



Girl Matters[®]: It's Elementary Evaluation Report

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About NCCD Center for Girls and Young Women and the Delores Barr Weaver Policy Center

Established in January 2013, the Delores Barr Weaver Policy Center is the outgrowth of the girls' reform movement that began more than 15 years ago. This reform initiative led to the publication of two of the largest research studies specific to girls ever conducted in the country. Funded by the Jessie Ball duPont Fund, the National Council on Crime and Delinquency published *Educate or Incarcerate* (2000) and *Rallying Cry for Change* (2006), which documented girls' pathways into the Florida system and provided specific recommendations for reform.

In 2004, advocacy efforts resulted in Florida becoming the second state in the country to pass legislation requiring gender-specific services in the juvenile justice system.

In 2007, spearheaded by the Children's Campaign, a watchdog organization in Florida, the Juvenile Justice Blueprint Commission was created. Simultaneously, the Florida Bar Foundation funded a statewide reform initiative led by the Children's Campaign to address the disparate treatment of girls and young women in the justice system. This resulted in publication of *The Florida Justice for Girls: Blueprint for Action*, coauthored by Dr. Lawanda Ravoira (current president of the Delores Barr Weaver Policy Center) and Roy Miller (president of the Children's Campaign), which chronicled the girls' reform movement in Florida and provided a detailed call to action grounded in research and best practices.

Shortly after, the Women's Giving Alliance underwrote the Justice for Girls: Duval County Initiative, staffed by Ravoira and Miller, to help transform Duval County and Northeast Florida into a national model for effectively addressing the multiplicity of girls' needs in the justice system. Led by the citizen-driven Justice for Girls: Duval County Initiative Leadership Council, a comprehensive strategic plan was adopted that focused on the creation of model programming and advocacy initiatives specific to the local community.

In 2008, through a partnership with the National Council on Crime and Delinquency, Ravoira sought private funding from the Jessie Ball duPont Fund to open a national center for girls and young women. The NCCD Center for Girls and Young Women opened in 2009 and had remarkable success that included establishing the National Girls Institute for the federal government. However, a different structure was necessary to expand the work in the direction needed, to bring about systemic, lasting reform that could transform how Duval County and Northeast Florida responded to girls. In 2012, a proposal was developed for Delores Barr Weaver that married social science and political science with the goal of creating a national model for lasting reform which would focus on the disparate policies and practices in Duval and the surrounding counties.

The Delores Barr Weaver Policy Center opened in January 2013. The core services of the Policy Center are grounded in rigorous research initiatives to inform the advocacy platform, training and technical assistance, and the development and implementation of direct service model programming along the continuum to provide prevention, court diversion, treatment, and residential and reentry services for girls in the juvenile justice and child protection systems.

Executive Summary

In 2010 the NCCD Center for Girls and Young Women was funded by the Robert Wood Johnson Foundation Local Initiative Funding Partners and local funders in Duval County, Florida, to develop, implement, and evaluate the *Girl Matters®: It's Elementary (GMIE)* program in two elementary schools in Jacksonville, Florida. With the opening of the Delores Barr Weaver Policy Center in 2013, NCCD contracted with the Delores Barr Weaver Policy Center to continue the implementation of the GMIE Program.

The impetus for this project was to address the disparate treatment of girls in Duval County and to build a system of care to address their complex needs. In 2008, community leaders concluded that the number one priority was to address the overuse of out-of-school suspension and expulsion for at-risk elementary school girls. A community needs assessment revealed that 811 girls were suspended from elementary school in 2004-05 and that the number of suspensions increased until 10th grade, with the biggest increase occurring from elementary to middle school. During this same time period, the county was leading the state of Florida in residential commitments, and the number of arrests in Duval County schools ranked high, with 20 or more referrals to the juvenile justice system per 1,000 students. Existing research clearly establishes the link between academic failure and juvenile justice system involvement—highlighting the need to interrupt the school-to-prison pipeline. Last year, 69% of girls entering the juvenile justice system in Duval County had a suspension history.

Consequently, the GMIE model aimed to: 1) improve school success, 2) interrupt the suspension and expulsion of girls, and 3) prevent the spiraling effect of girls entering the juvenile justice system.

GMIE Program Model

The GMIE Intervention Program was designed to address individual, school, and community level issues contributing to exclusionary discipline practices in the context of girls' life experiences. The Intervention Program was the major focus of the evaluation. Girls referred to the program received a girl-responsive strengths and needs assessment to identify factors contributing to behaviors at school. Based on her individual needs, interventions included the following services:

- School Level intervention- may include conferencing with teachers, guidance counselor/staffing; advocacy for ESE testing, group mediation with peers; participation in child protective investigations
- One on One Skills Building- paired with an intern/mentor to focus on cognitive behavioral sessions/lessons focused specifically on areas of need (e.g., relationships, identify, trauma)
- Referrals for Services in the Community—all families receive a resource directory. Referrals are made for additional services based on identified needs (e.g., individual/family counseling, primary health care, eyesight testing, housing/shelter, food bank, legal services)
- Crisis intervention (as needed)
- Home visits (as needed)

At the school level, interventions include on-site support and coaching for teachers and school administrators regarding girl centered practices including crisis intervention and classroom management techniques. We collaborate with school administrators to promote changes in policies and practices negatively impacting girls, including overuse of suspension.

At the community level, partnerships with local universities and service providers include specialized training and access to increase the reach of services and supports to girls (e.g., mentorship for skills building, girls' groups, and referrals for services to meet needs). In addition to these interventions, the GMIE Program also facilitated Enhancement Groups (prevention phase) at the schools for girls that were not involved with the Intervention Program. The groups were facilitated by college interns and focused on girls' safety, relationships, communication, emotions, and identity.

The program evaluation sought to build practice-based evidence about girl-centered practices in a school setting. The goals of the evaluation were to document the model in practice and assess the impact of the interventions on: 1) girls' measures of school connectedness, perceived social support, academics, and behaviors; 2) school level changes including suspension rates, teacher attitudes, and changing policies and practices; and 3) impact of training and mentorship on knowledge of working with girls. A mixed methodology was used to evaluate outcomes, using a variety of sources.

Impact on Outcomes

From spring 2011 to the completion of the 2013–14 school year, a total of 293 girls were served by the GMIE intervention in grades K–5. The average age of girl served was nine years old and in the 3rd grade. The top five reasons for referral included classroom disruptions, relational aggression, minor infractions, internalizing behaviors, and academic failure. The top factors contributing to these behaviors included lack of conflict resolution skills, barriers to learning, physical and emotional health issues, and family stressors.

Girls' Outcomes for GMIE Intervention Schools

Number of Suspensions Decreased and Future Suspensions Significantly Reduced

The number of girls' suspensions decreased every school year after the first full year of implementation. For GMIE girls who entered the program in 2011-12, the average number of suspensions per girl dropped to 0.17 by the 2013-14 school year (an 84% decrease). Most significantly, 89% of this group of girls were not suspended in 2013-14.

Girls' Perceptions of School Connectedness and Social Support Showed Mixed Results

Specific to school connectedness, girls' perceptions of liking their school and doing well in school remained stable over time. However, there were differences by school on these two measures. There were also differences by grade level where on average, girls in the higher grades tended to like school less and perceive themselves as not doing a good job at school.

Regarding social support, 63% of GMIE girls reported having an adult at their schools they could go to for help "a lot" or "most of the time," after six months of intervention compared to 49% at baseline. There was a larger increase at School B the higher-need school.

Girls Attributed Skills Building with Interns As Most Helpful

The majority of girls (85%) reported that the mentorship with interns and skills building was helpful "a lot" or "most of the time." Girls stated that the program had been helpful in improving their overall behavior, following of rules, improving academic performance, respecting others, building healthy relationships, and learning how to express their emotions.

School Level Outcomes

School-Wide Suspension Rates Decreased

Both intervention schools demonstrated a decrease in school-wide female suspensions. At Maya Angelou Elementary (School A), this number dropped from 80 suspensions per 100 girls in 2011–12 to 30 suspensions per 100 girls during the 2013–14 school year (a 62.5% reduction). Similarly, at Oprah Winfrey Elementary (School B), the suspension rate dropped from 64 per 100 girls to 15 per 100 girls during the same time period (a 76.5% reduction). This is a particularly poignant finding, as the continual decrease in number and rate of suspensions for girls in the GMIE intervention schools occurred while suspension rates throughout the school district remained stable. The single-year retention rates (e.g. not promoted to next grade level) increased for girls at both schools; however, the number of girls with multiple retentions decreased.

Staff Attitudes Shifted

Teachers at the intervention schools felt more competent working with girls at the end of each school year than at the beginning, with the gains increasing each year. This trend was not seen at the comparison schools. More important, the baseline level of competence for intervention schools was consecutively higher each year. Staff qualitative data revealed that changes in staff attitude included increased comfort dealing with girls and improved conflict resolution skills. In addition to a shift in attitudes, the intervention schools underwent significant changes to policy and practice. For example, teachers began using GMIE as a first-line defense for problem behaviors; there was increased communication between school and GMIE staff; and mental health issues were dealt with more sensitively. As a result, teachers at the intervention schools reported higher ratings of the effectiveness of school policies in addressing girls' problem behaviors each year. Finally, teachers at intervention schools reported an increase in support by principals, school counselors, and other teachers.

Community Level Outcomes*GMIE Interns Increased Competency and Skills*

A total of 64 undergraduate and graduate college interns from five local colleges and universities were trained and supported by GMIE Care Managers. They provided one-on-one skills building lessons aligned with girls' individualized care plans. After 40 hours of girl-

centered training, 75% of interns reported feeling “very” or “extremely” competent in working with girls. After a semester of working one on one with girls, 94% reported feeling “very” or “extremely” competent. A higher percentage of intern mentors reported feeling knowledgeable about providing one-on-one skills building to girls (90% feeling “very” or “extremely” knowledgeable compared to 74% at outset). Further, the interns provided reasons why their internship was meaningful, including opportunity to positively impact girls’ lives, build healthy relationships, or grow professionally and personally.

PACE Teen Mentors Expressed Strong Relationships with Girls and Increased Feelings of Being a Role Model

GMIE partnered with PACE Center for Girls Jacksonville to recruit teen mentors and provide them with training to co-facilitate GMIE group activities. A total of 58 PACE mentors participated in the program. Here, 91% of mentors reported they were able to develop a positive relationship with the girls. Interestingly, as a result of the experience, mentors’ perception of knowledge and skills about safety and communication with the younger girls lessened at the completion of the mentorship. PACE mentors also shared that their experiences with girls were meaningful because they felt they were able to impact girls’ lives and spend time with the younger girls.

Discussion and Implications

Needs of Elementary Girls in High-Risk Schools to Inform Training and Planning

Many of the stressors faced by GMIE girls related to familial challenges (e.g., 46% of girls reported parent/caregiver had gone to jail, 35% had parents who lost their job, 13% experienced the death of a primary caregiver in the previous year, 29% had lived somewhere without their parents, 26% experienced the death of a close friend or relative, and 9% had been in foster care). Girls continued to face these or additional stressors over the course of GMIE. For example, an additional 18% of GMIE girls experienced incarceration of a parent / primary caregiver, and closely linked, 14% of the girls experienced a new out-of-home placement during their time in the program. The importance of this information cannot be underestimated, since it has implications for planning and training of school staff and community providers. It also

contextualizes girls' problem behaviors in that behind the disruptive externalizing behaviors or destructive internalizing behaviors, girls are experiencing stress, trauma, and pain. Equally important, these findings are important in building girl-centered practices based on their life experiences in the context of school environments.

Supporting Teachers and Adapting to Changing Needs of the School

Teachers felt supported by GMIE because there was recognition of the multiple challenges they were experiencing (school pressures regarding academic testing, lack of resources, lack of teacher training and supports, counselor responsibilities, district mandates regarding fighting, lack of parent involvement, etc.). Their input was incorporated and administrators / school environment provided them with an alternative: 1) support to send girls to a GMIE room, and 2) access to ongoing consultation regarding girls and effective strategies. This, in turn, increased the attention on girls who needed to be identified, who needed to be “seen” and “listened to,” and created opportunities for relationship and skills building with the girls. As a result of girls knowing that they mattered, there were fewer acting-out behaviors. As a result of being on-site, the program was visible—and both teachers and girls knew that. For teachers it was a “real-time” resource for receiving help. The lessons regarding how training happened in practice “in real time” suggests that administrators consider how current learning experiences are provided for teachers; often they are in artificial settings and are not directly relevant or specific to the issues teachers are facing on a day-to-day basis.

Addressing Prevention: Enhancement Groups

Preliminary analyses of prevention groups (n = 420) for girls that were not receiving Intervention care management services revealed that after exposure to the four-lesson curricula, girls reported feeling less safe in school, at home, and in the community. While this may seem contradictory to the goals of GMIE, Enhancement Groups may have raised girls' awareness about safety and thus may have led girls to recognize danger in situations that had previously been normalized in schools, homes, and the community. This reinforces the need to discuss safety, build awareness of safety with self and others, and should necessarily elevate the conversation on what is making girls feel unsafe.

Working in School Settings in the Context of District and State Level Changes

This partnership raised our awareness about how to better interface in the academic setting and how to bring services in partnership with school personnel. What was learned while at the school transformed how we did the work inside the school and how we advocate on behalf of the girls in need of more intensive community based services. Interventions are needed to increase advocacy for girls in the school when there is limited supports for parent/caregiver participation in activities that help to increase school connectedness and academic success (completing homework, parent-teacher conferences, parent involvement in school activities/advocacy).

The GMIE Program evaluation raised a number of questions that could be the focus of future work. While important information was gained specific to girls' experiences and stressors, future research should explore the impact and interaction of stressors at school, in the community, and at home level. Specific to school settings and climate, more research should address peer interactions, student attitudes toward teachers, fairness of school rules/practices, and safety specific to girls' experiences. Additionally, an exploration of the differences between girls who experience academic success and those who experience exclusionary discipline practices could be fruitful. Also, more can be learned about which of the GMIE Program components were most critical for transforming the school culture and which were most impactful in terms of the girls' success. From a community perspective, more information should be collected on the effectiveness of training and internship experiences on the next generation of professionals.

Thoughts on Replication

When discussing the replication of the GMIE Program in different communities, there are important factors to consider. First, funding must necessarily be long term because some of the most significant school level changes occurred following the second year of implementation. Initial stages of replication necessitate a careful, nonjudgmental exploration of the intervention school and local community. While exploring the demographic and socioeconomic makeup of the intervention schools is important, other factors such as types of neighborhoods, safety, school layout, existing school policies, and community stability should be taken into consideration. During implementation, a needs-based assessment must be paired with resources to address the ongoing needs of the girl and her family. Additionally, school policies, practices, structures, and

attitudes of teachers must be accounted for and addressed during the program delivery. Finally, supports must be in place for teachers and staff to facilitate cultural shifts within the school.

Foreword

Personal statements about the impact from the principals at the two intervention schools:

“Girl Matters gives the girls at [this school] a purpose that they never knew they had. It teaches them that they are important; it builds their self-esteem; and teaches them how to communicate. I’ve been in 4 other schools and have NEVER had a program as consistent as GM. Thank you very, very much for supporting me here at [this school].”

—School Principal

“This program gives the girls hope for feeling like a strong young girl, so they have something on the way home to help them remember who they are when they hear boys’ comments and even from men. The kids here act like they are twice their age; the girls take on an adult role. Girl Matters, asking “How’s your day? How are you feeling?”; creating a room, a safe place to share information (calls made to DCF: take GMIE out of the equation and maybe they never would have said to anyone, maybe never reported); and it builds a type of sisterhood for them. Do not underestimate the Girl Matters: It’s Elementary room experience; they do not have it at home.... Even if they just want to go in and sit, they are getting that experience—they NEED IT and they don’t get it otherwise.”

—School Principal

Overview

This is the evaluation report of the *Girl Matters: It's Elementary* project implemented in two elementary schools in Jacksonville, Florida (Duval County). A description of the model, impetus for the project, and program outcomes at the girls' individual level, school level, and community level are described in the first three chapters. The report concludes with an implications and discussions chapter. Evaluation methodology can be found in the appendix.

Chapter 1

Background/Research

The GMIE Story

In 2006, Florida was leading the country in juvenile justice commitments of girls; on a given day, there were 1,000 girls incarcerated in residential programs. Duval County, Florida, was committing the most girls in the state. Concerned with what was happening in Jacksonville, the Women's Giving Alliance responded by underwriting the *Justice for Girls: Duval County Initiative*, a citizen-led initiative in partnership with the Children's Campaign. The initiative was designed to help transform Duval County and Northeast Florida into a national model for effectively addressing the multiplicity of girls' needs in the justice system. In 2008, a local needs assessment was conducted to better understand the pathways and points along the system of girls entering or at risk of entering the juvenile justice system. The findings of the needs assessment included the number of girls from the local community who were incarcerated, who had been arrested, who were at PACE Center for Girls, who were receiving services at the runaway shelter, and who were being suspended at school. Discussion about the findings resulted in the development of a comprehensive strategic plan that focused on the creation of model programming and advocacy initiatives specific to the local community. The number one priority of the Duval County strategic plan was to identify strategies and interventions within the local school system to address the overuse of out-of-school suspensions and expulsions. Given the research showing the link between academic failure and juvenile justice involvement for girls, the focus would be prevention and early intervention (Acoca and NCCD, 2000). Furthermore, it would start with a special focus on elementary school girls.

The data available for the local needs assessment revealed that 811 girls were suspended from elementary school in Jacksonville during the 2004–05 school year. The majority of these students were suspended for fighting. The data revealed an even more alarming trend—the number of suspensions steadily increased every year until the 10th grade, with the most significant increase occurring between elementary and middle school (206 girls in 5th grade compared to 862 girls suspended in 6th grade). As one of the 13 largest school districts in Florida, Duval County had the fourth-highest rate of school referral to juvenile justice at the

outset of GMIE (Florida Department of Juvenile Justice, 2006). Duval County also had a higher dropout rate for girls compared to statewide average (4.6% versus 2.9%) (Florida Department of Education, 2007).

The media has covered numerous stories documenting elementary schoolchildren who are being suspended and expelled due to behavioral infractions. In some instances, these children are arrested and handcuffed. School policies and practices increasingly criminalize children's acting-out behaviors, which often are a response to abuse and victimization. Student needs and level of risk for future school problems are not typically formally assessed. Schoolteachers, counselors, and administrators often lack the tools and resources needed to appropriately intervene, and rely instead on disciplinary practices which may exacerbate and escalate existing problems. It is standard practice to utilize needs assessments for justice system-involved youth, and this process may be equally beneficial in the school setting. The application of a needs assessment can be very informative in helping school staff to understand the contexts and reasons why students are receiving behavior referrals in schools. This was the impetus for the development of a program model for girls in elementary school.

Interventions at the School System Level: The Demonstration Model

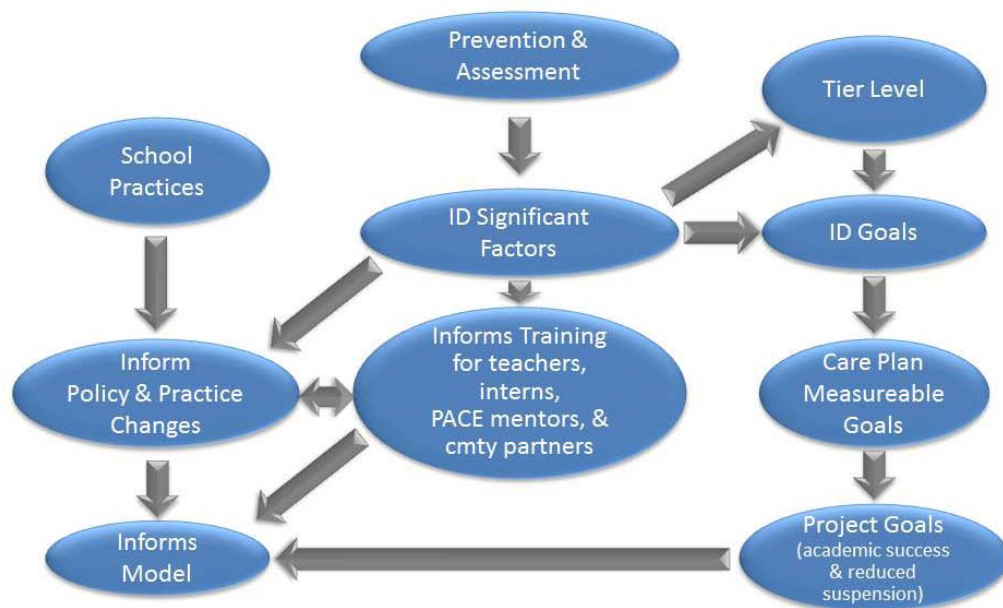
The *Girl Matters: It's Elementary* Program model (GMIE) was developed to improve school success, interrupt suspension and expulsion of girls, and prevent the spiraling effects of girls entering the juvenile justice system. The model was developed by the NCCD Center for Girls and Young Women. It was funded by the Robert Wood Johnson Foundation Local Funding Partnerships, Weaver Family Foundation, Champion Brands Inc., Ron & Susan Masucci, Bonnie Rose, Henry & Lucy Gooding Endowment, The Community Foundation – Quality Education for All Fund, Forster Family Foundation, David A. Stein Family Foundation, Baptist Medical Center, Hayes Family Foundation, The Chartrand Foundation, DuBow Family Foundation, Women's Giving Alliance, and Remmer Family Foundation.

GMIE seeks to intervene early, is rooted in gender-responsive theory and research, and actively involves schools, families, and the community as part of the solution. The model takes into account the school and individual level factors in an effort to improve the response to girls who are displaying challenging behaviors, and prevent juvenile justice involvement. This requires both an examination of the girls' strengths and needs as well as an examination of the

school environment, including policies and practices which may negatively impact girls' trajectories.

The school setting provides an incredible opportunity to reach out to girls who are coming under the attention of teachers and school administrators. Teachers can have a significant impact on young girls, and can benefit from learning how to address the motivating factors that drive girls' behaviors. Teachers spend much of their time observing students, and are in the position to be the first to notice signs of low self-esteem, abuse, or trauma. Teachers, counselors, and school administrators can be change agents. Training in the school setting should balance holding girls accountable, with seeking to understand the reasons for disruptive behaviors. Further, educating teachers, school counselors, and administrators regarding entrenched practices or policies that have a negative impact on children and families, and how to address and modify as appropriate, is critical to the success of the model.

Figure 1: System Model



The project addresses individual, community, and school level factors:

- 1) Provides gender-responsive training (curricula developed by Center staff) designed for school staff, community partners, college interns;

- 2) Provides on-site needs assessment, ongoing assessments, cognitive behavioral interventions, care management, crisis intervention, and family outreach intervention and prevention services;
- 3) Facilitates Enhancement Groups (prevention phase) focusing on girls' safety, relationships, communication, emotions, and identity. This curricula (developed by Center staff) has been provided to girls who are not involved in the Intervention. The school's guidance department is the main point of contact if girls are identified for follow-up;
- 4) Partners with local colleges to recruit and train undergraduate and graduate student interns to serve as mentors at the targeted schools, to provide counseling, skills building, crisis management, tutoring, and other support services;
- 5) Partners with local girl-serving agencies to provide direct services to girls and family members; and
- 6) Conducts ongoing monitoring of policies and practices as well as of girls' assessment data to evaluate the impact of the intervention.

The specific interventions of the GMIE model are described below:

Components of Interventions with Girls

- Identifying girls' needs and factors contributing to behavior issues at school through a gender-specific and developmentally appropriate strengths and needs assessment.
- Providing individualized care management, referrals, and services. These include school based (e.g., educational testing, peer mediation, teacher mediation), community level (e.g., referrals for mental health assessment), and in the home (e.g., home visits, abuse report, etc.) as appropriate.
- Connecting girls with mentors for individual skills building activities such as educating girls on physical and emotional safety. Helping girls understand what "triggers" them provides girls with the tools to be successful in the classroom by being able to deescalate situations rather than simply reacting to them. Girls learn how to express emotions in a healthy and safe way, and are given a safe place where they can work through any issues and refocus on learning in the classroom.

Components of Interventions with Schools

- On-site staff support and coaching for teacher and school administrator regarding de-escalation / crisis intervention.
- Collaboration with school administrators regarding policies and practices negatively impacting girls, including the overuse of suspension.

The GMIE Model: Programming in the Context of Girls' Life Experiences

Being responsive to girls requires us to see the girl, to understand that her life experiences impact her actions. It helps us to see that what we do matters.

“Gender-responsiveness means creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women’s lives and addresses the issues of the participants. Gender-responsive approaches are multidimensional and are based on theoretical perspectives that acknowledge women’s pathways into the criminal justice system. These approaches address social (e.g., poverty, race, class, gender inequality) and cultural factors, as well as therapeutic interventions. These interventions address issues such as abuse, violence, family relationships, substance abuse and co-occurring disorders. They provide a strength-based approach to treatment and skills-building. The emphasis is on self-efficacy.”

—Bloom, Owen, and Covington, 2005

What makes the program girl-responsive is not just that it targets girls, but that the approaches, staffing, training, policies, and practices are aligned with the gender-responsive tenets for girls’ programming, and all decisions are made through a gendered and cultural lens. That is, programming is deliberately designed to identify strengths and address girls’ problem behaviors within the larger context of her life experiences.

The Approach/Values. Gender-responsive strategies require an understanding of the fundamental differences in how individuals interpret and experience their day-to-day lives based on their gender. The research suggests that, generally, male and female youth experience adolescence, trauma, relationships, peer pressure, cultural expectations, and life experiences in profoundly different ways. The program components (mentorship, group programming, coaching, teacher/counselor training, intern training and support, etc.) promote a culture that values each girl as an individual, promotes girls’ safety, listens to them, recognizes their trauma

experience and related behaviors, and emphasizes strength-based individual interventions versus simply behavior controls.

The Relationships. Connecting to others is a critical developmental factor for both girls and boys, and relationships are at the core of programming. For girls, the value placed on relationships is a motivating factor. It is in the context of relationships and connecting with others that abuse, trauma, and victimization take place. Healthy, supportive relationships are a vital part of gender-responsive programming since this is how girls relate to the world around them and this is where healing takes place. The quality and context of a girl's relationships impact her safety and world view. All program policies and practices, including assessment questions, interviewing techniques, one-on-one skills building activities, mentor relationships, group activities, and monitoring practices, take this into account.

The Staffing. The GMIE Program staff had the expertise and capacity to provide gender-responsive and culturally competent program design, implementation, and leadership. Having culturally competent staff with relevant experiences and expertise was important to the process. Staff possessed communication styles that were affirming and strengths-based and were attuned to the larger context of girls' experiences. Attention was paid to recruiting interns who were racially and ethnically diverse to reflect the targeted population, and who were committed to the goals of the project.

The Specialized Training. The staff training provided to teachers and counselors in target schools is responsive to challenges they are facing with girls. When staff are trained to understand the effects of trauma, they can coach girls to identify and verbalize their needs in a more productive manner (Hennessey, Ford, Mahoney, Ko, & Siegfried, 2004). Mentors were trained on what behaviors to expect, what resources to seek and advocate for, and how to develop effective relationships with girls and cognitive behavioral approaches. Mentors were also trained in how to assist girls and their families in navigating through the school system via partnerships with teachers, support staff, and administration. The goal of the mentorship experience was to increase intern knowledge about the complexity of girls' needs, what contributes to their behaviors, and provide opportunities to experience the impact of girl-centered

practices in effectively addressing these needs versus focusing on controlling their behaviors. The larger goal was to better prepare the next generation of professionals to work in the field. At the community level, partners would continue to be educated on the needs of girls and work collaboratively to ensure that resources are available.

ABC's Foundation for Translating Gender-Responsive Tenets into Girl-Centered Practice

These tenets for training and programming are summarized below:

ATTENTION and AFFIRMATION – Girls who act out are seeking attention and affirmation and do not have the vocabulary to express their needs. Instead they may mask their disappointments, depression, anger, hurt, abuse, or fear by acting out in ways that result in referrals for school suspension and expulsion—and even arrest. They also may model the behaviors they have seen of family members or behaviors done to them (fighting, running away, screaming, etc.). In order to internalize a sense of well-being, girls need positive affirmation and validation.

BEHAVIOR – A girl's behavior is a reflection of the intensity of her needs. Trauma is often what underlies girls' problem behaviors, yet disciplinary programming is designed to focus on controlling external behaviors and often ignores internal core needs.

CHANGE – School staff may not have the skill sets or designated support services to assist girls in changing their behavior. Staff report that girls are seeking attention when they act impulsively or constantly test boundaries. When staff are ill equipped to respond, they focus on the behavior because they may not understand that she is seeking to get her needs met. Building staff's skill sets to understand girls' behaviors in the context of their life is critical to changing those behaviors.

Considerations for the School Setting

Some elements of the school setting, such as sexual harassment, a lack of emotional safety, gender bias, and non-inclusive or stereotyped curricula, can be damaging and/or dangerous for girls (Matthews & Hubbard, 2008). If girls have experienced victimization in the home or in the community, the school environment may even exacerbate or trigger post-traumatic stress disorder (PTSD). Therefore, settings that promote positive relationships and a

safe and caring environment are critical to girls' success.

Both research and experience reveal that girls react to histories of trauma either by internalizing or lashing out. Specific to internalizing, girls who have experienced trauma display higher rates of depression and anxiety than their non-abused peers (Cotgrove & Kolvin, 1996). Other signs of abuse include age-inappropriate activities whereby some victims of abuse and neglect may regress to a safe time in their lives as a defense mechanism (Mah, 2008). For example, these girls may throw temper tantrums or display other earlier childhood behaviors. Further, girls who have experienced or witnessed abuse may model these behaviors and act out by fighting, intimidating, threatening, or screaming.

Unsurprisingly, both the internalizing and externalizing behaviors of victimized girls can be maladaptive and create challenges in everyday functioning. This is especially true in the context of academic functioning and justice system involvement. Alexander, Entwistle, and Kabbani (2001) argue that school-related problems such as dropping out are not an "event," but instead a "process" which often starts in 1st grade and is impacted by individual, family, and system level factors. Similarly, Simkins and Katz (2004) found that abuse and trauma severely impacted girls' ability to function in school, and the majority of girls in their juvenile justice study did not receive the academic or therapeutic help they desperately needed. They found that many of the girls experienced their school environment as unwelcoming and unsupportive, and that this tended to exacerbate problems (Simkins & Katz, 2004). Despite the number of girls in the juvenile justice population and the high number of school suspensions, the availability of educational interventions that are grounded in girl-centered practices is virtually nonexistent. Early and intensive intervention is critical to girls' success.

When girls' victimization is left unaddressed, they are at risk of employing negative coping strategies which may jeopardize their own safety and the safety of other students and the larger school and community in the short term. The potential long-term consequences of not intervening early and providing intensive girl-centered interventions for youth who have been victimized and experience school problems, include further victimization, future involvement in the justice system, and unaddressed problems that carry over into adulthood.

Research Guiding the Model

Importance of Reducing/Addressing Suspensions

Research has repeatedly linked school behavioral problems, suspension, and expulsion to future involvement in the juvenile justice system. The phenomenon has been dubbed the school-to-prison pipeline. The focus of “pipeline” research has been predominantly black boys, as they experience the highest rate of exclusionary discipline practices. However, black girls have endured a significant rise in suspension and expulsion rates in recent years.

Suspension rates have risen for students of all backgrounds in recent decades, perhaps in part because of an increase in zero tolerance approaches to school discipline. In spite of the popularity of these practices, however, there is little evidence that they are effective (Carter, Fine, & Russell, 2014). Suspension is correlated with a higher likelihood of dropping out or coming into contact with the juvenile justice system, and frequently suspending students means they have fewer opportunities to engage in learning at school. Removal from school should be treated as a last-resort consequence since attendance at school is a predictor of academic achievement; but this is often not the case (Gregory, Bell, & Pollock, 2014).

Suspension rates have risen most dramatically for minority students and students living in poverty. According to the U.S. Department of Education Office of Civil Rights (2014), black students are suspended and expelled at three times the rate of white students. Some studies indicate that there may even be a wider gap between suspension rates for black females and their white female peers than there is between suspension rates for black males and their white male peers (Gregory, Bell, & Pollock, 2014). In fact, a data snapshot from the Office of Civil Rights (2014) found that black girls are suspended at higher rates than girls of any other race. Moreover, despite the fact that boys represent more than 66% of all suspended youth, more black girls (12%) are suspended than white boys (6%). According to Morris (2012), black females experience exclusionary discipline practices due to the “intersection structures of inequality,” meaning, black girls are at a disadvantage due to racism, sexism, and classism. The consequence of suspension and expulsion is often disengagement from school.

Recent briefing papers from the Equity Project (2004) state that the disparities in school discipline cannot be explained by behavioral differences or rates of poverty between different student groups. In addition, minor rule breaking leads to removal from school far too often and

the highest discipline disparities occur for more subjective offenses. The authors recommend that states and districts be required to report annual disciplinary data broken down by categories such as race/ethnicity, disability status, and gender (among others), so that the success and fairness of disciplinary policies can be better evaluated and addressed (Gregory, Bell, & Pollock, 2014). The disproportionate discipline of girls of color may be due to a lack of teacher preparation in classroom management, gender responsiveness, and cultural competence, as well as entrenched school policies and practices.

Addressing School Achievement and Engagement

Girls of color are most at risk and are overrepresented at every point in the Florida system, from school suspensions to arrest and incarceration (Patino Lydia & Baker, 2013). At the outset of GMIE in 2008–2009, black girls represented 39% of the total female youth population in Duval County, but constituted 75% of the girls suspended in elementary school, 56% of the girls arrested, 63% of the girls on probation, and 70% of the girls incarcerated (Duval County Public Schools, 2009; Florida Department of Juvenile Justice, 2009).

Lederman, Dakof, Larrea, and Li (2004) state that problems and needs related to school achievement are particularly pronounced for at-risk girls. In fact, Acoca and NCCD (2000), in their analysis of 1,000 case files and 86 interviews with girl offenders in Florida, found that academic problems emerged as the risk factor most associated with both repeat offending and “serious” offenses. The most statistically significant factor was educational failure, particularly during middle school, where the existence of learning disabilities and suspension histories were cited problems for over 25% of the girls in the sample. In 2012, 11% of Duval County juvenile arrests occurred at school (Florida Department of Juvenile Justice, 2013) and 69% of girls who came in contact with the juvenile justice system had a suspension history (Florida Department of Juvenile Justice, 2014b). One research study found that elementary school–aged girls who were expelled were twice as likely to suffer from depression as teenagers and 33% later dropped out of school (McCarty et al., 2008).

Retaining or suspending a youth has the potential to decrease school connectedness. Girls who have been retained face issues such as low self-esteem, being ostracized by peers, and have often not been tested to see if special accommodations are appropriate. This may further alienate them from feeling “connected” to their school. Specific to the GMIE sample, almost one in three

girls was retained (27% one grade below and 6% two or more grades below).

Disengagement resulting from removal from school has been associated with a host of risk factors. For example, school removal was predictive of later juvenile delinquency; in fact, one study found these girls were eight times more likely to be involved in the juvenile justice system than their peers (Clark, Petras, Kellam, Ialongo, & Poduska, 2003). In addition, school disengagement increased a girl's risk by 95% for pregnancy and 70% for early parenting (Clark, Petras, Kellam, Ialongo, & Poduska, 2003). Morris (2012) noted that for black girls who are disconnected or alienated from school, multiple conditions coverage to affect their increased vulnerability into the justice system. Some of these include poor relationships with mothers, substance abuse, mental health disorders (Holsinger & Holsinger, 2005 as cited in Morris, 2012 pg 10).)

In one study, a variety of sociodemographic factors were found to correlate with lower levels of school engagement. In this study, black students, female students, students with lower parental education, students with age-grade asynchrony, and students in urban areas displayed lower levels of school engagement (Bonny, Britto, Klostermann, Hornug, & Slap, 2000).

Protective Factors for Girls

Social Support

Social support and healthy relationships are critical to adolescent health and development. In fact, the development of healthy relationships acts as a protective factor for children, specifically by increasing resiliency (Bernard, 1995; Berndt & Ladd, 1989; Werner & Smith, 1982). This is especially true for at-risk youth or youth who demonstrate behavioral problems (Bernard, 1995b). Additionally, relationships appear especially important for girls. Some theorists suggest that girls are socialized to place more importance on close interpersonal relationships compared to boys, resulting in a relational orientation among girls (Halle-Lande, Eisenberg, Christenson, & Neumark-Sztainer, 2007; Zahn-Waxler, Park, Essex, Slattery, & Cole, 2005). Relational-Cultural Theory (RCT) emphasizes that growth and development take place through females' connections with others, which are influenced by the cultural contexts in which they occur. RCT also elaborates on how damage can occur from disconnections in relationships. Disconnection can occur not only at the individual and family level, but at the sociocultural level as

well, and this can lead to psychological difficulties such as isolation, shame, and silence (Jordan & Hartling, 2002). Girls are more likely to seek social and emotional support from peers and family members (Furman & Buhrmester, 1985; Hall-Lande et al., 2007; Youniss & Smollar, 1985; van Beest & Baerveldt, 1999). They tend to demonstrate a heightened desire for affiliation, acceptance, emotional intimacy, and closeness (Bakken & Romig, 1992; Claes, 1992; Clark & Ayers, 1993; Furman & Buhrmester, 1985). The quality of these attachments heavily influences a girl's identity development (Kerig, Leve, & Miller, 2012).

Girls with behavioral or disciplinary problems can benefit from healthy and supportive adult relationships. In fact, "good quality relationships may be able to ameliorate their pain and reduce problematic behavior" (Kerig, Leve, & Miller, 2012, p. vii).

School Connectedness/Engagement

Substantial literature supports the importance of school connectedness. School connectedness is defined as "the extent to which students feel personally accepted, respected, included, and supported by others in the school social environment" (Goodenow, 1993, p. 80). School connectedness is integrally related to healthy youth development in general and is linked to a variety of positive outcomes including self-esteem and developing a sense of purpose. Additionally, school connectedness acts as a buffer against psychological distress, substance use, delinquency, and school dropout (Catalano, Oesterle, Fleming, & Hawkins, 2004; Wehlage, Rutter, Smith, Lesko, & Fernandez, 1990; Wilkinson-Lee, Zhang, Nuno, & Wilhelm, 2011).

School connectedness is a particularly important factor in the development of adolescent girls' conduct and behavior (Bonny et al, 2000). Most girls at risk for developing delinquent behavior experience significantly higher rates of mental health issues than their peers. Shochet, Dadds, Ham, & Montague (2006) found that those girls with higher levels of school connectedness demonstrated lower levels of depression and anxiety. Furthermore, Loukas, Roalson, and Herrera (2010) found that girls who were typically less likely to control their problem behavior benefited from increased feelings of acceptance, respect, and support achieved in the school setting. In essence, school connectedness can act as a protective factor in the development or progression of behavioral problems (Resnick et al., 1997).

School Environment

Climate

The overall school environment is an important factor regarding student academic success and emotional well-being. Certain features of social settings (i.e., developmental appropriateness, structure, safety and health-promoting factors, supportive relationships, and opportunities for skills building) have been linked to positive youth development (Institute of Medicine & National Research Council and Institute of Medicine, 2002). The lack of safety in and around schools affects girls and can result in girls suffering physical, sexual, and psychological abuse. A positive and caring school climate is associated with a number of positive academic outcomes including increased academic achievement, higher graduation rates, and teacher retention (Thapa, Cohen, Higgins-D'Alessandro, & Guffey, 2012).

Therefore, settings that promote positive relationships and safe and caring environments can be beneficial to girls' success, and a lack of these can be problematic.

Another consideration related to school environment is the level of support perceived by teachers. Teacher attrition is a major contributor of qualified teacher shortages in schools. The National Center for Education Statistics administered a Teacher Follow-Up Survey to beginning teachers who had recently left their positions, and more than three-fourths of respondents linked their decision to quit with the working conditions in the school, including a lack of administrative support (Ingersoll, R. M., 2003; National Center for Education Statistics, 1994–1995). In the field of special education, administrative support is also linked to teacher retention. Boe, Barkanic, and Leow (1999) supported this claim, and found that teachers who were retained were almost four times more likely to strongly perceive administrators as supportive and encouraging than teachers who left. In another study by Billingsley & Cross (1992), both general and special educators who reported higher levels of principal support also reported less stress and were more likely to be satisfied with their jobs than teachers who perceived less support. Further, in schools that experience high turnover, students are more likely to receive inexperienced and overall less effective teachers. Additionally, schools with a high turnover rate create unstable classrooms for students (Boyd, Grossman, Lankford, Loeb, & Wyckoff, 2008).

Chapter 2

Implementation of the Model: Reflective Practice

“Reflective Practice refers to a discipline that seeks to bridge the gap between theory and action by encouraging active reflection on such questions as ‘What do we know? How does what we know inform what we do? How do the things we learn through our actions reshape what we know?’ The process is cyclical and builds knowledge cumulatively when applied. Because ‘reflective practice’ acknowledges that important lessons come from both thinking and doing, it can be a useful tool both for tempering professional hubris and challenging popular wisdom.”
—Donald Schön, 1983

Reflective Practice is the foundational framework for how the GMIE Program was conceptualized, implemented, modified, and is part of the ongoing service delivery and sustainability planning framework. To answer the reflective practice questions (e.g., *What do we know? How does what we know inform what we do?*), we continuously relied on the research and profile of girls’ needs to inform refinement of the programming model. As the programming and service delivery was implemented and adapted, this continuously informed the process and outcome evaluation. The results of the evaluation and lessons learned continue to shape the model and build practice based evidence for girl centered practices in a school setting.

The Process

Selection of the Schools

The two elementary schools, Maya Angelou Elementary (School A) and Oprah Winfrey Elementary (School B)¹ were selected as the two intervention schools because they had the highest numbers of female suspensions. Both schools are located on the Northside of Duval County. The ZIP codes of the two schools reside in Duval County’s “Health Zone 1” area. Health Zone is considered to be the urban core of Jacksonville. Here, crime is high, neighborhoods are distressed, and poverty affects nearly half the residents (Healthy Kids Healthy Communities, 2013). Health Zone 1 also has the lowest life expectancy rate for infants of all

¹ School names have been changed

health zones in Duval County (Florida Department of Health Duval County Public Health Statistics, Assessment and Research, 2013). Additionally, Health Zone 1 experiences the highest heart disease mortality rates, the highest STD rates for 15–19-year-olds, and the highest stroke mortality rate in Duval County as of 2011 (Florida Department of Health Duval County Public Health Statistics, Assessment and Research, 2013). Both schools reside in “food deserts,” neighborhoods that lack the availability of affordable and nutritious food.

Over the last several years, the schools have fluctuated in regard to school grade. School grades in Florida are calculated based on eight assessment-based measures: reading performance, mathematics performance, science performance, writing performance, reading gains, mathematics gains, reading gains for lowest-performing students, and mathematics gains for lowest-performing students (Stewart, 2014).

According to the Florida Department of Education (2014), performance in the four key areas (reading, math, science, and writing) account for 50% of the school grade while the gains account for the remaining 50% of school grade (Florida Department of Education, 2014). In 2008, Maya Angelou Elementary was considered a “D” school. Since then, the school has fluctuated on the continuum rating as an “F” school in 2009 and 2010, “D” in 2011, to “B” in 2012, and in 2013 the school was considered to be a “C” school (Florida Department of Education, 2013). The fluctuation in school grade could be related to the change of its principal in 2012 and the transition from a K–8 school to K–5 elementary school. In 2008, Oprah Winfrey Elementary was considered an “F” school. Since then, the school has fluctuated on the continuum as a “B” school in 2009, a “C” school in 2010, “D” in 2011, “B” in 2012, and in 2013 the school was considered a “C” school (Florida Department of Education, 2013b). Oprah Winfrey Elementary experienced three new guidance counselors over a three-and-half-year period and high turnover with teachers.

School Demographics. In 2012–13, 87% of students at School A were eligible for the free and reduced lunch program (Florida Department of Education, 2014b). During the 2013–14 school year, the student population was comprised of 87% African American youth, 8%



Caucasian, 2% Hispanic, 2% multiracial, and 1% other (Florida Department of Education, 2014). Similarly, a majority of School B students (89%) were eligible to participate in the free and reduced lunch program during the 2012–13 school year (Florida Department of Education, 2014b). During the 2013–14 school year, the School B’s student population was comprised of 98% African American students and 2% multiracial students (Florida Department of Education, 2013b).

Listening to Voices of Stakeholders

At the program outset and prior to the delivery of interventions, time was dedicated to listening to girls, parents, teachers, and administrators to guide the development of the intervention model that would be responsive to the needs in the school.

Voices of Girls. Focus groups with girls at the schools were conducted to ask them about the school environment, what would be helpful for girls at their school, as well as their perspectives on girls who were getting in trouble at school. A few primary themes emerged. First, girls noted that there were differences in reasons girls and boys got in trouble and that disciplinary practices differed by gender. In general, girls got in trouble for “being loud, talking, being inappropriate, and acting out in public,” whereas boys got in trouble for “cussing, bugging girls, being physical, being really inappropriate.” For example, one girl mentioned that “girls get in trouble because of boys,” while other girls described the different behaviors for which girls are punished. The reasons girls got in trouble included flirtatious behavior (e.g., “flirting and kissing boys”), physical aggression and acting out (e.g., “kicking/hitting furniture,” “fighting,” “hitting boys,” or “girls fight other girls when they trash-talk”), and disrespect toward teachers (e.g., “walking out of the classroom,” “talking back to teachers,” or “hitting teachers”).

Some girls identified teachers as a source of stress: “teachers make girls angry,” “teachers ignoring girls makes them angry or upset.” Conversely, other girls identified teachers as resources or sources of support. One response indicated that “telling teachers / talking to counselors can help,” with another girl adding she “feel[s] better when talk[ing] to teachers.” In addition to seeking teachers as a source of support, girls also identified parents and other girls as potential sources of support. One girl also mentioned that girls can be helped through “positive reinforcement and treats” and another said “time for girl talk.”

Voices of Teachers. A focus group with teachers was also conducted in order to learn about their experiences with girls and to see if there were differences emerging by grade level that needed to be taken into consideration. When asked what some of the challenging behaviors exhibited by girls were, teachers described gossiping / excessive talking, fighting, attitude issues, and internalizing behaviors / moodiness. For example, teachers stated girls were “chatty” or “whiney” and “talking bad about students.” Fighting responses included both verbal and physical violence. Teachers described student tantrums or “nasty attitudes” as challenging. Finally, the challenging internalizing behaviors were classified as moodiness, “shutting down,” or “crying when called out.” These themes were fairly consistent throughout grade levels.

When asked the reasons for writing girls’ behavior referrals, teachers indicated that they wrote referrals for girls displaying the following types of behaviors: fighting, dress code violations, defiance/disrespect, and disruptive or attention-seeking behavior(s). There were some notable differences by grade level. For instance, pre-K students and kindergartners were most likely to get referrals for fighting or inappropriate touching / sexual behaviors. Between grades 2 and 5, students received referrals for fighting and defiance/disrespect. By 6th, 7th, and 8th grade, teachers noted girls received referrals not only for fighting and disrespect, but also for academic challenges and for internalizing behaviors like isolation and self-mutilation².

Teachers provided a variety of responses when questioned about the skills needed to effectively work with girls and what types of additional training would be helpful to them in the day-to-day classroom. Teachers noted that more information on communication, recognizing signs of abuse, making connections, and building relationships would be helpful. Staff noted that any information regarding girls’ progress would be helpful, and that, more specifically, information about any setbacks or changes in the living situation would be useful.

Voices of School Administrators. Conversations with school administrators were about better understanding current practices regarding behavior referrals. School administrators were asked about what resources were currently in place, what strategies were being used, and what challenges they were facing. These conversations were also used to solicit recommendations regarding implementing the GMIE Program on site, including referral/eligibility process and communication procedures. School administrators provided feedback regarding ways to

2. GMIE did not serve students in middle school; however, one of the intervention schools was a K–8 school in its first year, so the perspectives of all teachers were included to better understand the needs as girls get older and transition to middle school.

communicate with parents and the securing of parental consent for girls to participate. They also felt very strongly that girls should not be matched with interns for less than a three-month period of time.

Selection of the Girls for GMIE Intervention

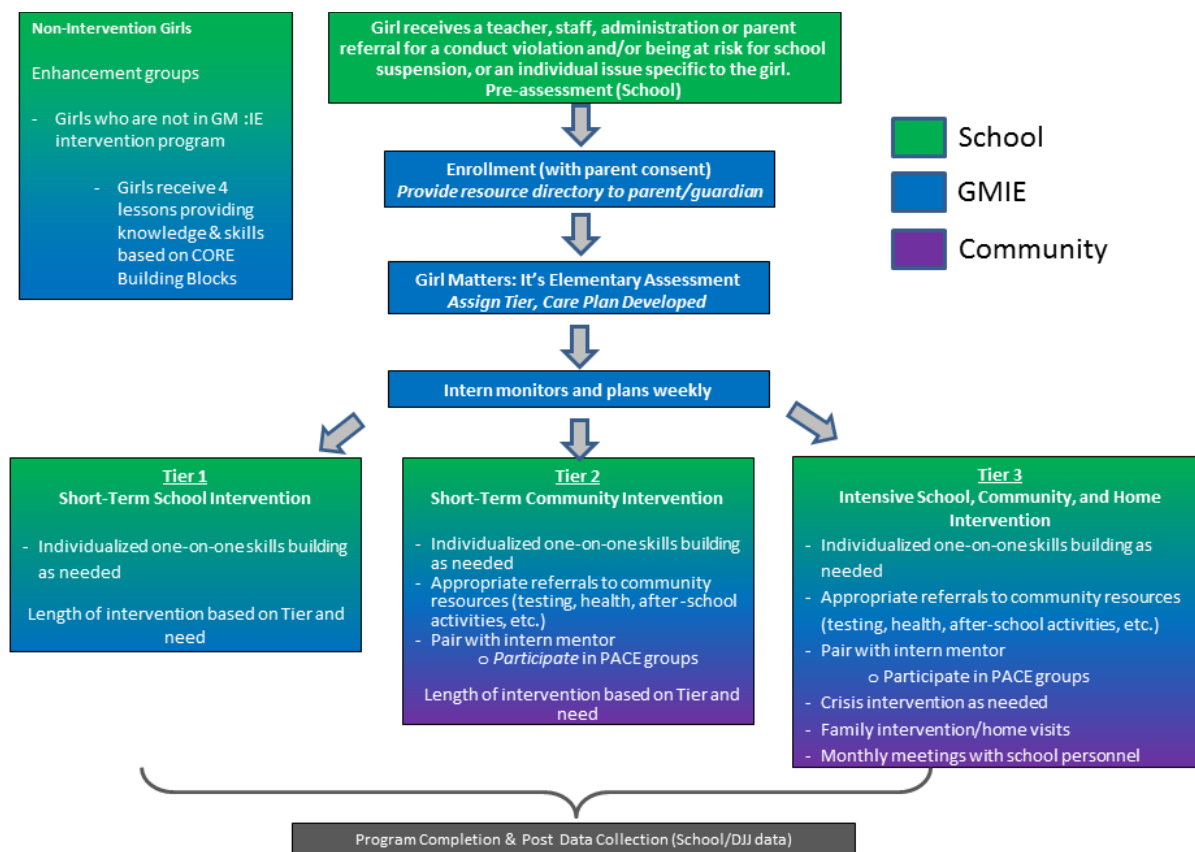
School Referral to Project. In consultation with school administrators and counselors, a protocol was developed for girls who received a referral for code of conduct violations, to be assessed by GMIE staff in lieu of suspension or arrest. The principal at each school was tasked with making sure that GMIE received a referral for any girl who had been suspended or retained in the past, as well as for any girl in jeopardy of suspension. In practice, this process may have looked different. At times, teachers would send the girl directly to GMIE instead of writing a conduct referral. Other teachers would write girls up and send them to the office for suspension. When the girls came in contact with the principal or assistant principal, they would decide whether the girl would be referred to GMIE in lieu of suspension. In some cases, suspension was mandatory if it was a class 2 offense (fighting, excessive bullying, stealing [over a certain dollar amount], or assault on another student).

Assessment of Need. These initial conversations with girls and teachers resulted in the development of an assessment that captured the reasons for behavior referrals, balanced by a needs assessment to understand the life events and factors contributing to behaviors at school from the girls' perspectives. Where possible, parents/caregivers were part of this process to determine family needs and were involved in a plan of supportive action. For more information about the measures used in assessment, see the methodology section in the appendix. All girls who were referred spent approximately one hour with the Care Manager or graduate student intern to conduct the initial assessment. The assessment results informed girls' individualized care plans (see flow chart for more information).

Individualized Intervention Services. Girls presenting higher levels of need received greater intensity and frequency of services. Based on a review of the referral data from the district, it had been anticipated that 50% of the girls referred would be experiencing a short-term situational problem or issue, requiring Tier 1 school intervention services. Further, it had been anticipated that 40% of the girls referred would likely be experiencing a temporary or situational issue, requiring a short-term resolution involving both school and community intervention, and

that approximately 10% of the girls referred would be experiencing the highest need / highest risk of school failure and system involvement. Girls would require crisis intervention because of their extensive (and often unaddressed) needs that contribute to their disruptive behaviors in school. These needs/factors included girls experiencing physical or sexual abuse, witnessing or experiencing trauma, parent or sibling incarceration, death of a loved one, parent mental health or substance abuse histories, and child welfare system involvement. In practice, the majority of girls were higher need than anticipated, requiring Tier 2 and 3 interventions (47% and 29% respectively). The flow chart below highlights the services provided by tier level. For more information on tiers, see the appendix.

Figure 2: Girls' Flow Chart of Services Provided by Tier Level



The following are some examples of the types of referrals outside the school:

Girls were linked with community-based care for therapy, family therapy, medication management, and ongoing case management from that agency. In cases where girls were Baker Acted, Care Managers worked closely with the Crisis Team, police officers, and school administrators. At School A the Child Guidance Center was the point of contact for girls

referred to Full Service Schools. At School B, referrals were transferred by the school to a community agency..

Though Care Managers did not initiate the Exceptional Student Education (ESE) process for GMIE girls, they were involved in pushing the process along once it started. GMIE staff helped collect information for the Policy Center psychologist to conduct exams, to help expedite the process for girls. The Policy Center psychologist was involved in the ESE process for three girls at School A.

Care Managers worked with their respective Guidance Departments to ensure that GMIE girls received vision screenings and followed up with girls to make sure they received glasses if needed. Care Managers made sure that girls got their teeth cleaned and received exams when a Department of Health dental van visited the schools. At School A, guidance counselors had formal responsibility for making sure that this service was available for all children. These services often required parental consent, and Care Managers would try to make sure girls had all the necessary paperwork from their parents.

Full Service referrals were made by Care Managers and parents followed up. Care Managers were notified by Full Service if parents did not follow up with an appointment. After three attempts the case would be closed, and Care Managers would try to find another agency and talk with the parent about the importance of their cooperation. At least 10 Full Service referrals were made per school year.

In instances of potential abuse, Care Managers were involved in initiating contact with the Department of Children and Families. Specialized services are now offered to the family, to help preserve the family that may not have been accessible had it not been for the call made by the Care Manager.

Some GMIE girls came into the program with services already, and in some cases the Care Manager was made a part of that treatment team. This helped girls and their families toward any other treatment plan goals they may have had. These situations also gave Care Managers an opportunity to become advocates for the child/family and serve as the watchdog to ensure that social service agencies were operating in the best interests of the child.

Selection of the Girls for GMIE Prevention Groups

The Enhancement Program was designed for girls in the schools who were not involved in the full intervention, based on the realization that all the girls could benefit from participating in girl-centered groups. This also provided an opportunity to identify girls who had not been referred to the GMIE Program but warranted attention and follow-up. In May 2013, the Enhancement Program was expanded to a pilot site, Gabrielle Douglas Elementary School (School C). In fall 2013, the Enhancement Program expanded to School B. The Enhancement Group curriculum is based on the core building blocks of Relationships, Communication, Emotions, Safety, and Identity. The goal of the groups is to increase protective factors such as gender and cultural identity, school connectedness and safety, and to build skills for girls to be advocates for themselves. The groups were structured in a 45-minute weekly format, over the course of four continuous weeks. Girls and interns met in a 5:1 ratio. The sessions were supervised by the school Care Managers and each small group was facilitated by a college intern. The small group format was utilized to develop relationships, communication, safety, and support within the groups.

Community Partnerships with Universities: Selection of the Interns

Partnerships and memorandums of understanding were established with local colleges and universities: University of North Florida (UNF), Edward Waters College (EWC), Florida State University (FSU), Jacksonville University (JU), and Liberty University. Undergraduate and graduate students from a variety of disciplines including social works, sociology, criminology, and education were recruited, interviewed, and trained by program staff. The interns committed to a minimum semester placement and were assigned to schools according to the school's need and the intern's schedule. Their individual personalities and skill sets were taken into account, depending on the need of the elementary school girls we had at the schools and who they would benefit from the most. Graduate-level interns, if possible, were assigned to each school. They were assigned the majority of the Tier 3 girls.

Community Partnerships with PACE Center for Girls: Selection of the PACE Mentors

GMIE partnered with PACE Center for Girls Jacksonville to recruit PACE teen mentors

to co-facilitate GMIE group activities. PACE mentors were chosen by PACE staff members, based on a girl's progress toward her goals and her interest in working with younger girls. In the last year of the GMIE Program, the Care Managers were invited to help choose the girls who would participate in the program. PACE mentors received five hours of training by program staff regarding the core building blocks of GMIE (Relationships, Communication, Emotions, Safety, and Identity). Each PACE mentor helped to facilitate at least two groups during her participation with GMIE. Since fall 2011, 58 PACE mentors participated in the GMIE Program.

Implementation of the Model within the Context of School District Level Changes

GMIE was implemented during a time of sweeping changes. The state level was addressing the high number of arrests at schools, the shifts in zero tolerance laws, and the number of children committed to residential programs by looking at alternatives. In addition, the state was addressing complaints around changes in student testing—moving away from using the Florida Comprehensive Assessment Test (FCAT) by the end of the 2013–14 school year, to implementing the national Common Core Standards for the 2014–15 school year, and in the summer of 2014, modifying to develop Sunshine State Standards. The criteria for grading schools and identifying failing schools were also changing. In 2012–13, there was the leadership of a new school superintendent for Duval County. At the district level, there were the creation of a strategic plan aimed at system improvements, and implementation of student-centered practices to support improvements. For example, training of teachers in the strategic plan goals is focused on helping staff to understand what is beneath behaviors and to treat the whole child. The work of the GMIE Program was consistent in providing girl-centered practices to address the needs of girls in high-risk elementary schools. The preliminary results in these sites bubbled to the attention of the superintendent. The work is recognized as a resource because it furthers the strategic goals of the district.

About the Girls Served by GMIE Intervention

From spring 2011 to the completion of the 2013–14 school year, a total of 293 girls were served by the GMIE intervention in grades K–5. The average age was nine years old and average

grade was 3rd grade. At the beginning of the GMIE Program, girls were given an initial assessment to identify their individual strengths and needs and the factors contributing to problematic behaviors at school. During the evaluation period, eight girls transitioned to a higher tier while involved in the program. A total of 88 girls successfully completed the program and “graduated,” while 52 girls graduated to middle school, receiving partial intervention. There was a total of 67 girls who had unplanned transitions; they received an assessment and care plan, but in many cases either moved during the school year or did not return the following school year and were therefore lost through attrition. There were an additional 52 girls who received services ranging from three months to one year but did not complete the program. The remaining girls are still active with GMIE.

Table 1: Girls’ Tier Level, by School

Elementary School	Tier 1	Tier 2	Tier 3	Total Girls by School
School A (January 2011–June 2014)	53	87	22	162
School B (September 2011–June 2014)	14	55	60	129
Total Girls by Level of Services**	67	142	82	293*

*Includes count for two additional girls at School A who did not have an identified tier;

**Unduplicated counts of girls.

Girls’ Strengths: Perspectives About Themselves

The majority of girls liked being a girl (94%). When asked about what strengths they possess, 88% of the GMIE girls were able to easily communicate a personal strength to the program staff. After the baseline interview was completed, interviewers assessed the potential strengths of girls in four different domains. At baseline, 38% of girls were marked as having a good self-concept and self-esteem, skills, and healthy coping. Forty-three percent of girls were marked as having positive relationships with teachers and school support. Thirty-six percent of girls were marked as having healthy peer relationships and support. Forty-six percent of girls were marked as having supportive families that were willing to address issues. GMIE girls were also asked to identify something they were proud of that is special to them, and these responses

were categorized. One in four girls (27%) noted she was proud of her intellectual abilities; 21% were proud of personal skills/talents. Other responses included physical abilities in sports and dance, relationships with peers and family, aspects of their identity, and, in some cases, physical appearance. Some girls reported they “didn’t know” what they were proud of.

The girls involved in the Intervention Program have experienced complex issues at a young age. The chart below shows the high level of stressors and life events and the differences by school.

Table 2: Stressors in Past Year, by School

	School A n = 153	School B n = 128
In the past year, have any of these things happened:	% “Yes”	% “Yes”
Has a new baby come into your family?	31%	33%
Has anyone moved in/out of your home?	45%	38%
Has a primary caregiver died?	5%	21%
Has a sibling/cousin died?	12%	31%
Have any other family members died?	24%	25%
Did a close friend or relative die?	23%	30%
Has a primary caregiver been seriously ill, injured badly, and/or had to stay in the hospital?	26%	27%
Has a sibling/cousin become seriously ill, injured badly, and/or had to stay in the hospital?	25%	27%
Has any other family member become seriously ill, injured badly, and/or had to stay in the hospital?	16%	19%
Has a primary caregiver gotten beaten, attacked, or really hurt by others?	6%	9%
Has a sibling/cousin gotten beaten, attacked, or really hurt by others?	9%	15%
Has any other family member gotten beaten, attacked, or really hurt by others?	4%	14%
Have your parents ever gotten into a really big fight where they hit or hurt each other?	21%	27%
Have your parents/caregivers ever gone to jail?	37%	57%

Have your parents/caregivers ever had any problems with alcohol or drugs?	16%	17%
Have you ever been in foster care?	7%	11%
Have you ever had to live with someone not in your close family?	17%	44%
Have your parents lost their job?	27%	42%
Have your parents/caregivers ever been really sad?	41%	58%

Girls were referred to the program by their teachers (74%), caregivers (10%), administrators (6%), guidance counselors (3%), through self-referral (2%), or other/unknown (5%). The most frequent reason of referral to GMIE was for classroom disruption / not following rules, followed by girls' relational aggression (see Table 3 below).

Table 3: Reasons for Referral to GMIE: Behavior(s)

n = 307	Percent "Yes"
Classroom disruptions / not following rules (noisy, disrespectful, talking back to teacher, hyperactivity, can't control behavior, bad language, can't stay focused)	61%
Relational aggression (gossip, mean to others / excluding others)	47%
Minor infraction (talking in class, running)	45%
Internalizing behaviors (self-harm, depressed/withdrawn, trauma, behavior / actions do not involve other people)	44%
Academic failure / scholarship warning	43%
Physical aggression (fighting, threatening others, angry/violent, kicking furniture)	43%
Other (behavior / actions that do not involve other people)	26%
Flirting / Sexual behaviors	5%

Profile of Needs

Based on assessment, the following factors were marked as significantly contributing to problematic behaviors at school that brought girls to the attention of GMIE.

Table 4: Significant Factors Contributing to Behaviors at School

n = 272	Marked “Significant”
Lack of skills: lack of social competence, conflict resolution skills (relative to her age) that are contributing to conflict with teachers or peers. n = 272	55%
Barriers to learning: below average comprehension during assessment and this contributes to inability to pay attention, follow directions/rules. This factor also includes poor self-concept/self-esteem that adds barriers to success. n = 271	42%
Physical and emotional health: internalizing behaviors, self-harming behaviors, anger management, impulse control, depression, hyper behavior contributing to problems in school. n = 272	42%
Conflict with peers: physical and/or relational aggression by peers which results in her aggression or threatening behaviors. Can also refer to youth's bullying behavior(s). n = 270	37%
Family stressors: changes in the family (e.g., moving, divorce, new baby) that result in disruption of her pro-social behaviors. n = 271	36%
Family history problems: parent instabilities (e.g., substance use, mental health issues, incarceration) that contribute to her behaviors. n = 272	32%
Trauma: experiencing or witnessing violence, death/loss, incarceration, or other event that is affecting her actions. n = 271	27%
Self-esteem: negative self-concept that interferes with her ability to follow directions or results in conflict with teachers or peers. n = 271	23%
Unsupportive environment: school norms where students and teachers are disrespectful to each other and students feel there is no one to understand and listen to them. n = 270	18%
Social isolation: social isolation, few or no positive relationships with friends, which contribute to her behaviors. n = 270	18%
Lack of family support: parents' lack of supervision, low expectations, encouragement, and/or allowing her behaviors. n = 272	17%
School structure: school rules that require referral/suspension, but do not take into account circumstances of behavior(s). n = 271	16%
Teacher conflict: problems associated with teacher(s) who girl expresses poor relationship with and may perceive as indifferent or unfair, which results in escalating her behaviors. n = 270	15%

Peer pressure: pleasing behavior(s) result in her aggression or not following rules. n = 271	14%
Abuse and neglect: physical or sexual abuse by parent/guardian, including foster care placement and neglect (e.g., medical neglect) that must be addressed to increase her success at school. n = 272	13%
Survival strategies: community norms that expect or encourage behaviors. n = 266	11%
Early development: early puberty that is contributing to conflict with peers or internalizing/externalizing behaviors. n = 272	5%

About the Girls Served by the GMIE Prevention Groups

A total of 420 girls participated in the prevention groups (GMIE: Enhancement Groups) at three different schools. The first Enhancement Groups began in 2012 at School C, the pilot intervention school. This school had 70 girls participate in Enhancement Groups. These girls represented grades 3–5, with ages ranging from 8–12. Girls from both intervention schools also participated, representing grade K–5. The girls from the intervention schools were ages 4–12. School B had 16 girls participate while School A had 334 girls participate in Enhancement Groups.

As part of the pilot, girls in Enhancement Groups were asked to complete surveys at the beginning and end of the program to assess changes in knowledge or attitudes as well as to get feedback about what they liked. In general, the data shows that this group of girls, on average, liked their school more than girls receiving the intervention. This and their perspectives about friends being nice to each other did not change. However, it is interesting to note a trend in reduced average feelings of safety at home, school, and with others at the end of the curricula. It is possible girls became more aware of definitions of safety, identification of unsafe situations, their safety needs, and therefore felt less safe. Promising are the minor gains made for girls reporting they ask for help when they have a problem and girls reporting they have a trusted adult at school they can turn to when they are not feeling safe. The table below shows the average score for all matched 3rd- through 5th-grade girls who completed enhancement lessons.

Table 5: Girls' Enhancement Group Survey Results (3rd–5th Grade)

1 = Never, 2 = Sometimes, 3 = Most / All of the Time	All Pre Grades 3–5 n = 122	All Post Grades 3–5 n = 122
1. Do you feel good about being a girl?	2.89	2.93
2. If you have a problem, how often do you ask someone for help?	2.18	2.30
3. Do you like your school?	2.49	2.45
4. Is there an adult at school you can trust if you (or your friends) are not feeling safe?	2.64	2.70
5. Are your friends nice to others?	2.30	2.30
6. Do you feel safe at school?	2.62	2.43
7. Do you feel safe at home?	2.92	2.84
8. Do you feel safe with others?	2.28	2.16

Girls were asked three questions on their final survey, to identify knowledge growth for safety at school and home, as well as asking girls if they feel they are better at solving problems with others as a result of the GMIE lessons; 96% of girls had learned new ways to be safe at home, 93% learned new ways to be safe at school, and 78% of girls had learned new ways to solve problems with others.

Identification of Girls for Follow-Up

As previously stated, the Enhancement lessons served to reach girls who were not referred to the full Intervention Program. By working with these girls, the program intended to increase safety knowledge, develop a sense of school connectedness, and identify girls who needed additional support. During the Enhancement Program, 78 girls were identified for follow-up (approximately 19% of the 420 girls served). When a girl was identified for additional services, she was referred to either the school guidance counselor or the Care Manager on-site.

Chapter 3

Impact of GMIE

The GMIE Program evaluation sought to build practice-based evidence about girls-centered practices in a school setting. The goals of the evaluation were to document the model in practice and assess the impact of the interventions on: 1) girls' measures of school connectedness, perceived social support, academics, and behaviors; 2) school level changes including suspension rates, teacher attitudes, and changing policies and practices; and 3) impact of training and mentorship on knowledge of working with girls. A mixed methodology was used to evaluate outcomes using a variety of sources. For more information about the methodology, please see the appendix.

Girls' Outcomes

Reduced Suspensions for Girls in GMIE

The average number of suspensions for girls decreased in each intervention school after GMIE began in 2010–11. The average number of suspensions for each girl that participated in the intervention portion of the GMIE Program was 1.46 in 2010–11 and steadily decreased to .42 suspensions per girl in the 2013–14 school year (Table 7). In addition to the decline in the average suspensions per girl, there was also a decrease in the number of girls who were suspended at all. For example, 57% of the GMIE girls avoided suspension altogether during the 2010–11 school year and 78% of GMIE girls avoided suspension in the 2013–14 school year. Additionally, the percentage of girls receiving multiple suspensions (five or more) decreased over time from 10% in 2010–11, to 5% in 2011–12, to 3% in 2012–13, and to 1% in 2013–14.

Table 7: Average Number of Suspensions per Active GMIE Girl

	2010–2011 (n = 37)	2011–2012 (n = 123)	2012–2013 (n = 148)	2013–2014 (n = 111)
Average suspensions per girl	1.46	1.10	.60	.42
0 suspensions	57%	63%	73%	78%
1 suspension	11%	15%	16%	12%

2 suspensions	8%	5%	4%	5%
3 suspensions	11%	4%	3%	2%
4 suspensions	3%	7%	1%	2%
5 or more suspensions	10%	5%	3%	1%

(Duplicated count across school years)

Snapshot Look at Cohort of Girls, 2011–12

The suspension rates and academic grades of a cohort of girls entering GMIE during the 2011–12 school year (n =144) were tracked. The number of girls' suspensions decreased in the school years following their initial year of intervention. The suspensions for this group of girls were highest in 2011–12, which was the year they were referred to the intervention. This is expected, given that girls were often referred to the program due to acting-out behavior. Therefore, when they were referred to the program many girls had a recent suspension. In the two years that followed, the average number of suspensions per girl decreased, as did the total number of suspensions for girls in the GMIE Program. The girls' average moved from 1.07 suspensions per girl in the 2011–12 school year to .17 suspensions per girl in the 2013–14 school year. Additionally, the total number of girls who were not suspended increased to 89% by the 2013–14 school year (Table 8). Both of these are higher gains than for the full GMIE sample.

Table 8: GMIE Cohort Girls 2011–12

	2010–2011 (n = 136)	2011–2012 (n = 144)	2012–2013 (n = 121)	2013–2014 (n = 103)
Average suspensions per girl	0.73	1.07	0.40	0.17
0 suspensions	76%	68%	84%	89%
1 suspension	9%	13%	9%	5%
2 suspensions	3%	4%	2%	5%
3 suspensions	5%	3%	2%	1%
4 suspensions	2%	6%	0%	0%
5 or more suspensions	5%	6%	3%	0%

The academic grades (e.g., final grades in English, math, reading) of the same cohort of girls entering the program in 2011–12 were examined to look for differences between the year

prior to the program and the two school years following the year of intervention. The matching data revealed a small sample of 33 cases, which makes drawing hard conclusions from this data not possible. This low number of matched cases is due in part to high attrition rates as girls transitioned to middle school or moved away, and is due in part to the fact that some girls in the sample were in grades K–2 and thus were not given letter grades. Anecdotally, girls revealed the following types of examples about how GMIE was helpful with their schoolwork:

- “My grades are getting better.”
- “My mentor suggested moving my seat to the front of the class. My grades went from F to B!”
- “Yes. I’m getting better at my grades (from C to B in conduct). Academics too.”

Girls’ Perceptions of School Connectedness and Social Support Showed Mixed Results

Two school connectedness variables were used to assess: 1) girls’ overall feelings about school (liking school), and 2) their perceptions of how well they were doing in school (doing a good job). Additionally, two social support measures were used to assess: 1) girls’ perceptions of having someone to go to for help at school, and 2) girls’ perceptions of having adults outside of their family to go to. These were measured at the beginning of the program and during ongoing assessments (see Table 9 below).

Liking school remained stable over time, with decreases by school and grade level. At baseline, 62% of girls reported liking their school “a lot” or “most of the time,” decreasing to 54% at time 2, and increasing to 60% at time 3. At School B, 55% of girls said that they liked school “a lot” or “most / all of the time” at baseline, and this decreased to 35% at time 2 and 33% at time 3. Analyses by girls’ grade level revealed that girls in 3rd to 5th grade liked their schools less than girls in K–2nd grades.

No change in girls’ perceptions of doing a good job in school. At baseline, 60% of girls felt they were doing a good job in school “a lot” or “most of the time,” and this remained relatively constant over time: 59% at time 2 and 61% at time 3. Again, there was a difference by school where girls at School B reported decreases in this measure over time, whereas girls at School A showed a slight increase. Analyses by girls’ grade level showed that older girls (3rd–5th) had decreases in feeling they were doing a good job in school.

Having someone to go to for help at school increased. At baseline, half (50%) of girls indicated that they had someone to go to at school “a lot” or “most of the time” if they needed help. This increased to 64% at time 2 and 63% at time 3. Examining the same measure of support at school for girls involved in the program for at least 12 months revealed that as girls stayed engaged in the program they experienced a greater sense of support at the 12-month assessment. Although the number of girls in this sample was small ($n = 37$) this pattern of increased perceptions of adult support after increased involvement with the program is promising.

Having an adult besides family to go to if needed increased. At baseline, 36% of girls felt that they had someone outside of their family to go to “a lot” or “most / all of the time,” and this increased to 51% at time 2 and 55% at time 3. Girls at both intervention schools experienced increases in this measure at time 3, but girls at School B experienced greater increases. At School B, only 15% of girls at baseline reported they had an adult outside their family to go to for help “a lot” or “most / all of the time,” and this increased to 52% at time 2 and 61% at time 3. Analyses by grade level revealed that older girls (4th and 5th grades) showed greater increases at time 3 than did younger girls (grades kindergarten through 3rd grade).

Table 9: School Connectedness and Social Support Over Time for GMIE Girls

Scale: 1 = Never, 2 = Sometimes, 3 = A Lot, 4 = Most / All of the Time			
	Baseline A Lot & Most / All of the Time	Time 2 A Lot & Most / All of the Time	Time 3 A Lot & Most / All of the Time
School Connectedness Variables	n = 287	n = 160	n = 110
Like school: <i>Do you like your school?</i>	M = 2.90 62%	M = 2.69 54%	M = 2.91 60%
Good job: <i>Do you think you are doing a good job in school?</i>	n = 283 M = 2.88 60%	n = 160 M = 2.86 59%	n = 110 M = 2.89 61%
Someone to go to: <i>Is there someone you can go to at school if you need help?</i>	n = 276 M = 2.70 50%	n = 158 M = 2.97 64%	n = 107 M = 2.93 63%

Social Support Variable	n = 272	n = 158	n = 108
Support from non-family adults: <i>Besides your family, is there another adult you can go to when you need to?</i>	<i>M = 2.40</i> 36%	<i>M = 2.68</i> 51%	<i>M = 2.73</i> 55%

Girls Reported Making Progress Due to Skills Building, Group Lessons, and Peer Mediation Interventions

At graduation/transition³ from the program, girls (n = 111) were asked to assess their own progress in four areas that they had difficulty with at the beginning of their work with the GMIE Program (see Table 10). The sample number for girls in the table represents the total number of girls who were working on the particular intervention area while in GMIE. The four areas include self, school, friends/neighborhood, and family. Overall, girls felt they had made the most progress with self (56%) and school (54%). Analyses by grade level revealed that girls in grades 3–5 felt they made “a lot” of progress for issues of self, including self-esteem, social skills, physical / emotional health, comfort with their physical appearance, and physical development. Girls in kindergarten, 1st, 3rd, and 5th grades felt they made “a lot” of progress with school issues including problems with teachers, school rules, school environment, and barriers to learning. Kindergarten girls also felt they made “a lot” of progress in regard to issues with friends/neighborhood, which includes problems with other students, peer pressure, lack of support from friends or adults, and neighborhood.

Table 10: Graduation/Transition Self-Assessment of Progress for All Girls

Scale: 1 = None, 2 = A Little Bit, 3 = A Lot				
How much progress do you feel that you made in areas where you were having a hard time?	None	A Little Bit	A Lot	Mean
<i>Self (self-esteem, social skills, physical / emotional health, physical appearance and development) (n = 105)</i>	7%	37%	56%	2.50
<i>School (problems with teacher, school rules, school environment, barriers to learning) (n = 102)</i>	6%	40%	54%	2.48
<i>Friends/neighborhood (problems with other students, peer pressure, lack of support from friends or adults, neighborhood) (n = 99)</i>	5%	49%	46%	2.41
<i>Family (family problems, parent/caregiver history, trauma, family support/supervision) (n = 75)</i>	10%	43%	47%	2.36

3. Girls transitioned from the program if they were leaving the school or going to middle school.

When asked how often different GMIE activities were helpful, 85% of girls said that meeting with interns and skills building was helpful “a lot” or “most of the time.” Additionally, 82% of girls said that participating in PACE group lessons was a helpful activity for them. The number of girls in the sample changed based on the number of girls who participated in that intervention during GMIE.

Table 11: Graduation/Transition Self-Assessment of Helpful Activities for All Girls

Scale: 1 = Never, 2 = Sometimes, 3 = A Lot, 4 = Most of the Time					
How often were the following activities helpful?	Never	Some-times	A Lot	Most of the Time	Mean
<i>Meetings with interns / skills building (n = 109)</i>	1%	14%	39%	46%	3.30
<i>Participation in PACE group lessons (n = 72)</i>	8%	10%	58%	24%	2.97
<i>Teacher conference (if applicable) (n = 63)</i>	16%	46%	24%	14%	2.37
<i>Peer mediation (if applicable) (n = 73)</i>	14%	36%	38%	12%	2.49
<i>Home visit (if applicable) (n = 18)</i>	67%	5%	17%	11%	1.72

School Level Outcomes

School-Wide Suspension Rates

At the school-wide level, the rates of suspension per 100 female students decreased most significantly after the second year of full intervention, from 80 suspensions per 100 girls in 2011–12, to 30 suspensions per 100 girls in 2013–14 at School A (a 62.5% reduction). Similarly, at School B, suspensions decreased from a rate of 64 per 100 girls, to 15 suspensions per 100 girls during the same time period (a 76.5 % reduction).

Girls’ Retention Rates

The retention rate for girls (e.g., number not promoted to next grade level) at the intervention schools increased over the four-year period. The rate of increase was higher at School B from eight per 100 girls in 2011–12, to 14 per 100 girls in 2013–14. However, the

retention rate for girls with a history of previous retentions⁴ decreased at both schools, with 0 previously-retained girls being retained again at School B in 2013–14.

Table 12: School Outcomes: Girls' Retention Rate by School and Year

School-wide Retention Rate for Girls		2011–12	2012–13	2013–14
School A	Retained once	4 per 100 girls	4 per 100 girls	9 per 100 girls
	Retained more than once	5 per 100 girls	4 per 100 girls	2 per 100 girls
School B	Retained once	8 per 100 girls	10 per 100 girls	14 per 100 girls
	Retained more than once	6 per 100 girls	6 per 100 girls	0 per 100 girls

School Staff Outcomes

Increased Perception of Competence. At the beginning and end of each school year, teachers at the intervention and comparison schools were asked to complete a survey to gauge their perceptions and attitudes about interventions for girls with high-risk behaviors at school. Teachers at the intervention schools felt more competent working with girls at the end of each school year than at outset, and the gains were greater each school year (.26, .30., and .43 increase each respective year). In addition, the rating for competence was higher at the beginning of each school year compared to the prior school year. While the starting point for the comparison schools was slightly higher, they did not experience the same gains at the end of the school year.

Increased Perception of Effectiveness of School Policies. By the end of the third year, significant changes to policy and practice had emerged across intervention schools. This was quantified by teachers' higher reported ratings of effectiveness of school policies in addressing girls' problematic behaviors at the end of each school year, with the average rating increasing every year of the program (3.93, 4.08, and 4.21 respectively). At the comparison schools, the average rating did not change at post-survey and, in fact, decreased by the end of the 2013–14 school year (3.41 compared to 4.19 the previous year). At the intervention schools, teachers and school officials began to consider the GMIE Program as the first line of defense for girls with challenging behaviors and began seeking the consultation and support of Care Managers by

4. The data for multiple retentions is based on the district over age reports for that school year and the number of girls who are enrolled at the end of the school year. The data for multiple retentions will include girls who have been retained during the current school year and who had been retained in previous school years.

integrating them into the girls' care in the classroom. For girls, opportunities were created/reinforced where they could ask to go see the Care Manager or request peer mediation in order to problem-solve situations.

Figure 3: Teacher Perception of Competence, 2010–2014

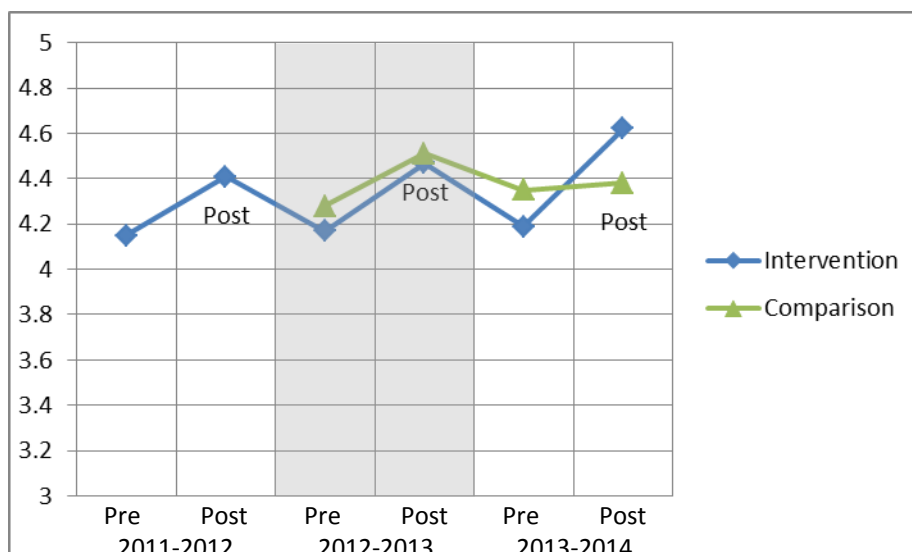
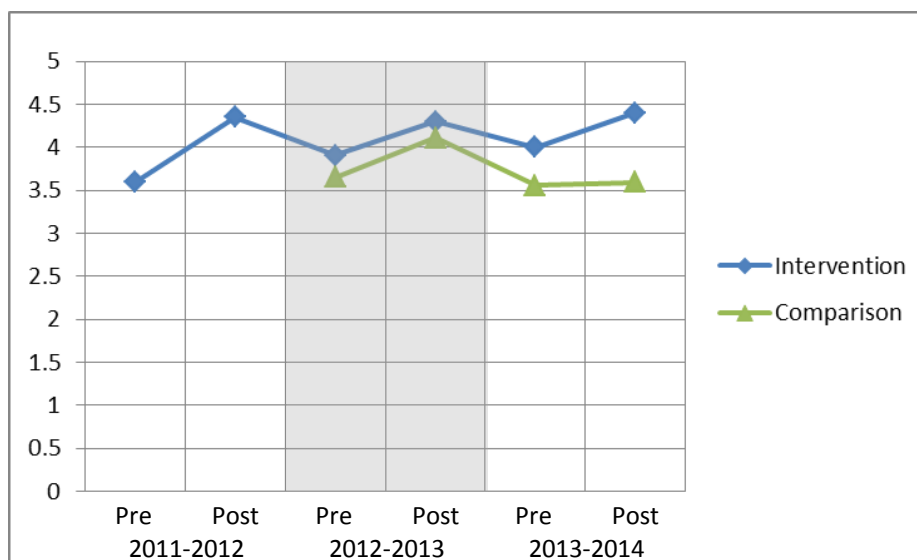


Figure 4: Staff Satisfaction with Schools' Response in Dealing with Girls' Conflicts and School Problem Behaviors, 2010–2014



Changes to Policies and Practices

One of the outcome variables of the GMIE Program was the improvement of school policies and practices. At the outset of the program, Care Managers were tasked with identifying

those policies and practices that negatively impacted girls. Care Managers noted that girls were being referred for suspension for fighting or being disruptive in class. They added that, as a result, girls were frequently removed from class and required to stand outside the room, effectively pushing them further behind academically. Another challenge identified was the communication between school staff and Care Managers. Information about girls was not always being shared in a way that allowed for effectively coordinated care. Perhaps more important, there were communication problems regarding abuse reporting. Specifically, it was determined that in practice, child abuse was not always reported by school personnel. Care Managers noted that removing co-teachers from classrooms, as a result of funding issues, negatively impacted the academic and social success of girls. Additionally, Care Managers and interns noted that not having a quiet space in which to meet with the girls and not having enough time and access to girls also resulted in negative academic or social success.

School Climate

At the beginning and end of each school year, school staff were asked to rate their level of support from principals, counselors, and other teachers. The percent of staff feeling extremely supported by principals increased each year at the intervention schools (61%, 63%, and 76% respectively). Staff at the comparison schools felt less supported by principals at the end-of-the-year survey in 2013–14 than they did at end of year in 2012–13 (54% and 34%). More staff at the intervention schools felt extremely supported by school counselors at the end of each year (45%, 56%, and 59%). The comparison schools experienced a decline in staff feeling extremely supported by counselors, with a decrease from 38% to 21%, as well as a decrease in the perception of levels of support from other teachers (50% to 46%). Staff at the intervention schools reported an increase in feeling more supported by other teachers at the end of the year than comparison school staff (39%, 41%, and 42%), although these percentages were lower than comparison schools.

Observations and Policy Concerns Shared to Impact System Change

As part of reflective practice, discussions with school district decision makers were held regarding cultural/policy/system changes that would have a positive effect on girls, based on experience in the intervention schools. During this meeting, specific ways to improve the

individual schools and school district, to increase girls' success in both academic and behavior, were discussed. Addressing the high number of suspensions was key. Suspensions result in a girl spending less time in the classroom, which can increase the likelihood for her being retained. Girls were frequently referred to GMIE for fighting, and due to zero tolerance policies, fighting always resulted in suspension. While in principle this policy may have sounded beneficial, in practice it meant that in some cases girls were being punished for physically defending themselves against female and male peer harassment. The district was encouraged to alter their zero tolerance policies regarding fighting. GMIE staff observed that teachers did not always intervene when fights occurred among students. This was policy in practice to protect teachers, which is understandable; however, it often left children unprotected.

Additionally, it had become clear that in practice, schools often deviated from the stated policies of the district. For instance, schools were specifically avoiding words such as "bullying" in reporting, to avoid experiencing negative ramifications from the district for having such events at their school. It was determined that girls were being retained, but not receiving any additional assistance. Baseline assessments had revealed that 25% of girls had been retained once and that an additional 8% of girls at intervention schools had been retained multiple times.

Policy Center staff also shared at this meeting that teachers and administrators were often unaware of the true needs and challenges experienced by girls. In some cases girls felt like the issues they reported were not taken seriously, and girls' problems or personal matters were sometimes discussed openly in public. Policy Center and GMIE staff had noticed that some teachers in the intervention schools appeared to be "burnt out" or did not seem to enjoy their jobs, and some teachers had been disrespectful to students. Finally, challenges faced by the individual girls sometimes made service delivery more difficult. For example, significant mental health issues of girls had been challenging to address in the school setting.

New or Changed School Policies Positively Affecting Girls Referred to GMIE

Throughout the delivery of the GMIE Program, a number of school policies changed in order to better serve girls. First, Care Managers noted improvements to the way GMIE was received by teachers and administrators. For example, "GMIE became more of the first line of defense versus suspension/expulsion," and "Teachers are now asking if the girl can come to

GMIE instead of having her stand outside of the classroom or being asked to sit and wait in the front office.”

In addition, Care Managers identified ways that school staff have integrated GMIE staff, curricula, and training into daily policy and practice. For example, Care Managers indicated:

- “GMIE was able to meet with and provide services to girls referred to ISSP (In School Suspension).”
- “GM interns are now allowed to sit in classrooms and assist GM girls accordingly.”
- “Asst. principal inquires more about gender-responsive techniques and has incorporated them in her discipline actively.”

GMIE Care Managers also noted that communication between GMIE staff and schoolteachers and administration improved significantly over the course of the program. Care Managers said:

- “Teachers are able and encouraged to communicate with a GM Care Manager as it relates to girls in their classroom.”
- “Asst. principal’s secretary now provides weekly disciplinary reports to the Care Manager so girls can be targeted sooner.”

There were changes in the way mental health issues were addressed. This included a partnership with a community provider that had not previously worked with the school, to provide case management, management of psychiatric medication, and individual and family therapy.

- “[The child psychologist with GMIE] has been able to visit and provide a higher level of supervision for our high-need girls on-site and give direct feedback.”

Also, the schools altered the way they handle allegations of child abuse. For example:

- “Current literature on abuse reporting was provided to all staff/personnel of School B and now alleged/suspected abuse is immediately reported to 1-800-96-Abuse.”

Changes to Teacher and Administrator Attitudes

Teacher and administrator attitudes shifted positively over the course of the program as GMIE became more integrated into their respective schools. Teachers appeared more likely to appropriately intervene with girls and to apply the GMIE training on gender responsiveness appropriately. More specifically, Care Managers indicated that:

- “The teachers appeared to feel more comfortable and equipped, intervening with the girl(s) at her level of need by getting her to focus and regroup before reacting in a negative or harmful way. They asked for the assistance of the Care Manager and/or the Girl Matters intern for intervention before situations escalated. Operating in this manner created an additional buffer/barrier between the girl and out-of-school suspensions.”
- “It appeared as though an increased number of teachers tried to be as proactive as possible when it came to managing disruptions in the classroom. Some committed themselves to making themselves more aware of the individual needs of the girls, especially when it came to the girls’ ‘triggers’ or ‘buttons,’ knowing that the emotional triggers can cause many undesirable behaviors that could create conflicts with others. This increased awareness presented more opportunities for positive intervention to take place and to take place more quickly.”
- “Teachers are now using language that was discussed during the last training.”

By the end of the program, teachers and school staff seemed much more likely to consider GMIE a sensible alternative to disciplinary practices for at-risk girls. For example, Care Managers noted that: “Teachers are more eager to refer girls that fight to GMIE and/or seek advice concerning the level of intervention necessary to keep the girl in school.” Similarly, Care Managers said:

- “In some cases, the teachers are sending girls to Girl Matters instead of requiring them to ‘stand on the wall’ and miss recess as a form of punishment.”
- “Male teachers have become more open to [the] program and have started writing GMIE referrals. 1st time since the start of the program.”
- “Principal stated that she wants to celebrate and will provide a ceremony for all GMIE girls who graduate successfully from the program.”

Care Managers also identified a shift in the way teachers integrated GMIE staff in the care of girls. For example:

- “Care Manager is now a part of the leadership team for the school.”
- “Teachers view classroom observations and assistance by GM interns as an advantage.”
- “Teachers are seeking advice concerning the level of intervention necessary to keep the girl in school.”
- “This semester, the teachers were more open to our interns sitting in the classroom with the girls that they serve. Several teachers told me they appreciate the effort that the interns put forth in helping the girls and by taking the time to include the teacher, and value their suggestions.”

Regarding mental health and abuse, Care Managers noted that school staff became more open to consulting with GMIE staff on the appropriate steps to take:

- “Care Manager consulted and participated in any Baker Acts⁵ to ensure that the girl is being properly cared for and treated fairly.”
- “Administration/staff appear more comfortable with reporting alleged and/or suspected physical, emotional, sexual abuse.”
- “Earlier in the school year, the guidance counselor began meeting with students within the classrooms to help build rapport with the students and help develop much needed classroom management strategies.”

Satisfaction with Program

Girls’ Feedback

During their time in the program, girls were asked if they thought the GMIE Program was helpful. Ninety-eight percent of the respondents identified the GMIE Program as helpful, reporting:

- “Yes. I trust everybody in GM b/c they’re not harming me. They’re helping me learn. And sometimes we don’t learn, we play.”
- “Everything changes around; it pushes and comes back. Teacher getting nicer, I’m getting my grades up. Like a fresh start.”
- “Yes. Nice, and they treat me in a fun way and they’re kind. If I need something I can just ask to come down here. If I want to tell something I can just say it. Something important.”
- “Yes, with my behavior, staying out of trouble.”
- “Yes. Telling me not to fight and to follow rules.”
- “Yes, [my mentor] has been nice to me. She’s the only person I know outside of my family who has been nice to me.”
- “Yes. Helping me solve problems in school and just being me.”
- “Yes, when I’m down they help me be happy, cheer me up.”

Excerpts from Girls’ Exit Interviews

As part of the full intervention, whenever possible, girls were administered graduation/transition assessments before transitioning from the program. In the

5. The Florida Mental Health Act (Florida Statute 394.451–394.47891) allows for the involuntary admission and examination of an individual to a mental health facility in the event of a possible mental illness and/or a crisis in which the person is a threat to self or others.

graduation/transition exit interview, girls were asked for their feedback on what they felt were the three most important lessons they had learned. There were 167 qualitative responses available for analyses from 124 girls. The themes that emerged were very similar to the themes that emerged during ongoing assessments: improving academic success, improving behavior or dealing with conflict, increasing social support, improved school connectedness, skills building, and improved self-worth.

Academic Success

Girls frequently identified improvements in their academic functioning. For example, one girl indicated GMIE helped her “get good grades.” Other girls learned:

- “To follow directions and help me in schoolwork. Help me to bring up my grades.”
- “... to learn in school, to be good.”
- “Ways to bring my grade up.”

Some girls indicated that the program was helpful in specific domains of academic functioning. For instance, a girl stated that one of the most important things she learned in the program was her “ABCs,” while another said it was the ability to write, and a third commented that the program “help[ed] with math ... help[ed] with read[ing].”

Improving Behavior / Dealing with Conflict

Girls often reported that the most significant lessons learned were related to their behavior and learning to follow rules. These responses included:

- “Following rules, sitting in my seat more, and doing my homework.”
- “Being nice, following rules Be respectful and always tell the teacher.”
- “Follow the rules.”

Other girls described improved self-control, improved attitudes, and increased respect. For example:

- “Control my attitude.”
- “Controlling anger.”

- “Be respectful. To learn how to control your behavior. Dealing with problems.”

A particularly important theme that emerged for girls’ lessons learned was the focus on how to deal with fights or conflicts. Girls said things like:

- “You can calm down w/out fighting ...”
 - “Don’t fight girls or boys.”
 - “Let it go. Fighting is not the answer.”
 - “Never feed into craziness. Ignore what people say. Always walk away.”
-

Increased Social Support

At discharge from the program, girls often described the importance of learning how to create and maintain relationships. Some girls simply stated that “friendship” was the most important thing they learned, while others were more specific, saying:

- “Picking good friends.”
 - “Learning to make new friends through things GM taught us.”
 - “To stay out of the bad groups and to stay with the good and positive groups.”
 - “Be respectful. Cherish each other. Be nice to people, even though they’re not being nice.”
-

One-on-One Skills Building

Girls identified multiple skills that they learned throughout the program. They stated that conflict resolution skills, like “calming down” or “talking to a teacher” when there were fights, were critical skills. However, they also explicitly identified safety as a very important part of the program. When it came to safety, girls learned:

- “How to be safe.”
- “Don’t listen to strangers / walk away.”
- “Never smoke drugs.”

In addition, girls also identified improved skills in communicating with others, specifically about their feelings. They stated that the most important lessons learned in GMIE included:

- “How to use my feelings in a good way; it’s ok to be sad.”
- “How to be honest about my feelings.”
- “How to listen to others.”
- “Not be afraid, let your feelings out, you always have someone to talk to.”

Improved Self-Worth

A particularly salient theme throughout the graduation and transition summaries was that girls described significant improvements in their self-worth as the result of participating in the GMIE Program. Girls said:

- “How not to be ashamed of myself ...”
- “Not believe what other people say. Believe in yourself.”
- “To be myself. Stay focused. Try.”
- “To love myself.”

Staff Feedback

During program implementation, the percent of staff referring girls to the program remained consistent. Each year, approximately 75% of staff who referred girls reported that the GMIE Program made a “mostly” or “extremely” positive difference for girls. Notably, a majority of the staff who referred girls reported they would refer girls to the GMIE Program again (97%, 98%, and 100% respectively).

School staff indicated the positive effect GMIE was having at the intervention schools. For example, each year a majority of staff (91% in 2011–12, 87% in 2012–13, and 87% in 2013–14) were mostly or extremely satisfied with the program. Additionally, over half the staff each year reported that GMIE was extremely effective in addressing girls’ school problems and conflicts (65% versus 66% versus 61% respectively). In addition to addressing girls’ problems and conflicts, a majority of teachers felt that GMIE improved policies/practices that address at-risk girls’ school problem behaviors (78%, 80%, and 83%).

When teachers were asked if there was anything else they would like to share about the GMIE Program during the end-of-year staff surveys, their responses were overwhelmingly positive:

- “This is a vital program for our school.”
- “This program is much needed at this school and is highly effective!”
- “Very pleased w/GM. Made a tremendous difference in lives of at-risk female students.”
- “Thank you for supporting our girls and our teachers.”
- “It’s an awesome program for girls.”
- “By the end of the year I was able to see the impact that we made on these girls’ lives. I love the program and want to see it flourish.”
- “The program has proven to be extremely beneficial not only to the girls but also the school and those who are involved in relationships with the girls.”
- “I believe in the program. I am a LCSW [Licensed Clinical Social Worker] and I know how important this program is for our students/girls. Thank you for your work here!! We hope you return!”
- “I like the improvements this year w/the program. I wish it carried over into the middle schools for some of our girls. They need that continuous support as they transform. I feel the counselors were professional, knowledgeable, and approachable, and truly care for our girls. I hope that you can keep contact with the girls even after they leave. You have become instrumental in their lives.”

Community Level Outcomes

GMIE Interns Increased Competency and Skills

GMIE partnered with four local colleges and universities to encourage placement of undergraduate and graduate students, and support active learning environments to improve service delivery for girls who did not have access to mentors. Intern mentors were given an initial survey after their 40-hour training, prior to being paired with girls, and a survey at the end of their internship that explored growth in knowledge, program experience, and relationships with girls, as well as their level of preparation to work in the field. A total of 51 interns filled out both surveys and these matched surveys were used for the analysis that follows.

Competency and Knowledge

Participation in the internship program was associated with increased feelings of competence in working with girls (94% feeling “very” or “extremely” competent compared to 75% at outset). A higher percentage of intern mentors reported feeling knowledgeable about providing one-on-one skills building to girls after participation in the program (90% feeling “very” or “extremely” knowledgeable compared to 74% at outset).

Relationships

The majority of mentors (98%) reported forming positive relationships with GMIE girls, 96% felt they made a positive difference, 98% reported gaining valuable professional skills, and 98% believed the program environment was gender-responsive.

Table 13: Intern Mentor Outcomes Table, 2010–2014

Scale: 1 = Not at All, 2 = Slightly, 3 = Moderately, 4 = Very, 5 = Extremely		
	Start of Internship “Very” & “Extremely” (n = 51)	End of Internship “Very” & “Extremely” (n = 51)
Competence Do you feel competent in working with elementary school girls?	<i>M</i> = 4.00 75%	<i>M</i> = 4.41 94%
How competent are you in connecting girls and families to community resources?	<i>M</i> = 3.10 35%	<i>M</i> = 3.41 45%
How competent are you in navigating different systems (child welfare, school, juvenile justice) to provide services for girls?	<i>M</i> = 3.32 38%	<i>M</i> = 3.41 45%
Confidence Do you feel confident in your abilities and skills in making a positive difference in elementary school girls’ lives?	<i>M</i> = 4.16 90%	<i>M</i> = 4.39 94%
Knowledge About Skills How knowledgeable do you feel about providing the one-on-one skills building to elementary school girls?	<i>M</i> = 3.86 74%	<i>M</i> = 4.25 90%

Community Resources Variables		
How knowledgeable are you of local community resources for girls and their families?	$M = 3.14$ 33%	$M = 3.49$ 43%

When asked whether the internship was meaningful, all 49 respondents indicated that the internship was meaningful, and provided reasons why. Many interns stated that impacting girls' lives was the most meaningful part of their experience:

- “Yes, just knowing I’m making a difference in someone else’s life is heartwarming and a great feeling. I love the experience of helping others.”
- “Yes! I loved being able to get to know all the girls. It means a lot to be an influence in girls’ lives.”
- “Yes, it was meaningful because I was able to see the impact I had on the girls.”

Some interns were more specific in saying that building the relationship with girls, seeing the resulting change, or developing a bond with staff was meaningful. These responses included:

- “Most definitely! All of the relationships made with girls and interns. Plus the impact I was able to make on them.”
- “Yes! The time I was able to build relationships with the staff, the other interns, and the girls meant much to me.”
- “Yes, I was able to build positive relationships with girls. They were able to talk to me about problems they might have had.”

While helping girls was a consistent theme, so too was the impact that girls had on the interns. One intern stated, “Yes, I feel like I changed or impacted them positively, but they changed me too.” Other interns said:

- “Yes, working with the girls was a life-changing experience.”
- “Yes, yes, yes! The work with these girls is so fulfilling and important. I wonder if I gained more love and appreciation for people than the girls did.”
- “This internship experience was meaningful for me in every aspect. The girls and learning from them has changed me for the better. I will take what I’ve learned with me forever.”

Similarly, interns noted self-exploration or personal growth as a result of participating in the GMIE Program. For example:

- “Yes, because I got to grow internally by learning more about myself and different challenges there are.”
- “Yes! These girls and lessons have touched my life more than they know. I find myself thinking of ways to grow and think before I act. I feel like I’m impacting these girls’ lives and I see the improvement.”
- “Yes, realizing that I have the power to make a difference, that I am capable.”

The GMIE Program provided the opportunity for interns to build skills that they could apply to their future career paths. Ninety-eight percent of intern mentors ($M = 4.74$) indicated that they gained valuable professional skills and experience through their internships. The positive implication of this is that the GMIE internship experience may help prepare young women pursuing careers in fields such as social welfare and criminal justice or education.

In addition to the intern mentors giving feedback on their experiences, girls were asked to give feedback about their experience with their intern mentor. The majority (92%) of girls reported that their interns were friendly and easy to talk to “most” or “all of the time,” and 97% of girls reported that their interns were good role models.

PACE Mentors Expressed Strong Relationships with Girls and Increased Feelings of Being a Role Model and Giving Back to the Community

GMIE partnered with PACE Center for Girls Jacksonville to recruit PACE teen mentors, to co-facilitate GMIE group activities. During their time with the GMIE Program, each individual mentor facilitated an average of eight groups, with each group lasting approximately 45 minutes. Since fall 2011, 58 PACE mentors participated in the GMIE Program. Mentors were surveyed prior to working with girls and surveyed again after their mentorship semester. A set of 22 matched surveys were used to compare the survey results for the PACE mentor group.

Impact of Training: Core Building Blocks

PACE mentors were trained by program staff regarding the core building blocks of GMIE (Relationships, Communication, Emotions, Safety, and Identity). Interestingly, a pattern

of reduced agreement regarding their knowledge and skills about safety and various forms of communication with the younger girls emerged at the completion of the mentorship. For example, only half (52%) of mentors felt “mostly” or “extremely” able to provide girls different ways to communicate with others, compared to 81% at outset. Additionally, only 59% of mentors reported feeling able to teach girls about safety and provide examples of how to be safe, compared to 81% at outset. At outset, 95% of mentors knew what a positive relationship was and could explain this to younger girls, compared to 91% at completion. It is possible that this data is capturing learning that is taking place within the PACE mentors, as they may have learned new ways to communicate and be safe, therefore feeling less competent in these skills. In essence they have learned to recognize areas for potential growth within themselves and may realize how much growing they still have to do.

At the end of their mentorship 91% of the PACE mentors were able to develop positive relationships with GMIE girls and 73% felt like they had something in common with the GMIE girls. When asked if mentors could express their emotions and help girls build this skill, a majority of mentors reported being able to do this (86% compared to 62% at outset). At completion of their semester mentorship, more PACE mentors knew what it meant to have a positive self-identity and could help girls develop a positive self-identity, 88% at outset to 91% respectively.

Giving Back

All of the PACE mentors felt they gave back to their community and believed they were a good role model for young girls. Interestingly, 96% realized through their experience how much they had to offer to their community. The impact could be far-reaching, as 91% would like to work with young girls in the future, and 91% believed they made a positive difference in the lives of girls.

Following the end of their experience working in the GMIE Program, mentors were asked if their experience with the GMIE Program was meaningful, and if so, how. Of the total survey responses, 33 PACE mentors (matched and unmatched) responded to the open-ended question. All but one of the respondents indicated that their experience was meaningful. Overall, the mentors reported their experiences in a positive manner, and some reported experiencing

personal growth as a result of their mentorship. A sample of perspectives is included below, to provide context to their experiences:

- “Yes, it was [meaningful]; just knowing that I helped make a difference in someone’s life.”
- “Yes, because I’m making a change in the younger girl’s life.”
- “Yes, because I helped them to see the good in them and make them feel good about themselves.”
- “It was meaningful because I saw that I could make a difference to them and how they react with others.”
- “Yes, ’cause I loved seeing their faces.”
- “Yes! Very! The time spent with the girls.”
- “Yes, because I got close to those girls and had a great connection with them.”
- “Yes, I was very much honored to take my role as being a leader for young girls.”
- “Yes, that I was able to give back to the community and young girls that don’t have mentors.”
- “Yes, it was. It helped me to realize just how much I truly love working with kids.”
- “Yes, it made me wiser.”

Table 14: PACE Mentor Outcomes, 2011–2014

Scale: 1 = Not at All, 2 = Slightly, 3 = Moderately, 4 = Mostly, 5 = Extremely		
	Pre “Mostly” & “Extremely” (n = 22)	Post “Mostly” & “Extremely” (n = 22)
Relationships		
I know what a positive relationship and friendship is and could explain this to younger girls.	<i>M</i> = 4.55 95%	<i>M</i> = 4.50 91%
I was able to develop a positive relationship with the girls in the program.*		<i>M</i> = 4.45 91%
I feel like I have things in common with the It’s Elementary girls.	<i>M</i> = 3.91 68%	<i>M</i> = 4.09 73%
Safety		
I was able to teach about safety, including giving girls examples of how to be safe.	<i>M</i> = 4.33 81%	<i>M</i> = 3.91 59%
Communication		
I know how to give girls different examples of ways to communicate with others.	<i>M</i> = 4.10 81%	<i>M</i> = 4.32 52%

Emotions I know of ways to clearly express my emotions and could help girls with this skill.	$M = 4.00$ 62%	$M = 4.23$ 86%
Identity I know what it means to have a positive self-identity and can help the younger girls learn ways to positively identify themselves.	$M = 4.38$ 88%	$M = 4.50$ 91%

*Item was asked only on post survey.

Chapter 4

Discussion and Implications

At the outset of the GMIE Program, the goal was to document the model and track outcomes of the intervention model across three primary domains: the individual girl, the school, and the community. The following section discusses the implications of significant findings for school officials, educators, and service providers. Considerations and recommendations for additional research toward building practice-based evidence as well as replication considerations of this intervention model are explored.

Consistent with previous research, many of the girls referred to GMIE for behavioral problems experienced considerable life stressors. Research to date has documented the life histories of youth in the juvenile justice system with the recognition that many experience school failures (e.g., suspension histories, dropping out). Less is known about how early these experiences start. Therefore this work, with its focus on elementary aged girls, is an important contribution to the field. There has not been a systematic way thus far to discuss the reasons students in elementary school are suspended, with a particular focus on girls and their experiences at school. During the GMIE implementation, staff gained knowledge about the stressors and life challenges facing girls at the elementary school level. Many of these stressors were related to parental or familial challenges. For example, almost half of GMIE girls (46%) reported that a parent/caregiver had gone to jail, 35% had a parent who had lost their job, and 13% had experienced the death of a primary caregiver in the previous year. Further, nearly one third of girls (29%) had lived somewhere without their parents (e.g., with aunts, grandparents), 26% had experienced the death of a close friend or relative, and 9% of GMIE girls had been in foster care. More important, based on tracking information from ongoing assessments, girls continued to face these or additional stressors over the course of GMIE. For example, an additional 18% of GMIE girls experienced incarceration of a parent / primary caregiver, and closely linked, 14% of the girls experienced a new out-of-home placement during their time in the program. This information is invaluable for planning and training purposes of school counselors, teachers, and community providers. This further documents the challenges that families are facing—they too are experiencing tremendous loss through death, incarceration, loss

of job, and poverty. This may help to explain why half of the girls (49%) reported their caregivers sometimes being “very sad.” Too often, parents are blamed for these circumstances despite the lack of community resources and the likelihood that their own mental health needs are not being addressed. The Duval Justice for Girls Leadership Council identified early intervention as a priority for girls, and we may need to assess the community circumstances as part of that intervention. These findings raise questions about why so many girls in our local community have family members who are incarcerated, and why so many of the girls are living without their parents. Further, for school personnel, it raises questions regarding who is available to provide support to the girls (or what interventions are needed) in completing homework, participating in school functions, in parent-teacher conferences, and overall parent advocacy that increases school connectedness and school success. Additionally it raises the question as to what is the responsibility for the schools to advocate for students when families and their students are experiencing such stressors. The importance of tracking these life stressors cannot be overemphasized. Knowledge about these stressors allowed GMIE staff to understand what was happening in the lives of girls and to contextualize their problematic behaviors, while providing testimony to the resilience of so many children who experience these life events. Tracking these stressors helped staff determine what girls needed to help them cope and navigate day to day, and also assisted staff in raising awareness for the schools about alternative practices that would be more responsive to girls’ needs. They were also able to better understand their behaviors from the perspective of their life experiences.

These findings help build practice-based evidence specific to girls’ needs and experiences. Practice-based evidence seeks to build evidence from the ground up with a specialized population where evidence-based practices have not been previously studied. The model attempts to provide interventions that adapt to the needs of the school environment. This is different from typical interventions which are either inflexible or often piecemeal approaches that do not take external factors into account. For instance, within the GMIE Program there was awareness of areas within the school that could be improved upon, such as increased training for teachers and staff. In practice, this looked different than traditional classroom instruction for teachers (which had been part of the initial model). Instead, there was role modeling by the Care Managers and coaching that happened “in the moment” for new teachers and teachers who were entrenched in old practices. The opportunity for the schools to partner with an external nonprofit

provided a safe space for teachers to also learn new techniques while simultaneously addressing the issues in real time. This suggests that we can also look at how we are providing learning experiences for teachers—often, the learning experiences are in artificial settings and are not directly specific to the issues they are facing on a day-to-day basis.

Teachers felt supported by GMIE because there was recognition of the challenges they were experiencing (school pressures re: testing, teaching, counselor responsibilities, district mandates regarding fighting, etc.). Teacher input was incorporated and administrators / school environment provided them with alternatives: 1) backup support to send girls to the GMIE Program room; 2) access to ongoing consultation regarding girls and effective strategies; and 3) crisis intervention/support to focus on teaching and the needs of the rest of the class. This in turn increased the attention on girls who needed to be identified, who needed to be “seen” and “listened to,” and created opportunities for relationship and skills building with the girls through Care Managers, college interns, and PACE teen mentors. As a result of each girl knowing that she mattered, there were fewer acting-out behaviors and more opportunities for “an outlet to just be little girls.” GMIE was always visible in some way, shape, or form (e.g., program room, the groups, the interns, the Care Manager), and both teachers and girls knew that.

The model is twofold: The responsibility is not only on girls to develop the skills; equal attention must be given to creating spaces and opportunities for girls to learn. It is critical for the success of the girl that the adults in her life, including those at her school such as administrators and teachers, feel supported. Additionally, it is necessary for teachers and administrators at schools to use discretion, particularly for zero tolerance offenses that are subjective (e.g., a girl defending herself against a boy who hit her, being disruptive in class). How crises are handled and the interventions and strategies used to keep girls in school are at the core of this work. Keeping girls in school is tied to a host of positive quality of life indicators as well as health, education, and income-related outcomes. The impact is felt in outcomes for the girls as well as in outcomes for any children she may have.

School Level Findings and Implications

Cultural Shift within Intervention Schools

Reducing suspension and entrenched disciplinary practices for girls necessitated a reexamination of school policy, practice, and overall school climate/culture. Over the course of the GMIE implementation, a distinct shift in the way school educators and staff addressed the program and girls in their school was observed. However, this shift took time. It required a combination of GMIE-facilitated trainings and coaching, teacher buy-in, and the overall inclusion of the Care Managers as part of the leadership team of the school.

By the end of the third year, significant changes to policy and practice had emerged across intervention schools. Schools responded by keeping more students in school instead of utilizing out-of-school suspension / disciplinary action. Further, teachers began seeking the consultation and support of Care Managers by integrating them into the girls' care in the classroom.

For girls, opportunities were created/reinforced, where they could ask to see the Care Manager or request peer mediation in order to problem-solve situations. Girls were allowed to go to the GMIE Program room when they needed to calm down. This option was incorporated into some girls' behavior plans. All teachers were given GMIE hall passes for girls to use when they needed to leave the classroom for GMIE intervention. This helped girls increase their emotional awareness and learn to better cope and control their own behaviors. Through this and other options and program interventions, girls learned that there were adults in the schools who care about them and who would treat them with respect and kindness.

Decreased Suspension Rates

The data from the GMIE intervention schools reveals that suspension rates decreased in schools that had the highest suspension rates. By the last school year, 2013–14, 89% of girls who started GMIE in the 2011–12 school year were no longer being suspended. This is a particularly poignant finding, as the continual decrease in number and rate of suspensions for girls in the GMIE intervention schools occurred while suspension rates throughout the school district remained stable. At the end of 2013–14, there were 753 elementary school-level girls suspended, representing 15% of all girls suspended in Duval County. The rate per 100 students has remained stable; however, the percentage of total suspensions has increased, where in 2010–11 the 849 elementary school girls suspended represented 12% of the total female suspensions.

Girls' Findings and Implications

School Connectedness and Social Supports

Girls' perceptions of school connectedness and social supports did not shift in a significant positive direction. Without a true comparison, it is hard to know what a realistic increase in school connectedness is or what the development of stronger social supports might look like. A number of girls reported not liking their school, not feeling like they were doing a good job in school, and feeling like they didn't have an adult to talk to in their life. A critical examination of the GMIE Program implementation and a more careful consideration of the domains measured revealed a few possible explanations for these findings. First, one explanation is that the measures/tools utilized to track these outcomes may not have been developmentally appropriate for the younger students, or that because the social support questions followed questions regarding school authority, their mindset regarding adults may have been on school officials. In addition, previous research has associated decreasing school satisfaction with increasing grade level, which suggests the girls' responses could be developmentally appropriate. Epstein & McPartland (1979) found that scores on a Quality of School Life scale, which include measures of liking school, tended to decrease over grade level. Additionally, Gest, Welsh, and Domitrovich (2005) point out that close relationships with teachers and peers within a supportive school community increase positive feelings about school. For the GMIE intervention girls, the feelings of closeness to both teachers and other students did not change from baseline to time 3. Another interpretation of the results could be that while school climate can play an important role in school connectedness and adult social support, life stressors occurring outside of school may play a more important role in how a girl feels about school than was initially realized. Additionally, family beliefs around school (e.g., parents did not like school) may also impact a girl's feelings and experience.

However, the greatest gains in these domains were made among girls identified as highest need (Tier 3) as well as girls who were in the program for 12 months or longer, which suggests that having the opportunity to connect with a trusted adult to share about these experiences may be a small but important shift in increasing engagement. Bringing the resources to where the girls are aids in this. The responses of GMIE girls to open-ended questions painted a more powerful picture about how the program impacted school connectedness and social supports than did

responses to multiple-choice survey questions. Many of the recurrent themes around school success in these responses were tied to personal growth and achievement, changes in school engagement, and the importance of interns whom they could talk to.

Prevention Groups

One of the interesting findings regarding Enhancement Groups was that after exposure to the four-lesson group curricula, girls reported feeling less safe in school, at home, and in the community. While this outcome may initially seem contrary to the goals of the program, GMIE staff members hypothesize that the program may have raised girls' awareness about safety issues and potentially some of the dangerous situations or behaviors that might previously have been normalized. This reiterates the importance of conversations around safety, building awareness of safety with self and others, and should elevate the dialogue to question what is happening in schools / school climate when girls do not feel safe. This was true for the girls in the Prevention Groups as well as a theme seen with the PACE teen mentors who reported significantly less competence in teaching girls about safety and ways to communicate than they expected.

Community Level Findings and Implications

The Power of Interns and Mentors

College interns provided individualized, cognitive, behaviorally based skills building lessons to the girls. PACE teen mentors played a critical role in engaging GMIE girls through facilitation of groups. Girls appeared satisfied and pleased with their interns and mentors, with the majority of girls (85%) reporting that time with interns was helpful "a lot" or "most of the time." Other important outcomes of the interns' and mentors' participation in GMIE was their increased knowledge, competence, ability to form positive relationships, and the perception that they had made a positive difference in the girls' lives.

Interns articulated incredible personal growth as a result of participation. Previous exploratory research by a former intern who surveyed 23 interns from the first two years found that the GMIE internship affected their personal and professional lives by increasing understanding of girls and women, gaining personal insight, and aiding interns in acquiring new skill sets, particularly around safety awareness and girls' advocacy (Miller, 2013 unpublished).

The importance of investing in the next generation of professionals who will work with girls through training and ongoing support cannot be overlooked. Further, creating opportunities for girls in middle or high school to facilitate groups with younger girls appears to benefit the teens in terms of refining their communication and relationship skills, reflecting about safety themselves, as well as seeing the benefit of giving back to younger girls.

Additional Research

Evaluation of the GMIE Program raised a variety of questions that could be explored through further research. Topics that may need further study include interactions with peers, attitudes toward teachers, fairness of school rules, and perceptions of safety. More in-depth research regarding girls' life experiences and stressors inside the school setting, outside in the community, and in their homes, as well as the potential interactions of these stressors, would be beneficial. There are opportunities, for example, to examine how issues of domestic violence, parent incarceration, and experiencing out-of-home placement affect girls and manifest in the classroom. More practice-based research about the impact of specific coping skills and school interventions (e.g., de-escalation, alternative space, mediation) can serve as alternatives to entrenched disciplinary practices which may continue to punish, label, or ignore girls.

There is also more that can be learned about the impact and effectiveness of specialized training and supports for college interns, and more to be learned about the ways in which their internship experiences may impact their professional careers or world views. The program evaluation outcomes raise additional research questions about what the differences might be between girls who experience academic success and those who experience disciplinary action such as suspensions. Further, more information is needed to understand the findings related to increase in girls' retention rates. In addition, more can be learned about which of the GMIE Program components were most critical for transforming the school culture and which were most impactful in terms of the girls' successes.

Further research regarding the impact of girl-focused prevention groups at high-need schools is recommended. Preliminary data on girls who only participated in the Enhancement Group Program did not show significant changes regarding school connectedness or problem-solving skills. However, the girls provided examples of learning about safety and self-awareness and gave statements that reflected increased self-worth, self-esteem, and personal insight, which

has implications for the continued attention to girls who may often feel unheard or overlooked in a school setting. It also has implications for additional research on interventions aimed at exploring girls' self-worth as a protective factor. More research on the impact of various forms of teacher training and girl-centered practices in school settings is needed.

Thoughts on Replication

Replication of the model requires understanding of the changing needs of school environments. This partnership raised our awareness of the multiple demands and pressures of teachers from external sources, how to better interface in the academic setting, and how to bring services into partnership with school personnel. What was learned while at the school transformed how we did the work inside the school. Funding for on-site support and training cannot be short-term because some of the biggest shifts/gains at the school level happened after the second year of implementation. Based on lessons learned, school districts are encouraged to look at the needs of girls displaying externalizing and internalizing behaviors at school.

The GMIE model was successful at two elementary schools with different challenges and levels of needs. This speaks to the importance of knowing the community and the school environment and the issues specific to each school. It is important not to make assumptions that schools which may look the same on paper (e.g., same race, socioeconomic status of families) share the same culture or family situations. Every child, every family, and every school environment is different. These differences must be taken into consideration for the replication of any program. Conclusions about intervention approaches cannot be made based on superficial homogeneity of groups, but rather be informed by differences (e.g., higher population living in out-of-home placement, experiences with violence, and type of violence). Drug violence was prevalent in both neighborhoods. The majority of students at School B lived in a subsidized apartment housing complex where there was high police contact, overcrowding, and gang violence in the neighborhood. In contrast, families in the School A neighborhood (just a few miles away from the neighborhood of School B), typically live in single-family homes. There were differences in the physical structures and layouts of the schools as well. School B has a very open layout, and in an unsafe neighborhood this meant the violence of the neighborhood sometimes transferred into the school setting, resulting in lockdowns and police involvement on campus. School A, on the other hand, was a larger, contained building with limited entry/exit.

There was frequent teacher turnover at School B , which contributed to instability. It is these factors that must be taken into consideration for an intervention program to be successful in a school.

There is an urgent need to translate the information about what is happening with our youngest of students who are coming to the attention of school officials and being suspended. This knowledge is useful not only to contextualize the issues facing students, but also to inform incoming and veteran educators and service providers alike. The information learned highlights the importance of needs assessment in schools, for both the school environment and the students. In many cases, it is the girls' acting-out behaviors that raise the most attention; but we learned that opportunities to spend time with girls in the prevention groups enabled the further identification of girls displaying internalizing or withdrawn behaviors to get attention. Further, a needs-based assessment must be coupled with continued resources, including training to address the root causes of behaviors, while at the same time focusing on the school's structures, practices, and attitudes of teachers. Supports must be built for teachers who are challenged by behaviors in the school/classroom, in order to see the school level cultural shifts over time.

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Appendices

Appendix A

Tier Levels

The Girl Matters: It's Elementary three tiers of services include:

Tier 1: Short-Term School Intervention

Examples of situations that might result in a girl receiving Tier 1 services include acting out in class, conflicts with teachers or peers, talking back, school bus incidents, and dress code violations. Tier 1 would also encompass any girls receiving referrals due to potential learning disabilities. Tier 1 services include:

- Development of individualized intervention plan with school counselor and teacher, to resolve the situation or presenting problem;
- On-site individualized counseling or skills building activities;
- Resource directory for parents/guardians; and
- Monitoring of school success to determine if problem is resolved and girl is on track or in need of additional intervention.

Tier 2: Short-Term Community Intervention

Tier 2 services required targeted care management services, often including referrals to community based agencies for counseling, medical, etc. Connecting her to a positive social support network and pairing with a specially trained tutor or mentor were part of her interventions. Examples of stressors for girls in this category could include moving to a new area, divorce, adjusting to stepparents, change in family status / loss of job, or early onset of puberty, all which could contribute to her acting-out behaviors at school (e.g., fighting, not following school directions, tardiness, and disrupting class). Tier 2 services include:

- All services in Tier 1;
- Appropriate referrals to community resources; and
- Paired with a specially trained tutor or mentor.

Tier 3: Intensive School, Community, and Home Intervention

Tier 3—indicated girls were at the highest risk of school failure and system involvement. Tier 3 required long-term intensive-care management and interventions including all services identified for Tier 1 and Tier 2. In many cases, they had extensive and unaddressed needs including physical or sexual abuse, witnessing or experiencing trauma, parental or sibling incarceration, death of a loved one, parent mental health or substance abuse histories, and child welfare system involvement. Care Managers were prepared to provide crisis intervention and in-home family interventions if appropriate.

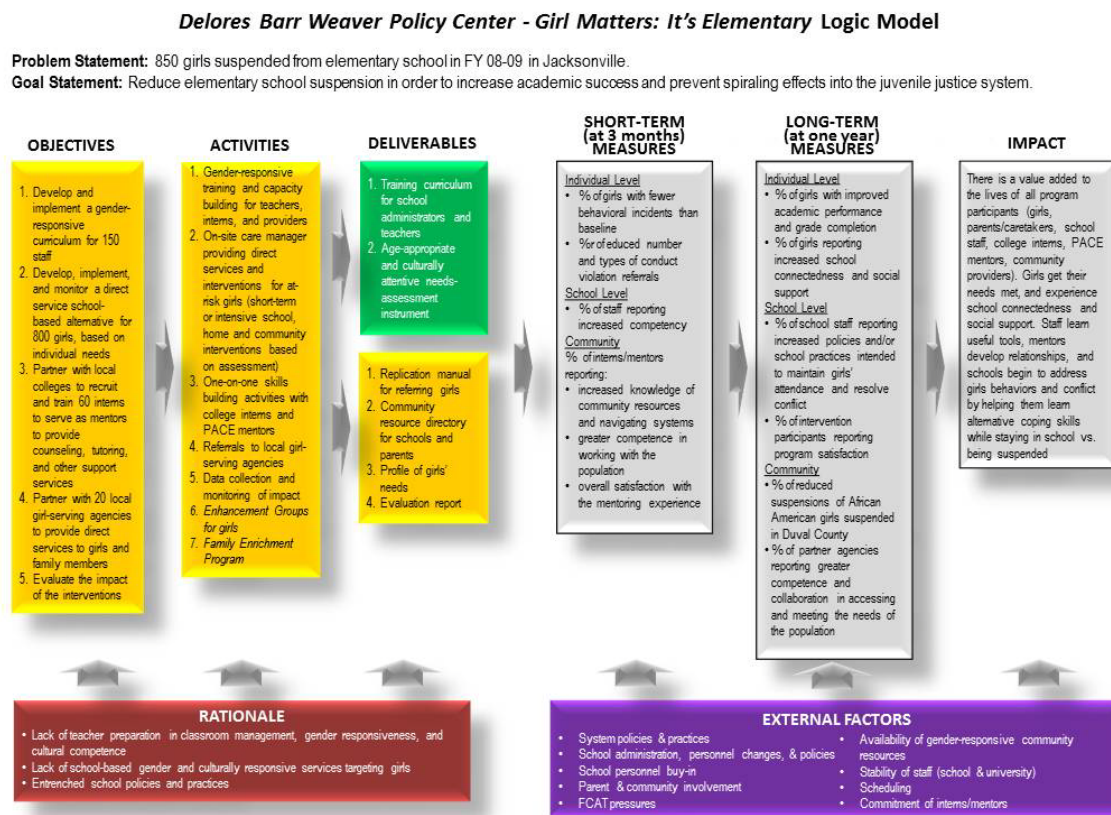
Appendix B

Evaluation Methodology

Evaluation Goals

The National Council on Crime and Delinquency (NCCD) Center for Girls and Young Women received a four-year grant from the Robert Wood Johnson Foundation and local funding partners to implement a demonstration project, *Girl Matters: It's Elementary Program* (GMIE), at Maya Angelou Elementary and Oprah Winfrey Elementary. The goals of the Girl Matters: It's Elementary project were to implement a school-based Intervention Program that prevents/interrupts school suspensions and increases academic success for girls. The goals of the evaluation were to document the model and track outcomes of the intervention model across three primary domains: the individual girl, the school, and the community (see logic model).

Figure 5: Logic Model



Research Questions

The research questions that guided the evaluation were as follows:

- What impact does this intervention have on the girls' self-report measures of school connectedness, social support, and school success?
- What impact does this intervention have on the school?
- What impact does this intervention have on the community?

Data Sources

Data collection activities for the study included recording the referral reasons and referral sources, tracking of assessment implementation, a variety of girls' assessments and surveys, intern and mentor surveys, school staff surveys, and school records.

Table 15 provides a description of the data sources used to evaluate the girls', school, and community outcomes.

Table 15: Method Outcomes and Data Sources

GIRLS' OUTCOMES	DATA SOURCE
<i>Intervention Girls' Outcomes</i>	
1. Fewer behavioral incidents, and reduced number and type of conduct violation referrals.	<ul style="list-style-type: none"> • School Records: Referrals and Suspensions Data
2. Improved academic performance, and grade completion.	<ul style="list-style-type: none"> • District Records: Final School Grades
3. Increase in school connectedness and social support.	<ul style="list-style-type: none"> • Girls' Baseline Assessment, Ongoing, Graduation/Transition
SCHOOL OUTCOMES	DATA SOURCE
<i>School Outcomes</i>	
1. School staff: increase in competence working with girls.	<ul style="list-style-type: none"> • Beginning and End-of-Year School Staff Surveys
2. School staff: improvement in the policies and/or practices addressing at-risk girls' school problem behaviors.	<ul style="list-style-type: none"> • Beginning and End-of-Year School Staff Surveys
3. Intervention participants (e.g., girls, parents, and teachers): satisfaction with the program and its overall effectiveness in addressing school problems and conflicts.	<ul style="list-style-type: none"> • Graduation/Transition Form • Parent Post Survey • Staff Post Survey
COMMUNITY OUTCOMES	DATA SOURCE
<i>Community Outcomes</i>	

1. Interns/mentors: 1) increased knowledge of community resources and navigating systems; 2) reported greater competence in working with the population; and 3) had overall satisfaction with the mentoring experience. Girls: report an overall satisfaction with the mentoring experience in a variety of areas.	<ul style="list-style-type: none"> • Intern Post Survey • Girls' Graduation/Transition Form
2. PACE mentors: 1) report greater competence in working with the population, and 2) overall satisfaction with the mentoring experience.	<ul style="list-style-type: none"> • PACE Mentor Post Survey
3. There will be a reduction in the overrepresentation of African American girls suspended in Duval County.	<ul style="list-style-type: none"> • School District and Department of Juvenile Justice Data

The data collection time frame or evaluation period for this report was August 2010 to May 2014. The purpose and description of the data sources are described below:

- **Tracking Sheet:** The purpose of this Excel database was to track the number of girls referred and active in the GMIE Program by school and school year. This included: girls' demographic information, referral date, referral source and reason, consent, tier level, assessment dates, graduation dates, tier level changes, school record information (i.e., free or reduced lunch, Individualized Education Program), intern assignment, and transition information. The tracking sheet also contained the information for girls who participated in the prevention portion of the GMIE Program and was used to track the number of girls who were referred for follow-up. The tracking sheet served as the communication tool between program and research staff. A separate worksheet was developed to document the policies and practices impacting GMIE girls and changing attitudes and practices over time.
- **School Staff Pre–Post Surveys:** The purpose of these surveys was to gather information from school staff at two intervention and three comparison schools about their attitudes/competency working with girls, supportiveness of school environment, and effectiveness of school policies and practices. Staff at both comparison and intervention schools completed surveys at all staff meetings or individually through paper or online formats, both at the beginning and end of the year. While the surveys were administered to all staff, the majority of respondents were teachers. Staff members at the intervention schools were asked about the impact of GMIE and their satisfaction with the program. Between the 2011–12 and 2013–14 school years, pre and post surveys were collected from intervention

school staff (n = 143 pre surveys, 149 post surveys) and comparison school staff (n = 152 pre surveys, 148 post surveys). The staff surveys did not require respondents to identify themselves on the pre or post surveys, in order to maintain anonymity. The pre and post surveys were analyzed in the aggregate and used for quantitative analyses to look at within group and between group differences.

- **Intern and Mentor Pre–Post Surveys:** The interns were given a survey after their 40-hour training, prior to being paired with girls, and a survey at the end of their internship that explored growth in knowledge/competence, confidence, program experience, relationships with girls, and satisfaction. Similarly, PACE teen mentors were administered a survey after their five-hour training prior to working with girls and at the end of their mentorship. A total of 51 interns and 22 PACE mentors filled out both surveys, and these matched surveys were used for the quantitative analysis. The post surveys for both interns and mentors were used for the qualitative analysis.
- **Girls’ Strengths and Needs Assessment (baseline assessment):** The baseline assessment tool, developed by research staff at the NCCD Center for Girls and Young Women, included validated measures from several instruments.⁶ Strengths/needs assessments were given after parental permission was received for the girls to participate in the program. The purpose of the baseline assessment was to identify girls’ intervention needs while building rapport and providing a safe space to share their experiences. The goal of this assessment was to identify the factors significantly contributing to behaviors at school (see Table 4 in Chapter 2). Identification of these factors had implications for level of need/tier, targeted services, and supports needed. A total of 293 girls’ baseline assessments were administered. All of the available data from baseline assessments was used in the qualitative analysis.

6. For a girl’s descriptions of herself and her life, the Rosenberg Self-Esteem Measure, Belgrave Racial Identity Scale, and Add Health In-Home Questionnaire were used. School measures were derived from the Student Questionnaire, Child Development Project for Elementary School Children, Stressful Urban Life Events Scale and Seattle Personality Questions. Measures related to friends and peers were gathered from the Multidimensional Student’s Life Satisfaction Scale, the Teacher Measure of Social Behavior, the Peer Pressure Inventory Scale, Knowledge, Management & Personal Meaning, Scales from Student Questionnaire, Child Development Project for Elementary School Students, The Kids’ Coping Scale and the Interpersonal *Reactivity Index (modified for children)* – Feeling and Therapy. Family and home life measures were pulled from Family Relationship Characteristics, Add Health In-Home Questionnaire – Relations with Parents, the NCCD JAIS assessment, and Stressful Urban Life Events Scale.

- **3-Month, 6-Month, 9-Month, and 1-Year Ongoing Assessments:** The purpose of these shorter assessments was to track progress and outcomes over time. Also, it was used to document new life events, issues, or stressors in the girl's life that require intervention. It asked questions across the same domains as the baseline: self, school, friends, and family. In particular, outcomes related to social supports were included in the ongoing assessments. After completing the ongoing assessment with the girls, the Care Managers were charged with assessing girls' progress in addressing goals and readiness for completion of the program. Ongoing assessments were administered every three months and the range of time covered in the assessments was between three to 18 months of program participation. Girls averaged three assessments during their participation in GMIE. For the purposes of quantitative analysis, ongoing assessments were categorized as time 2 if they were the second ongoing assessment administered to the girl. The range for time 2 assessments was three to nine months ongoing. Time 3 for girls' ongoing assessments was identified as the third ongoing assessment administered to the girl. The range for the time 3 assessments was six to 12 months ongoing. A total of 160 time 2 assessments and 110 time 3 assessments were used during quantitative analysis. Open-ended questions on the ongoing assessments were used in aggregate to explore overall themes and provide context to the data.
- **Graduation/Transition Assessment:** The purpose of this assessment was to celebrate completion of the GMIE Program or acknowledge girls' transition to middle school. The assessment reviewed girls' progress/effort in the program, program satisfaction, and provided girls with information to continue their success including an identification of strengths, skills, talents, and follow-up activities. A total of 111 girls completed the graduation/transition form. Data from the graduation/transition survey was used for both the quantitative and qualitative analyses.
- **School Records for Girls' Suspensions.** Suspension data for girls at each intervention school was gathered through a direct request to the school. Final suspension data was extracted for all students at the end of each school year. The girls who participated in GMIE were identified by the Care Managers, and the information was used to determine GMIE level suspension results. The data was then entered into the intervention girls' database in IBM SPSS Statistics 19.0 (SPSS) in order to calculate the suspensions per active girls for each school year, as well as the suspension information for the 2011–12 cohort.

- **District Records for School Level Suspensions.** The Duval County School District provided school and district level data for total student population by gender, suspensions, and referrals by gender, both duplicated and unduplicated counts. The District level data was used to calculate suspensions for intervention schools compared to the district and comparison schools. Retention and female population data was used to calculate retention rate for girls at the two intervention schools over the four-year period. The Duval County Public School records were provided from the District in an Excel database and were further analyzed within this database.
- **School Grades / Promotion Records.** Retention data for females and female student grades for the two intervention schools were provided by the District. A request to the Duval County School District was made for the final subject grades for all girls at School A and School B for the 2011–12 and 2012–13 school years. After matching girls who participated in the GMIE intervention from 2011–12 and 2012–13, previous year grades (2010–11) and final school grades (2013–14) were obtained from the District for this cohort. Girls' final grades were reviewed to determine changes in academic performance over the four-year period.

Data Analyses

The data sources described above included surveys, interviews, and Care Manager feedback. As a result, the data sources included both quantitative and qualitative data. Consequently, a mixed-method approach was used to analyze data from the various sources.

Quantitative Analyses

Two SPSS databases were used to enter the survey data from the project. The first SPSS database was established to capture the entire individual intervention girl's assessments. It captured baseline assessments, ongoing assessments, and graduation/transition forms. The second database was used to capture pre and post surveys for the larger community that participated in the GMIE Program. This database contained pre and post surveys for interns and mentors, and pre and post staff surveys from intervention and comparison schools. Additionally, the Excel GMIE tracking sheets were used to capture the number of girls who were referred, assessed, and completed the program, as well as the demographic information of the girls. The tracking sheet was intended to serve as a continuously updating document that could inform the

GMIE team about project needs, reasons for referrals, tier levels, number of active girls, etc. One section of the tracking sheet was used by the Care Managers to update any policy or practice changes that were happening at their schools during the school year. After the quantitative data was entered and cleaned, it was analyzed using descriptive statistics. Variables of interest (e.g., school connectedness, social support, teacher competency, intern satisfaction, etc.) were analyzed for frequencies, percentage change, and mean change from baseline/pretest to ongoing/posttest. After determining the variables of interest from this initial examination, crosstabs were run to determine if the changes that were found over time were significant.

Qualitative Analysis

Qualitative analysis was used to analyze a number of open-ended questions asked of the girls, interns, and PACE mentors. The girls' questions included "Do you think GMIE has been helpful?" and "What are the three most important things you learned by participating in the Girl Matters: It's Elementary Program?" The question for the interns and mentors was "Was your internship/mentorship meaningful for you? If yes, what made it meaningful?" The qualitative data of the open-ended questions was transcribed verbatim into a qualitative data analysis software program, ATLAS.ti. Codebooks were developed whereby teams of two or three coders individually coded the data and then met to discuss salient themes and develop a codebook with definitions and exemplars. Of note, the codebooks were constantly under review by the team to edit, revise, and create new codes according to a team consensus. Coders used memos to address important theoretical, methodological, and thematic observations, as well as note any changes in the codebook.

Each open-ended question was individually coded by a team member. Data was aggregated by question, and overall themes and patterns were identified. Frequencies of codes were pulled using the ATLAS.ti software in order to identify the most common codes. In sum, this information was reviewed for conceptual similarities, differences, and patterns. Quotes from this dataset are used throughout the report to provide context to the quantitative data tables.

Evaluation Limitations

The evaluation experienced some limitations over the four-year period. The girls' grades that were requested from the Duval County School District yielded a very small match for girls from the 2011–12 cohort. This small match size prevented generalizability to the larger GMIE population. For the 2011–12 school year, pre and post staff surveys were not collected for the two comparison schools. This limited our ability to look at changes over the three year period at the comparison schools. Additionally, the graduation/transition forms were created to capture information about the girls' experiences prior to their leaving the program. Girls who had expected transitions, such as graduation or transition to middle school, were able to be scheduled for a graduation/transition assessment. However, girls who left the program unexpectedly due to moving or other circumstances were not captured in the graduation/transition form responses. Further, in the last school year, ongoing assessments were prioritized for the highest need girls and therefore some of the outcome results, particularly around school connectedness and social support, may exclude perceptions from girls who did not complete ongoing assessments. The qualitative data captured from girls, interns, and mentors was also limited because not all of the participants responded to these open-ended questions and the quotes represent only the participants that completed an assessment. Finally, the evaluation intended to capture feedback from community partners through pre and post surveys during the implementation period. Due to a lack of response from our community referral agencies, this data was not captured, and thus limits the ability to assess the impact of the GMIE Program on community partners' work.