

The background of the entire page is a photograph of two young women dancing. They are wearing large headphones and appear to be in a joyful mood. The image is overlaid with a semi-transparent magenta filter and a pattern of thin, white, radiating lines that create a starburst effect behind the main title.

BEYOND APPEARANCES

BRIEF ON THE MAIN ISSUES FACING GIRLS IN CANADA

Prepared with the support of Status of Women Canada

March 8, 2013
International Women's Day



GIRLS ACTION
FOUNDATION

AUTHORS: Girls Action Foundation, Juniper Glass, and Lee Tunstall

Contributors: Laura Stanford, Nancy Poole, Melissa Mulongoy, Claudia Mitchell, Jo-Anne Lee, Natalie Helsing,
Rosalind Hampton, Caroline Caron, Saman Ahsan.

BIBLIOGRAPHIC REFERENCE:

Girls Action Foundation, Juniper Glass and Lee Tunstall. Issue Brief on the Main Issues Facing Girls in Canada. Prepared for Status of Women Canada. Montréal: Girls Action Foundation, 2013.

NOTE: When using author-date style within texts, please reference as: (Girls Action Foundation et al. 2013).

Thank you to the contributors who conducted analysis and provided drafts of parts of this brief: Laura Stanford, Nancy Poole, Melissa Mulongoy, Claudia Mitchell, Jo-Anne Lee, Natalie Hemsing, Rosalind Hampton, Caroline Caron and Saman Ahsan.

The ideas and opinions expressed in this work are those of the authors and do not necessarily reflect the views of the Government of Canada.

A NOTE ABOUT THE AUTHORS:

Girls Action Foundation is a Canadian national charitable organization that has been advancing girls' empowerment since 1995. Girls Action Foundation leads and seeds girls' programs across Canada. The organization builds girls' and young women's skills and confidence and inspires action to change the world. Through its innovative programs, research, and support to a national network of over 300 partnering organizations and projects, Girls Action reaches over 60,000 girls and young women. The organization prioritizes the involvement of girls and organizations in marginalized communities, including indigenous, racialized, rural, newcomer and Northern communities.

TABLE OF CONTENTS

Executive Summary	1
Introduction	3
PART A: MAIN ISSUES FACING GIRLS IN CANADA	5
What it means to be a girl: The Canadian context	6
Violence	7
Violence in the home	8
Violence in schools and among youth	8
Sexual harassment	8
Bullying	9
Racism	9
Homophobia	10
Violence in dating relationships	10
Violence on the streets	11
Harassment in the streets	11
Missing and murdered Indigenous girls	11
Sexual exploitation	11
Education and Career Prospects	11
Successes in girls' education	12
School drop-out: rates and reasons	12
Barriers to the school experience	13
Gender influences on girls' educational and career paths	14
Mental Health	15
Factors influencing girls' mental health	16
Mental health issues experienced by girls	16
Confidence and self-esteem	16
Depression, anxiety and distress	17
Body image	18
Self-harm	18
Suicide	19

TABLE OF CONTENTS (continued)

Physical Health	20
Sexual health	20
Early sexual behaviour	20
Sexually transmitted infections	20
Teen pregnancy	21
Education	21
Smoking, Drinking and Drug Use	21
Smoking	21
Alcohol and drug use	21
Access to health services	22
PART B: GIRLS WHO FACE MULTIPLE BARRIERS	23
Rural girls	25
Indigenous girls: First Nations, Inuit and Métis girls	26
Racialized girls	28
Immigrant girls	30
PART C: WHAT DO GIRLS NEED TO SUCCEED?	32
Social supports	34
Connection to culture	34
Opportunities for leadership and engagement	35
Girl-specific programs	36
Participatory: involve girls in program design and facilitation	38
Empowering: support girls to express themselves and take action	38
Asset-based: build skills and focus on girls' strengths	39
Culturally relevant: respect for and integration of diversity	40
Community involvement and mentorship	41
Conclusion	42
Annex A: A note on methodology	43
Bibliography	45

EXECUTIVE SUMMARY

WHY AN ISSUE BRIEF?

Oct. 11 2012 marked the first International Day of the Girl. In proclaiming this day, the United Nations recognized that:

“Empowerment of and investment in girls...is key in breaking the cycle of discrimination and violence and... that empowering girls requires their active participation in decision-making processes...” (United Nations, 2011).

The proclamation of an International Day of the Girl calls attention to the following:

- Girls have particular needs as a result of their gender, age and other intersecting factors, and these require specific consideration and attention (Tipper 1997; Calhoun Research and Development et al. 2005; Taefi 2009; Girls Action Foundation 2010).
- Girls can be overlooked in efforts that are concerned with either advancing equality for women or addressing the needs of youth (Tipper 1997; Calhoun Research and Development et al. 2005; Taefi 2009; Steenbergen and Foisy 2006).

The new International Day of the Girl will raise awareness of diverse girls’ circumstances around the globe. This issue brief, which was supported by Status of Women Canada, draws on key research, including gender-disaggregated data about Canadian youth, to illuminate the situation of girls in Canada. It will serve as a valuable resource in efforts to advance girls’ status in Canada and will help raise awareness among governments and civil society organizations of the need to consider the unique circumstances and contributions of girls in their work.

WHAT WILL YOU LEARN?

PART A: MAIN ISSUES FACING GIRLS IN CANADA is divided into four parts:

- **Violence** continues to be a damaging element in many girls’ lives, whether it occurs in school, at home or elsewhere. Girls are more likely to be victims of family violence than boys.

WHAT WILL YOU LEARN? (continued)

- **Girls' mental health** is also a cause for concern, whether it is related to negative body image, depression or self-destructive behaviour. The emotional well-being of girls in Canada declines markedly during adolescence.
- **Girls' physical health**, including sexual health as well as smoking, drinking and drug use, is also examined. Positive changes over time include an overall decline in both teen pregnancy and smoking among girls.
- **Girls' education and career paths** are also explored. While girls continue to experience educational success, further progress can be achieved if schools become safer, harassment-free places and girls from diverse backgrounds are more fully supported. The brief makes the case for encouraging girls to pursue any area of study or career path, particularly in non-traditional fields.

PART B: GIRLS WHO FACE MULTIPLE BARRIERS explores the specific circumstances, unique strengths, and particular barriers experienced by four groups of girls:

- **Rural girls** face many challenges related to living in remote or isolated communities, such as lack of access to supports and vulnerability to violence.
- **Indigenous girls** (First Nations, Inuit and Métis) face a number of complex challenges related to colonization and intergenerational trauma; they also show strength and resilience.
- **Racialized girls** face unique challenges due to racism and its impacts on well-being and identity; they also show strengths such as higher rates of school enrollment.
- **Immigrant girls** experience considerable tensions in their efforts to bridge multiple cultures, live in a new context and respond to discrimination and barriers to opportunity; they also demonstrate high aspirations and skill in cultural negotiation.

In reading this brief and learning about some of the challenges facing girls in Canada, it is important to be mindful that:

- Girls, including those facing multiple barriers, are resilient and innovative; they contribute to Canadian society and will continue to do so as they grow into adulthood (Calhoun Research and Development et al. 2005; Girls Action Foundation 2010, 2010c).
- An asset-based approach, keeping in mind girls' strengths rather than focusing solely on the barriers and challenges they experience, is more effective in supporting girls' empowerment (Calhoun Research and Development et al. 2005; Girls Action Foundation 2010).

In light of the above, **PART C: WHAT DO GIRLS NEED TO SUCCEED?** explores girls' strengths and contributions, including the positive impact of strong social supports, connections to culture, and opportunities for leadership and engagement. Also included in this section is an outline of various types of programs for girls that can advance their empowerment and ultimately support them in becoming engaged citizens able to contribute to their communities and our country.

INTRODUCTION

Despite advances over the years, girls in Canada face pressures—new and old—that limit their potential. Canadian statistics and research findings prove that the real-life challenges of girls have not been fixed, particularly for girls who are marginalized. In addition to challenges to do with self-esteem, body image and mental and physical health, girls are impacted each day by systemic barriers such as poverty, rural location, racialization, immigration and the colonization of Indigenous people.

Girls in Canada Today (Girls Action Foundation 2011).

Canada's nearly 3.6 million girls are important contributors to our country's well-being and overall success. Girls contribute to the day-to-day quality of life in their families, schools and communities, as well as to society as a whole. By increasing social supports as well as opportunities to develop and voice opinions and engage in meaningful activities, all girls can be supported to fulfil their potential. At the same time, gender inequalities need to be addressed and barriers to girls' participation removed.

Girls around the world face unique challenges in many aspects of life, from health and nutrition, to education and economic opportunities, to violence and victimization. The UN Girl Child Resolution 2009 expressed concern that the experiences and needs of girls are not being adequately addressed. Indeed, girls' issues are often left out of program and policy development processes, even those meant to advance women's or young people's well-being and equality. (Taefi 2009; Jiwani et al. 2006)

In the international context, Canadian girls are better placed than many girls in developing countries. They have legal equality and most get a formal education and have access to adequate health care. The average age of marriage and childbearing in Canada is older than in developing countries, and girls have access to a greater number of career choices. However, in spite of these important achievements, girls in Canada continue to face obstacles that limit their potential. In particular, the widespread prevalence of violence and mental health challenges in girls' lives warrants attention. While many of these challenges touch a significant proportion of the female youth population, girls who are marginalized are especially affected. (Berman and Jiwani 2002)

¹ Statistics Canada (2011) Table 051-0001 Estimates of population, age 0 to 18 years by sex for July 1, 2006, Canada, provinces and territories, annual (persons)(1,2,7)

² United Nations, General Assembly, Resolution 64/145 'The girl child', 65th plenary meeting, December 2009. Accessed on November 12, 2012 at http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/64/145

INTRODUCTION (continued)

To raise awareness of girls' lives, as well as to recognize and support the positive contributions of girls to Canada, the Government of Canada led, in partnership with other countries, a campaign to establish an International Day of the Girl. On Dec. 19 2011, the UN General Assembly declared Oct. 11 the International Day of the Girl Child. Celebrated for the first time in 2012, this day highlighted the role that girls and young women play as citizens and agents of change in their communities and their nations.

The International Day of the Girl will also help to promote equal treatment and advancement in girls' legal rights, health, education, training and freedom from abuse.

In honour of the inaugural International Day of the Girl, and to better understand the realities of girls' lives in Canada, Status of Women Canada provided support to Girls Action Foundation to write this issue brief and provide an overview of the main issues facing girls in Canada. Key areas include health, violence, education, civic participation and leadership of girls and young women, with particular consideration to Indigenous, rural, immigrant and racialized girls' issues. It concludes with a consideration of the ingredients for girls' success, including best practices in programming. This work acknowledges and builds on previous groundbreaking reports about girls in Canada. (Tipper 1997; Alliance of Five Research Centres on Violence 1999; Berman and Jiwani 2002; Calhoun Research and Development et al. 2005)

The information presented contains quantitative data (including several large surveys, such as the 2011 Health Behaviour in School-Aged Children (HBSC) Survey; the 2010-2011 Women in Canada: A Gender-Based Statistical Report; the 2009 BC Adolescent Health Survey (AHS); and the 2009 Ontario Student Drug Use and Health Survey (OSDUHS), as well as more qualitative analyses of the intersecting issues in the lives of girls in Canada. Annex A provides a more detailed outline of the methodology used.

PART A: MAIN ISSUES FACING GIRLS IN CANADA

This section focuses on some of the most pressing issues facing girls in Canada today, in the following areas:

- Violence in the lives of girls;
- Barriers to girls' education and career prospects;
- Girls' mental health issues; and
- Girls' physical health issues.

Each of these areas affects girls' lives now as well as into adulthood. Often these areas interact, such as when harassment at school affects a girl's education, or when an experience of violence leads a girl to abuse drugs or alcohol. Underpinning each of these aspects of girls' lives is a broader social and systemic context, which must also be understood. Each of these four areas is addressed in turn, after a short discussion on the social context of girlhood in Canada.

WHAT IT MEANS TO BE A GIRL: THE CANADIAN CONTEXT

As girls grow up in Canada, a variety of widely held beliefs and systems shape and influence their lives. It is essential that the social context be taken into account when attempting to understand and address challenges in girls' lives. (Calhoun et al. 2005, iv)

Today's girls receive conflicting messages. They are supposed to be both liberated and traditional, a contradiction that produces great pressure in their daily lives. While facing increasing expectations from family, peers and educators, they struggle with media images and cultural beliefs that urge them alternately to maintain and overcome traditional stereotypes. As the U.S. national survey *The Supergirl Dilemma* concluded, girls today feel pressured to do everything and please everyone, and this pressure is actually increasing from past decades (Girls Inc. 2006).

From pre-adolescence through their teens, Canadian girls show a decline in mental health and emotional well-being, with self-esteem going down as stress increases (Freeman et al. 2011). Adolescence is a time when change and some measure of turbulence are normal for all youth, but the challenges faced in this period are clearly influenced by gender.

Complicating how girls see themselves are portrayals in the media or the public sphere, where images of girls are often very different from real life. Media representations of girls often emphasize physical appearance as well as a narrow and unattainable standard of beauty. Girls are rarely portrayed in their diversity.

Many girls in Canada grow up being told "you can be anything you want to be". Education and career opportunities have improved greatly over the past decades, yet gender stereotypes persist and young people in Canada still face considerable pressure to conform to traditional male and female roles. Youth perceive that this pressure comes from their peers, media and family (Plan Canada 2011, 2). A 2011 online survey among a sample of 1,003 Canadian youth aged 12-17 showed one-third of teen boys believe a woman's most important role is to cook and care for her family. Half of the teens (48%) think men should be responsible for earning income and providing for the family, and 17% of Canadian youth still believe a man should have the final word on decisions in the family home (Plan Canada 2011, 2).

Persistent stereotypical beliefs, combined with mounting pressures to succeed, form the backdrop to girls' experiences with violence, education and work, and mental and physical health.

VIOLENCE

“Violence is not only the extreme physical violence that so many girls believe it is. I had experienced violence all those times when the explanative “BOYS WILL BE BOYS” was used, or when I had to change the way I acted in order to not be placed in a vulnerable situation”. Interview subject Romy Poletti

(Hussain et al. 2006, 57).

Investigations have found that girls in Canada experience a multitude of both subtle and overt forms of violence on a daily basis (Berman and Jiwani 2002). This violence is often associated with a range of far-reaching effects. In Canada, physical and sexual assault and many other forms of abusive behaviour are offences under the Criminal Code. However, violent victimization occurs in a myriad of forms, including bullying and gender-based harassment. Because violence experienced by some girls can be so pervasive — occurring in schools, the community, the home, intimate settings or on the street — victimization can easily go unnoticed. In fact, girls themselves often accept violence or fail to identify it as such when it occurs (Berman and Jiwani 2002; Ismail et al. 2007). It follows that the data available to us may underestimate the true extent of victimization (Sinha 2012).

Violence prevention programs that have a gender-specific component can play an important role in increasing girls’ ability to identify violence in their lives and take steps to reduce and cope with its effects (Cameron et al. 2002; Janovicek 2001). This section explores different areas where violence may occur and how it affects many girls’ lives in both the short and the long term.

³ In its Child Abuse is Wrong: What Can I Do? publication, Justice Canada provides definitions of sexual and other forms of abuse that are consistent with the Criminal Code of Canada, as follows:

All sexual contact with anyone without consent is a crime called sexual assault. This includes sexual touching. There are also special laws to protect children from sexual abuse and from sexual activities that exploit them.

Child sexual abuse happens when a person takes advantage of a child for sexual purposes. It does not always involve physical contact with a child. For example, it could happen when an adult:

- Makes sexual comments to a child, or
- Secretly watches or films a child for sexual purposes.

Sexual abuse of a child includes:

- Any sexual contact between an adult and a child under 16
- Any sexual contact with a child between the age of 16 and 18 without consent, or
- Any sexual contact that exploits a child under 18.

Any sexual contact between an adult and a child under 16 is a crime. In Canada, the age of consent for sexual activity is 16, but there are some exceptions if the other person is close in age to the child. In addition, children under 18 cannot legally give their consent to sexual activity that exploits them. Sexual activities that exploit a child include prostitution and pornography. They also include situations where someone in a position of authority or trust, or someone the child depends on, has any kind of sexual activity with the child. A person of authority or trust could be a step-parent, a babysitter or a coach (Source: Child Abuse is Wrong: What Can I Do? (Justice Canada 2012, 18). www.justice.gc.ca/eng/pi/fv-vf/pub/caw-mei/pdf/caw_2012.pdf (August 22, 2012)

IMAGINE A GIRLS' WORLD WITHOUT VIOLENCE

In that world, she feels safe to live her life as she chooses. She is free from physical, emotional, verbal, sexual, economic, racial, religious, and spiritual harm. She is safe to say, think, act, dress, and be where she wants, no matter the time or place. In a girls' world without violence, she has equal access to opportunities, resources, and support that are responsive to her experiences -Why Girls? Why Violence Prevention? (Girls Action Foundation 2010d).

VIOLENCE IN THE HOME

Much of the violence that girls experience happens in the home. It takes different forms, including physical, sexual and emotional abuse and neglect. Statistics Canada data from 2010 show that girls are more likely than boys to be victims of family violence (Sinha 2012). As Sinha notes: '[t]he leading contributor to the higher rates of family violence among girls, particularly as they age, relates to their much higher risk of sexual violence. They are more than four times as likely as boys to be a victim of sexual assault or other sexual offences committed by a family member (ibid, 6). In 2009, the rate of sexual offences by family members that were reported to police was 113 girls per 100,000 children and youth population (ibid).

The effects of early sexual abuse, including sexual assault or other sexual offences, can include depression, anxiety, eating disorders, body shame, post-traumatic stress disorder, problems with physical health and difficulty in interpersonal relationships (Zurbruggen 2007), which often continue into adulthood (Greaves and Poole 2007). The costs of childhood sexual abuse to Canadian society are also considerable, and although not analyzed by gender, have been estimated at almost \$3.7 billion annually (Hankivsky and Draker 2003).

VIOLENCE IN SCHOOLS AND AMONG YOUTH

Sexual harassment can include a range of behaviours, such as pulling at a girl's clothing, rubbing up against her, grabbing or pinching her, or making sexual comments or jokes and spreading sexual rumours. Sexual harassment is so common and so often goes unquestioned that it has been called a form of "everyday violence in the lives of girls" in Canada (Berman et al. 2000). A recent study from the Centre for Addiction and Mental Health (CAMH) surveyed 1,800 students in Grades 9, 10 and 11 from 23 Ontario high schools. It measured the rates and types of sexual harassment that students had experienced and found that:

- 3 in 10 girls had been grabbed or pinched in a sexual way (28%); girls consistently reported being victims of harassment at higher rates than boys.
- One-quarter of girls had been brushed up against in a sexual way (26%) and had heard someone make comments or "rate" the parts of their body that make them female (24%).
- Half of the girls (46%) were victims of sexual comments, jokes or gestures (Wolfe and Chiodo 2008).

VIOLENCE IN SCHOOLS AND AMONG YOUTH (continued)

Rather than seeking peer or family support, many girls who are victims of harassment report feeling isolated from family and friends. The repercussions are wide-ranging and include depression, low self-esteem and poor school performance (Gruber and Fineran 2007), to name only a few.

Bullying takes many forms, from teasing and social exclusion to the spreading of lies and physical abuse. While different surveys measure slightly different aspects of bullying behaviour, the evidence shows that girls are more likely to be victims of bullying than boys (Freeman et al. 2011; Centre for Addiction and Mental Health 2012). A recent Ontario survey found girls in grades 7 through 12 are more likely to be victims of verbal bullying, while boys are more likely to be victims of physical bullying (Centre for Addiction and Mental Health 2012, 68). The same study also found that girls (28%) are overwhelmingly more likely to be victims of cyber-bullying⁴ than boys (15.2%) (ibid, 71).

Girls who are isolated because they do not conform to cultural “norms” (for example, lesbian and bisexual youth) (Chamberland and Lebreton 2010) and those from minority races or religions (see more below) (Freeman et al. 2011, 175) are at much greater risk of being bullied. While fewer girls than boys bully, about one in 10 girls in grades 8 through 10 admit to it. Those girls who both bully and are bullied by others have the greatest number of emotional and behavioural problems. Such experiences at school and in their neighbourhoods can also negatively impact girls’ mental health; 42% of girls who report being victims of bullying were found to have high levels of emotional disturbance (Freeman et al. 2011, 64, 177).

In addition, bullying behaviour can have a dramatic impact on the lives of others. As noted in the HBSC report: “Lessons of power and aggression learned through childhood bullying can lead to sexual harassment (McMaster et al. 2002) and dating aggression (Pepler et al. 2008) and may later extend to workplace harassment, as well as marital, child, and elder abuse perpetrated in other types of relationships” (Freeman et al. 2011, 168).

“Racism is a current event, it happens all the time, it happens in our school every day. . . It’s a part of our lives”. – from a theatre script

written by racialized teenage girls, Victoria, BC (Lee 2006).

Racism, both overt and subtle, is an aspect of violence that has a dramatic impact on girls’ lives (Berman and Jiwani 2002; Hussain et al. 2006; Jiwani 2006; Lee 2006; Desai and Subramanian 2000; Women’s Health in Women’s Hands 2003; Sum 2003). Reflecting on the most comprehensive national study to date of violence in girls’ lives (Berman and Jiwani 2002), the authors concluded that, “through the stories of racialized girls and young women, including those from Indigenous, immigrant and refugee backgrounds..., it became apparent that racism was, and is, the key form of violence they encounter” (Hussain et al. 2006, 56).

⁴ These figures are based on the number of students who report being bullied over the Internet at least once in the 12 months prior to the survey (Centre for Addiction and Mental Health 2012, 71).

VIOLENCE IN SCHOOLS AND AMONG YOUTH (continued)

For racialized girls, the school setting may be the first place they experience discrimination based on skin colour or ethnic background (Desai and Subramanian 2000). Bullying and victimization by peers can have racial overtones (Freeman et al. 2011; McKenney et al. 2006), with 13% of Grade 10 girls in Canada reporting such bullying and 8% reporting bullying related to their religion (Freeman et al. 2011, 175). Examples take many forms, including having people touch their hair to see what it feels like, being given ‘advice’ about how to lighten their skin or hair (Jiwani 2006) or, for those girls who choose to wear the hijab, being restricted from certain activities (Jiwani and Rail 2010). One report found that racialized girls may not always be able to count on teacher and staff support at school to address this, as teachers sometimes ignore or refuse to acknowledge racism in school settings (Berman and Jiwani 2002).

Programs in which racialized girls can feel safe and be in the company of peers and mentors with similar experiences were found to increase their self-awareness, self-esteem and ability to cope with daily challenges (Lee 2006; Lee and DeFinney 2004).

Homophobia is common in Canadian schools and many girls experience social rejection because they are perceived to be lesbian. Unfortunately, since homophobia is still rarely addressed or challenged by adults in schools (Chamberland and Lebreton 2010; Taylor et al. 2008), students feel unsafe or actually experience victimization, such as verbal, physical or online harassment (Taylor et al. 2008). In Ontario, for example, 22% of Grade 9 girls reported being the victim of comments such as “dyke” or “lezzie” (Wolfe and Chiodo 2008).

VIOLENCE IN DATING RELATIONSHIPS

Dating violence can take various forms, including indecent and harassing phone calls, threats, physical or sexual assault, assault involving a weapon and/or causing bodily harm, and forcible confinement (Mahoney 2010). There can be intense pressures for today’s girls to be in “romantic” relationships and this may add to their willingness to overlook, forgive or excuse violence when they experience it (Ismail et al. 2007). This violence can begin when girls are very young, and it often goes unreported (Mahoney 2010). For example, in a 2002 Quebec study, 43% of teen girls reported experiencing emotional, physical or sexual abuse by their boyfriends (Institut de la statistique du Québec 2002).

Being pressured into sex is another serious form of violence, one that a large number of girls experience. In an extensive study in Ontario, 27% of girls in Grades 9 through 11 reported having been pressured into doing something sexual that they did not want to do, while 15% reported agreeing to have oral sex to avoid having intercourse (Wolfe and Chiodo 2008).

Being a victim of relationship violence can increase the chance that a teenage girl will engage in substance abuse, unhealthy weight control, suicidal thoughts and attempts, and unhealthy sexual practices (Seimer 2004). It can also increase the risk of repeating this pattern of relationship as she ages (Mahoney 2010). Girls are more likely to experience violence in their own relationships if they have witnessed it in their family (Health Canada 1999, 25). In this way, patterns of intimate partner violence may be passed from one generation to the next.

VIOLENCE ON THE STREETS

Harassment in the streets includes unwanted sexual words, gestures, stares and sounds by strangers in public. The extent of this form of violence in girls' lives is difficult to measure and may also be accepted or dismissed as a normal part of a girls' life. The popularity in Canadian communities of "Hollaback"⁵ initiatives, often led by young women, to expose incidents of street harassment, may be an indication that street harassment is experienced by a large number of girls.

The number of **missing and murdered Indigenous girls** and women in Canada indicates that public spaces – for example streets and highways – are often unsafe for First Nations, Inuit and Métis girls. A significant number of the cases of missing and murdered Indigenous women (17%) involve girls under the age of 18, and a large number are young women under 30 (NWAC 2010).

Statistics on **sexual exploitation**⁶ are difficult to access due to the hidden nature of this issue. However, girls seem to be overwhelmingly more often exploited than boys. Girls also have different experiences and needs as well as risk factors that must be taken into account when investigating the gender aspects of sexual exploitation. For example, girls with certain experiences of violence or marginalization, such as homeless girls (Czapska et al. 2008), child sexual abuse victims, girls involved in the child welfare system, lesbian and bisexual girls, and girls who have been exploited online, are more at risk of becoming involved in prostitution (McIntyre 2002, Saewyc et al. 2008; Abbotsford Youth Commission 2010). Evidence from British Columbia, Quebec and Manitoba suggests that gangs are becoming increasingly involved in the domestic trafficking of girls (Totten 2009; Dorais and Corriveau 2009; Chatterjee 2006; Fournier 2003; Abbotsford Youth Commission 2010). Girls who are members of gangs are often 'pimped out' by their gang-member boyfriends (Abbotsford Youth Commission 2010). Although gang life may give them a sense of belonging that they were otherwise missing, girls usually exist on the margins of gang culture, and can even be relegated to the status of sexual slaves (Totten 2009).

EDUCATION AND CAREER PROSPECTS

“[Girls] do things; they put themselves out there; they want to work. The guys just kind of sit back and expect things to be handed to them”. – Teen girl (DeFinney et al. 2009).

⁵ Hollaback initiatives to end street harassment are led by volunteers in multiple cities around the world, including Canada. From ihollaback.org: "Street harassment is one of the most pervasive forms of gender-based violence and one of the least legislated against. . . It is rarely reported, and it's culturally accepted as 'the price you pay' for being a woman or for being gay." www.ihollaback.org

⁶ Here sexual exploitation is being defined as "...sexual abuse of children and youth through the exchange of sex or sexual acts for drugs, food, shelter, protection, other basics of life, and/or money. Sexual exploitation includes involving children and youth in creating pornography and sexually explicit websites." (Justice Institute of British Columbia. <http://host.jibc.ca/seytookit/index.htm>)

EDUCATION AND CAREER PROSPECTS (continued)

SUCCESSSES IN GIRLS' EDUCATION

Education is a key part of a girl's experience and can help set the stage for a fulfilling life. Education opens doors for a girl to economic security, career choices and life skills to help her create the life she wants. Without an education, girls are at much higher risk of poverty, which can lead to inadequate housing, poorer health and other hardships. Luckily, Canada has achieved a number of successes in girls' education. In just two decades, between 1990 and 2009, the proportion of women aged 25 to 54 who had not earned a high school diploma dropped from 26% to 9%, and the proportion with a university degree had more than doubled, reaching 28% (Turcotte 2011b). The vast majority of girls now complete high school, and are more likely than boys to graduate on time (ibid). Girls have also been participating in post-secondary education in record numbers over the past decades; by 2009, 8% more young women than young men held university degrees (Turcotte 2011b).

It is important not to attribute the changing trends in boys' versus girls' educational achievements solely to improvements in girls' performance (Pomerantz and Raby 2011), as this could lead to girls' existing learning needs going unrecognized (Bouchard et al. 2003). Canada has made important gains in the area of girls' education; these successes should be celebrated and built upon at the same time as boys' challenges in school are addressed.

Although girls in general seem to be doing well in school in Canada, there are specific challenges related to their education that remain. These are highlighted in the paragraphs that follow.

SCHOOL DROP-OUT: RATES AND REASONS

While most girls graduate from secondary school, some fall through the cracks in the education system. Although boys' drop-out rates are generally higher, evidence from a study in Quebec shows there is a gender difference in the long-term effects when a young person quits schools. Women who dropped out as girls are much more likely than their male counterparts never to enter the workforce; if they do, it is often to work-part-time or in lower-paid jobs (Federation autonome de l'enseignement (FAE), 2012). Nationally, women with less than a Grade 9 education make only \$20,800, which is 51.5% of what men with the same education earn (\$40,400) (Williams 2010).

When asked their reasons for dropping out, both male and female respondents to the Youth Transition Survey cited dissatisfaction with school (Bushnik et al. 2004). However, data from 2000 show many girls also leave school due to pregnancy or other family reasons, while boys frequently leave school to enter the workforce (Bowlby and McMullen 2002; FAE 2012). Boys who drop out often have behaviour problems, while girls are more likely to suffer from mental health challenges such as depression (Marcotte et al. 2001).

SCHOOL DROP-OUT: RATES AND REASONS (continued)

Indigenous youth have much lower high school completion rates than the overall Canadian youth population. Statistics Canada reports that of all Indigenous girls aged 15-24 in 2006, only 27.4% had a high school diploma and 28% of those aged 15-19 had dropped out. Almost one-quarter who left school did so to take care of children or because they were pregnant, while 17% cited 'boredom' (O'Donnell and Wallace 2011, 35-37).

BARRIERS TO THE SCHOOL EXPERIENCE

"I remember my first day at high school very vividly. I wore an oversized T-shirt, skater pants and a chain that hung from my wallet down to my knee. So I didn't think I looked particularly different from any of the other kids. I could have sworn my teacher's head turned 180 degrees. And I will never forget the attitude from the students. They made me feel as if I had been silently declared the school dyke."

- Female youth (Planned Parenthood of Toronto 2006).

While most girls have good academic achievement, their overall school experience is often complex. As discussed in the section on violence, girls have to navigate the "everyday violence" that occurs in school settings, such as bullying, sexual harassment, racial discrimination and homophobia, which can make studying difficult and increase the risk of dropping out of school. One-quarter of Grade 10 girls in Canada state they do not feel safe at their school (Boyce et al. 2008, 19). Once again, marginalization and discrimination appear to have a distinct influence on girls' school life.

Specific groups of girls can face additional challenges with respect to the school experience. As noted, homophobia is common in Canadian schools and many girls suffer social rejection and harassment because they are perceived to be lesbian.

Immigrant female students can experience barriers based on language, poverty and social isolation, and they may consequently be placed in grades lower than their skill level or streamed out of university-track classes (BC Centre for Safe Schools and Communities 2011; Anisef and Kilbride 2000). For racialized girls, the school setting may be the first place they experience discrimination based on skin colour or ethnic background, as discussed previously (Desai and Subramanian 2000). Despite these challenges, racialized and immigrant girls are more likely to remain in school than their white or Canadian-born classmates (Chiu and Maheux 2011; Chiu 2011).

BARRIERS TO THE SCHOOL EXPERIENCE (continued)

Girls with ability challenges face additional difficulties at school and in the education system⁷. Although evidence on girls with disabilities is scarce, data shows they face multiple barriers to an equitable education, including discriminatory attitudes and health and logistical challenges. For example, in Quebec, almost half of female students with a disability reported that their studies have been interrupted, some for extended periods (Conseil du Statut de la Femme, 2011). Additionally, one-third of girls with disabilities cannot participate fully in social activities or sports because of health care problems (Conseil du Statut de la Femme 2011).

GENDER INFLUENCES ON GIRLS' EDUCATIONAL AND CAREER PATHS

“I think guys have more choices in jobs than girls.” – Teen girl (DeFinney et al. 2009)

The educational programs and career paths that boys and girls follow are influenced by what they think is possible or acceptable for their gender. At the same time, the employment trajectories of young men and women also help to perpetuate traditional gender roles. Studies have shown that girls especially “develop a belief that they cannot pursue particular occupations because they perceive them as inappropriate for their gender” (Watson and McMahon 2005). Girls continue to be over-represented in traditionally female fields of post-secondary education, such as languages, humanities, law, social sciences, health science and education (Murdoch et al. 2010), while non-traditional fields such as mathematics, physical sciences, engineering, and applied sciences remain less popular (Canadian Council on Learning 2007). This situation persists at least in part because science and technology are still seen as male domains and stereotypes about girls who excel in them tend to be negative. For example, girls believe boys dislike girls who excel in physics, even though this was found to be untrue when boys' beliefs were tested (Kessels 2005).

More and more female youth in Canada have entered post-secondary education and are now more likely than male youth to hold a university degree (Turcotte 2011b, 7). This, however, has not led to equal pay in the workplace. Even with a university degree, women on average earned almost \$30,000 less than men in 2008 (Williams 2011, 15). Younger women are slowly closing the gap, and in 2005, women between 25 and 29 with a bachelor's degree earned 89 cents for every dollar earned by their male counterparts (Statistics Canada 2008). The type of higher education matters, however: in 2005, young women with a registered apprenticeship or trades certificate only earned 65 cents for every dollar earned by their male counterparts (Statistics Canada 2008).

⁷ It is important to acknowledge the heterogeneity of girls with disabilities, and once again, the fact that their access to education is affected not only by their gender and type of disability, but also by their socioeconomic status, race/ethnicity, whether they live in an urban or rural area, and a host of other factors.

MENTAL HEALTH

DIFFERENCES IN MENTAL HEALTH OUTCOMES FOR FEMALE AND MALE YOUTH

Data collected through national and provincial surveys provides a snapshot of mental health and mental illness among Canadian young people, namely the prevalence of various health outcomes among young people and differences in outcomes between groups of young people. The findings raise three important points:

- First, young people are affected by mental health and mental illness problems at a higher rate than other age groups.
- Second, differences exist between male and female youth on many indicators of mental health and mental illness.
- Third, while most of the surveys do not provide data disaggregated by ethno-racial groups or newcomer status, available data suggests there are differences in mental health and mental illness outcomes based on these factors.

The Need for a Gender-Sensitive Approach to the Mental Health of Young Canadians. (Girls Action Foundation 2008).

Addressing the mental health needs of young people will help improve the quality of their lives as they grow into adulthood. Overall, the evidence shows girls are more at risk of experiencing mental health issues than boys. One of the key findings of the 2011 Health Behaviour in School-Aged Children national survey was that “Girls consistently report more negative emotional health outcomes than boys. Mental health suffers as young people move through Grades 6 to 10, especially for girls” (Freeman et al. 2011, xii).

Girls’ struggles with negative body image, declining self-confidence, depression, self-harm and suicidal thoughts and attempts, which we explore further below, are warning signs that they face particular challenges as girls in Canadian society. While girls who experience additional forms of marginalization are often more at risk of mental health challenges, the evidence indicates that girls across the range of socio-economic and ethno-cultural backgrounds also grapple with these challenges. A broader awareness and understanding of the impact of these factors on girls’ mental and emotional well-being is needed if girls are to realize their full potential.

FACTORS INFLUENCING GIRLS' MENTAL HEALTH

Given that emotional health challenges are widespread among girls, we must look to broad influences in daily life to better understand the context of these experiences.

Gender socialization has been identified as a significant factor in the mental health of young people. In particular, expectations to meet idealized standards of femininity and masculinity create pressures that have negative impacts on the mental health of both girls and boys (see Girls Inc. 2006; Hoskin 2002; Zurbriggen et al. 2007 as cited in Girls Action Foundation 2008, 21 -22).

The decline in girls' self-confidence and emotional well-being occurs in adolescence, at the same time as they are becoming more aware of gender roles and the limitations and expectations of being a woman (Calhoun et al. 2005, 49). Young people continue to be influenced by stereotypes about girls, boys, women and men (Plan 2011; Girls Inc. 2006), which may limit how they envision themselves, interpret their day-to-day experiences and plan for their futures. Girls may also be affected by the perception that society places a higher value on boys and men. As one study observed, "girls live with the pervasive sentiment that they are not as important as boys" (Reitsma-Street 2004, 126).

Girls also receive conflicting messages that they are supposed to be both liberated and traditional at the same time (Girls Inc. 2006). Such messages are likely one factor in the mounting unease felt by girls. The HBSC survey found "a clear pattern of increasing pressure" felt by Canadian girls as they go through high school, and which has increased significantly in the last 10 years. Teen girls in Canada are much more likely than teen boys to be in conflict with parents and to consider leaving home; family conflict is known to exert a negative influence on girls' mental and emotional well-being (Freeman et al. 2011).

The evidence shows that many girls experience violence in their daily lives, and victimization is also an influential factor in mental health.

The higher rates of depression, self-harm and low self-esteem among girls indicate that girls are more likely to internalize (or "act in") their troubles while boys tend to externalize (or "act out") (Girls Action Foundation 2008, 7). Expressing negative emotions is not consistent with the "good girl" image that female youth are expected to embody, and those who do express anger are often met with dismissal or judgment rather than affirmation (van Daalen-Smith 2006).

MENTAL HEALTH ISSUES EXPERIENCED BY GIRLS

Confidence and self-esteem

While both girls and boys can experience a decrease in self-esteem and confidence as they go through adolescence, the decline is steeper for girls (Freeman et. al, 2011). For example, a survey of students in Grade 6 found 50% of boys and 40% of girls strongly agreed they had self-confidence, whereas in Grade 10, the numbers dropped to 26% for boys and 18% for girls (ibid, 18).

Confidence and self-esteem (continued)

There is increasing awareness of the importance of self-esteem in girls' success and well-being. Low self-esteem can follow girls through their teenage years and into adulthood. Youth with limited self-confidence or low self-esteem or who suffer from depressive moods are also at notably higher risk of negative behaviours, including:

- heavy alcohol use (Kumpulainen and Roine 2002)
- substance abuse (Silberg et al. 2003; Amaro 2001; Greaves et al. 2011)
- dropping out of school (Fédération autonome de l'enseignement 2012; Public Health Agency of Canada 2006)
- low physical activity (Lubans et al. 2012)
- intentional self-harm (Canadian Mental Health Association 2012; Nixon et al. 2008)
- being a victim of dating violence (Noonan and Charles 2009)

Depression, anxiety and distress

Girls and young women aged 15-24 are the population group most at risk of depression and anxiety disorders in Canada. According to a 2011 Statistics Canada publication, girls and young women (12-24) are more likely to have mood disorders (4.6% of girls and young women; 2.5% of boys and young men) or to suffer from anxiety (6.1% of girls and young women; 3.5% of boys and young men) (Turcotte 2011).

While diagnosed disorders affect a relatively small number of youth, depressive symptoms are widely experienced, with striking differences between boys and girls. One-third of girls in Grades 6 through 10 report feeling depressed each week, compared to about one-fifth of boys. Girls' rates increase steadily and significantly from 28% in Grade 6 to 38% in Grade 10, while boys' remain relatively constant throughout high school (Freeman et al. 2011).

The reason for the gender difference in depression rates is complex, likely a combination of multiple biological, environmental and psychological factors (Murakumi 2002).

Marginalization and victimization appear to be factors in depression; for example, the following marginalized groups are more at risk of depression:

- Girls who have been abused (Zurbriggen et al. 2007, 27)
- Indigenous girls, who may suffer more emotional stress than their male Indigenous peers (van der Woerd et al. 2005, 31)
- Girls who are overweight (Freeman et al. 2011, xiii, 143)

Depression in youth is also a risk factor for other problems such as substance abuse, self-harm, dropping out of school and suicide (Silberg et al. 2003; Canadian Mental Health Association 2012; Fédération autonome de l'enseignement 2012; PHAC 2006).

Body image

Many girls suffer from a distorted negative view of their bodies, which is one contributor to low self-esteem and can lead to eating disorders such as bulimia or anorexia (Westerberg-Jacobson, Edlund et al. 2010). A real cause for concern is the fact that, of Canadian girls in Grades 6 through 10 who have a healthy body weight, less than two-thirds believe they do. Indeed, one-quarter of healthy weight girls think they are ‘too fat’, and 13% feel they are ‘too thin’ (Freeman et al. 2011, 140). The number of Canadian high school girls who think they are ‘too fat’ is double the number of girls who actually are overweight according to their body-mass index. Nationally, by Grade 10, 21% of girls are taking steps to lose weight (ibid, 139).

It is clear that many girls attempt to change their bodies by dieting, which, at its extreme, can lead to eating disorders. Although girls’ bodies should not, of course, be equated with their worth, girls are continuously subjected to messages that say otherwise. They are bombarded with images of the ‘ideal’ woman, which are impossible for most to achieve because most models are underweight and predominantly white (Zurbriggen et al. 2007). For Canadian girls, there is still a high value placed on being pretty and on being attractive to boys and men, which likely influences girls’ high rates of dissatisfaction with their bodies. By understanding media messages, particularly those that over-sexualize girls and women and target girls as naïve consumers, girls can protect themselves from potential harm (Lamb and Brown 2007).

Self-harm

Self-harm, defined as cutting, burning or otherwise injuring oneself without intending to commit suicide, appears to be common among girls in Canada. In British Columbia, one of the few provinces to measure youth self-harm, one in five teen girls deliberately cut or injured herself in the preceding year (Smith et al. 2009). Of all gender and age groups, hospitalization rates for self-injury⁸ are highest among girls aged 15 to 19, more than twice the rate for boys of the same age (CIHI 2011, 22).

When girls self-harm, it can be seen as a cry for help and a symptom of deeper challenges related to their mental and emotional well-being. A Canadian study on self-harm found that youth who had depressive moods or were lacking in self-confidence were more likely to intentionally hurt themselves (Nixon et al. 2008). Another broad literature review of the phenomenon identified key reasons for self-harm, including : to reduce unhappy feelings and tension; to punish oneself; and to feel less detached from one’s own body or emotions (Klonsky 2007).

⁸ ‘Self-injury is defined as a deliberate bodily injury that may or may not result in death.’ CIHI 2011, p.15.

Suicide

Sadly, suicide is the second leading cause of death for youth aged 15-24 in Canada (PHAC 2006). Overall, boys aged 15-19 are more than twice as likely as girls to commit suicide (12.2 versus 5.2 per 100,000) (Skinner and McFaul 2012). However, rates of suicide for girls have increased over the past 30 years in Canada (ibid). Female youth is the Canadian population group most likely to attempt suicide (Public Health Agency of Canada 2006). For children aged 10-14, girls are five times as likely as boys to be hospitalized for attempted suicide (PHAC, 2006).

Known risk factors for suicide, suicide attempts and suicide ideation among children and youth include socio-cultural factors, family dynamics, health and mental health issues, and adolescent development. While each situation is unique, there is a clear indication that experiences of marginalization – being marked as ‘different’ and experiencing isolation or discrimination – is a key factor in suicide attempts among girls, with the following groups of girls among those at greater risk of suicidal behavior:

- Aboriginal girls (Canadian Institute of Child Health 2000)
- Low-income girls (Cheung and Dewa 2006)
- Sexual minority girls (Smith et al. 2009)
- Overweight and obese girls and those with a health condition or disability (ibid)
- Girls from northern and rural areas (DesMeules et al. 2006; Pauktuutit 2007)
- Girls who have been sexually abused (Fernet 2005; Brabant et al. 2008)

Therefore, it is important that suicide prevention approaches take into account gender differences as well as the impact of violence and marginalization on girls’ lives.

PHYSICAL HEALTH

Girls' bodies are in constant flux during their childhood and adolescence, and their physical health also has an influence on their mental health. Certain aspects of girls' physical well-being, such as their sexual health, use of tobacco, alcohol and drugs, and their access to health care, impact their lives in especially important ways.

SEXUAL HEALTH

Early sexual behaviour

There are many pressures on girls to become sexually active early in life: messages from the media and peers and the sexual attitudes and behaviours of boys (Comité avisé sur les conditions de vie des femmes 2005) are among the most common. Girls' sexuality has received considerable attention recently, with concerns about 'hyper-sexualization' and 'precocious' sexual behavior thought to occur at an increasingly early age. Evidence does not support these concerns, however, since the average age of first intercourse has remained stable at around 16 years for both Canadian females and males (Rotermann 2005). It is not girls' behaviour but rather the cultural environment that is becoming highly sexualized (Blais et al. 2009; Caron 2009a, b).

Self-esteem plays a key role in sexual health. Girls with low self-esteem are more easily influenced and are therefore at greater risk of engaging in early and unprotected sex (Rotermann 2008; Garriguet 2005). The risk of early intercourse is even greater for lesbian, bisexual or questioning girls, likely related to social isolation and poorer self-image (Mitura and Bollman 2004). Female youth who are or think they may be lesbian often keep their orientation and questions about their sexuality to themselves, and, because homophobia is widespread, they may see themselves in a negative light (Chamberland and Lebreton 2010). Given that higher rates of unplanned pregnancy have been found among these girls (Goodenow et al. 2008), engaging in unprotected heterosexual sex may be one, albeit risky, way they try to fit in or deny their true sexuality.

Sexually transmitted infections

Rates of sexually transmitted infections (STIs) are rapidly increasing among female youth, more so than their male counterparts. Many female youth do not use contraceptives: 21% of sexually active Grade 9-10 girls rely on the withdrawal method, which does not protect against pregnancy or STIs, and 8% do not use any form of contraception (Freeman et al. 2011, 158). Female youth aged 15 to 24 were twice as likely as their male peers to report being diagnosed with a sexually transmitted disease (7% versus 3%); this includes chlamydia, gonorrhoea and syphilis (PHAC 2010a) as well as HIV (PHAC 2010b). Indigenous female youth are particularly affected by STIs, with higher rates than other Canadian girls (Rotermann 2005), and Indigenous women continue to be over-represented among positive HIV tests (PHAC 2012).

Teen pregnancy

Teen pregnancy in Canada has decreased significantly over the last few decades. The rate of adolescent pregnancy including live births was reduced by about half between 1990 and 2005 (Turcotte 2011). However, the rate of adolescent pregnancy remains high for Indigenous girls. Census data reveal that in 2006, 8% of Indigenous girls aged 15 to 19 were parents, compared to 1.3% of their non-Indigenous counterparts. Almost 1 in 10 First Nations and Inuit teenage girls, and about 4% of Métis teenage girls, were parents in 2006.

As for the impacts of being a teen parent, early motherhood can increase the vulnerability of those young women who are already socio-economically disadvantaged by reason of cultural background and gender (see, for example, Guimond and Robitaille 2008).

Education

With increasing pressure to focus on their sexuality or become sexually active, girls often rely on dubious sources for information on sexual health, such as teen and women's magazines (Lang 2009). Girls need critical thinking skills and factual sex education to empower them to make informed choices about their bodies (Lang 2009; Duquet and Quéniart 2009; Bouchard and Bouchard 2005). Rather than telling them how they should behave, girls need empowerment and education to help them make healthy decisions (Begoray and Banister 2007; Flicker and Guta 2008).

SMOKING, DRINKING AND DRUG USE

Smoking

Smoking among girls is decreasing: in 2009, 9.8% of girls aged 12 to 19 smoked, a considerable reduction from the 2003 figures of 15.3% (Turcotte 2011a, 23). Indigenous girls tend to start smoking at an earlier age, and among those aged 15-17, 65% smoke (First Nations Centre, 2005). Risk factors for girls who do smoke include stress, peer pressure and living in northern or rural areas (Turcotte 2011a; De Finney et al. 2009; Mitura and Bollman 2004).

Alcohol and drug use

While boys' rates of alcohol and drug use exceed those of girls, girls' use of both is increasing. Binge drinking rates range from 38% of Grade 9 girls to 54% of Grade 10 girls over a recent one-year period, which is within two to three percentage points of boys' rates (Freeman et al. 2011). As for drugs, more than 25% of girls in Grades 9 and 10 reported using marijuana at least once over the past year, while 8% reported using it 20 or more times, a rate similar to boys (Freeman et al. 2011).

Certain groups, such as lesbian and bisexual girls and girls living in rural settings, are more at risk of misusing alcohol and drugs (Mitura and Bollman 2004; Saewyc et al. 2007; CAMH and VALIDITY 2006). Sexual and physical abuse and trauma are closely related to substance use problems among girls and women (Greaves and Poole 2007). In addition to violence, girls who experience depression, obesity, and/or poor peer and family relationships may also be more likely to abuse alcohol (Poole et al. 2010).

ACCESS TO HEALTH SERVICES

“If a physician does not fully understand how culture and race has a role in how you express yourself and your feelings, illnesses such as depression may be overlooked. It is very difficult for black females to find physicians who can relate to them . . . Unfortunately, being able to relate to your doctor’s ethnicity or cultural background is a privilege that many of us are not fortunate enough to have.”

– Priscilla (CAMH and VALIDITY 2006).

In Canada, the public healthcare system provides a strong foundation but gaps exist in terms of girls’ access to and use of health care services. Immigrant, racialized and Indigenous girls have more difficulty accessing the health care system. When they do, they often find it does not meet their particular needs. While 85% of girls aged 12-19 had access to a regular doctor in 2009, the rate for non-Canadian-born girls was 78%, and only 68.6% of Indigenous girls and young women aged 15-24 had visited a family doctor in the preceding year (Turcotte 2011a; O’Donnell and Wallace 2011). Immigrant girls often do not get full access to health care services because of various challenges, including language barriers (Czapska et al. 2008) and a lack of respect or cultural sensitivity on the part of service providers (Jiwani et al. 2001).

Some immigrant girls are fearful of disclosing violent or abusive episodes because mandatory reporting could put them at risk of retaliation in their homes or communities (Berman and Jiwani 2002).

Racialized girls can face many of these same barriers, but they can also face racism within the system itself. Racism can increase stress and feelings of helplessness and even contribute to illness among racialized female youth (Women’s Health in Women’s Hands 2003).

PART B: GIRLS WHO FACE MULTIPLE BARRIERS

At Girls Action, we recognize that girls are diverse in terms of their socio-economic status, race, religion, culture, immigrant or refugee status, location, ability, sexuality, and much more. In order to take into account the multiple and intersecting nature of these experiences, we use an Integrated Feminist Analysis. This analysis recognizes that there is more than one experience of girlhood in Canada and that different girls have different access to power and privilege. We use this analysis to offer a more holistic understanding of girls and young women's issues within Canadian society.

The fact of being a girl is always intertwined with other aspects of a girl's life. These aspects, such as **age, ethnicity, socio-economic status, sexuality or disability**, can create specific barriers as well as strengths, which can be understood through the perspective of intersectionality (see Annex A). For example, girls with disabilities, girls who are or are perceived to be in a sexual minority, and girls who grow up in poverty are also at higher risk of violence and can experience specific forms of marginalization, discrimination and barriers to education, as well as negative physical and mental health outcomes.

We have included data, where it exists, on the prevalence of certain challenges among specific groups of girls in Part A of this document. There are specific sub-populations of girls in Canada for whom a combination of these challenges is such an integral part of their daily lives that it is impossible to understand these girls' experiences without taking them into account. In this section, we look at four of these groups: **girls from rural communities, girls from immigrant communities, girls from racialized communities and girls from Indigenous communities.**

These girls' experiences include both positive and negative aspects. Due to marginalization, the negative aspects often result in increased stress or added barriers to the realization of the girls' potential (Calhoun et al. 2005). However, these experiences can also result in strengths and benefits that a girl can draw on to succeed. These will be discussed in the sections that follow.

Lastly, even within these "groups" of girls, there is great diversity, a fact that must be kept in mind while identifying and analyzing trends. Understanding these girls' experiences and generalizing findings is important to better address their challenges; however, it also carries with it the risk of perpetuating simplifications and stereotypes that place limits on these girls as they grow up.



RURAL GIRLS

“You can’t really be all that different around here . . . like if you were from a completely different race or culture . . . you can’t be different – there’s no variety. Even your sexuality. People get made fun of for being gay – or lesbian – because they’re so different from everyone else. Around here everyone is the same. You have to be.”

– Girl from rural Nova Scotia (Sandler 2009).

When a girl grows up in a rural or remote locale, she may experience more isolation than her counterpart in an urban setting. She has access to fewer services, and the ones that are available are harder to access (Sandler 2009). One report noted that rural girls and women who are victims of violence face barriers to support, including long distances, lack of transportation and scarce shelter services (Justice Canada 2000).

At the same time, girls have little privacy in rural communities, where everyone tends to know everyone else’s business (Justice Canada 2000; Sandler 2009). For example, it is not possible for girls living in poverty to hide their economic situation (Blaney 2004), and racial and cultural differences can become distinct divides when populations are small (Sandler 2009). For lesbian girls and those living with HIV, attempts to keep their lives private can put their safety at risk (Northern Secretariat of the BC Centre of Excellence for Women’s Health 2000). This may partially explain the higher rates of homelessness for rural girls, who may go to larger communities seeking both anonymity and support services (Czapska et al. 2008). Escaping poverty, unemployment and violence have also been reported as reasons for leaving rural areas, especially for Indigenous girls (ibid).

Rural girls’ health should be a concern, and statistics indicate that mortality rates for Canadian rural girls are double those for girls from urban areas (DesMeules et al. 2006). Rural and northern girls smoke and drink more than their urban counterparts, likely a factor in their reporting of lower rates of good health (Mitura and Bollman 2004). The suicide rate for rural adolescent girls is also much higher than for girls in cities (DesMeules et al. 2006, 109). This fact, combined with evidence that binge drinking is more common among rural girls (Mitura and Bollman 2004), may indicate that rural girls face mental health challenges exacerbated by the remoteness of their location.

The situation of immigrant girls in rural areas is often more challenging than that of their urban counterparts. As there are far fewer immigrant families in rural areas, the sheer lack of options and alternatives often forces these girls into either internalizing the violence or rejection they experience or fitting into peer groups that are not always accepting of their differences (Jiwani 2001; Beshri and He 2006).

RURAL GIRLS (continued)

Rural girls also find positive ways to cope with their challenges. Many rural girls create a sense of community on the Internet and get support and information from online sources that they cannot find in their communities (Campbell 2004). Another study on youth violence noted that rural girls expressed their desire for proactive strategies to reduce violence in their schools (Hall et al. 2011). And another report noted that rural girls are often involved in school and extracurricular activities, where they gain practical skills and leadership experience that increase their self-esteem (Shepard and Marshall 2000).

INDIGENOUS GIRLS: FIRST NATIONS, INUIT AND MÉTIS GIRLS

I feel like I don't really matter. Like, if I got hit bad or went missing, like who would really know? Like the kids who got shuffled off to the (residential) schools, you know? If something happened to them, who really knew?

- Métis girl (Downe 2006)

First Nations, Métis and Inuit girls face particular challenges in Canada, but they also possess great resilience and potential to have a positive influence on their communities. Girls are an important part of the future of Indigenous communities, especially given that nearly half of all female Indigenous people in Canada are under the age of 25 (46%), and 28% are under the age of 15.⁹ (Urquijo and Milan 2011)

In terms of mental and sexual health, education and work, and staying free of or healing from violence, many Indigenous girls experience barriers that non-Indigenous girls do not; this is due at least in part to the persistent and long-term impacts of colonialism. As diverse as First Nations, Métis and Inuit girls are, whether they live in remote, reserve or urban communities, they share a similar colonial history and its present-day impacts (Flicker et al. 2008; Downe 2006). As Downe (2006, 2) states: "The history of child apprehension and residential school regimes established a pattern of dislocation, up-rootedness and abuse that continues to characterize the lives of those Indigenous girls who today face sexual exploitation and homelessness."

In addition, it is known that:

- Indigenous children and youth continue to be over-represented in the child welfare system (Blackstock, Trocmé and Bennett 2004) compared to non-Indigenous children.

⁹ Indigenous Affairs and Northern Development Canada (AADC) tabulations indicate, specifically, that:

- 46% of Indigenous females in Canada are less than 25 years of age (i.e. 0-24 years old); and 45% are less than 24 years of age (i.e. 0-23 years old).
- 28% of Indigenous females in Canada are less than 15 years of age (i.e. 0-14 years old), and 26% are less than 14 years of age (i.e. 0-13 years old).

INDIGENOUS GIRLS: FIRST NATIONS, INUIT AND MÉTIS GIRLS (continued)

- This can lead to over-representation in the criminal justice system. For example, a study of criminalized First Nations, Inuit and Métis girls found that about 82% of these girls had been in foster care at some point (Corrado and Cohen 2002). A 2010 Statistics Canada report showed that in 2008-2009, 44% of admissions of all female youth to custody were Indigenous (Mahoney 2011). Indigenous girls are over-represented among homeless female youth (On Her Own 2002), and in youth prostitution (Sethi 2007).
- Indigenous girls are more likely than non-Indigenous girls to experience high degrees of depression and emotional distress (McIntyre et al. 2001; Smith et al. 2009) and to both attempt and commit suicide (CICH 2000).
- Girls from Indigenous communities also have higher rates of smoking (First Nations Centre 2005; McCreary Centre Society 2000) and HIV infection (Flicker et al. 2008; Janovicek 2001).

The violence, mental health issues and social challenges prevalent in Indigenous girls' lives must be understood in the context of the colonization process, as families were forcibly broken up, communities were moved, important health-promoting aspects of Indigenous cultures were repressed, and residential school officials commonly perpetrated physical and sexual abuse of Indigenous children. The intergenerational effects of this trauma are linked to the high rates of suicide, addictions, post-traumatic stress and unhealthy relationships in Indigenous communities (Downe 2006).

The crisis situation regarding missing and murdered Indigenous women has come into public awareness in recent years (Amnesty International Canada 2005; MacDonald 2005; NWAC 2010). What is less known is that 17% of the 582 cases of missing or murdered Indigenous women are actually girls under the age of 18 (NWAC 2010).

Being a First Nation, Inuit, or Métis girl growing up in Canada today “does not, of course, mean that poverty, assault, sexual exploitation, or child apprehension are inevitable” (Downe 2006, 14). However, the prevalence of these realities, combined with racial stereotypes about Indigenous women, present another barrier for these girls to overcome (On Her Own 2002; Downe 2006). As one First Nations young woman stated: “I think that violence towards Indigenous girls and women is perpetuated within society. It is not only one person making us feel worthless. Actually, it’s the generally accepted stereotypes surrounding Indigenous women” (in Girls Action Foundation 2011).

Despite these challenges, Indigenous girls demonstrate a surprising degree of resiliency (Native Youth Sexual Health Network and Girls Action Foundation 2011; Downe 2006). Extended families, often involved in raising girls (O'Donnell and Wallace 2011), can be a source of strength, especially if they are able to share languages and cultural teachings. In Inuit communities, a remarkable 68% of Inuit girls can speak their own language (O'Donnell and Wallace 2011), an achievement to be celebrated.

INDIGENOUS GIRLS: FIRST NATIONS, INUIT AND MÉTIS GIRLS (continued)

At the first pan-Canadian leadership gathering of First Nations, Métis and Inuit girls aged 16 to 24, which took place in 2011, the girls demonstrated remarkable determination to address violence and make a difference in their communities (Girls Action Foundation website 2012). Evidence shows that girls find great strength from traditional teachings and mentorship with Elders (Banister and Begoray 2006b) yet few programs actually exist for girls that include Indigenous teachings (Czapska 2008). Girls and young women from Indigenous communities express the desire for more supports that allow them to learn about and be active participants in their cultures (Manitoba Research Alliance 2006).

RACIALIZED GIRLS

“Since the day I was born, I had always fantasized about the “what ifs.” Would I have been treated differently by my parents if I were a boy, or would boys like me more if I had blonde hair and blue eyes? There are times where I have to stop myself and think, why bother? This is my reality; I’m a Vietnamese girl with a Vietnamese family and background, living in a middleclass, white, male-dominated society, of which I am none.” - Katherine (CAMH and VALIDITY 2006)

Recent Statistics Canada data show the population of racialized¹⁰ girls and women is growing (Chui and Maheux 2011¹¹). It is important to recognize the diverse experiences of racialized girls due to varying cultures, countries of origin, social class and immigration status. For example, many racialized girls’ families have lived in Canada for generations, so it is important not to assume that all racialized people are immigrants. One-third of racialized girls and women were born in Canada; the other two-thirds came to Canada during their lifetime (Chui and Maheux 2012).

¹⁰ “Racialized” is used to refer to girls “who experience racism because of their race, skin colour, ethnic background, accent, culture or religion . . . Racialized women [and girls] have different cultures, histories, religions, family norms, life experiences, and are subject to different stereotypes. What they have in common is they are racialized – they are subject to racism and made to feel different because of their racial/ethnic background” (CRIAW 2002 <http://www.criaw-icref.ca/WomensexperienceofracismHowraceandgenderinteract%20#> Whatthewordsmean).

¹¹ Chui and Maheux (2011, p.5) use the term “visible minority” as defined in the Employment Equity Act: “The Employment Equity Act defines visible minorities as persons, other than Indigenous peoples, who are non-Caucasian in race or non-white in colour. Under this definition, regulations specify the following groups as visible minorities: Chinese, South Asians, Blacks, Arabs, West Asians, Filipinos, Southeast Asians, Latin Americans, Japanese, Koreans and other visible minority groups, such as Pacific Islanders”.

RACIALIZED GIRLS (continued)

As racialized girls grow up in Canada, they see few reflections of themselves beyond their circles of family and friends. In popular culture and news media, women of colour tend either to be absent or the focus of negative stories, often violent or highly sexualized (Durham 2004; Stephens and Phillips 2003; CRIAW 2002); white women, on the other hand, are portrayed as natural or normal (George and Rail 2005; Lee 2004; Women's Health in Women's Hands 2003). There are few racialized women in positions of power or leadership who girls can look to as role models. In school curricula, students rarely learn about the contributions of racialized women to Canada. Nor do they learn about the histories of Asia, Africa, Latin America and the Middle East except in the context of colonization by Europe.

The dearth of positive, realistic representations of racialized people could be one reason for the persistence of racial and ethnic stereotypes (Durham 2004). Evidence on the challenges facing racialized girls in Canada consistently identifies the daily struggle with stereotypes and racial discrimination (Hussain et al. 2006; Jiwani 2006; Lee 2004; Sum 2003; Berman and Jiwani 2002; Desai and Subramanian 2000). Often there are specific stereotypes about girls from particular ethnic backgrounds or countries of origin – some viewed as passive or repressed by their families, others as low achievers or unintelligent (George and Rail 2005; Jiwani 2006).

While all girls struggle to develop a sense of self, those who are racialized experience “added challenges, such as being labeled ‘other,’ ‘dissimilar,’ and ‘foreign’” (CAMH and VALIDITY 2006, 27; Rajiva 2006). Many racialized girls are regularly asked “Where are you from?” whether they are recent immigrants or not (Jiwani 2006). As girls grow up, the message that they do not really belong (Migliardi and Stephens 2007) creates both internal stress and external barriers. Another experience arising from stereotyping and racism is sexual violence against racialized girls, who may be seen as more sexual or “exotic” (CRIAW 2002).

In addition to these issues and those related to violence and access to health services described in the previous sections, an additional challenge may be economic insecurity. Racialized women and families have significantly lower average incomes than white Canadians and are more likely to live in poverty (Chui and Maheux 2011).

Despite the psychological pressures and systemic barriers facing them, racialized girls often show great motivation and strength. For example, in Canada, racialized female youth are much more likely than non-racialized youth to be in school, and racialized women are more likely to have a university degree (Chui and Maheux 2011).

Many racialized girls derive strength from their heritage and participation in their cultural communities; a strong ethnic identity has been found to protect teen girls against negative messages regarding their gender and race (Johnson et al. 2001). While some racialized girls feel they do not fully belong anywhere and experience great stress in living between two worlds – a home culture and a mainstream culture (Migliardi and Stephens 2007) – many others are actively creating new spaces in which to realize their own potential. Racialized girls are able to take an “active and conscious role in evolving a new culture that encompasses selected aspects of both cultures” with their unique sense of “agency derived from a dual consciousness” (Desai and Subramanian 2000).

IMMIGRANT GIRLS

“I’m not saying that [Western culture] is better, it’s different. Being in a country with their ways, and we have our ways – it’s very hard. There should be a middle, a balance”.

– female youth (Desai and Subramanian 2000, 54).

The lives of immigrant girls in Canada are also challenging, and teachers, parents and community workers often have little understanding of the complexity of the issues they face (Lee and Pacini-Ketchabaw 2006).

“Fitting in” is a central issue for immigrant girls. The positive connotations of “fitting in” include the feeling of belonging in school and community, the sense of identity as a full Canadian, and the ability both to define and achieve success for themselves. For immigrant girls, unfortunately, there are many barriers to self-acceptance and realization of potential.

Immigrant girls who are also racialized experience the barriers related to racism described above. If a girl cannot express herself well in either of Canada’s official languages, she will likely find it difficult to fit in at school or to participate in other activities (Berman and Jiwani 2002; Girls Action 2010, 23, 24). In schools, immigrant girls may be assessed and placed in a class below their age-appropriate grade level (Desai and Subramanian 2000).

Newcomer and second-generation girls often experience tensions due to conflicting cultures, especially regarding gender roles and expectations (CRIA 2003). Parents may pressure girls to act one way while peers and mainstream culture encourage them to act another. Many cultures view girls and women as keepers of culture; hence, there can be increased pressure on girls to maintain certain manners of dress, behaviours and activities (Rajiva 2005). For example, immigrant parents tend to be much stricter with girls and put limitations on dating, mobility and use of leisure time (Khanlou and Crawford, 2006), while their male relatives are accorded more freedom, which sets up a double standard. Often immigrant girls create two identities: one for Canadian society and one for their home life (Anisef and Kilbride 2003).

Immigrant girls are more vulnerable to violence (Berman and Jiwani 2002), and especially in the case of refugees, may have experienced violence prior to immigrating to Canada (Beiser et al. 2002).

Immigrant girls tend to work hard and carry heavier family responsibilities than Canadian-born girls. Many immigrant girls act as “cultural brokers,” translating or interpreting for their parents (Desai and Subramanian 2000). They often have significant responsibilities for cooking, cleaning (Khanlou and Crawford 2006) and caring for younger siblings, which leaves little time for sports or other extra-curricular activities (Lee and Pacini-Ketchabaw 2006).

IMMIGRANT GIRLS (continued)

All of these expectations and pressures interact and likely contribute to the higher rates of depression among newcomer youth compared to newcomer adults (Beiser 1999). Mental health is influenced both negatively by the level of conflict with parents (Smith et al. 2011) and positively by cultural connectedness (ibid). This is just one example of the many tensions in an immigrant girl's life, where her family and her culture are sources of both strength and challenge. The strength lies in the immigrant girl's passion to succeed, to create her own life, and to participate actively in developing society (Tshombokongo 2006). Immigrant girls, for example, are more likely to be in school than Canadian-born female youth (72% versus 68%) (Chui 2011, 21). Acting as a "bridge" between two or even multiple cultures can elicit valuable assets within immigrant girls, such as cultural awareness, diplomacy, improved learning skills, resourcefulness and ability to balance many responsibilities such as study, work and family (Tshombokongo 2006).

PART C: WHAT DO GIRLS NEED TO SUCCEED?

Despite the barriers, girls and young women are leading in their communities. They are an important source of creativity and innovation in realizing long-term social change. With access to resources and support, girls are connected, empowered, and better positioned to become agents of change in their own lives and communities. Connecting girls with mentors can be a powerful way to light a spark for social change: positive intergenerational connections have a meaningful impact. Leadership can be expressed in so many different ways. Supporting future leaders means recognizing critical thinkers, acknowledging girls with new ideas, valuing a diversity of leadership styles and skills, and supporting those who are on the cusp of speaking out.

“Leadership to me is the ability to bring people together despite their differences, and to work as a single unit for a common purpose. Leadership is the building of bridges.”

– Heather, White Bear First Nation

While the many challenges facing girls in Canada could paint a picture of victimization, it is important to think of girls also as agents of change – they have the ability to make choices and take actions that positively affect their own lives and those of others (Lee 2006; Levac 2009; Caron 2011). Given that there are challenges, however, especially related to mental health and violence, the question is: what protective factors can have the most positive impact on girls’ lives (Tipper 1997). The literature shows, overwhelmingly, that:

1. Girls need to be valued – at home, in school and in the community, as well as in the development of policies and programs.
2. Girls need to be given opportunities to learn and lead.

This section discusses the key protective factors identified as making a positive difference in girls’ lives; these can exist on an individual, family or school level as well as in the broader community. A discussion of best practices in girl-focused programs with example programs is also included.



SOCIAL SUPPORTS

“When your parents support you, it’s like you can do anything”.

– Youth participant (Freeman et al. 2011).

‘Social support’ refers to the various types of support that people receive from others and generally falls into three major categories: informational (including providing information about a need or referrals for help), emotional (support for emotional needs or personal crises) and practical support (financial assistance, skills training, health services, etc.) (Barker 2007).

Girls can find social support from a variety of sources, including their families, their peers and their teachers. Of course, boys also benefit from these social supports, but often in different ways. For example, in instances of bullying, both girls and boys in later adolescence benefit from school-based support, while younger girls benefit more from parental support (Stadler et al. 2010). Girls are often more comfortable with their mother’s support while boys tend to have a better relationship with their fathers (Colarossi and Eccles 2003; Freeman et al. 2011). Spending time with family, such as eating together, helps girls build trust and support, and eases communication with parents (Freeman et al. 2011).

Both boys and girls benefit from positive peer support, but they experience it differently. Boys benefit from lower rates of behavioural problems and girls enjoy higher levels of emotional wellbeing when strong peer support is available (Freeman et al. 2011). Evidence has also shown that girls generally seek and receive more support from their peers than do boys (Colarossi and Eccles 2003).

Teachers too can play an important role, although this decreases as students mature. When girls have positive relationships with teachers they are more likely to be in good health and have higher self-worth; the same is true of boys (CIHI 2005; Colarossi and Eccles 2003). The 2011 HBSC study concluded that positive school experiences lead girls to develop strong emotional bonds and self-confidence. Their mental health is better and school engagement lessens their use of substances such as tobacco and alcohol (Freeman et al. 2011).

CONNECTION TO CULTURE

“ My Indigenosity is a very important component of my culture. I am proud of who I am, and I hope to help others find this pride and embrace it as well”.

– Youth participant (Freeman et al. 2011).

CONNECTION TO CULTURE (continued)

A strong cultural identity can be a protective factor, particularly for Indigenous, racialized and immigrant girls. When a girl knows about and takes part in the cultural traditions that are part of her heritage, those traditions can provide a sense of belonging and community pride. As studies have shown, for example, knowledge of previous generations' achievements can serve to guide Indigenous girls in difficult times (Native Youth Sexual Health Network and Girls Action Foundation 2011). Unfortunately, not all racialized, immigrant and Indigenous girls are able to develop a positive relationship with their cultures. Indigenous girls may be displaced or have no home community (Downe 2006). Because racial stereotypes often ridicule or misrepresent aspects of a culture, a girl may want to distance herself from it (Jiwani 2006). Living between mainstream and minority cultures and navigating the differences in gender roles and expectations can create significant stress for girls (Migliardi and Stephens 2007).

OPPORTUNITIES FOR LEADERSHIP AND ENGAGEMENT

“ My family has taught the young women that being an Indigenous woman is very powerful, and should be shown with pride. I believe Indigenous women’s leadership is when you love your culture, when no matter what someone says about it, that love never dies”.

– Mercedes Donald, Indigenous Young Women Lead (Native Youth Sexual Health Network and Girls Action Foundation 2011).

“ Leaders are all around us yet they often go unnoticed. Leaders are the girls and young women asking questions, looking for answers, and stating opinions” . – (Girls Action Foundation 2010c).

Given the right opportunities and encouragement, girls and young women will be equipped as life-long participants in their communities, shaping policies and institutions to better reflect their needs.

Young women, even those who are marginalized, have the capacity to lead and participate in society. Innovative approaches are needed to engage them in policy discussions, discourse and action planning on matters that affect their lives, such as health, homelessness and economic security (Levac 2009; Czapska 2008; Manitoba Research Alliance 2006).

OPPORTUNITIES FOR LEADERSHIP AND ENGAGEMENT (continued)

Traditional political involvement is declining among young women and has tended to be less active than young men's involvement. Differences in gender socialization and the differences in interests that this socialization produces likely account for some of the differences in participation in formal electoral processes between men and women (Thomas 2006). Rather than plunging into competitive and adversarial traditional politics, young women may be "more likely to spend their time focusing on more immediate, personal, and consensual concerns" (Jenkins 2005, 3).

It appears that the discrepancy between girls' and boys' intentions to be politically involved only arises in early adulthood (O'Neil 2007; Hooghe and Stolle 2004). However, the discrepancy in the type of civic engagement anticipated starts earlier. Girls are more likely to express interest in activities that make a contribution to society, such as fundraising for a cause, participating in rallies or peaceful protests, or collecting petition signatures. Boys, on the other hand, express interest in running for office as well as willingness to participate in more aggressive forms of protest, such as blocking traffic or occupying buildings (Hooghe and Stolle 2004). Interestingly, a young woman is more likely to be politically active if her mother had higher education, if she grew up with a parent or guardian who volunteers, and if her family discussed politics together (Jennings 2009).

There are clear signs that many female youth in Canada do care about political, environmental and social matters. Far from being apolitical, female youth tend to be very engaged and driven by their commitment to a cause rather than to an organization (Quéniart and Jacques 2001). Instead of involving themselves in electoral or traditional political processes, young people in Canada are increasingly shifting to individual, results-oriented political action, such as volunteering, signing petitions, boycotting, participating in protests or being members of a group or organization that contributes to the betterment of society (O'Neil 2007).

Given the right opportunities and supports, girls and young women can speak their minds to their peers, adults and institutions and even change views and practices in their communities. This engagement has positive health outcomes for youth and helps to build self-esteem (CIHI 2005).

GIRL-SPECIFIC PROGRAMS

"I have more self-confidence, I am taking more risks. I'm not afraid to be myself. I speak my mind more often than I did. I am putting myself out there. I don't care what people think of me. I am who I am and I let it show." – Participant in Dirt Divas, an all-girls' mountain bike program (Budbill 2008)

GIRL-SPECIFIC PROGRAMS (continued)

Programs designed specifically for girls can play a key protective role in their healthy development. Although evaluation and analysis on Canadian girl-centred programs could be increased and expanded, from what does exist we know that girl-specific programs have overwhelmingly positive outcomes and benefits for participants (Irvine and Roa 2010; Chaplin et al. 2006) – whether the programs are aimed at:

- **Violence prevention** (Noonan and Charles 2009; Berman and Jiwani 2002; Cameron et al. 2002; Janovicek 2001)
- **Health promotion** (Seo and Sa 2010; Jones et al. 2008; Sieving et al. 2011; Barbeau et al. 2007; Jamner et al. 2004; Camacho-Minano et al. 2011; Pate et al. 2005)
- **Empowerment and leadership development** (CAAWS 2012; Steenbergen and Foisy 2006; Williams and Ferber 2008; Bell-Gadsby et al. 2006; Denner et al. 2005; LeCroy 2004)

The evidence indicates that girl-specific programs can be beneficial to a diversity of girls, from those who are doing well in school to those in juvenile justice systems (Roa et al. 2007). Creating programming that focuses on girls' strengths and competencies rather than risks and problems has also been identified as a key factor in programming success (Zurbriggen 2009; Baillie et al. 2008; Steenbergen and Foisy 2006; Calhoun et al. 2005; Patton and Morgan 2002).

Since many of the challenges facing girls are influenced by gender, such as dating violence and sexual health problems, gender-based approaches to prevention and reduction are important (Begoray and Banister 2007; Williams and Ferber 2008; Ball, Kerig et al. 2009; Noonan, Emshoff et al. 2009; Reed, Raj et al. 2010). Girls-only programs help create a secure environment in which participants can discuss sensitive topics and gender-related issues (Cameron et al. 2002; Valaitis and Sword 2005; Williams and Ferber 2008; Ball, Kerig et al. 2009). Through such programs, girls can develop strategies for coping with challenges, taking action and creating change in their lives and in their communities (Zurbriggen et al. 2007).

Successful girls' programs can take place in a variety of settings, with or without the involvement of parents or teachers, and can be peer or adult-led. What appears to be important is that programs create a safe place for girls to learn, share and build their self-esteem and sense of efficacy. This section provides an overview of the following five best practices in girl-specific programming, in the context of violence prevention, leadership development and health-promotion¹²:

- 1. PARTICIPATORY:** involve girls in program design and facilitation
- 2. EMPOWERMENT:** support girls to express themselves and take action
- 3. ASSET-BASED:** build skills and focus on girls' strengths
- 4. CULTURALLY RELEVANT:** respect for and integration of diversity
- 5. COMMUNITY INVOLVEMENT:** engage community members through mentorship and other means

¹² Programs were chosen based primarily on availability of published literature. However, since few Canadian girls' programs have been documented in academic literature, other programs were chosen from the Girls Action Foundation's national network of independent girls' programs, based on the criteria of geographic and program diversity. There are many more girls' programs in Canada; these are presented simply to illustrate the diversity of initiatives that have taken place.

GIRL-SPECIFIC PROGRAMS (continued)

PARTICIPATORY: INVOLVE GIRLS IN PROGRAM DESIGN AND FACILITATION

Girls' programs need to respond to the specific and current realities of their participants (Berman and Jiwani 2002; Cameron et al. 2002; Calhoun et al. 2005; Girls Action Foundation 2010; CAAWS 2012). Programs and approaches that are participatory and involve girls in the program design process appear to be more effective. Analysis of Indigenous girls' programs has suggested that incorporating girls' perspectives helps to ensure their cultural relevance (Banister and Bergoray 2006a; 2006b; Baillie et al. 2008). When programs are not participatory, for example when facilitators speak too much or neglect to engage girls in enough discussion or activity, their effectiveness can be reduced (Bay-Cheng et al. 2006; Cameron et al. 2002). Peer facilitation – activities led by the girls or by young women slightly older than participants – can increase effectiveness (Williams and Ferber 2008; Heinicke et al. 2007; Valaitis and Sword 2005).

Example program: Nutana Collegiate, Saskatoon, Saskatchewan – Promoting Healthy Body Image

Students, teachers, and staff of Nutana Collegiate in Saskatoon took part in this participatory action research project during the school year 2006-07. The two primary phases of the project focused on building relationships and collaboratively developing action initiatives with girls (McHugh and Kowalski 2011). The program was driven by girls and focused on promoting healthy body image. Components included: a “Girl’s Club” in which participants could share experiences in a safe and respectful setting; a girl-led wellness policy to provide students with more healthy eating and physical activity opportunities; “body talk” sessions for sharing experiences and encouraging self-expression; journaling of stories and experiences; and promoting awareness of the project in the media and in youth-facilitated conferences. McHugh and Kowalski (2011) suggest that one of the keys to the program’s success was the active engagement of the girls from the beginning phases.

EMPOWERING: SUPPORT GIRLS TO EXPRESS THEMSELVES AND TAKE ACTION

It is important in a girls' group that all participants can express themselves freely and feel their opinions are valued (Chen et al. 2010). This sense of having a “voice” can be a key factor in girls' empowerment and is one of the main benefits of effective girl-specific programs (Hirsch et al. 2000, 224; Calhoun et al. 2005; Chen et al. 2010; Denner et al. 2005). Many girls' programs incorporate discussion, sharing circles and creative activities such as journaling, role playing and visual art (Banister and Begoray 2006; Williams and Ferber 2008). Programs can take empowerment a step further by supporting girls to develop specific leadership skills (Gavin 2010), to be more assertive in their own lives (Ball 2009), and to reach out to and express their views to family, friends, school staff or the community (Girls Action Foundation 2010).

GIRL-SPECIFIC PROGRAMS (continued)

Example program: Girls Action Foundation: National Day of Action

Since 2005, Girls Action has coordinated a National Day of Action on Valentine's Day (Feb. 14) to encourage girls to take an active role in addressing issues of shared concern in their communities. Over 200 local girl-led projects in towns and cities across Canada have educated girls and others on such issues as relationship violence, inequities in education and the particular challenges facing immigrant girls and women, to name just a few. The activities are hosted locally by organizations in Girls Action's 300-member network. Day of Action activities have been shown to increase girls' organizational skills, knowledge of violence prevention strategies and health promotion, as well as access to trusted adults and mentors.

ASSET-BASED: BUILD SKILLS AND FOCUS ON GIRLS' STRENGTHS

Girls' programs are often developed to address challenges in girls' lives. However, the literature indicates that health and violence prevention programs are more successful when they focus on girls' strengths and competencies rather than on risks and problems (Zurbriggen 2009; Baillie et al. 2008; Steenbergen and Foisy 2006; Calhoun et al. 2005; Patton and Morgan 2002). For example, a review of 16 school-based mental health interventions found that the most effective approaches were those that focused on health promotion rather than on illness prevention (Wells et al. 2003).

Related to this asset-based methodology is skills development, found to be an important component in girls' and youth programs to prevent violence, develop leadership and promote good health (Jarrett et al. 2009; Gavin et al. 2010; Tortolero et al. 2010; Sieving et al. 2011; Noonan et al. 2009; Vogl et al. 2009; Williams and Ferber 2008; Cameron et al. 2002). Life skills commonly addressed in such programs include: healthy friendships and relationships, peer pressure management, coping skills, anti-bullying, stress management, conflict resolution, communication, goal setting and decision making. Such approaches enhance girls' own ability to make healthy choices and work towards their own goals.

Critical thinking skills are of particular importance to girls' well-being and development (Calhoun et al. 2005; Girls Action Foundation 2010). Girls who ask "why?" and who are able to question stereotypes and commonly held assumptions are at a distinct advantage in making sense of their world. Likewise, girls who understand media messages, particularly those from marketers, will be less susceptible to harmful impacts (Lamb and Brown 2007). Girls' programs operating in small group formats can be particularly helpful in fostering critical thinking skills (Williams and Ferber 2008).

Example program: Actua, national program to develop girls' interest in non-traditional fields

Actua is a national, non-profit organization that provides hands-on learning experiences in science, engineering, technology and mathematics. During the 1990s, girls' participation in Actua's co-ed programs began to decrease, so a girl-centred program was developed to provide a safe space for girls to learn, take risks and ask questions. Among many activities,

GIRL-SPECIFIC PROGRAMS (continued)

girls in these programs discuss and dispel myths and stereotypes about girls and about women in science and technology. In learning about women's many valuable contributions to science, girls begin to change their belief that science is a male domain. 84% of youth participants in Actua's programs state their increased enjoyment of science, engineering and technology, and three quarters state they are more inclined to choose optional science classes in high school or to study science in university.

CULTURALLY RELEVANT: RESPECT FOR AND INTEGRATION OF DIVERSITY

Given the diversity of girls in Canada, organizations need to reconsider the "one size fits all" approach. Program design and facilitation need to take into account girls' diverse and intersecting identities, including socio-economic status, ethnicities and abilities, to name a few (CAAWS 2012; Girls Action Foundation 2010; Calhoun et al. 2005).

Some girls' programs bring together participants who share a particular experience. Programs for racialized girls have been found to be effective, for example in decreasing isolation, improving self-image and sense of identity, and increasing healthy peer relationships (Lee 2006; Lee and DeFinney 2004; Belgrave et al. 2004; Seo and Sa 2010; Girls Action Foundation 2009c, 2010a). Mixed group programs can also be vehicles to improve girls' appreciation of cultural and other aspects of diversity (Williams and Ferber 2008).

There is a significant body of research showing the positive health outcomes of programs that are culturally tailored to Indigenous youth. Such programs can focus on participants and their individual and collective strengths rather than on their weaknesses, which can lead to feelings of hopelessness and interfere with positive change (Baillie et al. 2008). Indigenous girls' programs can include cultural and language teachings, mentorship with elders, storytelling, sharing circles and craft-making to support girls' positive identity and connection to their heritage (Banister and Begoray 2006a; 2006b; Baillie et al. 2008; Saksvig et al. 2005).

Example program: Indigenous Girls' Sexual Health Education, Victoria, BC

Indigenous girls respond more favourably to programming that is culturally sensitive. At the University of Victoria's School of Nursing, a program was developed to provide culturally appropriate information to Indigenous girls about sexual health and HIV/AIDS prevention. Indigenous mentors and an elder helped facilitate the group. A "teaching and sharing circle," storytelling and an emphasis on the importance of body, mind and spirit were woven into the program, which was found to empower the girl participants to make healthier choices (Banister and Begoray 2006b).

GIRL-SPECIFIC PROGRAMS (continued)

COMMUNITY INVOLVEMENT AND MENTORSHIP

Evidence also shows community involvement and mentorship are key components in successful girls' programs (Calhoun et al. 2005). Female mentors from a diversity of backgrounds can provide girls with valuable perspectives and insights (Girls Action Foundation 2010a). Mentors can offer guidance and create a place where girls can develop their ideas and speak their minds (Denner et al. 2005). They can also serve as role models and provide emotional support (Grossman and Rhodes 2002), help improve girls' attitudes, self-perceptions and behaviours (Walker and Freedman 1996), and discourage risky sexual behaviours (Taylor-Seehafer and Rew 2000). While evidence on the effectiveness of incorporating community involvement with girls-specific programming is limited, positive outcomes are well documented on youth programs that aren't gender-specific (Teufel-Shone et al. 2009; Knai et al. 2006; Wells et al. 2003; Tencati et al. 2002).

Example program: Antidote Multiracial and Indigenous Girls' and Women's Network, Victoria, BC

Through its many programs for women and girls, Antidote emphasizes intergenerational exchange and support. For example, monthly "intergenerational gatherings" bring together "sistahs" and "aunties" to share informally as well as to participate in workshops of specific relevance to racialized and indigenous girls and women.

CONCLUSION

As the evidence in this issue brief clearly indicates, many advances have been made to improve the status of girls in Canada, yet significant real-life challenges remain – especially for girls who are marginalized. In addition to those related to gender stereotypes, self-esteem, violence, mental and physical health, education and career prospects, many girls are affected each day by systemic barriers related to poverty, rural or remote location, racialization, immigration status and the colonization of Indigenous communities. At the same time, girls find ways to respond to and overcome these challenges, often through pro-active endeavours that benefit their communities as well as improve their own situations.

Despite the wealth of evidence referenced in this brief, there remain gaps in our knowledge of girls in Canada. How can we paint a more fulsome picture? How do girls view their own lives? What are their perceptions of the future and what is important to them? Also, what are the assets and factors that can facilitate girls' resilience, especially those who are marginalized? How do young people's perceptions of gender roles affect their decisions and engagement in the world around them? What are the attitudes of male youth regarding violence against girls and women? What does gender inequality look like within the family? And for all of these questions and more, what are the experiences of diverse groups of girls, including but not limited to immigrant girls, racialized girls, Indigenous girls, girls with disabilities and francophone girls? How can girl-specific programming answer these questions and support girls' healthy development?

Apart from outlining the key barriers and challenges facing various groups of girls in Canada today, this brief also makes it clear that “when girls receive the support they need, a dramatic ripple effect can be created. Girls and young women have the potential to be leaders and change-makers. They are resilient and innovative; they can grow up to improve their own socio-economic situation and that of their communities. They can help build a stronger economy, environment and society” (Girls Action Foundation 2011).

Key factors that facilitate girls' development include: social supports identification with a strong cultural community; opportunities for leadership and engagement in discussions, discourses and action planning on issues that affect their lives; and lastly, girl-specific programs.

ANNEX A: A NOTE ON METHODOLOGY

METHODOLOGY

One of the main goals of this issue brief was to gather quantitative evidence of girls' status, as opposed to data about women or youth in general, which can be more easily accessed. Although statistical data exists, it comes from a patchwork of national and provincial sources, which often measure different indicators for the same issue. Certain key population surveys provided up-to-date evidence on the prevalence of health- and violence-related challenges in girls' lives.

To inform the document, Girls Action Foundation gave priority to Canadian population surveys with large sample sizes, literature in academic publications and government reports. The most recent findings on girls in Canada were consulted and included; sources published after 2000 were prioritized. A review of key Canadian literature in French was conducted as part of the study. Where no relevant Canadian material was available, relevant evidence from the U.S. was included.

To build on work already done in this area, a close review was conducted of the evidence and sources compiled in *Girls in Canada Today 2005* (Calhoun et al. 2005) and Girls Action Foundation's multiple annotated bibliographies on girls' issues (Girls Action Foundation 2008; 2009; 2009a; 2009b; 2010; 2010b; 2011). Searches of academic databases were conducted to fill in evidence gaps. In addition, some "grey literature" from non-profit organizations was included where no academic literature was available.

The following are some of the population surveys most frequently sourced in this brief :

- **Health Behaviours of School-Aged Children (HBSC)**, published by the Public Health Agency of Canada (Freeman et al. 2011). Sample size: 26,078 adolescents aged 11-15, from 436 schools across Canada.
- **Women in Canada: A Gender-based Statistical Report**, published by Statistics Canada (multiple authors, 2011). Key data from Statistics Canada and other sources compiled on women, including female youth aged 15-24.
- **BC Adolescent Health Survey (AHS)**, published by McCreary Centre Society (Smith et al 2009). Sample size: 29,440 students from grades 7-12, with representation from 50 of the 59 school districts in British Columbia.
- **Ontario Student Drug Use and Health Survey (OSDUHS)**, Centre for Addiction and Mental Health (CAMH) (Paglia-Boak et al. 2009). Sample size: over 9,000 students in grades 7 through 12 from over 150 schools across Ontario.

METHODOLOGY (continued)

In addition, *Girls in Canada 2005* (Calhoun et al. 2005) reviewed Canadian and American literature on girls and presented best practices based on key informant interviews with girl-serving organizations. *The Canadian Girl-Child: Determinants of the Health and Well-being of Girls and Young Women* (Tipper 1997), one of the earliest studies that focused solely on Canadian girls, included a literature review as well as findings from focus groups and an expert advisory group.

Also of note were the national team studies conducted by the Alliance of Canadian Research Centres on Violence. *Violence Prevention and the Girl Child* (1999) included a review of key girls' issues and primary research on previously unexamined aspects of violence in Canadian girls' lives. Another wave of primary research was published under the title, *In the Best Interest of the Girl Child: Phase II Report* (Berman and Jiwani 2002). The team has conducted a third phase of research, which will likely be published this year as *Faces of Violence in the Lives of Girls* (Berman and Jiwani, expected 2012).

Girls Action Foundation recognizes that girls are diverse in socio-economic status, race, religion, culture, immigration or refugee status, location, ability, sexuality and much more. To take into account the multiple and intersecting nature of these experiences, we use an Integrated Feminist Analysis (Girls Action Foundation 2009).

BIBLIOGRAPHY

- Abbotsford Youth Commission. *Girls, Gangs and Sexual Exploitation in British Columbia*. Abbotsford, BC, 2010. <http://www.pssg.gov.bc.ca/crimeprevention/publications/docs/gang-prevention-girls-sexual-exploitation.pdf> (November 12, 2012).
- Acton, J. with D. Abraham. *The impact of day-to-day violence and racism on the health and well-being of Black community members*. Halifax: Dalhousie University, 2003.
- Alliance of Five Research Centres on Violence. *Violence Prevention and the Girl Child: Final Report*. Ottawa: Status of Women Canada, 1999. <http://www.crvawc.ca/documents/girlchildreport.pdf> (November 12, 2012).
- Amaro, H. et al. "Developing theory-based substance abuse prevention programs for young adolescent girls." *Journal of Early Adolescence* 21, 3 (2001): 256-293.
- Amnesty International Canada. *How Many More Sisters and Daughters Do We Have to Lose? Canada's Continued Failure to Address Discrimination and Violence Against Indigenous Women*. Ottawa, 2005.
- Anisef, Paul and Kenise Murphy Kilbride. *The Needs of Newcomer Youth and Emerging Best Practices to Meet Those Needs*. Toronto: The Joint Centre of Excellence for Research on Immigration and Settlement, 2000.
- Anisef, Paul and Kenise Murphy Kilbride, eds. "Conclusion: Overview and Implications of the Research." *Managing Two Worlds: The Experiences and Concerns of Immigrant Youth in Ontario*. Toronto: Canadian Scholars Press, 2003, 248.
- Baillie, L., J. Maas et al. "'These Girls are our Future': Exploring Indigenous Ownership of Nontraditional Tobacco Control Research." *Pimatisiwin* 6, 3 (2008): 81-93.
- Ball, B., P. K. Kerig et al. "'Like a Family but Better Because You Can Actually Trust Each Other': The Expect Respect Dating Violence Prevention Program for At-Risk Youth." *Health Promotion Practice* 10 (2009): 45S-58S.
- Banister, E. M. and D. L. Begoray. "Adolescent Girls' Sexual Health Education in an Indigenous Context." *Canadian Journal of Native Education* 29, 1 (2006a): 75-86.
- Banister, E. M. and D. L. Begoray. "A Community of Practice Approach for Indigenous Girls' Sexual Health Education." *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 15, 4 (2006b): 168-173.
- Barbeau et al. "Ten months of exercise improves general and visceral adiposity, bone and fitness in black girls." *Obesity (Silver Spring)* 15, 8 (2007): 2077-85.
- Barron, C. and D. Lacombe. "Moral Panic and the Nasty Girl." *The Canadian Review of Sociology and Anthropology* 42, 1 (2005): 51-69.
- Barker, G. "Adolescents, social support and help-seeking behaviour: an international literature review and programme consultation with recommendations for action." World Health Organization Discussion Papers on Adolescence, World Health Organization, 2007. http://whqlibdoc.who.int/publications/2007/9789241595711_eng.pdf (November 12, 2012).
- Bay-Cheng, L. Y., A. E. Lewis et al. "Disciplining 'Girl Talk': The Paradox of Empowerment in a Feminist Mentorship Program." *Journal of Human Behavior in the Social Environment* 13, 2 (2006): 73-92.
- BC Centre for Safe Schools and Communities. *Fact Sheet: Barriers for New Immigrant Youth*. Abbotsford, BC, 2011. [http://www.ufv.ca/Assets/BC+Centres+\(CRIM\)/Safe+Schools/Factsheets/Barriers_for_New_Immigrant_Youth_2011.pdf](http://www.ufv.ca/Assets/BC+Centres+(CRIM)/Safe+Schools/Factsheets/Barriers_for_New_Immigrant_Youth_2011.pdf) (November 12, 2012).

- Begoray D. L. and E.M. Banister. "Reaching Teenagers Where They Are: Best Practices for Girls' Sexual Health Education." *Women's Health and Urban Life* 6, 1 (2007): 24-40.
https://tspace.library.utoronto.ca/bitstream/1807/9747/1/Begoray_Banister.pdf (June 4, 2008).
- Beiser, M. *Strangers at the Gate: The "Boat People's" First Ten Years in Canada*. Toronto: University of Toronto Press, 1999.
- Beiser, M. et al. *Mental Health Promotion Among Newcomer Female Youth: Post-Migration Experiences and Self-Esteem*. Ottawa: Status of Women Canada, June 2002.
- Belgrave, F. Z. et al. "An Evaluation of Sisters of Nia: A Cultural Program for African American Girls." *Journal of Black Psychology* 30, 3 (Aug 2004): 329-343.
- Bell-Gadsby, C. et al. *It's a Girl Thang! A Manual on Creating Girls Groups*. Vancouver: McCreary Youth Foundation, 2006. http://mcs.bc.ca/pdf/its_a_girl_thang.pdf (November 12, 2012).
- Berman, H. and Y. Jiwani, eds. *In the Best Interest of the Girl Child: Phase II Report*. Vancouver: Alliance of Canadian Research Centres on Violence, 2002.
- Berman, H. and Y. Jiwani, eds. *Faces of Violence in the Lives of Girls*. London, ON: Althouse Press, forthcoming (expected 2012).
- Berman, H. et al. "Sexual harassment: Everyday violence in the lives of girls and women." *Advances in Nursing Science*, 22(4) (2000): 32-46.
- Beshiri, Roland and J. He. *Immigrants in Rural Canada: 2006*. Ottawa: Statistics Canada, 2006.
- Bishop, G. and S. Preiners. "The Civic Engagement of Young New and Indigenous Canadians." *Finding Their Voice: Civic Engagement Among Indigenous and New Canadians*. Ottawa: Centre for Research and Information on Canada, July 2005, 2-8. <http://www.nald.ca/fulltext/cric/eng/july05.pdf> (July 11, 2010).
- Blais et al. "La sexualité des jeunes Québécois et Canadiens. Regard critique sur le concept d'hypersexualisation." *Globe. Revue internationale d'études québécoises* 12, 2 (2009): 23-46.
- Blaney, E. *PRISM: Probing Rural Issues – Selective Methods to Address Abuse of Women and Girls: [E]valu[at]ing 'Better' Practices and Reflexive Approaches*. Fredericton, NB: Muriel McQueen Fergusson Centre for Family Violence Research, 2004.
- Bouchard, P. et al. *La réussite scolaire comparée selon le sexe: catalyseur des discours masculinistes*. Ottawa: Condition féminine Canada, 2003.
- Boyce, W.F. et al. *Healthy Settings for Young People in Canada*. Ottawa: Public Health Agency of Canada, 2008. <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/yjc/pdf/youth-jeunes-eng.pdf>
- Brabant, M. et al. "Stratégies d'adaptation et ideations suicidaires chez un groupe d'adolescentes ayant dévoilé une agression sexuelle." *Frontières* 21, 1 (2008): 82-89.
- Bowlby, J.W. and K. McMullen. *At a Crossroads: First Results for the 18 to 20-Year-old Cohort of the Youth in Transition Survey*. Ottawa: Statistics Canada, 2002. <http://www.statcan.gc.ca/pub/81-591-x/81-591-x2000001-eng.pdf> (November 12, 2012).
- Budbill, N. *Dirt Divas: An Examination of an Outdoor Adventure Program's Impact on the Development of Adolescent Girls*, MA paper, 2008. <http://gradworks.umi.com/1456727.pdf> (November 27, 2012).

- Buote, D. *Social-emotional health in middle childhood: What we know*. Ottawa, ON: Public Health Agency of Canada, 2009.
- Bushnik et al. *In and out of high school: First results from the second cycle of the Youth in Transition Survey, 2002*. Ottawa: Statistics Canada, 2004. <http://www.statcan.gc.ca/pub/81-595-m/81-595-m2004014-eng.pdf> (November 12, 2012).
- Calhoun Research and Development et al. *Girls in Canada 2005*. Toronto: Canadian Women's Foundation, 2005.
- Cameron, C.A. and the Creating Peaceful Learning Environments Schools' Team. "Worlds Apart ... Coming Together: Gender Segregated & Integrated Primary Prevention Implementations for Adolescents in Atlantic Rural Communities." *In the Best Interest of the Girl Child: Phase II Report*. Berman and Jiwani, eds. Status of Women Canada, 2002.
- Camirand, H. and V. Nanhou. *La détresse psychologique chez les Québécois en 2005*. Montréal: Institut de la statistique du Québec, 2006.
- Campbell, L. "Grrls Plugged In: How Canadian Rural Young Women Are Using the Internet." *Canadian Women's Studies*. 24.4 (2004): 168.
- Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS). *Active After School Programs for Girls and Young Women: Policy and Recommendations*. Ottawa: CAAWS, 2012.
- Canadian Council on Learning. *Gender Differences in Career Choices: Why Girls Don't Like Science*. Ottawa, 2007 <http://www.ccl-cca.ca/pdfs/LessonsInLearning/Nov-01-07-Gender-Difs.pdf> (November 12, 2012).
- Canadian Institute of Child Health (CICH). *The Health of Canada's Children: A CICH Profile, 3rd edition*. Ottawa, 2000. http://www.cich.ca/Publications_monitoring.html#Profile3 (November 12, 2012).
- Canadian Institute for Health Information (CIHI). *Summary: Improving the Health of Young Canadians*. Ottawa: Statistics Canada, 2005.
- Canadian Institute for Health Information (CIHI). *Health Indicators 2011*. Ottawa: Statistics Canada, 2011. https://secure.cihi.ca/free_products/health_indicators_2011_en.pdf (November 27, 2012).
- Canadian Mental Health Association (CMHA). "Youth and Self-Injury." Ottawa, 2012.
- Canadian Research Institute for the Advancement of Women (CRIAOW). *Women's Experience of Racism: How Race and Gender Interact*. Ottawa, 2002. <http://www.criawicref.ca/WomensexperienceofracismHowraceandgenderinteract%20> (November 12, 2012).
- Caron, C. *Vues, mais non entendues. Les adolescentes québécoises francophones et l'hypersexualisation*. Ph.D. dissertation. Montréal: Concordia University, 2009a.
- Caron, C. "Les adolescentes dans le discours médiatique québécois: une présence paradoxale." *Interrelations femmes-médias dans l'Amérique française*. Josette Brun, ed. Québec, Presses de l'Université Laval, 2009b, 205-21.
- Caron, C. "Getting Girls and Teens into the Vocabularies of Citizenship." *Girlhood Studies* 4, 2 (2011): 70-91.
- Centre for Addiction and Mental Health [CAMH]. *Ontario Student Drug Use and Health Survey: Mental Health and Well-Being Report*, 2005. CAMH, 2005. (February 3, 2008).

- CAMH. *Culture Counts: A Roadmap to Health Promotion. Best Practices for Developing Health Promotion Initiatives in Mental Health and Substance Use with Ethnocultural Communities*. Toronto: CAMH, 2007 www.camh.ca/en/hospital/about_camh/health_promotion/culture_counts/Pages/culture_counts_roadmap_health_promotion.aspx (July 6, 2008).
- CAMH and the VALIDITY Team. *Hear Me, Understand Me, Support Me: What Young Women Want You to Know About Depression*. Toronto: Centre for Addiction and Mental Health, 2006. http://www.camhx.ca/Publications/Resources_for_Professionals/Validity/Validity_Project_index.html (June 9, 2008).
- Chamberland, L. and C. Lebreton. "La santé des adolescents lesbiennes et bisexuelles : état de la recherche et critique des biais androcentriques et hétérocentriques." *Recherches féministes* 23, 2 (2010): 91-107.
- Chaplin, T. M. et al. "Depression Prevention for Early Adolescent Girls: A Pilot Study of All Girls Versus Co-Ed Groups." *Journal of Early Adolescence*, 26 (2006): 110-126.
- Chatterjee, J. *Gang prevention and intervention strategies*. Research and Evaluation Branch, Community, Contract and Indigenous Policing Services Directorate, Royal Canadian Mounted Police, 2006.
- Chen, P. et al. "Girls Study Girls Inc.: Engaging Girls in Evaluation through Participatory Action Research." *American Journal of Community Psychology* 46, 1-2 (2010): 228-237.
- Cheung, A. H. and Dewa, C.S. "Canadian Community Health Survey: Major Depressive Disorder and Suicidality in Adolescents." *Healthcare Policy* 2, 2 (2006): 76-89.
- Chiodo, D. et al. "Impact of Sexual Harassment Victimization by Peers on Subsequent Adolescent Victimization and Adjustment: A Longitudinal Study." *Journal of Adolescent Health* 45 (2009): 246-252.
- Chui, T. "Immigrant Women." In *Women in Canada: A Gender-based Statistical Report*. Ottawa: Statistics Canada, 2011. <http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11528-eng.pdf> (November 12, 2012).
- Chui, T. and H. Maheux. "Visible Minority Women." In *Women in Canada: A Gender-based Statistical Report*. Ottawa: Statistics Canada, 2011. <http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11527-eng.pdf> (November 12, 2012).
- Citizenship and Immigration Canada. *Facts and Figures 2010 - Immigration Overview: Permanent and Temporary Residents*. <http://www.cic.gc.ca/english/resources/statistics/facts2010/permanent/05.asp> (November 12, 2012).
- Colarossi, L. and J. Eccles. "Differential effects of support providers on adolescents' mental health." *Social Work Research* 27, 1 (2003), 19-30.
- Collin-Vézina, D. et al. "Sexual Abuse in Canadian Indigenous Communities: A Broad Review of Conflicting Evidence." *Pimatisiwin: A Journal of Indigenous and Indigenous Community Health* 7, 1 (2009): 27-47. http://www.pimatisiwin.com/uploads/July_2009/04CollinDionTrocme.pdf (November 12, 2012).
- Colour of Poverty. *Fact Sheet #6: Understanding the Racialization of Poverty in Ontario: Income Levels & Social Assistance in 2007*. Toronto, 2007. http://cop.openconcept.ca/sites/colourofpoverty.ca/files/FactSheet_6_Income.pdf (November 12, 2012).
- Comité aviseur sur les conditions de vie des femmes auprès de l'Agence de développement de réseaux locaux de services de santé et de services sociaux du Bas-St-Laurent. *Avis sur la sexualisation précoce des jeunes filles et ses impacts sur leur santé*. Rimouski, QC: Agence de développement de réseaux locaux de services de santé et de services sociaux du Bas-St-Laurent, 2005.

Conseil des relations interculturelles (CRI). *L'approche intégrée pour l'égalité: quelle place pour les femmes immigrantes? Mémoire présenté à la Commission des affaires sociales concernant l'avis du Conseil du statut de la femme*. Montréal, 2005. <http://collections.banq.qc.ca/ark:/52327/bs48861> (November 12, 2012).

Conseil du Statut de la Femme. *Des nouvelles d'elles. Les femmes handicapées du Québec*. Québec: Conseil du statut de la femme, 2011 http://www.quebec.ca/capres/Dossiers/Profiletudiant-/Documents/PE-CSF_Handicapees_2011.pdf (November 12, 2012).

Correia, M. F. "Speaking With the Body: Adolescent Girls' Dieting Narratives." Ed.D. Dissertation. Toronto: University of Toronto, 2008.

Courcy, I. et al. "Le sport comme espace de reproduction et de contestation des représentations stéréotypées de la féminité." *Recherches Féministes* 19, 1 (2006): 29-61.

Currie, D. H. et al. *"Girl Power": Girls Reinventing Girlhood*. New York: Peter Lang Publishing, 2009.

Currie, D. and D. Kelly. "'I'm going to crush you like a bug': Understanding girls' agency and empowerment." *In Girlhood: Redefining the Limits*. Yasmin Jiwani, Candis Steenbergen and Claudia Mitchell, eds. Montréal: Black Rose Books, 2006, 155-172

Czapska, Asia et al. *More Than Bricks & Mortar: A Rights-Based Strategy to Prevent Girl Homelessness in Canada*. Vancouver: Justice for Girls, 2008. http://www.justiceforgirls.org/publications/pdfs/jfg_housing_web.pdf (November 12, 2012).

DeFinney, S. "'We Just Don't Know Each Other': Racialised Girls Negotiate Mediated Multiculturalism in a Less Diverse Canadian City." *Journal of Intercultural Studies* 31, 5 (November 2010): 471-87.

De Finney, S. et al. *Indigenous Adolescent Girls and Smoking: A Qualitative Study*. Vancouver: British Columbia Centre of Excellence for Women's Health, 2009 <http://www.bcccewh.bc.ca/publications-resources/documents/IndigenousAdolescentGirlsSmoking.pdf> (February 23, 2012).

De Finney, S. et al. *Hearing the Perspectives of Indigenous Girls on Smoking*. Vancouver: British Columbia Centre of Excellence for Women's Health, 2009b.

Denner, J., B. Meyer and S. Bean. "Young women's leadership alliance: Youth-adult partnerships in an all-female after-school program." *Journal of Community Psychology* 33, 1 (2005): 87-100.

DesMeules, M. et al. *How Healthy are Rural Canadians? An Assessment of their Health Status and Health Determinants*. Ottawa: Canadian Institute for Health Information, 2006.

Desai, S. and S. Subramanian. *Colour, Culture and Dual Consciousness: Issues Identified by South Asian Immigrant Youth in the Greater Toronto Area*. Toronto: Council of Agencies Serving South Asians (CASSA) and the South Asian Women's Centre (SAWC), 2000. http://settlement.org/downloads/CASSA_Youth_Report.pdf (November 12, 2012).

Diaz-Granados, Natalia and Donna E. Stewart, eds. *A Literature Review on Depression among Women: Focusing on Ontario*. Toronto: University Health Network Women's Health Program, 2006.

Dorais, M. and P. Corriveau. *Gangs and Girls: Understanding Juvenile Prostitution*. Montréal: McGill-Queen's University Press, 2009.

Downe, P. J. "Indigenous Girls in Canada: Living Histories of Dislocation, Exploitation and Strength." *In Girlhood: Redefining the Limits*. Yasmin Jiwani, Candis Steenbergen, and Claudia Mitchell, eds. Montréal: Black Rose Books, 2006, 1-14.

- Duquet, F. and A. Quéniart. *Perception et pratiques de jeunes du secondaire face à l'hypersexualisation et à la sexualisation précoce*. Montréal: Projet « Outiller les jeunes face à l'hypersexualisation », UQÀM, 2009.
<http://www.er.uqam.ca/nobel/jeunes/rapport.recherche.texte.pdf> (November 12, 2012).
- Durham, M. G. "Constructing the 'New Ethnicities': Media, Sexuality, and Diaspora Identity in the Lives of South Asian Immigrant Girls." *Critical Studies in Media Communication* 21, 2 (June 2004): 140-161.
<http://www.csun.edu/~vcspc00g/301/newethnicities-csmc.pdf> (November 12, 2012).
- Fédération autonome de l'enseignement. *Les conséquences du décrochage scolaire des filles*. Montréal, 2012.
- Fernet, M. *Amour, violence et adolescence*. Québec: Presses de l'Université du Québec, 2005.
- First Nations Centre. *First Nations Regional Longitudinal Health Survey (RHS): 2002/2003 Youth Survey*. Ottawa: National Indigenous Health Organization, 2005.
- Flicker, S. and A. Guta. "Ethical Approaches to Adolescent Participation in Sexual Health Research." *Journal of Adolescent Health* 42, 1 (2008): 3-10.
- Flicker, Sarah et al. "It's Hard to Change Something When You Don't Know Where to Start': Unpacking HIV Vulnerability with Indigenous Youth in Canada." *Pimatisiwin: A Journal of Indigenous and Indigenous Community Health* 5, 2 (2008): 175-200.
- Fournier, M. *Jeunes filles affiliées aux gangs de rue à Montréal cheminements et expériences*. Montréal: Université de Montréal, 2003.
- Freeman, J.G. et al. *The Health of Canada's Young People: A Mental Health Focus*. Ottawa: Public Health Agency of Canada, 2011.
- Garriguet, D. "Early Sexual Intercourse." *Health Reports* 16, 3 (May 2005): 9-18.
- Gavin, L. E. et al. "A Review of Positive Youth Development Programs That Promote Adolescent Sexual and Reproductive Health." *Journal of Adolescent Health* 46, 3 (2010): S75-S91.
- George, T. and G. Rail. "Barbie Meets the Bindi: Discursive Constructions of Health Among Young South-Asian Canadian Women." *Women's Health and Urban Life* 4, 2 (2005): 44-66. .
https://tspace.library.utoronto.ca/bitstream/1807/4744/1/george_rail.pdf (June 9, 2008).
- Girls Action Foundation. *The Need for a Gender-Sensitive Approach to the Mental Health of Young Canadians*. Montréal: Girls Action Foundation, 2008.
- Girls Action Foundation. *Girls Action Research Review: A Compilation of Research on Girls' and Young Women's Issues*. Montréal: Girls Action Foundation, 2009.
- Girls Action Foundation. *Northern Girls Research Review: A Compilation of Research on Northern, Rural and Indigenous Girls' and Young Women's Issues*. Montréal: Girls Action Foundation, 2009a.
- Girls Action Foundation. *Racialized Girls Research Review: A Compilation of Research on Racialized Girls' and Young Women's Issues*. Montréal: Girls Action Foundation, 2009b.
- Girls Action Foundation. *Our Communities, Our Words: Stepping up for Racialized Girls' Empowerment*. Montréal: Girls Action Foundation, 2009c.
- Girls Action Foundation. *Amplify Toolkit: Designing Spaces and Programs for Girls*. Montréal: Girls Action Foundation, 2010.
- Girls Action Foundation. *The Bridge Guide*. Montréal: Girls Action Foundation, 2010a.

Girls Action Foundation. *Revue de recherche sur les filles et jeunes femmes immigrantes: Une compilation de recherche*. Montréal: Girls Action Foundation, 2010b.

Girls Action Foundation. *Why Girls? Why Leadership?* Montréal: Girls Action Foundation, 2010c.

Girls Action Foundation. *Why Girls? Why Violence Prevention?* Montréal: Girls Action Foundation, 2010d.

Girls Action Foundation. *Girls in Canada Today: National Opinion Poll and Report on the Status of Girls*. Montréal: Girls Action Foundation, 2011.

Girls Inc. *The Supergirl Dilemma: Girls Grapple with the Mounting Pressure of Expectations - Summary Findings*. New York, 2006. <http://www.girlsincmonroe.org/styles/girlsinc/defiles-/The%20Supergirl%20Dilemma--Summary%20Findings--low%20res.pdf> (November 12, 2012).

Goodenow et al. "Dimensions of Sexual Orientation and HIV-Related Risk Among Adolescent Females: Evidence from a Statewide Survey." *American Journal of Public Health* 98, 6 (2008): 1051-58.

Gouin, R. and F. Wais. "Les filles francophones au pluriel: Opening up girlhood studies to francophones." In *Girlhood: Redefining the Limits*. Yasmin Jiwani, Candis Steenbergen, Claudia Mitchell, eds. Montréal: Black Rose Books, 2006, 34-52.

Greaves, L. and N. Poole, Editors. *Highs & Lows: Canadian Perspectives on Women and Substance Use*. Toronto: Centre for Addiction and Mental Health, 2007.

Greaves, L. et al. *Expecting to Quit: A Best Practices Review of Smoking Cessation Interventions for Pregnant and Post-partum Women, 2nd ed.* Vancouver: British Columbia Centre of Excellence for Women's Health, 2011.

Grossman, J. B. and J. E. Rhodes. "The Test of Time: Predictors and Effects of Duration in Youth Mentoring Programs." *American Journal of Community Psychology* 30 (2002): 199-206.

Gruber, J. E. and S. Fineran. "The Impact of Bullying and Sexual Harassment on Middle and High School Girls." *Violence against Women* 13, 6 (2007): 627-643.

Guimond, Éric and Norbert Robitaille. "When teenage girls have children: Trends and consequences." *Horizons* 10:1, (2008) 49-51. Accessed http://www.horizons.gc.ca/doclib/HOR_v10n1_200803_e.pdf (March 12, 2012).

Hall et al. "Rural Youth and Violence: A Gender Perspective." *Rural and Remote Health*. 11.1716 (2011).

Hamdani, Daood. *Triple Jeopardy: Muslim Women's Experience of Discrimination*. Toronto: Canadian Council of Muslim Women, 2005. http://www.ccmw.com/publications/triple_jeopardy.pdf (November 12, 2012).

Hankivsky, O. and D. Draker. "The Economic Costs of Child Sexual Abuse in Canada: A Preliminary Analysis." *Journal of Health and Social Policy* 17, 2 (2003): 1-33.

Health Canada. *Healthy Development of Children and Youth: The Role of the Determinants of Health*. Ottawa: Public Health Agency of Canada, 1999. <http://publications.gc.ca/collections/Collection/H39-501-1999-1E.pdf> (November 12, 2012).

Health Canada. *Health Concerns: Overview of Health Risks of Smoking*. Ottawa, 2007. <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/res/news-nouvelles/risks-risques-eng.php> (November 12, 2012).

Heinicke, B. E., S. J. Paxton et al. "Internet-Delivered Targeted Group Intervention for Body Dissatisfaction and Disordered Eating in Adolescent Girls: A randomized controlled trial." *Journal of Abnormal Child Psychology* 35, 3 (2007): 379-391.

The Highway of Tears Symposium Recommendations Report. np: Lheidli T'enneh First Nation et al., 2006. <http://www.ubcic.bc.ca/files/PDF/highwayoftearsfinal.pdf> (November 12, 2012).

- Hirsch, B. J. et al. "Inner-City Youth Development Organizations: Strengthening Programs for Adolescent Girls." *Journal of Early Adolescence* 20, 2, (2000): 210-230.
- Hooghe, Marc and Dietlind Stolle. "Good Girls Go to the Polling Booth, Bad Boys Go Everywhere: Gender Differences in Anticipated Political Participation among American Fourteen-Year-Olds." http://profs-polisci.mcgill.ca/stolle/Publications_files/FinalWP.pdf (November 12, 2012).
- Hussain, Yasmin et al. "Violence in the Lives of Girls in Canada: Creating Spaces of Understanding and Change." In *Girlhood: Redefining the Limits*. Yasmin Jiwani, Candis Steenbergen, Claudia Mitchell, eds. Montréal: Black Rose Books, 2006, 52-69.
- Institut de la statistique du Québec, 2002. *L'Enquête sociale et de santé auprès des enfants et des adolescents québécois*. Québec, QC, 2002.
- Irvine, Angela and Jessica Roa. *Title II Evaluation: Gender Specific Programs in Sonoma and Santa Cruz Counties 2007-2010*. Ceres Policy Research, 2010. http://www.girlscircle.com/docs/Final_Report_CAS.pdf (November 12, 2012).
- Ismail, F. et al. "Dating violence and the health of young women: a feminist narrative study." *Health Care Women Int.* 28, 5 (May 2007): 453-77.
- Jamner, M. S., D. Spruijt-Metz et al. "A controlled evaluation of a school-based intervention to promote physical activity among sedentary adolescent females: project FAB." *Journal of Adolescent Health* 34, 4 (2004): 279-289.
- Janovicek, Nancy. *Reducing Crime and Victimization: A Service Providers' Report*. Vancouver: FREDA Centre for Research for Violence Against Women and Children, 2001. <http://www.harbour.sfu.ca/freda/articles/spreport.htm> (November 12, 2012).
- Jarrett, T. et al. "Teen Perceptions of Facilitator Characteristics in a School-based Smoking Cessation Program." *Journal of School Health* 79, 7 (2009): 297-303.
- Jennings, M. Kent et al. "Politics across Generations: Family Transmission Reexamined." *Journal of Politics* 71, 3 (2009): 782-799.
- Jenkins, Krista. *Gender and Civic Engagement: Secondary Analysis of Survey Data*. CIRCLE Working Paper 41. Tufts University (Medford, MA): Center for Information and Research on Civic Learning and Engagement, 2005.
- Jiwani, Nisara and Geneviève Rail. "Islam, Hijab and Young Shia Muslim Canadian Women's Discursive Constructions of Physical Activity." *Sociology of Sport Journal* 27 (2010): 251-267. <http://wsdb.concordia.ca/faculty-and-staff/faculty/documents/JiwaniNRailG2010.pdf> (November 12, 2012).
- Jiwani, Yasmin. "Racialized Violence and Girls and Young Women of Colour." In *Girlhood: Redefining the Limits*. Yasmin Jiwani, Candis Steenbergen and Claudia Mitchell, eds. Montréal: Black Rose Books, 2006, 70-88.
- Jiwani, Yasmin et al., eds. *Girlhood: Redefining the Limits*. Montréal: Black Rose Books, 2006.
- Johnson, Nadine et al., eds. *Beyond Appearance: A New Look at Adolescent Girls*. Washington, DC: American Psychological Association, 2001.
- Jones, D., D. M. Hoelscher et al. "Increasing physical activity and decreasing sedentary activity in adolescent girls – The Incorporating More Physical Activity and Calcium in Teens (IMPACT) study." *International Journal of Behavioral Nutrition and Physical Activity* 5 (2008): 1-10.
- Justice Canada. The Ontario Rural Woman Abuse Study (ORWAS): Final Report. Ottawa: Department of Justice Canada, 2000.

Justice Canada. *Child Abuse is Wrong: What can I do?* Family Violence Initiative, Department of Justice Canada, 18. Accessed August 22, 2012 http://www.justice.gc.ca/eng/pi/fv-vf/pub/caw-mei/pdf/caw_2012.pdf

Kelly, S. A. and B. M. Melnyk. "Systematic Review of Multicomponent Interventions with Overweight Middle Adolescents: Implications for Clinical Practice and Research." *Worldviews on Evidence-Based Nursing* 5, 3 (2008): 113-135.

Kessels, U. "Fitting Into the Stereotype: How Gender-Stereotyped Perceptions of Prototypic Peers Relate to Liking for School Subjects." *European Journal of Psychology of Education* 20 (2005): 309-323.

Khanlou, Nazilla et al. *Mental Health Promotion Among Newcomer Female Youth: Post-Migration Experiences and Self-Esteem*. Ottawa: Status of Women Canada, 2005.
<http://publications.gc.ca/collections/Collection/SW21-93-2002E.pdf> (November 12, 2012).

Khanlou, N. and C. Crawford. "Post-migratory Experiences of Newcomer Female Youth: Self-Esteem and Identity Development." *Journal of Immigrant and Minority Health* 8, 1 (2006): 45-56.

Klonsky, David E. "The Functions of Deliberate Self-Injury: A Review of the Evidence." *Clinical Psychology Review* 27 (2007): 226-39.

Knai, C. et al. "Getting Children to Eat More Fruit and Vegetables: A Systematic Review." *Preventive Medicine* 42, 2 (2006): 85-95.

Kumpulainen, K. and S. Roine. "Depressive Symptoms at the Age of 12 Years and Future Heavy Alcohol Use." *Addictive Behaviors* 27, 3 (2002): 425-436.

Lamacho-Minano, M.J. et al. "Interventions to Promote Physical Activity Among Young and Adolescent Girls: a Systematic Review." *Health Education Research* 26, 6 (2011): 1025-1049.

Lamb, S. and L. Mikel Brown. *Packaging Girlhood: Rescuing Our Daughters from Marketers' Schemes*. New York: St. Martin's Griffin Press, 2007.

Lang, M. "La réception des textes de magazines à caractère sexuel chez les adolescentes au Québec et au Nouveau-Brunswick: adhésion, ignorance ou contestation?" Mémoire de maîtrise, Université Laval, 2009.

LeCroy, C. W. "Evaluation of an Empowerment Program for Early Adolescent Girls." *Adolescence* 39, 155 (2004): 427-41.

Lee, J. "Racialised Minority and First Nations Girls and Young Women in Victoria, BC. Are They Being Served? Report Card on Women and Children in B.C." *Friends of Women and Children in BC* 3, 5 (2004): 1-4.

Lee, J. "Locality, Participatory Action Research, and Racialized Girls' Struggles for Citizenship." In *Girlhood: Redefining the Limits*. Yasmin Jiwani, Candis Steenbergen and Claudia Mitchell, eds. Montréal: Black Rose Books, 2006, 88-108.

Lee, J. and S. DeFinney. "'It's About Us' Using Popular Theatre for Engaging Racialized Minority Girls in Exploring Questions of Identity and Belonging." *Child & Youth Services* 26, 2 (2004): 95-118.

Lee, J. and V. Pacini-Ketchabaw. "Racialized Immigrant Girls Providing Everyday Care for their Siblings: A Community Handbook." Victoria, BC: Antidote Multiracial Girls and Women's Network, 2006: 1-8.

Lee, J. and V. Pacini-Ketchabaw. "Immigrant Girls as Caregivers to Younger Siblings: A Transnational Feminist Analysis." *Gender and Education* 23, 2 (March 2011): 105-119.

- Levac, L. “*We Just Have to Figure it Out*’: Engaging Marginalized Young Women in Public Policy Making.” Presentation, LOOKING BACK, THINKING AHEAD: Using Research to Improve Policy and Practice in Women’s Health. Atlantic Centre for Women’s Health, March 16, 2009. Accessed November 12, 2012. <http://www.acewh.dal.ca/pdf/Looking%20Back%20presentations/Levac%20-%20Engaging%20with%20Marginalized%20Young%20Women%20in%20Public%20Policy-Making.pdf>
- Lubans, D. R. et al. “Description and Evaluation of a Social Cognitive Model of Physical Activity Behaviour Tailored for Adolescent Girls.” *Health Education Research* 27, 1 (2012): 115-128.
- MacDonald, K. *Justice System’s Response: Violence against Indigenous Girls*. Vancouver: Justice for Girls, 2005. <http://www.justiceforgirls.org/publications/pdfs/Violence%20against%20Indigenous%20Girls%20-%20Final%20OBrief%20-%20Sept%202005.pdf> (November 12, 2012).
- Mahoney, T. H. Police-reported *Dating Violence in Canada, 2008*. Ottawa: Statistics Canada, 2010.. <http://www.statcan.gc.ca/pub/85-002-x/2010002/article/11242-eng.htm#a3> (November 12, 2012).
- Mahoney, T. H. *Women in Canada: A Gender-based Statistical Report – Women and the Criminal Justice System*. Ottawa: Statistics Canada, 2011. <http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11416-eng.pdf> (November 12, 2012).
- Manitoba Research Alliance on Community Economic Development in the New Economy. *Young Women, Work, and the New Economy*. Winnipeg: Canadian Centre for Policy Alternatives–Manitoba, 2006. www.policyalternatives.ca/documents/Manitoba_Pubs/2006/Young_Women_and_Work.pdf (November 2012).
- Marcotte, D. et al. “L’influence du style parental, de la dépression et des troubles du comportement sur le risque d’abandon scolaire.” *Revue des Sciences de l’Éducation*, 27, 3 (2001): 687-712.
- McHugh, T.-L. F. and K. C. Kowalski. “A New View of Body Image’: A School-based Participatory Action Research Project with Young Indigenous Women.” *Action Research* 9, 3 (2011): 220-241.
- McIntyre, L. et al. *An Exploration of the Stress Experience of Mi’kmaq On-Reserve Female Youth in Nova Scotia*. Halifax: Maritime Centre of Excellence for Women’s Health, 2001
- McIntyre, S. *Strolling Away*. Ottawa: Department of Justice Canada, 2002.
- McKenney, K.S. et al. “Peer Victimization and Psychosocial Adjustment: The Experiences of Canadian Immigrant Youth.” *Electronic Journal of Research in Educational Psychology* 9, 4 (2006): 239- 264.
- McMaster, L. et al. “Peer to peer sexual harassment in early adolescence: A developmental perspective.” *Development and Psychopathology*, 14 (2002): 91-105.
- McCreary Centre. *Lighting Up: Tobacco Use Among BC Youth*. Burnaby, BC: McCreary Centre Society, 2000.
- McVey, Gail et al. “Dieting among Preadolescent and Young Adolescent Females.” *Canadian Medical Association Journal* 170, 10 (2004): 1559-1561.
- Mensch, B. S. et al. *The Uncharted Passage: Girls’ Adolescence in the Developing World*. New York: Population Council, 1999.
- Migliardi, Paula and Sara Stephens. *Unheard Voices of Ethno-Racial Minority Youth: A Community-Based Research Project*. Winnipeg: Sexuality Education Resource Centre, 2007. <http://www.serc.mb.ca/content/dload/UnheardVoicesERMY/file> (November 12, 2012).
- Mitchell, C. and J. Reid-Walsh, eds. *Seven Going on Seventeen: Tween Studies in the Culture of Girlhood*. New York: Peter Lang Publishing, 2005.

Mitura, V. and R. Bollman. *Health Status and Behaviours of Canada's Youth: A Rural-Urban Comparison*. Ottawa: Statistics Canada, 2004. <http://www.statcan.gc.ca/pub/21-006-x/21-006-x2003003-eng.pdf> (November 12, 2012).

Murakumi, J. "Gender and Depression: Explaining the Different Rates of Depression Between Men and Women." *Perspectives in Psychology* (Spring 2002): 27-34.

Murdoch, J. et al. *Professional Aspirations: How Do They Influence the Choice of a Non-Traditional Field of Study?* (Transitions Project, Note 10). Montréal: Centre interuniversitaire de recherche sur la science et la technologie (CIRST), 2010. http://www.cirst.uqam.ca/Portals/0/docs/projet_transitions-/Transitions%20Note%2010-Eng.pdf (November 12, 2012).

Napoli M. "Holistic Health Care for Native Women: An Integrated Model." *American Journal of Public Health* 92, 10 (2002): 1573-1575.

Native Women's Association of Canada. *What Their Stories Tell Us: Research Findings from the Sisters in Spirit Initiative*. Ottawa, 2010.

Native Youth Sexual Health Network and Girls Action Foundation, eds. *Indigenous Young Women Lead: Our Stories, Our Strengths, Our Truths*. Montréal: Girls Action Foundation, 2011.

Neumark-Sztainer, D. et al. "Associations between body satisfaction and physical activity in adolescents: Implications for programs aimed at preventing a broad spectrum of weight-related disorders." *Eating Disorders* 12, 2 (2004): 125-137.

Nixon, M. et al. "Nonsuicidal self-harm in youth: a population-based survey." *Canadian Medical Association Journal* 178, 3 (2008): 306-312.

Noonan, R. K. and D. Charles. "Developing Teen Dating Violence Prevention Strategies." *Violence Against Women* 15, 9 (2009): 1087-1105.

Noonan, R. K. et al. "Adoption, Adaptation, and Fidelity of Implementation of Sexual Violence Prevention Programs." *Health Promotion Practice* 10, 1 supp (2009): 59S-70S.

Northern Secretariat of the BC Centre of Excellence for Women's Health, University of Northern British Columbia. *The Determinants of Women's Health in Northern Rural and Remote Regions*. Prince George, BC, 2000. <http://unbc.ca/assets/northernfire/WmNorth.PDF> (November 12, 2012).

O'Donnell, V. and S. Wallace. *Women in Canada: A Gender-based Statistical Report – First Nations, Métis and Inuit Women*. Ottawa: Statistics Canada, 2011. <http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11442-eng.pdf> (November 12, 2012).

O'Neill, B. Indifferent or Just Different? The Political and Civic Engagement of Young People in Canada. CPRN Research Report. Ottawa: Canadian Policy Research Network, 2007. http://www.cprn.org/documents/48504_EN.pdf (November 12, 2012).

Ogrodnik, L. *Child and Youth Victims of Police-reported Violent Crime, 2008*. Canadian Centre for Justice Statistics Profile Series. Ottawa: Statistics Canada, 2010. <http://www.statcan.gc.ca/pub/85f0033m/85f0033m2010023-eng.pdf> (November 12, 2012).

On Her Own: Young Women and Homelessness in Canada. Ottawa: Canadian Housing and Renewal Association with researchers Sylvia Novac et al., 2002. <http://publications.gc.ca/collections/Collection/SW21-91-2002E.pdf> (November 12, 2012).

Paglia-Boak, A. et al. *The Mental Health and Well-being of Ontario Students 1991-2009*. Toronto: Centre for Addiction and Mental Health, 2010.

- Paglia-Boak, A. et al. *The Mental Health and Well-being of Ontario Students 1991-2011*. Toronto: Centre for Addiction and Mental Health, 2012. http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2011%20OSDUHS%20Docs/2011OSDUHS_Detailed_MentalHealthReport.pdf (November 12, 2012).
- Patton, P. and Morgan, M. *How to Implement Oregon's Guidelines for Effective Gender-Responsive Programming For Girls*. Oregon Criminal Justice Commission, Juvenile Crime Prevention Program and the Oregon Commission on Children and Families, 2002.
- Pate, R. R., D. S. Ward et al. "Promotion of Physical Activity Among High-School Girls: A Randomized Controlled Trial." *American Journal of Public Health* 95, 9 (2005): 1582-1587.
- Pauktuutit Inuit Women of Canada. *Strong Women, Strong Communities: Poverty in Inuit Communities*. Cornerbrook, NL: National Indigenous Women's Summit, 2007. <http://www.laa.gov.nl.ca/laa/naws/pdf/Poverty.pdf> (November 12, 2012).
- Pedersen, Sara and Edward Seidman. "Team Sports Achievement and Self-Esteem Development among Urban Adolescent Girls." *Psychology of Women Quarterly* 28, 4 (2004): 412-22.
- Pepler, D. et al. "Developmental Trajectories of Bullying and Associated Factors." *Child Development* 79, 2 (2008): 325-338.
- Phares, Vicky et al. "Gender Differences in Peer and Parental Influences: Body Image Disturbance, Self-Worth, and Psychological Functioning in Preadolescent Children." *Journal of Youth and Adolescence* 33, 5 (2004): 421-429. http://uweb.rc.usf.edu/familyresearchgroup/index_files/Phares,%20Steinberg,%20Thompson,%202004.pdf (November 12, 2012).
- PLAN Canada. *Canadian Youth Perceptions on Gender Roles and Inequalities: Chat Sheet*. Toronto, 2011. <http://becauseiamagirl.ca/document.doc?id=250> (November 12, 2012).
- Planned Parenthood of Toronto. *Improving Access for Newcomer Youth to Sexual Health Resources and Services*. Toronto, December 2005. <http://www.ppt.on.ca/pdf/reports/NewcomerReport.pdf> (November 12, 2012).
- Planned Parenthood of Toronto. *Hear Me Out: True Stories of Teens Educating and Confronting Homophobia*. Toronto: Second Story Press, 2006.
- Price, E.L. et al. *Dating Violence Amongst New Brunswick Adolescents: A Summary of Two Studies*. Research Papers Series: Number 2. Fredericton, NB: Muriel McQueen Fergusson Centre for Family Violence Research, 2000.
- Poole, Nancy et al. *Girl-Centred Approaches to Prevention, Harm Reduction and Treatment - Gendering the National Framework Series (Vol. 2)*. Vancouver: British Columbia Centre of Excellence for Women's Health, 2010.
- Pomerantz, Shauna and Rebecca Raby. "'Oh, She's So Smart': Girls' Complex Engagements with Post/Feminist Narratives of Academic Success." *Gender and Education* 23, 5 (2011): 549-564.
- Public Health Agency of Canada. *The Human Face of Mental Health and Mental Illness in Canada 2006*. Ottawa: Minister of Public Works and Government Services Canada, 2006. http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf (February 18, 2012).
- Public Health Agency of Canada. *Report on Sexually Transmitted Diseases in Canada: 2008*. Ottawa, 2010a.. http://www.phac-aspc.gc.ca/std-mts/report/sti-its2008/PDF/10-047-STI_report_eng-r1.pdf (November 12, 2012).

- Public Health Agency of Canada. *HIV and AIDS in Canada Surveillance Report to December 31, 2009*. Ottawa, 2010b. <http://www.phac-aspc.gc.ca/aids-sida/publication/surveillance/2009/dec/pdf/2009-Report-Rapport.pdf> (November 12, 2012).
- Public Health Agency of Canada. *Population-Specific HIV/AIDS Status Report: Women*. Ottawa, 2012. <http://www.phac-aspc.gc.ca/aids-sida/publication/ps-pd/women-femmes/es-sommaire-eng.php> (November 12, 2012).
- Quéniart, A. and J. Jacques. *Apolitiques les jeunes femmes?* Montréal: Éditions du remue-ménage, 2004.
- Rajiva, M. "Bridging the Generation Gap: Exploring the Differences between Immigrant Parents and their Canadian-Born Children." *Canadian Issues* (Spring 2005): 25-28. http://canada.metropolis.net/pdfs/CITC_Spring_05_EN.pdf (November 12, 2012).
- Reed, E., A. Raj et al. "Losing the "gender" in gender-based violence: The missteps of research on dating and intimate partner violence." *Violence Against Women* 16, 3 (2010): 348-354.
- Reitsma-Street, M. "Radical Pragmatism: Prevention and Intervention with Girls in Conflict with the Law." *Child and Youth Services* 26, 2 (2004): 119-137.
- Richardson, J. et al. *Making a Difference in Ways that Count: A Canadian Philanthropic Strategy to Prevent Violence Against Women and Girls*. Toronto: Canadian Women's Foundation, 2004. <http://www.canadianwomen.org/sites/canadianwomen.org/files/PDF%20-%20VP%20resources-philanstrategy.pdf>
- R. Dean et al. *Locking Them Up to Keep Them "Safe": Criminalized Girls in British Columbia*. Vancouver: Justice for Girls, 2005. http://www.justiceforgirls.org/publications/pdfs/jfg_complete_report.pdf (November 12, 2012).
- Roa, J. et al. *Girls Circle National Research Project*. Ceres Policy Research, 2007. http://www.girlscircle.com/docs/Final_Report_2007.pdf (November 12, 2012).
- Rotermann, M. "Sex, Condoms and STDs Among Young People." *Health Reports* 16, 3 (2005):39-45. <http://www.statcan.gc.ca/pub/82-003-x/2004003/article/7838-eng.pdf> (November 12, 2012).
- Rotermann, M. "Trends in teen sexual behaviour and condom use." *Health Reports* 19, 3 (2008): 1-6. <http://www.statcan.gc.ca/pub/82-003-x/2008003/article/10664-eng.pdf> (November 12, 2012).
- Royal Canadian Mounted Police (RCMP). *The Effects of Family Violence on Children: Where Does it Hurt?* (2012) <http://www.rcmp-grc.gc.ca/cp-pc/pdfs/vio-chil-enfa-eng.pdf> (November 12, 2012).
- Saewyc, E. et al. *Not Yet Equal: The Health of Lesbian, Gay, & Bisexual Youth in BC*. Vancouver, BC: McCreary Centre Society, 2007. www.mcs.bc.ca/pdf/not_yet_equal_web.pdf (November 12, 2012).
- Saewyc, E. et al. *It's Not What You Think: Sexually Exploited Youth in British Columbia*. Vancouver: University of British Columbia School of Nursing, May 2008. www.nursing.ubc.ca/PDFs/ItsNotWhatYouThink.pdf (November 12, 2012).
- Saksvig, B. I. et al. "A Pilot School-based Healthy Eating and Physical Activity Intervention Improves Diet, Food Knowledge, and Self-efficacy for Native Canadian Children." *Journal of Nutrition* 135 (2005): 2392-2398.
- Sandler, W. *Violence Against Women and Girls: A Preliminary Report on Participatory Action Research with Girls and Young Women in Guysborough and Antigonish Counties*. Antigonish, NS: The Antigonish Women's Resource Centre, 2009.
- Schinke, Steven P. et al. "Substance Use among Early Adolescent Girls: Risk and Protective Factors." *Journal of Adolescent Health* 43, 2 (2008): 191-194.

- Seimer, B. "Intimate Violence in Adolescent Relationships: Recognizing and Intervening." *American Journal of Maternal Child Nursing* 29, 2 (2004): 117-121.
- Senate Standing Committee on Indigenous Peoples. *Urban Indigenous Youth: An Action Plan for Change. Sixth Report*. October 2003. <http://www.parl.gc.ca/Content/SEN/Committee/372/abor/rep/repfinoct03-e.htm> (November 12, 2012).
- Seo, D. C. and J. Sa. "A Meta-Analysis of Obesity Interventions among U.S. Minority Children." *Journal of Adolescent Health* 46, 4 (2010): 309-323.
- Sethi, A. "Domestic Sex Trafficking of Indigenous Girls in Canada: Issues and Implications." *First Peoples Child and Family Review* 3, no 3 (2007): 57-71.
- Shepard, B. and A. Marshall. "Career Development and Planning Issues for Rural Adolescent Girls." *ERIC: Canadian Journal of Counselling*. 34.3 (2000): 163.
- Sieving, R. E. et al. "A Clinic-Based Youth Development Program to Reduce Sexual Risk Behaviors Among Adolescent Girls: Prime Time Pilot Study." *Health Promotion Practice* (2011). Silberg J. et al. "Genetic and Environmental Risk Factors in Adolescent Substance Abuse." *Journal of Child Psychology and Psychiatry* 44 (2003): 664-76.
- Sinha, M. *Family Violence in Canada: A Statistical Profile, 2010*. Ottawa: Statistics Canada, 2012. <http://www.statcan.gc.ca/pub/85-002-x/2012001/article/11643-eng.pdf> (November 12, 2012).
- Skinner, R. and S. McFaull. "Suicide Among Children and Adolescents in Canada: Trends and Sex Differences, 1980-2008." *Canadian Medical Association Journal* (2012).
- Smith, A. et al. *Making the right connections: Promoting positive mental health among BC youth*. Vancouver, BC: McCreary Centre Society, 2011.
- Smith, A. et al. *A Picture of Health: Highlights from the 2008 British Columbia Adolescent Health Survey*. Vancouver: McCreary Centre Society, 2009.
- Sohoni, N.K. *Status of Girls in Development Strategies*. New Delhi: Har-Anand Publications, 1994.
- South Asian Legal Clinic of Ontario. "Who, If, When to Marry: It's a Choice. A Forced Marriage is a Form of Violence." Forced Marriage Project, 2010. www.forcedmarriages.ca (November 12, 2012).
- Squeglia, L.M. et al. "Initiating moderate to heavy alcohol use predicts changes in neuropsychological functioning for adolescent girls and boys." *Psychology of Addictive Behaviors* 23 (2009): 715-22.
- Stadler, C. et al. "Peer-victimization and mental health problems in adolescents: Are parental and school support protective?" *Child Psychiatry and Human Development* 41, 4 (2010): 371-386.
- Statistics Canada. *Earnings and Incomes of Canadians Over the Past Quarter Century, 2006 Census: Data tables, figures and maps*. Ottawa, 2008. <http://www12.statcan.ca/census-recensement/2006/as-sa/97-563/tables-tableaux-notes-eng.cfm> (November 12, 2012).
- Statistics Canada. *CANSIM Table 051-0001. Population by sex and age group, by province and territory*. Ottawa, 2011. <http://www.statcan.gc.ca/tables-tableaux/sum-som/I01/cst01/demo31a-eng.htm> (November 12, 2012).
- Statistics Canada. *CANSIM Table 102-0561. Leading Causes of Death, Total Population, by Age Group and Sex, Canada*. Ottawa, 2012.
- Statistics Canada. *CANSIM table 105-0501. Perceived life stress, quite a lot, by age group and sex*. Ottawa, 2012. <http://www.statcan.gc.ca/tables-tableaux/sum-som/I01/cst01/health106b-eng.htm> (November 12, 2012).

Steenbergen, C. and C. Foisy. *Best Practices: Experience, Knowledge and Approaches for Working with and for Girls and Young Women*. Montréal: POWER Camp National/Filles d'Action, 2006.
http://www.powercampnational.ca/drupal47/files/BestPractice_complete.pdf (November 12, 2012).

Stephens, D.P. and L.D. Phillips. "Freaks, Gold Diggers, Divas, and Dykes: The Sociohistorical Development of Adolescent African American Women's Sexual Scripts." *Sexuality & Culture* 7, 1 (2003):3-49.
http://www2.fiu.edu/~stephens/Manuscripts/Stephens_FreaksGoldDiggers.pdf (October 4, 2008).

Sullivan, P. and J. Knutson. "Maltreatment and Disabilities: A Population-based Epidemiological Study." *Child Abuse and Neglect* 24, 10 (2000): 1257-1273.

Sum, A. "Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice." *Master's Thesis*. Vancouver: University of British Columbia, 2003.
<http://dspace.library.ubc.ca:8080/bitstream/handle/1828/1033/A.S.%20Thesis,%20Final,%20July%202022.pdf?sequence=1> (November 12, 2012).

Taefi, N. "The Synthesis of Age and Gender: Intersectionality, International Human Rights Law and the Marginalisation of the Girl-Child." *The International Journal of Children's Rights* 17, 3 (2009): 345-376.

Taylor, C. et al. *Youth Speak Up about Homophobia and Transphobia: The First National Climate Survey on Homophobia in Canadian Schools. Phase One Report*. Toronto, ON: Egale Canada Human Rights Trust, 2008.
<http://archive.egale.ca/home.asp?lang=F&menu=4&item=1401&version=EN> (November 12, 2012).

Taylor-Seehafer, M. and L. Rew. "Risky Sexual Behaviour amount Adolescent Women." *Journal of Social Pediatric Nursing* 5, 1 (2000): 15-25.

Tencati, E. et al. "Teens as Advocates for Substance Use Prevention: Strategies for Implementation." *Health Promotion Practice* 3, 1 (2002): 18-29.

Teufel-Shone, N. I. et al. "Systematic Literature Review of Physical Activity Interventions Implemented with American Indian and Alaska Native Populations in the United States and Canada." *American Journal of Health Promotion* 23, 6 Suppl (2009): S8-S32.

The United Nations Interagency Task Force on Adolescent Girls. *Fact Sheet*. March 2009.
http://www.unicef.org/adolescence/files/Fact_Sheet_Final.pdf (November 12, 2012).

Thomas, M. *The Political Disengagement of Canada's Young Women*. Unpublished MA Thesis. Calgary: University of Calgary, 2006.

Tipper, J. *The Canadian Girl-Child: Determinants of the Health and Well-being of Girls and Young Women*. Ottawa: Canadian Institute of Child Health, 1997. <http://www.cich.ca/PDFFiles/cndgirlchildeng.pdf> (February 13, 2012).

Tortolero, S. R. et al. "It's Your Game: Keep It Real: Delaying Sexual Behavior with an Effective Middle School Program." *Journal of Adolescent Health* 46, 2 (2010): 169-179.

Totten, M. "Preventing Indigenous Youth Gang Involvement in Canada: A Gendered Approach." *Paper prepared for Indigenous Policy Research Conference*. Ottawa, March 8-12, 2009.
<http://www.nwac.ca/sites/default/files/reports/TottenAPRCGangGenderpaperFeb2609.pdf> (November 12, 2012).

Tremblay, M. S. et al. *Fitness of Canadian Children and Youth: Results from the 2007-2009 Canadian Health Measures Survey*. Ottawa: Statistics Canada, January 2010. <http://www.statcan.gc.ca/pub/82-003-x/2010001/article/11065-eng.htm> (November 12, 2012).

- Tshombokongo, R. A. "Pour une prise en compte des jeunes filles immigrants comme une composante sociale dans les espaces décisionnels et au sein du mouvement féministe." Panel 3. *Actes du forum Mouvement sociaux et mécanismes de participation des femmes immigrantes au Québec: vers l'identification des bonnes pratiques*. Montréal: Fédération des femmes du Québec, 2006. http://bv.cdeacf.ca/CF_PDF/93556.pdf (November 12, 2012).
- Turcotte, M. *Women in Canada: A Gender-based Statistical Report – Women and Health*. Ottawa: Statistics Canada, 2011a. <http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11543-eng.pdf> (November 12, 2012).
- Turcotte, M. *Women in Canada: A Gender-based Statistical Report – Women and Education*. Ottawa: Statistics Canada, 2011b. <http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11542-eng.pdf> (November 12, 2012).
- United Nations, Resolution 66/170 'International Day of the Girl Child,' December 19, 2011. http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/66/170 (November 12, 2012).
- United Nations Interagency Task Force on Adolescent Girls. *Fact Sheet*. March 3, 2009. http://www.unicef.org/adolescence/files/Fact_Sheet_Final.pdf (November 12, 2012).
- Unterhalter, E. "Access and Participation of Women and Girls to Education and Training." Geneva: United Nations Expert Group Meeting on "The impact of the implementation of the Beijing Declaration and Platform for Action on the achievement of the Millennium Development Goals," November 2009.
- Urquijo, Covadonga Robles and A. Milan. *Women in Canada: A Gender-based Statistical Report – Female Population*. Ottawa: Statistics Canada, 2011. <http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11475-eng.pdf> (November 12, 2012).
- Valaitis, R. K. and W. A. Sword. "Online Discussions with Pregnant and Parenting Adolescents: Perspectives and Possibilities." *Health Promotion Practice* 6, 4 (2005): 464-471.
- Van Daalen-Smith, C. *Living as a Chameleon: A Guide to Understanding Girls' Anger for Girl-Serving Professionals*. Toronto: York University, 2006. http://www.yorku.ca/cvandaal/files/Anger_Research.pdf (March 15, 2008).
- Van der Woerd, K. et al. *Raven's Children II: Indigenous Youth Health in B.C.* Vancouver: McCreary Centre Society, 2005. http://www.mcs.bc.ca/pdf/Ravens_children_2-web.pdf (November 12, 2012).
- Vogl, L. et al. "A Computerized Harm Minimization Prevention Program for Alcohol Misuse and Related Harms: Randomized Controlled Trial." *Addiction* 104, 4 (2009): 564-575.
- Walker, G. and M. Freedman. "Social Change One on One: The New Mentoring Movement." *The American Prospect* 27 (1996): 75-81.
- Watson, M. and M. McMahon. "Children's Career Development: A Research Review from a Learning Perspective." *Journal of Vocational Behavior* 67, 2 (2005): 119-32.
- Wells, J. et al. "A Systematic Review of Universal Approaches to Mental Health Promotion in Schools." *Health Education* 103, 4 (2003): 197-220.
- Westerberg-Jacobson, J. et al. "A 5-year longitudinal study of the relationship between the wish to be thinner, lifestyle behaviours and disturbed eating in 9-20-year old girls." *European Eating Disorders Review*, 18 (2010): 207-219.
- Williams, Cara. *Women in Canada: A Gender-based Statistical Report – Economic Well-being*. Ottawa: Statistics Canada, 2010. <http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11388-eng.pdf> (November 12, 2012).

Williams, R. L. and A. L. Ferber. "Facilitating Smart-Girl: Feminist Pedagogy in Service Learning in Action." *Feminist Teacher* 19, 1 (2008): 47-67.

Williams, T. et al. "Peer Victimization, Social Support, and Psychosocial Adjustment of Sexual Minority Adolescents." *Journal of Youth and Adolescence* 34, 5 (2005): 471-482.

Wilson, D. R. "Health Consequences of Childhood Sexual Abuse." *Perspectives in Psychiatric Care* 46, 1 (2010): 56-64.

Wolfe, D. and D. Chiodo. *Sexual Harassment and Related Behaviours Reported Among Youth from Grade to Grade 11*. Toronto: Centre for Addiction and Mental Health, 2008.

Women's Health in Women's Hands Community Health Centre. *Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare Delivery in Canada*. Toronto: Canadian Race Relations Foundation, March 2003. http://www.whiwh.com/Research/ePub_RacialDiscrimination.pdf (November 12, 2012).

Zurbriggen, E. L. "Understanding and Preventing Adolescent Dating Violence: The Importance of Developmental, Sociocultural, and Gendered Perspectives." *Psychology of Women Quarterly* 33, 1 (2009): 30-33.

Zurbriggen, E.L. et al. *Report of the APA Task Force on the Sexualization of Girls*. Washington, DC: American Psychological Association, 2007.

NOTES

Lined area for taking notes, consisting of 26 horizontal lines.



24, MONT-ROYAL WEST, SUITE 601, MONTREAL, QUEBEC H2T 2S2
T: 514 948 1112 F: 514 948 5926 • GIRLSACTIONFOUNDATION.CA