San Jose State University

SJSU ScholarWorks

Master's Projects

Master's Theses and Graduate Research

2000

Psycho-educational workshop on perinatal substance abuse/domestic violence/sexual assault/safe sex and prevention for at-risk Latina teen mothers

Deitra Mc Mahon
San Jose State University

Follow this and additional works at: https://scholarworks.sjsu.edu/etd_projects

Recommended Citation

Mc Mahon, Deitra, "Psycho-educational workshop on perinatal substance abuse/domestic violence/sexual assault/safe sex and prevention for at-risk Latina teen mothers" (2000). *Master's Projects*. 1119.
DOI: https://doi.org/10.31979/etd.qb3c-rdca
https://scholarworks.sjsu.edu/etd_projects/1119

This Master's Project is brought to you for free and open access by the Master's Theses and Graduate Research at SJSU ScholarWorks. It has been accepted for inclusion in Master's Projects by an authorized administrator of SJSU ScholarWorks. For more information, please contact scholarworks@sjsu.edu.

Chicano
Center
Thesis
HVS
2000
.M167

Psycho-Educational Workshop on Perinatal Substance Abuse/Domestic Violence/Sexual Assault/Safe Sex and Prevention for At-risk Latina Teen Mothers

by

Deitra Mc Mahon

A Social Work 298 Special Project

Presented to the Faculty of the College of Social Work

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree of

Master of Social Work

Roland Wagner, Nicole Young, Marty Tweed

May, 2000

Chicano Center
Thesis HVS 2000 .M167

Mc Mahon, Deitra.
Psycho-educational workshop
on perinatal substance
abuse/domestic
violence/sexual assault/saf
sex and prevention for

Library San Jose State University

Abstract

It is widely accepted that teen mothers are at-risk and in need of support, to cope with the many challenges they are faced with. Intervention needs to happen at many levels and from a variety of disciplines. In view of this, a social work-educational platform was constructed, to set the stage for an innovative action project. After multidisciplinary collaborations, an interactive, culturally competent, psycho-educational workshop was developed, which targeted at-risk Latina teen mothers of the Teenage Mother's Program (TAM) at Watsonville High School. The purpose of the workshop was to educate the teen mothers on, perinatal substance abuse, domestic violence (DV), sexual assault (SA), safe sex, self-defense and to evaluate the effectiveness of psycho-educational workshops with this population. After receiving quantitative and qualitative feedback from the teen mothers, presenters and TAM staff, the workshop was seen to be a successful and effective intervention.

Introduction

It is widely accepted that teen mothers (see Appendix A for, "Definition of Terms") are at-risk for many reasons within a matrix of complex psychosocial phenomena. It is beyond the scope of this paper to discuss all the risk factors, reasons and various intervention strategies that can be applied to teen mothers. In light of this, a comprehensive discussion of the identified risk factors (the subjects of the workshop), how they intersect with teen mothers and the rationale for using a psycho-educational workshop follows.

Teen Births

In Santa Cruz County teen births have decreased overall within the last five years, however, this is not the case with the Latino community. In 1998 there were 330 Latino women age 20 or younger whom gave birth, compared to 61 births by Anglo women (www.appliedsurveyresearch.org, 2/20/00).

Perinatal Substance Abuse

Substance abuse continues to be a significant national and local problem among teens. Alcohol is the drug of choice and the average age a teen begins to drink is 13. According to the United Way, in Santa Cruz County, 31% of 11th graders report having passed out from drinking. The Santa Cruz County Civil Grand Jury Final Report (1998-1999) found that there was a downward trend in the use of some substances by adolescents. However, "the increased use of heroin remains a major concern" (P. 9). According to United Way's 1999 Community Assessment Report, "drug and alcohol use may be down slightly, but the use of alcohol and drugs sill remains unacceptably high, and in many cases above the national average" (www.appliedsurveyresearch.org, 12/20/99). A recent study showed that substance abuse, or dependence rates, were almost seven times higher in US born Latinas than immigrant Latinas (Vega et al, 1998).

Smoking is also a major problem among teens. "Smoking is the primary preventable cause of death, and yet 3,000 adolescents become smokers each day" (Jason, L. A., Berk, M.,

Schnopp-Wyatt, D. L., Talbot, B., 1999). Studies have indicated that between 28 and 62% of pregnant teens smoke (Albrecht, S. A. et al, 1999).

Substance Abuse, Risk Taking Behavior and Violence

"Studies indicate that young people are more likely to engage in risk-taking behavior and sexual experimentation when under the influence of alcohol and other drugs ("The role of schools in combating substance abuse," 1995). Recent studies have shown that a large number of young women use alcohol before sex which inhibits their ability to use contraceptives (Flanigan, B., Mc Lean, A. Hall and Propp, P. 11). Some of that risk-taking behavior with substance use includes having sex without a condom. Alcohol is involved in up to two-thirds of SA and acquaintance rape cases (www.teenvoices.com, 10/16/99). In one study 59% of adolescent female drug users had been victims of SA (Dembo, 1987).

Domestic Violence and Sexual Assault

The national prevalence of DV and SA is mirrored within the local community. According to the, "Hands are not for Hitting" (HANF) collaborative, Santa Cruz County law enforcement receives ten domestic violence calls each day. The 1998 Santa Cruz County Community Assessment Report found from a telephone survey, that nearly 70% were concerned about family violence. The Commonwealth Fund, 1998 Survey of Women's Health, found that nearly 40% of women report violence or abuse in their lifetimes. Teen women are the highest risk group to become "survivors," of DV and SA. Teen dating violence mirrors adult DV. Teen women are especially at-risk for SA after being given, "date rape," drugs. The National Violence Against Women Survey in 1998 found that one third of all females raped in the US were between 12 and 17 years of age. According to US Department of Justice statistics in 1991, women ages 16-24 were three times more likely to be raped, than older women were. Sixty-two percent of teen mothers are survivors of rape (Parker, Soeken, 1994).

Adult and teen women are the most at risk of being abused when they are pregnant. One in five pregnant women are survivors of DV (Gazmararian, 1996). A 1995 Fact Sheet from the US Department of Health and Human Services stated that, "teenage women are at a higher risk

than adult women for battering during pregnancy." One study showed that 20% of teen women were survivors of DV during their pregnancy and 62% of pregnant teens were survivors of rape and/or molestation before their first pregnancy (Parker, McFarlane, Soeken, 1994).

AIDS/HIV

Half of those infected with HIV were infected between the ages of 15-24. Now, almost one third of people living with HIV, are ages 15-24 ("Reaching Out to Youth," 1999). Using condoms as a preventative measure is important. One study found that by age 19, 86% of males and 75% of females, had initiated sexual intercourse. However, only 57% of teens report using a condom during their last sexual intercourse (Whitaker, D. J., Miller, K. S., May, D.C., Levin, M. L., 1999). According to a recent article which appeared in the August 31st, San Francisco Chronicle, HIV cases are on the rise again. A disturbing finding was that heterosexual activity, is increasingly becoming a significant risk. Among women newly infected with HIV, 75% are due to heterosexual contact with an affected male. In addition, other emerging data shows that minority young women are one of the fastest growing at-risk groups for contracting HIV.

Rational for Using a Psycho-Educational Workshop as a Intervention Strategy

It is generally accepted that educational workshops and group therapeutic work are effective strategies to working with at-risk groups. Because the psychosocial portion of the workshop is smaller than the educational component, the later will be the focus of this discussion.

Prevention is one of the most widely accepted strategies for addressing at-risk youth, and an educational setting is an ideal place for intervention. Over the years, laws have passed, that have made it easier for professionals to introduce curriculum on subjects, such as safe sex and drug use, which have been more restricted in the past. "Because schools are central to the lives of teenagers, educational institutions are critical to any effort to expand the opportunities available to student mothers" (Ripple, R. P., 1994). One study showed that teen mothers can suffer from low self-esteem and depression which can increase their being at-risk. A proactive community intervention was used and a preventive educational workshop was created for the

teen mothers (McArt, E. W., Shulman, D. A., Gajary, E., 1999). "Students require a program to overcome the negative influences in their development and bouts of depression, and improve their mental health" (Rice, K. G., Herman, M. A., Petersen, A. C., 1993). Another study showed that, "although, education about the dangers of drug use may not, in and of itself prevent such use, it is a necessary part of prevention. Schools are a logical setting in which to provide such testing" ('The role of schools in combating substance abuse,' 1995). Recently research was done on the best way to stop teen smoking. Two of the six best approaches to take were, "...educating young people about smoking," and, "running innovative programs in schools" (Wllemsen, M. C., Zwart, W. M., 1999). In the DV movement, "breaking the cycle means focusing on prevention" ('Breaking the cycle,' 1999). The problems of DV (and SA) will not solve themselves and raising the issue in the classroom is a step toward changing negative attitudes towards women (Falchikov, N., 1996). "Awareness is the first step toward developing and setting personal limits for inappropriate behavior and in minimizing panic and confusion. Often using a prevention education model is very effective" (Tyrrell, A., 10/16/99). Recently a bill was introduced which would have; "...authorized instruction on domestic violence prevention in grades 1 through 12 (Guido, M., October, 26, 1999). A study in 1998 showed that, "...brief school-based interventions can improve adolescents short-term HIV/AIDS prevention knowledge and attitudes..." (Dunn, L., Ross, B., Caines, T., Howorth, P., 1998).

The following are some reasons of why an educational setting, like the TAM program, is an ideal site for intervention: 1) Attendance for the workshop would be somewhat steady because it would be held during regular class time; 2) The teen mothers would be in a group of their peers which is an important factor of teen culture; 3) The teen mothers may be more open to the material, if it is presented in a school setting, where they are hopefully used to being exposed to a diversity of subjects and; 4) It is a good time to intervene because later, the demands of parenting and supporting their new family, may take priority over school.

"Researchers have noted that teenage pregnancy interrupts a young woman's education and may even end it" (Medora, N. P., Hellen, C. V., 1997).

Research Questions

In developing the psycho-educational workshop the following research questions were formulated: 1) What level of awareness do the teen mothers have of the detrimental effects of perinatal substance abuse and unsafe sex practices? 2) What level of awareness do the teen mothers have in regards to understanding myths and facts of DV and SA? 3) Are the teen mothers at-risk of DV? 4) What level of awareness do the teen mothers have in regards to the importance of knowing self-defense? And 5) What is the effectiveness of psycho-educational workshops, as an intervention strategy, with teen mothers?

Goals

The goals of the investigator/facilitator were two fold: 1) That by the end of the intervention, the teen mothers would be more knowledgeable about the subjects of the workshop; and 2) That the teens would have an empowering and fun learning experience.

Practical and Theoretical Importance

The workshop was relevant because it provided prevention and education to the teen mothers. In addition, it is an example of a psycho-educational workshop, which can be a successful intervention strategy. Like any innovative process, there is always room for improvement. In light of this, both the strengths and limitations provide examples and direction for further research and intervention.

Contributions to Knowledge in Social Work and other Disciplines

The findings of this action project will contribute to the knowledge base, of social work, education, and other disciplines, which provide support to teen mothers.

Literature Review

Teen Pregnancy

Teen pregnancy began to be recognized as a social problem worth national attention in the 1970s. Every year in 1970s it was estimated that a million teenagers became pregnant and a

half of those would give birth. During the 1980s birthrates for teenagers steadily rose. Unmarried teenagers (15-17) comprised 20.6 live births out of a 1000 in 1980. In 1990 that number rose to 29.6 and then to 30.9 in 1991. In California the general fertility rate is high, 83.1 per 1000 compared to 69.6 per 1000, for the whole US. This significantly higher number is because Latino women have higher birth rates then other ethnic groups. Latino women, account for almost half of the births in California, even though they only comprise one fourth of the women (Hwang, j., Kolody, B., Noble, A., and Vega, W., 1993, P. 850).

Currently, the US has the highest percentages of teen pregnancy than any other industrialized nation and California has the highest incidences in the US (Medora, N. P., Hellen, C., 1997). Approximately one million teenagers becomes pregnant each year in North America ("Programs help prevent teen pregnancy," 1999). Although, teen pregnancy is a serious problem, the target group was already pregnant and receiving education, so this issue was not addressed in the workshop. However, I think it is important to note that recent epidemiological studies have shown that teen birth rates have stabilized to a degree. The percentage of sexually active teenagers dropped from 54.1 percent in 1991 to 48.4 percent in 1997. A survey by the National Health Statistics concluded that teen women, age 15-17, had the lowest birth rate in 40 years. However, there is a rise in younger teens giving birth (Dickinson, 1999).

Perinatal Substance Abuse in General

Perinatal substance abuse began to be looked at more closely in reaction to the, "crack babies," of the 1980s. Over five million women of childbearing age (15-44) use illicit drugs. In the late 1990s it was estimated that 10-20% of pregnant women in the US used illegal drugs (phs.bgsm.edu/sshp/rwj/summa 119.htm, 11/7/97). Twenty-two thousand newborns are abandoned each year, 80% of which, test positive for drugs (phs.bgsm.edu/sshp/rwj/summa 113.htm, 11/7/97). Six million North American women abuse alcohol. Each year in the US almost 5,000 babies are affected by Fetal Alcohol Syndrome (FAS) and thousands more by Fetal Alcohol Effects (psupena.psu.edu:70/$d%20285071517, 11/7/97). The costs associated

with mental retardation and birth defects from alcohol are estimated at $300 million (Schorling, P. 261-267).

The prevalence of maternal substance abuse inspired a series of legislation in California in the 1990s. The first two laws, "Alcohol and Drug Affected Mothers and Infants Act," and, "Accessing Alcohol and Drug Recovery Programs for the Disenfranchised," set the groundwork for the following laws which focused on concrete services. Other laws addressed the dramatic increase of mothers being incarcerated for drugs.

Teen Mothers and Perinatal Substance Abuse

A study showed that teen's reported substance use was less in 1988 then in 1979. However, this could be due to the teen's unwillingness to report rather then their drug use actually declining (D'Alessio, J. andMulhauser, F., P. 11). A longitudinal study of drug use, among pregnant adolescents found, that substance abuse may decline upon pregnancy,

> Lifetime prevalence of drug use was relatively high, pregnant respondents appear embedded in drug prevalent environments and substance use declined voluntarily and substantially during pregnancy. Pre-pregnancy drug use predicted substance use during pregnancy, but neither best friends' nor boyfriends' use of alcohol or marijuana predicted subjects' use of these substances during pregnancy after taking pre-pregnancy use into account (Gilchrist, L. D., Gillmore, M. R. , Lohr, M. J. P. 14).

Domestic Violence

Awareness of DV was born out of the grassroots women's movement of the 1970s. In some respect DV is only beginning to be looked at as the serious social problem that it is. Society continues to place the responsibility for change on the victim, asking why she doesn't leave, instead of why the perpetrator abuses her. Up until the 1970s law enforcement saw its job as limiting the amount of violence a perpetrator exhibited, suggesting the perpetrator, "cool off," instead of arresting him for a crime. Judges also saw DV as a family issue outside of the courts. By no means has this attitude completely changed. It is a slow process when you consider the historical oppression of women, gender/cultural issues, capitalism, classism, and industrialism, all of which contribute to a lost sense of community. Domestic Violence is

rooted in the family but polarized by lack of support from the community and larger society. Fortunately, some awareness was brought to the DV movement by the following events. During the 1980s nearly all states had enacted some level of DV reform. In 1984 the Family Violence Prevention and Services Act was passed. This law worked to aid victims of DV by providing funds. In 1991 the American Psychological Association established a task force to study male violence against women,

> The task force has emphasized that the problem cannot be fully understood, let alone solved, by focusing exclusively on individual psychology. There must be a change in the social institutions that have given rise to the problem (Berry, 1998).

In 1992 US Roman Catholic Bishops produced the first statement on spousal abuse. They expressed that the bible does not require women to submit to an abusive husband. In 1993 the, Violence Against Women Act, was passed, which created new civil rights for women who were victims of gender motivated crimes. This was the first serious statement by the Federal Government, that violence in the home, is a serious social problem. In 1994, the American Psychiatric Association, first recognized that, "physical abuse of an adult is a focus for clinical attention" (Berry, 1998).

Domestic violence has no boundaries and can be found within all socioeconomic groups. In addition, women of all races are equally vulnerable to DV (US Dept of Justice statistics from 1995-1998). It is also important to note that same sex battering occurs, especially in "lesbian relationships," as frequently as it does in heterosexual couples.

The following statistics provide examples of the prevalence of DV. Forty-two percent of murdered women are killed by their intimate male partners (statistics by the Family Violence Prevention Fund). The Federal Bureau of Investigation statistics indicates that a woman is beaten by her partner every 12 seconds in the US (http://www.wcstx.com/domesticv.htm).

Studies show that battered pregnant teens seek prenatal care much later then those teens that are not battered. A sample of low-income teens, attending a public prenatal clinic, showed that 21.9% of battered teens started prenatal care in the third trimester compared to 7.5% of non-battered teens.

> Pregnant teens that are battered have significantly higher rates of poor weight gain, first or second trimester bleeding, smoking, and alcohol or drug use during pregnancy than non-battered pregnant teens. Battered pregnant women are between one-and-a-half and four times as likely to deliver a low-birth weight infant than non-battered women (Parker, Soeken, 1994).

Sexual Assault

Like, DV, the SA awareness movement came out of the feminism of the 1970s. After rape legislation was initiated in the mid seventies, "within a decade reforms had been enacted in all fifty states..." (Herman, P. 29).

AIDS/HIV

"HIV is transmitted through individual behaviors formed within the context of ethnic culture and beliefs..." (Goicoechea-Balbona, A-M. 1997). In AIDS prevention education there are two systems of thought, abstinence and comprehensive sexuality education. It is generally agreed upon that abstinence education is not successful with those that are already sexually active ("Programs help prevent teen pregnancy," 1999). The Sexuality Information Education Council of the United States reports that there are laws in 36 states, stating that there needs to be HIV education in schools. In 22 other states there are laws that urge schools to provide HIV education.

Testing is important, though, it may be undesirable for teens for multiple reasons. A recent study found the following.

> The psychological effects of HIV test result notification are an issue of great concern. A common perception of the general public, and often of health professionals, is that notification of HIV seropositive status is detrimental to psychological health, leading to great distress, depression, and possibly suicide (Sieff, E., Dawes, R., Loewenstein, (1999).

Psycho-educational Workshops

It was difficult to find literature on psycho-educational workshops, so the bulk of this review will be on educational workshops and strategies. There was literature on support groups, however, since the psychosocial component of the workshop is much smaller then the educational component, I choose to focus on the later.

The following are examples of educational workshops in this field of study. The Response Center is an organization, which provides workshops and provides counseling to teens on family conflicts, sexuality and self-esteem (http://www.nsn.org/skkhome/respons1, 12/10/99). Students Against Drugs and Alcohol provide substance abuse education programs to schools and youth groups (http://www.sada.org/index.htm, 12/10/99). Adolescent Services International, provides services to the community for those looking to support teens in crisis (http://adolescentservices.com, 12/10/99). Bridging the Gap, is a project, which offers educational workshops on drug and/or alcohol addiction to health professionals, as well as others in the helping field (Turner, N. H., 1995). There is a Junior High School program in San Marcos, California, which provides a six-week course on sexuality, self-esteem, community and family living (Weate, G. M., 1994). Women's Crisis Support~Defensa de Mujeres collaborates with other local agencies and provides psycho-educational workshops covering a variety of issues including DV and SA. Recent collaborations included, "She Rocks," and, "Teen Women's Day." A theater group, in Washington DC, uses improvisational theater to affect social change. The group uses workshop exercises to work with teen mothers on various issues like, "...drug abuse, AIDS, teenage pregnancy and suicide" (Nelson, J., 1993). Stop Gap Institute provides a method of interactive theater, in schools, all over California including San Jose. They also use drama therapy with special populations and in sites outside of schools like, battered women's shelters and residential and out-patient recovery programs (http://www.stopgap.org/sginstut.htm, 12/10/99)

Theoretical Framework

Looking at teen mothers systematically they are at-risk for multiple reasons. A discussion of some of the risk factors follows. Teen mothers are at risk for developmental reasons. During adolescence some of the most significant developmental changes occur. Teen mothers are in the middle of forming their identities and bridging childhood and adulthood at the same time. They are especially vulnerable, and in need of extra support and education, because of the added responsibility of becoming mothers at an early age. "Adolescence is a time of

heightened sexual awareness, independence, self-identity, and new interpersonal relationships" (Splittgerber, et al., 1996). Becoming a mother, at any age, can be an overwhelming undertaking. "Stress associated with the adjustment to parenthood is intensified for adolescent mothers, who are less developmentally equipped to meet financial responsibilities and interpersonal challenges of raising children (Uno, D., Florsheim, P., Uchino, B. N., 1998). The intergenerational cycle of violence is a very real phenomenon. Witnessing DV in childhood contributes to low self-esteem. Seventy percent of children from abusive homes are likely to become abusive in their own relationships (WCS~DdM literature). Violence is learned behavior and survivors may act out as perpetrators and/or become victims in their own teen dating relationships. Teens may have a tendency to minimize or romanticize violence and may also subscribe to more rigid gender roles. However, even though there are potential challenges working with this population, there are also numerous possibilities. During youth, life long attitudes and behaviors are constructed, so this is an opportune time to provide interventions, which will hopefully be, integrated into a growing healthy adult self.

Teen mothers are at-risk for cultural, ethnic and social reasons. Their inheritance of being at-risk, because of their ethnic and cultural being, is a tragic reality they face living in the dominant North American culture. A study showed that, "ethnic minority mothers experience higher levels of parenting stress then White mothers because they are at greater risk for being economically disadvantaged and experiencing stress associated with immigration and/or acculturation" (Uno, D., Florsheim, P., Uchino, B. N., 1998). According to Santa Cruz County census data in 1990, 18.2% of Latinos were in poverty compared to 9.0% of Whites (www.appliedsurveyresearch.org, 2/20/00). According to another study, Mexican-American adolescents, have a tendency to experience high levels of anxiety, which can be attributed to multiple factors including linguistic fluency (Glover, S. H., Pumariega, A. J., Holzer, C. E., Wise, B. K., Rodrigues, M., 1999). Latinas, born in the US, are at an even higher risk. "...US-born Mexican Americans had higher rates of major depression, dysthymia, phobia, alcohol abuse or dependence, and drug abuse or dependence than did Mexican immigrants in

the same sample" (Vega et al, 1998). Other Latino cultural/acculturation issues that were taken into account were, the importance and responsibility teen mothers may feel to their extended families; the desire and/or responsibility to uphold religious values; and the alienation and internalized oppression they may feel living in an oppressive non-accepting culture.

Teen Culture

Besides being aware of Latino culture it is important to be aware of teen culture. Teens have their own culture, which needs to be respected. It is important for teens to feel special but not singled out and estranged. There is probably no other time, then in youth, when peer acceptance is so crucial to one's self worth. Because of this there were dynamics between peers that facilitated and inhibited learning during the workshop.

It is important to note that, although the term, "at-risk," is used, the facilitator is aware that categorizing teen mothers in this way, focuses on their limitations rather then their strengths. A, "target," can be defined as, something to take action at, not with. However, in targeting the teen mothers, the facilitator felt it was important to take action with, as well. The workshop was a collaboration of learning and the facilitator, was growing and changing by what transpired, as well as the teen mothers. This is an example of trying to dismantle hierarchy. However, having a degree of adult hierarchy is important, in maintaining a class environment, which is safe.

Systems theory supports a collaborative approach, like a psycho-educational workshop, in which the target population and risk factors are examined within a cultural context. Currently, racism and bigotry continue to be a problem in our schools, at all grade levels. Multicultural Education (MCE) and Antiracist Education (ARE) are two models being used by educators and social workers to advocate for minority student's needs. Both these educational strategies are similar in that they are, "designed to develop more positive inter-group activities and pride in heritage" (Tanermura, P. T., Spencer, M. S., 2000). The teen mothers were predominantly Latina, so cultural sensitivity was interwoven throughout the workshop. In addition, interaction, which is an important aspect of learning to this age group, was incorporated into

the workshop. Social work values, like focusing on the problem, from a multi level/method approach were also observed in the development of the workshop.

Methodology

Design and Procedures

The design of an action project, was an appropriate choice, because of the degree of creativity and flexibility, which are important and valued aspects of teen culture. The development of the workshop began in September of 1999.

Task I Initial Research, Pre-Post Test Development and Site Choice

Initial research, which is reflected in the literature review, helped provide direction to the workshop. The pre-post and evaluations were created and assembled by the facilitator at this time. In researching how the community was responding to the at-risk needs of teen mothers, it was discovered that there was a need for intervention at Watsonville High School's TAM program (which will continue to be referred to simply as, "TAM program"). Santa Cruz High School's TAM, was already receiving intervention, through an on-going support group. Other reasons for choosing the TAM program were that the teen mothers were primarily Latina. In addition, serving Latinas is a priority, in both missions of the College of Social Work at San Jose State University and WCS~DdM, the facilitators internship site. It was discovered that Planned Parenthood did workshops covering some of the same issues, like safe sex and AIDS education, twice a year at the TAM program. However, after collaboration with staff at Planned Parenthood and TAM, it was agreed that the two workshops would compliment and reinforce one another. After careful consideration it became apparent, that the TAM program was an ideal site for the workshop.

The TAM program, founded in 1969, is considered a model for pregnant minor programs in California. The program is voluntary and is intended to help pregnant and parenting teen mothers, continue their academic education. Childcare is available on a limited basis. Students can stay in the program until the semester ends in which their baby was born. The program also focuses on health, prenatal health and childbirth education. Each student is looked at

individually and a schedule of classes is tailored to their needs. The program supports the teens, whether they have decided on abortion, to keep the baby, or give it up for adoption.

Task II Collaboration with TAM Staff

After initial phone conversations, a meeting was scheduled with the director and head teacher of the TAM program, in November of 1999. The director has been with the program for 20 years. The teacher aide has been there, off and on, for 10 years. At the various meetings schedule issues were discussed. Between one and two the most teen mothers were present. Even though, a few teen mothers had to leave at two o'clock, it was decided that the workshop would go from 1:00 till 2:30. It was finally decided that the workshop would be held on Mondays and Wednesdays, on five occasions in March of 2000. Keeping the workshop short, and less frequent, would hopefully aid in keeping the teen mothers interest. The schedule was also developed so that the workshop didn't fall on the same days that Planned Parenthood was there. At the initial meetings besides concrete issues, psychosocial issues were reviewed, such as, group cohesion and rapport. There was some triangulation and alliances among the teens, in which some members were being left out. According to TAM staff, the group was one of the more immature groups they had had. Despite this warning I found the teen mothers to be cooperative, engaging and possessing many strengths.

Task III Reshaping the Development of the Workshop

A lot of thought was given to what would be the most effective way of providing intervention. In light of teen culture, and the population being mostly Latina, it was important to make the workshop as interactive, engaging and culturally competent as possible. In addition, because the workshop was optional, some incentives were needed to keep the teen mothers interested in attending. This was accomplished in a variety of ways from games, to group discussion, to prizes.

Task IV Assembling Guest Speakers

It was decided to use guest speakers to help present the diversity of subjects. Guest speakers, who were bicultural, bilingual Latinas were sought out as well as teen

women/mothers. Guest speakers were contacted and confirmed their participation in November of 1999.

Task V Creating the Agenda

After research and collaboration, the following schedule of a workshop day was developed: name tags, group "ice breaker" (a game), unfinished business, confidentiality issues, group rules, guest speaker, questions/answers, relevant literature passed out, group discussion/check-out after guest speaker (two sessions of more extensive group work-psychosocial component), evaluations and raffle for prizes (see Appendix B for final agenda). The more workshop days attended, the more chances the teen mothers had to winning the final grand prize, which was raffled off at the party on the last day.

Task VI Site Visit and Introduction of the Workshop

An introduction a few weeks prior to the first day of the workshop was important for the following reasons: 1) To introduce myself as the facilitator, begin to join, establish rapport, and create an atmosphere of safety and trust; 2) To introduce the workshop and how the teen mothers would benefit and what they would get out of it; 3) To make sure they understood that participation was optional and that they could refuse to participate at any point during the workshop; and 4) That their parents/guardians would be receiving a letter about the workshop. A decorative poster, announcing the workshop, was posted a week before the workshop began.

Task VII Facilitating the Workshop

<u>First week - Domestic Violence and Sexual Assault</u>:

The pre-test was given out. The author/facilitator, MSW intern at WCS~DdM, presented basic DV and SA education. Women's Crisis Support~Defensa de Mujeres is a non-profit organization which offers services to women, youth & children in Santa Cruz County, who are survivors of DV, SA and/or drug and alcohol abuse. Their mission is, "to end the cycle of violence for all women and children in the community, with a special commitment to Latinas

and other under-served groups." Small group work around DV/SA and first psychosocial component was introduced.

Collaboration with the guest speakers, after reviewing the pre-tests and evaluations, was an important part of making the workshop responsive to the needs and desires of the teen mothers. In addition, teen and Latina cultural competency was discussed with each of the guest speakers.

Second Week- Self-Defense

The guest speaker was the founder and director of Kid-Teen-Full Power, a non-profit self-defense instruction organization, which was established in 1989. The organization has trained over 30,000 children, teenagers and adults in more than 50 communities around the world. The organization seeks to promote safety and self-esteem through workshops that emphasize success based practices. Their mission is to teach people of all ages how to stay safe, act wisely and believe in themselves. A bilingual Latina accompanied the guest speaker for Spanish translation as needed.

Third Week- AIDS/HIV Awareness

The guest speaker was the Speaker's Bureau Coordinator from the Santa Cruz AIDS Project (SCAP). Founded in 1985, SCAP's mission is to provide the highest quality of compassionate care, advocacy and support for those infected with HIV. Because AIDS still exists SCAP offers innovative education and prevention to end the spread of HIV.

Fourth Week- Perinatal Substance Abuse

There were three guest speakers. The day began with two young mothers talking about their experience being in recovery from drug abuse. One was 19-years-old and the other was 20. The young mothers were in residential treatment at the Mondanaro-Baskin Center, which is a drug and alcohol rehabilitation treatment center for women, in Santa Cruz County. We also had a bi-lingual Maternal Child Health social worker (MSW) from Dominican Hospital. Unfortunately, the MSW at Watsonville Hospital, where most the teen women gave birth or

were planning too, wasn't available. The MSW provided relevant information about the dangers of perinatal substance abuse and laws pertaining to substance abusing mothers.

Fifth Week- Cultural Pride, Review of DV/SA, "Hands Are Not For Hitting" (HANFH) Campaign, party and closure:

The teen mothers filled out worksheets titled, "Who am I?" about cultural/ethnic issues. This handout was borrowed from a program called, "Young Women's Lives: Building Self-Awareness for Life" (see Appendix C for an example). This was the second psychosocial component and we discussed cultural/ethnic identification and pride.

The Walnut Avenue Women's Center, is a community-based agency, which was founded in 1944. Among other services, they provide support to teen survivors. The, "HANF" project provided the teen mothers an opportunity to pledge their support for nonviolence in an attempt to stop the intergenerational cycle of violence. The pledge is made with color markers on a banner, which the teen mothers hung in the classroom after they were finished. The guest speaker from, "HANF," project was a bilingual Latina.

Sample

The sample selection consisted of those teens that were registered in the TAM program, and who came on the days the workshop was presented. Because of the nature of the life stage the teen mothers are in, bridging adolescence and motherhood, enrollment in the TAM program was not consistent. Initially, 16 teen mothers were enrolled, but a couple dropped out before the workshop began. In the end 14 were enrolled but due to numerous factors, sometimes the daily classroom attendance would fluctuate from 5-10. On the first day of the workshop 10 teen mothers took the pre-test. On other workshop days, three others took the pre-test. The following tables are the results of 13 pre-tests except, Table III Religion and Ethnic Identification, which is the result of the cultural pride worksheet which eight teen mothers filled out.

The age of the subjects ranged from 14-18 with the majority being 15-17 years old. The subjects were 92% Latina and 100% were pregnant and/or parenting their first baby. Eighty-

five percent lived with their family and 7.7% lived with, "other." Seventy-seven percent were born in the US and 23% in Mexico.

Table I Demographics

Questions	Answers	Percentage
Live with Family	11	85
Live with Significant Other	1	7.7
Live with Other	1	7.7
US Born	10	77
Mexico Born	3	23

Ninety-two percent of the sample had been pregnant once and only one teen mother had been pregnant twice. Fifty-four percent were parenting and 46% were pregnant with their first child. Of those with babies, all were parenting them. In keeping with Catholicism, the predominant religious identification of the teen mothers, 77% would keep the baby if they were to become pregnant again. However, one hundred percent of the teen mothers were not legally married. Seventy-seven percent wanted the father of the baby's involvement and 15% wanted it sometimes.

Table II Pregnancy, Parenting and the Father of the Baby

Questions	Respondents	Percentage
Not Legally Married	13	100
Pregnant once	12	92
Keep baby if pregnancy occurred	10	77
Unsure about another pregnancy	3	23
Want baby's father involvement	10	77
Sometimes " "	2	15
Do not want " "	1	7.7
Father of baby involved	9	69
Father of baby not involved	3	23
" " involved sometimes	1	7.7
Currently Parenting	7	54
Currently Pregnant	6	46
Child Lives with teen mom	7	54
Pregnant with first	6	46

Of the eight teen mothers attending the last day in which cultural pride was discussed, 100%, identified as Catholics. Sixty-three percent identified as Hispanic and the other three as, Mexican, Mexican-American and Filipino-American.

Table III Religion and Ethnic Identification

Questions	Respondent Total: 8	Percentage
Catholic	8	100
Hispanic	5	63
Mexican	1	13
Mexican American	1	13
Filipino American	1	13

Outcomes

The following measures were used: pre-post test, daily evaluations and a final evaluation (see Appendix C). All measures were created by the author whom incorporated literature from WCS~DdM and the website, http://www.maav.org/DangerAhead.html, which is for teens with DV issues.

Pre-Post Test

The pre-post tests, which were identical, were comprehensive in that they covered all the subjects of the workshop. They were anonymous and confidential. The questions were a combination of closed and open ended, with a majority being closed. The major areas of questioning were on awareness of perinatal substance abuse, DV, SA, safe sex and self-defense.

Daily Evaluations and Final Evaluation

The daily evaluations were anonymous and confidential, and given out and collected, after each day of the workshop. The questions on the daily evaluations were open-ended. The questions were: 1) List the three main things you learned; 2) List the three main things you liked; 3) List the three main things you did not like and 4) Comments or Suggestions? The final evaluation, which was more comprehensive, was a combination of closed and open-ended questions. The data gathered from the pre-post tests and evaluations was placed into a data matrix and then organized into tables. With some of the open-ended questions, themes were identified and content analysis used.

Reliability and Validity

Qualitative Research Issues

During the psychosocial component of the workshop, actions were taken to dismantle hierarchy and cultural barriers. In attempts to join, I disclosed that I had some of the issues discussed in the workshop in my family of origin. I discussed my culture and how I was bicultural. However, because I appear and generally identify as Anglo, I benefit from privileges of being a part of the dominant culture. Attempts were made consistently to join and this was done partly by acknowledging the oppression, the teen women's strengths and celebrating our differences. Looking back over the workshop, in general there was a feeling of, rapport, collaboration and trust.

Human Subjects

The expected benefits of the teen mothers were that they would develop a greater awareness of the subjects presented and their choices in regards to them. Overall, there was no compensation or anticipated risks to them, because the workshop was strictly confidential and educational. The only foreseeable risks were that they might disclose something reportable, forgetting that the facilitator was a mandated reporter. In light of this, precautions were taken, like announcements, to ensure the teen mothers awareness of this risk.

Implied parental consent was obtained through a bilingual letter sent out to 16 families. Women's Crisis Support~Defensa de Mujeres gave its approval and an approval letter was received from San Jose State's Human Subjects review Board and Watsonville High School (see Appendix D).

Confidentiality and Anonymity

It was the first priority to address confidentiality issues so the teen mothers would feel comfortable sharing themselves in the group discussions and the psychosocial components. Group guidelines were discussed the first day and the importance of the guideline, "what is said in the group stays in the group." The facilitators mandated status was also discussed and

the three exceptions to confidentiality that she must follow. In addition, optional participation in the workshop was reviewed.

Given the personal and sensitive nature of the questions on the pre-post test, confidentiality and anonymity were explained. The teen mothers were then spaced, to ensure privacy during the test taking process. Because of the likelihood that the teen mothers would not feel comfortable disclosing information, the pre-post tests were anonymous. To ensure anonymity, instead of putting their real names, they choose a special code name, which they used on the pre-post-tests and evaluations.

Code Names

Initially, I explained the process of the code names and referred to the last group agreement, which stated, "please do not speak code names out loud during the workshop." It was explained that it was OK for them to speak of their code names amongst themselves outside the workshop, however, it was important that the facilitator did not know, who had what code name. After the facilitator left the room, the code name index cards were passed out so the teen mothers could look through and choose one. The index cards were blank on one side and on the other side there were statements like, favorite music band, actress, movie, etc. The teen mothers then choose an index card and wrote the answer on the blank side. Their real names were not put on the index cards. Using the code names, ensured anonymity, reliability, and validity. In addition, their responses were more likely to be honest. This process also enabled the facilitator, to study the individual teen mother's awareness, learning and satisfaction levels throughout the workshop.

It was explained that the facilitator, along with her professors and supervisor, would be the only ones who would see the tests. It was especially important to emphasis that their teachers, and other school staff, would not see them. After explanation of this, I left the room and choose a volunteer to collect the tests and code name index cards. An announcement was made to turn tests over before sticking them in the envelope. In general announcements were made before tests/evaluations were collected to make sure no real names were on them. For the most

part this process was successful and there was only one incident in which a real name was written on a test. Fortunately, there was no information that had to reported, and the confidentiality of the teen mother was ensured.

The guidelines explained above were followed throughout the workshop, to ensure the continued confidentiality and anonymity of the teen mothers.

Analysis of Data

The purpose of the pre-test was to gather demographic information, assess the levels of awareness and asses how at-risk the teen mothers were for DV. Another purpose of the pre-test and evaluations was to gather feedback, and make changes, so the workshop would be more responsive to the needs and desires of the teen mothers. The questions that were answered incorrectly on the pre-test, were brought up to the guest speakers so they would be reviewed during presentations. The primary goals of the post-test and evaluations, were to see if there was a change in the awareness levels of the teen mothers after the interventions of the workshop.

I will include some qualitative content analysis of the open-ended questions and share some feedback from the teen mothers and TAM program staff. This is done to enhance the analysis and provide a larger picture of the workshop and the valuable learning and discussions, which resulted from it.

Results

Pre-Test Results

The research questions were addressed primarily by the pre-test and evaluations. In summary, the research questions asked were, what level of awareness do the teen mothers have in regards to the subjects of the workshop and how effective is a psycho-educational workshop with this population? The following information provided in the tables is from the pre-test and evaluations.

Table IV illustrates the answers to the safe sex awareness portion of the pre-test. Eighty-five percent of the sample had completed an AIDS test. Seventy-seven of the sample was

sexually active and the rest was not. Of the 38% whom used condoms for the prevention of AIDS, 38% used them sometimes, 31% most the time, 23% all the time and 7.7% did not answer.

Table IV Safe Sex

Questions	Answers	Percentage
AIDS test completed	11	85
No AIDS test completed	2	15
Sexually active	10	77
Not sexually active	3	23
Do not use condoms for AIDS	8	61
Use condoms for AIDS	5	38
Use condoms sometimes	5	38
Use condoms most the time	4	31
Use condoms all the time	3	23
N/A to frequency of condom use	1	7.7

Table V illustrates the answers to the perinatal substance abuse portion of the pre-test. The teen mothers were very educated about the risks of perinatal substance abuse and 92% said that they did not use and 100% said no amount of street drugs, alcohol or cigarettes was OK. The one teen mother who disclosed marijuana use, made a comment that it wasn't good. There was some misunderstanding about, whether or not, one night of binge drinking could cause birth defects. The answers were almost equally divided between, "yes," and, "not sure," with one teen mother answering, "no."

Table V Perinatal Substance Abuse

Questions	Answers	Percentage
No amount street drugs OK	13	100
No alcohol OK	13	100
No amount cigarettes OK	13	100
No street drugs OK	13	100
Not sure what street drugs OK	1	7.7
Do not use	12	92
Used	1	7.7
One binge drink cause defects	6	46
Not sure if one binge drink cause defects	6	46
One binge drink won't cause defects	1	7.7

Table VI illustrates the answers to the rape awareness portion of the pre-

test. Overall, the teen mothers answered the questions in a very educated way. On three questions, out of seven, the teen mothers answered 100% correct. On three other questions the teen mothers answered 92% correctly. The 7.7%, which answered incorrectly, were comprised of two teen mothers. One of those teen mothers, "Snicker," who answered three questions incorrectly, did receive both the DV/SA interventions. She also answered that she did not know any self-defense but thought it was important. Fortunately she was there for the self-defense workshop. The most misunderstanding was around the question, "rape happens when a man is overwhelmed by uncontrollable sexual desire," which 46% thought were true and the rest false.

Table VI Rape Awareness

Questions	True	False	Percentage
Only young women get raped	0	13	100
Anglo raped by minority men	0	13	100
Rape=common crime	13	0	100
Rape only happens in poor areas	1	12	7.7/92
Rape happens to certain women	1	12	7.7/92
Raped by partners	1	12	7.7/92
Rape is man's sex desire	6	7	46/54

Table VII illustrates the answers to the DV awareness portion of the pre-test. No measures were used to evaluate low-high risk for DV. A level of risk is assumed if the teen mother answered yes to any question in the DV portion. If the teen mother answered, "yes," to being in a DV relationship in which she had experienced physical abuse she was assumed to be at a high risk. Four teen mothers, 61%, disclosed physical abuse by their current partners. There was only a 100% "no" on one question. Eighty-five percent answered, "no" on three questions and 77% answered, "no," on "pressures you for sex..." Sixty-nine percent answered, "no," on, "jealous, possessive..." and 61% answered, "no," on, "believes men should have power and control" and, "physically abuses you." In summary, the majority of the teen mothers were experiencing a degree of emotional abuse and were at-risk.

Table VII Domestic Violence: Are you going out w/ someone who is...?

Partners Behavior	Yes	No	Sometimes	% Answer No
Has a history of bad relationships	0	13	0	100
Controls you/bossy/makes all decisions	1	11	1	85
Abuses drugs or alcohol	0	11	2	85
Blames and mistreats you	2	11	0	85
Pressures you for sex, manipulates you	1	10	2	77
Jealous/ won't accept breaking up	1	9	3	69
men should have power and control	3	8	2	61
Physically abuses you	4	8	1	61

Table VIII illustrates the answers to the self-defense awareness portion of the pre-test. The results from this portion were very encouraging. Ninety-two percent answered that they had some self-defense knowledge compared to 7.7% who did not have any knowledge. In addition, 92% felt knowing verbal self-defense was important compared to 7.7% who did not feel it was important.

Table VIII Self-Defense Awareness

Questions	Answers	Percentage
Self-defense knowledge	12	92
No self-defense knowledge	1	7.7
Self-defense is important	12	92
Self-defense not important	1	7.7

Table IX illustrates attendance and frequency of answers to both the daily and final evaluations. On the first day of the workshop, 3/6/00, there were 22 comments on items learned out of a possible of 30. There were also, 22 positive feedback comments compared to four negative feedback comments. On the second day, 3/20/00, there were 20 comments on items learned and 23 positive feedback comments to seven negative feedback comments. On the third day, 3/22/00, there were 23 comments on items learned and 21 positive feedback comments to nine negative feedback comments. However, seven of those negative comments, were about the fact that the guest speaker could not give out condoms, and other protective barriers, because of school regulations (in response, the facilitator stayed after school and went

off grounds to give them out, on the last day). On 3/27/00, there were 12 comments on items learned, 14 positive feedback comments to zero negative feedback comments.

On the last day, 3/29/00, out of eight evaluations there were 11 comments on items learned out of a possible 24, 13 positive feedback comments and one negative feedback comment. The final evaluations on that same day reflected that 88% were more likely to use condoms for the prevention of AIDS. In addition 63% answered that their understanding of the topics changed after the presentations and 25% answered that there was no change.

Table IX Evaluations

Questions	3/6/00	3/20/00	3/22/00	3/27/00	3/29/00
Daily attendance	10	10	9	6	8
# of items learned	22	20	23	12	11
# of + feedback	22	23	21	14	13
# of - feedback	4	7	9	0	1
Final eval: more likely condom use					7- 88%
Final eval: overall change					5- 63%
Final eval: no overall change					2 -25%

Qualitative Observances

First week - Domestic Violence and Sexual Assault:

After the presentation the first psychosocial component was introduced. We formed a circle and did a, "check in," about the presentation. Three, of the seven teen mothers, shared their personal experiences with DV growing up. A degree of, "blame the victim mentality," was prevalent which was explored. The teen mothers were engaged and forthcoming around thoughts and feelings. The facilitator provided emotional, educational and concrete support.

Second Week- Self-Defense

This was the most interactive day because all the teen mothers were up and engaged in learning and practicing the self-defense techniques. Later the classroom aide had this to say about the workshop, "The day following our self-defense workshop the girls were still yelling, 'stop following me!' The class was a real hit."

Third Week- AIDS/HIV Awareness

From the evaluations this was the most favored day. The teen women were completely absorbed, by their affect and comments, listening to the guest speaker's very personal story mixed with valuable information. The teen women, also, had the opportunity to practice putting condoms on a dildo.

Fourth Week- Perinatal Substance Abuse

The teen mothers were very absorbed in the tragic stories of the recovery women. The MSW speaker provided relevant information about the dangers of perinatal substance abuse, engaging the teen mothers for their thoughts and feelings first. She also discussed Child Protective Services (which some of the teen mothers did not know about) and laws pertaining to perinatal substance abusing mothers. The twenty-year-old recovery mom had used street drugs, during the pregnancy, but expressed that her baby was OK. However, babies do not always show, "negative physical, mental or emotional effects from perinatal exposure to drugs, but many do, and no one knows which infants will and will not be affected" (DHHS Publication No.[ADM]90-1711). The MSW speaker was able to provide education around this issue. She, also, provided education on the negative effects of marijuana smoking, to address the needs of the teen mother who disclosed marijuana use on the pre-test. In addition during the presentation, one teen mother disclosed crank use, before pregnancy.

Fifth Week- Cultural Pride, Review of DV, SA ,HANFH Campaign and Party

During the cultural pride psychosocial component, the teen mothers seemed to enjoy speaking about their culture. The following are some of the comments they made about why they were proud of their heritage: "There is a lot of great and powerful people from my heritage;" "Because I have good heritage;" "They are unique;" "They are hard working people;" and "I have good history."

The teen mothers were also engaged in the interactive art piece of the, "HANF campaign."

Feedback from the Teen mothers and TAM Staff

The teen mothers had this to say: "Thank you for all the information that you gave me. It was really helpful;" "We learned a lot;" "Thanks for the fun and good information;" "I'm glad you have come here and brought all these incredible people. You are a good person and I like your enthusiasm;" In summarizing six comments of the teen mothers from the final evaluations, they had this to say about the facilitator: "She was fun, cool, happy, nice, enthusiastic, energetic, organized and friendly." A couple negative comments were, "more interesting activities and not making us get up so much." The teen mothers commented on the workshop in the following ways, "I thought different," and, "it changed a lot of things and helped me learn things I didn't know before."

The TAM staff had this to say, "thank you so much for all your entertaining classes! You did a great job," and, "you were delightful to work with and you lined up excellent speakers." I also gave the final evaluations to the TAM teachers who described the facilitator as, "well liked and had good control of the class." Overall, the feedback from the teen mothers and TAM staff was positive.

Post Test

Originally the post-test was meant to supplement the evaluations, and help evaluate the effectiveness of the workshop by seeing if there was a change from the pre-test. Unfortunately, only four teen mothers were available to finish the post-test. The facilitator gave the two teen mothers who usually left early the post-test. However, they ended up leaving and not finishing it. Two other teen mothers were called out, one to speak to a teacher and another because of a childcare issue, and they also did not complete the post-test. There was little change on the four post-tests received. The following is a discussion of why this might be and some of the pre-post highlights.

The pre-test was a good evaluative test to see what level of awareness the teen mothers had, in regards to the subjects of the workshop. However, as a post-test it had many limitations. In looking at the question, "how often do you use a condom?" having a change in increased

condom use from the pre to post is possible. However, more then likely behavior like, “sometimes” condom use, takes more than a five-day workshop to change. The question on the final evaluation, “Would you be more likely to use a condom for the prevention of AIDS?” seems more appropriate and plausible. For example the teen mother, “Brown Wood,” went from using condoms all the time to sometimes (she was absent for intervention). Another teen mother, “Bring it all to me,” gave, "no answer" to condom use and then on the post-test choose, “sometimes” (had intervention). “Watermelon,” one of the only teen mothers who disclosed substance use, left this question blank on the post-test (came in late, received half an hour of intervention). The two teen mothers,“Bring it all to me,” and, “Watermelon,” answered, “not sure,” on whether or not one night of binge drinking can cause birth defects. On the post test one answered, “no,” and the other, “yes.” This is understandable given the fact that the MSW guest speaker said something to the effect of, one night of binge drinking will not always cause detrimental effects, but it could and one should not take the risk. “Brown Wood,” answered rape is a common crime on the pre-test and left it blank on the post (had intervention). She also, thought rape was caused by uncontrollable sexual desire and this did not change on the post test (had intervention). “Watermelon,” wasn’t sure about, "rape being caused by uncontrollable sexual desire," on the pre-test but on the post-test answered false (came in late, received half an hour of intervention).

The DV portion of the post-test was also not very evaluative for change because it asked the teen mothers if they were in a DV relationship. Again, it was possible that there would be pre-post test change, but it was not likely within a five-day workshop. Instead it would have been more realistic to ask something like; “Do you think the following is an example of emotional or physical abuse?”

Discussion

As noted, the five-day psycho-educational workshop for at-risk teen mothers, covered pertinent risk factors such as perinatal substance abuse, DV, SA and un-safe sex. In summary, the research questions asked were what level of awareness do the teen mothers have regarding

the subjects of the workshop? How at-risk were the teen mothers of DV? And, how effective is a psycho-educational workshop, as an intervention strategy, with teen mothers.

The data from the workshop supports the common belief that teen mothers are at-risk, in need of intervention and is reflective of the results of the literature review for the most part. In gathering, organizing and interpreting the data, some themes began to emerge. The literature review discussed how teen mothers, are at-risk for perinatal substance abuse, but that substance use may decrease upon knowledge of pregnancy. Data, from the workshop, illustrated that the teen mothers were aware of the detrimental effects of perinatal substance abuse. These results could be due to numerous factors. The teen mothers may not have felt comfortable disclosing true feelings about experimentation or use of substances during pregnancy or nursing. There may have been cultural/acculturation issues, which can either increase or decrease the risk of perinatal substance abuse. In addition the teen mothers could have incorporated widespread education about the dangers of perinatal substance abuse.

The teen mothers who were in physically and emotionally abusive relationships are very much in keeping with the literature, which identifies teen minority mothers as one of the most at-risk groups. The DV portion of the test asked the teen mothers directly if they were involved in an emotionally or physically abusive relationship. The teen mothers ranged from low to 63% being high risk. The facilitator was encouraged, by the level of awareness around, the myths and facts of rape. This could be another example of how education has reached this population. However, there are still prevalent myths like, rape being caused by man's uncontrollable desire, which the teen mothers believe. This is an example of how the data was congruent with the literature review, which discussed how at-risk teen women/mothers are of SA.

The literature pointed out that teens are in the highest risk group to contract HIV. The teen mother's, 23% use of condoms all the time compared to 38% sometimes, shows that the teen mothers are putting themselves at-risk. However, they did have an awareness of AIDS/safe sex issues in the fact that 85% had taken an AIDS test. Although, its possible that the AIDS tests

taken, were the result of their prenatal care, and not necessarily the result of their awareness of the need to be tested.

The literature supported the use of educational workshops as an intervention strategy. According to the results of the workshop, there were 88 comments on items learned out of a possible 129. In addition, there were 105 positive feedback comments compared to 25 negative feedback comments. The overall feedback from the evaluations, along with the qualitative feedback from the guest speakers, TAM staff and teen mothers, was that the workshop was effective. In review, the facilitator's goals, that the teen mother's awareness increase and that they have a fun and empowering learning experience, was accomplished.

Strengths

In the face of various challenges the workshop had many strengths.

The following are some examples of the strengths of having the workshop at the TAM program site: 1) The assembled and consistent audience of the most at-risk group in need of preventive intervention; 2) The availability of TAM staff to help the workshop run as smoothly as possible, and 3) Using an environment, which is the teen mothers, where they hopefully feel comfortable and empowered. Some of the strengths of the teen mothers were their active participation, willingness to take chances, cooperation and up-holding the group guidelines. The following are the strengths of the workshop: 1) Pertinent issues, were discussed, in light of the needs of the teen mothers after reviewing the pre-tests and evaluations; 2) Cultural pride and myths were explored; 3) A strengths based approach was used; 4) A diversity of subjects was explored in an interactive way; 5) The games and prizes; and 6) The array of competent and engaging speakers, especially the Latina bicultural ones.

Limitations

Besides the strengths there were limitations. The following are some examples of the limitations of the workshop: 1) Attendance was consistent to a degree, but of course, you always hope to provide intervention to the most possible (the teen mothers who had to leave in the middle was somewhat distractful at times); 2) Positive encouragement was provided but

more techniques were needed to inspire all the teen mothers to share the diversity of their experiences; 3) Having the workshop after lunch, and toward the end of the day, when the teen mothers were tired, was a challenge; and 4) Strategies were needed to increase enthusiasm around completing the evaluations and post-tests. In addition, in review of the pre-tests the teen mothers were most at-risk for DV. In retrospect, even though the DV/SA portion was the most comprehensive, the teen mothers would have benefited from an entire workshop on DV. Perhaps a survey, similar to the pre-test, given in early fall during the development process, would aide in prioritizing risk factors.

A Discussion of General Limitations and Areas for Growth

In the DV and SA awareness movements' prevention is important and educational workshops can be a source of intervention. But more studies need to done and intervention needs to happen on multiple levels because the problem is so complex and extensive,

> Local government and community groups are committed to working on the problem, and are reaching out to victims and batterers with hot lines and public awareness campaigns. But there are limited resources, and there has been limited research as to what works and what does not. We should be trying different kinds of prevention programs and tracking the results of all of them ("Breaking the cycle," 1999).

Educational workshops in schools can be a catalyst for change, however, research also indicates that family and peers play an important role as well. This is well documented in regards to AIDS and HIV. A study, which evaluated a HIV/AIDS school based prevention program for adolescents found, that those adolescents trained by peer educators had higher knowledge scores than those educated by community health nurses (Dunn, L., Ross, B., Caines, T., Howorth, P., 1998). Another study found that when teen women communicated with their mothers about sexual risk, there was greater condom use and the teens spoke with their partners more openly (Hutchinson, K. M., Cooney, T. M. , 1998). And yet another study found, that parent-teenager communication about sexuality, promoted teens to speak with their partners about it (Whitaker, D. J., Miller, K. S., May, D. C. , Levin,

M. L., 1999). This information supports that there is continued, needed research on effective interventions with teen mothers.

Implications for Social Work

In society we continue to see intergenerational cycles of violence, substance abuse, and subsequently increased risk taking behavior. From a systemic perspective this is due to numerous factors, some of which have been discussed. Looking at the needs of teen mothers systemically they would benefit from intervention at many levels.

Labeling teen mothers, needs to be done with caution, for various reasons. Developmentally, teen mothers are always changing and outgrowing labels, depending on intra-extra psychic influences within their social environment. "To establish a separate class of students, assign them the pejorative label, 'at-risk,' and then organize a special program to deal with their, 'at-riskness,' is questionable at best" (Lounsbury, J. H., 1996). The facilitator is aware that though the workshop was successful and provided much needed intervention, making real lasting change takes more than a five-day workshop. "What we need is a 12-year program designed to set long-range goals and long-term thinking (Winter, I., 1998).

It has been discussed that the educational setting can be an ideal place to run preventive curriculum. Educational professionals play a key role in this, in that they are already supporting and working towards an improved quality of life for teen mothers. In reality, they spend much more time with teen mothers, then social workers have the liberty to. Developmentally, they often have the opportunity to see teen mothers as they grow and change. However, it is important to recognize that teachers are already over loaded with work. "Teachers are burdened with the responsibility of remedying children socially, emotionally, as well as academically, for they cannot learn if their basic human needs are not met" (Winter, I., 1998). Social workers, along with other helping professionals, volunteers, family and peers, could ease the burden that teachers have. Besides academic growth, the emotional-psychological needs of teen mothers, need to be addressed. This is where social workers can intervene, providing intervention services, and creative culturally sensitive workshops, like the one presented.

Because social work in education is a focal point for change and reform, more collaboration between social workers, educational professionals and the teen mothers themselves, is needed. By including teen mothers, curriculum would be more responsive to their needs, and they would have an opportunity, for personal growth and self-esteem building.

Support and change needs to happen at all levels, from the micro to the macro, to address such complex and prevalent risk factors as, perinatal substance abuse, DV, SA, and un-safe sex. The workshop provided a concrete example of an effective strategy for direct practice. The relevance of providing early intervention, in the educational setting, is obviously an important strategy from a social work educational perspective. Change toward healthier families, communities and society, is happening but we still have a long way to go and there needs to be significant policy changes to support teen mothers whom are marginalized in this society.

Social workers have always been at the forefront of change and they will continue to be. The values and ethics of the social work profession can act as a guide for those in the helping field. In multidisciplinary collaborations, exploring and celebrating our diversity and unity, we can move forward and create a society which is more responsive to teen mothers and in which teen mothers feel more empowered.

References

Accessing Alcohol and Drug Recovery Programs for the Disenfranchised, 40 CA. Stat Ann. SS 11400-12999 (1990). Adolescent Services International, retrieved: 12/10/99, (http://adolescentservices.com)

Albrecht, S. A., Cornelius, M.D., Braxter, B. , Reynolds, M. D. , Stone, C. , & Cassidy, B. (1999). An assessment of nicotine dependence among pregnant adolescents. [On-line]. Journal of Substance Abuse Treatment, 16, 337. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

Alcohol and Drug Affected Mothers and Infants Act, 40 CA. Stat. Ann. SS 11400-12999 (1990). (http://www.phs.bgsm.edu/sshp/rwj/summa 119.htm) Crain, W.C. (1985).

Alcohol, Baby, Child, Drug, Drug-Abuse, Fact-Sheet (1996) psupena.psu.edu:70/$d%20285071517. (Online, Internet). (1997). http://psupena.psu.edu:70/$d%20285071517

Allen, H., & Splittgerber, F. (1996). Learning and Caring Communities: meeting the challenges of at-risk youth. [On-line]. Clearing House, 69, 214. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

An Ethical and Legal Analysis of State-Compelled Loss of Liberty as an Intervention to Reduce the Harm of Perinatal Substance Abuse and Addiction (1997) [On-line]. Retrieved on: 11/7/97, (phs.bgsm.edu/sshp/rwj/summa 119.htm)

Berry, D. (1998). Domestic Violence Sourcebook. Lowell House: LA Chicago

Breaking the Cycle. (1999, September 28). San Jose Mercury News, p. B6.

Center of Substance Abuse Prevention. (1993). Toward preventing abuse of alcohol, tobacco and other drugs (DHSS Publication No. (SMA)93-2052). Rockville, MD.

Complications and Birth Weight in Adult and Teenage Women. Obstetrics and Gynecology, 84, 323-328.

D'Alessio, J. and Mulhauser, F. (1991). Teenage Drug Use: Uncertain Linkages with Either Pregnancy or School Dropout. Gaithersburg, MD.

DangerAhead [On-line]. Retrieved on: 10/16/99, (http://www.maav.org/DangerAhead.html).

Dembo. (1987). [On-line]. Retrieved on: 2/22/00, (http://www.miserybay.com/mcadsv/rcsource/teens.shtml)

Dickinson, A. (1999). Teenage sex: pregnancy is down among teens, but they're still having sex too soon. What's a parent to do? [On-line]. Time,154, 160. Brief Article from: Database: Magazine & Journal Articles, California Digital Library.

Dunn, L., Ross, B., Caines, T., & Howorth, P. (1998). A school-based HIV/AIDS prevention education program: outcomes of peer led versus community health nurse-led interventions. [On-line]. Journal of Human Sexuality, 7, 339. Brief Article from: Database: Magazine & Journal Articles, California Digital Library.

Encyclopedia of Social Work. (1995). Adolescent Pregnancy. Washington, DC. NASW

Falchikov, N. (1996). Adolescent attitudes to abuse of women. [On-line]. Journal of Interpersonal Violence, 11, 391. Full text from: Database: MasterFILE Premier.

Federal Budget-Department of Health and Human Services (1997). ibert. org/00AM05050308.html. (Online, Internet).

Flanigan, B., Hall, C., McLean, A. and Propp, V. (1990). Alcohol Use as a Situational Influence on Young Women's Pregnancy Risk-Taking Behaviors. Adolescence 25, 205-214.

Gazmararian, J.;et al. (1996). Prevalence of Violence Against Pregnant Women. Journal of American Medical Association, 275.

Glover, S. H., Pumariega, A. J., Holzer, C. E., Wise, B. K., & Rodriguez, M. (1999). Anxiety symptomatology in Mexican-American adolescents. Journal of Child and Family Studies, 8,47. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

Goicoecha-Balbona, A. M. (1997). Culturally specific health care model for ensuring health care use by rural, ethnically diverse families affected by HIV/AIDS. Health and Social Work, 22, 172.

Guido, M. (1999, October 26). Small steps against domestic violence. San Jjose Mercury News, A10.

Herman, J. L. (1992). Trauma and recovery. New York, NY: Basic Books

Hutchinson, M. K., & Cooney, T. M. (1998). Patterns of parent-teen sexual risk communication: implications for intervention. [On-line]. Family Relations, 47, 185. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

Hwang, Jimmy., Koldy, Bohdan., Noble, Amanda., Vega, William. (1993). Prevalence and Magnitude of Perinatlal Substance Exposures in California. New England Journal of Medicine, 329, 850-854.

Infant health initiative. (1997) ca.gov/gov/infanthealth. (Online, Internet). (1997). http://www.ca.gov/gov/infanthealth.html.

Jason, L. A. , Berk, M. , Schnopp-Wyatt, D. L., & Talbot, B. (1999). Effects of enforcement of youth access laws on smoking prevalence. American Journal of Comunity Psychology, 27, 143.

Lounsbury, J. H. (1996). Please not another program. [On-line]. Clearing House, 69, 211. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

McArt, E. W., Shulman, D. A., & Gajary, E. (1999). Developing an

educational workshop on teen depression and suicide: a proactive community intervention. [On-line]. Child Welfare, 78, 793. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

Medora, N.P., & Hellen, C. (1997). Romanticism and self-esteem among Teen mothers. [On-line]. Adolescence, 32, 811. Available: Database: Magazine & Journal Articles, California Digital Library.

Minerva. (1999). [On-line]. British Medical Journal, 7199, 1. Abstract from: Database: MasterFILE Prmier.

Nelson, J. (1993). Improvisational theater helps teen mothers raise sights. [On-line]. Children Today, 22, 24. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

O'Malley, P. M., Johnston, L.D., & Bachman, J. G. (1998). Alcohol use among adolescents. [On-line]. Alcohol Health & Research World, 22, 85. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

Parker, McFarlane, Soeken. (1994). Abuse During Pregnancy: Effects on Maternal Pregnant and Parenting Women's Alternative Sentencing Program-SB 519, 50 CA. Stat. Ann. SS 1173.9-1174.4 (1994)

Peled, E., Eisikovits, Z., Enosh, G., & Winstok, Z. (2000). Choice and Empowerment for Battered Women Who Stay: Toward a Constructivist Model. Social Work.

Presley Bill-SB 2669, 2 CA. Stat. Ann. SS 1329-1620 (1990)

Programs help prevent teen pregnancy. (1999). State Legislatures, 25, 11. [On-line]. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

Reaching out to youth. (1999). Poulation Reports, 27, 16. [On-line]. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

Response Center, retrieved: 12/10/99, (http://www.nsn.org/skkhome/respons.htm)

Rice, K. G., Herman, M. A., & Petersen, A.C. (1993). Coping with challenges in adolescence: a conceptual model and psycho-educational intervention. [On-line]. Journal of Adolescence, 16, 235. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

Ripple, R. P. (1994). Intergenerational education: breaking the downward achievement spiral of teen mothers. [On-line]. Clearing House, 67, 143. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

SADA, retrieved: 12/10/99, (http://www.sada.org/index.htm)

Santa Cruz County Sentinel, retrieved: 2/20/00, (www.santacruzsentinel.com)

Schorling, J. B. (1993). Prevention of Prenatal Alcohol Use: Critical Analysis of Intervention Studies. Journal of Studies on Alcohol, 54, 261-267.

Sieff, E. M., Dawes, R.M., & Loewenstein, G. (1999). Anticipated versus actual reaction to HIV test results. American Journal of Psychology, 112, 297-231.

Splittgerber, F. L., Allen, H. A. (1996). Learning and caring communities: meeting the challenges of at-risk youth. [On-line]. Clearing House, 69, 214. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

Stop Gap Institute, retrieved: 12/10/99, (http://www.stopgap.org/sginstut.htm)

Tanemura, P. T., & Spencer, M.S. (2000). Use and support of multicultural and antiracist education: research-informed interdisciplinary social work practice. Social Work, 45, 166-168.

Teen date abuse: prevention and intervention, retrieved: 10/16/99, (http://www.uic.edu/orgs/convening/dateabus.htm)

Teenvoices, retrieved: 10/16/99, (http://www.teenvoices.com/issue8_3/f2-1.htm)

Tetelbaum, M., and Goplerud, E. (1990). Substance Abuse Prevention Among High Risk Youth and Pregnant and Postpartum Women and their Infants: OSAP Special Report Number One. Pregnant and Postpartum Women and their Infants. Rockville, MD. U.S. Department of Health and Human Services. (1990).

The role of schools in combating substance abuse. (1995). Pediatrics, 95, 784. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

Turner, N.H. (1995). Bridging the gap: addressing alcohol and drug addiction from a community health perspective. [On-line]. American Journal of Public Health, 85, 870. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

Tyrrell, A. (1999). retrieved: 10/16/99, (http://www.uic.edu/orgs/convenig/databus.htm)

Uno, D., Florsheim, P., & Uchino, B.N. (1998). Psychosocial mechanisms underlying quality of parenting among Mexican-American and White adolescent mothers. [On-line]. Journal of Youth and Adolescence, 27, 585. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

Uno, D., Florsheim, P., Uchinno, B.N. (1998). Psychosocial mechanisms underlying quality of parenting among Mexican-American and White adolescent mothers. [On-line]. Journal of Youth and Adolescence, 27, 585. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

US Department of Justice. (2,22,00). [On-line]. Source: WCS~DdM literature. http://www.miserybay.com/mcadsv/rcsource/teens.shtml

Vega, W.A., Kalody, B., Aguilar-Gaxiola, S., Alderete, E., Catalano, R., & Caravco-Anduaga, J. (1998). Lifetime prevalence of DSM-III-R psychiatric disorders among urban and rural Mexican Americans in California. Archives of General Psychiatry, 55, 771.

Weate, G. M. (1994). Suffer the children. [On-line]. Vocational Educational Journal, 69, 24. Full text from: Database: MasterFILE Primier.

Whitaker, D. J., Miller, K. S., May, D. C., & Levin, M. L. (1999). Teenage partners communication about sexual risk and condom use: the importance of parent-teenager discussions. [On-line]. Family Planning Perspective, 31, 117. Full text from: Database: Magazine & Journal Articles, California Digital Library.

Willemsen, M. C., & Zwart, W.M. (1999). The effectiveness of policy and health education strategies for reducing adolescent smoking: a review of the evidence. [On-line]. Journal of Adolescence, 22, 587. Abstract from: Database: Magazine & Journal Articles, California Digital Library.

Winter, I. (1998). Australian Family Research and Policy News. [On-line]. Family Matters, 49,47. Full text from: Database: MasterFILE Premier

Appendix A

Definition of Terms

Teen mothers: This term will refer to, Latinas, and be inclusive of both pregnant and parenting teens.

Perinatal: According to the Center for Substance Abuse Prevention (CSAP) this term can have a couple different meanings. In this paper it will inclusive of pregnancy, childbearing and the parenting of young children (Government publication: "Toward preventing perinatal abuse of alcohol, tobacco, and other drugs", pp. xi).

Substance Abuse: This term will refer to the use of "street drugs" (illegal drugs), alcohol and cigarette smoking while pregnant or nursing.

Domestic Violence: This term will be defined as, one partners use or threat of, physical or emotional violence, to gain and maintain, power and control over another partner (in 95% of cases the perpetrator is a male).

Sexual Assault: Sexual assault can be an umbrella term to define various kinds of sexual violence perpetrated against women. Rape is defined as, any degree of unwanted, forceful penetration of the vagina by the penis, where the victim was unable to give consent. Rape will be included in the term sexual assault (WCS~DdM informational packet on Sexual Assault).

Safe sex: This term will be defined as the use of condoms, and other protective measures, for the purpose of preventing AIDS, rather then pregnancy.

Self-Defense: Is a broad term but in this paper it will refer to verbal self-defense which can have a physical component to it.

Appendix B

Fun!

Monthly Agenda
for the
Educational Workshop on
Perinatal Substance Abuse, Safe Sex, Domestic Violence, Sexual Assault and Self-Defense
for the
Teenage Mother's Program at Watsonville High School

Facilitator: Deitra Mc Mahon, MSW Intern at Women's Crisis Support~Defensa de Mujeres: 722-4532 ext. 201

Monday, March 6th 2000 Domestic Violence & Sexual Assault

1:00-1:15 Ice-breaker (fun way to get to know each other)
1:15-1:35 Introduction, confidentiality, group rules, special code name discussion and anonymous pre-test.
1:35-2:05 Presentation on domestic violence and sexual assault.
2:00-2:30 Group discussion (cultural issues?), evaluations and raffle for a prize.

Monday, Week of 13th No workshop just a quick game to remind you of your special code name. *Good luck* to the end of your quarter!

Monday, March 20h 2000 Verbal Self-Defense Workshop!

1:00-1:15 Unfinished business, icebreaker.
1:15-2:10 Guest speaker: Irene van der Zande from Teenpower.
Topic: She will hold a workshop on verbal self-defense.
2:10-2:25 Good-by to guest speaker-then a brief group discussion.
2:25-2:30 Evaluations and raffle for a prize.

Wednesday, March 22nd 2000 Aids Awareness

1:00-1:15 Unfinished business, icebreaker.
1:15-2:10 Guest speaker: Terri Clem, Speakers Bureau Coordinator, Santa Cruz Aids Project
2:10-2:25 Good-by to guest speaker-then a brief group discussion.
2:25-2:30 Evaluations and raffle for a prize.

Wednesday, March 27th 2000 Perinatal Substance Abuse

1:00-2:15 Guest speaker: Chris O'Halloran, Maternal Child Health social worker at Dominican Hospital & Mandy, 19 yr.-old chemically dependent recovery mom.

2:15-2:25 Good-by to guest speaker-then a brief group discussion.

2:25-2:30 Evaluations and raffle for a prize.

Wednesday March 29th 2000 Last Day: Hands Are Not For Hitting Pledge, Optional Art Activity, *Party* and Final Raffle for Prizes!

1:00-1:15 Unfinished business, icebreaker.

1:15-2:00 Guest Speaker: Luisa Caballero from Hands Are Not For Hitting Campaign. HANF pledge and art activity.

2:00-2:30 Closing group discussion, post test, snacks, raffle for prize and final evaluation.

Yeah! Thank you so much for participating have a great rest of the year!

Appendix C

San José State
UNIVERSITY

College of Social Work
One Washington Square
San Jose, CA 95192-0124
Voice: 408-924-5800
Fax: 408-924-5892

February 15, 2000

Dear Parent or Guardian,

I am a graduate student at San Jose State University (SJSU) in the College of Social Work. I am currently doing an internship at Women's Crisis Support~Defensa de Mujeres. I am writing to request your permission to include your daughter or ward in an educational workshop I will be facilitating. In the interactive workshop we will discuss the following subjects: perinatal substance abuse, safe sex, domestic violence, sexual assault, self defense and other forms of prevention. The workshop will be solely for those participants of the Teenage Mothers Program at Watsonville High School. The workshop will be held in March of 2000 from 1-2:30 in the afternoons and it will consist of a total of five days. The students will be asked to participate in the interactive activities (art and verbal self-defense) and give their attention to the various speakers. No foreseeable risks or discomforts are anticipated. My hope is that the students will benefit from the workshop and develop a greater awareness of the subjects presented and their choices. No information that could identify the students will be included in any reports.

If you have any questions about the workshop please feel free to call me at (831) 722-4532. If you have any complaints they can be presented to Dr. Wagner at (408) 924-5851. Also, if you have any questions about the student's rights or research-related injury, they may be presented to Nabil Ibrahim, Phd, Associate Vice President for Graduate Studies and Research, at (408) 924-2480. If you decide not to give permission for your daughter or ward to participate, no service of any kind, to which she would have been otherwise entitled, will be lost or jeopardized. At any point you can withdraw your permission. Also, your daughter or ward, has a right to refuse to participate at any point during the workshop, without prejudice to her relationship with our program.

If you wish your daughter or ward to participate you do *NOT* have to do anything.

Your signature indicates that you do *NOT* give permission for your daughter or ward to participate. Please return a signed copy of this letter in the [redacted] envelope provided, if you do not wish to give permission.

Name of Child or Ward	Parent or Guardians signature	Date

Relation to Child or Ward ______ Date ______

Full Mailing Address ______

Investigator's Signature ______ Date ______

The California State University:
Chancellor's Office
Bakersfield, Chico, Dominguez Hills,
Fresno, Fullerton, Hayward, Humboldt
Long Beach, Los Angeles, Maritime Academy,
Monterey Bay, Northridge, Pomona,
Sacramento, San Bernardino, San Diego
San Francisco, San Jose, San Luis Obispo,
San Marcos, Sonoma, Stanislaus

Febrero 15,2000

Estimado Padre o Guardian:

Soy una estudiante graduada de la Universidad de San Jose (SJSU) en el Colegio de trabajo Social. Recientemente estoy llevando a cabo un internado en Women's Crisis Support-Defensa de Mujeres. Le estoy escribiendo para solicitarle permiso de incluir a su hija o menor en tutela en un taller que yo mism estare facilitando.

En este taller interactivo desarrollaremos diferentes temas de prevension como: sexo,violencia domestica,acoso sexual,defensa propia y otras formas de prevension.

Este taller sera solamente para los participantes del programa de Madres Adolecentes en la preparatoria Watsonville High School.

El taller se llevara a cabo en Marzo del ano 2000 de 1 - 2:30 de la tarde por un total de cinco dias Se les pedira a los estudiantes que participen en las actividades interactivas (artes y defensa propia verbal) y se les pedira su completa atencion para todos los oradores invitados.

No esperamos ningun tipo de riesgos forsables o incomodidades en este taller.

Mi objetivo es que los estudiantes se benefician con este taller y que desarrollen mejor conocimiento de los temas que compartiremos y conozcan mejor las opciones que tienen. Ninguna informacion que pueda identificar a los estudiantes sera incluida en ningun reporte.

Si tiene alguna pregunta sobre el taller por favor no dude en comunicarse conmigo al (831) 722-4532. Si tiene alguna queja puede comunicarla con el Dr. Wagner al (408) 924-5851. Si tiene alguna pregunta sobre los deechos de los estudiantes o sobre averiguaciones de danos, puede comentarlas con Nabil Ibrahim, phd. asociado Vice- Presidente para estudios y averiguaciones de graduacion en el (408) 924-2480. Si ya decidio no darle permiso a su hija o menor en tutela de participar ningun tipo de servicio los cuales le pertenecieran seran perdidos o arriesgados. En cualquier momento pueda retirar su permiso. Tambien su hija o menor en tutela tiene el derecho a negarse a participar en cualquier momento del taller sin ningun perjuicio a ella en relacion con el programa

Si desea que su hija o menor en tutela participe en este taller no necesita hacer nada. Su firma indicara que usted no da permiso a su hija o menor en tutela de participar en el taller.

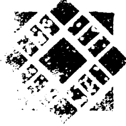
Por favor regresse una copia de esta forma firmada en el sobre con direccion si usted no desea dar su consentimiento.

______________________ ______________________ __________
Nombre de hija o menor en tutela Padre o tutor Fecha

______________________ __________
Relacion con hija o menor en tutela Fecha

____
Direccion completa

______________________ __________
Firma del investigador Fecha



San José State
UNIVERSITY

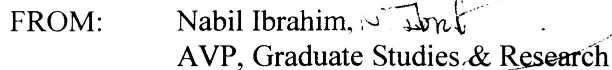
Office of the Academic Vice President

Associate Vice President Graduate Studies and Research

One Washington Square
San Jose, CA 95192-0025
Voice: 408-924-2480
Fax: 408-924-2477
E-mail: gstudies@wahoo.sjsu.edu
http://www.sjsu.edu

TO: Deitra McMahon
103 Hagemann Ave.
Santa Cruz, CA 95062

FROM: Nabil Ibrahim,
AVP, Graduate Studies & Research



DATE: January 27, 2000

The Human Subjects-Institutional Review Board has approved your request to use human subjects in the study entitled:

> "Educational Workshop on Perinatal Substance Abuse, Safe Sex, Domestic Violence, Sexual Assault and Prevention"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Nabil Ibrahim, Ph.D., immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that all subjects need to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate, or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact me at (408) 924-2480.

The California State University:
Chancellor's Office
Bakersfield, Chico, Dominguez Hills,
Fresno, Fullerton, Hayward, Humboldt,
Long Beach, Los Angeles, Maritime Academy,
Monterey Bay, Northridge, Pomona,
Sacramento, San Bernardino, San Diego,
San Francisco, San Jose, San Luis Obispo,
San Marcos, Sonoma, Stanislaus

Watsonville High School

250 East Beach Street
Watsonville, CA 95076
(831) 728-6390 FAX (831) 761-6013

José L. Banda
Principal

January 21, 2000

To Whom It May Concern:

As the principal of Watsonville High School, grant permission to Deitra McMahon, San Jose State graduate student, to conduct an educational workshop at the Teenage Mother's Program at Watsonville High School. The workshop will be held this year on March 13, 22, 23, 29, and 30, 2000 from 1:00 p.m. - 2:30 p.m. in the afternoons.

I understand that the workshop will include the following subjects: perinatal substance abuse, safe sex, domestic violence, sexual assault and prevention. I, also, understand that the workshop will observe confidentiality, will seek the permission of parents prior to starting and that the students have a right to not participate at any point during the workshop.

Sincerely,

~~Jose~~ L. Banda,
Principal Watsonville High School

Appendix D

Who Am I?

1. My race or ethnicity(ies) is (are): ______________________________

2. My religion or culture(s) is (are): ______________________________

3. My ancestors are from: ______________________________

4. The language I use most is: ______________________________

5. My grandparents speak (spoke): ______________________________

6. The kind of work my parents do (did) is: ______________________________

____

7. The kind of work my grandparents do (did) is: ______________________________

____

8. I grew up in (city/town/county/state): ______________________________

9. I am proud of my heritage because: ______________________________

____

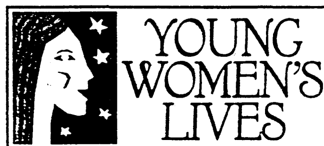
____

10. One thing I'd like you to know about my heritage is: ______________________________

____

____

____



© 1998 by M. Nell Myhand and Paul Kivel. All rights reserved.
Reproduction for personal, group, or class use is permissible.

Well, What Did You Think?

(Please take the time to fill out this out. I really care about your feedback)

Stop! **Do not put your real name on this form!** Date: ____________________

Do put your Special Code Name: ____

List the three main things you learned today (please print as neatly as you can):

1)

2)

3)

List the three main things you liked (can be about the material, the presenters and/or your host):

1)

2)

3)

List the three main things you did not like (can be about the material, the presenters and/or your host):

1)

2)

3)

Suggestions or comments?

Final Evaluation

(Finally, yeah!)

1. First Day: Domestic Violence/Sexual Assault Presentation:
Liked:____________________
Didn't like:____________________

2. Second Day: Self-defense Presentation:
Liked:____________________
Didn't like:____________________

3. Third Day: Aids Awareness Presentation:
Liked:____________________
Didn't like:____________________

4. Fourth Day: Substance Abuse Awareness Presentation:
Liked:____________________
Didn't like:____________________

5. Fifth Day: Cultural Pride and HANF Pledge:
Liked:____________________
Didn't like:____________________

6. What was the main thing you learned in the five-day workshop?____________________

____

7. Did your understanding of the topics presented change after the presentations?
Yes [ ] No [ ]

8. If yes, please explain what changed and why: ____________________

____

____

____

9. Would you be more likely to use condoms for the prevention of AIDS? Yes [ ] No[ ]

10. Comment on some positive things about your host (Dee) and how she facilitated the workshop:____________________

11. Comment on how your host could improve as a facilitator:____________________

____

12. Do you have any ideas of how the workshop could be better? ____________________

____

Pre-Test

Stop! Do not put your real name on this form. Date: ______________

Special Code Name: ______________________________

Pregnancy, Children, Marriage and Safe Sex

1. Where were you born? U.S.A. [ ] Mexico [ ] Other [ ] ______________
2. Who do you live with? Family [ ] Significant other [ ] Foster family [ ] Other [ ]
3. Are you pregnant? Yes [ ] No[ ]
4. Are you pregnant and parenting? Yes [ ] No[ ]
5. How many children do you have? ______________
6. How many of your children live with you? ______________
7. How many times have you been pregnant? ______________
8. What would you do if you were to become pregnant again? ______________

____

9. Are you legally married? Yes [ ] No [ ]
10. Is the father of the baby involved in your pregnancy?

    Yes [ ] No[ ] Sometimes [ ]

11. Do you want the father of the baby to be involved in your pregnancy?

    Yes [ ] No[ ] Sometimes [ ]

12.. Are you sexually active? Yes [ ] No[ ]

13. If yes, do you use a condom for the prevention of AIDS? Yes [ ] No[ ]

14. How often do you use a condom?

Sometimes [ ] Most the time [ ] All the time [ ]

15. Have you ever had an AIDS test before? Yes [ ] No[ ]

16. If not why?

Using Street Drugs, Alcohol and/or Cigarettes when Pregnant or Nursing

1. Do you use street drugs when you are pregnant or nursing? Yes [ ] No[ ]

2. What street drugs do you think are O.K. to take when you are pregnant or nursing? ____________________

3. Of those street drugs, how often do you think it is O.K. to take them when you are pregnant or nursing? ____________________

4. How often do you think it is O.K. to drink alcohol when you are pregnant or nursing?

Never [ ] One drink a day [ ] Couple drinks a week [ ] One drink a month [ ]

5. Do you think one night of binge drinking can cause fetal alcohol syndrome and/or other birth defects when you are pregnant? Yes [ ] No [ ] Not Sure [ ]

6. How many cigarettes do you think is O.K. to smoke when you are pregnant?

None [ ] One a day [ ] One pack a week [ ] One pack a month [ ]

What do you Think about Rape?

1) Rape is a common crime. True [ ] False [ ]

2) Rape happens when a man is overwhelmed by uncontrollable sexual desire.

True [ ] False [ ]

3) Rape only happens in poor, high-crime areas. True [ ] False [ ]

4) Only certain kinds of women get raped. True [ ] False [ ]

5) Rape only happens to young women. True [ ] False [ ]

6) White women are often raped by minority men. True [ ] False [ ]

7) A woman can not be raped by her husband or boyfriend. True [ ] False [ ]

Are you going out with Someone who...

(from http://www.maav.org/DangerAhead.html)

1) Is jealous and possessive toward you, won't let you have friends, checks up on you, won't accept breaking up. Yes [ ] No [ ] Sometimes [ ]

2) Tries to control you by being very bossy, giving orders, making all the decisions, doesn't take your opinion seriously. Yes [ ] No [ ] Sometimes [ ]

3) Pressures you for sex. Attempts to manipulate or guilt-trip you by saying, "If you really loved me you would..." Yes [ ] No [ ] Sometimes [ ]

4) Abuses drugs or alcohol. Yes [ ] No [ ] Sometimes [ ]

5) Blames you when they mistreat you. Says you provoked them, pressed their buttons, made them do it, led them on. Yes [ ] No [ ] Sometimes [ ]

6) Has a history of bad relationships and blames the other person for all the problems. "Girls just don't understand me." Yes [ ] No [ ] Sometimes [ ]

7) Believes that men should be in control and powerful and that women should be passive and submissive. Yes [ ] No [ ] Sometimes [ ]

8) Has hit, pushed, choked, restrained, kicked, or physically abused you.

Yes [ ] No [ ] Sometimes [ ]

Self-Defense

1. Do you know any verbal self-defense? Yes [ ] No [ ]
2. Do you think knowing verbal self-defense is important? Yes [ ] No [ ]
3. If, yes, please explain why you think it is important?________________________

____

Thank you

Post-Test

Stop! Do not put your real name on this form. Date: ________________

Special Code Name: ______________________________ Age:____

Pregnancy, Children, Marriage and Safe Sex

1. Where were you born? U.S.A. [ ] Mexico [ ] Other [ ] ________________
2. Who do you live with? Family [ ] Significant other [ ] Foster family [ ] Other [ ]
3. Are you pregnant? Yes [ ] No[ ]
4. Are you pregnant and parenting? Yes [ ] No[ ]
5. How many children do you have?______________________________
6. How many of your children live with you?______________________________
7. How many times have you been pregnant?______________________________
8. What would you do if you were to become pregnant again? ________________

____

9. Are you legally married? Yes [ ] No [ ]
10. Is the father of the baby involved in your pregnancy?

    Yes [ ] No[ ] Sometimes [ ]

11. Do you want the father of the baby to be involved in your pregnancy?

    Yes [ ] No[ ] Sometimes [ ]

12.. Are you sexually active? Yes [ ] No[ ]

13. If yes, do you use a condom for the prevention of AIDS? Yes [ ] No[ ]

14. How often do you use a condom?

Sometimes [ ] Most the time [ ] All the time [ ]

15. Have you ever had an AIDS test before? Yes [ ] No[ ]

16. If not why?

____

Using Street Drugs, Alcohol and/or Cigarettes when Pregnant or Nursing

1. Do you use street drugs when you are pregnant or nursing? Yes [ ] No[ ]

2. What street drugs do you think are O.K. to take when you are pregnant or nursing? ____

3. Of those street drugs, how often do you think it is O.K. to take them when you are pregnant or nursing? ____

4. How often do you think it is O.K. to drink alcohol when you are pregnant or nursing?

Never [ ] One drink a day [ ] Couple drinks a week [ ] One drink a month [ ]

5. Do you think one night of binge drinking can cause fetal alcohol syndrome and/or other birth defects when you are pregnant? Yes [ ] No [ ] Not Sure [ ]

6. How many cigarettes do you think is O.K. to smoke when you are pregnant?

None [ ] One a day [ ] One pack a week [ ] One pack a month [ ]

What do you Think about Rape?

1) Rape is a common crime. True [ ] False [ ]

2) Rape happens when a man is overwhelmed by uncontrollable sexual desire.

True [ ] False [ ]

3) Rape only happens in poor, high-crime areas. True [ ] False [ ]

4) Only certain kinds of women get raped. True [ ] False [ ]

5) Rape only happens to young women. True [ ] False [ ]

6) White women are often raped by minority men. True [ ] False [ ]

7) A woman can not be raped by her husband or boyfriend. True [ ] False [ ]

Are you going out with Someone who...

(from http://www.maav.org/DangerAhead.html)

1) Is jealous and possessive toward you, won't let you have friends, checks up on you, won't accept breaking up. Yes [ ] No [ ] Sometimes [ ]

2) Tries to control you by being very bossy, giving orders, making all the decisions, doesn't take your opinion seriously. Yes [ ] No [ ] Sometimes [ ]

3) Pressures you for sex. Attempts to manipulate or guilt-trip you by saying, "If you really loved me you would..." Yes [ ] No [ ] Sometimes [ ]

4) Abuses drugs or alcohol. Yes [ ] No [ ] Sometimes [ ]

5) Blames you when they mistreat you. Says you provoked them, pressed their buttons, made them do it, led them on. Yes [ ] No [ ] Sometimes [ ]

6) Has a history of bad relationships and blames the other person for all the problems. "Girls just don't understand me." Yes [ ] No [ ] Sometimes [ ]

7) Believes that men should be in control and powerful and that women should be passive and submissive. Yes [ ] No [ ] Sometimes [ ]

8) Has hit, pushed, choked, restrained, kicked, or physically abused you.

Yes [ ] No [ ] Sometimes [ ]

Self-Defense

1. Do you know any verbal self-defense? Yes [ ] No [ ]

2. Do you think knowing verbal self-defense is important? Yes [ ] No [ ]

3. If, yes, please explain why you think it is important? ______________________________

____

Thank you