

BUILDING FOUNDATIONS OF HEALTH AND WELLBEING IN SCHOOL: A Study of Restorative Practices and Girls of Color

Thalia González and Rebecca Epstein



INITIATIVE ON
**GENDER
JUSTICE &
OPPORTUNIT**

GEORGETOWN LAW
CENTER ON POVERTY and INEQUALITY

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ABOUT THE INITIATIVE ON GENDER JUSTICE & OPPORTUNITY

The Initiative on Gender Justice & Opportunity, part of the Georgetown Law Center on Poverty and Inequality, identifies barriers to girls' health and well-being, elevates girls' unique assets and needs, and develops solutions to better support girls in our public systems.

The Initiative's mission is to center low-income girls and girls of color in research, policy, and practice; to name and address the root causes of race and gender disparities; and to develop solutions that are guided by youths' narratives and voices.

The Initiative is independently funded; it relies on grants and donations for support. For more information about our work and to contribute support, please visit our website:

<https://genderjusticeandopportunity.georgetown.edu/>.

To become a member of our Trauma-Informed Schools Learning Network for Girls of Color, an online platform for school communities co-led by the National Black Women's Justice Institute, please visit www.schools4girlsofcolor.org.

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Other works co-authored by Thalia González and Rebecca Epstein include: *Exclusionary School Discipline: State-by-State Analysis* (2020); *SCHOOL-BASED RESTORATIVE JUSTICE: STATE-BY-STATE ANALYSIS* (2020); "Students Need More than Reduced Police Presence: Schools Must Commit to Implementing Restorative Justice to Rebuild Health and Wellness," *National Law Journal* (2020); *INCREASING SCHOOL CONNECTEDNESS FOR GIRLS: RESTORATIVE JUSTICE AS A HEALTH EQUITY RESOURCE* (2019); and *GENDER & TRAUMA: SOMATIC INTERVENTIONS FOR GIRLS IN JUVENILE JUSTICE: IMPLICATIONS FOR POLICY AND PRACTICE* (2018).

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SUGGESTED CITATION

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EXECUTIVE SUMMARY

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THE STUDY

The Initiative on Gender Justice & Opportunity, under the leadership of Senior Scholar Thalia González, conducted a two-year study funded by the Robert Wood Johnson Foundation. The project was designed to examine associations between school-based restorative practices and protective health factors for girls of color. Qualitative data was collected from focus groups with more than sixty Black and Latina girls attending public middle and high schools across the United States.

OUR FINDINGS

Participation by girls of color in non-disciplinary restorative practices is affirmatively associated with protective health factors that increase their capacities for engagement in school, academic success, and overall emotional wellbeing. Specifically, we found that restorative practices outside the disciplinary context resulted in benefits in the following categories:

- ⦿ School connectedness
- ⦿ Peer relationships
- ⦿ Connections to family
- ⦿ Sense of safety and positive school climate
- ⦿ Social and emotional literacy (SEL) skills
- ⦿ Mental health, resilience, and empowerment

Restorative Practices Are Central to Health.



EXECUTIVE SUMMARY

THE ROLE OF SCHOOL-BASED RESTORATIVE PRACTICES IN GIRLS' HEALTH

Our findings in these six categories of interrelated health-related factors indicate that restorative practices can serve as foundations for developing healthy relationships and health-promoting behaviors.

IMPLICATIONS FOR GIRLS' ACADEMIC SUCCESS

Countless studies have documented the close relationship between health and education. The same factors that support health—positive school climate, supportive relationships, social-emotional

skills, and mental health—also support academic attainment. As a result, restorative practices can benefit girls' health and wellbeing and improve their chances of success in school.

Thus, the study's findings have significant implications in two fields:

1. **Education:** Our findings indicate that restorative practices can help improve chances of educational success for girls of color and all students; and
2. **Public health:** Our findings indicate that restorative practices can help advance health equity.

Restorative Practices Create Conditions for School Success & Health.

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RECOMMENDATIONS TO BUILD ROBUST RESTORATIVE PRACTICES TO PROMOTE HEALTH AND WELLBEING AND EDUCATIONAL SUCCESS:

Research

- ⦿ Evaluate existing restorative practices through a public health lens to inform implementation
- ⦿ Engage in new studies on the impact of restorative approaches on health, mental health, and education



Practice

- ⦿ Include restorative practices in COVID-19 school re-opening plans
- ⦿ Implement proactive (non-disciplinary) restorative practices across all grade levels
- ⦿ Provide opportunities for single-gender and affinity-group restorative practices
- ⦿ Develop school-specific implementation plans for restorative practices

- ⦿ Incorporate evidence-based, trauma-informed, culturally responsive practices into restorative practices
- ⦿ Expand learning opportunities for school leadership and offer professional development to teachers and school staff on proactive, non-disciplinary restorative practices



Policy

- ⦿ Codify implementation of restorative practice models in schools, especially after the pandemic, that promote health protective factors
- ⦿ Adopt restorative practices as part of school reopening plans

- ⦿ Enact school finance reform that prioritizes healthy whole-child development and provides long-term funding for restorative practices
- ⦿ Provide technical assistance to schools to develop and sustain non-disciplinary restorative practices
- ⦿ Restrict the use of zero-tolerance and other punitive discipline practices across all grade levels
- ⦿ Fund research on the effect of restorative approaches on health, mental health, and education

INTRODUCTION

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Rooted in indigenous culture and traditions,¹ restorative practices (RPs) have grown exponentially throughout the United States. Since the 1990s, RPs have become part of innovative educational approaches to addressing harm, building relationships, and strengthening school communities.² School-based RPs were first implemented as a non-punitive alternative to discipline.³ Today, they exist in many forms, which include proactive approaches (developing community, engaging in social-emotional learning, and focusing on youth empowerment and resilience-building practices) and reactive responses (addressing disciplinary infractions, repairing harm, and restoring relationships).⁴

Evidence shows that the benefits that proactive RPs provide—school connectedness,⁵ peer connectedness and positive peer relationships,⁶ positive school climate,⁷ and social-emotional skills⁸—are not only critical for educational attainment, but also for health. Educational success creates opportunities for better health; conversely, better health improves the chances of educa-

tional attainment. Yet, despite the clear co-influential relationship between education and health,⁹ the connection between school-based RPs and health has been underexplored. This gap in the literature has not only affected the direction of research, but it also has limited the advancement of health equity policies and practices in a cornerstone of children’s lives: schools. This is particularly true for girls of color, who are at higher risk of disconnection from school (see text box).¹⁰

This study was developed to bridge this gap and help guide policy and practice reform. Under the leadership of Senior Scholar Thalia González and with the support of the Robert Wood Johnson Foundation, the Initiative on Gender Justice & Opportunity conducted the first study of its kind, exploring connections between proactive school-based RPs, protective health factors, and student health and wellbeing. The study was also designed to address the persistence of gender bias in research (see text box) by specifically focusing on the experiences and perceptions of Black and Latina female students.¹¹

Why Focus on Girls? The Connection between Gender-Responsive¹² School-Based Interventions and Girls’ Health

Research increasingly confirms that school-based gender-responsive interventions have concrete benefits for girls’ physical and mental health, including:

- ▶ Coping with gender-specific stressors¹³
- ▶ Strengthening feelings of safety¹⁴
- ▶ Increasing emotional literacy, promoting healthy relationships, and improving self-regulation¹⁵
- ▶ Increasing self-esteem and self-efficacy, especially in the areas of motivation for school success and making healthy social choices¹⁶

- ▶ Improving school attendance and academic performance¹⁷
- ▶ Preventing anxiety and depression¹⁸
- ▶ Targeting unhealthy behaviors, such as disordered eating¹⁹ or relational aggression²⁰
- ▶ Targeting gender-specific factors that drive substance use²¹
- ▶ Decreasing likelihood of cigarette, alcohol, or marijuana use²²
- ▶ Improving girls’ physical activity and food choices.²³

In fact, health interventions that are not gender-responsive may harm girls.²⁴

INTRODUCTION

To examine associations between school-based RPs and health protective factors, we conducted nine focus groups with sixty-seven Black and Latina girls in public middle and high schools (see Study Description).²⁵ Our analysis of the resulting qualitative data provides the first descriptive evidence of school-based RPs' association with promoting protective health factors and improved mental health for girls of color. Specifically, our study reveals that when used in affirmative, non-disciplinary contexts, RPs can improve girls' sense of safety, strengthen connections to teachers, peers, and family, contribute to a more inclusive and positive school climate, develop social-emotional skills, and improve conditions for positive mental health. While not a direct finding of our study, each of these outcomes seems likely to also predict improved academic performance.

Though the study was conducted before the onset of COVID-19, our results have especially significant implications for students during the pandemic. Remote learning and social distancing protocols have weakened students' connection to school and each other, diminished school climate, and strained youths' mental health.²⁶ As schools work to rebuild after the pandemic and establish safe and supportive learning environments, whole-school practices and models should be implemented to provide students with a sense of connection, trust, and stability. Emerging research on the science of learning and development shows that supportive relationships "strengthen connectivity among existing brain structures" and buffer against adversity.²⁷ In the recommendations section of this report, we provide ideas for next steps that educators and policymakers can take to promote healthier schools for all children through restorative approaches.

Why We Chose to Study Girls of Color: Race and Gender Bias in Research

Gender bias in research has a long history and is well-documented.²⁸ The areas of education and health are no exception. While a groundbreaking 1992 report on gender inequities in education called attention to the experiences and outcomes of girls in schools,²⁹ a focus on boys' experience has consistently outweighed research and resources directed at girls in schools.³⁰ Similarly, health research has long overlooked factors that are unique for women and girls, leading to male-biased health care standards and a limited understanding of women's health needs.³¹

Marginalized girls are even more rarely the focus of health and education studies.³² Scholars criticize the "paucity of literature, both applied and experimental" on gender-specific mental health programming;³³ the "failure on the part of the education research literature to examine and conceptualize the integrated issues of race and gender;"³⁴ and the "silence about at-risk girls" in research.³⁵ Education research often does

not recognize gender and race/ethnicity as "simultaneously lived and intersecting" characteristics with unique factors and outcomes.³⁶

For marginalized girls, the implications of gender bias in research are tangible:

- ▶ Because researchers have a basic lack of understanding of biological differences based on sex, as well as socio-cultural gender differences in behavior and lived experience,³⁷ the true experiences of marginalized girls in schools are not fully known.
- ▶ Researchers do not have a fully comprehensive, accurate picture of how gender contributes to some health risks that girls face,³⁸ such as depression, anxiety, or the effects of trauma.
- ▶ Failure to "consider the role of race and gender in the lives of participants" results in curricula and pedagogy that heighten the risk of disengagement for girls of color in school.³⁹

KEY FINDINGS



Because school is where youth spend the majority of their time and where they learn academic and social skills, it is a critical location for interventions that can position girls for life-long health and wellness.⁴⁰ Our study found that when girls of color participate in proactive non-disciplinary school-based RPs, they experience a range of benefits that are widely recognized as protective health factors:

- ⊙ Strong connections with peers, teachers, and family;⁴¹
- ⊙ Positive school climate;⁴²
- ⊙ Social-emotional skills;⁴³ and
- ⊙ Improved conditions for mental health, resilience, and empowerment.

These findings warrant special attention from the education and public health fields alike, as they provide evidence that school-based RPs are important tools for advancing academic success and health for girls of color—and for all students.

Finding 1. School-Based RPs Improve Girls' Connections to Teachers, Peers, and Family.

Girls in our focus groups reported that RPs strengthened their connections to teachers, peers, and family. During restorative circles, they discovered that shared experiences built a sense of trust, safety, and belonging. For adolescent girls, in particular, strong relationships at school and at home are essential to promoting not only academic success,⁴⁴ but also positive lifelong health outcomes.⁴⁵ According to the Centers for Disease Control (CDC), “[y]outh who feel connected at school and home are less likely to experience negative health outcomes related to sexual risk, substance use, violence, and mental health.”⁴⁶

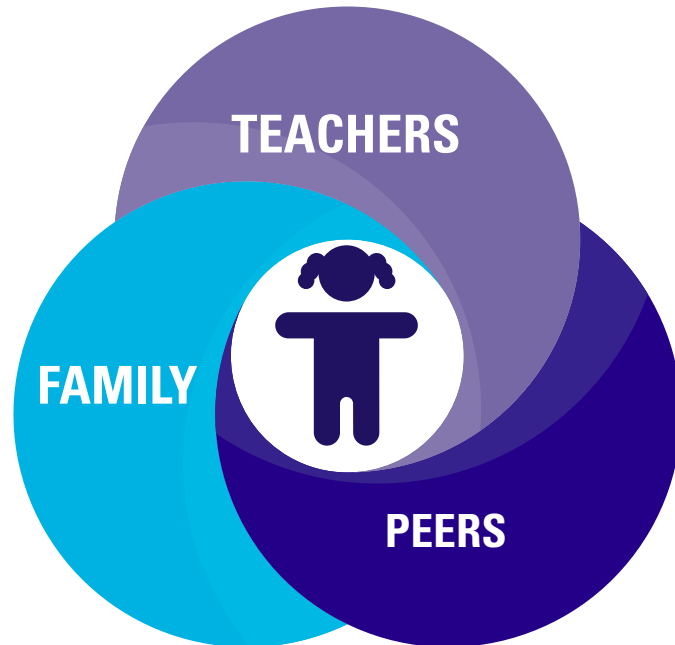
“Restorative justice practices are a powerful tool in schools because they can create a safe and supportive container for students to be honest and open about who they are and what they are experiencing in their lives. I have seen in my work, specifically with girls in grade school and high school, that restorative spaces create fertile ground for them to experience genuine, respectful, and loving connections with others. This creates a buffer between girls and the typical challenges they face like bullying, sexual objectification, and violence that they may be experiencing in their homes or communities. When girls have a creative space dedicated to building relationships and expressing themselves, they become more resilient and better prepared to face life’s challenges as they grow into young women. This is especially true when they become leaders and facilitators of their own restorative circles and spaces.”

—Justine Darling, Ph.D., College of Education, San Diego State University

SCHOOL-BASED RPs STRENGTHEN GIRLS' CONNECTIONS TO TEACHERS.

Girls in our study identified that RPs helped them build and sustain strong connections with teachers. Research reveals that girls, in particular, “place great value on teachers’ support, both academic and personal,”⁴⁷ and they are more likely to seek support from teachers with whom they have strong relationships.⁴⁸ Positive teacher relationships are central to a strong sense of school connectedness, which the CDC defines as “a sense of being cared for, supported, and

Strong Connections to Teachers, Peers, and Family Support Girls' Health.



belonging.”⁴⁹ School connectedness is a key health-protective factor that can provide three health benefits: (1) it can reduce health-risk behaviors that are particularly high risk for girls,

such as eating disorders and suicidal thoughts;⁵⁰ (2) it can promote self-efficacy, academic achievement, and resiliency;⁵¹ and (3) it can buffer against negative peer influence.⁵²

Biases Impede Girls' Connections With Teachers

Girls who stand at the intersection of multiple identities are at high risk of disconnection and disengagement from school.⁵³ Institutional bias can operate as a root cause of marginalized girls' risk of detachment from school, ranging from the disproportionate use of punitive and exclusionary discipline⁵⁴ to teachers' expectations that undermine their sense of potential academic success⁵⁵ to teachers' comparative lack of attention.⁵⁶

Bias can also influence how teachers respond to students who experience trauma: marginalized girls report a higher prevalence of traumatic experiences, but their expression of that trauma less often receives healing attention from teachers, who are more likely to respond to the kinds of externalizing behaviors that are both more common, and more accepted, in boys.⁵⁷

KEY FINDINGS

Girls also discussed that restorative processes revealed shared experiences with teachers, which humanized teachers to them, shifting perceptions of them from unrelatable authority figures to approachable individuals. As one study participant explained, “[I]f I know that [my teacher] is going through that ... I know that I’m able to ask for advice.” In particular, focus-group participants said that their discussions during RPs helped them recognize their teachers’ emotional vulnerabilities, which strengthened their connection and decreased their own sense of isolation: “Seeing [my teacher] cry, like, it, it, like, it touched my heart ‘cause it’s, like, ‘She’s scared, too. We’re all scared.’ So, everybody in that room, ... the look on their faces, ... they were all scared. So, **I felt like I wasn’t the only one there.**”

The social cohesion and feelings of safety established by RPs translated into participants’ increased partnership and cooperation with teachers. One participant described RPs as opening new channels for dialogue, with teachers “checking up on you, ... how you’re doing ... on schoolwork, your grades, and ... how you’re feeling.” Another said that a conversation during a restorative intervention helped her teacher understand why a student was struggling and how to support him. “There is a reason behind why that kid is failing this class. Um, it’s not just because he’s lazy or he doesn’t have time for it. And in that circle he can, like, reveal, like, ... what he’s going through, and **it changes, like, the teacher’s perspective.** He might give him more time, um, to turn in a work, an assignment.” Relatedly, a focus-group participant described that she witnessed teachers translating the lessons that they learned from RPs into other contexts: “[Teachers] actually take into consideration of what you said and actually, you know, apply it ... to the class.”

Girls’ ties to teachers also increased physical and psychological safety in school—especially in schools with multi-year programs. “[S]he [the teacher who leads RPs] makes you feel comfortable and safe. It’s a place where ... **you’re not judged.** And you’re not, you know, bashed about anything you say or do in the circle.” Psychological safety can be particularly important to

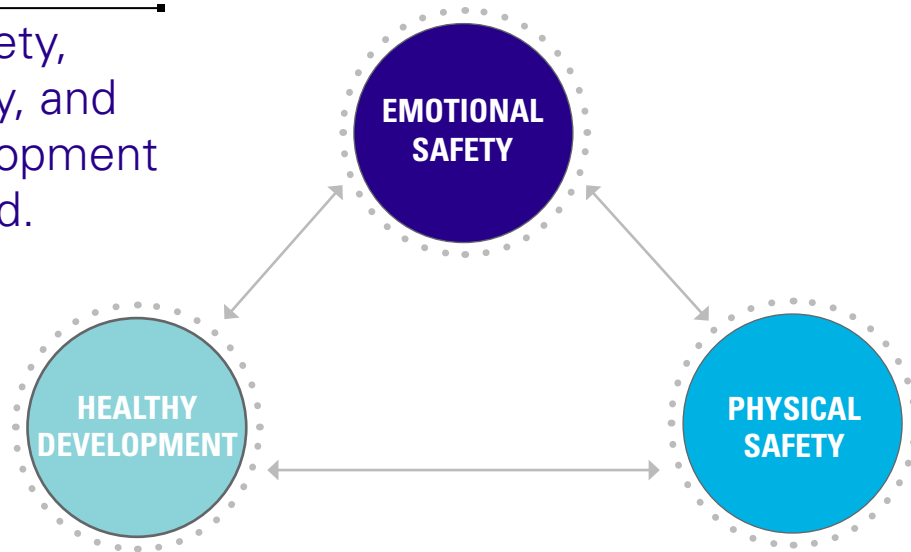
girls, who are keenly aware of the potential of experiencing harassment and sexual violence.⁵⁸ When girls feel emotionally unsafe, they also feel physically unsafe,⁵⁹ which can limit their academic achievement⁶⁰ and their healthy development.⁶¹ And for girls, feelings of safety are rooted in connections to people.⁶² Studies show that girls value social support and are more oriented toward relationships than boys;⁶³ relationships with supportive adults, in particular, are vital to marginalized girls’ sense of safety and well-being.⁶⁴ One study, for example, found that Black girls’ relationships with adults who affirm their strength, intelligence, and power were associated with a greater chance of school success, a strong and healthy sense of identity, and less stress.⁶⁵

SCHOOL-BASED RPs STRENGTHEN GIRLS’ CONNECTIONS TO PEERS.

Girls in our study identified that RPs have helped them develop stronger peer relationships, which contributed to a sense of support and being cared for. It is well established that peer connections are critical to girls’ health.⁶⁶ In fact, “[f]emale friendship is one of the most important dimensions of a girl’s life, and its influence on her wellbeing may be surpassed only by family relationships in her growth toward adulthood.”⁶⁷ Similar to the benefits associated with school connectedness, support from peers can decrease health-risk behaviors for girls⁶⁸ and can create a sense of belonging and attachment, increase self-esteem, and heighten motivation to achieve at school.⁶⁹

One focus-group participant described RPs: “RJ [restorative justice] is just being able to have someone to hear me out and having someone to like, tell me the same thing I felt. ... [We] creat[ed] a bond.” Similarly, another stated: “You walk in a room full of strangers. And you leave out that room with ... your best friend.” The connections girls described were based in part on the shared experiences that were revealed during restorative practices, which led to a sense of social belonging. “[Other students] express themselves and they tell the group what they’ve gone

Emotional Safety, Physical Safety, and Healthy Development are Interrelated.



through. And it's like, 'Dang, **you go through it, too?**'"

Across all focus groups, girls characterized RPs as creating an environment of collaborative problem-solving with peers: "[B]y ... speaking up and sharing what I felt, or what I went through, ... someone else [could] relate to that, and that's how **we can get to their root of the problem** and how we can fix ... the community, and ... how to find ... the problem within themselves."

SCHOOL-BASED RPs STRENGTHEN GIRLS' CONNECTIONS TO FAMILY.

Girls in several focus groups reported that they used the skills they learned from their participation in RPs at school to improve their relationships at home through better communication, improved conflict-resolution strategies, and increased empathy.

One participant explained that her experience with school-based RPs better equipped her to address and improve a particularly difficult family relationship:

“ I learned [from] restorative justice that there's probably a reason [that] led to me and my father not having a good relationship ... [S]

o I took a step back and then I started thinking about stuff ... and I was like, 'Oh, um, it's better if we talk things out.' I'm not saying, like, right now our relationship is perfect, ... but like, now lately with restorative justice, I feel like when I speak to him, it's not like I go out right away or we argue. It's that, 'Okay, I'm understanding your perspective. Now understand my perspective.'"

Girls also associated RPs with increased openness at home. A participant stated that because of her experiences with RPs at school, she was able to "be more vulnerable to not only peers and teachers, but to my own family."

Family connectedness is one of the most important health protective factors for youth. It can protect against a variety of health-risk factors, including substance use, early onset of sexual behavior,⁷⁰ internalizing disorders,⁷¹ and suicide attempts.⁷² It can also help girls of color cope with the experience of chronic violence and other forms of adversity.⁷³ One study that focused on Black girls demonstrated that family support is associated with lower levels of depression and anxiety.⁷⁴ Girls who have stronger connections with family, especially parents, also achieve greater academic success.⁷⁵

KEY FINDINGS

Finding 2. School-Based RPs Improve School Climate.

Across all focus groups, girls emphasized that RPs improved school climate by creating safe and inclusive learning environments marked by safety, trust, and supportive relationships.⁷⁶

Positive school climate is foundational for girls' health: "Of the constellation of forces that influence adolescent health-risk behavior, the most fundamental are the social contexts in which adolescents are embedded."

Source: Resnick, et al., *Protecting Adolescents*, supra note 8; Resnick et al., *Youth Violence Perpetration*, supra note 72.

One participant summarized RPs as "a safe place to ... let go of every pain you bring inside." Similarly, another girl stated: "A lot of people have gone through ... a lot of stuff, and circle helps us ... try to make them feel better ... [T]hey're safe here." Another noted that "[re- storative practices create] a 'safe environment,'

... surrounded by ... people that you trust the most. ... [T]hey're offering support." One student described the confidentiality of restorative practices as a significant factor in creating trust: "[Y]ou can trust everybody in the room...nothing will be spilled. It will stay inside the room." Across all focus groups, RPs were characterized as creating safety and trust by establishing a non-judgmental space: "[Wh]at I liked about restorative justice [was that] it ... allowed me to like share my feelings without anybody judging because, you know, we all go through stuff." Another participant described RPs: "[I]t's like a home, basically ... [My teacher] makes you feel comfortable and safe." During RPs, girls felt that they could express vulnerability without fear of being shamed or ostracized. In two-thirds of the focus groups, girls told us that RPs helped develop a more egalitarian and collaborative classroom culture. Independently and cumulatively, these factors supported a positive school climate.

Positive School Climate Yields Concrete Health Benefits

When a school's climate improves, students' health and wellbeing improve.⁷⁷ Positive school climate is associated with the following:

- ▶ Mitigated harm to academic achievement associated with adversity and challenging socioeconomic contexts;⁷⁸
- ▶ Lessened harassment and sexual harassment at school;⁷⁹
- ▶ Decreased risky behaviors such as alcohol and tobacco use;⁸⁰

- ▶ Increased physical activity and lower body mass index;⁸¹
- ▶ Increased teacher wellbeing, which is associated with fewer depressive symptoms among students;⁸²
- ▶ Improved mental health and emotional wellbeing.⁸³

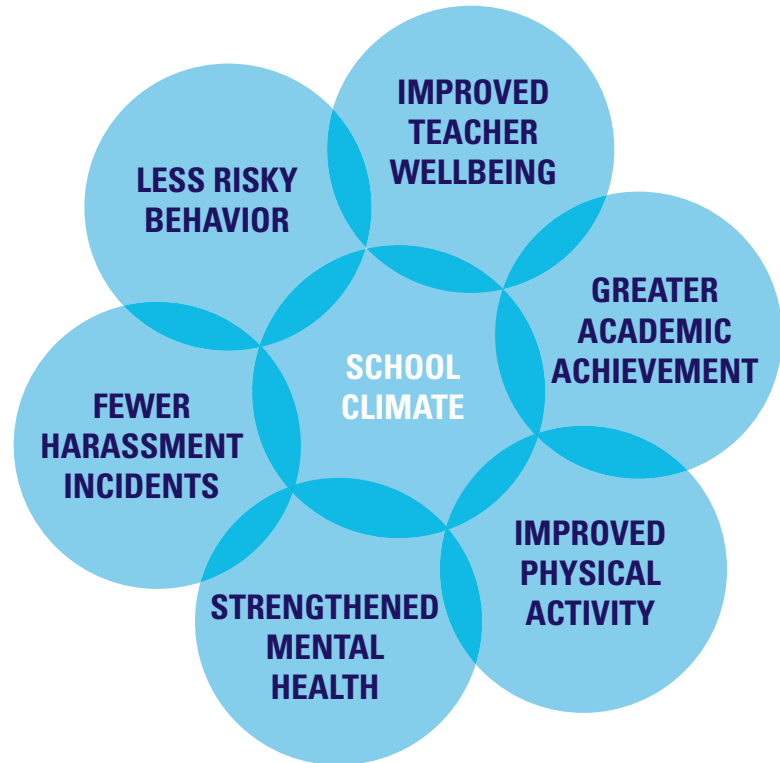
Safe schools with positive climates are also critical sites of wellbeing for girls who lack safety elsewhere in their lives.⁸⁴

Finding 3. RPs Improve Girls' Social and Emotional Skills.

Our study indicates that RPs in school help develop girls' social and emotional literacy (SEL) skills. Social-emotional functioning reduces the risk of harmful behaviors and contributes to self-confidence, self-efficacy, motivation, interpersonal

skills, self-regulation, stress management, and positive interactions with adults—all of which support long-term health and wellbeing.⁸⁵ As a primary location for social interactions during children's key developmental years, schools can play a critical role in building SEL skills.⁸⁶ In this study, girls described RPs as effectively developing five fundamental SEL skills: self-awareness, self-man-

Positive School Climate Yields Concrete Health Benefits.



agement, social awareness, relationship skills, and responsible decision-making.⁸⁷

Primarily, participants characterized RPs as creating a supportive environment that improved self-awareness and self-expression: “[You] realize that you’re not perfect, and everybody has problems, and **it’s okay to have problems**, and most importantly, speak about those problems and ... not keep[] them inside.” They also associated RPs with developing keener introspection skills. “I was that hard-headed kid that didn’t want to listen; that didn’t respect people. I thought I knew everything, like I had been here before. You know, it [restorative practices] just opened up my eyes; like, just sitting down, you know, talking.” And as their self-awareness increased, girls reported feeling more confident and empowered and better able to recognize and celebrate their own identity, agency, and resilience.

Many girls indicated that RPs helped refine their self-management skills, equipping them to control anger and other strong emotions. One participant stated: “In RJ [restorative justice], you reflect on what happened. And, like, sometimes

you’re, like, noticing, **‘Wow, ... I didn’t know how angry I was** I have to be careful what I say.’” Another described that RPs provided her with tools to cope with challenging moments by engaging in positive “self-talk:” “You’re not that person. Tell ... that 6-year-old girl [inside you], ‘that’s not you anymore.’ And calm down.” Such skills are critical to longer-term outcomes: in multiple focus groups, girls observed that when they were in more control of their emotional lives, they could better manage their academic lives.

Girls also characterized RPs as promoting social awareness, empathy, and compassion by improving listening skills. One participant described the lesson she learned: “[I]f you don’t really listen to another person’s, like, perspective, you’re never going to solve the problem because ... you’re always going to think this way, you’re never going to hear the other person out.” Another noted that RPs provide the space to learn others’ perspectives: “I stayed quiet because I wanted to hear, like, everyone’s story. I wanted to, like, know what they were going through and - and, I mean, it all made sense, like why they ... were, like, the

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way they are ... I just like hearing people out and seeing if I can help them.”

Relatedly, girls expressed that the non-judgmental feedback they received during RPs helped them grow. One participant reflected, “Having [my teacher’s] input on what’s going on and how I should do things, it helped me a lot. So, it’s like, I’ve fixed my attitude way more, way better, than how I was before.” Similarly, RPs contributed to more mature conflict-resolution skills: “When I think of restorative justice, I think of, like, there was a problem that needs to be solved and that needs to be solved in, like, a mature way where we can have a mature conversation.”

Finding 4. RPs Provide Mental Health Benefits and Improve Girls’ Resilience and Empowerment.

Participants in our study associated school-based RPs with dramatic improvement in their mental health. Girls reported feeling more empowered and resilient, less isolated, and less depressed than they had been before engaging in RPs. These benefits helped girls heal from adversity, including the trauma of sexual violence. One girl began describing her impression of RPs in school by noting: “When people feel like they’re alone, that’s what leads them to, like, depression and other mental issues that can even kill them, because people just don’t feel like they have anyone there for them and they don’t feel like they could open up to anybody.” But girls in our focus groups reported that during restorative practices, collective support formed around students who expressed feelings of fear and helplessness. One girl identified that during a restorative circle, a peer revealed that they were going to engage in self-harm, which led to an effective school intervention: “Because we did a circle and that person was able to share out what they felt, ... the teacher - the school, was able to prevent what[] that person was trying to do to themselves.”

Often, observations about RPs’ effect on mental health and empowerment were made in the context of having experienced gender-based violence. Though our study was not structured

to directly examine the relationship between gender-based violence and RPs,⁸⁸ girls in four focus groups independently identified RPs as establishing a safe space that facilitated discussion of incidents of sexual violence. Consistent with studies that have repeatedly confirmed that girls experience gender-based violence at far higher rates than boys,⁸⁹ some participants in our study referred to this violence—including sex trafficking—as “girl stuff.”

“ Girl 1: It’s ... a peace circle. ‘Cause it’s like all girls. ... Like we talk about sex trafficking, self-defense. We talk about, you know ...

Girl 2: Abuse.

Girl 1: Yeah. Abuse, um, boyfriends. **You know, just girl stuff.**”

Sharing the experience of sexual abuse in the context of single-gender restorative practices connected girls to one another and made them feel stronger, helping them begin to address some of the harmful effects of these incidents, including depression, low self-esteem, and suicidal ideation. “[I]t helped me um, cope, and also be able to speak, like, more freely about an experience that I went through, like in an abusive relationship.”

Several participants indicated that RPs helped them recognize, for the first time, that they had experienced gender-based violence in past and current relationships. One girl stated:

“ **[Restorative practice] [c]ircles helped me realize, like, what he did was not okay.** What I did was not okay. And ... we did not have good communication. The fact that it was really one-sided. ... And I realized, like, ‘I’m too good for this. You don’t deserve me. Like, I’m pretty, smart, talented, like ‘What is you — what is you doing? You messing up!’”

Girls also said that RPs helped them address feelings of shame, which is a common response to experiencing sexual violence. “[S]eeing that I’m not the only one being impacted and hurt

by it, I - I actually, like, spoke about it, too. And I feel like it [RPs] helps a lot of women speak about what happens to them because everybody is so scared to talk about it because they're, like, 'Probably I'm the only one and I don't want to be ashamed of it.'" Another participant credited RPs with helping her recognize and communicate about the abuse she experienced and managing its psychological impact:

“ [M]y dad was abusive, and I always kept that to myself. And now because of restorative justice **I've been able to let my emotions out and build much more trust and make that story much ... easier to cope with and to share with others.**”

Participants repeatedly identified the need for separate RPs to be available to students who identify as female. Girls discussed that when RPs are limited to students who identify as female, it promotes support for harms that are disproportionately experienced by girls. One participant stated: “[G]irl to girl, we understand each other more, you know. . . . [W]e go through the same thing.” Another student discussed the sense of safety that single-gender RPs provide to discuss objectification and the fear of assault:

“ I don't think we will be able to, like, talk about things if guys were here ... because they wouldn't know how it feels, ... walking down, like, a hallway or somewhere and just, like, feeling really anxious about it because people are staring at you. ... [T]hey're staring at your body, not at you because you're pretty, but mostly because of, like, your body. And it's just, like, being scared of, like, walking home at, like, at night, you know? And they [boys] are scared because, like, 'Oh, they can, like, beat me up,' but ... us [girls], it's more like 'I really hope I don't get raped, I don't get, like - like, they don't get me in the car and, like, harm me or something.'”

Relatedly, another participant stated that RPs that are limited to female students provide a unique space to support one another regarding self-harming behaviors that can result from experiencing gender bias and harmful stereotypes:

“ [G]irls, what they most likely share is about ... being catcalled and not being able to wear what they want because society just sees them as sluts, so they don't feel comfortable with ... themselves, or they start trying to harm themselves. Like, for example, cutting and stuff like that”

Girls also described RPs as a place where they could safely discuss teen parenting and women's reproductive health, including hygiene, menstruation, and miscarriages.

In part, girls indicated that their preference for single-gender RPs was based on their experience of social diminishment when among boys:

“ A boy's perspective about ... sexual assault or, um discrimination ... is different from a ... female. And **what could hurt us or, like, nearly destroy us would be something so small and irrelevant to a male...** And sometimes [it's helpful to hear] that you're not being dramatic and that you're not over-exaggerating or, 'You're just that girl', you know.”

These findings affirm research that has demonstrated the benefits of gender-specific interventions,⁹⁰ as well as studies that have shown that boys' dominating behavior in the classroom can subdue girls and normalize harmful socialized gender differences.⁹¹ Girls tend to feel safer in girls-only groups, and connections in these contexts can be central to girls' health and wellbeing, promoting emotional bonds⁹² and protecting against disengagement,⁹³ which can be particularly important for girls living with chronic stress and/or trauma.⁹⁴ As one participant noted:

KEY FINDINGS

“ [T]he boys are just, like, ‘Did you hear what you said? **Your opinion, it’s wrong.**’ And then they were just, like, getting at me, and I feel like that’s not an environment that girls would create. It’s just generally men tend to be, like, a little bit more harsher just because they feel like they don’t have to deal with their feelings and they could just be more blunt about things, and while honesty is something that, like, women, like, are really good at.”

Though participants were clear about the need for girl-only RPs, some identified that mixed-gender RPs can effectively balance out power dynamics that are present in other school contexts:

“ I feel like restorative justice gives us, like, the even playing field, because I know in life it’s like, the men have more power than women, but, like, once we’re in circles and when we’re in restorative justice it’s that everybody has the same voice. **Everybody has the same power...** . I didn’t have a voice in the class and the teacher mostly called on the boys. And when it came to circle it was like no, we all have the same voice. Like there’s no ... no dominant sex here, basically. And I feel like that empowered a lot of um, girls here.”

In addition, some participants felt that engaging in mixed-gender RPs could improve students’ understanding of one another’s perspectives:

“ [H]aving a male presence I think sometimes it can [be a] benefit because a lot of guys do go through ... what we go through. ... I mean sexual abuse, a lot of men, you know, have been raped. There are a lot of men supporting of MeToo. So, I think that if you find someone who can relate to you that it’s definitely important for them to - for y’all to connect because then y’all can support each other.”

Another stated, “[T]here was this one kid that was saying his story, and it was pretty emotional. ... I never thought that ... I would see that side of ... him, or of any guy....”

Regardless of the structure or form, study participants recommended that girls should engage in RPs because the experience is empowering. One participant stated: “Restorative justice would really benefit women. ... [R]ight now I feel so empowered because I could, like, talk of anything just, you know – [I could be] crying, and I would not be ashamed.” Another student said that because of her experience with restorative practices, “[I] realized that I shouldn’t let people walk all over me. And, you know, I have a voice, and ... what I feel is how I feel. And I shouldn’t hide that because someone else might not feel that way about it.”

Schools “Write Out” the Experiences of Marginalized Girls

Traditional school curricula often lack focus on topics that are relevant to the lives of marginalized girls.⁹⁵ Girls of color are immersed in curricula and assigned textbooks that are “steeped in negative cultural norms and stereotypes” and the

culture of white male dominance.⁹⁶ These messages exacerbate the experience of marginalization and can harm the development of healthy self-esteem and self-efficacy.

RESEARCH, PRACTICE, AND POLICY RECOMMENDATIONS



The findings of this study demonstrate the promise and power of non-disciplinary RPs to support greater health and educational equity for students. RPs enhanced several protective health factors for girls of color, strengthened social-emotional skills, actively fostered resilience-building interactions with adults and peers, promoted positive mental health, and improved feelings of safety and a positive school climate—all of which increased their capacities for healthy development, learning, and educational success.

Strengthening the research base that explores the relationship between RPs and health—and the link between education and health—is a key step toward building safe, supportive, and healthy school communities. But research should not exist separately from practice; the field must work collaboratively to facilitate real-world implementation of non-disciplinary RPs to benefit students. To do so, teachers, administrators, school staff, families, and students must have access to concrete tools and viable, sustainable practices and policies based on new data.

In all this work, attention must remain focused on students who have traditionally been marginalized in the classroom—especially those with intersectional identities—to decrease their risk of disconnection from school and improve educational attainment and health.

As we move forward, there must be greater attention to the unique needs and experiences of girls in schools—especially girls of color, who face the highest risk of poorer educational and health outcomes. Without such focus, it is unlikely that policies and practices that aim to improve equity in education will be truly successful.

To help build this capacity across research, practice, and policy, we offer the following recommendations.

 **Research**

- ⦿ Engage in new qualitative, quantitative, and mixed-methods studies on the effect of restorative approaches on health, mental health, and education
- ⦿ Evaluate existing RPs through a public health lens to inform implementation and better support student health and mental health
- ⦿ Increase research base on how RPs affect girls of color and other students with intersectional identities

 **Practice**

- ⦿ Implement proactive, non-disciplinary RPs across all grade levels
- ⦿ Incorporate RPs into school re-opening plans, especially after the pandemic
- ⦿ Provide opportunities for single-gender and affinity-group RPs
- ⦿ Develop school-specific and long-term implementation plans for RPs
- ⦿ Incorporate evidence-based, trauma-informed, culturally responsive practices into RPs
- ⦿ Expand learning opportunities for school leadership and offer professional development to teachers and school staff on proactive, non-disciplinary RPs

 **Policy**

- ⦿ Codify RP models that promote health protective factors
- ⦿ Adopt RPs as part of COVID-19 school reopening plans

- ⦿ Enact school finance reform that prioritizes healthy whole-child development and long-term funding streams for RPs
- ⦿ Provide technical assistance to schools to develop and sustain non-disciplinary RPs
- ⦿ Restrict the use of zero-tolerance and other punitive discipline practices across all grade levels
- ⦿ Support learning opportunities for educators on RPs and evidence-based mental health promotion, trauma-informed, and culturally responsive practices
- ⦿ Fund research on the effect of restorative approaches on health, mental health, and education

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“The main challenge to implementing restorative justice is always the mindsets of the educators and parents who have been conditioned to feel that exclusionary discipline is a necessary and essential part of solving school-based misconduct. ... From a gender perspective, educators must confront their own bias against students, particularly female students of color, as we often think of punitive actions towards students of color as being an essential practice. Unpacking these mindsets and creating data accountability to guard against these proclivities is essential in implementing restorative justice successfully.”

— Ben Cairns, Principal, Lake County High School
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CONCLUSION

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Because education is a fundamental social determinant of health, educational practices and policies should be shaped through the lens of improving public health and promoting health equity.

Schools can play a significant role in ending health inequities for marginalized girls and creating conditions that set up all students for educational success. When girls learn and develop in healthy and inclusive educational environments, they are at less risk for pushout and justice-system involvement, and they experience improved health and wellness. This study affirms the potential of RPs as a public health intervention in schools. Not only did participation in RPs promote protective health factors that can have lifelong positive effects for girls, but it directly improved girls' mental health. Participants reported that RPs provided a critical space to learn, develop, and practice key tools of health, including connectedness, support, respect, trust, safety, empowerment, self-awareness, and the ability to manage emotions.

This research intentionally centered the experiences of girls of color to address their underrepresentation in research and mainstream policy

discussions. Yet our findings are relevant to all youth: strengthened protective health factors and social and emotional literacy skills support health and wellbeing, promote academic achievement, and reduce emotional distress for all students. And when school climates are positive, *all* students are better equipped to form healthy relationships and engage more fully with their learning community, and they are at less risk of health-harming behaviors and school disconnection. These outcomes are key not only to academic success but, just as importantly, short- and long-term health.

The future of education remains uncharted in the wake of COVID-19, which has had far-reaching effects on student engagement and achievement. The use of RPs may prove to be an essential tool to reopening and rebuilding our schools. As schools continue to reestablish their connection to students, educators should implement evidence-based practices that can support student wellbeing, rebuild positive relationships, and promote school performance and engagement. This study demonstrates how to accomplish these goals through restorative practices.

STUDY DESCRIPTION

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PARTICIPANTS

Sixty-seven students between the ages of thirteen and eighteen years old participated in-person in this study. All participants identified their gender as female and their racial backgrounds as Black or Latina and affirmed that they engaged in restorative practices (RPs) in school outside of a disciplinary context.

SELECTION

To recruit participants for the study, emails were sent to school principals, teachers, and restorative practitioners nationally. Responses were collected and short interviews were conducted with potential school host sites. School sites were selected based on four criteria: (1) duration of RPs implementation; (2) use of RPs separate from school discipline processes; (3) school demographics; and 4) geographic location. Selected school sites were located in the Northeast, Midwest, and Western regions of the country and in rural and urban districts. Focus groups were conducted in person at individual schools or at a site in close proximity to the school. Strategies to recruit individual student participants at each school site varied depending on co-development with a local school contact. The collaboration with a local school contact was key because RPs are built on relationships and trust, and researchers are often viewed as outsiders in school communities.

DATA COLLECTION AND ANALYSIS

The purpose of this study was to explore two research questions: (1) How do girls of color perceive non-disciplinary RPs? (2) Do outcomes of non-disciplinary RPs align with protective health factors, e.g. reducing or eliminating risk of negative health outcomes? To examine these questions, we first hypothesized that girls of color would report positive changes in their

educational experience after participating in non-disciplinary RPs. Second, we expected that reported outcomes would associate with health protective factors.

We conducted nine semi-structured focus groups with student participants. Data was analyzed during collection to allow for the iterative nature of qualitative research. We employed the constant comparative method, derived from grounded theory.⁹⁷ Grounded theory is a structured yet flexible methodology aimed at uncovering processes about which little is known.⁹⁸ We wrote independent field notes throughout the collection process to compare and explore ideas and themes raised.⁹⁹ This also provided theoretical directions for the research.

Each focus group was recorded with participant and parental permission and consent and was transcribed. Transcripts were coded line by line, and key ideas and themes developed by open and axial coding.¹⁰⁰ The codebook was developed from a sample of early transcripts and applied to later transcripts as data was collected. The codebook was continually refined to reflect emerging ideas or themes. Utilizing an interpretive and inductive approach provided an immediate feedback system for identifying new and co-occurring codes. Ongoing analysis included returning to the original transcripts to ensure text was coded within context. Coding was carried out with Dedoose qualitative data analysis software. Once coding was completed on a transcript, a domain analysis was created to identify categories and subcategories.¹⁰¹ In subsequent analyses, codes were consolidated or expanded based on clusters of data from multiple focus groups into refined categories and subcategories. Connecting patterns emerged from the data and we identified three themes: connectedness, school climate, and social-emotional literacy skills.

ENDNOTES

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 29. SUSAN MCGEE BAILEY, WELLESLEY COLLEGE CTR. FOR WOMEN, HOW SCHOOLS SHORTCHANGE GIRLS: THE AAUW REPORT: A STUDY OF MAJOR FINDINGS ON GIRLS AND EDUCATION (1992). Other similar publications from the same time period include MYRA SADKER & DAVID SADKER, FAILING AT FAIRNESS: HOW OUR SCHOOLS CHEAT GIRLS (1994); PEGGY ORENSTEIN, SCHOOLGIRLS: YOUNG WOMEN, SELF-ESTEEM, AND THE CONFIDENCE GAP (1995).
 30. Several publications in the mid-1990s called attention to the educational disadvantages facing girls, focused primarily on achievement in math and science. See Marcus Weaver-Hightower, *The “Boy Turn” in Research on Gender and Education*, 73 REV. EDUC. RSCH. 471 (2003).
 31. “The entire research process—from discovery at the molecular and cellular levels, to pre-clinical research in animals and humans, to clinical trials, ending in translation into practice and measurement of outcomes—is inequitable because sex and gender differences are so often not embedded within it. . . . Medical research that is either sex- or gender-neutral or skewed to male physiology puts women at risk for missed opportunities for prevention, incorrect diagnoses, misinformed treatments, sickness, and even death.” JOHNSON ET AL., *supra* note 28, at 8–9. See also Rosaly Correa-de-Araujo, *Serious Gaps: How the Lack of Sex/Gender-Based Research Impairs Health*, 15 J. WOMEN’S HEALTH 1116 (2006).
 32. “[A]lthough there were more mainstream studies that recognized differences between girl and boy gender issues, studies still failed to distinguish among the issues of race, ethnicity, and social class.” Patrice Juliet Pinder & Edith L. Blackwell, *The “Black Girl Turn” in Research on Gender, Race, and Science Education: Toward Exploring and Understanding the Early Experiences of Black Females in Science, a Literature Review*, 18 J. AFR. AM. STUD. 63, 64 (2014). “[W]e know much less about the specific mental health needs and mental health outcomes among girls and young women of color.” KIM LEARY, GEORGETOWN L. CTR. ON POVERTY & INEQ., MENTAL HEALTH AND GIRLS OF COLOR 3 (2019), <https://www.law.georgetown.edu/poverty-inequality-center/wp-content/uploads/sites/14/2019/12/Mental-Health-and-Girls-of-Color.pdf>. “[T]he health arenas that racism and patriarchy mediate include biomedical research, health care access, and quality of care. . . . In the late twentieth century, . . . [t]he government acknowledged that the health policy and research agenda centered around the interests of white men.” Lisa C. Ikemoto, *In the Shadow of Race: Women of Color in Health Disparities Policy*, 39 U.C. DAVIS L. REV. 1023, 1035 (2006).
 33. Friedrich et al., *supra* note 20, at 132.
 34. Pinder & Blackwell, *supra* note 32, at 64. “[S]tatistics largely ignore the experiences, performance, and outcomes of Black girls. . . . there is an obvious failure on the part of researchers to examine and conceptualize the integrated issues of race and gender. Instead, when researchers examine marginalized groups in education, the focus is almost exclusively on Black males and White females, with little attention devoted to the unique experiences and needs of Black females.” Shawn Arango Ricks, *Falling through the Cracks: Black Girls and Education*, 4 INTERDISC. J. TEACHING & LEARNING 10, 11 (2014) (citations omitted).

ENDNOTES

35. “The risks that Black and other girls of color confront rarely receive the full attention of researchers,” KIMBERLÉ CRENSHAW ET AL., *AFR. AM. POL’Y F., BLACK GIRLS MATTER: PUSHED OUT, OVERPOLICED AND UNDERPROTECTED* 8 (2015), https://44bbdc6e-01a4-4a9a-88bc-731c6524888e.filesusr.com/ugd/62e126_4011b574b92145e-383234513a24ad15a.pdf. See also LEARY, *supra* note 32; REBECCA EPSTEIN ET AL., GEORGETOWN L. CTR. ON POVERTY & INEQ., GIRLHOOD INTERRUPTED: THE ERASURE OF BLACK GIRLS’ CHILDHOOD 2 (2017), <https://www.law.georgetown.edu/poverty-inequality-center/wp-content/uploads/sites/14/2017/08/girlhood-interrupted.pdf>; Subini Ancy Annamma et al., *Black Girls and School Discipline: The Complexities of Being Overrepresented and Understudied*, 54 *URB. EDUC.* 211 (2016); LETICIA SMITH-EVANS ET AL., NAT’L WOMEN’S L. CTR., UNLOCKING OPPORTUNITY FOR AFRICAN AMERICAN GIRLS: A CALL TO ACTION FOR EDUCATIONAL EQUITY 1 (2014), https://www.nwlc.org/sites/default/files/pdfs/unlocking_opportunity_for_african_american_girls_final.pdf; Jamilia J. Blake et al., *Unmasking the Inequitable Discipline Experiences of Urban Black Girls: Implications for Urban Educational Stakeholders*, 43 *URB. REV.* 90 (2011); Morris, *supra* note 10.
36. Catherine Riegle-Crumb & Melissa Humphries, *Exploring Bias in Math Teachers’ Perceptions of Students’ Ability by Gender and Race/Ethnicity*, 26 *GENDER & SOC’Y* 290, 294 (2012).
37. Ovseiko et al., *supra* note 28. See also Upchurch, *supra* note 28; Ricks, *supra* note 34; Correa-de-Araujo, *supra* note 31.
38. Gillham et al., *supra* note 16. See also CRENSHAW ET AL., *supra* note 35; JOHNSON ET AL., *supra* note 28; Correa-de-Araujo, *supra* note 31; Mary Crawford, *Gender and Feminist Studies in Psychology*, in 9 *INTERNATIONAL ENCYCLOPEDIA OF THE SOCIAL AND BEHAVIORAL SCIENCES* 5938 (Neil J. Smelser and Paul B. Baltes eds., 2001).
39. LeeAnn M. Sutherland, *Black Adolescent Girls’ Use of Literacy Practices to Negotiate Boundaries of Ascribed Identity*, 37 *J. LITERACY RSCH.* 365, 370 (2005). See also RICKS, *supra* note 34.
40. Chris Bonell et al., *The effects of the school environment on student health: A systematic review of multi-level studies*, 21 *HEALTH & PLACE* 180, 180–191 (2013); Riley J. Steiner et al., *Adolescent connectedness and adult health outcomes*, 144 *PEDIATRICS* 1, 1–11 (2019); Amrit Thapa et al, *A review of school climate research*, 83 *REV. EDUC. RES.* 357, 363 (2013).
41. González et al., *supra*, note 2.
42. AUGUSTINE ET AL., *supra* note 7, at 69–70; Gregory et al., *supra* note 7, at 327, 342.
43. BROWN, *supra* note 8; JAIN ET AL., *supra* note 8, at 42; Knight & Wadhwa, *supra* note 4, at 14–20; Ortega et al., *supra* note 8, at 465–66; Schumacher, *supra* note 4, at 3–4.
44. Resnick et al., *Protecting Adolescents*, *supra* note 8, at 823.
45. See Kathryn A. Brookmeyer et al., *Schools, Parents, and Youth Violence: A Multilevel, Ecological Analysis*, 35 *J. CLINICAL CHILD & ADOLESCENT PSYCH.* 504 (2006); Sanford M. Dornbusch et al., *The Relation of Family Adolescent Deviance in Diverse Groups and Communities*, 16 *J. ADOLESCENT RSCH.* 396 (2001). See also Mitchell J. Prinstein et al., *Adolescent Girls’ Interpersonal Vulnerability to Depressive Symptoms: A Longitudinal Examination of Reassurance-Seeking and Peer Relationships*, 114 *J. ABNORMAL PSYCH.* 676 (2005), <https://doi.org/10.1037/0021-843x.114.4.676>; Ian M. Shochet et al., *School Connectedness Is an Underemphasized Parameter in Adolescent Mental Health: Results of a Community Prediction Study*, 35 *J. CLINICAL CHILD & ADOLESCENT PSYCH.* 170 (2006).
46. *Adolescent Connectedness*, CTRS. FOR DISEASE CONTROL & PREVENTION (Oct. 8, 2020), <https://www.cdc.gov/healthyyouth/protective/youth-connectedness-important-protective-factor-for-health-well-being.htm>.
47. Jessica T. DeCuir-Gunby, *A Review of the Racial Identity Development of African American Adolescents: The Role of Education*, 79 *REV. EDUC. RSCH.* 103, 114 (2009), <https://doi.org/10.3102%2F0034654308325897> (“Teacher-student relationships are viewed as a paramount dimension of the school environment.”).
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49. *Adolescent Connectedness*, *supra* note 46.
50. Karen F. Osterman, *Students’ Need for Belonging in the School Community*, 70 *REV. EDUC. RES.* 323, 342–347 (2000); Resnick et al., *Protecting Adolescents*, *supra* note 8, at 823; CTRS. FOR DISEASE CONTROL & PREVENTION & U.S. DEP’T OF HEALTH & HUMAN SERVS., *FOSTERING SCHOOL CONNECTEDNESS: IMPROVING STUDENT HEALTH AND ACADEMIC ACHIEVEMENT* 1 (2009), <https://files.eric.ed.gov/fulltext/ED511995.pdf>; McNeely & Falci, *supra* note 48. See also Linda M. Raffaele Mendez, et al., *Gender Differences in Academic Development and Performance*, in *CHILDREN’S NEEDS III: DEVELOPMENT, PREVENTION, AND INTERVENTION* (George G. Bear & Kathleen M. Minke eds., 2006).
51. Adena M. Klem & James P. Connell, *Relationships Matter: Linking Teacher Support to Student Engagement and Achievement*, 74 *J. SCH. HEALTH* 262; Hilary D. Joyce & Theresa J. Early, *The Impact of School Connectedness and Teacher Support on Depressive Symptoms in Adolescents: A Multilevel Analysis*, 39 *CHILD. & YOUTH SERVS. REV.* 101 (2014); Shannon H. Andrus et al., *Teaching Middle School Girls More Effectively: Initial Results from a Nation-*

- al Study*, 74 INDEP. SCH. 16, 18 (2015) (noting “centrality of [girls’] connections with teachers and peers”), <https://www.nais.org/magazine/independent-school/spring-2015/teaching-middle-school-girls-more-effectively/>; STANTON-SALAZAR, *supra* note 48, at 291.
52. See, e.g., McNeely & Falci, *supra* note 48; Dustin Albert et al., *Peer Influences on Adolescent Decision Making*, 22 CURRENT DIRECTIONS IN PSYCHOL. SCI. 114 (2013), <https://psycnet.apa.org/doi/10.1177/0963721412471347>; Mary Ann Faucher, *Factors that Influence Smoking in Adolescent Girls*, 48 J. MIDWIFERY & WOMEN’S HEALTH 199 (2003), [https://doi.org/10.1016/S1526-9523\(03\)00058-8](https://doi.org/10.1016/S1526-9523(03)00058-8).
 53. Shannon B. Wanless, *The Role of Psychological Safety in Human Development*, 13 RES. IN HUM. DEV. 6 (2016) (“When people feel they have low status within a group...they are less likely to feel psychologically safe to engage in the group. . . . It is important to note. . . that race and gender may be more relevant in moments that directly devalue this part of their identity. Feeling a dissonance between an aspect of identity and the likelihood of being successful can be particularly threatening.”).
 54. Data collected by the US Department of Education’s Office for Civil Rights shows that almost all girls of color were at a greater risk of all categories of discipline than white girls in the 2017-2018 school year. SHABNAM JANDAVI, ERIN GODFREY, REBECCA EPSTEIN & THALIA GONZALEZ, GEORGETOWN L. CTR. ON POVERTY & INEQ., DATA SNAPSHOT: NATIONAL DATA ON SCHOOL DISCIPLINE BY RACE AND GENDER (2020).
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 56. JOANNE DEAK, HOW GIRLS THRIVE: AN ESSENTIAL GUIDE FOR EDUCATORS (AND PARENTS) (1998) (reporting a 1998 study that found that girls were five times less likely to receive attention from teachers), cited in Caroline Erisman, *Where the Boys Aren’t: The Power of an All-Girls Education*, WBUR (July 22, 2014), <https://www.wbur.org/cognoscenti/2014/07/22/single-sex-schools-achievement-gap-caroline-erisman>; Rebecca Bigler et al., *The Role of Schools in the Early Socialization of Gender Differences*, ENCYCLOPEDIA ON EARLY CHILDHOOD DEV. (Dec. 2013), <http://www.child-encyclopedia.com/gender-early-socialization/according-experts/role-schools-early-socialization-gender-differences>; Cecilia L. Ridgeway & Shelley J. Correll, *Unpacking the Gender System: A Theoretical Perspective on Cultural Beliefs in Social Relations*, 18 GENDER & SOC’Y 510, 519 (2004). See also Diane Schwendenman, *Gender Role Expectations of Classroom Teachers* (2012) (Ph.D. dissertation, University of Dayton) (available at https://etd.ohiolink.edu/apexprod/rws_etd/send_file/send?accession=dayton1337199263&disposition=inline); BAILEY, *supra* note 29; Sian L. Beilock et al., *Female Teachers’ Math Anxiety Affects Girls’ Math Achievement*, 107 PROC. NAT’L ACAD. SCI. 1860 (2010), <https://doi.org/10.1073/pnas.0910967107>; Feyza Erdena & Charles H. Wolfgang, *An Exploration of the Differences in Pre-Kindergarten, Kindergarten and First Grade Teachers’ Beliefs Related to Discipline when Dealing with Male and Female Students*, 174 EARLY CHILD DEV. & CARE 3 (2003), <https://doi.org/10.1080/0300443032000103098>; Rebecca S. Bigler, *The Role of Classification Skill in Moderating Environmental Influences on Children’s Gender Stereotyping: A Study of the Functional Use of Gender in the Classroom*, 66 CHILD DEV. 1072 (1995), <https://doi.org/10.1111/j.1467-8624.1995.tb00923.x>.
 57. Friedrich et al., *supra* note 20.
 58. Susan J. Popkin et al., *Girls in the ‘Hood: The Importance of Feeling Safe 2* (Metro. Hous. & Cmty. Ctr., Brief No. 1, 2008), <http://isp.issuelab.org/resources/7246/7246.pdf>; see also Wanless, *supra* note 53 (finding that of all youth who moved away from dangerous neighborhoods and into safer communities, only girls were particularly aware of having escaped a dangerous environment, and were able to let go of the “constant need to be alert, aware and protective;” attributing result to girls’ reduced anxiety about harassment, pressure for early sexual activity, and sexual violence).
 59. SCHOENBERG ET AL., GIRL SCOUT RSCH. INST., FEELING SAFE: WHAT GIRLS SAY (2003), https://www.girlscouts.org/content/dam/girlscouts-gsusa/forms-and-documents/about-girl-scouts/research/feeling_safe.pdf.
 60. *Id.*
 61. Wanless, *supra* note 53.
 62. SCHOENBERG ET AL., *supra* note 59.
 63. Hossfeld, *supra* note 16.
 64. GINA ADAMS ET AL., URB. INST., STABILIZING CHILDREN’S LIVES: INSIGHTS FOR RESEARCH AND ACTION (2016), https://www.urban.org/sites/default/files/publication/86216/stabilizing_childrens_lives.pdf.
 65. Connection to race and culture is also key. Several studies affirm the importance of positive cultural and ethnic identity for Black girls’ health, in particular, because it can help counteract harmful societal messages associated with race and gender. AVIS A. JONES-DEWEEVER, INST. FOR WOMEN’S POL’Y RSCH., BLACK GIRLS IN NEW YORK CITY: UNTOLD STRENGTH AND RESILIENCE 19 (2009), <https://iwpr.org/wp-content/uploads/2020/10/BWBGreport.pdf> (“The more Black girls were found to endorse pro-Black attitudes, the fewer distressing psychological and physical symptoms they reported, and the more likely they were to exhibit high levels of self-esteem and self-acceptance. . . . [T]o the extent that they are successful in internalizing

- a positive conception of their racial identity and embracing egalitarian gender role attitudes as part of the process of self-understanding, the more likely Black girls are to hold favorable views of their physical appearance, fitness, academic achievement, career aspirations, and attach an importance to health.”); Madonna G. Constantine et al., *Africentric Cultural Values: Their Relation to Positive Mental Health in African American Adolescent Girls*, 32 J. BLACK PSYCH. 141, 149–50 (2006) (“[G]reater adherence to Africentric values was predictive of higher self-esteem in our sample of African American adolescent girls. . . . [H]aving both strong Africentric values and favorable Black racial identity attitudes appears to be related to African American adolescent girls’ internalized feelings of mastery, value, and self-acceptance (i.e., self-esteem.”); Oseela Thomas, William Davidson & Harriette McAdoo, *An Evaluation Study of the Young Empowered Sisters (YES!) Program: Promoting Cultural Assets Among African American Adolescent Girls Through a Culturally Relevant School-Based Intervention*, 34 J. BLACK PSYCH. 281 (2008); see also ONYEKA-CRAWFORD ET AL., *supra* note 55; Ancy Annamma et al., *supra* note 35; Jeneka A. Joyce et al., *Peer Associations and Coping: The Mediating Role of Ethnic Identity for Urban, African American Adolescents*, 39 J. BLACK PSYCH. 431 (2013), <https://doi.org/10.1177%2F0095798412454681>; Blake et al., *supra* note 35; Tamara R. Buckley & Robert T. Carter, *Black Adolescent Girls: Do Gender Role and Racial Identity: Impact their Self-Esteem?*, 53 SEX ROLES 647 (2005); Shannette M. Harris, *Family, Self, and Sociocultural Contributions to Body-Image Attitudes of African-American Women*, 19 PSYCH. WOMEN Q. 131, 141 (1995) (“Women with encounter (i.e., pro-Black/ anti-White attitudes), internalization (i.e., positive views of Blackness without anti-White attitudes) and immersion (i.e., the process of rejecting pro-White perspectives and incorporating experiences of black culture) attitudes hold favorable views of appearance, fitness, health, and body areas and attach importance to health.”).
66. Prosocial peers engage in cooperative, sharing and helping behaviors. See, e.g., Eva H. Telzer, Jorien van Hoorn, Christina R. Rogers & Kathy T. Do, *Social Influence on Positive Youth Development: A Developmental Neuroscience Perspective*, 54 ADVANCES IN CHILD DEV. & BEHAV. 215 (2018), <https://doi.org/10.1016/bs.acdb.2017.10.003>. See also Li et al., *supra* note 6; Hossfeld, *supra* note 16.
 67. Hossfeld, *supra* note 16, at 43.
 68. Pro-social peers can prevent victimization and bullying-social peers can cause disconnection from school and negatively affect health behaviors. CENTERS FOR DISEASE CONTROL AND PREVENTION, SCHOOL CONNECTEDNESS (2009); Li et al., *supra* note 6 (“[P]resence of supportive peer relationships significantly and positively predicted both emotional and behavioral school engagement across time.”).
 69. PEPLER ET AL., *supra* note 6.
 70. Resnick et al., *Protecting Adolescents*, *supra* note 8.
 71. Randal Day & Laura Padilla-Walker, *Mother and Father Connectedness and Involvement During Early Adolescence*, 23 J. FAM. PSYCH. 900, 900–04 (2009).
 72. Michael D. Resnick et al., *Youth Violence Perpetration: What Protects? What Predicts? Findings from the National Longitudinal Study on Adolescent Health*, 35 J. ADOLESCENT HEALTH 424.e2, 424.e7 (2004), <https://doi.org/10.1016/j.jadohealth.2004.01.011>.
 73. *Id.*; Rebecca Schlafer et al., *The Impact of Family and Peer Protective Factors on Girls’ Violence Perpetration and Victimization*, 52 J. ADOLESCENT HEALTH 365 (2013); Angelique Trask-Tate et al., *The Importance of Family: The Impact of Social Supports on Symptoms of Psychological Distress in African American Girls*, 7 RSCH. IN HUM. DEV. 164 (2013). See also Resnick, et al., *Protecting Adolescents*, *supra* note 8.
 74. Trask-Tate et al., *supra* note 73, at 166.
 75. López Turley et al., *Unanticipated Educational Consequences of a Positive Parent-Child Relationship*, 72 J. MARRIAGE & FAM. 1377 (2010).
 76. The National School Climate Center has identified these factors as key to school climate. *The 12 Dimensions of School Climate Measured*, NAT’L SCH. CLIMATE CTR., https://www.school-climate.org/themes/schoolclimate/assets/pdf/school-climate/dimensions_chart_pagebars.pdf (defining the four major areas of school climate assessment as Safety, Relationships, Teaching and Learning, and the Institutional Environment).
 77. Simon J. Denny et al., *Do Schools Influence Student Risk-Taking Behaviors and Emotional Health Symptoms?*, 48 J. ADOLESCENT HEALTH 259 (2011), <https://doi.org/10.1016/j.jadohealth.2010.06.020>.
 78. Thapa et al., *supra* note 40, at 360.
 79. Thapa et al., *supra* note 40, at 360.
 80. Amanda S. Birnbaum et al., *Scale Development for Perceived School Climate for Girls’ Physical Activity*, 29 AM. J. HEALTH BEHAV. 250, 251 (2005); Denny et al., *supra* note 77.

81. Birnbaum et al., *supra* note 80, at 254; *see also* Kathryn Gilstad-Hayden et al., *Positive School Climate Is Associated with Lower Body Mass Index Percentile Among Urban Preadolescents*, 84 J. SCH. HEALTH 502, 506 (2014), <https://dx.doi.org/10.1111%2Fjosh.12177>.
82. Denny et al., *supra* note 77.
83. Birnbaum et al., *supra* note 80; Denny et al., *supra* note 77.
84. Gabriel P. Kuperminc et al., *School Social Climate and Individual Differences in Vulnerability to Psychopathology Among Middle School Students*, 39 J. SCH. PSYCH. 141, 141–59 (2002), [https://doi.org/10.1016/S0022-4405\(01\)00059-0](https://doi.org/10.1016/S0022-4405(01)00059-0).
85. *Core SEL Competencies*, COLLABORATIVE FOR ACAD., SOC., & EMOTIONAL LEARNING (last visited Feb. 25, 2020), <https://casel.org/core-competencies/>; Durlak et. al, *supra* note 8; Damon Jone et al., *Early Social-Emotional Functioning and Public Health: The Relationship Between Kindergarten Social Competence and Future Wellness*. 105 AM. J. PUB. HEALTH 2283 (2015).
86. Durlak et al., *supra* note 8.
87. *Core SEL Competencies*, *supra* note 85.
88. Participants were not asked direct questions about their experience with gender-based violence or interpersonal violence or the relationship between gender-based violence or interpersonal violence and RJs.
89. CATHERINE TOWNSEND & ALYSSA RHEINGOLD, DARKNESS TO LIGHT, ESTIMATING A CHILD SEXUAL ABUSE PREVALENCE RATE FOR PRACTITIONERS: A REVIEW OF CHILD SEXUAL ABUSE PREVALENCE STUDIES (2013), <http://www.d2l.org/wp-content/uploads/2017/02/PREVALENCE-RATE-WHITE-PAPER-D2L.pdf>.
90. *See* OWEN ET AL., *supra* note 12.
91. ANNE LODGE & KATHLEEN LYNCH, EQUALITY AND POWER IN SCHOOLS: REDISTRIBUTION, RECOGNITION AND REPRESENTATION 122 (2002) (suggesting that the subordination of women is an important feature of hegemonic masculinity); NELLY P. STROMQUIST, THE GENDER SOCIALIZATION PROCESS IN SCHOOLS: A CROSS-NATIONAL COMPARISON 30 (2007), <https://unesdoc.unesco.org/ark:/48223/pf0000155587>.
92. Renée Spencer & Belle Liang, “*She Gives Me a Break from the World*”: Formal Youth Mentoring Relationships Between Adolescent Girls and Adult Women, 30 J. PRIMARY PREVENTION 109 (2009). *But see* SCHOENBERG ET AL., *supra* note 59.
93. Hossfeld, *supra* note 16.
94. Stephanie S. Covington, *Women and Addiction: A Trauma-Informed Approach*, 40 J. PSYCHOACTIVE DRUGS SARC SUPP. 377 (2008).
95. BAILEY, *supra* note 29, at 3.
96. *See* Pinder & Blackwell., *supra* note 32, at 68. Researchers also point to a “hidden curriculum” that can send implicit messages to girls of color about who they are and who they should be. Monique Verhoeven et al., *The Role of School in Adolescents’ Identity Development. A Literature Review*, 31 EDUC. PSYCH. REV. 35, 43–44 (2019); Laura Crystal Porterfield, *(Re)Seeing Black Girls: Intersections of Liberalism, Difference, and the Hidden Curriculum*, 32 VISUAL STUD. 301 (2017), <https://doi.org/10.1080/1472586X.2017.1363637>. “[M]aster narratives are rooted in White supremacist ideology that permits racist and sexist conditioning. In that regard, master narratives ignite an ideological script that denigrates Black womanhood, where Black women become property and their treatment as inanimate and disposable objects is justified.” Chayla Haynes et al., *Three Paths, One Struggle: Black Women and Girls Battling Invisibility in U.S. Classrooms*, 85 J. NEGRO EDUC. 380, 382 (2016). *See also* Regina D. Langhout & Cecily A. Mitchell, *Engaging Contexts: Drawing the Link Between Student and Teacher Experiences of the Hidden Curriculum*, 18 CMTY. & APPLIED SOC. PSYCH. 593 (2008), <https://doi.org/10.1002/casp.974>.
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98. Anthony Bryant & Kathy Charmaz, *Grounded Theory Research: Methods and Practices*, in THE SAGE HANDBOOK OF GROUNDED THEORY 1 (Anthony Bryant & Kathy Charmaz eds., 2007).
99. KATHY CHARMAZ, CONSTRUCTING GROUNDED THEORY: A PRACTICAL GUIDE THROUGH QUALITATIVE ANALYSIS (2006).
100. ANSELM STRAUSS & JULIET CORBIN, BASICS OF QUALITATIVE RESEARCH: GROUNDED THEORY PROCEDURES AND TECHNIQUES. 57 (1990)
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