report for a complete list of recommendations.

Section 4: Special Concerns and Related Issues

In considering the changes that must occur in school policy and procedure to ensure that students who are parents, expectant parents, or survivors of domestic or sexual violence are safe in school and can receive the accommodations they need, schools and policymakers must take into account related and overlapping issues that may also be affecting these students. The Task Force looked particularly at the overlap between these issues, on the one hand, and bullying; homelessness; lesbian, gay, bisexual, transgender, queer, and questioning children and youths (LGBTQQ); children and youths with disabilities; and foster children, on the other hand. Our findings indicate that students also in these population groups are often at an increased risk, and face additional hurdles to staying in school and staying safe. Bullying and harassment, for example, contribute to the hostile environment that some survivors of violence and pregnant and parenting adolescents find in schools, with 81 percent of students in Illinois reporting having heard sexist comments and 79 percent reporting hearing homophobic slurs, sometimes even from school staff members.¹⁸ Homelessness is also a very pervasive problem, with students who are parents, expectant parents, or survivors of domestic or sexual violence overrepresented among homeless youths. Creating a safe and stable school environment for those without a home becomes all the more critical. LGBTQQ students also face significant barriers to success and are particularly vulnerable to victimization, as are children and youths with disabilities. Being substantially more likely than their peers to experience teen pregnancy and forced sex, students in foster care are similarly at greater risk.¹⁹ All of these findings point to a need for further training for school personnel and for greater sensitivity when dealing with these issues. Bearing in mind the concerns related to bullying, homelessness, LGBTQQ students, students with disabilities, and foster children and youths when creating policies for students who are also parents, expectant parents, or survivors of domestic or sexual violence will render policies that take into account the whole situation and are therefore more effective overall. The Task Force also identified some issues needing further research and discussion.

Section 5: General Recommendations

While students who are parents or expectant parents and students who are survivors of domestic or sexual violence have particular needs for their specific situations in keeping them in school and enabling them to be successful, there are many areas of overlap between these student population groups as well. The need for confidentiality, excused absences, accommodations, including school transfers, and the need to designate a staff member to serve as a liaison for these students are common to both sets of recommendations. The Task Force further delineates a list of recommendations to deal with overarching themes affecting students who are parents, expectant parents, or survivors of domestic or sexual violence. The Task Force recommends that policies must, among other purposes,

- establish the right of students who are parents, expectant parents, or survivors of domestic or sexual violence to attend school, receive the same or equivalent instruction as

other students, and complete their education successfully in a safe, secure, and encouraging learning environment;

- comply with current law that requires in-service training for all school personnel on domestic and sexual violence and on adolescents who are parents or expectant parents;
- establish clear protocols for handling disclosures and giving referrals;
- coordinate efforts with external service providers to ensure that students receive a comprehensive continuum of health and social services;
- always allow students to make their own decisions with regard to accommodations and alternative programs, and never pressure or require a student to request or accept any particular accommodation;
- require all materials for students and parents pertaining to rights and policies to be presented in a culturally competent manner and in other languages when necessary and appropriate;
- prioritize student confidentiality; in cases where students indicate that their health or safety would be threatened if they were to reveal their status to their parents or guardians, school staff members should not be permitted to inform the students' parents or guardians but instead refer the students to a community-based organization that provides appropriate services; this does not preclude school personnel from disclosing information to the Department of Children and Family Services when it is required under the Abused and Neglected Child Reporting Act;
- require school districts to enroll or reenroll immediately a student who is under 21 and is a parent, expectant parent, or survivor of domestic or sexual violence, even if the student is lacking the otherwise necessary requirements; students with an individualized education plan (IEP) should be reenrolled with their most recent IEP even if it is no longer valid;
- provide educational and other support services at school and in the community in cases where the student who is a parent, expectant parent, or survivor of domestic or sexual violence is at risk of academic failure;
- ensure, in accordance with Title IX, that all alternative education programs, including homebound instruction, are equivalent and that students pursuing alternative programs will not be penalized in any way, provided that they comply with the alternative program requirements;
- regularly evaluate programs and interventions to promote effective practices; and
- require school districts to adopt and implement the model policies as identified by this Task Force or to form their own local working groups to establish policies and procedures appropriate to their own districts to address the issues set forth in this report.

See the full report for a complete list of general recommendations.

Changes in law, policies, and procedures are needed to require schools to take proactive steps to support children and youths who are parents, expectant parents, or survivors of domestic or

sexual violence: intervening before they falter, fail, and drop out is the most effective strategy to increase educational outcomes and promote healthy development. Actively supporting student success and personal development in our state’s educational system, specifically in young women and girls’ advancement throughout the system, is necessary to ensure equal opportunity for all students.

¹105 ILL. COMP. STAT. 5/2-3.147 (2009).

²Education Amendments of 1972 tit. IX, 20 U.S.C. § 1681.

³ILL. ADMIN. CODE tit. 23, § 200.50(e) (2009).

⁴*Id.* § 200.50(f).

⁵ILL. CONST. art. 10, §1; *id.* art. 1, § 18.

⁶See Signe-Mary McKernan & Caroline Ratcliffe, The Urban Institute, *Events that Trigger Poverty Entries and Exits* (2002), http://www.urban.org/UploadedPDF/410636_PovertyEntries.pdf.

⁷Andrew Sum et al., 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 19* (2007),

http://www.clms.neu.edu/publication/documents/An_Assessment_of_the_Consequences_of_Dropping_Out_of_High_School_in_Illinois.pdf. Findings indicate that adult male dropouts’ mean annual earnings were \$21,421, while adult female dropouts had a mean annual earning of just \$8,472.

⁸Center for Labor Market Studies at Northeastern University & Alternative Schools Network, *Left Behind in America: The Nation’s Dropout Crisis 3* (2009),

http://www.clms.neu.edu/publication/documents/CLMS_2009_Dropout_Report.pdf.

⁹Illinois Department of Public Health, *Illinois Teen Births by County 2006–2007*,

<http://www.idph.state.il.us/health/teen/teen0607.htm>.

¹⁰Center for Law and Social Policy, *Leave No Youth Behind: Opportunities for Congress to Reach Disconnected Youth 8* (Jodie Levin-Epstein & Mark H. Greenberg eds., 2003),

<http://www.clasp.org/admin/site/publications/files/0135.pdf>.; Kate Perper et al., *Diploma Attainment Among Teen Mothers*, CHILD TRENDS FACT SHEET, Jan. 2010, http://www.childtrends.org/Files/Child_Trends-2010_01_22_FS_DiplomaAttainment.pdf.

¹¹105 ILL. COMP. STAT. § 5/1A-4 (E) (2009).

¹²*Youth Risk Behavior Surveillance—United States, 2007*, CENTERS FOR DISEASE CONTROL AND PREVENTION MORBIDITY AND MORTALITY WEEKLY REPORT, June 6, 2008, at 7, 48, <http://www.cdc.gov/mmwr/PDF/ss/ss5704.pdf>.

¹³AAUW Educational Foundation, *Hostile Hallways: Bullying, Teasing, and Sexual Harassment in School 4* (2001), <http://www.aauw.org/learn/research/upload/hostilehallways.pdf>.

¹⁴C.M. Rennison, U.S. Department of Justice, *Bureau of Justice Statistics Special Report: Intimate Partner Violence and Age of Victim, 1993–1999* (2000) (cited in Angie Kennedy, *Urban Adolescent Mothers Exposed to Community, Family, and Partner Violence: Prevalence, Outcomes, and Welfare Policy Implications*, 76(1) AMERICAN JOURNAL OF ORTHOPSYCHIATRY 44–54 (2006)).

¹⁵Sidran Institute, *Post Traumatic Stress Disorder Fact Sheet*, <http://www.sidran.org/sub.cfm?contentID=66§ionid=4> (last visited Sept. 14, 2009).

¹⁶*Youth Risk Behavior Surveillance*, *supra* note 12, at 53–54, <http://www.cdc.gov/mmwr/PDF/ss/ss5704.pdf>.

¹⁷John W. Fantuzzo & Wanda K. Mohr, *Prevalence and Effects of Child Exposure to Domestic Violence*, THE FUTURE OF CHILDREN, Winter 1999, at 21; American Bar Association Commission on Youth at Risk, *Family Conflict: The Effects of High Family Conflict and Domestic Violence on Teenagers* (n.d.), <http://www.abanet.org/youthatrisk/factsheets/familyconflict.shtml>.

¹⁸Joseph G. Kosciw et al., Gay, Lesbian, and Straight Education Network, *From Teasing to Torment: A Report on School Climate in Illinois*, at v (2006), http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/000/000/700-1.pdf.

¹⁹National Campaign to Prevent Teen Pregnancy, *Science Says: Foster Care Youth 1* (2006), http://www.thenationalcampaign.org/resources/pdf/SS/SS27_FosterCare.pdf.

Ensuring Success in School Task Force Final Report to the Illinois General Assembly

Call to Action

Public Act 95-0558, enacted into law in 2007, required the Illinois State Board of Education to create the Ensuring Success in School Task Force.¹ This state-mandated task force was charged with developing policies, procedures, and protocols to be adopted by school districts for addressing the educational and related needs of elementary and secondary students who are parents, expectant parents, or survivors of domestic or sexual violence to ensure their ability to stay in school, stay safe while in school, and successfully complete their education.

The duties of the Task Force include

- examining thoroughly the barriers to school attendance, safety, and completion for children and youths who are parents, expectant parents, or victims of domestic or sexual violence;
- researching and identifying effective policies, protocols, and programs in Illinois and elsewhere;
- conducting meetings and public hearings in geographically diverse locations throughout Illinois to ensure the maximum input from area advocates and service providers, from local education agencies, and from children and youths and their parents or guardians;
- establishing and adhering to procedures and protocols to allow individuals to participate in the Task Force anonymously and confidentially;
- inviting the testimony of and conferring with experts on relevant topics; and
- submitting a report of the Task Force's findings on best practices and policies to the General Assembly.

Task Force Members

- Rep. Karen A. Yarbrough (Task Force Co-Chair)
- Dr. Sonya L. Whitaker, Educator (Task Force Co-Chair)
- Sen. Pamela J. Althoff
- Sen. Iris Y. Martinez
- Rep. Rosemary Mulligan
- Jacqueline A. Ferguson, Illinois Coalition Against Domestic Violence
- Sandy Brown-Winner, Quincy Area Network Against Domestic Abuse
- Denyse Snyder, Illinois Coalition Against Sexual Assault
- Kathy Kempke, YWCA of Metropolitan Chicago West Suburban Center
- Adam Avrushin, Chicago Child Care Society
- Mary Bragg, School Social Worker, Champaign
- Dr. Michael Schneider, School Psychologist, Quincy
- Dr. Duncan Sylvester, School Counselor, Quincy
- Lynn Kearney, Harlem Federation of Teachers, IFT

- Keisha Williams, Elgin Teachers Association, IEA
- Cynthia S. Woods, Illinois Association of School Boards
- Dr. Robert Machak, Principal, Northbrook
- Brian Samuels, Chicago Public Schools
- Mike Rohling, Southern Illinois Regional Social Services Inc.
- Wendy Pollack, Sargent Shriver National Center on Poverty Law
- Scott Rigg, Educational Support Program High School, Jacksonville
- JoLynn Tappe, Adams/Pike Regional Office of Prevention Effectiveness Services
- Dr. Rosella Wamser, St. Clair Regional Office of Education
- Student
- Student
- Dr. Linda L. Tomlinson, Assistant Superintendent, Illinois State Board of Education
- Doris Garrett, Illinois Department of Human Services, Bureau of Domestic and Sexual Violence Prevention
- Jaci Vaughn, Illinois Department of Healthcare and Family Services, Division of Medical Programs
- Cynthia Moreno, Illinois Department of Children & Family Services, Service Intervention
- Lynda Dautenhahn, Illinois Department of Public Health, Office of Health Promotion

Methodology

The Task Force held member meetings, often inviting experts to present relevant research and existing initiatives, and public hearings across Illinois to convene students, parents, advocates, educators, service providers, and legislators to discuss challenges faced by students who are parents, expectant parents, or survivors of domestic or sexual violence and develop policies that will help these students so that they stay in school, stay safe while in school, and complete their education. The Task Force collected written testimony as well as oral testimony heard at the public hearings.

The Task Force's findings and recommendations are informed by the data gathered from the expert presentations, public testimony, and a review of literature and other states' statutes. From around the state individuals who submitted public testimony were parenting adolescent students, student survivors of domestic or sexual violence, students' parents, service providers, counselors, advocates, and school personnel.

Task Force Public Hearings

Date	City	Location
June 23, 2008	Quincy	Baldwin Intermediate School 3000 Main St. Quincy, IL 62301
August 6, 2008	Elgin	South Elgin High School 760 East Main St. South Elgin, IL 60177
September 11, 2008	Springfield	Springfield High School 101 South Lewis St. Springfield, IL 62704
October 14, 2008	Mount Vernon	Mount Vernon High School 320 South 7th St. Mount Vernon, IL 62864
February 2, 2009	Chicago	Chicago Foundation for Women 1 East Wacker Dr. Chicago, IL 60601

Addressing the Problem

Young people who are parents, expectant parents, or survivors of domestic or sexual violence face unique challenges as they try to meet school obligations while coping with pregnancy and parenting responsibilities or the stresses related to domestic and sexual violence—challenges that often interfere with their ability to have an education and reach their potential for educational development through the secondary level. With growing concern over the dropout and push-out crisis in Illinois, the Ensuring Success in School Task Force is focused on these factors that contribute to this crisis, but receive insufficient attention and disproportionately, though by no means exclusively, affect girls and young women.

Testimony collected by the Task Force from across Illinois indicates that students in our state are struggling to stay in school and maintain their safety both in the classroom and as they travel to and from school. Too often they face harassment, ridicule, and threats from peers and sometimes even school staff members when personal information about their situation is not kept confidential. And they encounter teachers, school officials, and administrators who fail to recognize their needs, to refer them to appropriate services and agencies, or to accommodate them in the classroom. Central to any effort to improve school protocol surrounding the needs of students who are parents, expectant parents, or survivors of domestic or sexual violence is prioritizing student safety and confidentiality.

Because these students have historically been stigmatized and discriminated against, Illinois policymakers and school staff members must understand and be sensitive to these children and youths' needs. Many of these students—and their parents—who would prefer to stay in school find that they are unable to and are pushed out or forced out because attending school has

become too difficult or unsafe. Some of these students find alternative programs to attend, others are forced into involuntary homeschooling, while others remain disconnected and do not complete their education. Ensuring that these students are treated with dignity and accorded the same rights and opportunities as their fellow students is fundamental to improving their chances of success in school and in their future lives.

Although there are federal and state laws that aim to safeguard the educational rights of students, these laws have not been effective in stemming the school dropout and push-out problem among children and youths who are expectant parents, parents, or survivors of domestic or sexual violence in Illinois. At the federal level, Title IX of the Education Amendments of 1972 prohibits discrimination in education on the basis of sex, including a ban on discrimination on the basis of marital or parental status. However, to our knowledge, courts have never interpreted Title IX and its regulations as requiring schools to offer specific protection or accommodations for survivors of domestic or sexual violence outside the school-based sexual harassment context.² The Constitution of the State of Illinois establishes the right to free public education through the secondary level for all people, states as a fundamental goal the educational development of all persons to the limits of their capacities, and prohibits discrimination in education on the basis of sex.³ Moreover, Illinois law mandates that “[n]o student shall be refused admission into or be excluded from any course of instruction offered in the common schools by reason of that person’s sex.”⁴ Sex equity regulations in Illinois further clarify that “[n]o student shall be discriminated against because of his or her actual or potential marital or parental status,” and “[n]o student shall be subjected to sexual intimidation or harassment by any school employee, by other students, or by the effect of any school policy or practice.”⁵ The issues central to this report—such as safety, nondiscrimination, and equal access to education—not only are required by federal law, state law, and the Illinois Constitution but also are central to the mission and goals of the Illinois State Board of Education.⁶ Despite this strong language in federal and state law, in Illinois students who are expectant and parenting and students who are survivors of domestic or sexual violence struggle to remain in school. These students need legal protections that specifically recognize their right to attend school and complete their education in a safe and encouraging learning environment.

As concern grows over the dropout crisis in Illinois, there is growing interest in the causes, such as the violence in our schools and on our streets, and the detrimental effect it has on the education of all children and youths. However, there has been little focus on domestic violence, sexual violence, and adolescent pregnancy and parenting issues that have particularly contributed to the academic failure of young women and girls. The Ensuring Success in School Task Force was created to help begin rectifying that omission.

The policy and procedural recommendations presented in this report offer strategies and solutions to issues that schools are already required to address. Task Force members are keenly aware of the difficult fiscal posture of our state, school districts, and human service providers. Many of the strategies and solutions offered can be accomplished at low or no cost; and, for the others, what is important is to begin taking the steps needed for proper implementation.

Developing Effective Responses to Meet Student Needs

While the state is taking some action to address the educational barriers faced by students who are parents, expectant parents, or survivors of domestic or sexual violence, the Task Force's findings indicate that these students need more resources and services than they are currently receiving to help them remain in school, stay safe, and succeed. However, greater funding for programs and services is not the only factor that will begin to ensure that these students have the opportunity to succeed in school. School districts must start to meet this chronic need effectively by immediately and efficiently redirecting their existing resources and establishing policies that recognize and are sensitive to the unique circumstances of this student population.

Ultimately the Task Force found that ad hoc approaches to the issues facing this student population are problematic: while some school districts are handling these issues in a sensitive manner, others are isolating students and unjustly preventing them from attaining their educational goals. In many stories heard by the Task Force, what determined whether the student was able to remain in school were the actions of a single school official or administrator. Clear, written policies and procedures should be implemented in all school districts to ensure that this student population is consistently treated in a fair manner.

Changes in law, policies, and procedures are needed to require schools to take proactive steps to support these students: intervening before these children and youths drop out is the most effective strategy to increase educational outcomes and promote healthy development. Actively supporting student success and personal development in our state's education system, and specifically in young women and girls' advancement throughout the system, is necessary to ensure equal opportunity for all students.⁷

Common Themes Heard at Task Force Public Hearings

At the public hearings the Task Force received testimony from students, parents of students, school personnel and administration, service providers, counselors, school nurses, social workers, advocates, and others concerned with supporting elementary and secondary school students who are parents, expectant parents, or survivors of domestic or sexual violence. The following list of topics heard at the public hearings is an overview of common problems, challenges, and concerns heard across the state:

- No integration of services among school districts and service providers in the community.
- The insufficiency of ad hoc responses to problems faced by this population of students and the lack of consistent and appropriate responses through written policies.
- The prevalence of homelessness among this population of students, and the need for schools to conduct better outreach and provide enhanced services to ensure that homeless students' rights under the McKinney-Vento Act, the Illinois Education for Homeless Children Act, and the Illinois State Board of Education policy on homeless education are upheld.
- The absence of a "go-to" staff member at each school who is trained (though not necessarily to the extent of being an expert) in issues facing survivors of violence or

parents or expectant parents among this population of students, who could give information and referrals to appropriate school- and community-based services, and who could educate students about their rights, including confidentiality policies.

- The lack of sufficient state and local funding to ensure that programs providing services to this population of students have the resources they need to be effective.
- School staff and administration have not received enhanced training on how to address the educational and related needs of this population of students in a sensitive manner, including training related to
 - issues of mandated reporting;
 - respecting student confidentiality and recognizing that students may not be able to inform their parents about their situation due to security concerns;
 - understanding the implications of and taking action to implement orders of protection and civil no-contact orders;
 - how to respond to student disclosures about being an expectant parent or survivor of domestic or sexual violence;
 - the impact of domestic, sexual, and teen dating violence on child and youth development and school performance;
 - cultural sensitivity training on issues of domestic and sexual violence and adolescent childbearing; and
 - overcoming language barriers to ensure student safety and well-being.
- Difficulties faced by counselors where school administrators refuse to provide private and confidential space for counseling sessions.
- Schools not respecting community-based social workers' and counselors' confidentiality requirements (i.e., pressuring them to reveal information about the students' counseling sessions or records).
- School administrators and teachers who disregard student survivors' confidentiality and healing process and require survivors to recount their experiences of violence repeatedly to school officials and teachers or testify at public school board meetings.
- In situations where a student who is a survivor of domestic or sexual violence attends the same school as the perpetrator, problems with schools addressing the accommodation needs of the survivor by placing the burden of change on the survivor rather than the perpetrator (i.e., requiring that the survivor change buses, classes, extracurricular activities).
- In cases where a survivor of domestic or sexual violence attends the same school as the perpetrator, the problem of schools relying on the findings of law enforcement and criminal and civil court to determine what action to take or whether action should be taken regarding school discipline for the perpetrator.
- In cases where survivors of domestic or sexual violence had engaged in some conduct that violated school policy (i.e., underage drinking or leaving school without permission) prior to the violence, problems with schools then punishing the survivors for their behavior, thereby reinforcing the shame and self-blame experienced by many survivors.
- The absence of schoolwide bullying prevention programs and education on domestic and sexual violence prevention.
- For students who are survivors of domestic or sexual violence, the lack of accommodations such as

- excused absences—due to court visits, medical appointments, and counseling, among other reasons—when the student must miss school to take care of matters related to the domestic or sexual violence;
- allowing immediate school transfers for health and safety concerns;
- allowing changes in school schedules, classes, lockers;
- alternative learning environments including homebound instruction, local community colleges, and Internet courses;
- providing tutoring services and allowing students to make up missed schoolwork;
- safety planning;
- recognizing and implementing orders of protection and civil no-contact orders; and
- appropriate referrals to community-based service providers.
- For expectant and parenting students, the lack of accommodations such as
 - child care on school campus;
 - home visitation programs;
 - transportation to school, child care provider, medical provider;
 - alternative learning programs such as homebound instruction, local community colleges, and Internet courses;
 - assistance in securing income supports and health care;
 - excused absences when the student must miss school to take care of parenting responsibilities;
 - providing tutoring services and allowing students to make up missed schoolwork;
 - allowing school transfers to lessen the student’s burden of commuting between child care and school;
 - allowing pregnant students food and drink in class, a permanent hall pass for frequent bathroom trips, larger desks, excuse from strenuous activities (e.g., physical education), flexibility in dress code, parenting classes, and support groups;
 - flexible ways to return to school after childbirth and complete graduation requirements; and
 - appropriate referrals to community-based service providers.
- The failure of schools to recognize homebound instruction as an essential accommodation, but not the only feasible option for this population of students and not a rationalization for refusing to make appropriate in-school accommodations.
- The lack of support for young fathers and expectant fathers, who also need accommodations and encouragement to take an active prenatal and parenting role whenever possible.
- Missed class time for students who have to travel off-site to access services, such as domestic violence counseling, at schools that do not have adequate counseling services or do not connect students with providers who could come to the school and minimize missed class time.
- Barriers to education, such barriers including violence at school and home, bullying, and homelessness, especially faced by lesbian, gay, bisexual, transgender, queer, and questioning children and youths.
- Addressing the major costs associated with school transfers and the need for tuition reciprocity and transportation assistance in situations of out-of-district transfers.

- The prevalence of poverty among this population of students and the unwelcoming nature of the school environment, which does little to ensure that students affected by poverty are able to remain in school.

Presenters at Task Force Meetings

Besides conducting public hearings, the Task Force convened a number of times to hear from experts about relevant research and existing initiatives.

On August 11, 2008, the Task Force heard from the Illinois Department of Human Services' Division of Community Health and Prevention about the department's existing programs and services that support the goals of the Ensuring Success in School Task Force. Among the program areas presented were

- domestic and sexual violence (Domestic Violence Victims Services, Sexual Assault Prevention, Partner Abuse Intervention Program);
- expectant and parenting teens (Teen Parent Services, the Responsible Parenting program, the Parents Too Soon program);
- teen pregnancy prevention (the Teen Pregnancy Prevention program, the Family Planning program);
- primary prevention in youth services (the Teen REACH program, Community Youth Services, the Substance Abuse Prevention program);
- crisis intervention in youth services (the Homeless Youth program, Comprehensive Community-Based Youth Services); and
- parenting and education (Healthy Families Illinois, Illinois Fatherhood Initiative), and school health centers.

On September 8, 2008, the Task Force heard from Anne Studzinski, Colette Lueck, and Gene Griffin, members of the Illinois Childhood Trauma Coalition. Lueck, who is managing director of the Illinois Children's Mental Health Partnership (ICMHP), and Griffin, who is an assistant professor of psychiatry and behavioral sciences at Northwestern University and clinical director of the Illinois Childhood Trauma Coalition, presented about the dynamics of trauma from the perspective of the victim. Lueck discussed ICMHP's work with the Illinois State Board of Education to enhance mental health initiatives in school, including implementation of Social Emotional Learning Standards, expansion of the Positive Behavior Interventions and Supports program, and development of guidelines for school-community partnerships to promote access to appropriate services for optimal social and emotional development of children and youths. The presenters also spoke of the importance of promoting awareness of the need for prevention, early identification, and treatment of childhood trauma.

On October 6, 2008, the Task Force heard from Angie Kennedy, assistant professor of social work at Michigan State University, about her research on adolescent mothers' exposure to multiple forms of violence, including community violence, witnessed parental violence, physical abuse within the family, and partner violence. Kennedy also discussed the relationship between cumulative violence exposure and school outcomes for adolescent mothers.

Section 1: Consequences of the High School Dropout Crisis

- Illinois State Board of Education data show that Illinois high school girls had a graduation rate of 89.7 percent and high school boys a graduation rate of 84.5 percent in the 2008–2009 school year.⁸
- The Cumulative Promotion Index (CPI), which measures the probability that a freshman will graduate from high school in four years, was 74 percent in Illinois in 2008.
- The CPI also reveals gaps by race and gender: 84.5 percent of white female students and 85.5 percent of Asian female students, but only 62.4 percent of Hispanic female students and 58.1 percent of black female students, were expected in 2006 to graduate within four years. Similarly for males, 80.6 percent of whites and 86.2 percent of Asians, while only 49.4 percent of Hispanic and 43.3 percent of black male students, were expected to graduate.⁹
- In the 2008–2009 school year, 241 girls and 726 boys in Illinois were expelled from grades K–12. This is down from 684 girls and 2,334 boys in the 2007–2008 school year, and 1,006 girls and 2,445 boys in the 2006–2007 school year—a positive trend.¹⁰

High school completion is vital to an individual's ability to become an economically and socially secure and independent adult. While high school dropout and graduation rates and the methodologies used to calculate them vary among states and among researchers, concern is widespread about the difficulties faced by high school dropouts.¹¹ The lack of a high school diploma limits dropouts' opportunities to advance in their careers, earn a living wage, and achieve economic stability. Given that, out of any educational grouping, households headed by someone without a high school diploma are at the greatest risk of becoming poor, what is imperative is to promote high school completion for all Illinois youths.¹²

One in four girls in the United States does not graduate with a regular high school diploma in the standard, four-year period.¹³ However, the numbers are even worse for girls of color: half of Native American female students, four in ten black female students, and nearly four in ten Hispanic female students drop out of high school.¹⁴ In Illinois the most recent U.S. Census Bureau data show that 13.67 percent of younger adult women 18 to 24 and 17.68 percent of men in the same age group do not have high school diplomas.¹⁵

The high school dropout crisis has grave consequences at both private and public levels. The causal link between education and earned income is well documented in economics research: failure to graduate from high school translates into lower lifetime earnings and other reduced sources of market incomes. In turn, high school dropouts will impose a net fiscal burden on the rest of society because they will contribute far less in federal, state, and local taxes than they will receive in cash benefits, in-kind transfers, and correctional costs.¹⁶ Investing in Illinois's students today promises to generate positive results for our future economy. One study calculated that effective educational interventions aimed toward increasing the graduation rate would produce, for the public purse, net economic benefits that are 2.5 times greater than the costs to establish such policies and programs.¹⁷ In Illinois more resources need to be directed toward programs for students who have dropped out: for every \$100 the state spends on enrolled high school students, only 59 cents is spent for students who drop out.¹⁸

In Illinois, while more young men than young women drop out of school before obtaining their high school diplomas and both women and men face more limited employment and earnings prospects than their better-educated peers, the negative impact of dropping out on lifetime earnings is more severe for women. Only 42 of every 100 Illinois adult females 18 to 64 lacking a high school diploma or a general education development (GED) certificate were employed in 2005, compared to 66 of every 100 male dropouts.¹⁹ Moreover, Illinois adult females lacking a high school diploma or GED in 2005 had a mean annual earning of \$8,472, compared to their male counterparts' mean annual earning of \$21,421. Illinois women without a high school diploma or GED had average lifetime earnings of \$398,000 in 2005, compared to their male peers' average lifetime earnings of \$1,007,000.²⁰ Female high school dropouts earned 45 percent less than female high school graduates, while male high school dropouts earned 29 percent less than male high school graduates.²¹ While women make less than men at all levels of education, the wage gap between men and women is the highest among high school dropouts.²²

As high school dropouts are disproportionately affected by low employment rates and lifetime earnings, they are also plagued by poorer health and greater reliance on public benefits than high school graduates. A female high school dropout in Illinois was 140 times more likely than her peers with some postsecondary schooling to be dependent on the Temporary Assistance for Needy Families (TANF) program for her economic subsistence in 2004.²³ Indeed, Illinois women who have dropped out of high school are overrepresented in the ranks of TANF recipients: adult women 18 to 44 lacking a high school diploma represented only 11 percent of the female population in that age group in Illinois in 2004, yet they accounted for 46 percent of all TANF recipients in the state; this makes them overrepresented by a multiple of 4 to 1.²⁴ Illinois adult high school dropouts were nearly twice as likely as high school graduates to report being in only fair or poor health and were more than four times as likely to report this than their counterparts with a bachelor's or more advanced degree.²⁵ These findings mirror the national trend that adults with lower levels of schooling are less likely to receive medical care, more likely to report poorer health, and much more likely to report physical or mental disabilities.²⁶

The following two sections are an examination of the policy needs of children and youths who are parents or expectant parents, and children and youths who are survivors of domestic or sexual violence. In each section we first present our findings, including relevant research on each topic and its implications for educational policy, the needs and concerns of this population of students as identified through the hearings and testimonials, and best practices from this or other states. We conclude each of these sections with a list of recommendations—that can be implemented immediately and others that can be implemented over time—to support adolescent parents and expectant parents and student survivors of domestic or sexual violence.

Section 2: Youths Who Are Parents or Expectant Parents

- Born to teens in 2007 were 18,314 babies, or 10.1 percent of total Illinois births.²⁷
- Illinois ranks twenty-first out of all states for teen birth rates, according to 2005 data.²⁸ The Illinois teen birth rate is 39.5 per 1,000 teens, just below the national rate of 41.9.²⁹
- Almost 60 percent of teens with a school-age pregnancy drop out between eighth and twelfth grades.³⁰
- Only 66 percent of teen mothers complete their high school education or receive a GED by age 22, compared to 94 percent for young women who had not given birth as a teen.³¹
- Diagnosed with postpartum depression were 8.1 percent of new mothers under 20 in Illinois in 2005.³²
- Of women under 20 in Illinois, 13.6 percent reported physical abuse by an ex-husband or ex-partner before and during pregnancy, and 14.2 percent reported physical abuse by a husband or partner before and during pregnancy.³³

Findings

Students who are parents or expectant parents often face an untenable choice between fulfilling their responsibilities to their children and their need to act responsibly before childbirth, on the one hand, and meeting school obligations, on the other hand. Nationwide 33 percent of female dropouts report that becoming a parent played a major role in their decision to leave school.³⁴ However, in this same report, students who left school to care for a family member or due to parenting responsibilities were the group of dropouts “most likely to say they would have worked harder if their schools had demanded more of them and provided the necessary support.”³⁵

Under Illinois law a number of policies prevent expectant and parenting students from obtaining the support they need to fulfill their duties as an expectant parent and parent and continue their education. For example, a student’s illness is a valid cause for absence from school but the student’s child’s illness may not be, and home instruction is available to pregnant students in Illinois only when a physician indicates that the student is medically unable to attend school, or following childbirth or a miscarriage.³⁶ Similarly policies should not dissuade young male expectant parents or parents from taking an active role in prenatal, childbirth, and parenting responsibilities, such as accompanying a pregnant girlfriend to a prenatal appointment. Appropriate school accommodations are needed to ensure that parenting and expectant adolescents have the resources they need to continue focusing on their academic development while they deal with a multitude of challenges related to their parenting responsibilities. In addition to providing services and referrals for adolescent mothers, schools should encourage young fathers to be accountable as parents by granting them appropriate accommodations at school.

Importance of Early Intervention and Supporting Positive Parenting Skills

Key to any effort to promote the retention of expectant and parenting students is a system that reaches out to adolescent parents before they drop out of school. Given that programs that aim to

prevent students from dropping out tend to have higher rates of student retention and better promote student self-sufficiency than programs that attempt to reenroll students who have spent significant amounts of time outside school, preventative measures should be prioritized.³⁷ Students also need an encouraging school environment where caring school staff members express belief in expectant and parenting students' abilities to succeed academically. A 2003 study found that in regular Chicago schools (not alternative schools) 26 percent of pregnant and parenting youths who had heard negative comments at school regarding their pregnancies heard such comments from teachers, and 5 percent heard such comments from principals.³⁸ School staff members need enhanced sensitivity training in the importance of maintaining positive interactions with all students, especially with those who are expectant or parenting.

Since children who are born to teenage parents are less likely than their peers to complete high school and more likely than their peers to become teen parents themselves, schools and communities should work to break this intergenerational cycle by strengthening early education and intervention programs.³⁹ Babies born to teens are at increased risk of low birth weight and associated health problems. Research also indicates that young parents (age 18–27) of young children (age 3–6) are the group most likely to report physically abusing their children.⁴⁰ Parenting classes for adolescent parents and developmentally appropriate child care and early education for children of adolescent parents are essential to promoting healthy child development within families. Children's participation in high-quality early care and education programs contributes to positive physical, cognitive, and social development and helps children prepare to succeed in school. Effective early education programs combine small class sizes, high adult-to-child ratios, highly skilled teachers, a language-rich environment, an age-appropriate curriculum, and positive and responsive interactions between staff members and children.⁴¹

Examining the Link Between Adolescent Pregnancy and Parenting and Exposure to Violence

While issues facing expectant and parenting adolescents and young survivors of domestic and sexual violence are being outlined separately in this report, extensive overlap exists between these two groups. Research suggests that many adolescent mothers come from families with a history of problems, including physical and sexual abuse, neglect, and domestic violence, and many adolescent mothers directly experienced childhood maltreatment.⁴² Although reports vary widely, as many as two-thirds of young women who become pregnant as teenagers experienced sexual or physical abuse at some point in their lives.⁴³

Members of the Task Force heard from Angie Kennedy, the aforementioned assistant professor of social work at Michigan State University, about her research on urban adolescent mothers' exposure to multiple forms of violence, including community violence, witnessed parental violence, physical abuse within the family, and partner violence.⁴⁴ Kennedy conducted a study with adolescent mothers regarding their violence exposure, school performance and participation, positive attitude to school, and social support. As violence exposure increases, Kennedy found, "school outcomes tend to worsen, with positive attitude toward school found to be a significant moderator of the effects of exposure to community violence on behavior problems in school."⁴⁵ Kennedy's findings indicate that cumulative violence exposure is a significant problem facing many pregnant and parenting adolescents and poses a severe barrier to school performance and participation.

Issues facing both expectant and parenting students and survivors of domestic or sexual violence should be viewed with the understanding that a significant link exists between the variables of adolescent pregnancy and parenting and exposure to violence:

- Pregnant adolescents report significantly higher rates of physical abuse than pregnant adult women.⁴⁶
- In 2008, of the teens who called the City of Chicago Domestic Violence Help Line, 39 percent had dependent children, and 15.5 percent reported being pregnant.⁴⁷
- Adolescent mothers living in poor urban neighborhoods face relatively high rates of community violence.⁴⁸
- With the highest rates of intimate violence being reported by lower-income, younger couples and lower-income parents reporting physically abusing their children at a rate almost double that of higher-income parents, adolescent mothers have a relatively high risk of exposure to violence in their family and intimate relationships.⁴⁹

When providing medical services to youths who are pregnant or parenting, medical practitioners have the opportunity to screen individuals and families for health and social risks, including exposure to violence. Routine hospital visits may present some of the limited times where battered individuals have the chance to access outside help. Medical practitioners should use this opportunity to educate teen parents about the impact of exposure to violence and refer them to services that prevent or treat emotional or behavioral problems that may result from exposure to violence.⁵⁰

Student Needs

Expectant-Parenting and Parenting-Related Absences

Schools should recognize, and not punish, attention to prenatal care, childbirth, and acts of responsible parenting. When a young mother or father must stay home to care for a sick child or because child care arrangements fell through, the parent may miss a test or not be able to complete an assignment on time. Too many incomplete assignments, missed tests, or absences, even when excused, can jeopardize a young parent's good academic standing. Students who miss school in order to meet parenting duties should have their absence excused and should have access to home instruction, assistance from the school in making up missed work, and help from school- or community-based education and support services that are designed to help youths complete their education in a secure and encouraging environment. Under Illinois law a student's illness is a valid cause for absence from school but her child's illness may not be.⁵¹ The School Code should be amended to recognize the fulfillment of both female and male students' prenatal, childbirth, and parenting responsibilities (including, but not limited to, arranging child care, caring for the student's sick child, and attending prenatal appointments and medical appointments for the student's child) as a valid cause for absence.

Parenting or expectant students who must miss school to tend to prenatal, childbirth, and parenting duties need more than just an excused absence, however. In order to prevent these

students from falling behind in school, schools must adopt procedures to help their students make up their course work if they missed school to fulfill parenting obligations or because of their status as an expectant parent.⁵² While local school districts would have flexibility in the policy that they adopt, all schools should have, in place, policies that address this issue.

Homebound Instruction

When a parenting student's child is seriously ill or a student experiences complications with her pregnancy, the student may miss a significant amount of school. In such circumstances, home instruction is an important resource that allows students to keep up with their course work. Currently in Illinois home instruction is available to a pregnant student only when a physician indicates that the student is medically unable to attend school, or following childbirth or a miscarriage.⁵³ Young parents who miss school because they must care for a sick child should also be eligible for home instruction. Furthermore, Illinois law should be amended to prohibit schools from penalizing students in grading, course completion, grade-level advancement, or graduation solely on the basis of the students' absence from school while receiving home instruction, providing that the students comply with home instruction program requirements.⁵⁴ Finally, schools should not be permitted to misuse homebound instruction by viewing it as a means of getting around making accommodations at school. While homebound instruction is an essential resource for those students who cannot come to school, schools should recognize that making in-school accommodations keeps students from being forced to participate in homebound instruction and gives them the choice to participate in whichever educational setting best suits their needs.

School- and Community-Based Services and Accommodations

In working to balance parenting and school obligations successfully, students often need assistance from supportive services and programs. Schools should have the resources to meet expectant or parenting students' and their parents' or guardians' requests for information about or referrals to school- or community-based education and support services that are designed to help students meet Illinois learning standards in a safe, secure, and encouraging environment. While financial constraints may prevent some school districts from providing school-based services, this should not relieve school districts of the obligation to connect students with existing community resources through referrals. Schools should make accommodations so as to prioritize school stability for expectant and parenting students.

In order to facilitate the full participation of expectant and parenting students in school, the Task Force recommends that schools' accommodations for this purpose should provide equal access to educational programs and services and ensure students' safety, attendance, and academic progress. Pregnant students would benefit from schools being flexible in enforcing rules such as dress codes and uniform policies. Schools should also consider allowing pregnant students to have snacks and drinks in class and supplying them with larger desks as well as individual hall passes to allow them to use the restroom as needed. One of the greatest barriers to education facing parenting students is the lack of on-site child care at the students' schools. This accommodation is critical to helping parenting students stay in school. In situations where

schools cannot provide child care, they should help parenting students secure it by referrals to local service providers.

Designated Staff Liaisons to Assist Expectant and Parenting Students

The Task Force recommends that each school designate at least one staff point person who is trained to address in a confidential and sensitive manner the needs of youths who are expectant parents and parents. Schools do not need to hire new staff members to meet the purposes of this recommendation—financial strain should not preclude schools from offering this assistance to students. Schools should utilize their existing resources (i.e., have a teacher, counselor, social worker, or nurse take on these duties) to ensure that students who are parents or expectant parents have a point of contact on the school campus. Assigning liaisons for this population of children and youths effectively connects them with appropriate services. A good model is the federal law requirement that schools have homeless students’ liaisons in place. These liaisons have been crucial to improving homeless children and youth access to educational and related services. Staff members who serve as liaisons between expectant and parenting students and school administration and personnel can also be the same staff members who serve as liaisons for students who are survivors of domestic or sexual violence. They should be responsible for communicating with these students, making referrals and connecting them with appropriate services, assisting these students in their efforts to exercise their rights, and providing staff development to help establish a positive and sensitive learning environment. These liaisons have also been referred to by the Task Force as “specially trained personnel.”

At a minimum, designated staff members should be trained to understand and address the following issues related to expectant and parenting students:

- education and employment rights, responsibilities, and opportunities;
- public benefits and housing;
- health care (including adolescent consent and confidentiality rights);
- child care;
- child health and development; and
- family planning.

Comprehensive On-Site School Health Centers

Student access to comprehensive on-site school health centers that deal with reproductive and sexual health is crucial to promoting student health and ensuring that students do not have to miss an extensive amount of school to meet their health needs. Health professionals within schools should be able to give accurate information about the full range of reproductive health services and recommend a course of action regarding student pregnancies so that students may make fully informed decisions. School health centers play a critical role in filling a health service shortage experienced by Illinois youths: over 80 percent of Illinois school health center enrollees are either Medicaid All Kids patients or uninsured.⁵⁵ By providing preventative services that reduce the likelihood that youths will engage in high-risk behaviors, school health centers offer a cost-effective health care delivery model that reduces future health care expenses.

Transportation for Parenting Students

Testimony collected from across the state indicates that transportation problems present a significant barrier to school attendance. Many students presented concerns about the daily challenge of traveling with their child from home, to child care, and then on to school in a timely manner. Even in instances where students were lucky enough to attend a school with on-site child care, means of transportation accommodating a young child are difficult to obtain.

Tracking Graduation, Dropout, and Transfer Rates

The Illinois State Board of Education must submit to the General Assembly and the Governor an annual report that includes the statewide high school dropout rate broken down by grade level, sex, and race.⁵⁶ While a recent amendment prevents dilution of the dropout rate by ending the practice of reporting dropouts as “transfer students” when many do not enroll in a new school, tracking methods must be further modified to help determine why students are dropping out. To learn more about the educational needs of children and youths who are parents or expectant parents, Illinois needs to develop an accurate method of counting and reporting separately these students’ graduation, transfer, and dropout rates.

In New Mexico, for example, school districts submit an annual “accountability report” that details high school graduation rates for each public high school. In that report, each district must “indicate contributing factors to non-graduation such as transfer out of the school district, pregnancy, dropout and other factors as known.”⁵⁷ Illinois should modify the State Board of Education’s student tracking system to track separately the transfer rates of students who are expectant parents or parents, and Illinois should make these data public along with the dropout and graduation rates.

Best Practices

Examples of Legislation from Other States

Schools need the flexibility and resources to craft accommodations to meet students’ diverse needs. Wisconsin law stipulates that school boards must “make available to any school age parent who is a resident of the school district program modifications and services that will enable the pupil to continue his or her education.”⁵⁸ In turn, school districts must not require students to participate in services or seek accommodations.

Similar to the recommendations of this Task Force, Florida law requires school districts that run teenage parent programs to help parenting students with ancillary services—including child care, health care, social services, and transportation—necessary for school success. School districts in Florida may provide these services directly or “through the coordination of existing programs and services and through joint agreements between district school boards and early learning coalitions or other appropriate public and private providers.”⁵⁹

In New York school districts have discretion to help with transportation for the children of parenting students. New York law stipulates that a board of education may transport the non-

school-age child of students 21 or younger who have not yet received a high school diploma to and from the school that the student parent attends. The parent must accompany her non-school-age child on the bus, and the transportation must be “furnished for the purpose of allowing the child to receive child care services and/or attend a nursery school, preschool, or parenting program.” New York school districts are eligible for state aid to cover the expenses that they incur in providing such transportation to the non-school-age children of students in the district.⁶⁰

The California School Age Families Education Program (Cal-SAFE), enacted in 1998, offers comprehensive school-based and community-linked services to foster educational achievement, effective parenting, and healthy families.⁶¹ The programs are open to any female or male student 18 or younger who has not earned a high school diploma or its equivalent and is an expectant or custodial parent or a noncustodial parent in an active role caring for and supervising the student’s child.⁶² Children of students enrolled in a Cal-SAFE program may also receive services until they turn 5 or enter kindergarten.⁶³ Through Cal-SAFE, schools may provide on-site services such as academic support, parenting education, life-skills training, career counseling, peer support groups, family support services, and child and domestic abuse prevention education. Cal-SAFE programs also offer transportation from home to school and free meal supplements for pregnant and lactating students.⁶⁴

Effective Practices Found in Illinois

Quincy: An advocate from the Teen Parent Services Program in Quincy Public Schools testified that young parents’ greatest barrier to school attendance is child care. By offering free on-site child care, both Quincy’s regular high school and alternative school have helped adolescent parents stay in school. The advocate’s further testimony indicated a number of issues addressed in the program’s policies:

- Expectant and parenting students, whenever possible, should be able to choose whether to separate themselves from their regular school of attendance to attend an alternative school or receive homebound instruction.
- Central to effective programs for parenting students is recognition of the importance of the parent-child bond.
- Schools must respect teen mothers’ right to breast-feed their infants.
- New mothers should receive a reasonable maternity leave of at least six weeks, and schools should be flexible with homebound study so that expectant and parenting students do not fall behind.
- Expectant and parenting students should have access to pregnancy and parenting classes.
- Absences while new mothers transition back into school as well as absences due to child illness and maternal fatigue should be respected.
- Teen fathers who are involved with the child need access to supportive services and should be given leniency with absences related to parenting.
- For pregnant students, schools should provide accommodations, including allowing snacks and drinks in the classroom, trips to the bathroom as needed, and excuses from strenuous activities such as physical education.
- Parenting students need accommodations—including changes and more flexibility in school schedules, on-site child care and access to their children at any time, and excused

absences to take care of parenting-related issues—that recognize their parenting responsibilities.

- Ideally, policy should be changed so that students who are parents who have fallen behind in coursework could continue to be served by high schools even if the students are not able to graduate before their twenty-first birthday.

Elgin: Elgin school district U-46 has an effective collaborative program linking community groups, school personnel, and advocates to coordinate a combination of educational, health, and social services needed by pregnant and parenting students. Representatives of the school district and key community partners formed the Healthy Support System for Teen Parents Committee to meet the needs of pregnant and parenting students and promote their school completion through improved community-school partnerships and enhanced delivery of support services. In working to create a systemic approach to serving teen parents rather than leaving each school in the district to develop its own responses and resources, the committee created a “U46 Protocol for Teen Parents” to delineate steps needed throughout the course of the student’s pregnancy to increase communication within the network of service providers and school district.⁶⁵ This support model

- designates the school nurse as the “point person” for the expectant or parenting student and establishes a formal intake form for school nurses to utilize to ensure that they obtain necessary information, including the student’s child care arrangements and needed health or social services;⁶⁶
- identifies at each school a Teen Parent Liaison who meets with students regularly to discuss students’ questions or concerns, gives referrals, and increases communication among the student, school, and community organizations;
- calls for—seven months into a student’s pregnancy—a “transition meeting” where all the service providers and school personnel who have worked with the pregnant student discuss what services the student currently has in place and strategizes about what she needs before she goes on leave from school so that she can successfully return to school.

The alternative school in Elgin offers flexible block scheduling, and students have access to a school counselor, social worker, teen parenting groups, a family literacy program that promotes positive parent-child interactions, and free health clinics.

Springfield: An advocate who works with the Parents as Teachers Program in Springfield testified about the program’s positive impact on the development of parenting and expectant youths. The Parents as Teachers Program provides home visitations with young parents and their children who are 3 years old and younger. In emphasizing the importance of the parent-child bond during the early years, advocates talk with young parents about how their children should be developing and at what age their children should be achieving developmental milestones. Once a month, advocates from the Parents as Teachers Program go to high schools to make presentations on parenting topics during the school lunch hour, which provides young parents with an outlet to discuss their concerns. The advocate’s testimony highlighted that, to be effective, programs must build a relationship of trust with the young parents and provide a supportive atmosphere.

Another Springfield advocate discussed her organization's efforts to support adolescent fathers. She noted that a teen father often feels like he has no place in the pregnancy time or his baby's life, and most teen fathers are confused about determining what their role should be. Emphasizing that both parents have the right to support their children, she outlined her program's work to help teen fathers bond with their babies and develop positive self-images as fathers. She testified about the effectiveness of having adult men serve as these teen fathers' mentors and teach them how to be committed parents. Communication between adolescent parents and engaging the entire family unit are also key to this program's success.

Mount Vernon: Testimony from a Carbondale Community High School nurse at the Mount Vernon public hearing illustrated positive practices aimed toward keeping expectant and parenting students in school by accommodating their needs. The school nurse's testimony indicated that in the year prior to adopting a program aimed toward retaining pregnant students, fourteen of the sixteen pregnant students enrolled at the high school dropped out. In the year after implementing the support program, which includes assistance in securing WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) and Medicaid, developing a parenting and educational plan, and obtaining housing and other needs, only three of the nineteen pregnant students at the high school dropped out. The program's structure centers on recognizing the unique needs of expectant and parenting students and providing them with accommodations:

- After a comprehensive initial assessment by the school nurse, the high school's plan of support includes allowing rest in the nurse's office as needed, allowing snacks and drinks in class, giving an elevator pass and excuse from physical education at the seventh month of pregnancy or earlier if medically indicated, and assisting in obtaining maternity clothes and baby equipment and clothes if needed.
- Important to the program's success has been ongoing follow-up throughout students' pregnancies and a monthly support group with educational presentations about infant health, nutrition, and parenting. The support group has also served as an important resource in providing moral support for students so that they do not become pregnant for a second or third time.

Such drastic improvements in student retention rates show that when students receive the assistance they need, they are much less likely to leave school.

Chicago: An advocate from Chicago testified about the need for school districts to take a systemwide approach—such as the Cradle-to-Classroom program had provided—to promoting the academic achievement of expectant and parenting students. Identified in successful models of expectant and parenting programs are these common elements:

- Intensive supportive services, including case management, counseling, classes on child care and development, and incentives for students who complete program components.
- Flexible schedules and nontraditional educational options, including online classes and independent study.
- Dedicated staff members focused on working both one-on-one and in groups with participants;

- Dedicated space within a school setting in which participants can access resources and attend classes or meetings.

A school nurse from West Chicago’s Community High School District No. 94 gave the Task Force information about the school’s teen mother’s health and wellness class. The class seeks to empower teen parents by

- teaching health, nutrition, and physical fitness; pre- and postnatal care; newborn care; positive parenting skills; family living skills; early childhood development; and availability of community resources;
- offering social and emotional support throughout and after pregnancy, especially in regard to depression, relationships, family matters, and self-esteem;
- emphasizing the importance of providing the healthiest possible physical and emotional environment for their children and themselves;
- helping expectant and parenting students cultivate the ability to make wholesome decisions regarding lifestyle choices; and
- creating an inclusive atmosphere that aims to establish each student as a contributing member of the school and community.

A Chicago advocate working with homeless and at-risk adolescent parents and their children testified that, in order for young parents to complete their education, they need access to

- compassionate teachers and counselors trained in the unique needs of expectant and parenting teens;
- creative schedules and assignments to help them balance parenting and school;
- child care resources, including care for sick children;
- school-and-service-provider partnerships that offer parenting education and support; and
- transportation assistance.

Recommendations Regarding Policies Affecting Expectant and Parenting Youth

Based on our analysis, we offer the following recommendations—arranged by expected time frame for implementation—for supporting students who are parents or expectant parents.

Recommendations that Can Be Implemented Immediately

- Exempt youths who are parents or expectant parents from minimum attendance requirements for absences related to their pregnancy and parenting responsibilities. School districts should not be permitted to consider a student who is an expectant parent or parent a chronic or habitual truant or truant minor because of one or more absences related to the student’s status as an expectant parent or parent; such absences may be due to the student’s illness or the illness of the student’s child, attendance at pregnancy-related medical appointments, or fulfillment of parenting responsibilities, including arranging for child care, caring for the student’s sick child,

- and attending medical appointments for the student's child. This provision should apply equally to fathers and expectant fathers and to mothers and expectant mothers.
- Allow students who miss class work—including lessons, assignments, quizzes, and tests—because of absences related to pregnancy and parenting responsibilities to make it up. The responsibility to provide the opportunity to make up missed work is the classroom teacher's. Costs associated with these activities should be waived by school districts for any students whose parents or guardians are unable to afford them.
 - Authorize special flexible scheduling and attendance arrangements, including allowing absences for medical or child care needs and providing homebound instruction.
 - Develop protocol for assisting expectant and parenting youths with ancillary services, such as child care, health care, social services, transportation, support groups, mentoring programs, and classes in parenting skills, prenatal care, and child development through referrals to school- or community-based support services.
 - To promote school stability for expectant and parenting students, provide necessary accommodations in school including, but not limited to, larger desks, individual hall passes for frequent bathroom use, trash receptacles for illness, elevator access when necessary and possible, permission to eat and drink in class, additional time for class changes and getting lunch, leniency in school uniform and dress code policies, private nursing rooms, special consideration during classes that may require strenuous physical exertion, sufficiently private settings and time-off for meetings with counselors or other service providers, and any other accommodation that may facilitate the student's participation in school.
 - Prohibit school administration and staff members from pressuring or requiring expectant or parenting students to attend an alternative program, and ensure that, in accordance with Title IX, expectant and parenting students have the opportunity to make a voluntary decision about which academic programs they would like to pursue.

Recommendations that Can Be Implemented Within the Next Two Years

- Amend the School Code to recognize expectant parenting and parenting responsibilities—including, but not limited to, arranging child care, caring for the student's sick child, attending medical appointments for the student's child, and attending prenatal appointments and childbirth—as a valid cause for absence for students who are fathers and mothers and expectant fathers and mothers.
- Amend the homebound instruction provision to include a student's right to homebound instruction due to pregnancy-related conditions and the fulfillment of parenting obligations related to the health and safety of the student's child. Allow student homebound instruction for as long as needed to care for the student's ill child when a health care provider indicates in writing that the student needs to provide care to the sick child and the student or school is unable to arrange alternative child care. Home instruction services should be equivalent to the regular education program, in accordance with Title IX, and students receiving home instruction should not be penalized in grading, course completion, grade-level advancement, or graduation, providing that the students comply with home instruction requirements.

- Ensure that alternative education programs offer the same quality of academic courses and extracurricular activities provided at the regular school setting.
- Give students on-site access to health centers that provide comprehensive services, including reproductive and sexual health services.
- Amend the Illinois School Student Records Act to maintain confidentiality of student records and ensure that any documentation regarding a student's status as a parent or expectant parent be kept confidential and separate from the student's permanent record, and not be released, transferred, disclosed, or otherwise disseminated without the student's consent.⁶⁷
- Require school districts to (at a minimum) track separately the transfer rates of students who are expectant parents or parents, and make these data publicly available along with dropout and graduation rates.
- Allow school transfers when necessary to accommodate parenting youths' child care needs. A parenting student in need of child care should be permitted to transfer to another school in the same district as the previous school if such transfer facilitates the student's drop-off and pickup of that student's child from child care, nursery school, or preschool, or a parenting program or otherwise facilitates a parenting student's ability to continue to attend school while fulfilling parenting responsibilities. Transfer for child care-related reasons should be permitted if the student's travel time from home to child care and then directly to the student's school exceeds sixty minutes; the student states that there is no safe, appropriate, available, or affordable child care alternative that would reduce travel time; and the student presents from the student's child care provider a letter stating that the child is receiving or has been accepted to receive child care services. In accordance with the federal McKinney-Vento Homeless Education Assistance Improvements Act of 2001 or the Education for Homeless Children Act, school transfers should also be allowed for youths who become homeless because they are parents or expectant parents. School districts should waive tuition for students who transfer to a school district where they do not reside.

Section 3: Student Survivors of Domestic and Sexual Violence

- According to a Centers for Disease Control and Prevention (CDC) study, 8.8 percent of high school girls in the United States reported that a boyfriend or girlfriend had hit, slapped, or physically hurt them on purpose in 2007. In Chicago 10.6 percent of high school girls reported this, and in Illinois 8.6 percent.⁶⁸
- A national survey of students in Grades 8–11 found that eight in ten students (81 percent) experienced some form of sexual harassment during their school lives, and girls were more likely than boys to experience sexual harassment ever (83 percent compared to 79 percent) or often (30 percent compared to 24 percent).⁶⁹
- Adolescents are more likely to be victims of trauma than any other age group. Each year approximately 8.8 million adolescents nationwide witness severe interpersonal violence, 3.9 million are severely abused or assaulted, and 1.8 million are sexually assaulted.⁷⁰
- Teens between the ages of 16 and 19 are the age group most likely to be victims of sexual assault, and 54 percent of female sexual assault victims were under 18 when they experienced their first rape.⁷¹
- In 2007, of female high school students, 9.4 percent in Illinois and 11.3 percent in Chicago reported ever being physically forced to have sexual intercourse.⁷²
- A lack of safety in school is affecting Illinois girls' performance in school: 10.7 percent of Chicago high school girls, nearly twice the national average of 5.6 percent, skipped school for at least one day in the prior thirty days in 2007 because of safety concerns. Statewide 4.3 percent of high school girls reported this.⁷³
- In the 2008 fiscal year 50 percent of reports of suspected abuse and neglect to the Illinois Department of Children and Family Services were girls (48,201). Girls are the victims in over 80 percent of indicated reports of child sexual abuse in Illinois.⁷⁴
- Women who are between 16 and 24, are African American, and have an annual household income of less than \$7,500 report the highest rates of nonlethal violent victimization by an intimate partner.⁷⁵
- CDC found that 11.7 percent of female high school students nationwide had been harassed at least once in the past year because someone thought they were gay, lesbian, or bisexual.⁷⁶
- Gay, lesbian, and bisexual students are from two to four times more likely to report sexual assault victimization than their heterosexual peers.⁷⁷

Findings

The emotional, social, and psychological impact resulting from exposure to domestic or sexual violence can create serious problems for both those who witness and those who experience such traumatic situations. Experiences of violence often have detrimental effects on children's and adolescents' abilities to cope with the normal stressors of the maturation process and consequently hinder them from focusing on their education. Children and youths who are exposed to violence may exhibit a range of developmental difficulties and symptoms, both internal (e.g., depression or anxiety) and external (e.g., aggression or conduct problems).⁷⁸ When exposed to incidents of domestic or sexual violence, individuals may develop toxic, or traumatic, stress where the body responds to the situation by frequent or prolonged activation of the body's

stress management system. These individuals live in a constant state of alert and crisis, which, if not resolved, can produce neurochemical changes and adaptations that can adversely affect brain development. The estimated risk of developing posttraumatic stress disorder (PTSD) is 49 percent for survivors of rape, 32 percent for survivors of severe beating or physical assault, and 24 percent for survivors of other types of sexual assault.⁷⁹

Key to helping children and youths cope with and recover from major adverse experiences such as domestic or sexual violence is the presence of caring adults. Children and youths need a safe and supportive environment where they have access to interventions that can help mitigate the effects of exposure to violence and improve their capacity to cope with ongoing stressors. Consequently teachers and school administrators especially need training to ensure that they understand and are sensitive to these children's and youths' needs. School districts should be required to establish clear protocols regarding how to deal with a student's disclosure about domestic or sexual violence and implement procedures that accommodate survivors in a manner that prioritizes confidentiality, safety, and educational success. One advocate from Chicago testified about her concern for the lack of consistent school policies regarding the needs of student survivors of violence: "We cannot leave ... survivors at the whim of how a school deems it fit to handle a situation—one school may have excellent training, adequate staffing and compassionate understanding of the issue but other schools, more often, may not. School must be a safe space. So with guidelines, appropriate staffing and training [are] essential."

Children's and Youths' Exposure to Domestic Violence

Exposure to family violence has significant negative repercussions for children and youths: childhood exposure to violence can be associated with increased display of aggressive behavior, increased emotional problems such as depression, anxiety, and reduced self-esteem, lower levels of social competence, and poorer academic performance.⁸⁰ In homes where domestic violence occurs, children are at high risk of suffering physical abuse themselves. Studies of the link between domestic violence and child abuse show that between 45 percent and 70 percent of children exposed to domestic violence are also victims of physical abuse and that as many as 40 percent of child victims of physical abuse are also exposed to domestic violence.⁸¹ Violence in the home also affects youths' abilities to form trusting relationships, resulting in a higher probability that these adolescents will end up in violent relationships themselves.⁸²

Child Abuse

While we must be aware of the increased risk of child abuse victimization in the context of domestic violence, we must keep in mind that not all abuse against children and youths happens in this context, nor is the abuse always covered by the Illinois Abused and Neglected Child Reporting Act. For example, most forcible rapes occur before the victim is 18 years old, and nationally 34.1 percent of all rape or sexual assault victims are under 12.⁸³ In most cases the perpetrator is known to the victim but is not necessarily a family or household member or even a boyfriend or girlfriend. Acts of relationship or sexual violence against children perpetrated by other children also have an impact on a child's school performance, safety, and well-being and should be covered by the policies recommended here.

Dating Violence

Dating violence is a serious public health concern that has damaging effects on students' academic and personal development.⁸⁴ Between 12 percent and 35 percent of high school students engage in or are victims of violence, both physical (scratching, slapping, pushing, kicking, biting, and forcing sex) and psychological (intentionally hurtful comments, threats of harm, insulting remarks made in front of others, and prohibiting the girlfriend or boyfriend from doing activities with other people), in a dating relationship.⁸⁵ Survivors of domestic or sexual violence often face harassment at school not only by the perpetrators but also by the perpetrators' friends and other students. Harassment through text messages and online social networking sites (i.e., cyberbullying) has become especially problematic. Students who experience sexual harassment or bullying may react by participating less in class, not wanting to go to school, changing their seat in class to distance themselves from the aggressor, and finding it hard to pay attention in school.⁸⁶ Sociologists argue that youth exposure to violence, particularly violence in romantic relationships, "forces a premature end to adolescence through early exits from conventional teenage roles."⁸⁷ Since teens have lower levels of social skills and less relationship experience than adults, they are more vulnerable to intimate partner violence. Adolescent girls are primarily the victims in violent dating relationships, and their experience of dating violence increases their risk of engaging in seriously harmful behavior, such as substance abuse, unhealthy weight control, sexual risk behavior, pregnancy, and seriously considering or attempting suicide.⁸⁸

With nearly 1.5 million high school students nationwide experiencing physical abuse from a dating partner each year, schools cannot afford to ignore this safety concern.⁸⁹ Since many incidents of dating violence occur on school grounds, this form of violence affects not only the individuals in the abusive relationship but also the security of entire schools and communities.⁹⁰ However, dating violence occurring off-school grounds is equally dangerous and distracting for youths and school communities. Young victims of violence are more likely to engage in high-risk activities and tend to report higher rates of truancy, more negative contact with their teachers, and increased conflict with other students.⁹¹

Schools' Roles in Responding to Children's and Youths' Exposure to Violence

As children and youths spend much of their time in school, schools are uniquely positioned to respond to child abuse, dating violence, and sexual violence and harassment. Often young people who have been assaulted are extremely reluctant to report the incident and, in situations of dating violence or sexual assault, are afraid to tell their parents what has happened to them because of the shame they feel. The first disclosure often occurs at school, either to a peer, counselor, or teacher. Schools should proactively respond to students' exposure to violence by establishing policies and procedures to assist student survivors of domestic, sexual, and dating violence. Effective policies must outline both preventative measures that support vulnerable students and protocols on how to intervene sensitively to help children and youths experiencing violence, harassment, and bullying. Schools should aim to provide necessary accommodations so that these students are not forced to transfer to another school, rely on homebound instruction, or resort to involuntary homeschooling because of safety-related concerns.

Revictimization of Survivors by School Staff Members and Administration

When school staff members and administration fail to deal with student survivors of violence in a respectful and sensitive manner, they revictimize the survivors by denying them the support they need to help them cope and move past their traumatic experiences. Testimony gathered by the Task Force reveals that school staff members and administrators across the state are consistently approaching survivors' situations in problematic ways that further traumatize the survivors. An advocate from Chicago testified that, throughout the course of her work in Illinois, she found "numerous educational institutions to be not only ignorant of the extraordinary impacts a sexual assault has on a young person's ability to learn, but even hostile to making any efforts to ensure that these victims are able to return to a safe school environment." Further testimony highlighted examples of how schools have established fear and mistrust in the relationship of survivors with their schools:

Many school officials [in Illinois] are ill-equipped to deal with the complex and sensitive issue of sexual assault.... At one school,... administrators refused to inform law enforcement despite the victim's parents' repeated requests because the school principal felt that it would be better to have a meeting between the victims' parents and the perpetrators' parents first. Some school officials take a punitive attitude towards the victim. In some cases, victims had engaged in some wrongful conduct such as underage drinking or leaving school without permission prior to the assault. When school authorities choose to blame or even punish the victim for that behavior, they reinforce the shame and self-blame that most victims of sexual assault experience. In some cases, victims have been threatened with expulsion, rendering a trusting relationship with school officials impossible.

One parent from Chicago recounted the insensitive response of her daughter's school after her daughter was raped by two of her classmates off-campus. The survivor's mother said that, in telling a key administrative staff member of the assault, her daughter "was never brought to a quiet place by this adult to inquire if she needed help." Another administrative staff member then approached the survivor and told her to forgive the perpetrators and threatened to transfer the survivor to another high school if she did not cooperate. After the perpetrators were arrested for the sexual assault, they returned to school the next day, and the survivor became further victimized by the perpetrators' friends who verbally harassed her. During expulsion hearings of the perpetrators, the survivor was required to sit in the same room as the perpetrators and testify with no protection other than her parents. Ultimately the survivors' parents decided to relocate the family out of the school district so that they could protect their child better.

A key step to preventing schools' inappropriate responses to survivors' situations is to require that school districts establish protocols that set up a clear guide for how staff members and administration should proceed after witnessing acts of harassment, bullying, or violence, as well as what action to take after receiving disclosures about survivors' experiences of violence from the survivors or others. Testimony across the state illustrated the dangers of relying on informal agreements and not having written guidelines: in many cases the actions of one school administrator determined whether a survivor received the accommodations she needed to continue attending school. In her testimony an advocate emphasized the importance of moving

away from an ad hoc basis of addressing violence to set consistent policies and a centralized system of response: “It is essential that all school officials including teachers, coaches, counselors, and administrative staff know how to speak to a sexual assault victim in a manner that establishes trust and confidence rather than fear and distrust. They should be bound by certain protocols and procedures, and principals and other administrators in leadership roles must be required to set a positive example for other staff on these issues.”

Confidentiality Issues

Revictimization may also occur when school teachers and administrators pressure students who have disclosed information about their experiences of domestic or sexual assault to inform their parents about the incident. While state law allows students who are 12 years old or older access to mental health and medical services for five sessions without parental consent, oftentimes school personnel make students feel as if they will be punished if they do not tell their parents about their situation. A McLean County advocate on behalf of sexual assault victims recognized that this created “not only a trust issue but a safety issue if the student has a history of a violent home environment that has not been disclosed.”⁹²

When school teachers and administration breach student confidentiality, survivors experience even greater difficulties in regaining a sense of normalcy. An example of schools’ lack of sensitivity for student confidentiality emerged from the Springfield public hearing, where an advocate from Jacksonville gave testimony about an elementary school student who was sexually abused by a school staff member. In investigating the case, the school board requested that the survivor testify about the details of what happened in front of the board and any public attendees at the hearing. This caused the survivor to have even more anxiety and fear about the situation. Such a lack of consideration for survivors’ need for confidentiality jeopardizes survivor safety and prevents survivors from recovering from their trauma.

Social workers and counselors are bound by professional standards that prevent them from disclosing information about a client without the client’s consent. However, social workers’ and counselors’ testimony to the Task Force show that school administrators are not respecting these professional obligations to preserve confidentiality either for in-school or externally-based professionals. A Chicago social worker testified that “[e]ffective school social work services are many times threatened by school administrators who are either misinformed about confidentiality, or don’t care about confidentiality, or are perhaps poorly advised by legal counsel regarding the parameters of confidentiality.” The 2009 amendment to the Illinois School Student Records Act clarified that information communicated in confidence by a student to a school social worker, school counselor, school psychologist, or any interns working with such professionals must be afforded the full protection of professional standards of confidentiality.⁹³ The Act already stipulated that client confidentiality must be upheld for information communicated in confidence by a student to a physician, psychologist, or other psychotherapist. Furthermore, as the amendment made clear, school employees who act to protect communications as privileged or confidential pursuant to applicable state or federal laws or regulations may not be subjected to adverse employment action or the threat of such action. We hope that these clarifications will guide school districts in better respecting social workers’

responsibility to preserve student confidentiality; however, school districts should separately establish their own protocols outlining these standards to ensure compliance.

With regard to student records, schools should ensure that all documents related to the student's status as a survivor of domestic or sexual violence, including copies of protection orders or safety plans, written requests for accommodations, referrals, or any other type of document, be kept confidential and separate from the student's permanent record and not be released, transferred, disclosed, or otherwise disseminated without the student's consent.

Student Needs

In-School Accommodations

Students who are survivors of domestic and sexual violence want to stay in school and graduate, but fear for their safety and well-being often forces them into involuntary homeschooling, forces them to seek alternative programs, or forces them to drop out entirely. In order to ensure that these students preserve access to meaningful education and safety on campus, schools must make accommodations to meet students' concerns. All requests for accommodations should be kept strictly confidential, and survivors must be informed that they have the right to decline or rescind any accommodation at any time. In declining an accommodation, no student should be subject to disciplinary action for this decision and must not lose the right to request and receive future accommodations.

Students, counselors, and service providers testified to a persistent problem facing student survivors of domestic and sexual violence across the state: schools are not accommodating these students' needs in order for them to continue their education in a safe environment. An advocate's testimony about her experiences with schools in Cook County illustrates the inconsistency inherent in schools' responses to survivors' needs for accommodation:

At one school, our client was able to switch out of classes with the perpetrator but her request to have the perpetrator transferred to another school was denied. At another school the Principal told the victim's family that if she saw the perpetrators in the hallways at school, she should look the other way, and if the school cameras "caught her" talking to the perpetrators she would be expelled. At another school, our client stayed home from school after she was assaulted for the remainder of the school year because her repeated requests to transfer to another school were ignored.

Small measures taken by school staff members to help a survivor transition back into school can make a significant difference in ensuring that the survivor will be able to remain in school. Simple changes in class schedules, lunch periods, and seating and locker assignments can help survivors of violence get the distance they need from their perpetrators to regain a sense of security and be able to focus better in class. A sexual assault survivor who experiences panic attacks on a regular basis may need a permanent hall pass so that she may excuse herself from

class without having to explain the situation to each teacher. In making these accommodations, schools should not place the burden of change on the survivor but rather require the perpetrator to make the necessary changes.

A Quincy high school student's testimony points to how schools should approach the educational and related needs of students who are survivors of domestic and sexual violence to ensure that they stay safe in school. The student recounted how she had very different experiences in securing the accommodations she needed at the two different schools she attended after surviving a sexual assault by a fellow student. She stated that her experience at the first school was negative with "a school administration that was, at best, indifferent to my problems, had no idea how to handle the situation, and refused any help from experts in the community." By contrast, she testified that the second school's administration "did not claim to know all the answers, but was willing to talk with my parents and me, make accommodations, and use resources in the community to find solutions." This positive approach taken by the second school was an affirming experience for the survivor and established an open line of communication that allowed for collaboration between the school and community-based organizations to ensure that the survivor and her family had access to essential resources.

Designated Staff Liaisons to Assist Student Survivors of Domestic or Sexual Violence

In order to ensure that students who are survivors of domestic or sexual violence receive the assistance they need, the Task Force recommends that each school designate at least one staff person as the point person on campus (as recommended in the previous section on expectant and parenting students) who is trained to address the needs of children and youths who are survivors of domestic or sexual violence. These staff members—who can also serve as the liaison for students who are parents or expectant parents—should be trained to understand, give information and referrals, and address the following issues pertaining to children and youths who are survivors of domestic violence:

- theories and dynamics of domestic violence (including a definition of domestic and dating violence);
- power, control, and cycles of violence;
- barriers to leaving abusive relationships;
- aspects of healthy and unhealthy relationships;
- effects of domestic violence on survivors;
- perpetrator characteristics and accountability;
- medical and legal advocacy (including orders of protection and civil no-contact orders);
- the Illinois Domestic Violence Act of 1986 and the federal Violence Against Women Act of 1994; and
- crisis intervention, safety planning, and referrals.

These staff members need to be trained on the following issues pertaining to survivors of sexual violence:

- theories and history of sexual violence and oppression;

- types of sexual violence (including stranger rape, acquaintance and campus rape, child sexual abuse and incest, multiple assailants and gang rape, and same-sex rape);
- medical and legal advocacy on behalf of sexual violence victims; and
- crisis intervention, safety planning, and appropriate referrals.

Schools do not have to expend more resources by hiring new staff members to meet this recommendation—current staff members may be utilized to perform these duties. This point person should not be expected to be an expert on these issues but should be knowledgeable about existing resources, where to seek more information, and how to make referrals. Such liaisons have also been referred to by the Task Force as “specially trained personnel.”

Grievance Procedures

An advocate from the Chicago public hearing expressed concern about survivors not being aware of their rights to appropriate grievance procedures:

Even though Federal mandates under Title IX of the U.S. Civil Rights Act require that all schools have appropriate remedies and grievance procedures for victims of sexual harassment and sexual assault in educational settings, most school administrators remain unaware of their obligations. Families of victims are not notified of their right to file a grievance against the perpetrator under Title IX, and school officials are unaware of how to carry out such grievance procedures. The result is that most perpetrators remain at school [with neither] the victim nor the school taking any action against them.

Testimony heard by the Task Force indicates that survivors of domestic or sexual violence often face harassment at school not only by the perpetrators but also by the perpetrators’ friends and other students. Harassment through text messages and online social networking sites (i.e., cyberbullying) has become especially problematic. Harassment by the perpetrator’s friends and other students should not be tolerated on or off–school grounds. Schools need policies in place to confront bullying and harassment in all its forms effectively.

Honoring Safety Plans and Court Orders

Schools must honor orders of protection and civil no-contact orders obtained by student survivors and help these students devise safety plans. One student from Kasbeer testified that, after the school refused to honor a civil no-contact order that the student had obtained, her parents chose to homeschool her rather than force her to continue to attend school with a fellow student who sexually assaulted her. A sexual assault counselor from McLean County testified that too many schools do not have policies regarding safety planning or use the resources they have to keep students safe: “While the school has limits on what they can do to separate the victim and the perpetrator, they often have a police officer on campus that could easily be trained to coordinate with the school nurse or counselor and create a safety plan with the student.” Student safety must be the chief consideration of school districts when handling these situations. To facilitate the safe return to school of survivors who have been assaulted by a fellow student, schools must have a supportive environment that prioritizes the safety needs of the survivor. If a

student has a safety plan that they created with the assistance of an external service provider, schools should honor its provisions and keep a copy of it in a confidential file.

Testifiers also voiced concerns about school officials relying on the decisions of law enforcement to address allegations of sexual assault within their schools. A Chicago advocate recognized that, given that police and state’s attorneys make charging decisions based on whether there is enough evidence to prove a case beyond a reasonable doubt in a criminal court, schools are often “too willing to take law enforcement’s decision not to charge a perpetrator criminally as complete exoneration of wrongdoing.” Her testimony went on to recognize that

[s]chool disciplinary procedures operate separately from the criminal justice system, under a different standard of proof, because they serve a different purpose. Disciplinary procedures are intended to keep schools safe and hold offenders accountable. School officials have an obligation to take appropriate disciplinary actions against perpetrators of sexual offenses when they have a strong reason to believe that the offense occurred . . . , not just when criminal charges are filed.

Counseling Services

Student survivors should be allowed to leave class to see a counselor or social worker to talk about their experiences of violence or the threat of violence. Students must have access to counseling services on their school campus so that they avoid missing time in the classroom due to transportation to and from counseling off-campus. Schools must provide children and adolescents with a safe and familiar environment for them to do their therapy work. In order to maintain the students’ confidentiality, schools should ensure that students have access to private rooms for their meetings with counselors. Also, survivors who need to be escorted to and from class for counseling sessions should be accompanied by school administrators rather than counselors so that survivors are not put in the stressful position of receiving inquiries from other students about why they are obtaining counseling services. Many service providers’ and school counselors’ testimonies recounted negative experiences when school administrators failed to set aside a private meeting space for therapy sessions with survivors.

One counselor’s testimony at the Mount Vernon public hearing emphasized her concerns about this problem:

Despite my explanation to both administrative assistants and school principals of why a confidential, private meeting place was necessary and important, I was told I would only be able to meet with survivors on the playground, in the hallway, in the gymnasium, in the library, or in the cafeteria. Obviously none of these destinations provide privacy. Many times there were other students around who could see me with the student [and] . . . even overhear our conversations. Many survivors . . . in scenarios like this reported that other students would later ask the survivor who I was, what we talked about, or even mentioned details of a session that they had overheard.

Public areas are inappropriate settings for counseling work. Besides jeopardizing confidentiality, the lack of a private space for counseling may hinder a survivor's healing process by resulting in constant interruptions in the student's trauma work and reflecting the idea that the school community does not respect the survivor's needs.

Excused Absences and Homebound Instruction

Survivors of domestic and sexual violence often experience some form of PTSD, with symptoms—anxiety, panic attacks, insomnia, inability to concentrate, or depression—that interfere with their ability to learn and succeed in school.⁹⁴ Students should receive excused absences for classes missed due to domestic or sexual violence. Students should be allowed to make up class work—homework, quizzes, tests, and any other graded work—for classes missed due to survivors dealing with their experience of violence. In cases where students cannot immediately return to school, homebound instruction is necessary so that survivors do not fall behind in their course work. However, schools should be expected to make every accommodation possible so that student survivors have the choice to remain in school safely. A sexual assault counselor from Granite City testified at the Mount Vernon public hearing that “[w]hile homebound [instruction] is a necessary option for some students for a period of time and needs to be available to survivors, it is not a long-term solution.... The goal should always be to get the student functioning as close to normal as soon as possible—that means back at school, feeling safe in school, performing well at school and looking forward to the future.”

School Transfers and Transportation

When in-school accommodations are inadequate to protect students, school transfers may be necessary to allow students to continue their education safely. The School Code currently allows school transfers for survivors of violence only in cases of violent crimes that occur on school grounds during regular school hours or during a school-sponsored event.⁹⁵ However, many survivors of domestic or sexual violence face safety-related problems as they travel to and from school and on and off-school grounds. In order to broaden protections for survivors, schools should permit survivors to transfer whether or not they were victims of a crime that meets the definition of a “violent crime” under Section 3 of the Rights of Crime Victims and Witnesses Act, and whether or not that crime occurred on school grounds during school hours or at a school-sponsored event. School districts should waive tuition for students who transfer to a school district where they do not reside so that cost does not prohibit survivors from attaining relief. Even if a perpetrator who is a student at the same school as the survivor has never attacked the survivor at school, the survivor is vulnerable as she follows her routine schedule in traveling to and from school and attending classes.

Special Consideration During Disciplinary Proceedings

Testimony has shown that sometimes school administrators, because of adherence to aggressive “zero-tolerance” policies or ignorance about the dynamics of domestic or sexual violence, penalize victims who report abuse. The Illinois School Code provision on suspension and expulsion does not take status as a survivor of domestic or sexual violence into account in disciplinary proceedings.⁹⁶ An advocate from Arlington Heights testified about a situation that

serves as an example of this problem: a female student who was sexually assaulted by a classmate off-school grounds did not disclose the incident immediately because she was struggling with depression. While she struggled to cope with the aftermath of the assault, her grades dropped. The school principal approached her to discuss her grades and see if she was experiencing any problems, but she remained silent about the assault. Eventually she told a friend about the incident, and the friend disclosed the incident to a staff member. As a result, the survivor was suspended for lying because she did not adhere to the school's honor code of honesty.

School officials should have the discretion to consider a student's status as a survivor of domestic or sexual violence or as an expectant or parenting student during a disciplinary process. When there is a substantial relationship between a student's behavior that gives rise to suspension or expulsion proceedings and the student's status as a survivor of domestic or sexual violence or as an expectant or parenting student, then the district superintendent should look to modify the suspension or expulsion requirement on a case-by-case basis. This provision would allow for flexibility by recognizing that survivors may be involved in an altercation at school for which they are not to blame if, for example, they engage in an act of self-defense or respond to an abuser's taunts and harassment.

Collaborating with External Service Providers

Testimony of domestic and sexual violence advocates across Illinois revealed strained relationships with local school officials, at a cost to the students who stand to benefit when schools and service providers cooperate. School districts should develop relationships with external service providers and community-based organizations to ensure that services provide a coordinated continuum of care for youths and their families. In fostering cooperation with other organizations, schools will engage in a cost-effective approach that reduces duplication, shares expenses, spurs new development of programs, and improves outcomes for students and their families. Increasing visibility of available community resources through referrals is crucial to ensuring that survivors have the resources they need to cope with their experiences of violence and continue their education.

Best Practices

Examples of Legislation from Other States

There is legislation in several states related to school safety and violence prevention. Many of these encompass conflict resolution and bullying and harassment. Other states directly address domestic or sexual violence, particularly between students. Rhode Island's dating-violence policy requires its department of education to develop a model dating-violence policy and assist school districts to develop and implement a policy and train all administrators, teachers, nurses, and mental health staff members.⁹⁷ Texas requires every school district to adopt and implement a dating-violence policy that includes safety planning, enforcement of protective orders, school-based alternatives to protective orders, and training for administrators and teachers.⁹⁸

Effective Practices Found in Illinois

The Task Force found that Illinois schools do not have comprehensive policies or examples of effective programs that address the needs of students who are survivors of domestic or sexual violence. In its policy manual the Chicago Public Schools has a section entitled “Domestic Violence, Dating Violence and Court Orders of Protection, Restraint or No Contact.”⁹⁹ The policy addresses all types of abusive situations experienced by children and youths, including students as witnesses of domestic violence in their homes, students as survivors of child abuse in their homes, and students as survivors of dating and sexual violence. It also addresses an important point in situations where the survivor and perpetrator attend the same school by identifying the school principal or other administrator as responsible for following investigation and incident-reporting procedures and implementing appropriate interventions and consequences regardless of whether the incident occurred on or off-school grounds. Furthermore, the Chicago Public Schools policy provides for the transferring of the perpetrator to another school when the victim’s safety is jeopardized or being disrupted by allowing the victim and perpetrator to remain in the same school. While the Chicago Public Schools policy offers an example of how to incorporate some of the recommendations of this Task Force, the policy is bare-bones, mostly serves as a legal document designed to limit liability, and is not the sort of policy that will encourage survivors to step forward, seek help, feel safe, and perform well in school. While the policy seeks to help students, it does so mostly through parental notification and getting students to counseling. School policies must do more by delineating how the school will accommodate students, ensure confidentiality, provide for survivors’ safety, and collaborate with students so that they perform well in school. Students and their parents must be able to make an informed decision about coming forward and putting their trust in school administrators and other school personnel.

Recommendations Regarding Policies Affecting Students Who Are Survivors of Domestic or Sexual Violence

Based upon our analysis, we offer the following recommendations—arranged by expected time frame for implementation—for supporting students who are survivors of domestic or sexual violence. Many of these recommendations are similar to or direct reflections of the recommendations offered for supporting students who are parents or expectant parents because of the similarities in the circumstances faced by these two student population groups.

Recommendations that Can Be Implemented Immediately

- Exempt children and youths who are survivors of domestic or sexual violence from minimum attendance requirements for absences related to domestic or sexual violence. School districts should not be permitted to consider a student who is a survivor of domestic or sexual violence a chronic or habitual truant or truant minor because of one or more absences related to the student’s status, including absences due to the student’s having received services for domestic or sexual violence such as counseling, health services, and legal advocacy, and absences needed to recover from physical and psychological injuries related to the violence.

- Students who miss class work, including lessons, assignments, quizzes and tests, because of absences related to domestic or sexual violence as described above should be allowed to make it up. Giving the opportunity to make up missed class work is the classroom teacher's responsibility. Costs associated with these activities should be waived by school districts for any students whose parents or guardians are unable to afford them.
- For students who are survivors of domestic or sexual violence, provide necessary accommodations in school, including, but not limited to, sufficiently private settings and time-off for meetings with counselors or other service providers, transfer of the student survivor or student perpetrator to a different classroom, change of locker assignment, change of seating assignment, early dismissal from classes to allow safe passage in the hallways, implementation of an individualized in-school safety plan, and any other accommodation that may facilitate the student's participation in school.
- Honor any orders of protection or no-contact orders granted.
- Require schools to treat school disciplinary procedures separately from findings in the criminal justice system. Recognize the obligation to keep schools and students safe by taking appropriate action against perpetrators of domestic violence and sexual violence offenses even when criminal charges are not filed.
- In situations where a survivor and perpetrator of domestic or sexual violence attend the same school, require schools to place the burden of making changes to meet the accommodation needs of the survivor (e.g., schedule and locker changes) on the perpetrator so as to avoid revictimizing the survivor.
- Prohibit school administrators and staff members from pressuring or requiring survivors of domestic or sexual violence to request or accept any accommodations, and ensure that survivors of domestic or sexual violence have the opportunity to decide voluntarily about which academic programs they would like to pursue.

Recommendations that Should Be Implemented Within Two Years

- Amend the School Code to recognize absences related to the student's status as a survivor of domestic or sexual violence, including absences due to the student's having received services such as counseling, health services, and legal advocacy, and absences needed to recover from physical and psychological injuries related to the violence, as valid causes for absence.
- Amend homebound instruction provisions to include students' right to homebound instruction due to circumstances related to domestic or sexual violence, and allow student homebound instruction for as long as needed to treat physical or mental health complications due to domestic or sexual violence when a health care provider or sexual or domestic violence service provider indicates in writing that such care is needed. Home instruction services should be equivalent to the regular education program, in accordance with Title IX, and students receiving home instruction should not be penalized in grading, course completion, grade-level advancement, or graduation, providing that the students comply with home instruction requirements.
- Amend the School Code to allow a student who is a survivor of domestic or sexual violence, regardless of whether the survivor has obtained a protective order, regardless of whether the perpetrator has been criminally charged or convicted, and

regardless of whether the incident occurred on school grounds during regular school hours or during a school-sponsored event, to transfer to another school immediately and as needed, including to another school district without the payment of out-of-district tuition if the student's continued attendance at a particular school poses risk to the student's safety or well-being. In accordance with the federal McKinney-Vento Homeless Education Assistance Improvements Act of 2001 or the Illinois Education for Homeless Children Act, school transfers should also be allowed for youths who become homeless as a result of domestic or sexual violence.

- Amend the School Code to allow a school district to require the transfer of a student who is the perpetrator of domestic or sexual violence, including to another school district, when the victim's safety or well-being is jeopardized or being disrupted by allowing the victim and perpetrator to remain in the same school.
- Amend the Illinois School Student Records Act to maintain confidentiality of student records and ensure that any documentation regarding a student's status as a survivor of domestic or sexual violence be kept confidential and separate from the student's permanent record, and not be released, transferred, disclosed, or otherwise disseminated without the student's consent.

Section 4: Related Issues and Special Considerations

In considering the changes that must occur in school policy and procedure to ensure that students who are parents, expectant parents, or survivors of domestic or sexual violence are safe in school and receive the accommodations they need, schools and policymakers must maintain an inclusive perspective that takes into account the situations of all students.

Implementing Comprehensive Antibullying Policies and Procedures

Bullying and harassment create an unsafe environment where distractions force students to divert their attention from their academic development to find ways to cope with these negative experiences. A 2006 study reveals that more than half (52 percent) of Illinois students report having been verbally harassed and nearly a quarter (23 percent) of students report having been physically harassed or assaulted in school.¹⁰⁰ In light of this, schools need comprehensive policies and procedures for dealing with bullying and harassment and well-trained school personnel and students who can intervene in incidents of mistreatment:

- School teachers should be required to receive training in antibullying measures and cultural diversity as part of their accreditation and professional development.
- Policies must be oriented around the goal of empowering students to resolve conflict positively and prevent the escalation of conflict.
- Comprehensive whole-school bullying programs are necessary to increase awareness of the problem and encourage staff members and students to intervene when witnessing bullying.
- Policies must explicitly address the specific dynamics resulting from harassment based on an individual's gender, sexual orientation, race or ethnicity, disability, or status as a parent, expectant parent, or survivor of domestic or sexual violence. Less than half (45 percent) of Illinois students in a 2006 report said that they were protected by school antiharassment policy that specifically mentioned sexual orientation or gender/identity expression.¹⁰¹
- Prevention is key to eliminating youth violence. In order to create safer schools in Illinois, students need a social and emotional learning curriculum that emphasizes diversity and promotes cultural acceptance. Only half (52 percent) of Illinois students report feeling very safe in their schools, and over a third (37 percent) say that at least one personal characteristic makes them feel unsafe, including physical appearance (17 percent), race or ethnicity (9 percent), gender expression (7 percent), and actual or perceived sexual orientation (5 percent).¹⁰²

Crucial to facilitating a positive school climate free of violence and harassment are professional school personnel and staff members who set examples of how to act respectfully and treat others with regard. In Illinois 81 percent of students reported hearing sexist comments at school, 74 percent had heard homophobic slurs, 19 percent had heard staff members make sexist remarks, 12 percent had heard staff members make racist comments, and 11 percent had heard staff members make homophobic comments.¹⁰³ When school staff members engage in such behavior or fail to intervene in situations of harassment or bullying, students are less likely to trust school

personnel and consequently not report incidents of harassment or bullying. With a majority (59 percent) of students in Illinois who have experienced verbal or physical harassment or assault not reporting the incidents to school staff members, schools are not fully aware of this problem.¹⁰⁴ Furthermore, in hearing their school authorities use biased language, students may believe that such language is permissible. Effective school policies and training for school personnel are imperative to prevent bullying and harassment in Illinois schools.

Homelessness Services and Prevention

Homelessness is a pervasive problem for students who are parents, expectant parents, or survivors of domestic or sexual violence. Oftentimes the only point of stability in homeless children's and youths' lives is the school environment. Each school in Illinois needs programs and policies in place—in accordance with the federal McKinney-Vento Education for Homeless Children and Youth Act provisions, the Illinois Education for Homeless Children Act provisions, and the Illinois State Board of Education policy on homeless education—that accommodate the situations of homeless students by ensuring equal access to education, upholding the dignity of these children and youths, and preventing them from feeling isolated or stigmatized due to their being homeless.¹⁰⁵ Schools must also be mindful that lesbian, gay, bisexual, transgender, queer, and questioning children and youths are especially vulnerable to homelessness. Since homeless students are forced to move locations frequently, school stability and continuity in school enrollment are essential to these students' academic success.

In meeting the requirements of the federal McKinney-Vento Education for Homeless Children and Youth program, states must provide transportation to and from the homeless student's school of origin (i.e., the school that the student attended when permanently housed or the school where last enrolled) and provide for immediate school enrollment to the school in which enrollment is sought by the student's parent or guardian even if the student is unable to produce records normally required for enrollment. Illinois law further stipulates that the choice of whether a student remains at the student's school of origin belongs to the student's parent or guardian.¹⁰⁶ States are prohibited from segregating homeless children or youths.¹⁰⁷ Federal law also provides in every school district for a homeless liaison who must, among other duties, ensure that homeless children and youths receive educational services for which they are eligible as well as referrals to health, mental health, dental, and other appropriate services.¹⁰⁸ School districts must also coordinate with housing assistance providers to ensure that eligible students have access and reasonable proximity to available educational and related support services. Schools are required to give special attention to homeless students not currently attending school. In meeting homeless children's and youths' educational needs, school districts' main priorities should be to remove barriers to enrollment, attendance, and success. State and local educational agencies should review and revise any policies or practices that act as barriers (i.e., if a student is pregnant or parenting and homeless, schools have a duty to review relevant policies and make necessary accommodations based on the student's unique circumstances).¹⁰⁹ Reenrolling homeless students is key to addressing Illinois's dropout crisis—if a student has dropped out, the school should work to reach out to the student and reenroll the student whenever possible. Public testimony heard by the Task Force reveals that homelessness is a concern common to all areas of Illinois and that our state's school districts should do more to meet better the needs of these children and youths and ensure that they receive the same education and services offered to other students:

- Advocates from Quincy discussed the problems that homeless youth under 18 encounter in accessing subsidized housing.
- A homeless youth advocate from Kane County testified at the Elgin hearing that schools needed assistance in implementing the McKinney-Vento federal provisions regarding homeless students and must better train staff to recognize signs of homelessness and assist homeless students.
- Several advocates from Elgin, Carbondale, and Chicago noted the lack of homeless shelters specifically covering the needs of youths who are parents or expectant parents.
- A school nurse from Carbondale related the importance of counseling students who are parents or expectant parents about planning for their housing needs; she testified about one of her students whose mother refused to provide housing for the student unless she gave her baby up for adoption.
- A parenting high school student from Chicago explained her experiences of homelessness when she left her parents' home after her father abused her child. The student noted that tracking down the contact information about her school's homeless liaison was very difficult for her and advised that schools should better publicize the resources available to homeless students. She also wished that her school had the resources to help her find day care since she had had to disrupt her schooling by having to move her daughter around to different child care arrangements.
- An advocate from Elgin told a story about how little changes in school policies and provision of services can be an immense aid and relief to homeless students—a group of school bus drivers in Elgin agreed to make it their policy to pick up homeless children from the shelter where they were staying before the rest of the students and drop them off last so as to avoid putting these homeless students in an uncomfortable situation.

Best practices found from discussions with advocates at the Task Force hearings included helping ensure that homeless children do not feel stigmatized by

- providing school supplies, including backpacks and/or uniforms to each child;
- coordinating efforts of district transportation and external resources to take students to and from school as needed;
- making all school activities, including before- and after-school programs accessible to each child;
- providing accessibility to tutoring and counseling;
- helping parents and students complete enrollment forms and assisting in obtaining school records, immunization records, birth certificates, and other records as needed
- coordinating efforts with local community agencies to provide basic needs and services, including medical, vision, and dental care, for homeless students and families;
- creating awareness of, and promoting sensitivity toward, the educational and legal rights of homeless children and youths among school personnel.

Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Students

Lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) children and youths face significant barriers to success in school due to their lack of safety both in school and at home. A 2005 survey of Chicago students conducted by the Chicago Public Schools and the U.S. Centers for Disease Control and Prevention found that lesbian, gay, and bisexual students had a heightened risk of violence exposure: LGB student responses indicate that, compared to their heterosexual peers, they are two times more likely to be threatened at school, two to four times more likely to be treated for injuries resulting from a fight, two to four times more likely to report being victims of sexual assault, and three to four times more likely to have attempted suicide in the past year.¹¹⁰ A national study of LGBT students of color in middle school and high school found that these students were especially vulnerable to victimization. Across all minority racial or ethnic groups surveyed, more than four out of five students reported verbal harassment in school because of sexual orientation and about two-thirds because of gender expression. At least a third of each group reported physical violence in school because of sexual orientation.¹¹¹ Less than half of the minority LGBT students who reported being harassed or assaulted in school in the past year said that they reported the incidents to school staff members. More than half of those who did report an incident believed that the school's responses to the incident were ineffective.¹¹²

An LGBTQQ advocate and counselor from Chicago testified about how many of the young people with whom she worked frequently shared stories about how faculty and staff members did not intervene when they witnessed bullying of LGBTQQ students and even made derogatory remarks about a student's sexual orientation or gender expression. She discussed how parents and guardians who disapproved of or were hostile to their children's sexual orientation or gender expression used tactics of power and control to abuse their children and deny them basic survival needs, including food, financial support, and housing. Once LGBTQQ children and youths are homeless, violence becomes a common occurrence in their everyday struggle to survive.

The problem of LGBTQQ youth homelessness and victimization is widespread: one national study found that half of gay teens experienced a negative reaction from their parents when they came out, and 26 percent were kicked out of their homes.¹¹³ Another study found that more than one-third of youths who were homeless or in the care of social services experienced a violent physical assault when they came out, consequently leading these youths to leave a homeless shelter or foster home because they actually felt safer on the streets.¹¹⁴ For LGBTQQ children and youths, a lack of safe housing can lead to a multitude of difficulties including mental health issues, substance abuse, and risky sexual behavior.

Based on the National Gay and Lesbian Task Force Policy Institute's research findings that between 20 percent and 40 percent of all homeless youths identify as LGBT, between five thousand and ten thousand of the estimated twenty-five thousand youths in Illinois who experience homelessness in the course of a year are LGBT.¹¹⁵ Given that school is often the only environment that provides some basis of consistency and normalcy for LGBTQQ children and youths, Illinois must take action to ensure that schools are safe spaces for these students.

Illinois should mandate that all school administration and personnel participate in LGBTQQ awareness training and demonstrate cultural competency as part of their professional licensing process. Health education curricula should be inclusive of LGBTQQ students—information about healthy relationships and health issues should be accessible to students of all sexualities. Lack of inclusion and visibility in curricula can stigmatize LGBTQQ students, lead to their increased isolation, and prevent them from recognizing and avoiding abuse in their own relationships.

Recommended actions that schools should take to eliminate the harassment of LGBTQQ students and prevent homelessness among these students include

- facilitating student clubs that take up LGBTQQ issues, such as Gay-Straight Alliance;
- training faculty and staff members to be sensitive to the issues faced by LGBTQQ children and youths and be supportive of these students;
- ensuring that students have access to LGBTQQ-inclusive curricular resources and LGBTQQ-related resources in the school library; and
- establishing a comprehensive policy to address in-school harassment and assault and provide specific protections based on sexual orientation and gender identity and gender expression.

Children and Youths with Disabilities

Children and youths with disabilities are especially in need of educational support services that meet their unique needs. Schools would greatly benefit from enhanced coordination with community-based organizations and government agencies to improve delivery of services for this population of students.

In situations where a student who is a parent, expectant parent, or survivor of domestic or sexual violence has had an individualized education program (IEP) to meet the student's special education needs, but has dropped out of school and is seeking reenrollment, school districts should reenroll the student in the type of school listed on the student's most recent IEP even if the IEP is no longer valid. In the IEP schools should also incorporate services relevant to the student's status as a parent, expectant parent, or survivor.

Foster Children and Youths

Children and youths in the foster care system have unique stressors in their lives that may negatively affect their personal development and limit their abilities to succeed in school. Frequent placement moves and lack of coordination among agencies prevent young people in foster care from completing their education. Studies indicate that fewer than half of foster youths leave care with a high school education or employment.¹¹⁶ Foster youths are also more likely than their peers to be held back in school, suspended, or expelled.¹¹⁷

Young people living in foster care are at greater risk of early pregnancy and childbearing than their peers. In fact, teen girls in foster care are 2.5 times more likely than their peers not in foster care to experience a pregnancy by age 19.¹¹⁸ Young adults who lived in foster care at some point are 1.9 times more likely to have ever experienced forced sex than their peers, with young women who ever lived in foster care being nearly 3 times more likely than young men who ever lived in foster care to have experienced forced sex.¹¹⁹ One study of Illinois youths living in foster care found that 72 percent of the young women had ever been pregnant, and repeat pregnancies were more the rule than the exception among those who had ever been pregnant. Of these young women who had ever been pregnant, 30 percent had wanted to become pregnant, and only 25 percent were using birth control around the time that they conceived.¹²⁰ Half of Illinois's young men in foster care from this same study reported that they had ever gotten a female pregnant, compared with 19 percent of their peers not in foster care.¹²¹

Children and youths in foster care who have experienced abuse may especially have difficulties in school due to their special needs. Behavioral and emotional problems, learning disabilities, and medical or health problems often prevent these children and youths from succeeding in the classroom. In working to improve the educational outcomes of children and youths in foster care, school districts must work to enhance the provision of educational and related services to foster children and youths who do not qualify for special education programs.

California has taken steps to support educational opportunities for children and youths in foster care by

requiring that placement decision makers take the child's educational needs into consideration, permitting foster children to remain in their school of origin for the remainder of the school year even if they are placed out of the district, mandating prompt transfer of education records and immediate enrollment if the child must change schools, and requiring school districts to appoint an educational liaison for foster children to facilitate placement, enrollment, and efficient transfer of records.¹²²

Young people in foster care in California have also benefited from the state's law that grants these youths who are over 16 the right to information about available postsecondary educational options, including information about course work necessary for vocational and postsecondary programs and financial aid.¹²³ The law requires state universities and community colleges to work with child welfare agencies to promote foster youth enrollment by providing technical assistance in admissions and financial aid applications.¹²⁴ Illinois youths in foster care would benefit from similar provisions.

Section 5: General Recommendations

The following recommendations—including recommendations specifically related to the implementation of these policies—address overarching themes regarding school support of children and youths who are parents or expectant parents, and children and youths who are survivors of domestic or sexual violence:

- Establish that children and youths who are expectant parents, parents, or survivors of domestic or sexual violence have the right to attend school, receive the same or equivalent educational instruction as other children and youths in accordance with the goals of the Constitution of the State of Illinois to promote “the educational development of all persons to the limits of their capacities,” and complete their education successfully and in a safe, secure, and encouraging learning environment. Upon establishing this right in the School Code, school districts should be required to implement specific and continuing steps to notify all current students, former students under 21, applicants, and the parents of students about this right.
- Enhance interpretations and enforcement of antidiscrimination and education laws in order to
 - protect students who are expectant or parenting or are survivors of domestic or sexual violence from discrimination;
 - ensure that girls and young women are encouraged and able to enroll in and complete career and technical education courses that are nontraditional for their gender;
 - protect students fully from sexual harassment, bullying, and other forms of violence in school;
 - ensure that schools appoint, and broadly publicize information about, a Title IX coordinator and adopt antidiscrimination policies and grievance procedures to address any sex discrimination complaints; and
 - Adopt and implement amendments to the state Title IX regulations that clarify and refine current language. These amendments were unanimously approved and recommended for adoption by the Illinois State Board of Education’s Gender Equity Advisory Committee.
- Adjust the attendance formula so that there are no fiscal disincentives for schools to alter attendance policies better to accommodate students who are parents, expectant parents, or survivors of domestic or sexual violence.
- Require each school to designate a liaison on staff trained to address in a confidential and sensitive manner the needs of children and youths who are expectant parents, parents, and survivors of domestic or sexual violence.
- Comply with current law that requires in-service training sessions for all school personnel who work with pupils; such personnel include, but are not limited to, school and school district administrators, teachers, school guidance counselors, school social workers, school counselors, school psychologists, and school nurses, and such training should be conducted by persons with expertise in domestic and sexual violence and the needs of expectant and parenting youths.¹²⁵
- Require school or school district employees who become aware of or suspect a student’s status as an expectant parent, parent, or survivor of domestic or sexual violence to inform

the student about available school and community resources and refer the student to the school's designated liaison or specially trained personnel.

- Adopt a common definition of “dropouts” for all data collection and reporting requirements, and require that data be fully cross-tabulated to allow analysis of subgroups of students.
- Ensure that all students have access to quality health services and information by establishing comprehensive school health centers in every school.
- Establish coordinated efforts with community-based organizations and an effective referral system to ensure that students receive a comprehensive continuum of health and social services.
- Require that all materials for students and parents pertaining to rights and policies for student parents or expectant parents and student survivors of domestic or sexual violence be presented in a culturally competent manner. This includes supplying materials in other languages when necessary and appropriate.
- Prioritize confidentiality for students by requiring schools to accommodate on-campus counseling services with private rooms for counseling work.
- Require school districts to establish a policy and protocol to preserve the confidentiality and privacy of students who disclose their status as an expectant parent, parent, or survivor of domestic or sexual violence or who seek assistance, services, or accommodations due to their status.
- Require school districts to develop and implement policies to enable parents and guardians of children or youths who are expectant parents, parents, or survivors of domestic or sexual violence to be informed of actions taken with regard to the status of the children or youths. In cases where students indicate that their health or safety would be threatened if they were to reveal their status to a parent or guardian, school staff members should not be permitted to inform the students' parents or guardians. In such cases, school staff members should refer the child or youth to community-based organizations that provide appropriate services. School district employees are not precluded from disclosing information about a student who is an expectant parent, parent, or survivor of domestic or sexual violence when reporting to the Department of Children and Family Services is required under the Abused and Neglected Child Reporting Act, when a parent who is not barred from accessing their child's school records seeks access under the Illinois School Student Record Act and the school record contains information about the child's or youth's status, or when communication with the child or youth reveals the intended commission of a harmful act and disclosure is necessary to protect public safety.
- Require school officials to assist each child or adolescent who is a parent, expectant parent, or survivor of domestic or sexual violence to develop a student success plan based on an assessment of the youth's educational and social functioning and skills. The student success plan should establish goals and objectives for satisfactory performance with the assistance of support services and should specify how the school will assist the student in making up missed work. A student's decision not to develop a student success plan or failure to comply with components of the student success plan should not be the basis of any subsequent disciplinary action or punitive academic measures against the student.
- Require school districts to enroll or reenroll immediately a youth under 21 who is an expectant parent, parent, or survivor of domestic or sexual violence even if the youth is

unable to produce records normally required for enrollment. The enrolling school should immediately contact the school last attended by the student to obtain relevant records. School districts should be required to assist such youths in obtaining immunizations and health examinations, if necessary. No youth may be denied enrollment or reenrollment for absences or tardiness accrued due to circumstances related to the youth's status as a parent, expectant parent, or survivor of domestic or sexual violence.

- Require school districts to reenroll youths who are expectant parents, parents, or survivors of domestic or sexual violence and who were previously enrolled in a special education program in the type of school listed on their most recent individualized education program (IEP), even if the IEP is no longer valid. Require schools to include in the IEP services relevant to the student's status as a parent, expectant parent, or survivor of domestic or sexual violence.
- Pay special attention to ensuring the enrollment and attendance of children and youths who are expectant parents, parents, or survivors of domestic or sexual violence and are not attending school. If a school or school district is aware or suspects that a former student is an expectant parent, parent, or survivor of domestic or sexual violence, school district personnel should inform the former student of the student's right to reenrollment and work to remove barriers to enrollment and school attendance. Schools should coordinate efforts with organizations and agencies where children or youths who are parents, expectant parents, or survivors of violence typically receive services in the community.
- In situations where a student who is a parent, expectant parent, or survivor of domestic or sexual violence is at risk of academic failure or displays poor academic performance, school districts should be required to provide education and support services directly or by collaborating with public or private state, local, or community-based organizations. Schools should be required to inform students of their right to receive these accommodations. Educational and support services needed to meet Illinois learning standards and help students complete their education in a safe and encouraging learning environment include
 - case management services;
 - mentoring;
 - safety and well-being accommodations;
 - individualized psychological and other mental health services;
 - individual, peer, group, and family counseling;
 - individualized and flexible instruction and scheduling;
 - alternative learning environments and strategies, such as home-based learning and independent study;
 - home and hospital instruction;
 - career, family, and child development classes; and
 - other social, health, or supplemental services.
- In situations where a student who is a parent, expectant parent, or survivor of domestic or sexual violence has missed a substantial amount of school or schoolwork because of the student's status as such, alternative educational opportunities should be made available, including
 - instruction before and after school;
 - evening and weekend classes;

- summer courses or extended-year programs;
- home or hospital instruction;
- community college credit toward graduation;
- Internet or other correspondence courses;
- tutoring;
- independent study or home-based learning;
- individual completion of lesson plans; and
- other appropriate alternative learning programs.

Alternative education programs should be equivalent to the regular education program, in accordance with Title IX, and students pursuing alternative programs should not be penalized in grading, course completion, grade-level advancement, or graduation, providing that they comply with the alternative program requirements.

- Establish the provision that whenever there is evidence that a student’s status as an expectant parent, parent, or survivor of domestic or sexual violence may be the cause for expulsion or suspension, an advocate of the student’s choice must be permitted to consult with the school administration and board. Require that students who are parents, expectant parents, or survivors of domestic or sexual violence receive special consideration in reviews during the disciplinary period. Require that if there is a substantial relationship between a student’s behavior that prompts a suspension or expulsion proceeding and the student’s status as an expectant parent, parent, or survivor of domestic or sexual violence, the district superintendent may modify the suspension or expulsion requirement on a case-by-case basis.
- Fund research on the dropout crisis that examines risk factors for dropping out, particularly as they relate to youth who are parents, expectant parents, or survivors of domestic or sexual violence, as well as effective interventions for dropout prevention.
- Regularly evaluate programs and interventions in order to promote effective practices and improve schools’ responses to the needs of students who are parents, expectant parents, or survivors of domestic or sexual violence.
- Ensure that school districts are accountable for proper implementation of all federal and state laws, regulations, and policies, such as federal and state laws governing homeless children and youths, to counter inconsistent or nonexistent application.
- Require that school districts adopt and implement the model policies and procedures as found by this Task Force, or require that they form a local working group comprising representatives of the school district, educators, social workers, counselors, psychologists, representatives of the local nonprofit domestic violence and sexual violence community, and students and parents of students who are parents, expectant parents, or survivors of domestic or sexual violence to develop and implement their own policies and protocol to address the issues set forth in this report.

Issues Needing Further Research and Discussion

- Whether and how to track the graduation rate of students who are survivors of domestic or sexual violence.

- Addressing risk factors for teen dating violence and examining how both community and family violence contributes to teen dating violence.
- How effectively to connect community-based service providers with schools.
- How better to ensure school district compliance with federal and state laws, regulations, and policies.
- The extent to which students who are survivors of domestic or sexual violence in Illinois are pushed into involuntary homeschooling as a result of unmet needs related to their safety and well-being.
- Using restorative justice techniques to address dating and sexual violence, harassment, and bullying in schools.

Endnotes

¹105 ILL. COMP. STAT. 5/2-3.147 (2009).

²See *Davis v. Monroe County Board of Education*, 526 U.S. 629, 650 (1999) (Title XI “funding recipients are properly held liable in damages only where they are deliberately indifferent to sexual harassment, of which they have actual knowledge, that is so severe, pervasive, and objectively offensive that it can be said to deprive the victims of access to the educational opportunities or benefits provided by the school”).

³ILL. CONST. art. 10, § 1; *id.* art. 1, § 18.

⁴105 ILL. COMP. STAT. 5/27-1 (2009).

⁵ILL. ADMIN. CODE tit. 23, § 200.50(e)–(f) (2009).

⁶Illinois State Board of Education, *Mission, Goals*, http://www.isbe.net/board/pdf/mission_statement.pdf.

⁷The Ensuring Success in School Task Force did not address or recommend changes regarding the Abused and Neglected Child Reporting Act, 325 ILL. COMP. STAT. 5/1 *et seq.* (2009). When the perpetrator of domestic or sexual violence is a person whose actions are covered under the Act (a parent, an immediate family member, a person responsible for the child’s welfare, an individual residing in the same house as the child, a paramour of the child’s parent, or anyone who came to know the child through an official capacity or position of trust (*id.* § 3)), mandated reporters, including school personnel, should comply with that law.

⁸Illinois State Board of Education, *2009 Illinois State Report Card 3*, http://webprod.isbe.net/ereportcard/publicsite/getReport.aspx?year=2009&code=2009StateReport_E.pdf. Note that the data used to calculate a graduation rate or a dropout rate vary greatly, thus the variations in the numbers and percentages in reports cited here and elsewhere and the lack of correspondence between graduation rates and dropout rates.

⁹Editorial Projects in Education, *Diplomas Count 2008—School to College: Can State P–16 Councils Ease the Transition?*, 26(40) EDUCATION WEEK (2008).

¹⁰Illinois School Board of Education, *2009 Expulsion by Gender, Grade Cluster, and Race/Ethnicity* (2010), http://www.isbe.state.il.us/research/pdfs/eoy_ex_0809.pdf; *id.*, *2007–2008 Number of Expulsions, by Gender, Grade Cluster, and Race/Ethnicity* (2008), http://www.isbe.state.il.us/research/pdfs/eoy_ex_0708.pdf; *id.*, *2006–2007 Number of Expulsions by Gender, Grade Cluster, and Race/Ethnicity* (2008), http://www.isbe.state.il.us/research/pdfs/eoy_ex_0607.pdf.

¹¹The National Center for Education Statistics records the 2008 high school dropout rate for U.S. youths 16 to 24 at 8 percent (National Center for Education Statistics, *Digest of Education Statistics: Table 108—Percentage of High School Dropouts Among Persons 16 Through 24 Years Old (Status Dropout Rate), by Sex and Race/Ethnicity: Selected Years, 1960 Through 2008* (2009), http://nces.ed.gov/programs/digest/d09/tables/dt09_108.asp). The Illinois State Board of Education reports on the number of dropouts every year: 3.37 percent of students in 2009 were reported to have dropped out of high school (2.93 percent for females and 3.80 percent for males) (Illinois State Board of Education, *2009 High School Dropout Rate by Grade Level, Gender, and Race/Ethnicity* (2010), http://www.isbe.state.il.us/research/pdfs/eoy_dropouts_glgr0809.pdf). A 2009 study conducted by Northeastern University and the Alternative Schools Network in Chicago found that 13.2 percent of Illinoisans 16–24 dropped out of high school in the 2006–2007 school year (Center for Labor Market Studies at Northeastern University & Alternative Schools Network, *Left Behind in America: The Nation’s Dropout Crisis* 3 (2009), http://www.clms.neu.edu/publication/documents/CLMS_2009_Dropout_Report.pdf). The U.S. Census Bureau’s American Community Survey data show that 17.7 percent of Illinois men 18–24 have not completed high school, and 13.7 percent of Illinois women 18–24 have not completed high school (U.S. Census Bureau, *2006–2008 American Community Survey 3-Year Estimates: Table B15001—Sex by Age by Educational Attainment for the Population 18 Years and Over*).

¹²See Signe-Mary McKernan & Caroline Ratcliffe, The Urban Institute, *Events that Trigger Poverty Entries and Exits* (2002), http://www.urban.org/UploadedPDF/410636_PovertyEntries.pdf.

¹³National Women’s Law Center, *When Girls Don’t Graduate We All Fail: A Call to Improve High School Graduation Rates for Girls* 6 (2007), <http://www.nwlc.org/pdf/DropoutReport.pdf>.

¹⁴*Id.*

¹⁵U.S. Census Bureau, *supra* note 11. From that same data set, 13.84 percent of adult men 18–64 and 11.18 percent of adult women do not have high school degrees.

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- ¹⁶Center for Labor Market Studies at Northeastern University & Alternative Schools Network, *supra* note 11, at 3. The study finds that the combined lifetime fiscal benefits of high school graduates—including the payment of payroll, federal, and state income taxes—could amount to more than \$250,000 per graduated student.
- ¹⁷Henry Levin et al., Columbia University, *The Costs and Benefits of an Excellent Education for All of America's Children* 1 (2007), http://www.cbcse.org/media/download_gallery/Leeds_Report_Final_Jan2007.pdf.
- ¹⁸Illinois Task Force on Re-enrolling Students who Dropped out of School: Final Report 9 (2008), http://www.isbe.state.il.us/reports/reenrolled_students08.pdf.
- ¹⁹Andrew Sum et al., 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* 12 (2007), http://www.clms.neu.edu/publication/documents/An_Assessment_of_the_Consequences_of_Dropping_Out_of_High_School_in_Illinois.pdf.
- ²⁰*Id.* at 19.
- ²¹*Id.* at 16.
- ²²National Women's Law Center, *supra* note 13, at 8.
- ²³Sum et al., *supra* note 19, at 52.
- ²⁴*Id.* at 53. The report also found that high school graduates with no college education accounted for 24.5 percent of the adult female population (age 18 to 44) in the state but represented over 52 percent of Temporary Assistance for Needy Families (TANF) recipients, making them overrepresented in the TANF ranks by 2 to 1. By contrast, adult women (age 18 to 44) with one or more years of postsecondary schooling accounted for only 1.7 percent of TANF recipients, even though they represented nearly 65 percent of the adult female population in that age group in 2005.
- ²⁵*Id.* at 33.
- ²⁶*Id.* at 32.
- ²⁷Illinois Department of Public Health, *Illinois Teen Births by County 2006–2007*, <http://www.idph.state.il.us/health/teen/teen0607.htm>.
- ²⁸Guttmacher Institute, *U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity* (2010), <http://www.guttmacher.org/pubs/USTPtrends.pdf>.
- ²⁹Joyce A. Martin et al., *Births: Final Data for 2006*, 57(7) NATIONAL VITAL STATISTICS REPORT Jan. 7, 2009, http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf.
- ³⁰Center for Law and Social Policy, *Leave No Youth Behind: Opportunities for Congress to Reach Disconnected Youth* 8 (Jodie Levin-Epstein & Mark H. Greenberg eds., 2003), <http://www.clasp.org/admin/site/publications/files/0135.pdf>.
- ³¹Kate Perper et al., *Diploma Attainment Among Teen Mothers*, CHILD TRENDS FACT SHEET, Jan. 2010, http://www.childtrends.org/Files/Child_Trends-2010_01_22_FS_DiplomaAttainment.pdf. Diploma and General Educational Development (GED) attainment was the lowest for Hispanic teen mothers (46 percent) followed by white teen mothers (55 percent) and black teen mothers (67 percent). The report also showed that younger teen mothers were less likely to attain their diplomas or complete their GED than older teens: 57 percent of those who had given birth before age 18 received a diploma or GED, where 73 percent of those who gave birth at 18 or 19 did.
- ³²Illinois Pregnancy Risk Assessment Monitoring System (PRAMS), cited in Mariame Kaba et al., Women & Girls Collective Action Network, *Status of Girls in Illinois* (2009), http://www.girlsinthegame.org/uploads/files/SOG_Report2009.pdf.
- ³³Kaba et al., *supra* note 32.
- ³⁴JM Bridgeland et al., *The Silent Epidemic: Perspectives of High School Dropouts* 6 (2006).
- ³⁵*Id.* at 14.
- ³⁶See 105 ILL. COMP. STAT. § 5/26-2a, 10-22.6a (2009).
- ³⁷D.R. Polit et al., New York: Manpower Demonstration Research Corporation, *The Challenge of Serving Teenage Mothers: Lessons from Project Redirection* (1988).
- ³⁸Helene M. Marcy, Center for Impact Research, *Prepped for Success? Supporting Pregnant and Parenting Teens in Chicago Schools* 10 (July 2003), <http://www.impactresearch.org/documents/prepped.pdf>.

³⁹See Robin Hood Foundation, *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing* 9–10 (Rebecca A. Maynard ed., 1998), <http://www.robinhood.org/media/7490/khk.pdf>. The Robin Hood Foundation study shows that only 77 percent of the children of teen mothers earn their high school diplomas by early adulthood, compared with 89 percent of the comparison group. Although a part of this difference in graduation rates can be accounted for by background differences, 57 percent of the graduation rate gap is due to adolescent childbearing and closely linked factors. When compared to their counterparts born to older childbearers, the daughters of teen mothers are 83 percent more likely themselves to become mothers before age 18. After background factors are accounted for, adolescent childbearing and closely linked factors account for about 40 percent of this difference in adolescent pregnancy rates.

⁴⁰Glenn Wolfner & Richard Gelles, *A Profile of Violence Toward Children: A National Study*, 17 CHILD ABUSE AND NEGLECT, 197–217 (1993).

⁴¹Elena Cohen et al., *Understanding Children's Exposure to Violence*, SAFE START CENTER ISSUE BRIEF, Aug. 2009, http://www.safestartcenter.org/pdf/IssueBrief1_UNDERSTANDING.pdf.

⁴²Angie Kennedy, *Urban Adolescent Mothers Exposed to Community, Family, and Partner Violence: Prevalence, Outcomes, and Welfare Policy Implications*, 76(1) AMERICAN JOURNAL OF ORTHOPSYCHIATRY 44–54 (2006).

⁴³Sally Leiderman & Cari Almo, Center for Assessment and Policy Development & Healthy Teen Network, *Interpersonal Violence and Adolescent Pregnancy: Prevalence and Implications for Practice and Policy* (2001), http://www.healthyteennetwork.org/index.asp?Type=B_PR&SEC={2AE1D600-4FC6-4B4D-8822-F1D5F072ED7B}&DE={7E3779AE-DOF1-44C0-B5ED-8A5CA85EE7DB}. Pregnant adolescents also report significantly higher rates of physical abuse than pregnant adult women (*id.*, quoting A.C. Gielen et al., *Interpersonal Conflict and Physical Violence During the Childbearing Year*, 39(6) SOCIAL SCIENCE MEDICINE 81–87 (1994); B. Parker et al., *Physical and Emotional Abuse in Pregnancy: A Comparison of Adult and Teenage Women*, 42 NURSING RESEARCH 173–78 (1993)). A small study, using a nonrandom sample, of Chicago adolescent parents receiving TANF found that 55 percent had experienced domestic violence in the past twelve months (Center for Impact Research, *Domestic Violence and Birth Control Sabotage: A Report from the Teen Parent Project* (2000)).

⁴⁴Kennedy, *supra* note 42; Angie Kennedy & Larry Bennett, *Urban Adolescent Mothers Exposed to Community, Family, and Partner Violence: Is Cumulative Violence Exposure a Barrier to School Performance and Preparation*, 21 JOURNAL OF INTERPERSONAL VIOLENCE 750–73 (2006).

⁴⁵Kennedy & Bennett, *supra* note 44, at 750.

⁴⁶Kennedy, *supra* note 42, at 50.

⁴⁷Leslie Landis, *Assessment of the Current Response to Domestic Violence in Chicago*, (Presentation to City of Chicago Domestic Violence Advocacy Coordinating Council, Oct. 8, 2009).

⁴⁸Leiderman & Almo, *supra* note 43.

⁴⁹Kennedy, *supra* note 42, quoting N.A. Cazenave & M.A. Straus, *Race, Class, Network Embeddedness, and Family Violence: A Search for Potent Support Systems*, in PHYSICAL VIOLENCE IN AMERICAN FAMILIES: RISK FACTORS AND ADAPTATIONS TO VIOLENCE IN 8,145 FAMILIES 321–39 (M.A. Straus & R.J. Gelles eds. 1990); B.A. Wauchope & M.A. Strauss, *Physical Punishment and Physical Abuse of American Children: Incidence Rates by Age, Gender, and Occupational Class*, in *id.* at 133–48).

⁵⁰Betsy McAlister Groves & Marilyn Augustyn, *Pediatric Care Settings*, SAFE START CENTER ISSUE BRIEF, Aug. 2009, http://www.safestartcenter.org/pdf/IssueBrief2_PEDIATRIC.pdf.

⁵¹See 105 ILL. COMP. STAT. § 5/26-2a (2009).

⁵²Currently, under Title IX of the Education Amendments of 1972, 20 U.S.C. §§ 1681 *et seq.*, and its implementing regulations, 34 C.F.R. § 106.40 (b) (2009), pregnancy-related absences should be excused. Likewise, in Illinois, sex equity regulations ensure that pregnancy may not be the basis for dismissal from a school-operated program or activity (ILL. ADMIN. CODE tit. 23, § 200.50(e) (2005)). Neither Title IX nor state law expressly requires schools to help pregnant young women and girls keep up with their course work even if the schools must excuse pregnancy-related absences.

⁵³See 105 ILL. COMP. STAT. § 5/10-22.6a (2009).

⁵⁴This recommendation is modeled on Tennessee law (see TENN. CODE ANN. § 49-6-3002 (2009)).

⁵⁵Illinois Coalition for School Health Centers, *Illinois School Health Center Report Card FY 2008: Statewide*, <http://www.ilmaternal.org/ICSHC/reportcard/fy082sided.pdf>.

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- ⁵⁶105 ILL. COMP. STAT. § 5/1A-4 (E) (2009).
- ⁵⁷See N.M. STAT. ANN. § 22-2C-11 (2009).
- ⁵⁸See Wis. STAT. § 115.915 (2009).
- ⁵⁹See FLA. STAT. § 1003.54 (2009).
- ⁶⁰See N.Y. EDUC. LAW § 3635 (1)(f) (2009).
- ⁶¹See CAL. EDUC. CODE §§ 54740–54759.5 (2009); *id.* § 54746 (listing support services that may be funded under Cal-SAFE).
- ⁶²*Id.* § 54747.
- ⁶³*Id.* § 54746(c)(2).
- ⁶⁴*Id.* §§ 54746, 49533, 49559.
- ⁶⁵For U-46 Protocol for Teen Parents (High School) 12/6/07, see Appendix A.
- ⁶⁶For U-46 Teen Parent Intake Form, see Appendix A.
- ⁶⁷105 ILL. COMP. STAT. 10/1 *et seq.* (2009).
- ⁶⁸*Youth Risk Behavior Surveillance—United States, 2007*, CENTERS FOR DISEASE CONTROL AND PREVENTION MORBIDITY AND MORTALITY WEEKLY REPORT, June 6, 2008, at 7, 48, <http://www.cdc.gov/mmwr/PDF/ss/ss5704.pdf>.
- ⁶⁹AAUW Educational Foundation, *Hostile Hallways: Bullying, Teasing, and Sexual Harassment in School 4* (2001), <http://www.safeschoolscoalition.org/hostilehallways.pdf>.
- ⁷⁰Ruth DeRosa & David Pelcovitz, *Working with Traumatized Youth in Child Welfare* ch. 12 (“Treating Traumatized Adolescent Mothers”) (2006).
- ⁷¹U.S. Bureau of Justice Statistics, National Crime Victimization Survey, *Criminal Victimization, 2008*, at 4 (2009); Patricia Tjaden & Nancy Thoennes, *Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*, NATIONAL INSTITUTE OF JUSTICE CENTERS FOR DISEASE CONTROL AND PREVENTION RESEARCH IN BRIEF, Nov. 1998, at 6, <http://www.ncjrs.gov/pdffiles/172837.pdf>.
- ⁷²*Youth Risk Behavior Surveillance*, *supra* note 68.
- ⁷³*Id.* at 53–54. Of twenty-two major metropolitan areas surveyed, Chicago had the third highest overall percentage of students who had skipped at least one day of school in the last month for safety concerns.
- ⁷⁴Illinois Department of Children and Family Services, *Child Abuse and Neglect Statistics Fiscal Year 2008* (2008), <http://www.state.il.us/DCFS/docs/CANTS2008.pdf>.
- ⁷⁵C.M. Rennison, U.S. Department of Justice, *Bureau of Justice Statistics Special Report: Intimate Partner Violence and Age of Victim, 1993–1999* (2000) (cited in Kennedy, *supra* note 42).
- ⁷⁶Centers for Disease Control and Prevention, 2007 Youth Risk Behavior Survey, quoted in Kaba et al., *supra* note 32.
- ⁷⁷2005 Chicago Public Schools Youth Risk Behavior Survey, cited in Illinois Safe Schools Alliance, *Chicago Public High Schools Differential Risk Factors for Lesbian, Gay, Bisexual Identified Students: 2005 Youth Risk Behavior Survey Results*, http://www.illinoisafeschools.org/page_attachments/0000/0008/2005_CYRBS.pdf.
- ⁷⁸Cohen et al., *supra* note 41.
- ⁷⁹Sidran Institute, *Posttraumatic Stress Disorder Fact Sheet* (n.d.), <http://www.sidran.org/sub.cfm?contentID=66§ionid=4> (last visited Sept. 14, 2009).
- ⁸⁰John W. Fantuzzo & Wanda K. Mohr, *Prevalence and Effects of Child Exposure to Domestic Violence*, THE FUTURE OF CHILDREN, Winter 1999, at 21.
- ⁸¹*Id.* at 27.
- ⁸²American Bar Association Commission on Youth at Risk, *Family Conflict: The Effects of High Family Conflict and Domestic Violence on Teenagers* (n.d.), <http://www.abanet.org/youthatrisk/factsheets/familyconflict.shtml>.
- ⁸³Howard N. Snyder, Bureau of Justice Statistics, U.S. Department of Justice, *Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics* (2000), <http://bjs.ojp.usdoj.gov/content/pub/pdf/saycrlr.pdf>.
- ⁸⁴For an example of model policy on dating and sexual violence, see Break the Cycle, *Safe Schools Model Policy: A Comprehensive Approach to Addressing Dating Violence and Sexual Violence in District of Columbia Schools*, <http://www.breakthecycle.org/pdf/dc-model-school-policy.pdf> (last visited Sept. 22, 2009).
- ⁸⁵Shaista Malik et al., *Community and Dating Violence Among Adolescents: Perpetration and Victimization*, 21 JOURNAL OF ADOLESCENT HEALTH 291 (1997); William James et al., *Youth Dating Violence*, 35 ADOLESCENCE 455 (2000).

Between one-fifth and one-quarter of all adolescents experience psychological and physical abuse in dating relationships (see John Hagan & Holly Foster, Youth Violence and the End of Adolescence, 66 AMERICAN SOCIOLOGICAL REVIEW 874 (2001)). One study of high school students found that 31.5 percent of sexually active adolescent girls reported ever experiencing physical or sexual violence (Michele R. Decker et al., *Dating Violence and Sexually Transmitted Disease/HIV Testing and Diagnosis Among Adolescent Females*, 116 PEDIATRICS 272 (2005)).

⁸⁶AAUW Educational Foundation, *supra* note 69.

⁸⁷Hagan & Foster, *supra* note 85.

⁸⁸Jay Silverman et al., *Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality*, 286 JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION 572 (2001).

⁸⁹M.C. Black et al., *Physical Dating Violence Among High School Students—United States, 2003*, MORBIDITY AND MORTALITY WEEKLY REPORT, May 19, 2006 (cited in Break the Cycle, *supra* note 84).

⁹⁰In a study about dating violence in teens 13 through 18 years old, 42 percent of boys and 43 percent of girls who reported abuse said that the incidents of abuse took place either in a school building or on school grounds (Christian Molidor & Jennifer Kober, *Gender and Contextual Factors in Adolescent Dating Violence*, PREVENTION RESEARCHER, Feb. 2000).

⁹¹Michell Nunez & Madeline Wordes, National Council on Crime and Delinquency & National Center for Victims of Crime, *Our Vulnerable Teenagers: Their Victimization, Its Consequences, and Directions for Prevention and Intervention* (2002) (cited in Break the Cycle, *supra* note 84).

⁹²See *supra* note 7.

⁹³Illinois Public Act 96-0628, passed as Senate Bill 1508 by the 96th Illinois General Assembly in 2009 (codified at 105 ILL. COMP. STAT. 10/5(f)) (2009).

⁹⁴National Center for Posttraumatic Stress Disorder, U.S. Department of Veterans Affairs, *What Is PTSD?* (2010), http://www.ptsd.va.gov/public/pages/handouts-pdf/handout_What_is_PTSD.pdf.

⁹⁵See 105 ILL. COMP. STAT. 5/10-21.3a(c) (2005).

⁹⁶See *id.* 5/10-22.6.

⁹⁷R.I. GEN. LAWS § 16-21-30 (2009).

⁹⁸TEX. EDUC. CODE § 37.0831 (2009).

⁹⁹Chicago Public Schools Policy Manual § 704.4, (“Domestic Violence, Dating Violence and Court Orders of Protection, Restraint or No Contact”) (adopted June 25, 2008).

¹⁰⁰Joseph G. Kosciw et al., Gay, Lesbian and Straight Education Network, *From Teasing to Torment: A Report on School Climate in Illinois* 10, 12 (2006), http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/000/000/700-1.pdf.

¹⁰¹*Id.* at 15.

¹⁰²*Id.*

¹⁰³*Id.* at v.

¹⁰⁴*Id.* at 13.

¹⁰⁵See 105 ILL. COMP. STAT. 45/1-1 (2009); Illinois State Board of Education, *Policy of the Illinois State Board of Education on the Education of Homeless Children and Youth* (n.d.), <http://www.isbe.state.il.us/homeless/pdf/policy.pdf>.

¹⁰⁶See 42 U.S.C. §§ 11432(g)(1)(J)(iii), 11432(g)(3); 105 ILL. COMP. STAT. 45/1-10 (2009).

¹⁰⁷42 U.S.C. § 11432(e)(3).

¹⁰⁸*Id.* §§ 11432(g)(6), § 11432(g)(5).

¹⁰⁹*Id.* §§ 11432(g)(7)(C), 11431; 105 ILL. COMP. STAT. 45/1-1 (2009).

¹¹⁰See *supra* note 77.

¹¹¹Elizabeth M. Diaz & Joseph G. Kosciw, Gay, Lesbian and Straight Education Network, *Shared Differences: The Experiences of Lesbian, Gay, Bisexual, and Transgender Students of Color in Our Nation’s Schools*, at xi (2009), http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/000/001/1332-1.pdf.

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¹¹³Nicholas Ray et al., National Gay and Lesbian Task Force Policy Institute & National Coalition for the Homeless, *Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness 2* (2006), <http://www.thetaskforce.org/downloads/HomelessYouth.pdf>.

¹¹⁴*Id.*

¹¹⁵National Gay and Lesbian Task Force, *Fact Sheet: Homeless Lesbian, Gay, Bisexual and Transgender (LGBT) Youth in Chicago, Ill.* (n.d.), http://www.thetaskforce.org/downloads/reports/fact_sheets/HomelessYouthChicago012507.pdf.

¹¹⁶See J. Curtis McMillen & Jayne Tucker, *The Status of Older Adolescents at Exit from Out-of-Home Care*, 78 CHILD WELFARE JOURNAL 339–60 (1999).

¹¹⁷See Mark E. Courtney et al., Chapin Hall Center for Children at the University of Chicago, *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care* 42 (2004); J. Curtis McMillen et al., *Educational Experiences and Aspirations of Youth in Out-of-Home Care*, 82 CHILD WELFARE JOURNAL 475 (2003).

¹¹⁸National Campaign to Prevent Teen Pregnancy, *Science Says: Foster Care Youth* 1 (2006), http://www.thenationalcampaign.org/resources/pdf/SS/SS27_FosterCare.pdf.

¹¹⁹National Campaign to Prevent Teen and Unplanned Pregnancy, *Fast Facts: Reproductive Health Outcomes Among Youth Who Ever Lived in Foster Care* (2009), http://www.thenationalcampaign.org/resources/pdf/FastFacts_FosterCare_Reproductive_Outcomes.pdf, (citing the National Longitudinal Study of Adolescent Health).

¹²⁰Mark E. Courtney et al., Chapin Hall Center for Children at the University of Chicago, *Midwest Evaluation of the Adult Functioning of Former Foster Youth from Illinois: Outcomes at Age 21* (Dec. 2007), at 57, http://www.chapinhall.org/sites/default/files/Midwest_Study_Illinois.pdf.

¹²¹Mark E. Courtney et al., Chapin Hall Center for Children at the University of Chicago, *Midwest Evaluation of the Adult Functioning of Former Foster Youth from Illinois: Outcomes at Age 21*, at 59 (2007), http://www.chapinhall.org/sites/default/files/Midwest_Study_Illinois.pdf.

¹²²Alice Bussiere et al., *Adolescents, the Foster Care System, and the Transition to Adulthood: What Legal Aid Lawyers Need to Know*, 39 CLEARINGHOUSE REVIEW 166–67 (2005), <http://www.povertylaw.org/clearinghouse-review/issues/2005/20050715/chr501081.pdf> (citing CAL. WELF. & INST. CODE § 16501.1(c) (2009); CAL. EDUC. CODE §§ 48853.5 (b), (d) (2009)).

¹²³CAL. WELF. & INST. CODE § 16001.9(a)(24) (2009).

¹²⁴CAL. EDUC. CODE §§ 89341–89342 (2009).

¹²⁵105 ILL. COMP. STAT. 5/10-22.39 (2007).

Appendices

Appendix A: School District U-46 Forms A-1
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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:

Signature/Firma

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

- ext. # _____
- ext. # _____
- ext. # _____
- ext. # _____
- ext. # _____
- ext. # _____
- ext. # _____

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

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

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.

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.

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.cbce.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.

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.

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.

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

