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Research Study

It's All About Health: Findings From An Evaluation of the Young Women's CHOICES HIV-Prevention Program

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Introduction

Young Women's CHOICES is an HIV-prevention program, located in Brooklyn, New York and administered by the Center for Community Alternatives (CCA). It is primarily designed to serve high-risk HIV-negative girls, aged 14-17, who are mandated by Family Court to CCA's Youth Advocacy Project for community supervision. An internal program evaluation was designed to provide program managers and the funder (the New York City Department of Health) with an assessment of the program's implementation as well as of its success in achieving its goals of reducing risky sexual practices, increasing knowledge about HIV/AIDS and risk behavior, instilling greater confidence about condom use and other safer sexual practices, strengthening the interpersonal skills necessary to reduce risky behavior, and increasing self-efficacy in the use of interpersonal and refusal skills. A safe supportive environment for learning is a key component of the program along with the training and utilization of peer educators in educating this challenging population. Client engagement shows positive outcomes, and client satisfaction with the program is high. Because the program is small and at an early stage of development, findings can only tentatively predict trends that may occur as the program expands and matures. Success in reaching and altering risky behaviors in this population has potentially far-reaching and significantly positive public health effects.

Why Target This Population?

Young Women's CHOICES targets a population that is at very high risk of

contracting HIV. The Correctional Association of the State of New York (2004) reports that sixty percent of those involved in the New York City juvenile justice system are African American. The Centers for Disease Control and Prevention (CDC) (2002a; 2002b) report that African-American and Hispanic women account for three-quarters of new AIDS cases among women. In addition, whereas African Americans and Hispanics account for less than 25 percent of the population overall, twelve (12) percent of new HIV and AIDS diagnoses in the United States in 2002 occurred in people under 25 years of age.

The population targeted by Young Women's CHOICES is also highly at risk of sexually transmitted diseases (STDs). The CDC (2002c) reports that the infection rates for chlamydia and gonorrhea among women are highest for adolescents and that adolescent girls have higher rates of gonorrhea than their male counterparts. Reasons noted by the CDC are that adolescents are more likely to have multiple (sequential or concurrent) sexual partners than older women and that adolescent women are physiologically more susceptible to infection. It further notes that the higher prevalence of STDs among adolescents also "reflects multiple barriers to quality STD prevention services, including lack of insurance or other ability to pay, lack of transportation, discomfort with facilities and services designed for adults, and concerns about confidentiality." Many teenage girls equate sex with love and/or peer acceptance and suffer undesirable consequences as a result of their choices. In this way, adolescents' relationships are often both emotionally and physi-

cally risky. These forces combine to undermine resilience and contribute to unsafe behaviors. (Luthar, 1991).

Office of Juvenile Justice and Delinquency Prevention (OJJDP) data show that between 1980 and 2001 the increase in the female juvenile arrest rate was greater than the increase in the male arrest rate in most offense categories. (OJJDP, 2003). Despite the growth in the number of girls in the juvenile justice system, they constitute only about a quarter of the overall juvenile justice system (OJJDP, 2003), and so their special needs tend to be neglected. Like their older sisters or mothers in the criminal justice system, their delinquent and criminal behavior is accompanied by troubled and traumatic histories: sexual and physical abuse; family distress (e.g., parental conflict and parental criminality); substance abuse; mental illness; teen-age parenting; and academic failure. (Loper, 2000). Many of these conditions demand gender-specific services that are typically unavailable in the juvenile justice system.

The Program's Unique Design

In designing Young Women's CHOICES, CCA depended upon current research and practice-based information that would maximize the likelihood of the intervention's potential impact on clients' risky behavior. Because it targets young women in the criminal justice system, the program was especially concerned with adopting theories and practices that were consistent with theories of youth development.

Social Cognitive Theory. Social Cognitive Theory views learning as a social process influenced by interactions with

other people. (Bandura, 1997). For adolescents, who look to their contemporaries for social cues, the delivery of educational services in a group context can be especially effective. The emergence of natural leaders who endorse risk reduction and relapse prevention serves to promote greater belief in the need for and acceptability of adapting risk reduction behaviors among group members as a whole. (Academy for Educational Development, 1997).

Youth Development Approach. A youth development approach integrates sexual health knowledge and skills with a holistic approach intended to enhance young people's motivation to make use of knowledge and skills. It also builds upon young people's strengths and encourages them to establish goals and plan for their future. (Klindera and Pagliaro, 1999).

Social Network Theory. Social Network Theory (Wasserman and Faust, 1994) provides the theoretical basis for the program's outreach component which is delivered by peer educators who are more likely than adults to have an impact on outreach recipients' self-esteem and skills; to decrease barriers to testing and counseling; and to increase intentions to seek needed services leading to risk reduction.

Stages of Change Theory. Stages of Change Theory (Prochaska and DiClemente, 1984) also supports street and community outreach by recognizing that change is a continuum and individuals with multiple problems can be helped to address issues within the context of their own priorities that in turn can facilitate movement to change other behaviors.

Also, the design of Young Women's CHOICES was impacted by the New York City Prevention Planning Group's (2000) HIV Prevention Plan which recommended that prevention services go beyond information and skill building around risk reduction and take a holistic approach that includes educational concerns, mental health issues, and employment or economic self-sufficiency. This public health perspective is consistent with approaches which recognize that programs for youth must be developmentally and gender appropriate.

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Gender-Specific Services. CCA's work with women in the criminal justice system has demonstrated the benefits of gender-specific services. Young women need a venue where they can discuss issues that they may not be comfortable sharing with young men. Beyond sexuality issues, young women typically find it difficult to speak about their own personal histories of sexual and physical abuse, including incest. Adolescent girls are embarrassed to discuss how they approach sexual relationships with boys and the myriad of reasons that make it difficult to practice wise decision making around sex, drugs, and safer sexual practices. Males tend to dominate in coeducational groups, especially in settings where they are also a numerical majority. The girls tend to defer to boys or take up the role of their caretakers. Finally, coeducational groups facilitate distractions that are typical of any group of young men and women together.

Peer Education. Peer education has become a popular approach to many programs for adults and youth alike over the past several decades as a way of reaching people in need of specific services as well as contributing to the development of leadership skills that accompanies peer education training. (Shiner, 1999). While not without critics (e.g., some cite the exploitation of unpaid or low-paid workers as an inexpensive alternative to hiring employees), many argue that empowering disadvantaged people with knowledge, experience, and financial rewards is an effective way of impacting the peer as well as the target group. (Parkin and

McKeganey, 2000). The appeal of peer education stems from a clear dissatisfaction many young people have with information provided in traditionally oriented ("adultist") ways.

Together these policy recommendations and theoretical and substantive models of behavioral change and form the foundation of Young Women's CHOICES. It is designed to incorporate a spirit of "meeting people where they're at," the delivery of its curriculum in a gender-specific group context, the adoption of a strengths-based approach, the delivery of services in a non-judgmental way, and the use of peers to deliver educational services. The term "CHOICES" is not an acronym but an emphasis of the notion that we all make choices regarding our behavior.

A Description of Young Women's CHOICES

The Mission. CCA is a private, not-for-profit agency whose mission is to promote the use of alternatives to incarceration. Since 1981 it has provided direct services to criminal justice professionals, defendants, individuals under correctional supervision, and ex-offenders — adults and youth alike. Its services, offered in New York City and Syracuse, New York, include sentencing advocacy, transitional planning, substance abuse treatment, and HIV/AIDS-related services that consist of discharge planning, support groups, buddy and case management services, HIV prevention education, harm reduction services, and counseling and testing. These services are provided in community sites, prisons, jails, and juvenile facilities to individuals who are HIV-infected, HIV-affected, or highly at risk of HIV infection.

The Youth Advocacy Program. CCA's Young Women's CHOICES program is part of its Youth Advocacy Program (YAP), which is housed in its Brooklyn, New York office. YAP serves court-mandated youth as an alternative to incarceration. While most referrals to YAP come directly from Family Court or the New York City Department of Juvenile Justice (DJJ), some come to the program through CCA's Client Specific Planning (CSP) service, which creates alternative

sentencing recommendations to Family Court on behalf of its clients. All young women in YAP are required to attend the gender-specific HIV education and support group-level intervention of the Young Women's CHOICES program. Another CHOICES program provides HIV-related services to young men mandated to YAP.

Program Goals. Young Women's CHOICES is designed to serve HIV-negative girls between the ages of 14 and 17 who are involved in the juvenile justice system. The goal of the program, to reduce the likelihood of program participants' acquisition of HIV, is designed to be achieved by reducing risky sexual behaviors through increasing participants' knowledge about HIV/AIDS and risk behavior, encouraging favorable attitudes about condom use and other safer sexual practices, and strengthening interpersonal and refusal skills necessary to reduce risky behaviors. These objectives are designed to be achieved primarily through a group-level educational and support intervention and secondarily through outreach and peer education.

Changing Eligibility Requirements. At the time Young Women's CHOICES was designed, its key eligibility requirement was that clients be court-mandated to YAP. Their participation in YAP consists of a minimum of six months' supervision, frequent urinalysis, curfew checks, participation in several gender-specific groups, remaining without any arrests for a serious charge, and avoiding being remanded. Because the courts mandated very few young women to YAP during the reporting period, Young Women's CHOICES, beginning in August 2002, relaxed its eligibility criteria for enrollment to include young women who are not currently involved in the juvenile justice system but are judged by staff to be at risk of HIV infection. All of these voluntary clients were referred to the program by friends or a family member.

Educational and Support Group-Level Intervention. The program's weekly educational and support group-level intervention (GLI), serving program enrollees and delivered by the program's Health Education Specialist, utilizes a

health education and risk reduction (HERR) curriculum that focuses on reducing risky behavior. The curriculum addresses a wide variety of topics within the general categories of health, HIV/AIDS, interpersonal relationships, sex and sexuality, violence, life skills, and empowerment.

Peer Educator Training Component. The peer educator training component, also delivered by the program's Health Education Specialist, consisted of her presentation of the HERR curriculum and instructing trainees in how to deliver an abbreviated form of that curriculum for workshops, presentations, education, and outreach activities. Follow-up sessions consist of meetings between the Health Education Specialist and peer educators on an individual and group basis to provide updated information, review training components, practice presentation and workshop skills, and prepare a schedule for delivering presentations, workshops, outreach, and intra-agency activities.

Health Education Specialist. Education, training, and outreach (ETO) activities are typically conducted by the Health Education Specialist accompanied by several peer educators and consist of different types of activities designed to deliver information about HIV and the Young Women's CHOICES program, including the distribution of such materials as condoms and lubricants. Targeted outreach activities are held at venues that attract audiences that fit the profile of the program's target population.

The Evaluation and What We Learned

The Evaluation Design. Justice Strategies, CCA's research, training, and policy initiative, conducted the evaluation of the Young Women's CHOICES program. The evaluation covered the period from July 2001 through December 2002 and called for an assessment of the program's implementation and success in achieving its goals. Because of a small number of clients, findings from this study should be considered suggestive, at best, of patterns that may emerge when the program has expanded and gained maturity.

The data analysis focused on answering questions regarding client retention

and satisfaction as well as peer educators' pre- and post-changes in knowledge, behavior, and self-efficacy. The evaluation utilized three sources of outcome data: program monitoring data; the results of a satisfaction survey; and data from pre- and post-surveys of peer-educators' knowledge, attitudes, and behavior related to HIV risk avoidance. Process data consisted of field notes from evaluators' observations of outreach activity, peer educator presentations, and two focus groups with both peer educators and clients. The focus groups explored the extent to which clients are satisfied with the program, aspects of the program that they don't like, and strategies for improving the program. The research protocol was approved by the Institutional Review Board for Human Subjects at Syracuse University.

Program Implementation. During the period covered by the evaluation, the program enrolled 17 court-mandated and 12 voluntary participants. Most were residents of Brooklyn, had no prior drug treatment or counseling, were not in counseling at the time of intake, were in school prior to their arrest but were less likely to be in school at the time of enrollment in the program, and reported no experience with drugs at the time of intake. Of those who reported having used drugs, most indicated marijuana as their drug of choice. The average age of program participants at the time of intake was 15 years, representing a range from 13 to 17, and all represented racial minority groups, predominantly African-American.

The program trained 19 peer educators, 13 of whom were program participants. Those peer educators who were not Young Women's CHOICES participants were nevertheless considered by program staff to be at risk of HIV infection. Two 40-hour trainings were conducted during the reporting period, each of which was conducted over an eight-week period in twice-weekly sessions of 2-3 hours each and focused on the topics of the epidemiology of HIV, human sexuality, communication skills, and substance abuse. The average age of the peer educators trained during the reporting period was 16 years with a range from 13 to 17. Most identified themselves as

African American, and some trainees identified themselves as Latina, West Indian, and having more than one racial/ethnic identity.

Program staff and peer educators conducted 332 ETO activities with a total audience of 4,067 people of whom 3,028 were reported as female, 3,000 as adolescent, 2,288 as African-American, and 1,032 as Hispanic. During these activities, staff and peers distributed 2,148 pieces of literature, 5,504 male condoms, 383 female condoms, 387 dental dams, and other materials including buttons, key chains, and T-shirts. CCA's records also show that ETO activities included 58 referrals that were made to services such as HIV counseling and testing; medical services; case management services within the agency; and STD and pregnancy testing services.

Outcomes. The extent to which mandated clients were exposed to the program's educational and support components largely depended upon their successful completion of CCA's YAP requirements. Overall, those mandated clients who did not complete YAP requirements had far lower average weekly rates of attendance (.28) than those who did complete them (.43). Based upon staff's assessments of the circumstances of the participants who exited the program before completing YAP requirements, it appears that redesigning the program to accommodate the needs of girls with family responsibilities or other legitimate reasons for absences could increase program retention and thereby raise the likelihood of the program achieving its goals. Feedback surveys indicate that program participants were generally satisfied with the provocative and informative nature of the curriculum as well as the opportunities it offered for self-reflection. Participants were universal in their assessing the group as something they would recommend to others.

Results from pre- and post-training surveys of knowledge, behaviors, and feelings of self-efficacy administered to peer educators indicated that following their training they had overcome their fears of HIV testing, were more likely to seek testing, and felt more capable of talking openly and comfortably with fam-

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ily, peers, and partners about safer sex and HIV-related issues. Survey data also indicated that the peers increased their knowledge of condom use and experienced increased confidence regarding their ability to negotiate safer sex. Peer educators who participated in focus groups indicated that they learned facts about HIV and AIDS that they hadn't known before; learned about public speaking, including overcoming their fears of speaking to strangers in public; and became comfortable talking about HIV with their family members and friends. They also routinely carry condoms with them and freely hand them out to people who ask for them. In focus groups conducted by staff and MHRA personnel with two groups of trainees subsequent to the evaluation, the theme of overcoming shyness and risk-prone sexual practices was prevalent. Participants noted their newfound abilities to talk candidly with family and friends about HIV and to negotiate condom use assertively and confidently.

What the Findings Mean for HIV-Prevention Programs for Young Women

Key to Success. A key strength of the program, as revealed through focus groups, is that CCA establishes a strong supportive atmosphere for young people that is appreciated by clients and peers. Focus group participants revealed that they view CCA as a kind of refuge in

that it provides an alternative to being on the streets and keeps them out of trouble. Participants find CCA to be a safe place with friendly ("People say 'Hi' when they see you."), supportive ("It's better than therapy because I feel like I'm being treated as a real person and am not stuck in a chair answering questions."), and dedicated staff who are caring adults who treat clients with respect and are helpful listeners with whom clients can talk about personal issues and behaviors. Participants report that the program has helped them to have a change in attitude and to bond with others in a way that supports those changes and encourages more change.

Peer Educators. The training and utilization of peer educators has also been a strong program component. Our observation of program activities indicates that this group of young women has imparted useful risk-reduction messages to others through outreach and participation in the program's group-level intervention. Focus groups and pre- and post-surveys of knowledge, attitudes, and self-efficacy reveal their own growth in knowledge, confidence, and leadership skills.

The peers' reporting of overcoming shyness in talking about STDs and HIV represents a shift from thinking of these issues as "all about sex" to thinking of them as a public health issue. One peer's comment was especially revealing in this regard: "I initially felt low, like a hooker, about handing out condoms, but now I feel like I'm saving people's lives." Such a shift indicates for this individual, at least, a vision of the future beyond the here and now — a vision that can strengthen her ability to make positive choices in other dimensions of her life.

Attention to Education and Support. The attention that programs such as Young Women's CHOICES devote to educating and supporting juvenile justice system-involved youth in the area of HIV prevention can have a considerable public health payoff. The evaluation's finding regarding peer educators' increasing openness to discussing safer sex and HIV-related issues with family, peers, and partners suggests that there can be a snowball effect of training peer educators that goes far beyond their own knowledge and

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changes in behaviors. The small size of this program should not obscure the long-term implications of the evaluation findings as programs like these mature and take root in the communities they serve. Further, its focus on strengthening the interpersonal and refusal skills that can lead to safer sex practices can be expected to enhance program participants' ability to avoid future involvement in the juvenile and criminal justice systems. The program's focus on strengthening the interpersonal and refusal skills that can lead to safer sex practices can be expected to enhance program participants' ability to avoid future involvement in the juvenile and criminal justice systems.

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