



Girls in Canada 2005

**A report prepared for the
Canadian Women's Foundation**

**by
Calhoun Research and Development/Recherche et développement
Shediac, NB
with C. Lang Consulting, Toronto, ON & Irène Savoie, Chiasson Office, NB
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Acronyms

APS	Aboriginal Peoples Survey
CACSW	Canadian Advisory Council on the Status of Women
CCJS	Canadian Centre for Justice Statistics
CWF	Canadian Women's Foundation
CCHS	Canadian Community Health Survey
CICH	Canadian Institute of Child Health
CTUMS	Canadian Tobacco Use Monitoring Survey
FNIRHS	First Nations and Inuit Regional Health Survey
HALS	Health and Activity Limitation Surveys
HBSC	Health Behaviour of School-aged Children Study
HRDC	Human Resources Development Canada (now called...)
NLSCY	National Longitudinal Study on Children and Youth
NPHS	National Population Health Survey
PALS	Participation and Activity Limitation Survey
PISA	Program for International Student Assessment
SAIP	School Achievement Indicators Program
TIMSS	Third International Mathematics and Science Study

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Executive Summary

For many years, the Canadian Women's Foundation has funded projects focused on violence against girls and women. The organization was interested in expanding this mandate, to consider programs that are holistic, comprehensive and address a variety of challenges facing girls today. As a first step, the Canadian Women's Foundation contracted Calhoun Research and Development of Shédiac, New Brunswick to carry out a literature and statistical review on the situation of girls in Canada today, and to identify innovative programs and initiatives for girls in various jurisdictions.

To date, there have been relatively few Canadian research projects that consist of primary research specific to girls, although there is a lot of research in certain areas (for example, eating disorders). Girls' issues are traditionally underrepresented in research and policy debates. There are many gaps in our understanding of how girls develop and what their lives are like.

However, the fact that women in Canada continue to face many challenges in Canadian society suggests that the focus on girls needs to be maintained and even intensified. Measures that improve the climate for girls in Canada will, no doubt, improve conditions for everyone.

i. Early childhood (birth to age five)

Overall, there is an abundance of literature on the early years, although little of it is analyzed by gender. Research that is gender-based tends to focus on two areas: physical health and well being, and social development. The former includes such issues as infant mortality, low birth weight and chronic illness; the latter, "problem" behaviours such as attention deficit disorders and aggression.

The portrait that emerges, when one reviews the literature on girls, is this: Girls start out life better than boys. They have a lower rate of birth-related complications than boys, a lower incidence of birth defects, and have fewer negative effects from fetal alcohol syndrome. When girls arrive at school, they are more likely than boys to do well, especially at reading and writing, and forming relationships with their peers.

ii. Girlhood (six to 11)

This age group is vastly underrepresented in the research, lost between early childhood and adolescence. Yet, this period between the start of school and the onset of adolescence is critical. Research suggests that the crucial "window of opportunity" is around grade six or seven, presumably a time when a young girl's body begins to change at the same time as she becomes aware of the larger society.

It is seemingly at this point that a girl begins to realize that society places much less value on girls and women than it does on boys and men – a realization that impacts directly on her self-esteem.

A theme throughout the research is the importance of gender socialization. Girls were historically socialized to believe that their role in life was limited to nurturing and taking care of others. Although girls have many more opportunities today, nonetheless, negative and harmful stereotypes persist. One report suggests that by the time children reach puberty, they are so heavily targeted by advertisers and media, and so preoccupied with issues relating to body image, sexual identity and peer pressure, that it is much harder to get them to step back and be critical of popular culture.

iii. Adolescence (12 to 18)

There is more research available on adolescent girls, although much of it is focused on "problem" behaviours. One thing that is clear is that gender is a very strong determinant of well being in adolescence.

Happiness for both boys and girls starts to decline around grade six, and at every age, girls are less happy and less confident than boys. Girls are far more likely than boys to indicate dissatisfaction with their body, and to report

loneliness. The prevalence of depressive disorders among girls aged 15 to 19 years old is twice as high as among boys in the same age group. Girls are hospitalized because of suicide attempts almost three times as often as boys.

Adolescence is a time for experimentation and for making choices. There is a lot of research to suggest a strong link between low self-esteem, unhappiness or depression and participation in activities that can put young people, and especially young girls, at risk. This includes involvement in alcohol and drug use and abuse, smoking and early sexual activity.

Many factors interact to increase general self-esteem in young women who participate in sports and physical activities. These include the development of pro-social behaviour (social self-esteem), feelings of support from a coach or teacher (an extension of parent-related self-esteem), a sense of mastery and control in physical skills (physical self-esteem) and a more positive body image and enhanced feelings of physical well being (general self-esteem).

Another report notes that physical activity among adolescents is consistently related to higher levels of self-esteem and self-concept, and lower levels of anxiety and stress.

iv. Other key themes

Another key theme in the research is the impact of poverty. Socio-economic status is an important indicator of well being in Canada. The negative impact of living in poverty is well documented in the literature, although most research does not differentiate impact by gender. The percentage of children and youth under 18 years of age living in low-income situations has not changed significantly over the past two decades. It remains shockingly high, in particular, for those young people living in female lone-parent families. Over 40% of people under the age of 18 living in a female lone-parent family are living on low income.

The impact of the media on young girls is a persistent theme throughout this research. Research suggests that it is difficult for girls to develop healthy attitudes towards sexuality and body image when much of the advertising aimed at them is filled with images of impossibly thin, beautiful and highly sexualized young people. Advertisers are now heavily targeting the “tween” market (young people between the ages of eight and 12).

A section of the report is devoted to the challenges faced by girls in rural and northern areas, Aboriginal girls, immigrant and visible minority girls, lesbian girls and those with special needs or disabilities. The limited research that exists suggests that the “normal” challenges of adolescence are intensified for girls who “live at the intersection” of race, class and sexual orientation.

Violence against girls remains a serious issue. Overall, at every age, females are more likely to be assaulted by a family member while males are more likely to be assaulted by people from outside the family. Even schools are not necessarily a safe haven for girls.

v. Programming for girls

One thing is clear from the literature: Girls’ lives are complex and diverse. A “one-size-fits-all” approach to programming for girls will not be effective.

This research included an environmental scan of girls’ programs in Canada and the US. Some “best practices” include:

- The program should pay explicit attention to gender equity;
- It should have an asset-based, positive focus, and develop skills, in particular, critical analysis skills;
- It should be girl-directed and girl-led;
- It should be interactive; and

- It should respect and celebrate the diversity of girls.

vi. Summary

Given the changes brought about by the women's movement in Canada over the past several decades, we would obviously like to be able to say that life in Canada is significantly better today for girls. Anecdotal information suggests that girls' lives are qualitatively different today than two decades earlier, although unfortunately we do not have research that supports this.

Missing from the research are the voices of healthy and happy girls, of those who are doing well and of those who are high achievers. The information presented is disturbing and in some instances, grim, but we remind the reader that the majority of girls, even teenage girls, are doing okay.

What is clear is that for a minority of girls – a significant minority – growing up can be a painful experience. Girls as a group score significantly poorer than boys on many indicators, such as happiness, wanting to be someone else, feeling they need to lose weight, loneliness, depression and suicide attempts.

Data as consistent and as overwhelming as those presented in this study point to the fact that *we are not talking about individual problems.*

Rather, what comes through very clearly in the research is that the reasons for this situation are systemic – that *there is something about our social system that makes girls, especially as they approach adolescence, not like themselves.*

Snapshot of Girls in Canada in 2005

- Happiness with life declines between grade 6 and grade 10 for all youth and at every age, boys are happier than girls. In 1998, 48% of grade six girls and 55% of grade six boys reported that they were “very happy” about their life. By grade 10, only 26% of girls and 35% of boys reported being “very happy.”¹
- Girls are more likely than boys to be dissatisfied with their appearance, and to wish they were someone else. In 2002, 58% of grade eight girls and 55% of grade 10 girls said, “I would change how I look if I could.” Only 34% of boys in both grades felt this way.²
- In 2001, almost half of girls in grade six were already dieting and this increased steadily to 58% by grade 10.³
- A survey of 1,700 girls in junior high and high schools in Toronto, Ottawa and Hamilton found that 27% of the girls were exhibiting unhealthy weight loss behaviour, including 12% of girls ages 12 to 14 who reported binge-eating episodes, and almost 7% who reported self-induced vomiting to lose weight.⁴
- Girls are more likely than boys to report loneliness and depression. In 2002, 23% of girls in grade six and 36% of girls in grade 10 reported at least one depressive episode per week or more in the previous six months. The rates for boys increased only marginally, from 21% in grade six to 25% in grade 10.⁵
- Girls are hospitalized because of attempted suicide three times as often as boys.⁶
- 12% of girls in grade nine and 17% of girls in grade 11 reported being pressured to have sex when they did not want to.⁷
- Girls were the victims in 79% of family-related sexual assaults in 2002. Girls are four times as likely to be sexually assaulted by a family member than boys.⁸
- One in 12 children between the ages of four and seven witness some type of physical violence in the home, which research suggests correlates to being in an abusive relationship when they are adults.⁹
- “Having said all this, it is important to keep in mind that, in general, many young women’s self-perceptions are positive. When they become more highly valued by society, they will also value themselves more highly.”¹⁰

¹ King et al., Trends in the Health of Canadian Youth, 1999.

² Boyce, *Young People in Canada: Their health and well being*, 2004.

³ The McCreary Centre Society, *The Girls’ Report*, 2001.

⁴ Jones, Jennifer M. et al. “Disordered eating attitudes and behaviours in teenaged girls: a school-based study.” *Canadian Medical Association Journal*, Sept. 4, 2001; 165(5).

⁵ Boyce, *Ibid.*, 2004.

⁶ Canadian Institute of Child Health, *The Health of Canada’s Children*, 2000.

⁷ Boyce et al., *The Canadian Youth Sexual Health and HIV/AIDS Study*, 2003.

⁸ Statistics Canada, *Family Violence in Canada: A Statistical Profile*, 2004.

⁹ Statistics Canada, 1998/99 National Longitudinal Survey of Children and Youth (NLSCY).

¹⁰ Canadian Advisory Council on the Status of Women, “We’re here, listen to us!”, 1992.

1. Introduction and project objectives

For many years, the Canadian Women's Foundation (CWF) has funded projects focused on violence against girls and women. The organization was interested in expanding this mandate, to consider programs that are holistic, comprehensive and address a variety of challenges facing girls today. As a first step, the CWF contracted Calhoun Research and Development/Recherche et développement of Shédiac, New Brunswick to carry out a literature review on the situation of girls in Canada today, and to identify innovative programs and initiatives for girls in various jurisdictions.

This research is intended to educate Foundation staff, stakeholders and donors on what is happening with girls in Canada, and why it is important to invest in girls. It is intended to paint a picture of what it is like to be a girl in Canada in the year 2005. The information will be used to increase understanding about what is needed to help girls in Canada grow up to be economically self-sufficient, free from violence, and strong contributors to society; in other words, to help girls reach their optimal potential and competency.

The research was not intended to be an evaluation of what the women's movement has accomplished in Canada in the past few decades. It was also not intended to be used to influence and inform policy makers and media, although this may become an unintended outcome.

This report uses the United Nations Convention of the Rights of the Child definition of a girl child being a female from birth to 18 years of age. We use the term "girl" throughout this report, although we recognize that in some instances "young woman" might be more appropriate.

Sue Calhoun of Calhoun Research and Development/Recherche et développement of Shédiac, New Brunswick, along with C. Lang Consulting of Toronto and Irène Savoie of Chiasson Office, New Brunswick carried out the project.

2. Approach and methodology

This research includes three components: 1) A literature and statistical review to identify what has changed for girls in Canada on key indicators, and what the life of a girl in Canada is like in the year 2005; 2) Key Informant interviews with 14 leaders in the field of research/work with girls in Canada; 3) An environmental scan of programs for girls across North America and globally, with a major focus on Canadian programs, to identify innovative initiatives and best practices. Research was carried out between April and August of 2005.

An extensive bibliographic search was conducted on web sites of key federal government departments (i.e. Health Canada, Statistics Canada, Status of Women), non-governmental organizations (i.e. Canadian Council on Social Development, Canadian Policy Research Networks) and provincial Advisory Councils on the Status of Women. A general Internet-based search was also carried out, using the key words "girls in Canada" and "filles en Canada." A snowball technique was employed, using bibliographies from key studies to identify other research. The five Centres of Excellence for Women's Health as well as the Alliance of Five Research Centres on Violence were rich sources of information. Potential candidates for Key Informant interviews were identified as the research proceeded. We note that there have been relatively few studies focused specifically on the broad topic of girls in Canada, and that most researchers/academics are experts in a particular sub-area (i.e. girls in the criminal justice system etc), not in "girls" overall.

2.1. A note on key information sources

There are a number of key surveys that have been carried out in Canada in the past decade or so, that provide data on children and youth, and sometimes girls in Canada. These are noted here.

The National Longitudinal Study on Children and Youth, conducted by Statistics Canada for Human Resources Development Canada, was designed to measure child development and well being in Canada. The first cycle was conducted in 1994-95. It collected information on approximately 23,700 children (birth to 11 years old), asking questions of the child's primary caregiver (almost always the mother), the child's teacher and, for children aged 10 and 11, the child. The NLSCY has continued to survey these children every two years, and will do so until adulthood. Aboriginal children living on-reserve are not included in the NLSCY. Researchers in Canada have used these data in a number of reports.

The National Population Health Survey, conducted by Statistics Canada, was designed to measure the health of Canada's population. A cross-section of information is obtained by surveying all members of the survey households, aged 12 and older (58,000 people). Longitudinal information is obtained from one respondent per household (18,000 individuals). Data were first collected in 1994, and are being collected every two years. The NPHS is one of the main sources used in The Health of Canada's Children (3rd edition, Canadian Institute of Child Health, 2000), which notes that the NPHS provides limited information on children and youth with disabilities.

The Canadian Community Health Survey (CCHS) is a Statistics Canada survey that seeks to provide regular and timely cross-sectional estimates of health determinants, health status and health system utilization for 136 health regions across the country. The CCHS began collecting data in September 2000. Each two-year collection cycle is comprised of two distinct surveys: a health region-level survey in the first year with a total sample of 130,000, and a provincial-level survey in the second year with a total sample of 30,000. The target population of the CCHS includes household residents in all provinces and territories, with the exclusion of populations on Indian Reserves, Crown lands, Canadian Forces Bases, residents of institutions and some remote areas.

A rich source of information on young people in Canada, by gender, has been the Health Behaviour of School-aged Children (HBSC) Study, in which Canada participated in 1989-90, 1993-94, 1997-98 and 2001-02. This cross-national study, which began in 1982, is supported by the World Health Organization, and involves a number of countries. These surveys were administered to more than 6,000 Canadian students in grades six, eight and 10. The findings are cited frequently in other reports. *Trends in the Health of Canada's Youth* (King et al., 1999) summarized the findings from the first three surveys. *Young People in Canada: Their health and well being* (Boyce, 2004) summarized findings from the fourth survey as well as some trends from all four surveys.

William Boyce was also one of the authors of the Canadian Youth, Sexual Health and HIV/AIDS Study (2003), which was carried out for the Council of Ministers of Education, and was intended as a follow-up to the 1989 Canada Youth and AIDS Study. More than 11,000 young people in grades seven, nine and 11 were surveyed in 2002, and some of the same questions were asked.

There are a number of data sources on the Aboriginal population in Canada, although none that are totally adequate, especially for children and youth. In addition to general population information from the 2001 Census, the Final Report of the First Nations and Inuit Regional Health Survey used data from the 1997 National Health Survey of First Nation and Labrador Inuit communities. The FNIRHS Report consists of seven thematic volumes (one of which is children's health; it includes some, although not a lot gender analysis). This survey involved only Aboriginals living on reserves. Another source is the Aboriginal Peoples Survey, conducted in 1991 and 2001. The APS includes a section on children although no gender analysis.

3. Literature and statistical review

The intent of the literature and statistical review is to provide a summary and analysis of material relevant to girls in Canada.

There have been relatively few Canadian research projects that have carried out primary research specifically on the broad topic of girls. Because of that, after presenting some initial demographic information, we will identify the key Canadian studies that focus on girls, and summarize their general findings. We will then look more in depth at some of the issues identified in these and other studies.

We look at what the literature says by age group (birth to five, six to 11, 12 to 18), followed by an examination of some issues that affect all ages, in particular, the connection between obesity, physical inactivity, sports and self-esteem, and the impact of the media. We then look at particular sub-groups (i.e. girls in rural and northern areas, Aboriginal girls, girls with disabilities/special needs, immigrant and visible minority girls, lesbian girls). It is clear that challenges faced by girls in Canada today are compounded for girls who face multiple challenges. However, the research is relatively sparse. Researchers, and in particular, those involved in the Alliance of Five Research Centres on Violence, have begun to use the language of “intersectionality,” and to explore in depth how violence impacts the lives of girls and women who “live at the intersection” of race, class, ability and sexual orientation. (Berman, 2002) Our report concludes, however, that a lot of research remains to be done, not only on multiply-challenged girls but girls in general.

(That being said, we note that on some topics, there is a large body of literature. For example, studies on eating disorders number in the hundreds. Within the confines of this research, it was obviously not possible to review them all; rather we have tried to summarize what the literature says.)

The portrait that emerges, when one reviews the literature on girls, is this: Girls start out life better than boys. They have a lower rate of birth-related complications than boys, a lower incidence of birth defects, and have fewer negative effects from fetal alcohol syndrome than boys. (Tipper, 1997, p. 23) Infant mortality rates for females have been consistently lower than for males for the past three decades, as have mortality rates for those aged one to four years. (Statistics Canada, 2005) At birth, girls are already considered to be three weeks ahead of boys in terms of physical maturation, and by school entry, they are on average one year ahead. (Tipper, *Ibid*, p. 23) Life expectancy at birth is higher for girls, and remains so throughout life. (Canadian Institute of Child Health [CICH], 2000, p. 31)

When girls arrive at school, they are more likely than boys to do well, especially at reading and writing. Although the research on gender differences among the pre-teen age group is sketchier, what exists suggests that girls enjoy school more than boys. Boys are more likely than girls to repeat a grade, and are more likely to be diagnosed with hyperactivity and attention deficit disorders. (CICH, 2000, p. 220) From birth, more boys than girls have a disability, until around age 15, when the percentage of young women with a disability becomes slightly higher than the rate among young men. (Statistics Canada, 2001)

Starting around grade six, a greater proportion of girls than boys begins to skip breakfast, and starts to diet or feel that they need to lose weight. Girls consistently report lower self-esteem than boys. The proportion of young people who feel “very happy” with their life declines steadily between grades six and 10, and at every age group, girls are less happy than boys. Girls are far more likely than boys to indicate dissatisfaction with their body, and to report loneliness. (Boyce, 2004; Boyce et al., 2003; King et al., 1999) The prevalence of depressive disorders among girls aged 15 to 19 years old is twice as high as among boys in the same age group. (Bushnik, 2005; Federal/Provincial/Territorial Advisory Committee on Population Health, 1999; Cairney, 1998).

Girls are hospitalized because of suicide attempts almost three times as often as boys. (CICH, p. 138) Although the suicide death rate is higher for male youth compared to female youth in the general population, the suicide rate of Aboriginal girls (age 15 to 24) is higher than for males overall in the same age group in Canada (35 deaths per 100,000 population versus 24). (as cited in CICH, 2000, p. 175) Girls are much more likely than boys to be

assaulted, both physically and sexually, by family members. (CCJS, 2004) In fact, there is overwhelming research to suggest that violence against girls is widespread and endemic in Canada.

Yet, despite this gloomy portrait of girls' lives, there is a disturbing trend emerging in the literature that suggests we should worry more about boys. The National Research Conference, *Investing in Children: Ideas for Action*, was held in Ottawa in 1998, as researchers and academics were interpreting the first cycle of results from the National Longitudinal Survey of Children and Youth. A major finding of this conference was that boys were at greater risk than girls:

- "...Pubescent girls are more apt than boys of the same age to have positive attitudes towards school; boys need more support. ...Boys' alienation from school must be addressed." (HRDC, *Investing in Children: Ideas for Action*, 1998, p. 6)
- "In general, boys and girls are equally healthy, although boys seem more likely to exhibit problem behaviour. We need additional research to determine what fosters resilience in children; we also need to learn more about how gender affects boys' lives." (Ibid., p. 7)
- "...Boys are more likely than girls to behave in destructive, violent or anti-social ways. Boys are more likely to experience problems with learning and literacy." (Ibid., p. 58)
- "Boys were found to be at greater risk than girls. We need further examination of the underlying causes in boys' special vulnerability to emotional and behaviour disorders." (Ibid., p. 105)

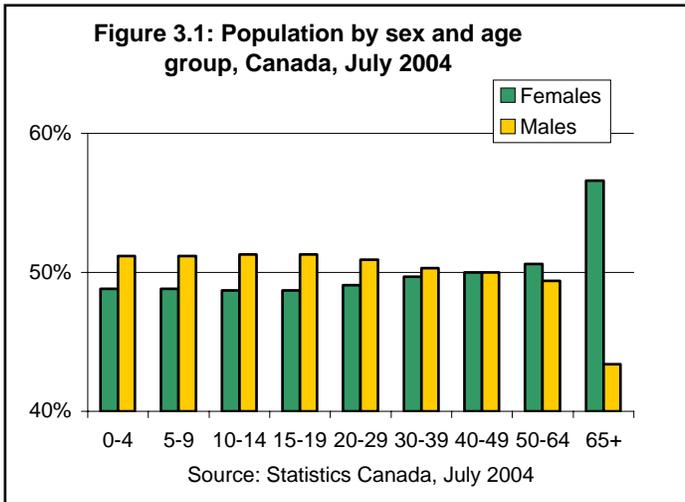
The little discussion that there was on the issue of self-esteem during adolescence seemed to suggest that it was normal ("Care must be taken to balance the expected decrease in children's self-esteem and parental support, as children move into full puberty." [Ibid., p. 36]) or that more focus should be directed towards boys ("How should policies and practices in schools and other institutions be amended to accommodate the stress of early adolescence and learning? How should support for boys be different from that provided to girls?" [Ibid., p. 33]) Some conference participants noted that the Canadian Girl Child Initiative was addressing girls' issues, and that "very little attention has been paid to how boys' gender roles affect their health and well being." (Ibid., p. 61)

One of the most thorough studies on this issue (Bouchard et al., 2003) points out that the apparent greater success of girls at school has yet to translate into social success for women. Providing in-depth data on inequities between men and women in the workforce, in terms of paid and unpaid labour and the on-going situation regarding violence and poverty, this report notes: "The data confirm the major ongoing inequalities between men and women, and belie the position put forward by masculinists that equality has been achieved, or indeed that there has been a reversal of positions to the disadvantage of men."

There is no question that boys face particular challenges, and do less well than girls on some indicators. We strongly concur that boys' issues need to be addressed.

This research, carried out for the Canadian Women's Foundation, focuses on girls. Girls' issues are traditionally underrepresented in research and policy debates. As will be noted in this document, there are many gaps in our understanding about how girls develop and what their lives are like. As the Bouchard et al. study (2003) reports in great detail, the fact that women continue to face many challenges in Canadian society suggests that the focus on girls needs to be maintained and, indeed, increased. We believe that measures to improve the climate for girls in Canada will ultimately improve conditions for everyone.

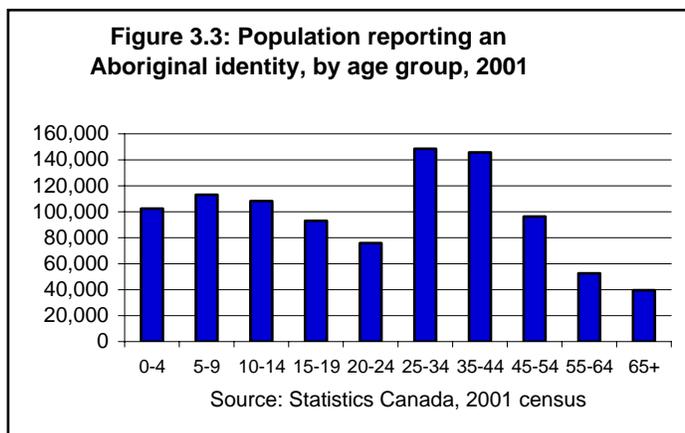
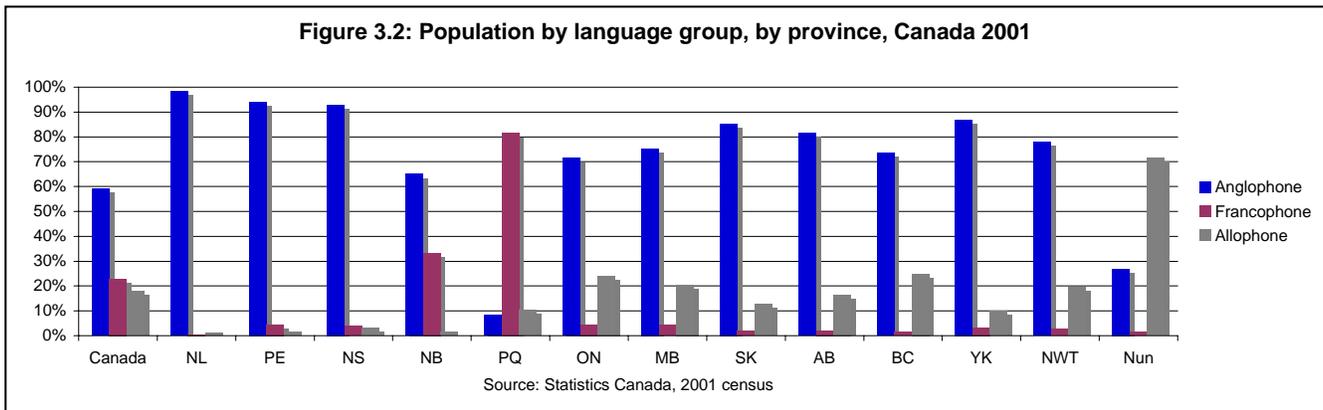
3.1. Demographics



Women represented 50.5% of the total population in Canada, as of July 2004, according to Statistics Canada. In the population 19 and under, there were more males than females in each age group. Overall, of the population from birth to age 19, 51.25% are male and 48.75% are female. Females represent a greater proportion of the older age groups, beginning at age 50.

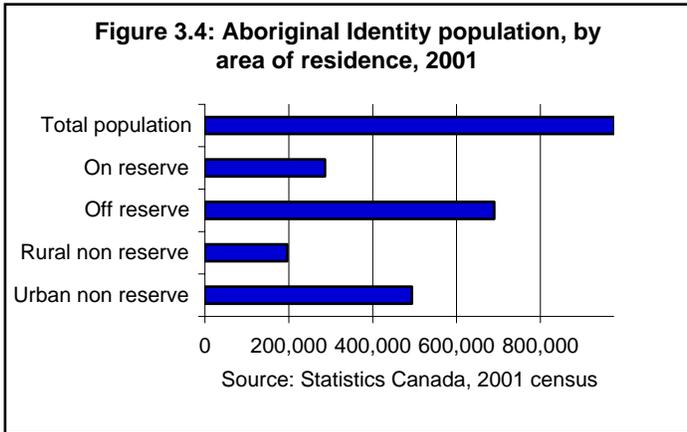
Girls born in Canada in 2001 could expect to live for 82 years, compared to 77 years for boys. The life expectancy at birth has increased steadily over the past two decades, and the gender gap has narrowed. A girl born in 1981 was expected to live for 79 years, compared to 72 years for a boy.

Canada is, of course, an officially bilingual country, and Figure 3.2 shows the population by language group, by province. Anglophone refers to the population with English as mother tongue; Francophone, the population with French as mother tongue, and Allophone, the population with a non-official language as mother tongue, according to Statistics Canada. As a percentage of total population, the Allophone population increased from 15% in 1991 to 18% in 2001, while both the Anglophone and Francophone populations decreased slightly.

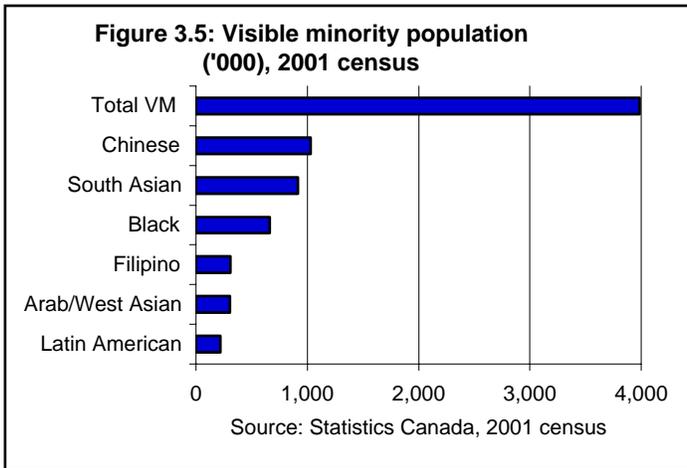


Using the “Aboriginal identity” definition, Aboriginals represented 3.3% of the total Canadian population in 2001. The Aboriginal population is much younger: 43% were aged 19 and under, compared to 25% of the Canadian population generally. Overall, Aboriginal women represent 51% of the Aboriginal identity population.

Only 29% of the “Aboriginal identity” population lived on-reserve in 2001, as Figure 3.4 below shows. Of the 71% living off-reserve, 28% lived in rural areas, and 72% lived in urban areas. The Aboriginal population is more rural: 80% of Canadians overall live in urban areas.

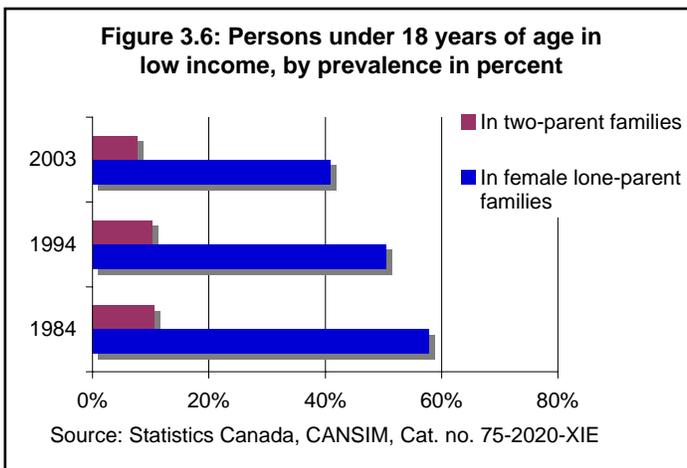


(The most common measure used in Statistics Canada surveys, “Aboriginal identity” refers to those persons who reported identifying with at least one Aboriginal group [i.e., North American Indian, Métis, or Inuit]. Also included are individuals who did not report an Aboriginal identity, but did report themselves as a Registered or Treaty Indian, and/or Band or First Nation membership.)



The visible minority population represented 13.4% of the total Canadian population in 2001. Almost four million people, the three largest groups are Chinese, South Asian and Black. The visible minority population is also a younger population. Some 23.7% were aged 14 and under, compared to 19.4% of the Canadian population generally.

The visible minority population is growing. People in a visible minority made up 9% of the population in 1991 compared to 6% in 1986. (Canadian Centre for Justice Statistics)



Socio-economic status has an important impact on well being in Canada. The percentage of children and youth under 18 years of age living in low income situations has not changed significantly over the past two decades. It remains shockingly high, in particular, for those children and youth living in female lone-parent families, as Figure 3.6 shows. Statistics Canada reports that in 2001, women headed approximately 85% of lone-parent families.

3.2. Key girl-specific studies

Two of the earliest studies focused specifically on adolescent girls or young women were carried out for the Canadian Advisory Council on the Status of Women (CACSW), the first in 1985 and the second in 1992.

3.2.1. “What will tomorrow bring?...”, CACSW, 1985

The 1985 study explored the goals that Canadian adolescent women have for the future and the plans and actions that they may or may not make in relation to these goals. Some 122 girls and 28 boys between the ages of 15 to 19 were interviewed. Overall, the study found that many girls have unrealistic, even romanticized expectations about their future. While a greater percentage of girls (86% compared to 77% of boys) planned to continue their education after high school, girls were more limited in the kinds of occupations they aspired to, and many chose what might be considered traditionally “female” ones (i.e. clerical and service work), without understanding the consequences that may result (i.e. low wages).

While boys interviewed said that they expected their life to be devoted to their work/career, girls generally felt that the responsibility for housework and child-rearing was theirs, and that paid work must fit in with what they saw as more important aspects of their adult life. The girls who expected to be home looking after children at age 30, nonetheless, saw the situation as temporary (i.e. they expected to return to the workforce). At the same time, the study found, many girls underestimated the difficulty they would face in moving in and out of the labour force, especially if they were “out” for extended periods of time.

Family social-economic situation was found to be very important, although not determining, in terms of adolescent aspirations. The study noted that the reason French Canadians,¹¹ Native people, rural adolescents and those with large families, for instance, tend to have lower educational aspirations is that, on the average, these groups tend to have lower annual incomes. This study concluded:

“If we want to assist girls to break out of the stereotype of the financially and emotionally dependent woman, we need to encourage them to create ambitious and realistic plans. These plans must not only take into consideration the present inequalities and lack of opportunities that exist for women but also try to change these circumstances for the better. Greater equality of opportunity cannot be realized until girls are aware of the stereotypic nature of their choices and of the potential pitfalls which could result from them.” (p. 156)

3.2.2. A Cappella, Robertson, 1990

Another landmark study on girls was Heather-jane Robertson’s *A Cappella: A Report on the Realities, Concerns, Expectations and Barriers experienced by Adolescent Women in Canada*, carried out for the Canadian Teachers’ Federation in 1990. Close to 1,000 girls aged 11 to 19 across the country were involved in discussion groups as well as a variety of other activities, with a goal “to accurately and sensitively document the major concerns and perceptions of adolescent women in their own words,” and ultimately to find ways of addressing those concerns within the school system. Some findings included:

- 78% of girls agreed with the statement: “I really feel good about myself”;
- 80% think about and are planning for the future. Many commented that they believe they are much more job/career-oriented than previous generations but were clearly worried about future poverty;

¹¹ In this study, 23 French-speaking and 97 English-speaking adolescents were interviewed. It is not reported whether the French speakers were only from the province of Québec or also from other parts of Canada.

- “While it was not clear how many of these girls had personal experiences with violence, it was apparent from their comments that many had lived or currently were living with violence in their families.”
- 91% agreed or strongly agreed with the statement: “I think women today have just as good a chance of making it in the world as men.”

At the same time, while a few girls felt there were no differences in the way they were treated compared to boys, almost all detected at least some unfairness, for example, in sports or in the freedom boys were given at home. Others sensed a deeper anti-female bias in general and in their own experiences. “Teenage girls feel keenly the negative stereotypes, the lack of understanding and the unfavourable comparisons to boys that are prevalent in our society.” (p. 20) Many were very resentful of and angry at boys who appear to “get it all without really trying.” (p. 17) An overall finding was that the range and depth of discussion illustrated the degree to which the issues and concerns of teenage girls defied traditional categorization into “problems” such as teenage pregnancy, AIDS, alcohol and drug use. The report noted:

“For young women, the possibility of pregnancy is intimately linked to relationship issues with boys, their own sexuality, their ability to talk to their parents and in some cases, their need for love and acceptance. Alcohol or drug abuse often results from school and job pressures, insecurities about appearance, painful conflicts at home or sexual abuse... Young women may be as affected by the problems and crises of those around them, and those in the world at large, as they are by personal crises and problems.” (p. 19)

This report noted that most career education directed towards adolescent girls “assumed they are labouring under a Cinderella-like 1960’s model of dependency. This research suggests that girls are fully aware of the need to be self-directed and economically self-sufficient; we must move on to the stage of helping them attain these goals.” (p. 20) The report suggested that schools may be more open than people think to allowing discussion of the issues raised by the project, although that there did seem to be resistance within the school system to addressing the complexity of sexual issues.

3.2.3. “We’re here, listen to us!”, CACSW, 1992

The 1992 CACSW study was based on a survey distributed to participating schools across the country in 1990, to students in grades eight, nine and 10. A total of 3,207 young people completed the survey (equal numbers of girls and boys), 94% of whom were ages 13 to 16. The study found that young women consistently rank themselves lower than young men in their self-assessments. For example:

- 83% of female respondents agreed with the statement, “I feel good about myself” (30% strongly agree; 53% agree) while 92% of young men agreed with it (45% strongly);
- Twice as many young women than young men said they don’t feel good about themselves;
- At age 13, 21.5% of girls and 31% of boys “strongly agree” that they are self-confident; at age 16, 27.6% of girls and 35.9% of boys “strongly agree” that they are self-confident. These statistics indicate that 13-year-old boys report being more self-confident than 16-year-old girls.

This study noted that self-esteem decreases over time, and that other studies have reached the same conclusion. It cited the 1989 Canada Youth and AIDS Study, which found that “males consistently demonstrated higher self-esteem than females in each age group.” Similarly, a US study (Poole and Evans, 1989) found that women generally underrated their own competence, seeing themselves as having less influence, lower academic ability, and fewer prospects for success than men anticipated for themselves. While this survey did not isolate characteristics such as ethnic background, ability status or socio-economic status (so was not able to analyze data by those variables), it cited several US studies that suggested that Black adolescent girls tend to be more self-confident than White teenage girls. One study suggested that Black girls derive that quality from parents who “often teach their children there is nothing wrong with them, only with the way the world treats them.” (pg. 16)

In summary, this study noted that girls in general are less likely than boys to feel that they have good qualities, to feel self-confident and to feel good about themselves. Girls are less satisfied with their appearance although, at the same time, their appearance is more important to them than it is to boys. Girls feel lonely more often than do boys; they also report more stress, and are less satisfied with their health and their life as a whole. Overall, boys reveal a stronger sense of self and greater self-satisfaction than do girls. The CACSW study noted:

“Having said all this, it is important to keep in mind that, in general, many young women’s self-perceptions are positive. When they become more highly valued by society, they will also value themselves more highly.” (p. 25)

On career aspirations, the study found that almost 90% of the girls expected to be working full-time for pay, 10 years after they had finished high school. “The future is very much on the minds of young women.” (p. 20) Almost 60% said that they knew what they were going to do after high school. Some 84% said they plan their high school subjects with their future in mind, and fully 97% said that they intended to finish high school. This study reached the same conclusion as the earlier 1985 CACSW study, that young women in Canada need to be encouraged “to develop realistic expectations for their futures, including the possibility and the advantages of ‘being qualified to earn their own living in a well-paid field even if that field is not traditional for women.’” (p. 24)

3.2.4. Others

In 1997, the Canadian Institute of Child Health launched the Canadian Girl Child research project (*The Canadian Girl Child: Determinants of the Health and Well being of Girls and Young Women*, Jennifer Tipper, 1997). This is a literature review, not primary research with girls. The review was based on the assumption that “the way in which a woman experiences her health is directly related to her gendered identity as ‘female’ in a world which, generally, privileges male over female, white over non-white, rich over poor, heterosexual over lesbian and able-bodied over disable-bodied.” This report found that the research on the health and well being of girls is relatively limited, and most is focused on girls in adolescence. This report also noted that, from an earlier CICH (1994) study, “we know that more young women than men report being depressed or lonely, that more young women report dissatisfaction with their bodies, are more likely to contract a sexually-transmitted disease or experience sexual abuse.”

In addition to the above girl-specific studies, there have been a number of books that focus specifically on adolescent girls, psychological development and self-esteem (Kotash, 1987; Gilligan, 1982; Gilligan and Brown, 1992; Pipher, 1994; Orenstein, 1994; Friedman, 1997; Rimm, 1999; Simmons, 2002; Wiseman, 2002). The Alliance of Five Research Centres on Violence has also carried out groundbreaking research on violence against girls (Violence Prevention and the Girl Child, 1999; In the Best Interests of the Girl Child: Phase II Report, 2002; two draft background papers on intersecting sites of violence [Aboriginal girls, girls and young women with disabilities], 2005). These are explored below.

3.3. The early years (birth to age five)

We include the following table because it summarizes succinctly the major structural changes that took place in Canadian society in the later part of the 20th century, that have impacted not only children in the early years but also those who are older.

Table 3.1 – Key indicators of change

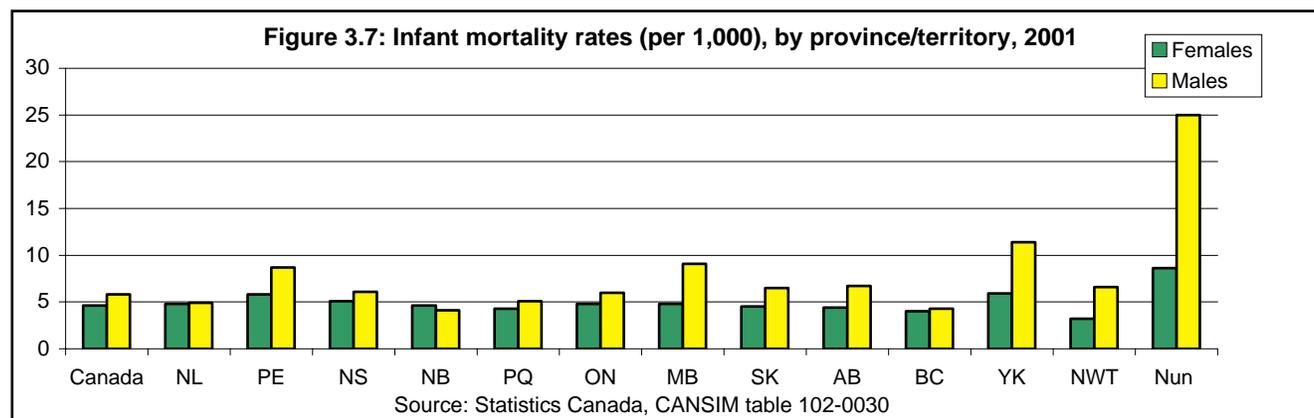
	1941	1961	1981	2001
Fertility rates	2.8	3.8	1.7	1.5
Lone-parent families, as a percent of all families with children	9.8	11.4	16.6	24.7
Women's labour force participation, as a percent of women over 15	20.7	29.5	51.9	59.7
Men's labour force participation	85.8	77.7	78.7	72.5
Percentage of population over 65	6.7	7.6	9.6	13.0
Percentage of persons over 65 living alone	-	12.4	26.0	26.9

Source: Jane Jenson, *A Decade of Challenges, A Decade of Choice*, CPRN, 2004

As the table indicates, fertility rates in Canada have dropped dramatically from where they were during post-war years. The number of lone-parent families (the vast majority of which are headed by women) has almost tripled, and women's participation in the labour force has quadrupled during this period, while the participation of men in the workforce has declined. A greater percentage of the population is over 65, and more seniors now live alone.

3.3.1. Infant mortality rates

The infant mortality rate in Canada (defined as the rate of children who die within the first year of life, excluding still births) has steadily declined in the past three decades among the population generally as well as among First Nations people, although the rate for the latter is still higher overall and substantially higher in the north. At a rate of 6.2 per 1,000 live births in 2000, compared to 5.4 per 1,000 births in the general population, the rate for First Nations infants is similar to the rate found among the lowest income groups in urban Canada. (*The Well being of Canada's Young Children*, 2003). Infant mortality rates tend to be higher for boys than girls.



3.3.2. Demand for childcare

The trend that has had, perhaps, the greatest impact on children in this age group over the past two decades, has been the significant entry of women in Canada into the labour market. This has created an increased demand for safe, affordable, and accessible childcare (a demand, we might note, that has yet to be met). A large and growing body of literature has increasingly demonstrated the importance and benefits of early childhood education. In particular, there is significant and convincing evidence on the critical importance of the first three years of life on brain development. (McCain and Mustard, 1999; Doherty, 1997)

Very little of this research, however, includes a gender analysis or gender-specific data. As an example, one 300-page book on caring for infants and toddlers (Canadian Living, 1998) doesn't include the word "gender" in the index. As Tipper's (1997, p. 25) review of the literature on this age period noted: "The majority of the findings do not point to differentiating determinants of healthy development for girls and boys. This is, in part, due to the fact that until recently, gender-based research was not common practice in the field of child development."

3.3.3. The "Children's Agenda"

In the 1990s, the government of Canada, in partnership with provincial and territorial governments, began work on a National Children's Agenda, which sets out a shared vision for Canada's children. In 2000, the federal government and provincial/territorial governments (except Québec) signed an historic Early Childhood Development Agreement. A resulting report (*The Well being of Canada's Young Children: Government of Canada Report*, 2002) whose intent reportedly was to set up a framework for monitoring child well being, presents an overview of young children in Canada with no information or analysis of gender differences.

Similarly, another federal/provincial/territorial study (*Federal/Provincial/Territorial Strategic Framework on Women's Economic Independence and Security*, 2001) limits itself to a single comment on gender differences: "Gender socialization is a pervasive and integral component of all of the key factors influencing women's economic independence and security ... The process teaches girls and boys attitudes, values and behaviour, and shows them their role in society... Members of society (especially families, schools and the media) must lead in promoting non-discriminatory behaviour models and healthy relations between even the youngest girls and boys."

Tipper (1997) notes that the bulk of the research on the early years that is gender-based has tended to focus on two distinct areas: physical health and well being, and social development. The former includes such issues as infant mortality, low birth weight, disability and chronic illness; the latter "problem" behaviours such as attention deficit disorders and aggression.

3.3.4. Gender socialization

At the base of social development is the issue of gender socialization – how girls learn to be girls, and boys, boys. Gender socialization begins at birth. Friedman (1997, p. 12) describes it this way:

"Girls are praised for being nurturing, understanding, compliant, cooperative and – most especially – pretty. Girls are given dolls, cradles, strollers, kitchens and stuffed animals, which teach them to nurture and take care of others...Girls are watched over and protected and are more restricted in their activities...Though they don't intend to do so, mothers often end up instilling a sense of learned helplessness in girls."

There is a large body of literature on gender socialization that suggests boys are encouraged to be competitive and aggressive while girls are encouraged to be cooperative and passive. By participating in competitive games, "boys learn both the independence and the organizational skills necessary for coordinating the activities of large and diverse groups of people," presumably in the world of work to come (as cited in Gilligan, 1982, p. 10) "Most of the research done on play suggests that boys are more likely than girls to engage in competitive (win/lose) activities. This can partially be explained by the fact that competitiveness and aggression are highly valued as male attributes." (Tipper, 1997, p. 26) "Typically, boys learn from an early age that aggression increases their ability to carry out their will or desires in the world." (Jiwani and Berman, 2002, p. 2)

In contrast, girls' play tends to be more cooperative, which fosters the development of valued "feminine" attributes such as empathy, sensitivity and communication. A number of researchers suggest that girls play games based on communication and connection and on taking turns. "The emphasis is not on being the best but rather on being included, something that is really important to girls." (Friedman, 1997, p. 21)

Studies also point out that while boys, as a rule, are more likely to externalize aggression, girls tend to internalize it. The result is that problems show up in different ways and at different times. In a review of the literature on the social influences on problem behaviours in children, Keenan and Shaw found no significant sex differences in behavioural problems until around age four. “However, by school entry, boys are 10 times more likely than girls to exhibit conduct disorders; and by adolescence, girls experience an increase in the prevalence of internalizing disorders that exceeds their male counterparts.” (as cited in Tipper, 1997, p. 18) Jiwani and Berman (2002, p. 2) suggest that internalization by girls is implicated in an array of physical and emotional health problems, including eating disorders, depression, anxiety and low self-esteem that begin to plague young girls in early adolescence. Simmons (2002, p. 240) also notes that because girls are socialized to care for others, they often internalize negative feelings to shield others from the weight of their pain – “hence the spike in depression, self-mutilation, and anorexia that can accompany the loss of self-esteem around adolescence.”

This brief discussion on gender socialization has not included discussion on the nature versus nurture question, that is, to what extent gender differences are biological. Nor has it included discussion on whether and to what extent the way that Canadians socialize their children has changed over time. There is literature that substantiates that some differences are biological. Friedman (1997, p. 17), for example, states that studies of babies who are two to four days old show that girls spend almost twice as long maintaining eye contact with adults, compared to boys, demonstrating a tendency for girls to be more interested in people, and boys to be more interested in things. We were not able, however, to identify any studies that looked at changes in gender socialization over time. The literature is effectively silent on the question of whether Canadian parents, in the year 2005, are still raising their daughters to believe that their mission in life is to nurture and support others or, as Gilligan (1982, p. 11) says, to develop “the empathy and sensitivity necessary for taking the role of ‘the particular other.’”

Gender socialization begins in the family and continues in the school and community. The media has a major negative impact. A significant amount of advertising directed at children and adolescents portrays stereotypical gender relationships. (CICH, 2000) A report by Status of Women Canada (Graydon, 1997) noted: “By the time children reach puberty, they are so heavily targeted by advertisers and by media, and so preoccupied with issues relating to body image, sexual identity, belonging and peer pressure, that it’s much harder to get them to step back and be critical of popular culture.” We return to this issue in Section 3.6.2, below.

3.3.5. Poverty

Another major impact on children in this age group is poverty. Despite the House of Commons’ 1989 unanimous resolution to eradicate child poverty by the year 2000, recent statistics show that one in five children in Canada still lives in poverty. The literature is clear that poverty seriously impacts the development of children although studies generally do not distinguish impacts by gender:

- Child poverty rates for Aboriginal, immigrant and children in visible minority groups are more than double the average for all children; the child poverty rate among children with disabilities is 27%. (Campaign 2000, 2004 Report Card)
- “Children who live in poverty encounter more hurdles to healthy development and are, consequently, at an elevated risk for a wide range of negative health outcomes...Certain groups, most notably young and single parents, those with disabilities and those belonging to ethnic minorities, face even higher rates of poverty and even greater difficulty earning enough money to stay out of poverty.” (CICH, 2000)
- “Low-income families are more likely than high-income families to experience chronic stress, parental depression and poor family functioning. People living in poverty are more isolated and report smaller social networks and less social support.” (*The Opportunity of Adolescence*, 2000)
- “Poverty plays a serious and negative role. Children who are born into and raised in poverty face serious obstacles in their earliest development that shape their access to education, jobs, a stable family, and a fair

start to life. Other factors such as coming from certain racial or cultural minorities or having health or development difficulties make it much harder...” (National Council of Welfare, 1999)

- “Living in deep poverty means living in a family facing a constant struggle to meet its basic needs for food, shelter, and clothing. This usually translates into living in a home that needs major repairs and puts children at risk for accidents. It often means having poor nutrition.” (Doherty, 1997)

3.3.6. In summary...

We’ve highlighted a few key issues impacting the early years. Our research was limited by the fact that, despite a large and growing body of literature on the first years of life, very little data is broken down by gender. This is not necessarily the case for some health indicators where, as noted earlier, girls tend to do better generally than boys. But information on this age period, in general, does not provide a holistic overview of the determinants of healthy girl-child development nor does it paint a portrait of what life is like for girls. Tipper (1997) suggests that more research is needed on the influence of peers on sex-stereotyped behaviour, the impact of ethnicity and cultural diversity on healthy girl-child development in this age group, and the early signs of depression in girls. A major gap exists in our knowledge about gender socialization in the year 2005, that is, whether and to what extent parents, families and teachers continue to inculcate children with the same historical stereotypes. We have included a short section on poverty here, recognizing that living in low income has a major impact on the development of young children, although the impact of both poverty and gender socialization obviously continues beyond age five.

3.4. Girlhood (six – 11)

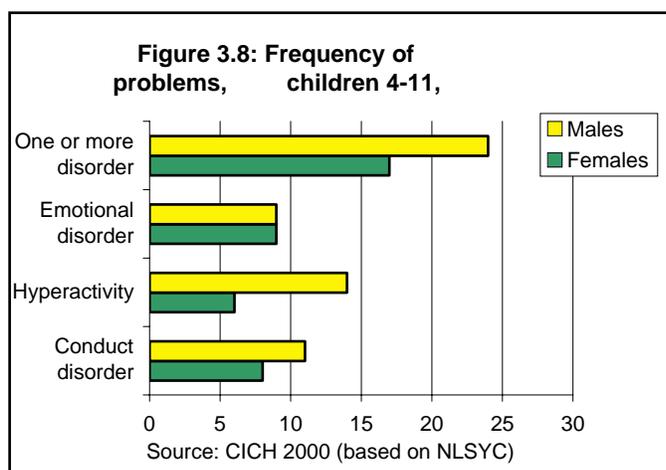
A number of studies have noted that this age group tends to be vastly under-represented in the research (NBACSW, 2001; Tipper, 1997). As the latter report notes, “This developmental period has all but been lost between the highly dynamic periods of early childhood and adolescence...we know relatively little about how being a girl influences the development of the girl-child throughout these middle years.” (p. 26)

3.4.1. Gender differences in “problem” behaviours

Most of the research tends to focus on the development of gender identity, and the differing ways that children experience and express their world, through play and problem behaviours. For example, using data from the first cycle (1994-95) of the National Longitudinal Survey of Children and Youth, CICH (2000) noted that for most children, direct aggression (such as hitting) becomes less frequent as they age while indirect aggression (such as social exclusion) becomes more frequent. There are gender differences: boys are more likely to employ direct aggression and girls are more likely to employ indirect aggression. This report noted:

- Boys aged four to 11 years were more likely than girls to engage in bullying behaviours (defined as physical, verbal or psychological intimidation causing distress or bodily harm). Bullies and their victims have different profiles, with bullies tending to externalize, and victims tending to internalize problems. (p. 204)
- Girls aged four to 11 years are more likely to act in a consistently helpful and sympathetic manner whereas boys of the same age are at slightly elevated risk of engaging in negative behaviours. (p. 202)

Again, using data from the NLSCY, CICH (2000) noted that a significant proportion of children exhibited behaviours consistent with conduct disorder, hyperactivity and other emotional disorders. This was particularly true in the case of male children, although the female rates were also of concern. Parents of boys and girls aged four to 11 reported a similar prevalence of emotional disorders (i.e. unhappiness, crying, nervousness, fearfulness). Boys experienced more conduct disorders (i.e. destroying things, threatening people, fighting, bullying) and more hyperactivity (i.e. inability to concentrate, impulsivity, distractibility or restlessness). Some 24% of boys and 17% of girls experienced more than one problem.



Although the reasons for gender differences in such problems are, no doubt, complex, looking at the higher frequency of conduct disorders and hyperactivity among males, one might question whether continuing to socialize boys to be aggressive might not be counter-productive. A study on risk and resilience in six- and 10-year-olds, for example, found that good relationships, either with parents or teachers, served as a “buffer” when children were in risk situations (i.e. living in poverty or with a parent who is depressed), and that girls were much better than boys at developing relationships. “The increased vulnerability that we see in boys may in part be related to less protection from close relationships. Boys may start with more problematic behaviour than girls (showing higher levels of activity, aggressive play etc) making it harder for people in their environment to respond affectionately, which in turn may make it harder for boys to feel confident and untroubled.” (Jenkins and Keating, 1998, p. 49)

3.4.2. The de-valued status of girls and women

Towards the end of this age period, as pre-teens approach adolescence, most research confirms that gender differences in perception, behaviour and habits are fairly well established. Tipper (1997) notes that all too often, however, biological determinism is used to explain gender differences. She suggests that researchers should look to alternative reasons such as gender socialization and women's disadvantaged social status, vulnerability to violence, poverty and social isolation.

Indeed, a number of studies (including those cited in the girl-specific studies section) suggest that increasingly, as girls approach adolescence, there is a strong relationship between self-esteem and the de-valued status of girls and women in society that girls see around them. The CCAWS (1992, p. 90) study noted: "With the growing realization that society values them less than young men, young women's perceptions of themselves decline." Friedman (1997, p. 26) noted: "The female perspective and the things that women do are less valued. And because the rules of society are written in male terms, girls who want to be included in the larger world have to work harder to find ways of fitting in – often at great expense to themselves." Reitsma-Street (2004, p. 7) wrote: "Girls live with the pervasive sentiment that they are not as important as boys."

Obviously, further research is needed on this age group, and how gender socialization, in particular, impacts on the development of girls. As Tipper (1997, p. 26-27) notes: "Given that the majority of the research conducted on adolescent girls points to adolescence as a time when many girls lose their sense of self, become insecure and preoccupied with fulfilling traditional gender stereotypes, it would be instructive to investigate what is going on before girls experience this loss of self. We need to examine the protective factors that enable some young women to emerge from adolescence relatively unscathed, while others plunge into bouts of depression and self-doubt. Are there early signs of vulnerability that can be identified to help predict which girls will be at greatest risks?"

3.4.3. The move through pre-adolescence into adolescence

Of course, there is no magic "dividing line" between pre-adolescence and adolescence. Rather, there is a developmental process that takes place at this time, described in several landmark studies (Gilligan, 1982; Gilligan and Brown, 1992; Pipher, 1994; Friedman, 1997; Simmons, 2002). Canadian Sandra Susan Friedman (1997, p. 30-31), who has worked with adolescent girls both as a teacher and therapist for more than 30 years, describes it this way:

"When twelve-year-old girls enter grade seven, they have an edge on boys. When they leave, this is reversed. In this period between childhood and adolescence, girls' bodies begin to change and this alters their lives as well. They begin to suffer from depression, stress and other signs of psychological distress. They begin to worry a lot about their safety and the safety of others, about the unknown and especially about the way that they look. The transition into adolescence may be difficult for all children, but girls' self-esteem drops further than boys' and never catches up. The greatest drop occurs in the period between elementary school and junior high."

There is no consistency in the structure of the school system across Canada. Some provinces (such as Ontario and New Brunswick) do not have junior high schools; after grade eight, students move from elementary into high school. Québec has six years of elementary school, followed by five years of high school/polyvalente while other jurisdictions have junior high schools (typically grades six through eight or seven through nine.). The transition into adolescence is probably more difficult for those young people obliged to change schools. However, there seems to be consensus among a number of authors that the "middle school years" (presumably around grade six or seven) are the years when things begin to change for girls. Described earlier by Gilligan and Brown (1992), Pipher (1994, p. 4) wrote:

"Something dramatic happens to girls in early adolescence. Just as planes and ships disappear mysteriously into the Bermuda Triangle, so do the selves of girls go down in droves. They crash and burn in a social and developmental Bermuda Triangle. In early adolescence, studies show that girls' IQ scores

drop and their math and science scores plummet. They lose their resiliency and optimism and become less curious and inclined to take risks. They lose their assertive, energetic and ‘tomboyish’ personalities and become more deferential, self-critical and depressed. They report great unhappiness with their own bodies.”

Pipher described junior high as a “crucible” where “many confident, well-adjusted girls were transformed into sad and angry failures.” Rimm (1999) noted that the effect of middle school as an important threshold for intellectual confidence among young girls is corroborated by her primary research. In her book on female adolescent aggression, Simmons (2002, p. 268) wrote:

“As girls enter adolescence and become aware of the culture around them, they are forced into abrupt disconnection with themselves. Their truthful voices, their fearless capacity to speak their minds, their fierce appetite for food and play and truth, will no longer be tolerated. To be successful and socially accepted, girls must adopt feminine postures of sexual, social, verbal and physical restraint. They must deny their own versions of what they see, know, and feel. ... It is here, in the growing space between what girls know to be true and what they must pretend to feel and know with others, that their self-esteem shrivels.”

Recent research suggests that this phenomenon may not be consistent for all girls across the board. Researchers with MediaWatch (“Analyzing the ‘Tween’ Market, 2000) carried out four focus groups (two in Burnaby, BC and two in Toronto; two with girls ages 11 and 12, two with girls ages 13 and 14), and found interesting differences. They reported that the differences between the two Burnaby groups supported findings in the literature of a dramatic shift in self-esteem in early adolescence, although the same was not true for the Toronto groups. “The younger participants [in Burnaby] were very animated, vocal and forthcoming whereas the older tweens were reserved, self-conscious and cautious – seemingly lacking in confidence. In contrast, there appeared to be little differentiation between the younger and older Toronto groups. Although the older tweens had more knowledge and personal experience than the younger tweens, both groups voiced their opinions in a straightforward and confident manner.” (p. 2)

3.4.4. In summary...

The period between the start of school and the beginning of adolescence appears to be a critical time for the development of young girls, although one that is vastly under-researched. Again, we have some health indicators, such as the prevalence of behaviour problems, but this does little to help us understand what is going on with girls during this period. Most research suggests that the critical window of opportunity is around grade six or seven, a time presumably when a girl’s body begins to change at the same time as she becomes more aware of the larger society. It is seemingly at this point that a girl starts to realize that society places much less value on girls and women than it does on boys and men, a realization that impacts directly on her own self-esteem. Indeed, a common thread throughout the studies mentioned earlier was that girls feel that boys are more privileged and have greater opportunities. Tipper (1997) makes a good point when she suggests that we need to know the “protective factors” that allow some girls to sail happily through adolescence while others don’t, and that we need to identify the early signs of vulnerability. Some research suggests, for example, that girls living in low income situations or those with multiple challenges are more vulnerable although more in-depth work needs to be done, in particular, on how pre-adolescence girls can be assisted to make a happier, more successful transition into adolescence and, later, adulthood.

Some of the most useful information uncovered during this research comes from the Health Behaviour of School-aged Children Study, an international survey in which Canada participated in 1989-90, 1993-94, 1997-98 and 2001-02. Surveys were administered to more than 6,000 Canadian students in grades six, eight and 10, and findings allow us to track changes over a decade, by school year beginning in grade six, and by gender. This information will be presented in detail in the section below.

3.5. Adolescence (12 – 18)

Adolescence is a time of enormous growth and development. As mentioned earlier, the changes during this period can be as profound as the changes during the first few years of life. Adolescence can be a wonderful period in life, a time when young people discover love and sexuality, a time of experimentation. As one report notes: “One of the important tasks [of adolescence] is to experiment with new behaviours in the effort to understand choice and define oneself in relation to family, peers, community and future activities.” (*The Opportunity of Adolescence*, 2000, p. 1)

That the majority of young people make it through this period with few, if any, permanent scars does not negate the fact that for many adolescents, and females in particular, the teenage years are less than happy. For girls, adolescence can be marked by a loss of confidence in herself and her abilities, “by a scathing critical attitude toward her body and an emerging sense of personal inadequacy” (Tipper, 1997, p. 27), by an increased sense of loneliness and depression.

While adolescence can be a potentially healthy time for girls, research suggests that it is a period when young women are, perhaps, at the greatest risk of engaging in health-threatening behaviours. The leading causes of premature death among women (e.g. lung cancer, heart disease and AIDS) are associated with behaviours such as smoking and unprotected sex that often begin during adolescence. (CICH, 2000; Tipper, 1997) Adolescence can be a prime period for the establishment of habits and behaviours that have a lifetime impact on health. (The McCreary Centre Society, 2001)

There is no doubt that much of the research on adolescents has focused on the so-called “risk” or “deviant” behaviours. Very little research has explored the complexity of being a teenage girl in Canada today – the joys, the successes and the challenges. Even fewer studies have been done on teenage girls facing multiple challenges.

Anecdotal information suggests that girls’ lives today are very different from the lives of girls 20 years ago, although we don’t necessarily have the research to suggest in what way. As Tipper (1997, p. 39) says, missing from the picture of adolescence “are the faces of young lesbian women, young women with disabilities, young women of colour, young women who are happy and high achieving, young women who are homeless and living in poverty, and young women who are meeting the every day challenges of growing up a girl in predominantly patriarchal society.”

3.5.1. Self-esteem and “that body image thing”

The report done for the Canadian Advisory Council on the Status of Women in 1985 noted how complex the world had become for Canadian adolescents. “Today’s adolescents are experiencing changing moral and sexual standards, profound changes in family structure, and difficult choices in values and lifestyle. With drugs readily available in the schools, sex and violence graphically displayed on the television set, bleak employment prospects, and the threat of nuclear destruction, Canadian teenagers are expected to make prudent choices about their futures lives.” (CACSW, 1985, p. 1) Almost a decade later, Pipher (1994, p. xiii) wrote that girls were “coming of age in a more dangerous, sexualised and media-saturated culture. They face incredible pressures to be beautiful and sophisticated, which in junior high means using chemicals and being sexual. As they navigate a more dangerous world, girls are less protected.”

In 2005, two decades after the CACSW report, with the increasing availability of dangerous drugs, the increasing incidence of potentially deadly sexually transmitted diseases including HIV/AIDS, the proliferation of media and internet images of the perfect girl/woman targeting younger and younger girls, and the widespread violence towards girls in Canadian society, one could argue that the challenges for girls are even greater today.

Girls in the year 2005 have seemingly many more options in terms of education and career choices, and many more role models, than they did two decades ago. And yet, similarly to the studies in the 1980s and early 1990s, many teenage girls continue to score lower than boys on self-esteem. Caputo (1999, p. 6), collating views

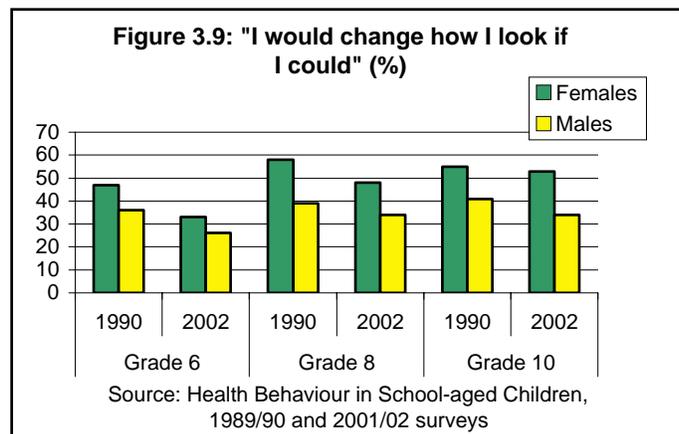
expressed by young people themselves in various research reports, noted that, in general, young people have a positive view of themselves, although “twice as many girls as boys have negative views about themselves.”

As noted earlier, there is significant research that links self-esteem with gender socialization and the de-valuing of girls and women in Canadian society. For many girls, adolescence becomes the critical period.

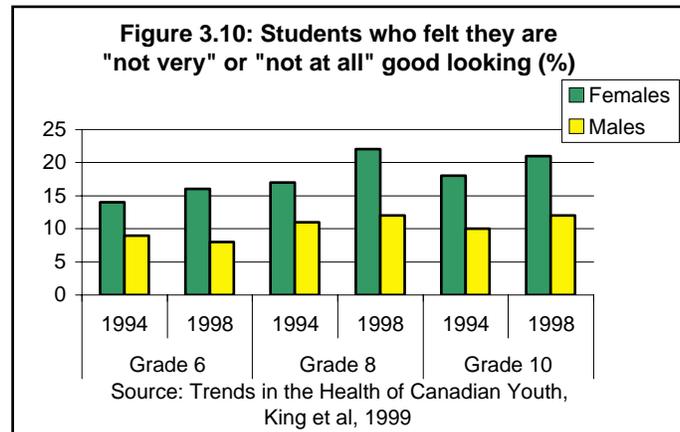
- Adolescence is the time when “the gender roles get set in cement, and that’s when girls need tremendous support in resisting the cultural definitions of femininity.” (Pipher, 1994)
- Adolescence “is a time when young women begin to seriously experiment with a proscribed ‘feminine’ gender identity... Preoccupied with what her peers think of her, the adolescent girl is vulnerable to stereotypical gender images, which outline what it means to be a popular, successful, happy and healthy young woman. Many of these images idealize being underweight, smoking, being promiscuous and being submissive to men.” (Tipper, 1997, p.27-28)
- Statistics Canada defines “self-concept” as a combination of self-esteem and what’s known as “mastery,” that is, the extent to which a person feels in control of events in his or her life. “Girls’ tendency to have a weaker self-concept than boys may be partly explained by their different experiences during early adolescence, when they begin to feel the pressure of gender-role stereotypes.” (Park, 2003)

That low-self esteem among adolescent girls is strongly manifested in dissatisfaction with their bodies and their appearance has been widely documented in research. Some of the most compelling statistics come from the *Health Behaviour of School-Aged Children Study*. These data, cited frequently in other reports, present a troubling picture of the psychosocial well being of Canadian girls. (King et al., 1999, summarized trends from the first three surveys; Boyce, 2004, wrote the report on the 2001-02 survey, and summarized some of the trends from all four surveys. In some instances below, we have used the original data, rather than relying on the summaries by King and Boyce.)

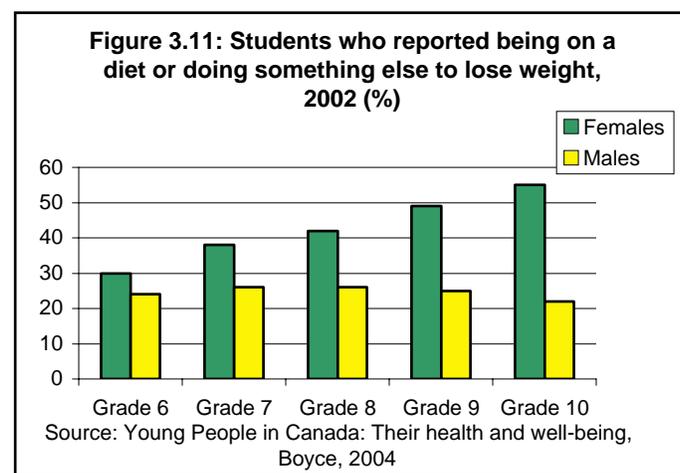
In 1990, almost half of girls in grade six (47%) wanted to change something about their looks, compared to 36% of grade six boys. This proportion increased with age, with 58% of grade eight girls and 55% of grade 10 girls reporting that they would like to change how they look in 1990. This compares to 39% and 41% of boys in grade eight and 10, respectively. King et al (1999) noted that these findings “may be related to a perceived need to diet.” These data show improvements between 1990 and 2002, with a smaller proportion of each gender wanting to change their looks, except for girls in grade 10.



A greater proportion of girls than boys felt that they were not good looking. King et al (1999) noted: “As with most questions regarding appearance, females were more negative than males when asked to rate how good looking they are. More females than males felt they are not very, or not at all, good looking, with 21% of female grade 10 students responding this way in 1998. The differences among males from year to year were small, but females in 1998 were more likely to feel they are not good looking than females in the 1994 sample.”



In terms of dieting, throughout all four surveys many more girls than boys were dieting to lose weight, and this proportion increased from one grade to another for girls. As Figure 3.11 shows, the proportion of boys in 2002 who felt they needed to lose weight or were dieting increased from grade six to seven, then gradually decreased from grade seven to 10. In contrast, 30% of girls in grade six were already dieting or feeling that they needed to lose weight, and this increased steadily to 55% by grade 10. “Research indicates that the increased proportion of body fat in early adolescence among girls, along with their preoccupation with body image, influences their dieting behaviour.” (Boyce, 2004)



These findings were also reflected in a British Columbia survey (The McCreary Centre Society, 2001) that found over half of girls surveyed were trying to lose weight, including 45% of 12 to 14-year-olds, 57% of 15 to 16-year-olds and 58% of those aged 17 and 18. Some 49% of girls said that they had exercised in the past week for the purpose of losing weight. Interestingly, Mitura and Bollman (2004) suggest that even in situations where boys are actually more overweight than girls (based on the Body Mass Index), girls are much more likely to perceive themselves as being overweight.

For some girls, certainly not the majority but much more frequently than boys, a concern with weight and dieting can result in eating disorders such as anorexia and bulimia nervosa, something which is much more prevalent in statistics today than two decades ago. Tipper (1997, p. 37) noted:

“A frequent theme in the literature on disordered eating is that low self-esteem precedes or coincides with disordered eating... It has long been maintained that young women with body image concerns are at higher risk of engaging in disordered eating than young women without concerns. Once considered rare, bulimia, anorexia and obesity have become mainstream determinants of the health and well being of a growing number of girls and young women in Canada.”

Friedman (1997, p. 47) noted that when she began private practice in 1980, “bingeing, purging and fasting were so uncommon that girls and women engaging in these behaviours were considered to have an established eating disorder. Today, these behaviours are so much a part of the normal teen culture...” Smith (2002) wrote:

“Inevitably, any discussion of eating disorders and self-esteem leads to the question of the chicken and the egg – which came first: poor self-esteem which made an individual more susceptible to an eating disorder, or an eating disorder which wreaked havoc on an individual’s self-esteem? There is no simple answer but there is substantial research that has investigated the relationship between self-esteem and eating disorders and that provides interesting insights. In a literature review (Ghaderi, 2001) concluded that low self-esteem, along with other factors, not only puts women at greater risk for the development of an eating disorder but also serves to maintain an eating disorder. Numerous reports support the contention that low self-esteem is often present before the development of an eating disorder, and that low self-esteem is a significant risk factor for both bulimia and anorexia even in young school-age girls.”

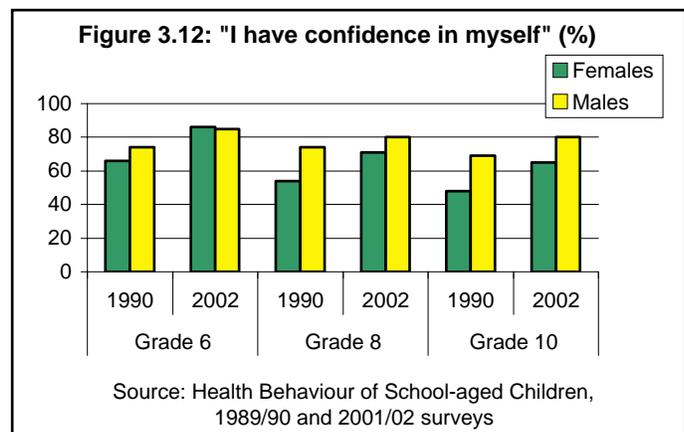
Research suggests that eating disorders should be seen as being on a continuum that begins with “feeling fat,” moves to dieting and concern about body weight, and for some girls, develops into full clinical disorders (Friedman, 1997; Moore et al., 2001; Health Canada, Women’s Health Surveillance Report, 2003). A survey of over 1,700 girls in junior high and high schools in Toronto, Ottawa and Hamilton (Jones et al., 2001) found that an alarming number of respondents (27%) reported disordered attitudes about food and weight, and unhealthy weight loss behaviour. This report noted that the number of girls who were already engaging in severely disordered behaviours at the ages of 12, 13 and 14 was striking: 12% of girls aged 12 to 14 reported binge-eating episodes in the previous month, and almost 7% reported self-induced vomiting to lose weight.

Moore et al. (2002) state that over a 20-year period, one in five people with anorexia and at least one in 20 people with bulimia will die. Girls and women constitute 90% of those fatalities. “Both violence and eating disorders affect predominately girls and women, and both appear to be rising in prevalence.”

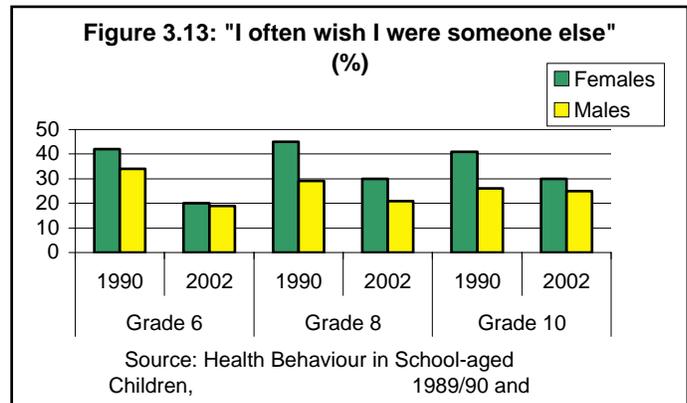
Until recently, when people spoke about “eating disorders,” they tended to be speaking about anorexia and bulimia nervosa. Today, the term also includes obesity. Ironically, at a time when the literature is sounding the alarm that anorexia and bulimia have reached epidemic proportions among young girls, research is also telling young girls and boys that they’re too fat. Obesity has become the latest “epidemic.” We explore the relationship between obesity, physical inactivity, sports and self-esteem in Section 3.6, below.

3.5.2. Mental health and coping skills

If we return to our earlier questions about feeling confident, students’ positive feelings about their confidence level seem to decline with age, but at every age, boys tend to be more confident than girls. Girls’ confidence declines more sharply than boys from grade 6 to grade 10. Figure 3.12 shows improvement between 1990 and 2002, although girls in grades eight and 10 continue to rate themselves lower on confidence than do boys. In 2002, 80% of grade 10 boys reported being confident, compared to 65% of girls. Interestingly, in 2002, grade six girls reported being slightly more confident than grade six boys.

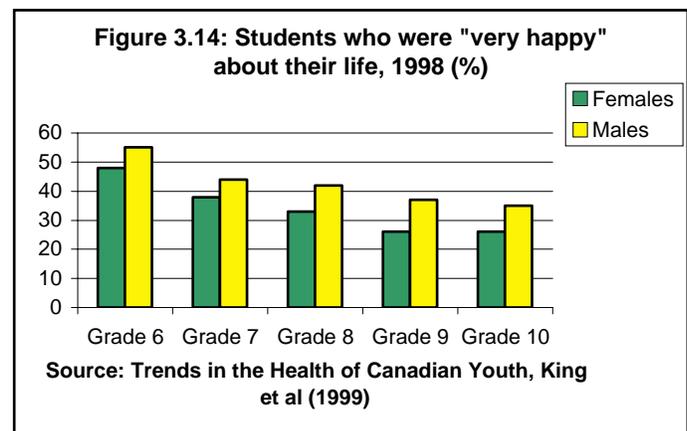


Girls are also more likely to say that they wish they were someone else. King et al (1999) noted that far more girls than boys felt this way, and that the proportions changed little from grade to grade. King reported that there was a decline over the three surveys in the proportion that wished they were someone else, and that “this may indicate a recent general increase in girls’ self-esteem, regardless of other health and social indicators.” (p. 47) This decline continued in 2002, as Figure 3.13 shows, although 30% of girls in both grades eight and 10 still reported wishing they were someone else, compared to 21% and 25% of boys in grades eight and 10, respectively.

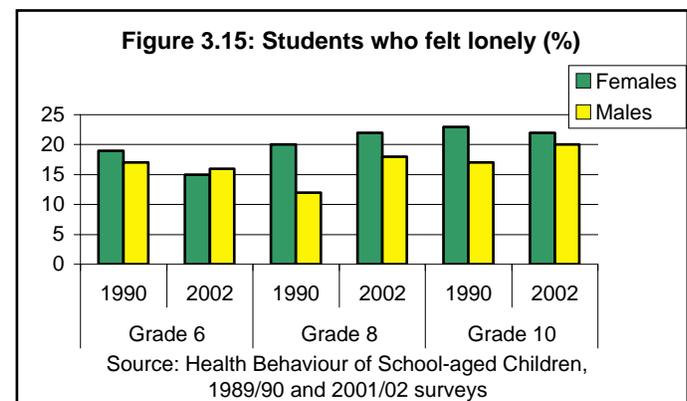


Another study that asked questions about confidence is the Canadian Youth, Sexual Health and HIV/AIDS Study, carried out for the Council of Ministers of Education in Canada as a follow-up to the Canada Youth and AIDS Study in 1989 (Boyce et al., 2003). This study noted, “fewer girls than boys agree that they possess confidence in themselves, with this gender difference being most pronounced in grade nine.” Further, these researchers stated that student confidence levels appear to have decreased, rather than improved, between the 1989 and 2002 surveys (which is contrary to findings from the Health Behaviours of School-aged Children surveys).

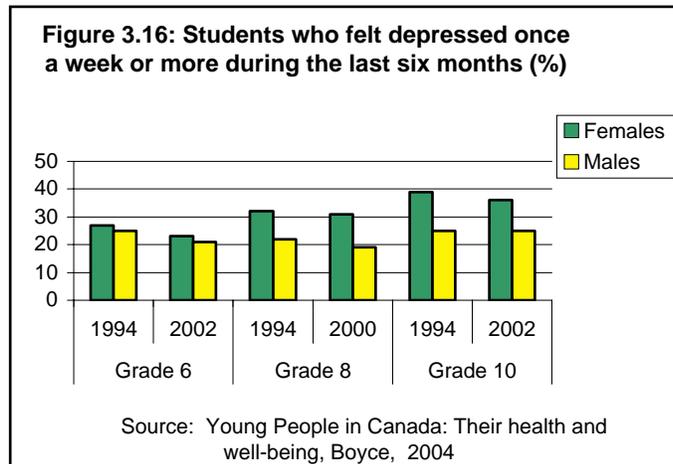
Boys are more likely than girls to report being happy. Being “very happy” with life declines between grade 6 and grade 10 for all youth, but at every age, boys are happier than girls. Some 55% of boys and 48% of girls reported being very happy in grade six, in 1998. By grade 10, only 35% of boys and 26% of girls report being “very happy.” King et al. (1999) suggests that there is a positive relationship between happiness and self-esteem as well between happiness and parents’ socio-economic status. The better off the students think their parents are, the more likely they are to report being happy.



Girls are also more likely than boys to feel lonely, and this feeling increases between grade six and grade 10. Some 20% of grade eight girls and 23% of grade 10 girls reported loneliness in 1990; these numbers remained relatively unchanged between 1990 and 2002. In 1990, only 12% of grade eight boys compared to 20% of grade eight girls reported loneliness. In 2002, 18% of grade eight boys versus 22% of grade eight girls reported loneliness. (Note: the 1990 data are for feeling lonely “often” or “rather often”; the 2002 data are for agreeing, strongly agreeing with the statement: “I often feel lonely.”)



Girls are more likely than boys to report feeling depressed. Between grade six and grade 10, the self-reported incidence of depression among boys increased only marginally from 21% to 25% in the 2002 survey. For girls, the incidence rose sharply from 23% of girls in grade six to 36% of girls in grade 10. Boyce (2004) notes that self-reports of depression or feeling low remained essentially unchanged in the surveys between 1994 and 2002. King (1999) also found little difference in the proportion of boys who experienced depression from grade to grade, while girls show a “steady and substantial increase” from grade six to grade 10.



Higher rates of depression among young girls are documented in a number of studies. The Second Report on the Health of Canadians (Federal/Provincial/Territorial Advisory Committee on Population Health, 1999) reported that young women aged 15 to 19 are the most likely of any age group to exhibit signs of depression. Girls aged 15 to 19 are twice as likely to experience a major depression episode than boys. (Cairney, 1998) Young women consistently reported more symptoms of depression than young men. (Bushnik, 2005)

In a Nova Scotia study on the Mi’kmaq youth population, almost one in two Aboriginal girls compared to one in five Aboriginal boys (age 12 to 18) reported that they had felt sad or depressed for two consecutive weeks or more in the past 12 months, and that “these high rates of sadness and depression, particularly for female youth, are a cause for concern.” (The Health of the Nova Scotia Mi’kmaq Population, 1997, as cited in CICH, 2000). Marcotte et al. (2002) found an association between low self-esteem, body image and depressive symptoms that was much stronger for girls than boys.

The injury hospitalisation rate because of suicide attempts is almost three times higher for girls than boys (CICH, 2000), although the actual suicide rate among boys aged 15 to 19 is higher than among girls (as Table 3.2 at right shows). According to these figures, the suicide rate for males 15 to 19-year-old is on the decline, while the rate for females is increasing.

Table 3.2: Suicide rates, 15 to 19-year-olds (per 100,000 population)

	1981	1991	1997
Females	3.8	4	5.5
Males	21.2	23	19.9

Source: Statistics Canada, Health Statistics Division, last updated 2005

For First Nations youth aged 10 to 19, suicide was the leading cause of death in 1999, accounting for 38% of deaths in this age group. (Health Canada, 2003) Between 1989 and 1993, the suicide rate for Aboriginal males (age 15 to 24) was 126 per 100,000 population, more than five times the rate for Canadian males in the same age group generally. The suicide rate for Aboriginal females (same age group) was 35 per 100,000, seven times the rate for Canadian females in the same age group generally. At 35/100,000, the suicide rate for First Nations females (age 15 to 24) was higher than for males (same age group) in the general population (24/100,000). (As cited in CICH, 2000, p. 175) Research suggests that suicide rates are higher on reserves in the north, compared to those in more southern regions, because of higher levels of poverty. (FNIRHS, 1999)

3.5.3. Alcohol and substance use and smoking

In the next few sections, we look at some of what are considered the “risk” behaviours that young people, and especially adolescent girls, are involved in. As noted earlier, adolescence is a time for experimentation and for making choices. There is a lot of research to suggest a link between low self-esteem, unhappiness or depression,

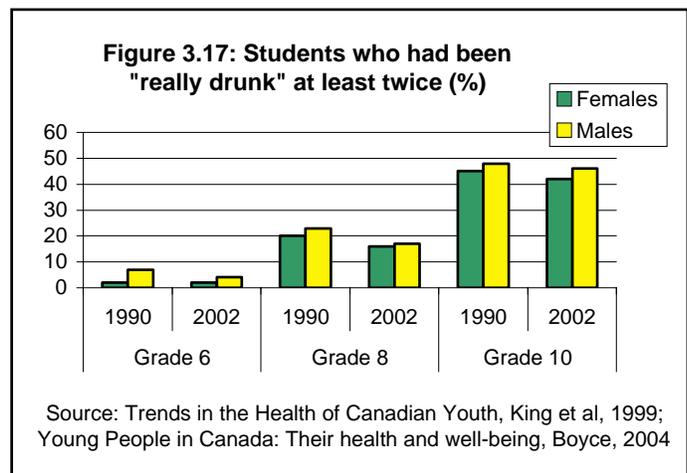
and participation in activities that put young people, and especially young girls, at risk (Boyce, 2004; Tremblay et al., 2003; Boyce et al., 2003; King et al., 1999). In these sections, we look at the extent to which girls in Canada are participating in “risk” behaviours, compared to boys.

Alcohol and substance use

Alcohol and drug use and abuse are important indicators of adolescent well being. The health risks of alcohol and drug use are widely known, and largely undisputed. Long-term effects can include hypertension and liver disease, strokes, and certain kinds of cancers. For teenagers in particular, drugs and alcohol can also lead to social and economic problems, including injury and death from traffic and other accidents, violence and high-risk sexual activity due to unplanned and unprotected sexual intercourse (CICH, 2000). Research also suggests that teens who use alcohol and drugs also tend to participate in other “risk” behaviours such as smoking. (Boyce, 2004)

While research from the 1980s and early 1990s suggested that teenage boys tended to “binge” drink (five or more drinks) more often than teenage girls, more recent research suggests that girls, especially older teens, are becoming as likely as boys to be heavy alcohol drinkers.

Data from the Health Behaviours of School-aged Children surveys, for example, found that by grade 10, there were slight or no gender differences in the percentage of females compared to males who had been “really drunk” two or more times. Both King et al (1999) and Boyce (2004) reported that gender differences in “binge drinking” were negligible. Boyce (2004) did note that boys tend to drink more regularly than girls, for example, 34% of boys in grade 10 versus 23% of girls reported drinking alcohol at least once a week in 2002, which, he noted, is consistent with other research which has found that young Canadians drink infrequently but tend to drink excessively when they do.



The McCreary Centre Society survey (2001) also noted that male and female students reported fairly similar levels of alcohol use. Sixty-two percent of girls in grade 7 to 12 have “ever used alcohol,” and 9% have used it on 100 or more days in their life. Of female students who used alcohol, 25% reported binge drinking once or twice in the past month, and 17% reported binge drinking three or more times in the past month. Of girls who are licensed drivers, nearly a third (31%) reported driving after drinking alcohol or using drugs, and 25% reported riding with a drinking driver in the past month.

These data are not confirmed consistently in the research. A study in the province of Québec (Institut de la statistique du Québec, 2002), for example, found that adolescent boys were more likely to drink on a weekly basis compared to girls (22% versus 18%) and more likely to report drinking to excess (27% versus 16%).

The 2001-02 Health Behaviour of School-aged Children Study (Boyce, 2004) also found:

- Boys were marginally more likely than girls to use marijuana (50% of boys versus 40% of girls in grade 10 in 2002, a slight increase from 1998);
- While an equal percentage of boys and girls in grade 10 (13%) reported using LSD in 1998, only 8% of boys and 3% of girls reported using this drug in 2002;

- Boys were more likely than girls to use amphetamines and opiates such as heroine and cocaine. From 1998 to 2002, amphetamine use decreased by half for grade 10 girls (from 9% to 5%), but remained consistent (at 10%) for boys;
- Drinking liquor rather than beer or wine appears to be on the increase among young people, partly explained, according to Boyce (2004, p. 57), by the promotion of sweet-tasting alcoholic beverages such as coolers, “which are especially appealing to girls.”

Using data from the Canadian Community Health Survey (2000), the Women’s Health Surveillance Report (Health Canada, 2003) found that the rate of alcohol use in the previous 12 months among adolescent girls aged 15 to 19 years was 71%. More Aboriginal than non-Aboriginal women (of all ages) reported drinking alcohol in the previous 12 months. Roughly 11% of the women reporting alcohol use in the previous 12 months met the criterion for heavy drinking (i.e. five or more drinks on one occasion). Twice as many Aboriginal women as non-Aboriginal women met this criterion.

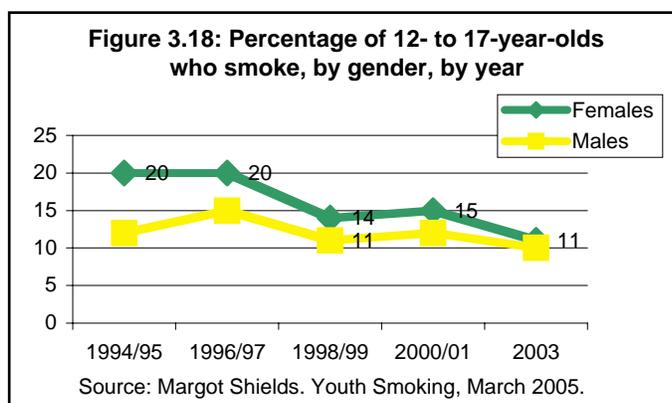
This report also noted that while injection drug use is lower among females than males, it presents a greater risk for females, accounting for an average of 46% of all female HIV cases and only 26% of all male cases from 1995 to 2000 (all ages). This research reports high rates of victimization among substance-abusing women (i.e. they were more likely to report childhood sexual or physical abuse or as an adult). This report also noted significant knowledge gaps concerning substance use among poor women, rural women, homeless women, women with disabilities, lesbians, adolescent girls and women from different ethnic backgrounds, “all of whom are often at increased risk for general health problems. The limited data available suggest that these subpopulations of women may be at greater risk of substance use problems than the general population.” (Women’s Health Surveillance Report, 2003, p. 7)

Smoking

Boyce (2004) found a strong correlation between adolescents who drank and those who smoked. He reported that 40% of grade nine and 10 students who had been drunk more than 10 times reported smoking daily, compared with only 1.4% of those who had never been drunk.

Smoking, of course, is another serious public health issue. There is significant and undisputed research on the harmful effects of smoking, not only to the individual who smokes but also to those around her/him. The overall rate of smoking in Canada has been decreasing for the past number of decades. For teenaged girls, who have been identified as a group “at risk” for smoking, research suggests that smoking is often a choice that relates to self-esteem and body image issues. The good news is that the situation seems to be changing.

A greater percentage of teenage girls than boys have been smokers over the past two decades. As Figure 3.18 shows, this gap has been closing. These data are for young people age 12 to 17, and are taken from the National Population Health Survey (1994/95, 1996/97, 1998/99) and the Canadian Community Health Survey (2000/01, 2003). They show that 11% of girls in this age group, versus 10% of boys were smokers. More than half of these (58%) smoked daily. This report also noted that the smoking rate for 15 to 17-year-olds was five times that for 12 to 14-year-olds (17% versus 3%).



That the prevalence of smoking, particularly among young females, is decreasing is also supported by data from Statistics Canada (Health Reports, 1999) as well as findings from the 1989-90, 1993-94 and 1997-98 Health Behaviour of School-aged Children surveys. The Canadian Tobacco Use Monitoring Survey (CTUMS) reported in 2004 that slightly more males (15 to 19 years of age) reported smoking than females (21% versus 19%). This was a change from a year earlier, when CTUMS reported that more teenage girls reported smoking than boys (20% versus 17%). The 2003 report also noted that, among daily smokers, boys smoked slightly more cigarettes per day than girls (13 versus 11).

In Canada, certain groups are more at risk of being smokers than others. Aboriginal peoples have the highest rates of smoking in Canada. Reading and Allard (1999) reported that in 1997, 62% of First Nations people and 72% of Inuit (all ages) were smokers compared with 29% of the Canadian population. For those aged 15 to 24, the prevalence of smoking was 64% compared with 32% for this age group nationally. Unlike in the general population, smoking rates among Aboriginals are not decreasing.

There is evidence to suggest that smoking is also more prevalent among Francophones than Anglophones in Canada. The Women's Health Surveillance Report (2003) reported that 35% of Francophone women (aged 15+) smoked, compared to 24% of Anglophone women (same age group). Of all Francophone women in Canada, Québec women had the highest smoking prevalence (38%). This document suggests that teen smoking is highest in Québec (36% of the 15-17 age group, no linguistic or gender breakdown). Shields (2005) noted that youth smoking rates are significantly above the national average in Nunavut, the Northwest Territories and Québec.

Research suggests a relationship between socio-economic status and smoking. Youth are more likely to smoke if they come from a low socio-economic family, and if the education of their parents is lower. (Women's Health Surveillance Report, 2003)

In 2002, Health Canada developed an information kit for community organizations working with adolescent girls because of concern about the level of smoking among teenage girls. This kit notes that teenage girls often use cigarettes to deal with conflict and stress, to feel more independent or to look more mature. "While boys smoke to look tough, girls smoke to make friends, to be part of a group or to give themselves an image... One of the reasons young girls more often give for smoking is that it helps them manage their weight. Maintaining an ideal weight is just one aspect of a larger issue for young women – body image. Many girls develop a negative body image because they are continually comparing themselves to idealized images of women – images that are promoted by tobacco advertising and through the media." (Health Canada web site)

Young girls may also take up smoking as a response to the pressures of gender inequities. "As girls become more aware of the limits on their futures and cultural pressures on how they can behave, they feel less control over their lives and turn to smoking as a way to cope. Girls who live in poverty or face cultural, ethnic or other discrimination are more vulnerable to pressures to smoke." (Health Canada web site) CICH (2000) also notes: "Perhaps the most troubling determinant of female adolescent smoking is the desire to be or to remain thin."

3.5.4. Sexuality, sexual behaviours, STDs and teenage pregnancy

A comprehensive picture of adolescent sexuality and sexual health should include positive outcomes such as non-exploitive sexual satisfaction and rewarding relationships (Health Canada, 2003) as well as negative outcomes such as unintended pregnancy and sexually transmitted diseases (STDs). In this section, however, we limit discussion to what is known about adolescent sexual behaviour as well as what the trends are in terms of unintended outcomes. Some studies note that teenage sexuality is normally investigated as a risk behaviour, and that little is known about the healthy sexuality of youth (CICH, 2000).

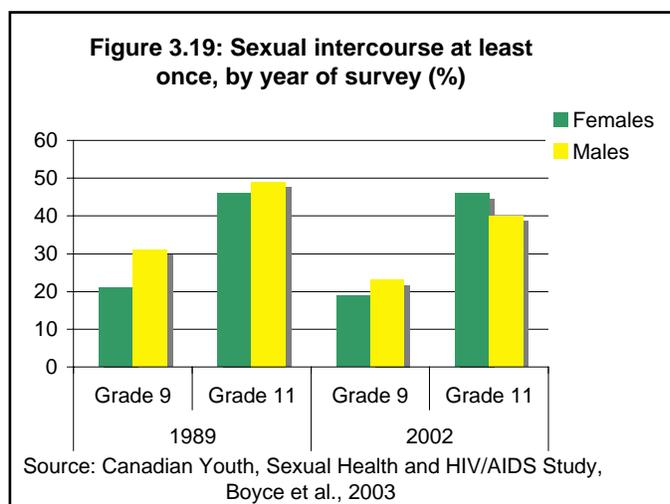
(In this section we use the term STDs, although we recognize that the term sexually transmitted infections [STIs] is now more common. It will be noted as well that most surveys assume heterosexuality, and phrase questions about sexuality in terms of having had "sexual intercourse.")

Sexuality and sexual behaviours

Early participation in sexual activities sets young people up for longer periods of exposure to the potential for unwanted pregnancy and STDs. The research is not conclusive on whether young people are sexually active at an earlier age these days, although many studies seem to support this thesis. Garriguet (2005) notes that the proportion of young people who have had sexual intercourse by age 15 has been rising since the beginning of the 1980s. Using data from cycles two, three and four of the National Longitudinal Survey of Children and Youth, she found that by age 14 or 15, 12% of boys and 13% of girls in Canada had had sexual intercourse. These figures varied by province, from a high of 18% in Québec and 15% in Atlantic Canada compared to 10% of this age group in Ontario and the west.

In the Health Behaviour of School-aged Children surveys, Boyce (2004) reported that almost one-fifth of grade nine students (19% of boys, 17% of girls) and approximately one-quarter of grade 10 students (27% of boys and 25% of girls) reported having had sexual intercourse. This report noted that these numbers are much lower than those reported in the US. A British Columbia survey (The McCreary Centre Society, 2001) found that, by grade 12, almost half of girls had had sexual intercourse. Of these, almost half (48%) has had only one partner; one-fifth has had two partners and a third (32%) has had three or more partners. Using data from a survey of 255 urban Aboriginal young people in Ontario, the *Progress of Canada's Children* (2002) reported that Aboriginal youth are becoming sexually active as young as age 11, and that by age 16, 62% of those interviewed were sexually active, with more than half reporting little or no use of contraceptives.

While the above reports suggest that young people are having sex at an earlier age, the Canadian Youth, Sexual Health and HIV/AIDS Study (Boyce et al., 2003) found the opposite. Compared to data from the Canada Youth and AIDs Survey in 1989, this survey reported that the proportion of young people in grades nine and 11 who had had sexual intercourse at least once had actually decreased between 1989 and 2002, except for grade 11 females. This report also found that it was more common for sexually active students in 2002 to report having intercourse “often” than in 1989, across both grades and both genders, meaning that fewer students (especially boys) were having sex in 2002, compared to 1989, although those who are sexually active have sex more frequently.



There are two key issues, in terms of the sexual activity of adolescents, and especially females. The first is that too many young people are involved in sexual activity for the wrong reason: They are either coerced, their ability to make a decision is impaired for one reason or another, or the decision to have sex is related to self-esteem issues. The Canadian Youth Sexual Health and HIV/AIDS Study (Boyce et al., 2003) found that girls were more likely than boys to report being coerced into having sex. Some 12% of girls in grade nine and 17% of girls in grade 11 reported being pressured to have sex when they did not want to, compared to 5% of boys in both grades. Another study (A Cappella North 2, 2001) found that 10% of girls had sex because they “didn’t know how to say no” or “I did not give consent.”

A number of studies suggest a connection between early participation in sexual activity and self-esteem. Garriguet (2005) found that girls whose self-concept was weak at age 12 or 13 were much more likely than those with a strong self-concept to have had sexual intercourse by 14 or 15. The opposite was true for boys. Young males with a weak self-concept were less likely to have had sex. She also found that adolescents living in low-

income households were more likely to have had intercourse than were those in households above Statistics Canada's low-income cut-offs. Some reports suggest that alcohol and drugs are a major influence on sexual practices: many young people are having sex when their ability to make appropriate choices and take responsibility is impaired. (Progress of Canada's Children, 2002)

Secondly, statistics suggest that too many young people are having sex without adequate protection. Boyce et al (2003) found that approximately half of those having intercourse in grade nine (51% of boys, 45% of girls) used a condom. These figures declined to 42% and 28% of boys and girls, respectively, in grade 11, something, this report suggests, that may indicate that the birth control pill is a more popular method of contraception as girls get older. However, this change in condom use places girls at a higher risk for health problems. These researchers also noted that between 5% and 10% of students in grades nine and 11 reported not using any type of contraception the last time they had sexual intercourse.

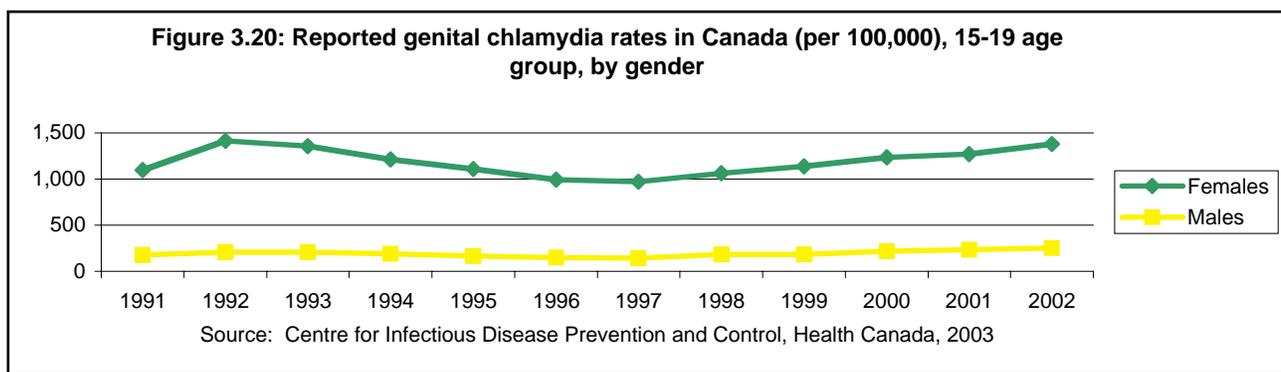
Using data from the 2003 Canadian Community Health Survey, Rotermann (2005) found that 40% of sexually-active 15 to 24-year-olds who had been with multiple partners in the past year and/or who were single had not used a condom the last time they had intercourse. For females, reporting sex without a condom was related to age at first intercourse. Close to 60% of those who started having sex by age 13 reported not using a condom the last time they had had intercourse, compared to 46% of females who began having sex at ages 14 to 17, and 37% of those who began at ages 20 to 24.

The McCreary Centre Society (2001) also noted that many sexually active girls do not appear to be taking adequate measures to prevent unwanted pregnancy or sexually transmitted diseases. About half (52%) of sexually active girls said their partner used a condom the last time they had intercourse. Some 39% used the birth control pill, and over a quarter (29%) of sexually active girls said they used withdrawal or no method of birth control the last time they had sex.

Sexually Transmitted Diseases

McKay (2004) notes that due to a number of biological, social-developmental and behavioural factors, STD's disproportionately affect adolescents compared to the population overall, and that girls tend to be affected more than boys. He says, for example, that rates of human papillomavirus (HPV), likely Canada's most common STD, are highest among women under the age of 25. Rates of gonorrhea in Canada have also been consistently higher for females aged 15 to 19, compared to males, for the past two decades.

McKay suggests that chlamydia provides an accurate and highly relevant indicator of adolescent sexual health in Canada because it is the most common reportable STI in Canada, and if undetected, can cause significant health consequences. Prevention of chlamydia is achievable through behavioural means (i.e. consistent condom use). Chlamydia rates among 15 to 19-year-olds had been on the decrease until 1997 but have steadily increased since then. The reported rate for teenage girls is many times higher than for teenage boys, as Figure 3.20 shows.



A 2004 article on the web site of the Public Health Agency of Canada¹² noted that chlamydia rates among young adults aged 15 to 24 in two Ontario counties had reached an all-time high, increasing 127% since 2001, not only because are youth engaging in unprotected vaginal sex but also because unprotected oral sex has reportedly become the “in thing” to do at parties. One of the few studies on oral sex (Halpern-Felsher et al., 2005) found that more study participants reported having had oral sex (32%) than vaginal sex (14%). This American survey of ninth-grade adolescents (average age 14.5; 58% female) reported that adolescents judged oral sex as significantly less risky than vaginal sex for health, social and emotional consequences, and that a “small but important percentage” believed that there is no chance of contracting chlamydia or HIV from oral sex (which is not the case).

Rotermann (2005) noted that risk factors for an STD included early age at first intercourse, being Aboriginal, and having had sex with multiple partners in the past year. Youth who began having sexual intercourse by age 13 were over twice as likely to report an STD than were individuals who began having sex when they were older. The proportion of Aboriginal youth who reported STDs was 2.5 times as high as the corresponding figure for non-Aboriginals, according to this study.

A major consequence of unprotected sex is infection with HIV/AIDS. The Canadian AIDS Society recently launched a national campaign to raise awareness among girls because HIV infection rates are on the rise among Canadian young women ages 15 to 29. The organization’s web site¹³ notes that:

- Among all females testing positive for HIV in Canada, the proportion of female teens and young adults testing positive is highest;
- Most young women in Canada are becoming infected through heterosexual transmission (having sex with a guy); and
- Because of female biology, young women are at increased risk of contracting HIV through unprotected sex.

Aboriginal communities, in particular, are being ravaged by HIV/AIDS, and, according to the Public Health Agency of Canada web site, “the HIV epidemic in the Aboriginal community shows no sign of abating. Injecting drug use is the most common mode of HIV transmission among Aboriginal peoples, Aboriginal women make up a large part of the HIV epidemic in their community, and Aboriginal peoples are infected at a younger age than non-Aboriginals.”

Taken together, the above data are alarming. It is clear that adolescents, and particularly females, continue to participate in sexual activity that puts them and potentially others at serious risk. There is some question whether the situation is improving. Boyce et al (2003) reported that students were better informed on a variety of HIV/AIDS and STD-related issues in 1989, compared to students in 2002. Some studies suggest that a lot of barriers to accessing appropriate sexual health information and protection remain, particularly for visible minority, lesbian and disabled youth who are already marginalized from mainstream services. (Tipper, 1997) It is clear that providing accurate information to young people, and girls in particular, about the potential risk of unprotected sex remains a challenge on all fronts.

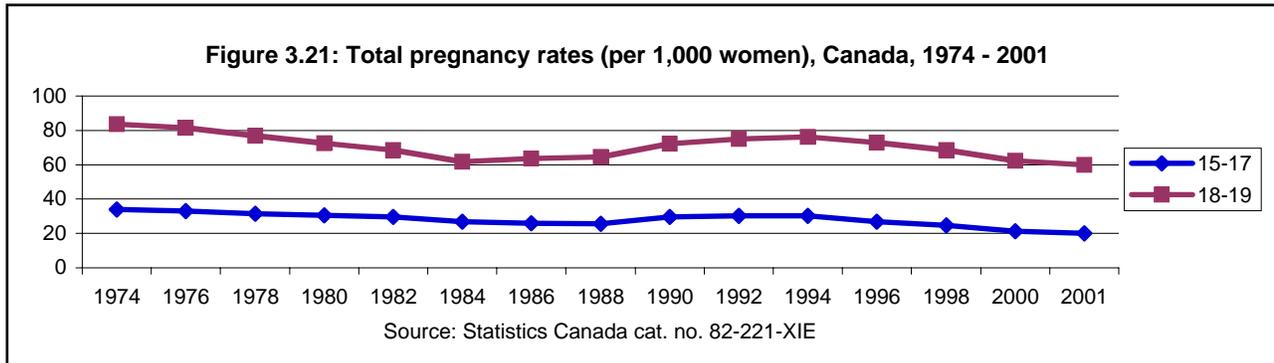
Teenage pregnancy

Some good news to report is that teenage pregnancy rates have been on the decline for the past two decades. As Figure 3.21 demonstrates, teenage pregnancy rates have dropped since 1974 (total pregnancies include live births, still births and abortions). The rate for girls 15 to 17 dropped from 34 per 1,000 women in 1974 to 20/1,000 in

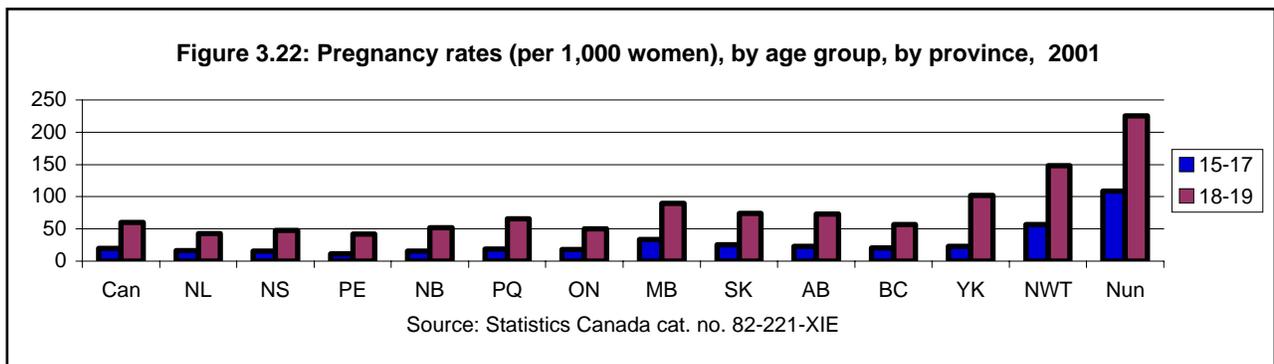
¹² Infectious Diseases News Brief, March 26, 2004, www.phac-aspc.gc.ca/bid-bmi/dsd-dsm/nb-ab/2004/nb1304_e.html

¹³ www.cdn aids.ca/web/risks.nsf/pages/introduction

2001. The rate for those 18 to 19 years old decreased from 84/1,000 in 1974 to 60/1,000 in 2001. The pregnancy rate for girls under 15 decreased from 4.4/1,000 in 1974 to 2.7/1,000 in 2001 (not shown on graph).



Research suggests a link between adolescent pregnancy and self-esteem in two ways: girls with high self-esteem are more likely to delay first intercourse, and more likely to use effective contraception. (CAAWS, 1993) The trends suggest that an increasing number of teenage girls are exercising active control of their reproductive health (McKay, 2004). Such findings are corroborated by The McCreary Centre Society surveys in British Columbia where the percentage of sexually active teenage girls reported using the birth control pill at last intercourse increased from 25% in 1992 to 35% in 1998. The decline in teen pregnancies, however, has not been consistent across the country; they remain particularly high in Canada’s north, as Figure 3.22 shows.



While the trend is going in the right direction, we note that the “good news” should be tempered by the knowledge that 60 out of every 1,000 18 to 19-year-old girls in Canada became pregnant in 2001. A number of studies have pointed out that teen pregnancy can have serious implications not only for a young girl’s health, putting her at greater risk for such problems as anemia, hypertension, renal disease and depressive disorders (Dryburgh, 2000) but also for her future. Teenage mothers are at higher risk of dropping out of school, of experiencing lower formal educational achievement and poor occupational outcomes, of losing employment opportunities, relying on welfare, being abused, and divorcing than their non-pregnant peers (Tipper, 1997). Adolescent mothers are more likely than other women to live in poverty. (Federal/provincial/territorial Advisory Committee on Population Health, 1999, Ministère de l’Éducation, Québec, 1998) Children of teenage moms are also affected; research shows that they are more likely to suffer development delays, learning problems and delinquency. (Ministère de l’Éducation, Québec, 1998)

3.5.5. In summary ...

The research available on adolescent girls is much more extensive than that for girls in younger age groups, although, again, most of it is focused on “problem behaviours.” The data, particularly from the Health Behaviour

of School-aged Children surveys that were carried out between 1989 and 2002, are both heartbreaking and puzzling. On every indicator – whether it is feeling self-confident, wishing they were someone else, being happy, lonely or depressed, or attempting suicide – girls score more poorly than boys. The research suggests improvements during this period: 65% of grade 10 girls reported being confident in 2002, compared to 48% in 1990; 30% of grade eight girls “wished they were someone else” in 2002, compared to 45% in 1990. Nonetheless, the overall portrait is disturbing. Gender obviously remains a very strong determinant of well being in adolescence.

Unfortunately, such surveys tend to ask the “what” but not the “why.” Is it the ever-present bombardment of a media message that tells them they must be thin and beautiful, that makes girls begin to dislike themselves in early adolescence? Is it the on-going realization that boys and men are much more valued, and have many more privileges and opportunities in our Canadian society compared to girls and women, that makes young girls devalue their own self-worth? There is a lot of evidence from the research to suggest both. It is certain that when single mothers struggle to raise their children in poverty; when many girls and women continue to be victims of violence or abuse; when the media message in 2005 perpetuates the idea that women remain responsible for home and family, regardless of the gains they’ve made in the labour market; when women continue to be vastly under-represented in our political system, all these facts no doubt carry a strong message to children and youth – both girls and boys – about the value of girls and women in our society.

The research on alcohol and substance use and smoking suggests that girls are increasingly as “at risk” as boys, not only for the health implications of using alcohol, drugs and tobacco but also for other potential risks such as fighting, unprotected sex and driving while impaired. A bit of good news is that research shows that the rate of smoking among young girls may be on the decline.

Statistics suggest that girls are having sexual relationships at earlier ages, and that this sets them up for longer periods of exposure to pregnancy and STDs. There are two key issues, in terms of the sexual activity of adolescents, and especially females. The first is that too many young people are involved in sexual activity for the wrong reason: They are either coerced, their ability to make a decision is impaired for one reason or another, or the decision to have sex is related to self-esteem issues. Girls with low self-esteem are more likely to have sexual relationships at an early age; boys with low self-esteem, less likely. Secondly, statistics suggest that too many young people are having sex without adequate protection.

Taken together, the data on use and non-use of protection against pregnancy and STDs are alarming. In an era where unprotected sex can be life threatening, it is clear that adolescents, and particularly females, continue to participate in sexual activity that puts them and potentially others at serious risk. An emerging issue is the increased involvement of young people in oral sex, in particular, at parties. Researchers are only beginning to explore the implications of this behaviour, although evidence suggests that it may be responsible for a serious increase in the rate of chlamydia among young girls. Overall, there seems to be a serious “knowledge gap” among young people about the realities of sexual involvement, and potentially very serious “service gaps” that need to be addressed.

3.6. Issues impacting all ages

We have looked at issues facing girls in each of the three age groups identified above. To some extent, our divisions were arbitrary since, as we noted earlier, there is no magic “dividing line” between girlhood and adolescence. Some issues impact girls at every age. In this section, we look at two such areas. One is obesity, physical activity, sports and self-esteem, topics that we have put together to highlight their interconnectedness. The second is the impact of the media.

3.6.1. Obesity, physical activity, sports and self-esteem

It is difficult to open a newspaper these days or turn on the news without hearing about how Canadians are increasingly overweight, even obese. This includes children and youth. Based on data from the 2004 Canadian Community Health Survey, Statistics Canada (Shields, 2005) reports that in 1978/79, 12% of two- to 17-year-olds were overweight, and 3% were obese – a combined overweight/obesity rate of 15%. By 2004, the overweight rate of this age group was 18%, and 8% were obese – a combined rate of 26%. The combined overweight/obesity rate in 2004 was slightly higher for Blacks aged two to 17-year-old (29%), and significantly higher for off-reserve Aboriginals in the same age group (41%).

(Overweight and obesity rates are based on the body mass index [BMI], one calculates by dividing weight in kilograms by height in metres squared.)

Shield maintains that increases in overweight and obesity were similar among girls and boys, although trends were different for various age groups. For example, the percentage of children ages two to five who were overweight/obese remained virtually unchanged between 1978/79 and 2004, while the overweight/obesity rate of adolescents ages 12 to 17 more than doubled from 14% to 29%, and their obesity rate tripled from 3% to 9%.

The data, however, are far from conclusive. The Public Health Agency of Canada web site¹⁴, for example, reports that, based on a study by Mark Tremblay (University of Saskatchewan) and Douglas Willms (Canadian Research Institute for Social Policy, University of New Brunswick), the prevalence of overweight boys increased from 15% in 1981 to 35.4% in 1996, and among girls from 15% to 29.2%. During the same timeframe, the prevalence of obesity in children tripled, from 5% to 16.6% for boys and from 5% to 14.6% for girls. (As reported in the Canadian Medical Association Journal, January 2001)

Researchers attribute the increase in overweight/obesity rates to an increase in the consumption of fast food, at the expense of fresh fruits and vegetables, an increase in the amount of time spent watching television or playing computer games, and decreased involvement in physical activity and sports.

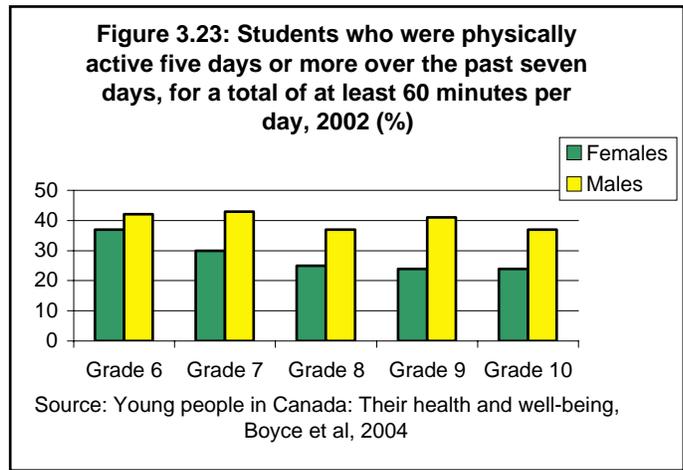
Socio-economic status also plays a role, although Shields (2005) points out that the data are inconsistent. For adults, lower socio-economic status tends to be associated with obesity. However, according to the 2004 CCHS, young people ages two to 17-year-old in middle-income households had a combined overweight/obese rate of 29%, compared to 25% of the same age group in low income households, and 23% of those in high income households. Shields also notes that the pattern for education was clearer: Young people in households where no members had more than a high school diploma were more likely to be overweight/obese than were those in households where the highest level of education was postsecondary graduation.

A number of reports note that over half of young people ages five to 17 are not active enough for optimal growth and development. (Shields, 2005; Active Healthy Kids Canada Report Card, 2005; Direction de santé publique de l’Outaouais, 2003; Progress of Canada’s Children, 2002) A significant gender gap on physical activity exists, with

¹⁴ www.phac-aspc.gc.ca/pau-uap/paguide/child_youth/partners/stats.html

girls consistently reporting less daily physical activity than boys. Only 38% of girls ages five to 17 versus 48% of boys were considered active enough in 2000; only 30% of adolescent girls compared to 40% of adolescent boys were considered active enough. (Public Health Agency of Canada web site¹⁵)

Using data from the Health Behaviours in School-aged Children survey, Boyce (2004) noted that far more boys than girls reported that they were physically active five days or more over the past seven days, for a total of at least 60 minutes per day. As the graph at right demonstrates, 42% of boys in grade six compared to 37% of boys in grade 10 are active. For girls, the percentage of those who are active dropped from 37% in grade six to 24% in grade 10. Boyce noted that data from the National Population Health Survey as well as other research also confirm that boys are more physically active than girls, and that physical activity decreases with age for both genders.



There is a lot of research to suggest a strong connection between physical activity, participation in sports and healthy self-esteem. A report by the Canadian Association for the Advancement of Women in Sport and Physical Activity (CAAWS, 1993, updated 2003) suggests that many factors interact to increase general self-esteem in young women who participate in sport and physical activity programs. These include the development of pro-social behaviour (social self-esteem), feelings of support from a coach or teacher (an extension of parent-related self-esteem), a sense of mastery and control in physical skills (physical self-esteem), and a more positive body image and enhanced feelings of physical well being (general self-esteem). This report concluded:

“It would appear that efforts to enhance self-esteem in adolescent females should focus on fun, skill development and cooperation (instead of winning), and that activities should be realistic and achievable... Teaching girls to value physical activity from an early age is essential if physicality is to be represented and relevant to the self-esteem structure of adolescent women.” (p. 20)

Another report (BC Centre of Excellence for Women’s Health, 2000) notes that physical activity among adolescents is consistently related to higher levels of self-esteem and self-concept, and lower levels of anxiety and stress. “For adolescent girls in particular, exercise may be an effective preventative measure for deterring mental illness by helping them to deal with body changes, feelings of insecurity and powerlessness through the provision of meaningful goal-oriented experiences.” (p. 36)

A strategy developed by CAAWS (*ACTIVE*, undated) presents compelling evidence for why girls should be encouraged to be physically active. Girls who are active in sports are 90% less likely to use drugs, and 80% less likely to have an unwanted pregnancy. “There is growing evidence that physical activity programs have positive impacts on youth at risk, particularly children and youth living in poverty, new immigrants and young girls.” Another CAAWS report (Edwards, 2003) suggests that physical activity has the potential to be a healthy alternative to smoking for young women.

Historically, girls and especially adolescent girls were discouraged from participation in organized sports but evidence suggests that this may be changing. A report by the Canadian Council on Social Development (2001) noted, “most authors ascribe differences in participation between boys and girls to deeper cultural factors

¹⁵ www.phac-aspc.gc.ca/pau-uap/paguide/child_youth/youth/activityStats.html

associated with the production and reproduction of gender roles in recreational activities. Certain cultural norms seem to be internalised by girls in early childhood, discouraging them from developing their physical skills ... Although most authors concede that much progress has been made and that girls now have more opportunities to participate, disparities in participation rates and recreation choices persist.”

The Active Healthy Kids Canada Report Card (2005) found that an equal number of boys and girls participated in organized sports (68%), although boys tended to be more active in unorganized sports (76% versus 62% for girls). Again, socio-economic status was a factor. Only 55% of low-income children participated regularly in organized sports, compared with 65% of middle-income, and 79% of high-income children. The gap is not as significant for unorganized sports. The cost of equipment and/or participation in organized sports may be a factor.

Some studies blame the decrease in physical activity in school curricula, and have recommended that schools need to do more to involve girls, in particular, in physical activities and sports. (Boyce, 2004; Tremblay, Inman and Willms, 2000)

To a large extent, the statistics on obesity and physical inactivity among young people may speak for themselves. It is ironic, however, that obesity has become the new epidemic, “the outrage *du jour*” (Robison, 2005) at a time when eating disorders such as anorexia and bulimia are also at an all-time high. Robison disputes many of the statistics surrounding the obesity “epidemic,” and disdains the practice in some American schools of forcing students to stand on a scale in front of the class, and then sending notes home to parents about the child’s Body Mass Index. The vast majority of overweight children and adolescents know that they are fat, and have already developed poor body image, low self esteem and a fear of food, he argues, and it is difficult to see how such interventions could possibly be beneficial.

Some Canadian researchers have also sounded the same alarm. Johnston (2004) writes, “I can’t think of a better way to damage the self-esteem of children than to tell them, tactfully or otherwise, that their bodies are overfed or under-exercised.” McVey et al. (2004) suggest that the pervasive anti-obesity message may be partly to blame for young girls’ obsession with weight and body image. McVey told the CBC national news¹⁶ that she was concerned about the potential effect of well-meaning anti-obesity messages as well as media images of thin stars and models, both of which have put young girls under more pressure than in previous generations to attain an ideal body shape.

3.6.2. Impact of the media

The negative impact of the media on children and adolescents has been mentioned throughout this report. MediaWatch,¹⁷ a national, non-profit, feminist organization established in 1981, notes that many significant changes have occurred over the past two decades – most notably in the regulatory arena – to improve the situation. However, dominant media portrayal practices continue to sexually stereotype or seriously under-represent girls and women in a host of influential roles and depictions. In a study (Analyzing the “Tween” Market, 2000), it cited the following:

- Health professionals increasingly point to media portrayal practices that focus on physically unattainable ideals of femininity as a significant factor influencing eating disorders among young women;
- The linking of sex and violence has expanded from television and movies to infect video games designed for pre-pubescent boys and mainstream advertising targeted to teenage girls;
- The Internet has made pornography – including that depicting children – more accessible than ever before;

¹⁶ www.cbc.ca/story/science/national/2004/05/10/girls_diet040510.html

¹⁷ www.mediawatch.ca

- These media messages strongly reinforce existing inequalities, contributing to the perpetuation of a climate of sexism in which discrimination and violence against women and girls, in all its forms, remains a significant social problem.

An important issue is the emergence of the “tween” market. The Media Awareness Network¹⁸ calls the defining of the “tween” market (ages eight to 12) “one of the most important recent developments in advertising...No longer little children, and not yet teens, tweens are starting to develop their sense of identify and are anxious to cultivate a sophisticated self-image. And marketers are discovering there’s lots of money to be made by treating tweens like teenagers.”

The organization’s web site notes that it is difficult for tweens and teens to develop healthy attitudes towards sexuality and body image when much of the advertising aimed at them is filled with images of impossibly thin, fit, beautiful and highly sexualized young people. “The underlying marketing message is that there is a link between physical beauty and sex appeal – and popularity success and happiness ... Media images can contribute to feelings of body-hatred and self-loathing that can fuel eating problems.”

Another article on the web site (“Media and Girls”) notes, “The most cursory examination of media confirms that young girls are being bombarded with images of sexuality, often dominated by stereotypical portrayals of women and girls as powerless, passive victims.”

The impact of media stereotyping can be particular devastating for young people already facing multiple challenges. Another Media Awareness Network article (“Media Portrayals of Aboriginal People”) notes, “If [young Aboriginals] get their impressions from the news, they’ll likely view Aboriginal people as a negative force. And if their impressions come from films and TV programs, they’ll learn to think of Aboriginal people as inferior (passive, aggressive or drunk) or simply as non-entities, obliterated by omission.” This article notes that in Canada, new sensitivities and support for cultural diversity have brought some positive changes (i.e. CBC programming where Aboriginal children are featured or National Film Board documentaries on the contributions of Aboriginal artists), although “practically speaking, these voices still represent only a small proportion of the popular media that kids consume today.”

3.6.3. In summary ...

Statistics indicate that rates of overweight/obesity among young people in Canada have almost doubled between 1978/79 and 2004. Researchers attribute the increase in overweight/obesity rates to an increase in the consumption of fast food, at the expense of fresh fruits and vegetables, an increase in the amount of time spent watching television or playing computer games, and decreased involvement in physical activity and sports.

A significant gender gap on physical activity exists, with girls consistently reporting less daily physical activity than boys. Research suggests that physical activity drops sharply for girls between grade six and grade 10. Research shows, however, that girls who are physically active and involved in sports have better self-esteem, and are less likely to use drugs, smoke, and have an unwanted pregnancy. The research suggests that involvement in sports can be a strong way of enhancing self-esteem in young girls.

While the statistics on obesity and physical activity may speak for themselves, some researchers are sounding an alarm that the “anti-obesity message” will do more harm than good for young girls who are already inundated with media messages that they must be thin. While increased regulation over the past two decades may have improved the situation, evidence suggests that media messages that focus on physically unattainable ideals of femininity are a significant factor influencing eating disorders among young women. An emerging issue is that advertisers are now heavily targeting the “tween” market (young people between the ages of eight and 12).

¹⁸ www.media-awareness.ca

3.7. Multiple challenges

In this section, we look at some of the “multiply challenged” subgroups mentioned earlier, and summarize what is known from the literature. In some instances, not a lot of information is available, especially primary research. The Alliance of Five Research Centres on Violence, in its Phase II report, carried out a number of research projects including studies on violence in the lives of immigrant and refugee girls of colour (Jiwani et al., 2002), girls involved in prostitution (Busby et al., 2002) and adolescents in rural communities (Cameron, 2002). More recently, in the “Intersecting Sites of Violence in the Lives of Girls” project, two draft research documents were completed and made available to this project (Downe, *Intersecting Sites of Violence in the Lives of Aboriginal Girls, 2005*; Owen, *Intersecting Sites of Violence Background Paper; Girls and Young Women with Disabilities, 2005*). We thank Helene Berman, project coordinator and researcher, in particular, for allowing us access to these documents.

3.7.1. Girls in urban, rural and northern areas

The most thorough research on rural-urban issues in Canada has been carried out by the Rural Secretariat in the federal Department of Agri-foods and Agriculture, although there are also pockets of rural researchers at universities and other institutions across the country. Overall, research has found that the health status of Canadians living in the most rural, remote and northern parts of Canada is lagging, sometimes significantly, behind that of urban residents. The most recent study to analyze health differences among youth in urban versus rural (Mitura and Bollman, 2004) found interesting and significant differences between girls in larger centres compared to their sisters in rural and northern areas, and even greater differences between girls and boys. The following table summarizes some of the findings:

	Girls - Major metro regions	Girls - Rural regions	Girls - Northern regions	Boys - Major metro regions	Boys - Rural regions	Boys - Northern regions
%age rating their health as "excellent"	33%	17%	15%	36%	34%	23%
%age overweight, based on BMI	14%	20%	22%	23%	26%	28%
%age perceiving themselves overweight	19%	21%	21%	15%	11%	10%
%age who smoke daily or occasionally	14%	13%	21%	11%	10%	16%
%age likely to experience major depression	7%	n/a	13%	2%	n/a	8%
%age drinking heavily (5+ alcoholic drinks)	14%	20%	18%	13%	19%	25%
%age physically inactive	40%	35%	29%	23%	27%	19%
%age with sense of belonging to community (strong/somewhat strong)	70%	65%	72%	68%	70%	83%

SOURCE: *Health status and behaviours of Canada's youth: A rural-urban comparison*, Mitura and Bollman, 2004. Based on data from Statistics Canada's 2000/01 Canadian Community Health Survey (CCHS).

As the table shows, a significantly lower proportion of girls in rural and northern regions of Canada rate their health as “excellent.” Even though a greater percentage of boys in all types of regions are actually overweight (based on the BMI), boys are much less likely than girls to perceive themselves as overweight. Girls in the north have the highest rate of smoking, and girls are also more likely than boys to suffer a major depressive episode in each type of region for which data are available. Boys in small metro regions report the highest rate of heavy drinking (not shown on the table), and girls in rural regions are slightly more likely than boys in rural regions to be heavy drinkers. Girls in major metro regions are the most physically inactive. Interestingly, young people in northern regions have a slightly greater sense of belonging to the community, boys more so than girls.

The conclusion that these authors reached is that there are obviously rural-urban differences for girls in this age group, although “the significant differences between youth tend to occur more often between the genders than across the regional types as defined in this paper.”

Another study (Cameron 2002) evaluated community-based violence prevention programs for teens in rural Atlantic Canada. It indicated the need for gender-differentiated approaches to violence prevention. This report noted that some challenges remain in developing appropriate ways to address effectively male resistance to violence-prevention work. It concluded that appropriate male role models and activity-centred, rather than discussion-centred, approaches are more appropriate for boys, although “moving consciousness raising into action is not a rapid process for many boys in this [rural] culture.”

3.7.2. Aboriginal girls

Throughout this report, we have attempted to include research on Aboriginal girls, in particular, where it was appropriate and available. As with the general population, much of the statistical information on Aboriginal children and youth does not provide breakdowns by gender. One exception is the First Nations and Inuit Regional Health Surveys (1997 data), the report of which includes a chapter on children’s health, and does report some information by gender (although this information is almost 10 years old). This report, however, confirms that research in some areas is very limited. For example, it notes that despite significant concern about drug and alcohol abuse among Native youth, there is very limited information about the extent and pattern of use among Canadian Aboriginal young people. It also noted that, because of the limited number of questions that could be asked, the area of emotional health was not captured in this survey. “To ascertain the prevalence of such conditions as depression or antisocial behaviour, two of the most common conditions experienced by non-Aboriginal youth, it would be necessary to ask several questions about symptoms related to each specific disorder.” (FNIRHS, MacMillan et al., 1999) The report suggests that adolescence may be a period of risk for First Nations and Inuit children. It was noted earlier in this report that suicide rates of Aboriginal girls and boys aged 15 to 19 are much higher than in the general population, and that Aboriginal girls in this age group commit suicide more often than boys in the general population.

Aboriginal girls are over-represented in the homeless population. Novac et al (2002, p. 55) noted that in Vancouver, the share of young homeless women of Aboriginal ancestry is quite high – from 40% to 70% according to various agency estimates. “Young Aboriginal women who are homeless face a number of issues that either contribute to their precarious lifestyle or exacerbate it. Their past is often associated with extreme poverty, alcohol abuse, violence, abuse, childhood instability, lack of education and histories of residential schools... Young Aboriginal women face racism; they are stigmatized, presumed to be alcoholics and prostitutes, are disconnected from family and friends, tend to be more street entrenched, and are less likely to leave the area than White women. Some police officers and service providers mistreat them.”

A report on Aboriginal girls that is not only very recent but also groundbreaking is *Intersecting Sites of Violence in the Lives of Aboriginal Girls in Canada* (Downe, 2005), part of the work being carried out by the Alliance of Five Research Centres on Violence. This literature review, still in draft form, provides an in-depth review of a variety of resources about Aboriginal girls and women and violence. This author suggests that the three most common problems found throughout the relevant literature are the absent voices of Aboriginal children and youth; the over-reliance on comparative work (i.e. comparing Aboriginal children to the overall population of children) that pathologizes Aboriginal children and homogenizes their cultural diversity; and the inattention to gender. The result, she says, is “an incomplete and unfocussed picture of the manifestations and effects of violence in the lives of Aboriginal girls.” (p. 12)

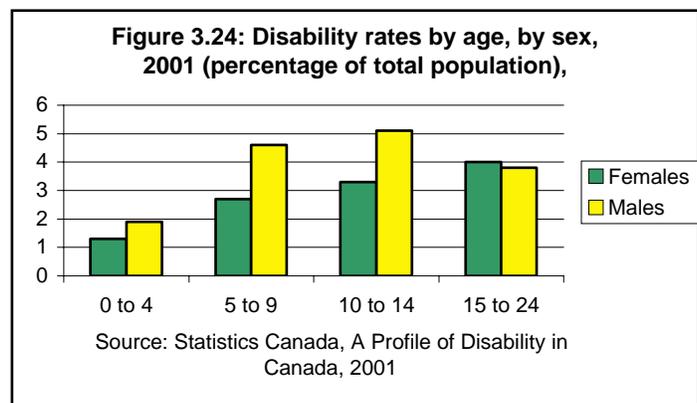
Without reviewing in depth the statistics presented on Aboriginals and Aboriginal girls, in particular, presented in this report, we note that, as the author says, “the picture painted here ... is a grim one. There is no doubt that axes of subordination come together to create virtually untenable conditions of violence and oppression for the majority of First Nations, Métis and Inuit youth.” (p. 43)

3.7.3. Girls with disabilities, special needs

Many studies confirm that there is a paucity of information about girls and young women in Canada who have special needs or disabilities (Owen, 2005; F/P/T Early Childhood Development Agreement, 2003; Hanvey, 2001; CICH, 2000). There is even less on Canadian girls and young women with disabilities who are not White. (Owen, 2005)

Some statistical sources include the 1986 and 1991 Health and Activity Limitation Surveys (HALS), which were replaced in 2001 by the Participation and Activity Limitation Survey (PALS). Because of changes to the structure of the sample and the filter questions identifying persons with disabilities, comparisons cannot be made between the two HALS surveys and PALS. (PALS did not include residents of the territories, people on First Nations reserves, or people who are institutionalized.) Another data source is the 1996-97 National Population Health Survey (NPHS), the main source used in CICH (2000), which includes a chapter on children and youth with disabilities that includes no gender analysis. Statistics Canada also did a profile of disability in Canada in 2001, which includes information on children and young people although, again, provides very little gender analysis.

In the early years, boys tend to have a higher rate of disability than girls, as Figure 3.24 shows. At around age 10, the differences between the genders begin to diminish. Females aged 15 to 19 have a slightly greater rate of disability than boys, and the disability rate for females remains higher throughout life. Girls and boys are almost equally likely (13% and 12% respectively) to have their needs for aids/devices completely unmet (F/P/T, 2004). Research suggests that over a quarter of children younger than five years of age with disabilities live in low-income families (F/P/T, 2003).



Overall, it is known that children and youth with disabilities and special needs face much greater challenges than those without:

- “The experience of children and youth with special needs at school is consistently less positive than it is for their peers without special needs. They miss more school, they change schools more often, they perceive themselves as not doing as well at school (as do their parents), they feel somewhat less positively about school, and they are slightly less likely to look forward to going to school.” (Hanvey, 2001)
- Children aged 10 and 11 with special needs are more than twice as likely as those without special needs to report constant bullying from other children. A much greater percentage of children with special needs (aged 10-15) also report feeling excluded at school, compared to those without special needs. (CCSD, 2003)

The McCreary Society Centre (2001) reported that, based on a 1998 survey with grades seven to 12 in British Columbia, adolescent girls with a chronic illness or disability were more likely to have considered suicide (35% versus 15% of girls without special needs); more likely to be “not satisfied” with their appearance (26% versus 11%); more likely to have had sexual intercourse (28% versus 22%); more likely to have been emotionally distressed in the past month (21% versus 7%), and more likely to have been in physical fights (27% versus 17%).

Boyce et al (2003) reported that in grade seven, 32% of females with a long-time illness or medical condition reported having engaged in the preliminary sexual activity of touching below the waist, compared to 26% of males. Boyce also reported that in grades seven, nine and 11, students who report a learning disability were more

likely to be sexually active or to engage in preliminary sexual activity than those without (rates for males versus females were the same). “Overall, disability and chronic illness may predispose students to greater sexual health risks,” he noted. (p. 113)

Young women with disabilities are particularly vulnerable to sexual violence and abuse. A survey carried out by the Disabled Women’s Network in 1988 compared childhood abuse, both physical and sexual, in a sample of 30 disabled women with a control group of 32 non-disabled women. The study found that physical abuse was twice as common among the disabled participants (67% versus 34%). Sexual abuse was also higher among girls with disabilities; 47% had been victims, compared to 34% of the non-disabled. The study concluded: “All children are at risk of abuse. Girls are at greater risk than boys, and girls with disabilities are at more risk than non-disabled girls... the odds against surviving childhood without experiencing abuse go up for girls with disabilities.” Rajan (2004) estimated that, of girls with intellectual disabilities, 40% to 70% would be sexually abused before the age of 18.

In a literature review, Owen (2005, p. 32) states that girls and young women with disabilities routinely experience violence. “Being young, female and having a disability puts girls and young women at particular risk. The intersections of race, ethnicity, sexuality and class also impact on many girls and young women with disabilities.” Owen suggests that girls and young women with disabilities are more vulnerable to violence for a number of reasons, including that they may have numerous caregivers, they may not be believed if they complain, or they may lack awareness regarding what constitutes abusive behaviour.

A second DAWN study (also 1988) suggested that having a disability can end up being a long-term disadvantage for many young women. “For many girls with disabilities, school years turn an impairment into a disability. The need for medical treatment, isolation from other kids at a ‘special school,’ or the inability of the standard school system to deal with them, means they are denied a proper education. This in turn handicaps them financially and socially for the rest of their lives.”

3.7.4. Immigrant, refugee and visible minority girls

Research is also relatively limited on the lives of immigrant, refugee and visible minority girls in Canada under the age of 19. Some studies on immigrant youth exist, although they tend not to include gender information. One example is a study carried out for Human Resources Development Canada (Beiser et al., 1998), which used data from the National Longitudinal Survey of Children and Youth to compare the impact of poverty between immigrant and native-born children on mental health outcomes (conduct disorder, hyperactivity, emotional disorder). As noted earlier in this report, we know that these data are available by gender, although no gender analysis is done in this report.

Another example is the Canadian Council on Social Development profile, *Immigrant Youth in Canada* (Kunz and Hanvey, 2000), which reported, “The trials and tribulations of the often-difficult high school years – which most youth tend to encounter – were magnified for immigrant youth. Most reported experiencing some ostracism, bullying and difficulties with school work.” This report, which does not present any gender analysis, notes that there is little available research about how recent young immigrants are faring. Other literature reviews reveal a paucity of Canadian studies examining the realities and experiences of racialized girls from immigrant and refugee families. (Jiwani, 1998b as cited in “Erased Realities,” 2002; Tipper, 1997) As well, one of the few studies on the health of Black women in Canada (Enang, 2001) does not include information or data on girls.

When surveys have been carried out, the tendency has been to ask few, if any questions, about race and ethnicity. As noted earlier, the CACSW (1992) survey did not isolate characteristics such as ethnic background, although it cited several US studies that suggested that Black adolescent girls tend to be more self-confident than White teenage girls. In a section on bullying in the 2002 Health Behaviour of School-aged Children survey, Boyce (2004) reported that bullying because of race and religion occurred less frequently than all other types of bullying. An average of 17% of boys from grades six to 10 reported that they were victimized because of their race or colour versus 9% of girls.

A report on young women and homelessness (Novac et al., 2002, p. 43) noted that, while the majority of homeless young women and men in Toronto are White, the proportion of racial minority youth, specifically those with Caribbean and African origins, is disproportionately high in the youth shelters. This report noted that young Black women are reportedly less likely to suffer from drug addiction problems than White or Aboriginal women because they are “especially resourceful” in their use of services in Toronto.

One study that does explore more in-depth the impact of immigration on the self-esteem of young women (Khanlou et al., Status of Women, 2002) carried out focus groups involving 10 female students at high schools in Toronto. Researchers also did interviews with a limited number of parents and educators. (We suggest that these results should be interpreted with caution, because of the low number of respondents.) The study reported that female youth participating in the study recognized that, while newcomer male youth face similar issues based on their new immigrant status (i.e. making friends, language barriers), there are differences in experiences based on gender. Males were perceived to have more self-confidence, were thought to be stronger and to experience different family expectations based on gender roles. An important finding was related to the “coping strategies” that newcomer female youths adopt that, in the long run, might negatively affect their self-concept and self-esteem. These included the practice of anglicizing their names or silencing themselves because of difficulty speaking English or French. The study concluded: “Discriminatory and racist attitudes were experienced as barriers to integration into the mainstream culture as well as affecting the self-esteem of newcomer female youth.”

Erased Realities: The violence of racism in the lives of immigrant refugee girls of colour, one component of the Phase II report by the Alliance of Five Research Centres on Violence (Jiwani et al., 2002), involved five focus groups with a total of 52 girls between the ages of 14 and 19 in British Columbia. A number of individual interviews were also carried out. (Again, findings should be interpreted with caution.) The study noted that, in responding to questions about violence, girls immediately brought up the issues of racism and inter-cultural violence. They identified their schools as key sites of race-based violence, and discussed the inadequacy of existing counseling services. According to this study, many girls explained that racist violence in the schools is fostered by an inaccurate portrayal of their cultures in school curricula and mass media. Some girls underlined the stresses caused by the clash between their parents’ expectations and those of the dominant White culture. Settlement workers interviewed agreed that this was a common experience of immigrant families, and argued that settlement policies need to balance the transition of girls and their families. This study concluded: “Girls who are differently located because of race, sexual orientation, disability or class are vulnerable to taunts and violent acts because this society does not value those who do not conform to white, middle-class ideals.”

3.7.5. Lesbian girls

There are very few studies that have looked specifically at the lives of lesbians under the age of 19 in Canada. A 20-page bibliography on lesbian and bisexual women’s health on the BC Centre of Excellence for Women’s Health web site¹⁹ devotes one section to youth, and lists 28 studies, all of which are American. A Canadian study on lesbian women (Lahey, 2001) provides no information on girls, and notes that there are no direct Canadian data on lesbian women and gay men. Caputo (1999) collated views expressed by young people from various research reports, and noted that the fears and uncertainty associated with sexuality are even more intense for gay, lesbian and bisexual youth; these young people lack social support and access to competent formal and informal resources; they are often ridiculed and abused, and experience rejection from family and friends; and that gay, lesbian and bisexual youth also experience much higher suicide rates than straight youth. CICH (2000) mentions lesbian youth on two pages only, and references The McCreary Centre Society study in 1999.

This study involved 77 young people between the ages of 13 and 19 who lived in British Columbia, and who identified themselves as being lesbian, gay, bisexual or transgendered. The sample was “a convenience sample”

¹⁹ www.bcewh.bc.ca/pages/bib.htm#attitudes

(i.e. voluntary) and small. Researchers did not analyze data by sub-groups. Nonetheless, the results paint a disturbing portrait of the challenges facing young people whose sexual orientation is not heterosexual:

- 46% of lesbian and gay youth have attempted suicide at least once;
- The average age of youth at their first suicide attempt was 13 years;
- In the past year, a quarter of the youth surveyed had attempted suicide;
- Almost 40% of gay and lesbian youth have dramatically low self-esteem;
- 61% had been physically abused;
- 40% had been sexually abused;

A report on homelessness (Novac et al., 2002, p. 55) suggests that gay and lesbian youth are at greater risk for homelessness, ostracism and other types of social marginalization. In fact, lesbian women are over-represented among homeless young women, and are at greater risk for suicide. This report notes: “Once on the street, young lesbian women are less likely to use health care facilities, and are at extreme risk of violence, rape and homophobia.” Lesbian women on the street often hide their sexual orientation for fear of being stigmatized by other youth.

This report also notes that the challenges are even greater for lesbians in rural areas. In Nova Scotia, “some lesbian and bisexual youth, particularly those from rural areas, move to Halifax to escape community censure and to access lesbian, gay and youth services. Intolerant milieus prompt some lesbians to leave school early.” (p. 108)

3.7.6. In summary ...

This overview of girls who face multiple challenges has been brief, by necessity. There is an obvious paucity of primary research that has been done on the lives of girls who are lesbians, immigrants or visible minority, who have special needs/disabilities, who are Aboriginal and/or who live in rural and northern parts of the country. The limited information that exists suggests that the “normal” challenges of adolescence are intensified for girls who, as stated earlier, “live at the intersection” of race, class, ability and sexual orientation.

Girls who live in rural and northern areas are more likely than their female counterparts in urban areas, and their male counterparts in rural and northern areas to consider themselves overweight, to smoke, and to experience a depressive episode. Interestingly, researchers found that the differences were more significant between girls and boys than between girls in urban versus those in rural. Girls with special needs/disabilities are at much greater risk of having early sex, and of being sexually and physically abused. In contrast, boys with disabilities are less likely to be involved in early sex. Sexism faced by girls generally is compounded for those also living with racism. The limited information that we have on the lives of lesbian girls suggests that living in a society that is largely unaccepting of homosexuality intensifies problems of low self-esteem and depression that lead to suicide attempts. We are only beginning to understand the challenges faced by Aboriginal girls.

The lives of Black girls in Canada are noticeably absent from the literature. An earlier comment, that Black girls in the US seem to have better self-esteem than White girls, and in this section, that Black girls on the street seem to do better than White or Aboriginal girls, seems to be a research theme worth pursuing. Is there something about the socialization of Black girls that makes them inherently more resistant? It would be interesting to explore the “protective factors” that seem to give Black girls in the US a strong sense of self-worth, and examine whether such is the case as well in Canada. (We note, of course, that Black history and culture in the US, and its impact on the development of girls, is not necessarily comparable with that in Canada.)

3.8. Violence and Victimization

The Canadian Women's Foundation has supported projects on violence prevention for a number of years, and expects to continue to do so. Given that, what follows is a cursory overview of violence towards girls that focuses mainly on statistics.

There is a large and growing body of literature on violence against girls and women in Canada. The Alliance of Five Research Centres on Violence, in particular, has carried out in-depth work. This group's Phase I report (Violence Prevention and the Girl Child, 1999) concluded that "violence against girls is common and endemic in Canadian society...Canadian girls are subjected to a continuum of violence, ranging from sexist remarks, sexual harassment, exclusionary attitudes and behaviours to rape, battering and murder." This report expressed fear that such violence "is becoming normalized and increasingly accepted as a way of life." It noted that "Canadian literature dealing with the experiences of violence towards girls from racialized groups, refugee and immigrant populations, Aboriginal communities, rural communities, working class or poor families, lesbians or girls with disabilities, is scarce." The organization's Phase II report also concluded: "Violence against girls and young women is a pervasive and deeply entrenched feature of Canadian society."

Violence involves a range of activities, including physical violence (such as punching, kicking, stabbing, mutilation, disabling, murder), sexual violence (including sexual harassment, rape and date rape, forced prostitution) and verbal/psychological violence (CRIAW Fact Sheet, 2002). Research suggests that exposing children and youth to violence in the home is another form of violence. A number of studies point to the long-term impacts of violence, including low self-esteem, depression, self-destructive behaviours such as slashing or self-mutilation, and suicide. (Berman et al., 2002; CICH, 2000; Tipper, 1997)

3.8.1. What the "official statistics" tell us

Those who collect the official statistics on violence in Canada have only recently begun to collect data in a way that makes it possible to understand what is happening with young females, although "official" statistics are still limited. One thing that the data do suggest is that home is not necessarily a safe place for many girls. Statistics Canada (*Family Violence in Canada: A Statistical Profile, 2004*) reported the following (data are based on a subset of 94 police departments, representing 56% of the national volume of crime in 2002):

- In 2002, children and youth under the age of 18 represented 23% of the population. They accounted for 61% of victims of sexual assault and 20% of victims of physical assault overall;
- In 2002, girls were the victims in 79% of family-related sexual assaults, and in 52% of family-related physical assaults;
- The rate of family-related sexual assault for females under 18 was nearly four times higher than that for males (113 per 100,000 females compared to 29 per 100,000 males).

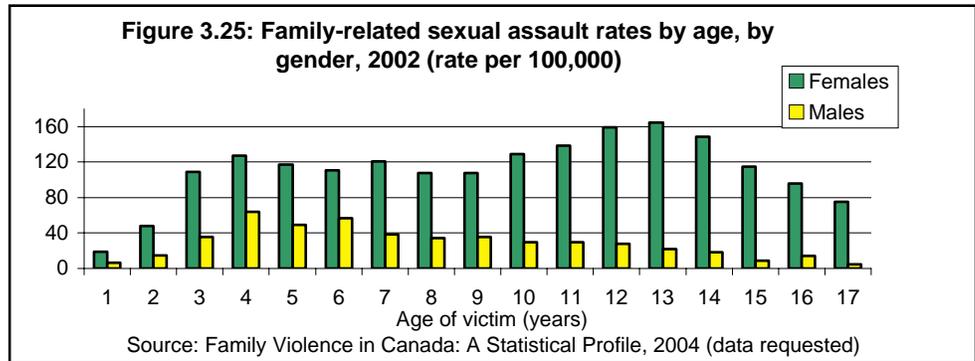
Data Sources

There are no comprehensive national data sources for abuse and violence towards children, although efforts have been increasing to quantify the nature and extent of certain forms of child maltreatment in Canada. The Incident-based Uniform Crime Reporting (UCR2) Survey captures data on police-reported physical and sexual assaults against children and youth from police departments. The National Longitudinal Survey of Children and Youth collects information on witnessing violence in the home, and Health Canada's Canadian Incidence Study of Reported Child Abuse and Neglect collects sample data on rates of maltreatment (physical, sexual, emotional abuse and neglect) reported by child welfare workers.

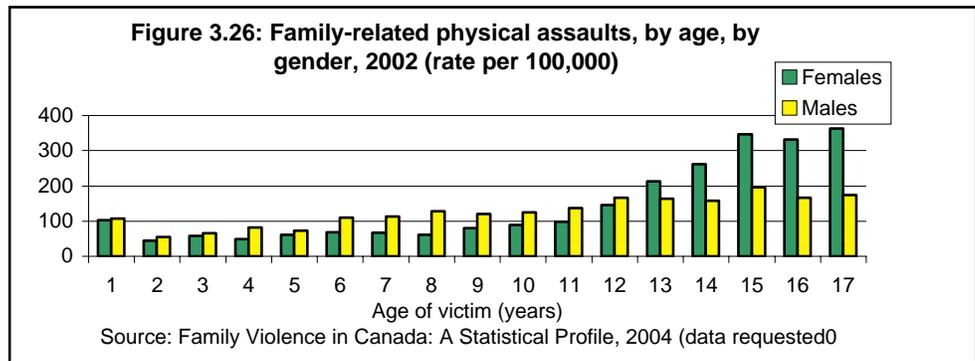
-*Family Violence in Canada: A Statistical Profile (2004)*

- There were nearly twice as many victims of family-related physical assaults than there were for sexual assault. Overall, rates of family-related physical assaults were higher for females than males (146 per 100,000 females versus 128 per 100,000 males).

By age, family-related sexual assault rates were highest among girls between 11 and 14, with the highest rate at age 13 (165 per 100,000 females). Among boys, rates of family-related sexual assault were highest between ages three and seven, with the highest rate at age four (64).



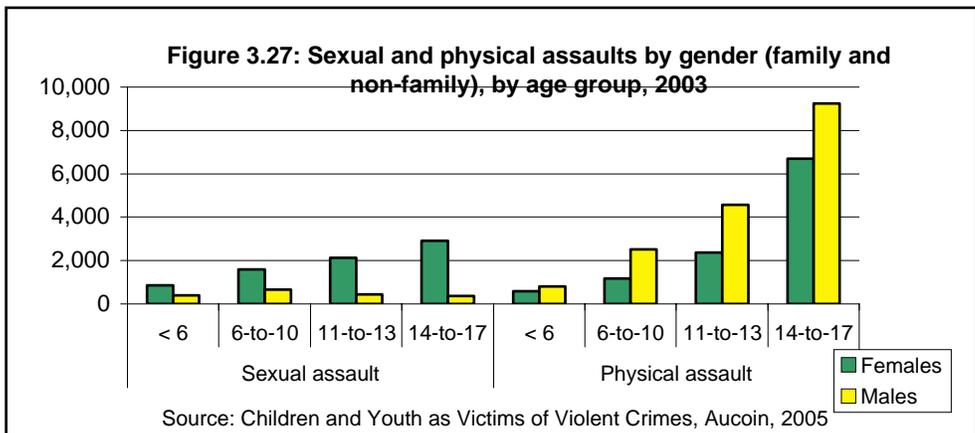
Family-related physical assault rates for both females and males increased with age. The highest age-specific rate for girls was at age 17 (362 per 100,000 females), and the highest rate for boys was at age 15 (196 per 100,000 males).



According to the Incident-based Uniform Crime Reporting (UCR2) Trend Database, rates of family-related assaults against children and youth increased between 1998 and 2002. (Family Violence in Canada, 2004)

While these data give a sense of the violence happening within families, both sexual and physical, research suggests that they should be interpreted with caution. According to the 1999 General Social Survey, which asked people 15 years of age and older about their victimization experiences, 86% of sexual assaults and 73% of physical assaults were not reported to the police by youth aged 15 to 17. (As cited in AuCoin, 2005)

When all violent crimes towards children and youth are included (not just those within families), there are roughly three times as many physical assaults than sexual assaults. Males are more likely to be physically assaulted, and females are more likely to be sexually assaulted. (Aucoin, 2005)



At each age, females were more likely to be assaulted by a family member while males were more likely to be assaulted by people from outside the family. In instances where a family member was accused of sexually assaulting a child or youth, a male relative perpetrated 98% of incidents.

Overall, rates of violent victimization of male and female victims remain relatively similar up until the age of eight, after which male rates slightly exceed those of females. The rate of victimization for female victims increased through the teenage years to peak at 2,463 assaults per 100,000 population at age 15. For male victims, rates peak at 2,557 at age 17.

Teenage girls aged 14 to 17 were more likely than all other age groups to be victims of kidnapping (43% versus 21% of males in the same age group). Some researchers believe that the primary motive for kidnapping is sexual assault, which would explain females' greater risk of being victims of this type of offense. (Aucoin, 2005)

Sexual harassment and date rape are other forms of violence against girls, and research suggests that both are serious and on-going issues:

- In the 2002 Health Behaviours of School-aged Children survey, a larger proportion of bullied male students (45%) reported being physically victimized, compared to females (21%), and these rates decreased with age for both sexes. In contrast, a larger proportion of female victims of bullying behaviour reported sexual harassment (defined as being victimized by sexual jokes, comments or gestures), and this form of bullying increased with age for females and peaked in grade 9 (55%). (Boyce, 2004)
- In a Québec study, of 16-year-old girls who had been going out with a partner in the 12 months preceding the study, one third had experienced psychological violence, one-fifth reported physical violence, and one in 10 reported sexual violence. In the same study, an estimated 11% of boys aged 13 and 19% of boys aged 16 had inflicted psychological violence on the girls they were dating. (Lavoie and Vézina, 2002)
- In a BC survey, over one-third (36%) of girls in grades seven to 12 reported, "another person touched, grabbed, pinched or brushed against [them] in a sexual way (while knowing [they] would probably object) one or more times in the past year." Over half (54%) say they "had unwanted sexual comments, jokes or gestures directed" at them in the past year. Older girls were more likely than younger girls to report experiencing sexual harassment. (The McCreary Centre Society, 2001, p. 22)
- In a New Brunswick study, almost one third of adolescent girls in grades seven, nine and 11 reported an upsetting psychologically, physically and/or sexually abusive experience in their dating relationships. (Byers et al., 1999)

Research suggests that violence contributes to homelessness. Novac et al (Status of Women, 2002, p. vi) noted "violence against girls and young women plays a significant role in the dynamics of their homelessness. While most homeless youth have histories of family instability, conflict and abuse, more young women than young men have experienced sexual and physical abuse within their families." This report says that young women who have been abused, especially sexually abused, are more vulnerable to re-victimization, once they're on the street.

3.8.2. Witnessing violence in home

Results from parent interviews conducted in the 1998/99 National Longitudinal Survey of Children and Youth indicate that an estimated 8% or one in 12 children between the ages of four and seven had witnessed some type of physical violence in the home. Boys and girls were equally likely to have witnessed violence. (*Family Violence in Canada: A Statistical Profile, 2004*)

A Health Canada (1999) review of the literature on children and youth who witness family violence found that there are gender differences in children's reactions. Boys tend to react with more overt violence; girls tend to become more dependent and timid. Children who witness violence in the home are more likely to be involved in

violent relationships as adults: Girls tend to accept violence in their relationships; boys are more likely to be the perpetrator. (Health Canada, 1999)

Jurisdad (Aucoin, 2005) noted that male children who had witnessed their fathers abusing their spouses were found to be three times more likely to be violent in their own intimate relationships. Children who witness violence in the home have more than double the odds of acting out aggressively than do children who never witness violence. (Ibid.)

3.8.3. Girls as perpetrators of violence

Although much of the literature focuses on girls as victims of violence, over the last decade there has been increased interest (particularly in the media) in girls as perpetrators of violence, the so-called “aggressive girls.” As one report notes: “The recognition that much of the violence directed at girls and women is gender-based and expressive of patriarchal power and authority, is now being eroded and substituted by a growing emphasis on ‘bullying’ in the school yard, and girl gang violence suggesting that girls are just as violent as boys.” (Jiwani, 1998) This whole area of research is relatively new, and findings are often contradictory.

Artz and Nicholson (2002) note that the rate of violent crime reflected in official reports during the late 1980s and 1990s nearly doubled for male youth, and almost tripled for female youth. They caution, however, that the number of charges laid against boys is still three to four times greater than the number against girls, and that because the actual number of girls charged is small, a small increase in the number of charges results in a large percentage increase. According to the Canadian Association of Elizabeth Fry Societies, while girl gang violence may be prominent in the public’s imagination, the reality is that young female offenders commit only 3.8% of violent crimes. Serious violent offenses by young women have gone down in the last 30 years, and 88% of all female violent crime is non-sexual simple assault. (Schramm, 1998, as cited in FREDA Centre Fact Sheet).

Reitsma-Street (1999) cites a number of studies that point out that, despite the gains of the women’s movement, girls remain more marginalized and devalued than boys. She suggests, therefore, that girls should be more delinquent but the reverse is true. In the early 1980s, only one in 10 charges laid in youth court was against a girl. By 1995-96, over 80% of charges laid in youth court were still against boys. Reitsma-Street notes that girls and boys report relatively similar participation in shoplifting, using drugs and leaving home without permission, but that girls self-report far less serious or violent behaviour than boys.

Pepler et al. (1998) noted that the definition of aggression has been expanded over the past decade, from the traditional perspective of physically assaultive behaviour to include behaviours that typically comprise girls’ attacks including indirect and verbal aggression. This study found that the problems of aggressive girls were comparable to those of boys, and that it was unlikely that either would outgrow their problems. Tremblay et al. (1997), on the other hand, suggest that violence in both genders decreases with age, while indirect aggression increases. Nadine Lanctôt, professor at Université de Montréal, found that at 23, even girls who were very violent at the age of 15 had changed their behaviour. Among boys, however, the violence tended to remain. Boyce et al. (2003) also noted that bullying by boys increases with age while it decreases in girls.

It is clear that the issue of the so-called “aggressive girl” is an emerging issue that needs more exploration. One thing is clear, however. The focus on violence by girls is diverting attention away from the fact that boys are still much more likely to commit violent acts.

3.8.4. In summary

This has been a cursory overview of girls and violence. The Canadian Women’s Foundation has funded violence prevention programs for a number of years, and intends to continue doing so.

The statistics on violence towards girls are alarming. The fact that girls are so frequently assaulted in their homes, both physically and sexually, belies a common tenet of our society that home is the place where you are loved and

protected. It's obvious that for many girls, home is not a safe place to be. And statistics presented in this section probably greatly understate the incidence of such abuse.

Overall, at every age, females are more likely to be assaulted by a family member while males are more likely to be assaulted by people from outside the family. In instances where a family member was accused of sexually assaulting a child or youth, a male relative perpetrated 98% of incidents.

In the school system, bullying including sexual harassment and date rape are emerging as serious issues. Increasingly, research is documenting the incidence of these behaviours, and is showing that schools, too, are not necessarily a safe haven for girls. Witnessing violence in the home is an important issue because evidence suggests that children and young people who witness violence are more likely to use violence in their own relationships.

The so-called "aggressive girl" is an emerging issue that warrants further research. This issue has increasingly made front page headlines in the past number of years, although statistics suggest that the incidence of girl-perpetuated violence has not increased significantly, and that girls are still much less likely to be violent than boys.

3.9. Education and Schooling

It is no secret that girls, as a rule, do better than boys on reading and writing. This does not mean that all girls do better than all boys, only that girls, as a group, score higher on these skills than boys. This has been a constant over the years, and results vary little from one type of test to another. Girls also report liking school more (Boyce, 2004; King et al., 1999; Lamarre and Ouellet, 1999) and having higher aspirations in terms of post-secondary education. (Looker and Thiessen, 2004; Lupart, 2002; CACSW, 1985)

What is less clear from the research is how girls are faring in terms of mathematics and sciences. As one study notes, the situation is a very nuanced portrait. (Rheault, 2004)

It is generally recognized that achievement in mathematics and the sciences is increasingly important for young people. Competence in math skills is an important qualification for admission to many college and university programs, and in turn to well-paid occupations. (Lupart, Telfer and Cannon, 2002; Frempong and Willms, 1999; Zhang, 1999).

There are a number of ways that school performance in Canada is measured (see box at right). Results from some of these tests suggest that the gap in achievement between girls and boys on math and sciences has closed in the past decade and a half, although the evidence is not conclusive. For example:

- TIMMS 1995: There were few differences in average mathematics achievement by gender at the fourth and eighth grades but substantial gender differences (in favour of boys) in grade 12. In science, gender differences were present in many countries even at grade four and were “overwhelming” for students in the final year of secondary school. (Mullis et al., 2000)
- TIMSS 1999: There were no gender differences between grade eight girls and boys in math, although boys outperformed girls by a significant margin in science. (Robitaille, 2000)
- TIMSS 2003: At grade eight, gender differences in math were negligible in many countries, although boys had higher achievements than girls in the province of Québec. At grade four, boys had higher average math achievement than girls in both Ontario and Québec. (Mullis et al., 2003)

Results are equally inconclusive in the other tests:

- SAIP, 1994: Males generally had better scores on mathematics than females in all countries (HRDC, 2000).

Measuring school performance in Canada

• **Third International Mathematics and Science Study (TIMSS)** – Conducted by the International Association for the Evaluation of Educational Achievement, TIMSS compares the teaching and learning of mathematics and science at elementary and secondary school levels in a number of countries. Managed in Canada by the Faculty of Education at the University of British Columbia, TIMSS was administered three times:

- 1995, conducted at five grade levels (grade 3, 4, 7, 8 and the final year of secondary school, usually grade 12);
- 1999 assessment, only eighth-grade students (ages 13 and 14 years);
- 2003, grades 4 and 8, math only; only Ontario and Québec participated in Canada.

• **School Achievement Indicators Program (SAIP)** – Developed by the Council of Ministers of Education, Canada, this program assesses the performance of 13- and 16-year-old students. Cycles included:

- Mathematics, 1994, 1997, 2001;
- Reading and writing, 1995, 1998, 2002;
- Science, 1996, 1999, 2004.

Students' performance is measured based on five levels, from level 1 at the lowest end to level 5 at the highest, which is supposed to represent the continuum of knowledge and skills acquired by students over their entire elementary and secondary school experience. Educators and experts regard level 2 as the expected achievement level for 13-year-olds and level 3 for 16-year-olds (HRDC, 2000).

• **Program for International Student Assessment (PISA)** assesses the achievement of 15-year-olds in reading, mathematical and scientific literacy through a common international test. PISA is a collaborative effort among member countries of the Organization for Economic Co-operation and Development (OECD). The survey was implemented in 2000 and 2003, in over 40 countries.

- SAIP, 1997: Math results showed no significant differences in performance on mathematics content between 13-year-old females and males, although they showed significant differences in favour of males at age 16. On mathematics problem solving, 13-year-old males scored significantly better than 13-year-old females, and gender differences were similar for 16-year-olds.
- SAIP, 2001: On mathematics content, slightly more 13-year-old boys achieved levels 4 and 5, compared to girls, and slightly more 16-year-old boys achieved levels 3, 4 and 5, compared to girls. On mathematics problem solving, there was little difference in performance between male and female students.

In PISA 2000, Canada was one of only three countries (France and Germany were the others) where gender differences in mathematics performance were significant, with boys outperforming girls. In PISA 2003, boys again performed significantly better than girls on the math test in 27 participating countries including Canada. Within Canada, the only provinces where there were no significant gender differences on the math test were Prince Edward Island, Québec and Saskatchewan. The difference was most significant in Nova Scotia, Ontario and Manitoba. (Bussière et al., 2004)

On the PISA science test, there were no significant gender differences between boys and girls in any country or any Canadian province in 2000, but boys in Canada as well as 11 other countries performed significantly better than girls on the science test in 2003. (Bussière et al., 2004)

Taken together, these data are somewhat inconclusive about what is happening with teenage girls and boys in Canada in terms of math and science performance. The PISA data is particularly worrisome, both in math where boys continued to outperform girls in both years, and also in science where there were no significant gender differences in 2000 but there were three years later, in 2003.

Following publication of the PISA results, an article by the CanWest News Service (Schmidt, 2005) noted: “After gaining ground for many years in areas long known as male bastions – math, science and engineering – girls and young women are falling behind.” This article noted that the PISA 2003 results showed that girls in Canada dropped “a staggering 15 points in science between 2000 and 2003, compared to a marginal decrease of two points for boys. And girls’ science scores dropped in all provinces, ranging from an 11-point drop in BC to 26 in Québec. Despite these setbacks in science, the issue did not register on the political radar in the same way as the gender gap in reading.” (Ibid.)

The article noted that Québec’s Minister of Education, who also chairs the Council of Education Ministers, focused on the persistent gender gap in reading that favours girls, and outlined initiatives in the education system in that province to help boys improve their literacy skills. A Statistics Canada (2004) document noted: “The evidence of gender differences in math and science tends to be somewhat varied but the differences are small. That is not the case for reading, however, where the gap is persistently large [in favour of girls].”

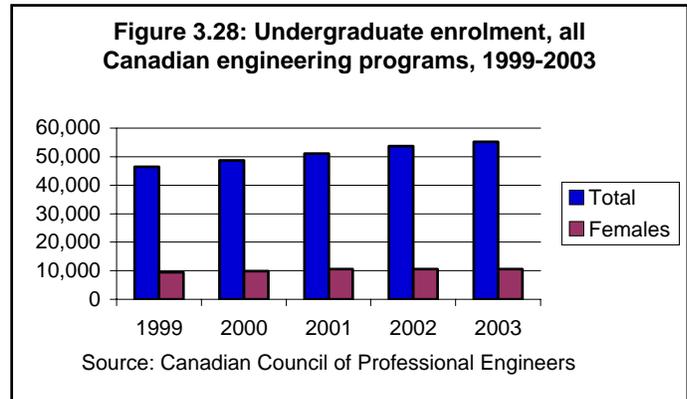
The gender difference in school performance is obviously a complex issue that will not be resolved in this report. Some research suggests that girls are equally interested in mathematics and sciences at earlier ages but lose their interest as they grow (Lupart, Telfer and Cannon, 2002; Deschênes, 2002). Other research suggests that girls do better than boys in school because they work harder. Using data from the Youth in Transition Survey and the Program for International Student Assessment, Looker and Thiessen (2004) reported that, among respondents, “boys spend less time on homework than do girls: almost a third of the males (32%) but less than two-fifths of the females (19%) report spending less than one hour per week on homework; 41% of girls spend at least four hours per week on homework compared to 29.6% of their male counterparts.”

Results from the 2001-02 Health Behaviour in School-aged Children survey (Boyce, 2004) also showed that more boys than girls reported school work to be difficult, “yet boys also indicated that they spent less time doing homework and that their teachers expected too much of them.”

Bouchard et al. (2003) also noted that girls do better in school because they spend more time on their schoolwork and are more involved in their education, “especially girls from lower-income environments.” These researchers

suggest that this is due, among other things, to the fact that discussion with their parents, and especially their mother, convinces them that special problems await them in the job market, including the difficulty of finding full-time work or work at a salary equivalent to that of male worker. In this regard, Bouchard et al. (2003) conclude, “It is crucial to continue to support initiatives that help girls to persevere in the school system.”

Women now account for a significant majority of undergraduate students at Canadian universities, although female enrolment in engineering and science faculties as well as mathematics and physical science faculties has never exceeded 20% of total enrolment. The fact that research now suggests that these numbers are stagnating and, in some instances, dwindling suggests that improving the performance of young girls in mathematics and sciences remains an on-going challenge. (CanWest article, 2005; Maritime Provinces Higher Education Commission, 1996-2001; Figure 3.28 at right)



3.9.1. In summary ...

The school system is one arena where girls shine, at least academically. Girls, as a rule, do better than boys at school, particularly in reading and writing. Some research suggests that girls like school more than boys, that they work harder at their studies, and that they have higher educational aspirations. Increasingly, it has been recognized that competence in mathematics and science is important. Math skills, in particular, are often required for admission to many college and university programs, and in turn, to well-paid occupations. Efforts have been made to encourage girls’ involvement in math and science, although the results are not conclusive. Some tests suggest that progress is being made; others show mixed results. Women now account for a significant majority of undergraduate students at Canadian universities, although female enrolment in engineering, math and science faculties has never exceeded 20%. This suggests that improving the performance of young girls in math and sciences remains an on-going challenge.

4. Conclusion to literature/statistical review

We summarized what we consider to be the key findings in each section of the report, and won't repeat those summaries here. We will draw a few overall conclusions about what we believe this material means, and what the information suggests.

The intent of this research was to paint a portrait of what life is like for girls in Canada in the year 2005. Our ability to do so has been limited by the lack of relevant research in some areas. Overall, there is an abundance of literature on the early years, although little of it is analyzed by gender. There is a paucity of research on the years between age six and 11, even though the research that exists suggests that this is a critical period in the development of young girls. Much of the research on adolescence focuses on the so-called problem or risk behaviours.

Given the changes brought about by the women's movement in Canada over the past several decades, we would obviously like to be able to say that life is significantly better today for girls. Anecdotal information suggests that girls' lives are qualitatively different today than two decades earlier, although, unfortunately, we do not have research that supports this.

Missing from the research are the voices of healthy and happy girls, of those who are doing well and of those who are high achievers. The information presented above is disturbing and, in some instances grim, but we remind the reader that the majority of girls, even teenage girls, are doing okay.

What is clear is that for a minority of girls – a significant minority – growing up can be a painful experience. Girls as a group score significantly poorer than boys on many indicators, such as happiness, wanting to be someone else, feeling they need to lose weight, loneliness, depression and suicide attempts. Data as consistent and as overwhelming as those presented in this report point to the fact that *we are not talking about individual problems*.

Rather, what comes through very clearly in the research is that the reasons for this situation are systemic – *that there is something about our social system that makes girls, especially as they approach adolescence, not like themselves*.

This report talks a lot about low self-esteem, and the impact that that has on the choices that a young person makes. Girls with low self-esteem, for example, are more likely to engage in early sexual activity, while boys with low self-esteem are less likely. Young girls with special needs/disabilities are also more likely than their able-bodied sisters to engage in early sexual activity. One implication is that we need programs for girls that build self-esteem.

That being said, however, the language of “building self-esteem” tends to individualize the problem. A better, broader and more appropriate approach might be programs that empower.

Gender socialization is still very prevalent in Canada. Despite the fact that there are many more opportunities for girls today, many still grow up with the pervasive sense *that they are not as important as boys*. To a large extent, girls are still raised to be nice, nurturing and supportive of others. Despite the doors that have opened in many areas for girls and regardless of the fact that girls are told that they can be anything they want, there remains a lingering sentiment in many corners that, nonetheless, regardless of what they do or what they accomplish, *they will still be responsible for home and family*.

Boys, on the other hand, are given more freedom at home, and receive more attention at school. Few people talk to boys, as they are growing up, about how they will need to learn to balance work and family responsibilities. Girls, at younger and younger ages, are continuously bombarded by cultural and media messages that focus on physically unattainable ideals of femininity that involve being thin, beautiful and sexual. Girls look around at the devalued status of women in society – the number of women living in violence, the high percentage of single

mothers living in poverty, the wage gap between men and women, the lack of women in our political and governmental systems – and the images rebound on their own sense of self.

The implication of this is that girls' programming needs to empower. It needs to help girls develop critical analysis skills that will allow them to understand what is going on, to interpret, to decipher, to resist and ultimately to change the system. A crucial part of an empowerment program should include the development of skills and motivation for social action. As one key informant said, *girls need to develop a bigger voice*.

Such programs need to take into consideration the complexity and diversity of girls' lives. It is crucial not to fall into the habit of considering girls as one homogenous group. Nothing could be further from the truth, despite the fact that we are only beginning to understand what life is like for some girls in Canada, in particular, those who live not only with sexism but also with racism, those who live with special needs/disabilities, lesbian girls, Aboriginal girls, and girls who live in rural, remote and northern areas.

Finally, the research also emphasizes the importance for women and the women's movement of continuing to struggle to change conditions for women in Canadian society. A lot has changed for women in Canada in the past few decades but obviously, based on this research on girls, a lot remains to be done. Girls, as they are growing up, need to be able to look around and believe that their adult selves will be valued and respected in this society, that their adult selves will have as many opportunities – *really* – as adult males.

As part of this research, we carried out interviews with over 14 key informants. These were people in Canada who work with girls and/or are involved in research around girls. A summary of these interviews is provided below. Some key informants were interviewed specifically about girls' programming, and their comments are included in Section 6. A list of key informants is included in Appendix 4.

5. Key Informant Interviews

We were privileged to have conversations with a number of experts around the topic of girls in Canada. In many instances, their thoughts and insights confirmed the findings of the research. In addition, their personal experiences of working with girls added a new and, in some instances, positive dimension. Some had the opportunity of reading the executive summary beforehand and overall, they confirmed that we were “on the right track.” Several cautioned, however, that our findings should not be reduced to “individual problems,” but rather that we needed to take a systemic view. With this, of course, we agree.

Key informants were asked first about what they viewed as the biggest change for girls in Canada in the past 20 years. Several talked about the increasing power of consumer culture and the mass media, that the barrage of images of femininity can be overwhelming for young girls. *“The pressure to be thin is relentless. It just doesn’t go away.”* Some mentioned that very little has changed for girls in terms of the way that they are socialized, and that at the bottom of everything they do – including involvement in risky behaviours – is the desire to be nice, and not to hurt anyone’s feelings.

Another suggested that today there is much more pressure on girls to achieve. *“We say, ‘you can be anything you want to be.’ They take it as ‘I must be...and feel tremendous pressure.’”*

Another change mentioned is the on-going recognition that gender is actually relational and that girls’ position is often one of subordination to boys and men; this increases both the potential for positive change and the potential for backlash. The implication is that we need to find ways to change those relationships so that girls do not continue to be marginalized. Girls may have much more access today than 20 years ago, although when one looks at the larger society, women are still expected to take care of home and family. So women may outnumber men in medical schools, as an example, but they still end up choosing specialties that allow them to balance their lives – specialties that often are considered of lesser importance and pay less. *“So much of it is embedded in historical structures that we continue to live with and value, even though they lead to structural barriers and expectations.”*

Two informants suggested that, at least in North America, we’ve increasingly recognized the diverse range of issues and needs in the category of “girls,” rather than considering girls as one homogenous group. The implications of this are enormous. For example, rather than saying girls do well at school and boys don’t, we are forced to ask “which girls?” and “which boys?” One person pointed out that white middle and upper class boys in Canada have never done poorly in school, except those with a cognitive dysfunction. The boys who don’t do well in school are working class, disadvantaged, Aboriginal boys – and it’s the same thing for girls. Nor is the dropout rate distributed equally across social class and race lines. So when we begin to recognize the diversity of lives within a category like “girls,” we get a very different story.

One informant who works with Aboriginal girls suggested that over the past 20 years, Aboriginal girls have been encouraged, and given the space “to tell their story.” Many Aboriginal girls long for “rootedness” – something their culture tells them they used to have but that they’ve never experienced in their own lives. So being pregnant and having children – even at a young age – has a very different meaning for Aboriginal girls. They see motherhood as very positive. This interviewee thought that the fact that Aboriginal girls can now talk about this is very positive. *“Twenty years ago, we just wanted Aboriginal girls to be more like white girls.”*

Other changes mentioned included positive policy changes in education that have shifted the focus and encouraged girls to be more involved in math and science, that have given girls the flexibility to take industrial arts and not just home economics, and also changes in access to sports and leisure activities for girls. One interviewee mentioned that 20 years ago, we believed that girls had no aptitude for math and science; today, we know that’s not the case. These professions just need to do a better “selling job.”

Finally, one person believes that over the past 20 years, there has been a greater celebration of girls’ friendships, more attention paid in schools for girls developing positive relationships with other girls. *“This has been a really*

positive thing, certainly for Aboriginal girls. One thing they can always count on is that they have each other. They have good friends. They do friendship well!”

Key Informants were asked about the most important issue or situation facing girls that limits their ability to be the kind of person they want to be. Again, several returned to the issue of gender socialization. Society has not done a good job of defining new relationships between males and females vis-à-vis child raising, responsibility for home etc. Even though women are working fulltime, there is a lingering sense that they are still the main person responsible for having/raising children, still expected to be the main person to manage the household. There are multiple ways in which young girls also get mixed messages in schools. Boys are encouraged to be competitive, to speak out, to challenge but that same kind of behaviour is typically not endorsed by teachers for girls. *“Girls are supposed to be nurturing, supportive, collaborative but the way you end up on the top of the totem pole is by acting more like a guy, doing challenging things, taking risks.”* Girls aren’t taught to be problem solvers so they rely on someone else, for example, to set up their computer or to program their VCR – things that contribute to an overall sense of achievement. Again, it’s a sense of a learned helplessness. *“Society expects guys to set career paths and mobilize resources; girls are still faced with the prospect of multiple roles. Why isn’t the expectation the same for both?”*

Such scripts about what it is to be female – from home and school as well as the daily bombardment through the media – point to the need for girls to develop critical analysis skills. *“Girls need to develop an ability to critically interrogate self in society, and how identity is manufactured.”*

Gendered relations become more intense in adolescence, when girls begin to articulate their lives in relation to boys and also in relation to other girls. They “feel fat” which is really about a loss of voice, about wanting to be liked. One interviewee pointed out that there are a myriad of day-to-day ways in which society conveys the message to girls that they are less important than boys.

Another suggested that violence, in its broadest definition, is the most important challenge, and impacts girls in ways that we’re only beginning to understand, from determining who they are comfortable hanging out with to what might be considered more simple things such as getting up and speaking in front of the class. Poverty is also a major issue. It has a huge impact on self-esteem, and makes it difficult for children to envision their future life.

The whole issue of “self-esteem” received mixed reviews in our interviews. One respondent called it “a junk word,” the overuse of which has rendered it almost meaningless. Some suggested that they didn’t like the word because it individualizes issues that are really more broadly based and systemic.

There was a consensus, however, around the connection between self-esteem or self-confidence and risky behaviours. The better that a girl feels about herself, the less likely she is to participate in risky behaviours. A girl who is not self-confident is more likely to be sexually active at young age, and put herself in a position of great vulnerability. *“You may not know this boy well but you go into a private place with the door closed. Because one’s body is ready for sex, doesn’t mean you have the maturity to handle that.”* One interviewee noted that every generation has its own culture. Today, with everything so sexualized, it is not surprising that there are more public expressions of sexuality, that oral sex has been an “in-thing” to do at parties. *“Again, it comes back to the same thing – wanting to be liked. Feeling fat is just another way of feeling inadequate, insecure, wanting people to like them. It’s easy for girls to lose sight of all their skills and talents and to place all their sense of self-worth on what they look like.”*

Key Informants agreed that the pressure on girls to be sexual, to participate in other risk behaviours such as drinking and smoking, to exhibit different forms of aggression and violence are starting at an earlier age. Several suggested that the problems faced by 14-year-old girls 20 years ago are the problems faced by nine-year-old girls today.

An emerging issue identified by those interviewed was the power of the Internet. Many children and young people lead over-structured lives, in part because of parental concerns about their safety. On one level, activities

that can be done at home are “safer.” However, the role of the Internet, and the potential of chat rooms for exploitation and bullying have been vastly underestimated. It is only now becoming apparent through media reports that the Internet presents enormous potential for harm to young girls.

Key Informants were asked about important components of effective programming. In general, they agreed that probably the most effective programming would be programming that helps girls develop skills. *“What are the skills that they’ll learn that will help them have a bigger voice?”* These include communication skills (teaching them how to define feeling jealous, feeling anger, how to deal with someone who’s angry at them) and critical analysis skills (helping them to understand and critique the scripts that are written about what it means to be a girl).

One suggested that programming should be based on “empowerment,” although the definition of empowerment itself needs to be scrutinized. This person gave, as an example, an author who wrote that girls’ involvement in pornography was a “strategy of empowerment, rather than a contributing factor to the whole systematic reproduction of female bodies as consumables.”

Another suggested that it’s important for those working with girls to understand female culture. For example, it’s fine to encourage girls to participate in sports but the coach needs to be someone who understands girl culture – *“how they play, who’s in and who’s out, what kind of relationships they have. You can create a whole new atmosphere.”* In effect, programming should move away from the “male as norm” model, and should value and respect girls for who they are.

Other guiding principles are that programming has to be flexible so that it responds to local conditions. It needs to be accessible, both from a financial and a physical point of view. In some instances, accessibility may include providing childcare for young mothers. It has to be on-going. *“If I’m going to try out new behaviours, I need a lot of reinforcement.”* The name of the program is also very important. *“There is a title that looks good to funders and a title that looks good to girls.”* Some of the most effective programs for girls have undergone several names changes, at the instigation of the girls themselves. The bottom-line is that programming for girls must value girls, and must recognize the diversity of girls’ lives. *“How is race, class taken into consideration in the program? Some people need to be affirmed more than others.”*

There was no consensus around the age at which programming would be most effective, although Key Informants agreed that the challenges begin at a younger age these days. Several suggested the junior high years, even beginning in grade five, are, perhaps, the most critical years for building self-esteem or self-confidence. *“These are the years when girls start to think abstractly, start to understand and apply situations to themselves. Their brains are developing. It’s a wonderful age to begin interventions.”* One suggested that programming should be offered at each age.

Asked about the most effective way to spend scarce resources on programming for girls, several suggested they would invest their money in programming that develops critical analysis skills. One Key Informant would invest in teacher training. *“All kids go to school. It’s the institution that holds the most potential to have a major influence how people come out the other end.”* Another talked about mentoring programs.

Several interviewees also suggested that there remains a huge amount of work to do with boys. *“If we believe that gender is relational, masculinity for boys means dominance over girls. We need to change that attitude.”* Others expressed concern about backlash, which has been witnessed already, from the lumping of girl statistics into “children and youth” to the tendency to see boys as needing more focus than girls. Some pointed out that there is not support in all corners for gender-specific programming.

6. Overview of Environmental Program Scan

6.1. Introduction and research approach

An environmental scan of girls' programs in Canada and the US was completed as one aspect of this research. The scan focused on:

- Girl-centred programming, particularly community-based;
- Research on best practices in gender-based girl-specific programming;
- Girl-specific funds or granting agencies with a specific mandate to support girl centred programming.

For the purpose of the program research, a gender-specific girls' program is defined as a single-sex program intentionally designed to respond to the specific needs and strengths of the girls it serves. As we've noted throughout this report, there is no one experience of being a girl. Gender combines with race, socioeconomic status, sexual orientation and dis/ability status to shape girls individually and collectively, and programs for girls need to reflect such diversity.

All of the programs featured in the scan profess to foster the inherent strengths, abilities and health of girls. Although empowerment of girls is their expressed aim, not all of the programs have a stated feminist perspective. Since CWF has previously committed to working on prevention of violence against women and girls, anti-violence programs have not been included in the scan. The review is also more focused on younger girls than young women – primarily those ages eight to 18. Identifying youth programs for both boys and girls in which girls take an active part was beyond the scope of this review.

There are many more programs for girls in Canada and the US than are represented in this research. Rather than being a database, the research identifies key examples of programs that are national and regional in scope, local or neighbourhood-based, and those that focus on girls' empowerment through specific approaches such as sports, social activism and career development especially in the fields of technology, science and media.

Some of the richest information may lie in the membership and affiliate lists of some of the national networks and/or regionally based girls' programs, although these are too numerous to include. References are made, where possible, to samples of programs that belong to or are affiliated with national and regional groups.

Through the program scan, we have also identified current trends in girls' programming, strengths and resources in these programs, as well as significant gaps or areas for further development. These are reported as well.

The Internet was used to do a preliminary scan of programs. Web-based research was followed by inquiries by e-mail and telephone as well as referrals from other girls' program representatives and the CWF. Key informant interviews with 14 women and men involved in girls' programming across Canada and the US gave more depth to the environmental scan.

6.2. Key points on girls' programming in Canada

6.2.1. Extent of girls' programming in Canada

Girl-specific programming is happening across Canada. There is a wide-ranging and diverse offering from neighbourhood-based activity groups, to innovative social action projects, to national networks that support and network with local girls' empowerment programs.

It is difficult to say, however, whether these are sufficient to address the needs of girls in urban, rural and northern communities across Canada. We can venture a guess that with 2.9 million girls in Canada under the age of 14, the coverage is likely woefully inadequate.

Little research appears to have been done to date on the history, breadth or extent of programming for girls in Canada. A recent exception is the Toronto YWCA's study on girls' programs in the Greater Toronto Area (GTA), commissioned in 2003 to assist the Y in developing its Girls' Centre in Scarborough. This research reports that there is a critical need for girls' programming in Toronto, especially within ethno-specific communities, for more partnerships between organizations serving youth and girls, and for a stronger voice for girls in Toronto. The 1999 Phase I report of the Alliance of Five Research Centres on Violence included a database on girls' programs in Canada, although this database is, no doubt, out of date at this time.

It appears that gender-specific girls and boys programming was much more common in the past in both Canada and the US, and more often for boys. One US-based researcher noted that at one time, there was a move to create co-ed programming with the explicit purpose of providing girls with more equitable access as well as for cost efficiency. However, much of this youth programming today has become "gender blind," and does not take into account the specific needs and interests of girls and the significant disparities girls and women face in access to resources and opportunities. We can speculate that a similar movement towards gender neutrality has happened here in Canada.

6.2.2. Sponsoring organizations and site locations

Many of the gender-based girls' programs that currently operate across Canada are run through well-known agencies such as Big Sisters, Boys and Girls Clubs/Clubs Garçons et Filles du Canada, Girl Guides, Planned Parenthood, YWCA and urban settlement houses. Municipal Parks and Recreation departments, YMCA's, School Boards, and Public Health and health-related organizations are also involved in providing programming, staff liaison and space for some programs.

Other groups are uniquely positioned to offer programs related to their area of expertise, such as the Aboriginal Girls Camp, a technology affirmative action pilot program for Native Girls offered through Manitoba Hydro, the Women and Media Foundation's Girls Television and New Media Camp, or the GETT (Girls Exploring Trades and Technology) camps and clubs run by Women in Trades and Technology (WITT) groups in several provinces.

6.2.3. School-based programming

Some programs operate in partnership with or in space provided by educational institutions. Go Girls! in Toronto is a seven-session program held in schools for girls ages 12 to 14 to encourage physical activity, healthy eating and positive self-image. Girls Club run by Power Camp National/Filles d'action also offers a lunch time and after school program in two elementary and junior high schools in Montreal. The Girls Television and New Media camp is operated in six cities in partnership with community colleges that offer radio and TV arts programs.

Others are run by schools or school boards, such as the Girls Club offered for girls in grades seven and eight through the Toronto District School Board. The "When Grade 9 Girls Help Each Other to Succeed" project, supported by the Hamilton Community Foundation and running out of Delta Secondary School in Hamilton, Ontario, is another example. The latter program focused on assisting grade nine girls who faced significant challenges to succeed because of poverty.

Our research on girls' lives indicates that school is a place where many young girls thrive, at least academically. While school may be a "safe space" in contrast to home for some girls, it may also be a place where many of the wrong messages about girls' future potential are communicated. At least three key informants commented on the preponderance in classrooms of gender stereotypical messages directed at both boys and girls. One US research report noted "the larger context of school...pits girls against each other." Another Canadian-based key informant

commented, “The school system knocks the stuffing out of self-esteem.” It appears that there is pressing need for training for teachers and school administrators in gender sensitivity and analysis.

6.2.4. Evolution of one-off programs

The scan gathered up many examples of after-school, weekend and summertime camp programs. Several of their program representatives consulted for our research noted that the participants and their mentors/leaders continue to stay in touch following their experience together, and many have formed girls’ clubs for ongoing socializing and skill development.

Actua Girls, a national program of science, engineering and technology camps is one example of an organization that has expanded its programming from camps to clubs, and aims to reach 6000 eight to 12-year-old girls across the country in 2005 including those who are marginalized and “at risk.” This kind of continuous or ongoing program offering, especially those involving skill development, has become a best practice in girls’ programming. A similar type of science program for girls, Les Scientifines, has operated in the Greater Montreal area for more than a decade; its desire to expand throughout the province of Québec is hampered by a lack of resources.

6.2.5. Working with ethno-specific communities

The research also identified newer programs developed by ethno-specific groups, such as Selvy’s Circle at the Canadian Tamil Youth Development Centre in Scarborough, Toronto. There are likely more programs such as these, though the preliminary scan did not reveal them. We can speculate that some are recent programs that change with the changing demographics of some urban neighbourhoods. Others may not have the resources or need to promote themselves on the Internet, or may not operate from year to year due to unreliable project-based funding.

There is agreement in the program research that the needs of girls with different racial and cultural identities are unique, and must shape approaches to girl-centred groups in these communities. Researchers for the Toronto YWCA report, for instance, comment on the need to hire program leaders from ethno-specific communities in order for girls and their parents to feel comfortable. They also point to the need for outreach to parents through the schools where there is a relative degree of trust. The authors of that report and our key informants note that girls from ethno-specific communities may have additional familial roles, including child minding, interpreting, and even maintaining their culture for the entire family. These roles must be acknowledged and accommodated in creative ways to enable girls to fully participate and benefit from the programming that is available to them.

For most girls, family support or some involvement of families in their programs can make a significant difference in ensuring that positive attitudes, behaviours and skills they are learning “stick” once their participation in a program is over. One key informant mentioned her surprise that girls wanted to have their mothers involved in their program – the program leader’s assumption was that this was not OK, not “cool.” Another program makes a point of inviting the girls’ families to a gala viewing of their films to highlight the skills and talents they have developed through the program.

MS Foundation and the YWCA research note that for ethno-specific communities in particular, parental approval is a key factor in the success of programs to fully engage girls. MS also calls attention to the fine line that many program leaders and girl participants have to walk in satisfying parental approval while moving girls forward to realize their fullest potential. Girls’ empowerment often leads to tensions between girls, their families and their cultures that must be carefully managed and creatively directed.

Even if families are not directly involved, enabling girls to make some form of connection with their families’ traditions in their programming is viewed as a critical best practice. This empowers girls to extend their safe space into their communities, and to incorporate their cultural values as they learn to develop their own sense of agency and leadership.

Little else is written in the curricula or program literature about working with girls from ethno-specific communities or multiracial groups. Further research into this area would be important to add to our understanding of best practices.

Key informant interviews indicated that Aboriginal girls are the most marginalized in Canada as well as the most invisible. They are the “abandoned girls.” Although several of the programs researched were working with First Nations girls, both on reserve and off (including Justice for Girls, Young Women Work, GETT Camps), there is much more support needed to give these girls a voice and a chance to make positive and lasting changes in their lives.

6.2.6. Responsive program development

Much of the girls’ programming appears to be developed by staff at agencies and organizations, sometimes in response to a research-based need (i.e. to increase girls activity levels) where such research exists, or an expressed desire of girls who want to participate. Some have designed creative participatory research approaches to engage girls in the identification of their program needs and possibilities as well as gaps. The Young Women Work research project in inner city Winnipeg and the Girls Decide project in Newfoundland and Labrador are two such examples. The National YWCA has recently set up a young women’s committee to inform their programming and work with girls and young women.

It is also exciting to see that young women have initiated several programs and groups for girls and young women. Justice for Girls is an advocacy and internship program in Vancouver for girls under age 19 living in poverty that was set up by two young women, one with experience living on the street, the other a street worker. The Canadian Association for Girls in Science, for girls ages seven to 16, was created by a nine-year-old girl out of her passion for science and concern that girls were turning off of science at a very young age. Another girls’ empowerment program, Ophelia’s Voice, was recently developed by a 13-year-old girl in Calgary who has promoted it through the web-based social action youth forum, Taking IT Global, as well as through local community-based organizations.

6.2.7. Curriculum and program philosophies

Rather than all being developed from scratch, there appears to be some take-up of existing curricula that has been designed especially for, or easily adapted to, gender- based girl-specific programs. Examples include TAKE IT EASY!, a self-esteem curriculum, Girls Inc. that licenses the use of eight research-based programs for girls, the YWCA’s Girls Clubs, and Just for Girls, a BC-based program to “help girls safely navigate the rocky road through adolescence and avoid the pitfalls such as eating disorders”. In general, however, not all programmers are aware of the various curricula that are available. A short list of curriculum resources currently available is included in the appendices.

Some national and regional networks, rather than promoting a specific curriculum, seek affiliates that embrace their philosophy of programming for girls. The Canadian Association for the Advancement of Women in Sport and Physical Activity (CAAWS) promotes its philosophy of physical activity and self-esteem for girls through In Motion workshops across the country. The organization is now taking this philosophy into nine communities working exclusively with Aboriginal girls in partnership with the Aboriginal Sports Circle. The Power Camp National/Filles d’action network also has a defined philosophy based on its understanding of best practices in gender-based girl-specific programming, and has gathered up and linked a number of interesting community-based “boutique” programs and individual women committed to such programming under their network umbrella.

Several key informants working with national or regional organizations reported that they are developing updated manuals or new resources for girl-centred programming in the very near future, including Power Camp National/Filles d’action, the Toronto YWCA and Girls Inc.. CAAWS and the Canadian Association for Health,

Physical Education, Recreation and Dance (CAHPERD) are also collaborating on a new resource to share school-based promising practices to increase the physical activity of girls and young women.

6.2.8. Continuum of remedial to asset-based programming

Girls' programs in Canada and the US range on a continuum from problem-focused (eating disorders, for example, or counseling with victims of violence) to empowerment-focused to generic (just girls getting together and having fun). Most of the remedial programs dealing with a particular problem are not included in this scan. We can speculate that these programs are by referral only through counseling and social agencies, although not advertised as such on the web.

There appears to be a positive trend in Canada towards primary prevention programs for girls particularly in areas of violence prevention (i.e. focus on healthy relationships and self-esteem) and obesity and eating disorders (i.e. focus on activity levels and communication), to name two. Nevertheless, many programs, even though they may not be remedial, are still geared to "girls at risk," presumably because of clearly documented need as well as the lack of funding resources and funder priorities to offer programs universally for all girls.

Research (such as the research reviewed in this report, above) has contributed immensely to the move from problem-based programming to the development of these prevention approaches.

The specific trend in programming from problem-centred to prevention is also parallel to a general shift in the community development paradigm from a deficit to an asset-based focus. With respect to girls' programming, this shift is particularly important, as girls are stereotypically viewed as "vulnerable" and "victims" or more recently, as "aggressive" and "violent" as media attention has zeroed in on the phenomena of "nasty girls" and girl-on-girl violence. Key informants referred to the pressing need to understand the gendered nature of these behaviours and attributes, and to work to change gendered social imperatives and public perceptions and attitudes towards girls. Meanwhile, they have adjusted their own programming to celebrate girls' culture and to reinforce girls' positive attributes, skills and contributions. One key informant commented that this change in perspective presents a much more hopeful outlook for their work, especially around violence prevention.

6.2.9. Girls' communities and creating safe spaces

Creating a "safe space" and encouraging a healthy "girls community" where girls can form real friendships allows them to experience environments where they are not held to standards more suited to and designed for boys and men. These approaches are now recognized as important best practices in girl-centred programming.

As one US researcher puts it, "the issue of being 'other' recedes into the background" in these girl-specific "safe spaces," and girls can concentrate on their own unique abilities and identities. A recent Girls Inc. study found that girls' communities, loosely defined as those spaces where girls come together, impacted girls significantly. Although they couldn't necessarily pinpoint why, girls who participated in them were more likely to attend college, feel safe, play sports, and read books than those who didn't. In these places, girls can also learn to deal in a positive way with conflict among them, and build more lasting relationships with other girls.

6.2.10. From topic-specific to holistic

Another important trend arising from the scan is that programs initially geared to address a specific goal or issue appear to be evolving into programs with broader or more holistic "empowerment," leadership or "self-esteem" building goals. The Girls Unlimited! network in Toronto is one example. It was developed by municipal health and parks and recreation staff with community-based organizations to encourage girls' healthy eating and physical activity. In the process, the associated programs have become more holistic and now focus on self-esteem, relationships, lifestyles, and leadership. Just for Girls, a curriculum geared initially to primary prevention of eating disorders, too, has been implemented as a more holistic program for girls' empowerment.

6.2.11. Engaging girls in programs

These programs have changed primarily in response to the unique needs and expressed wishes of the girl participants within their own communities. This points to an important learning that has been identified by many key informants and program designers. Engaging girls in the design, delivery and evaluation of programs has become a best practice in the field.

Inviting girls' participation and direction keeps them involved in programming as they go through their own stages of development. It also ensures that the programming is relevant and meaningful, and gives girls a sense of their personal power and voice. While some girl-centred programs in Canada were created using a participatory research model, ongoing girls' involvement in program development and evaluation provides continuous "research in action" that ensures programming will evolve as girls' lives do.

6.2.12. Support for diverse leadership modes

As girls are encouraged to be more involved in defining their own programming, they are also practicing leadership roles. Key informants commented on the need to redefine girls' leadership and to encourage different opportunities for leadership among girls in their programs.

MS Foundation, in particular, with its funding collaborative for healthy girls and healthy women, has developed a new typology of leadership that challenges some of our conventional definitions. The Foundation includes in its typology leadership that is cascading (enabling role modeling by older girls), collective, survival (utilizing skills developed through adversity), cultural, roving (intermittent), and organic. This emerging thinking points to the need for capacity building in identifying and nurturing alternative leadership models for those involved in girls' programming in Canada.

6.2.13. Advocacy in girls' programming

Very few programs were found in this research that were geared to advocacy by and for girls including more marginalized girls in Canada. Exceptions include the Justice for Girls program in BC, the Venus project in Toronto and several other Power Camp/Filles d'action affiliates including the Real Power Youth Society, and the soon-to-be-developed "Not So Many" project initiated by the Students Commission in Toronto. In fact, Power Camp National/Filles d'action is a pan-Canadian hub for girls' projects, and those working with them that have social change as their ultimate goal. They provide networking among community-based programs and individuals that assist girls to "learn about their world in the process of changing it."

In interviews with both US and Canadian key informants, there was discussion about the presence of a backlash against girls' program advocates. In the US, the backlash proponents went so far as to label girl-centred programming as "undemocratic." One key informant noted that in this context, empowerment and advocacy for girls has "gone underground." The Internet has provided an opportunity for young women to express themselves and their concerns far beyond their own communities through e-zines and other web-based networking opportunities, some of them global. These "spaces" exist as a form of on-line resistance by and for girls that creates virtual community far beyond neighbourhood and national boundaries.

Our research did identify e-zine and web-based projects, some arising from community programming. The Venus Project in Toronto and the Young Women Work participatory research in Winnipeg, for instance, are two that include e-zine production by girls. Power Camp National/Filles d'action is also currently developing an on-line, live-action zine to increase the visibility, profile and voices of young women across Canada doing great things.

There are myriad other e-zines for girls, some explicitly feminist or aimed at empowering and others emphatically not. Given that most girls' e-zines are not community-based programs in the sense of being location-based and grounded in a community program, they are not featured in the program scan. However, encouraging and supporting involvement in such projects is very much in keeping with the best practices in girls' programming.

While young girls may be taking global and local activism to the Internet, another positive observation is that national networks and organizations in particular are now clearly articulating their role as advocates for girls' gender-based programming in Canada. The YWCA National and Canadian Association for the Advancement of Women in Sports and Physical Activity are two such organizations. Girls Inc. has also identified a role for itself in advocating for positive media attention and policy change, although there is not a critical mass of Canadian-based affiliates as yet to move forward on its agenda.

The MS Foundation has an explicit interest in sparking the involvement of girls in making change not only in their own lives but also in the larger community. They emphasize, "in a social change model, girls do not have to accept this inequality." And individual resiliency and self-esteem, as one key informant commented, is important but individualizes problems that are societal in nature. The message here is that "girls are not the problem." For this reason, MS has promoted the involvement of girls in their communities – as active change agents. Community action gives girls visibility, a sense of their own power, and moves the community to see girls' best assets and potential contributions. Community action is viewed on a continuum from community service to direct action. In Canada, programs such as Power Camp National/Filles d'action are beginning to clearly articulate this as a best practice in girl-centred programming, by encouraging action-oriented strategies and connections to the community.

6.2.14. Feminist perspectives and critical analysis

The girls' programs found in the scan have been developed to foster the strengths, abilities and health of girls. Few, however, promote an expressed feminist perspective or purport to use an analysis of gender, race, class and sexuality in their implementation. Again, those programs mentioned in this scan that are explicitly working for social change are exceptions. The degree to which a critical analysis of equity issues is used in the design of other programs and with the girls themselves varies from program to program.

For some, the lack of articulation of this approach may simply be a strategy to fend off negative forces in their communities, and avoid backlash. As it is, advocates commented that they must continue to be creative and vigilant in making the case for girl-specific programs, to address the many arguments of those who feel there is no need ("why girls?") and to address exclusivity ("what about boys?"). It is interesting to note that the representative of Girls Inc. responsible for Canadian programming has found more receptivity to girl-centred programs in Canada among audiences they address than with similar audiences in the US.

Most girls today are not keen to identify as "feminists." Most young girls, too, are not attracted to programs that advertise critical analysis as a core activity/approach. Knowing this, many programmers have been careful to listen to what girls want, and to include them in the planning, to adopt "jazzy" names for their programs, to focus on fun activities and those that build life-long skills, and to introduce critical analysis in the context of the girls' lived experience or issues they can immediately understand. Again, this holistic and responsive approach highlights several of the best practices in girls' programming.

Other girls (and youth) program organizations do not have access to the leadership, the staff and/or the training to consistently introduce gender analysis into the design and delivery of their programs. Their approach to girls' programs may be more intuitive, based loosely on equity principles, an understanding that girls' needs are different from boys, on the desire to increase girls' resiliency, and simply on what seems to work. Given the fact that many of these programs are also delivered by young women, there may be fertile ground here for introducing more systematic training across Canada that engages program staff in gender analysis and how to develop it in their programming with girls (and boys).

6.2.15. Girls program leaders and mentoring

The founder of the Three Guineas Foundation, a girls' program funder in the US, makes special note that the staff of girls' programs are young women who must be viewed as assets and resources to the larger community and to

the young girls they lead. She calls on organizations and funders to invest in their mentoring, training and other professional and personal supports. In Canada, where the field of social services, recreation and women's services is under-funded and under-valued, it is distressing that we do not have sufficient resources to support the young women leaders who may be able to make the most difference in girls' lives.

Mentoring, in fact, is a key feature in most of the girls' programs identified and is a recognized best practice. There is no doubt that girls respond well to the guidance of older girls and women. Some traditional girl-centred organizations such as Big Sisters and Girl Guides have mentoring at the very root of their philosophy and programming. Others are clearly adopting this approach for everything from exposing girls to various career options, to doing art, to coaching them in sports and activity, to engaging in girl-centred discussion, analysis and community action.

More recently, girls' program informants are hearing the need expressed by girls for more structured experiences with men as mentors, guides and boosters in their lives. As well, at least two anecdotes shared in our key informant interviews dealt with the role of men, fathers of girls themselves, in advocating for equity for young girls in local programming. This raises questions that have not as yet been broadly discussed about the role of men in girl-centred programs.

6.2.16. Girls' development and program continuity

Girls' lives change significantly as they go through various stages of growing up. Key informants emphasize that programming is best if it has continuity, evolves, and takes into account developmental changes in girls' lives. One teacher who runs HerVibe, a sports and leadership program for girls in Regent Park in Toronto, commented that it would be ideal to have the program run from grade seven through 12 to enable girls to develop a sense of community, deepen their learning and their involvement in activity, and be exposed to "big sister" mentors, then to mentor younger girls themselves.

It appears from our own research that girls' lives change significantly particularly through grades six, seven and eight. There is strong agreement that programs can intervene and make a positive impact on girls of those ages, specifically ages 11 to 13. The Toronto YWCA report, however, quotes key informants who are adamant that girls' programming needs to start even younger. This may point to an emerging need in girls' programming in Canada, although there is little current research to help us define what those programs could be.

6.2.17. Diversity and intersectionality

Much of the literature reviewed for this scan reminds us that girls' lives are complex. Each girl is different and there is no one experience of being a girl, nor is there one "cookie cutter" approach to increasing self-esteem and making girls' lives better collectively. Several key informants, with representatives of the Canadian Women's Foundation, are currently seeking to understand the nature of "intersectionality" in girls' lives and experience; that is, taking into account their various identities including gender, class, race, culture/ethnicity, ability, sexuality, geography, community, etc., how these complex identities impact the way girls grow up, and how we can engage with girls to support them.

Key informants, including young girls themselves who were polled as part of this scan, emphasized the role of poverty, race, and culture in the lives of girls today, and the need for programs to address these realities.

Several of the programs reviewed address intersectionality in very concrete ways by involving girls in the design and delivery, enabling them to voice their diverse experience, as well as recognizing and accommodating different responsibilities, identities and realities that girls bring into the program. For example, through the Young Women Connect project, a national network spawned by the Students Commission in Toronto of girls aged 14 to 18 developed a web-site, articles, action tools and advice on bringing other girls together to talk about violence, race, and gender, based on their own experiences.

On a different track, various programs recognize and acknowledge the roles that girls may play in interpreting (for immigrant families) or care taking (for instance, as young single parents themselves, or as minders of younger siblings or grandparents at home), or even as “breadwinners.” These programs operate at times when these girls can participate in the program, or in spaces where children can be brought along. Some pay for transportation to ensure accessibility for low-income girls, and other older girls’ programs pay stipends for their involvement. A Boys and Girls Club director in Nova Scotia shared the story of one of her affiliates that hired babysitters for the girls soccer team since so many of the participants were very young single moms.

Accommodating girls’ multiple roles and guiding girls whose identities present significant barriers to their fulfillment to effect change in the world are two very different places on the continuum of gender-specific girls’ programming. Weaving what we are learning about intersectionality back into the everyday practice of program development, training and delivery will be an important step in the field of girl-specific gender-based programming in Canada.

6.2.18. Towards a new girls’/youth movement

It is worth noting that in 2000, the MS Foundation supported the coming together of a network of youth organizations that gave rise to a new movement for girls in the US, one that is rekindling the principles of feminism with a new generation of young women and men. This movement is calling for a youth leadership to address the intersections of race, class, and gender, and to show that girls can be a force for change in the world around them. It is too early to say what impact this movement is having in the US, and whether such a movement is imminent in Canada. However, several Canadian-based key informants tell us that there are increasingly more young women who are self-organizing, and younger women leaders and staff who are keenly committed to inclusion of equity principles in girls’ programs.

Even more recently, the MS Foundation has advocated for a marriage of youth development programs with youth-led social change, and gender analysis. That is, they are calling for engagement of boys with girls to understand how gender impacts them both, and to invite both boys and girls to challenge restrictive gender norms. This approach has been discussed recently among Canadian researchers and practitioners in violence prevention programs. However, as yet it does not appear to be part of larger discussions on girls’ programming in Canada.

6.2.19. Evaluating girl specific programs

With more recent trends towards programs that are girl positive, responsive, girl directed, holistic and asset-based, further Canadian-based research is now needed to understand more specifically what is working and what isn’t. At present, there is very little publicly available evaluation research on the effectiveness of girls’ programming in Canada. Most of the Canadian research accessed through this scan still focuses on problem or need identification and “making the case” for girls’ programming.

6.2.20. Supporting girls’ programming in Canada

Girl-specific programming, though diverse, creative and inspiring, remains small scale and marginal in Canada at present. While some programs have “scaled up” through regional and national affiliations, key informants emphasized the need for more networking and network support, capacity building for local groups, and information sharing among girls’ programs across Canada to heighten learning and make the best use of the resources available.

No doubt these programs need more support than they currently receive from existing funding sources. Key informants confirm that a number of girls-only programs have been discontinued due to a lack of resources and the recent trend toward gender neutrality in program and funding policy. Those that are most at risk are innovative projects initiated by girls and young women themselves, or those that are created by newer community organizations that address gaps in existing programming. Girls’ programs within ethno-specific communities fall

into this latter category. However, long-standing programs are also at risk. For example, two Big Sisters programs that affiliated with Girls Inc. in 2002 following the merger of Big Brothers and Big Sisters have closed down.

While one key informant with the MS Foundation noted that girls programming in the US is “still tiny and abysmal,” that country is far ahead of Canada in supporting gender-specific girls programming, funding and research. In fact, there are more than 60 US-based funds that specifically identify support for girls and girl-specific programming as their mandate.

In Canada, in 2005, there was one designated national Girls Fund. The Give Girls A Chance Fund was created in 2001 to raise funds for NGO’s working to educate girls. This fund supports a number of international programs and at least two grass roots projects in Canada focused on girls’ literacy. This fund, whose motto is “Educate a girl. Change the world,” is hosted as a donor-directed fund through the Canadian TIDES Foundation. We note that it does not fund projects in the province of Québec. Van City Credit Union in British Columbia also manages a number of Named Funds, some of which are geared to women and girls. At least one is a scholarship fund for girls in sport and education.

The Dove Self-esteem Fund is a US-based corporate fund initiated by Unilever that raised over \$50,000 in Canada for the National Eating Disorders Information Centre (NEDIC) in 2004. NEDIC plans to use some of these funds to build an e-module with self-esteem information and guidance for 12 to 14-year-old girls. Previously, Pond Unilever Canada supported the national office of Boys and Girls Clubs to update and disseminate the TAKE IT EASY! curriculum for use in girl-specific programming across Canada.

A number of the Girls’ Funds in the US are Donor Funds launched through Community Foundations that specifically grant to programs that enable women and girls. In Canada, there are at least two Community Foundations with funds supporting women or girls specifically, one in Brandon, Manitoba and another in Vancouver, BC. The Brandon fund was created by 15 women and has since expanded to over 100 donors – both men and women – supporting programs for women and girls. The Vancouver Foundation also manages several funds, including designated funds for Big Sisters and Girl Guides, as well as some that are not specific to an organization but are to be directed at programs for girls.

Other Community Foundations, family and private foundations, and corporations across Canada undoubtedly grant to girl-specific programming, as do many United Ways. However, the web-site for the Canadian-based Funders’ Alliance for Children, Youth and Families does not mention programming or research on girls specifically. Further research could be pursued to determine the extent of funding for girls’ programs through existing foundations in Canada.

One US-based key informant pointed to the Girls’ Coalition of Boston as an example of how girl-serving organizations and individuals have joined together for training and education about girls’ issues, opportunities to network with other adults interested in girls, and advocacy on behalf of girls in Greater Boston. The Girls’ Coalition, as a member-driven consortium, is a model that could be adapted here to address some of the present gaps in training and capacity building, as well as networking among committed leaders of girls programs across Canada.

Given what we have learned, there is absolutely no doubt that a Girls’ Fund is timely and much needed in Canada in 2005. This is even more the case given the momentum that appears to be building in the development of girl-centred programs across the country. The following sections provide a summary of program and research opportunities and gaps as well as a summary of best practices.

6.3. Program and research opportunities and gaps

Through the program scan and key informant interviews, we have identified a number of gaps and opportunities to further girls' programming in Canada. This list can inform CWF in its deliberations about what strategic role(s) the organization may play as funder, and where it might most positively impact the lives of girls across Canada through a granting program. Some of these opportunities and gaps include:

Communication

- Support for the promotion of positive messages about the contributions of girls' in Canada – making girls' achievements visible;

Networking and Information Sharing

- Encourage and support networking, information sharing and learning among girls program representatives across Canada;
- Need for expanded clearinghouse of girls programming, curriculum and best practices;

Program Design

- Greater attention to programming for younger girls - Grade 7 and earlier;
- Continuing support for programs through critical stages in girls' development;
- Support for young girls and women initiating and activating their own grassroots girls' programs;
- Support for non-traditional trades and technology programs;
- Address gaps in programs related to work and financial literacy and skills for employability for girls and young women;
- Support for ongoing participatory research for local girls' program development;

Training and Development

- Training for teachers and leaders of girls' programs in gender analysis and how to integrate it concretely into programming;
- Professional and personal development and support for young women leaders and mentors in girls' programs;
- Training and capacity building in nurturing diverse forms of leadership for girls;
- Introduce intersectionality and how to incorporate these concepts practically into current girls' programming;

Research and Documentation

- Collect and share best practices in involving families in girl-specific programming;
- Approaches to working with girls from ethno-specific communities or multiracial groups;
- Appropriate programming for girls' empowerment – ages six to 11;
- Research on the role of men and boys in girls' equity and girl-focused programming;

- Research on the history of programming for girls in Canada;
- Extent of funding through existing foundations in Canada for girl specific programming;
- Evaluation research on the effectiveness and outcomes of girls' programming in Canada;

Funding and Policy Environment

- Create funding that provides for program accommodations around the various roles that girls play in their families and communities (e.g. breadwinner, interpreter);
- Encourage other funders to consider supporting girls' programs in their communities and through their granting programs;
- Continue working with others to effect positive change in the public policy dynamic around girls and women.

6.4. Summary of criteria for best practices in girls' programs

Girls' programming has advanced in Canada such that many initiatives are reporting successes in the live of girls and young women. These positive outcomes are based on best practices in programs that have been learned through research and hands-on practice.

Following is a comprehensive checklist of best practices gleaned from the research literature, key informant interviews, and discussions with girls' program leaders that should be considered by CWF in developing criteria for funding:

- explicit attention to gender equity;
- focuses on girls' strengths and positive potential;
- girl directed; listens and responds to what girls want;
- fun (joy, pleasure);
- incorporates skills training, critical thinking, and goal setting;
- age appropriate - girls in grade 7/8 seem to be a most important target group;
- incremental and continuous - programming that grows with the girls as they move through various stages and ages;
- safe, girl friendly space for girls (both physical and social "space");
- not "one size fits all"; respects and celebrates diversity:
 - adaptable to reflect diversity in different locations and communities;
 - sensitivity to girls' various identities and issues of socio-economic status, race, ethnicity, ability status – intersectionality;
 - incorporating cultural traditions and connections;
 - takes into account various roles girls play in their homes and communities;
- accessible in terms of fees, physical ability, time and location; possibility of built in accommodations (for childcare or transit);

- intergenerational; includes mentoring and role modeling for girls by young and older women;
- encourages diverse forms of leadership in girls;
- integrates girls' leadership throughout the organization;
- creative, interactive programming, with a balance of talk and activity;
- some physical activity built in;
- sufficient support at community, regional, or national levels;
- parental support; family outreach, connection or involvement built in;
- opportunity to make a difference in lives of others through community service and community action;
- name is important.

List of Appendices:

- **Appendix 1 Selected Bibliography**
- **Appendix 2 Bibliographie**
- **Appendix 3 References for Environmental Scan of Programs**
- **Appendix 4 List of Key Informants**

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Appendix 4 - List of Key Informants

Judi Bell

Associate Director for National Services and Director of Affiliate Services
Girls Inc. US

Helene Berman

Associate Professor, School of Nursing
Research Associate, Centre for Research on Violence Against Women and Children
University of Western Ontario, London, ON

Pamela J. Downe, Associate Professor
Department of Women's & Gender Studies
University of Saskatchewan, SK

Dr. Blye Frank

Director, Faculty Development
Dalhousie University, Halifax, NS

Tatania Fraser

Executive Director
Power Camp National /Filles en Action
Ottawa, ON

Sandra Friedman

Salal Communications
British Columbia

Margaret Hempel, VP Program
MS Foundation

Yasmin Jiwani

Associate Professor, BA Program
Concordia University, Montreal, PQ

Heather Johnston Nicholson

Director of Research
Girls Inc.

Judy Lupart

Professor, Canada Research Chair in Special Education
University of Alberta, Calgary, AB

Sydney Millar, On the Move National Co-coordinator

Canadian Association for the Advancement of Women in Sport and Physical Activity

Pauline Paterson

Manager of Girls and Families Programs
YWCA Toronto

Jenny Robinson

Director of Advocacy and National Initiatives
YWCA Canada

Stephanie Simonsen

Regional Executive Director, Boys and Girls Club of Nova Scotia /TAKE IT EASY