

## Girls and Women in Group Care: Creating Opportunities for Connected and Caring Practice

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*Abstract:* Given contemporary theories of the psychological development of girls and the critical role of women in girls' lives, this article continues the conversation about the implications of these theories to group care practice with girls. It briefly describes different theories of psychological development, follows similar developmental themes in group care theory, applies these themes to practice through personal experience and recent research, and offers recommendations for creating more connected and caring practice with girls in group care.

### Girls and Women in Group Care

#### Creating Opportunities for Connected and Caring Practice

*I can still recall every detail of my first week as a counselor in a group home for adolescent girls. I decided not to read the girls' files for the first few weeks so that they could introduce themselves to me in their own way. During those first informal introductions, I can remember feeling an immediate connection to a girl named Dana<sup>1</sup>. She reminded me of myself at her age. Qualities I had been honing since my own adolescence—sarcasm, cunning, precociousness, care—were reflected back to me in her personality. It was weeks later, after having read her file, that I learned how drastically different our lives really were. Dana had come into care five years earlier when her mother shot and killed her abusive father. With no immediate relatives to care for her, and diagnosed with PTSD, Dana was separated from her only sibling and placed in long-term group care. Unfortunately, I could never adequately convey to Dana the personal connection I felt to her. Each time I tried to connect with her my attempts were thwarted by conventional practices like the "point and level" system. In this system points were awarded for "good" behaviors; cooking, cleaning, and courtesy earned girls high allowances, weekend passes and other "privileges". I often resorted to the enforcement of this system when faced with pressure from supervisors, no prior training, and confusion about the real needs of girls in my care. So when Dana left dishes in the sink, I deducted points from her chart. When she didn't wake up for school, I deducted more points. With each point I took away, I felt the chances of establishing a relationship also taken away. In a*

*last ditch effort to cut through the bureaucracy, she challenged me to break with the system and show how much I cared for her. "What would you do if I went AWOL to visit my sick friend?" she asked. She was on the lowest level and wasn't allowed such privileges. I offered to let her talk to my supervisor. When she declined my offer, I told her I would report her missing and write up an incident report. She left. I wrote her up. And our relationship was over before it started.*

This particular vignette, gleaned from my own experience as a counselor in a group home for adolescent girls, represents a common occurrence between child and youth care workers and youth; an occurrence that can be interpreted in a number of ways. For example, traditional developmental theories that espouse adolescent separation from caregiving adults (e.g., Blos, 1967), might explain the rules about not leaving a facility as assisting in a developmentally appropriate separation process from caregiving adults or same sex peers, and the "points and levels" system as providing the structure needed until the skills for independent living can be acquired. On the other hand, a relational theory of development (e.g., Gilligan, 1991), might interpret Dana's question to me as a request for the honest and caring response of an authentic relationship, and as a challenge to break with unhealthy conventions in group care and in society that kept us distant.

When combined with accounts of child care workers' experiences and group care statistics, this relational theory derived from research with girls suggests that work with girls in group care deserves close consideration. For example, statistics show that despite their smaller numbers in the group care population, more runaways from group care are girls. In fact, a full 69% of all children on the run from social service placements in Massachusetts are girls (Department of Social Services [DSS], 1992). Additionally, child care workers often describe the perceived challenges of working with girls in group care (Kersten, 1990; Matheson, 1992).

This paper will briefly describe major theoretical approaches to adolescent development, including a relational theory of girls' development; follow similar developmental themes in group care theory; apply these themes to group care practice with girls through personal experience and recent research; and offer recommendations for creating connected and caring practice with girls in group care.

### **Growing up female**

Historically, successful development in adolescence has been characterized by a separation-individuation process in which adolescents detach from primary caregivers and same sex peers in order to form mature heterosexual relationships (Blos, 1967; Freud, 1969). In this model, separation is essential for growth, and a lack of separation is considered developmental failure. However, this early approach to understanding adolescence generally took male development as the norm, and has been criticized for overlooking and pathologizing girls.

In the past decade, theorists have begun to describe the unique aspects of growing up female in this culture, and the critical role of women in girls'

development (e.g., Apter, 1990; Belenky, Clinchy, Goldberger & Tarule, 1986; Chodorow, 1978; Gilligan, 1993; Rogers, 1993). Specifically, by closely studying girls' development, Carol Gilligan and her colleagues (e.g., Brown & Gilligan, 1992; Gilligan, 1991, 1993; Gilligan, Rogers, & Noel, 1992; Rogers, 1993) have observed a central dilemma among adolescent girls marked by a desire to preserve relationships and connections. These researchers followed girls who were once lively, outspoken and resilient, into a time of self-doubt and silencing of feelings. They explain this common shift from a sociocultural perspective. In a culture that prizes feminine goodness, women are often socially condemned for expressing unladylike feelings like anger, sexual desire and power. Consequently, girls at the edge of womanhood often sacrifice the expression of many of their true thoughts and feelings for the sake of maintaining cultural acceptance and 'relationships.' Psychological symptoms common to adolescent girls, such as depression, eating disorders, suicidal thoughts and gestures, and lowered self-esteem (Peterson, 1988), can be understood as manifestations of this self-silencing. In this developmental story, then, the central theme is connection, and psychological health depends on staying in relation with oneself, with others and with the world (Gilligan, 1991).

Finally, adult women can play a key role in maintaining girls' psychological health. Mothers (Apter, 1990; Debold, Wilson, & Malave, 1993), therapists (Gilligan, 1991), teachers (Dorney, 1991), researchers (Gilligan, Kreider, & O'Neill, 1994), and others (Sullivan, 1993), can provide the close relationships that girls desire, as well as providing validation of girls' own self knowledge. As women who were once girls, these relationships can be immensely valuable to women as well.

#### **Growing up female in group care.**

The psychological risks that adolescent girls face may be more acute for girls in group care as evidenced by the growing literature on girls' unique needs and problems in group care.

For example, several investigators note the limited number of placement options that exist for girls (McCauley, 1994; Waring, 1993). This results in part because girls are a minority in group care populations. In Massachusetts for example, girls in community residences represent only 39% of the population (DSS, 1992) and girls in juvenile detention are an even more under-represented group (Waring, 1993).

Despite the limited number of girls in group care, comparative research shows that adolescent girls experience certain problems while in group care more than boys, including depression and suicidality (Hutchinson, Tess, Gleckman, & Spence, 1992; McKinney, 1987). Additionally girls in group care may experience lowered self-esteem (Waring, 1993), teenage pregnancy (Waring, 1993) and runaway behavior (Schulman & Kende, 1988). These findings suggest that girls' psychological problems in group care manifest themselves differently than boys' problems (Kersten, 1990; Matheson, 1992).

The limited research on girls in group care also reveals findings about the differential treatment received by girls and boys. Some note the scarcity of programming focused on girls' specific needs (Kerr, 1992; Waring, 1993), while others describe gender-stereotyped treatment toward girls. For example, a recent comparative study of juvenile treatment facilities found unhealthy aspects of feminine socialization firmly in place. Compared to boys, girls were subjected to stricter rules regarding 'manners,' received little job training other than for domesticity, and were denied much contact with the outside world through leaves or unread mail (Kersten, 1990).

**Can group care theorists help?** At least two authors have considered the implications of developmental theories of girls' development for improving group care work with girls, reviewing feminist theories and offering recommendations for practitioners (Matheson, 1992; Merz, 1988). These theoretical pieces, however, are incompletely linked to research studies on girls in group care or to group care theory. Perhaps this is because group care theorists and researchers rarely understand relationships between youth and child care workers in terms of gender (or other broad social factors like race, ethnicity, class, or sexual orientation).

In fact, a brief review of classic group care literature shows that much of this theory is grounded in work with boys and holds separation-individuation as the primary adolescent task. For example, the highly regarded group care book *Children Who Hate* (Redl & Wineman, 1951), stems from work done only with boys. Also, some of Maier's work (1987) posits attachments between caregivers and adolescents as central to a developmental aim of "freedom", a goal that may be less fitting for adolescent girls (Gilligan, 1993; Merz, 1988). Not to simplify or dichotomize their contributions, these same theorists also appear to value authentic relationships between adults and youth and the development of an attached sense of self (e.g., Maier, 1987)—concepts that align with recent theories on adolescent girls' social development, but that are rarely addressed in terms of the different meaning they may hold for boys and girls.

Like classic group care theory, most research on girls in group care fails to directly address gender issues directly. Even some researchers who study girls hold the adolescent task of separation-individuation in high regard and consider the lack of separation a developmental failure. For example, some researchers discuss growth in terms of self-concept and inner directedness (Shanklin, 1984), individuation (Perry, Charles & Matheson, 1986) and a second separation process (Schulman & Kende, 1988). Likewise, some studies explain certain relationships as "enmeshed" or "collusive" (Schulman & Kende, 1988, p.24) and the desire for connection as in need of fusion (Levy, 1972). In this separation framework, an ability to live independently might be the goal of treatment (Smollar & Condelli, 1990). On the other hand, some researchers do emphasize relationship issues like communication (Williams, O., 1992) and friendships (Townsend & Hansen, 1986), as well as consider runaway behavior (Schulman & Kende, 1988) and suicide threats (Rafal, 1991) as problems of relationship.

This brief review shows that themes of individuation– separation and connection in adolescence are not limited to traditional and feminist developmental theory. They are themes that also can be found in group care theory and research. However, in group care theory and research the development through connection is rarely linked to gender. And while a research focus on connection in group care will undoubtedly benefit both girls and boys, a narrower focus on girls' relationships may contribute more to our knowledge of working effectively with girls in group care as the following section suggests.

*Disconnected practice with girls.* Developmental studies done specifically with girls suggest that connection and relationships are deeply embedded in girls' developing sense of self and psychological health (Gilligan, 1991; Rogers, 1993). Unfortunately, the small body of research that looks deeply into relationships between women and girls in group care, often reveal girls' experiences of disconnection.

In her ethnographic study of a group home for adolescent girls, Onetta Williams (1992) found communication between girls and women to be fraught with "duplicity." Both girls and women related to one another in fraudulent and ambiguous ways. As one resident explains:

...I won't allow myself to tell anyone more than they need to know because they can verbally attack me with it. I feel that caretakers are "just doing their jobs" (1992, p. 75).

In the words of another girl:

...When they don't listen to me, it makes me feel that they are treating me as my mother did. That makes me hurt and I lose self-esteem. I'll still care, but I won't let them know I care (1992, p. 75).

According to Onetta Williams, girls' duplicity stems partially from their experience of powerlessness and their desire to regain a sense of control in their lives.

In a study that resonates with my own experiences with Dana described earlier, Jessie Williams (1991) described girls' and women's experiences of disconnection in a group home for girls. For both women and girls, a "points and levels" system and other conventional practices prevented the formation of authentic relationships between them. From the perspective of girls in Jessie Williams' study, the "points and levels" system fostered self-silencing, especially when implemented out of power and control rather than with care and concern. As thirteen-year-old Tina says:

[To earn really high points] that mean you have to hide all your real self behind and then all the good self like the fake self in front of you, and kind of try to fake to people to get high points to make the high level [sic] (1991, p. 42).

From the perspective of child care workers real connection with girls was equally problematic. As one staff said:

We can never have a true friendship with these kids. There are so many restrictions on us. Like I've been told by many people that if a kid asks you "are you my friend?", you have to say "No, I work with you" (1991, p. 20).

Finally, one study conveys the distress girls experience when realities like staff turnover or a change in placement force disconnections (Spieler, 1983). Using composite characters to reflect her observations of adolescent girls in a group home, Elaine Spieler described the anguish girls feel as a significant staff member leaves. From the perspective of "Rhonda" she wrote:

What's gonna happen to us? What's gonna happen to the program? What's gonna happen to us? I can't get used to no new person! I thought she cared about me! Everyone always leaves! (1983, p. 80).

And with the words of "Susan" she captured girls' fears of isolation as they think about leaving group care:

Why does everything have to stop just cause I'm leaving? Why can't I keep seeing Victor every week and coming to group here with the girls and with Angela every week? Why do they have to cut me off just cause I'm leaving? That's what makes me scared. I'm gonna hafta make it by myself (1983, p. 78).

Girls in each of these studies clearly name their experiences of disconnection from child and youth care workers, and the institutional practices like "points and levels" systems, staff turnover, changes in placement, and powerlessness, that lead to such feelings.

Finally, negative attitudes toward working with girls abounds in group care (see also Kersten, 1990; Matheson, 1992), as illustrated by the following youth care worker's account. These attitudes may pose another formidable barrier to authentic connection.

In 1980 I was approached by the newest child care administrator to consider a position of "head counselor" (child care supervisor) in the unit with adolescent girls. Oh, no! Again the wrath of the adolescent female. The particular cottage unit had been without a direct supervisor for a period of time. In accepting the position, I inherited a staff with low morale, a program that was unstable, and eight acting out girls. In short, this was a unit that had been constantly draining the resources of the agency (Ranft, 1989, p. 9).

By naming the relational realities of group care, girls' voices can lead to ideas for creating more caring and connected practice, as can the evidence of child and youth care workers' negative attitudes toward working with girls in group care.

**Building connected practice.** Based on recent group care research and theories of girls' development, how exactly can we give girls in care the

opportunity to voice their concerns rather than exit from them (Merz, 1988) by withdrawing, running away or attempting suicide, as many girls in care do?

**Self-reflection** — Just as feminist researchers consider how their own participation in the research relationship influences their findings, women child care workers can consider how our own position as women in this culture and in the child care profession influences our practice with girls. We can use our own knowledge of growing up female to inform our work with girls and to dispel our negative attitudes toward them. Who mattered to us? Who silenced us? When were we able to speak freely and with whom?

**Listening to girls** — Knowing the processes of silencing and self-doubt that occur for many girls in adolescence, and knowing the experience of not being listened to that many girls in group care attest to, we can listen to girls and value what they have to say. We can affirm their knowledge of themselves, rather than escorting them to a place of self-doubt and dissociation. In addition, we can foster avenues to self-knowledge and exploration through journal writing, art and other introspective activities (Magee, 1994).

**Balancing power** — Based on the power differences described in much of the research on girls in group care, we can strive to balance the power in our relationships with girls. When we find ourselves responding to behaviors out of control and power rather than care and concern, we can look critically at conventional practices like “points and levels” systems that encourage this way of working. We can consider, instead, alternative models of discipline and control that support closeness (VanderVen, 1993). We can also reduce power imbalances by allowing girls greater participation in their own treatment programs. For example, Barbara Williams (1987) found that allowing an adolescent girl to participate in a counselors’ meeting about her, contributed to her successful treatment.

**Telling the truth** — Because “good woman” images of perfection, passivity and an absence of anger prevent truthful exchanges, we can be careful not to perpetuate unhealthy conventions of femininity that some child and youth care workers uphold. We can also insist on telling the truth to girls and encouraging them to tell the truth as well, so that girls will have the chance to sustain (or experience for the first time) honest and open relationships in adolescence.

**Girl-centered programming** — Based on the shortage of programs addressing girls’ specific needs, we can design or improvise programs that are gender-specific. We can discuss issues *with* girls as they relate specifically *to* girls—issues like pregnancy, birth control, menstruation, motherhood, sexual abuse, sexually transmitted diseases, eating disorders, depression, suicidality, running away, self-esteem, and sexual orientation.

**Healthy transitions** — Given that upon exiting care, and upon staff turnover, girls have been known to experience extreme anxiety, we can show concern about these anxieties. We can prepare youth with job training

and independent skills training that fosters their connections to other important adults in the community, like teachers, mentors, parents, and employers. We can try to sustain our own connections to these youth.

Finally, we can increase the limited scholarship in this area by becoming action researchers—observing, listening, documenting, and disseminating our experiences with girls in order to effect institutional and social change. Most importantly, this research must present the voices of the girls themselves. For example, we can utilize staff logs (Schneider–Munoz & Kreider, 1993), conversations with coworkers, and girls' own words in the form of journal writing, poetry and interview narratives (Konopka, 1966), to understand girls' and women's experiences in group care.

As a developmental psychologist and a previous child care worker I believe that theory on adolescent girls' development can provide valuable information to educate and empower child care workers caring for girls. I call on child care researchers and practitioners to continue the conversation that will lead to more connected and caring group care practice.

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## References

- Apter, T. (1990). *Altered loves*. New York: St. Martins Press.
- Belenky, M. F., Clinchy, B. M., Goldberger, N. R. & Tarule, J. M. (1986). *Women's ways of knowing: The development of self, voice and mind*. New York: Basic Books, Inc., Publishers.
- Blos, P. (1967). The second individuation process of adolescence. In A. Freud (Ed.) *The psychoanalytic study of the child*, 22, (pp. 162–186). New York: International University.
- Brown, L. & Gilligan, C. (1992). *Meeting at the Crossroads: Women's psychology and girls' development*. Cambridge: Harvard University Press.
- Chodorow, N. (1978). *The reproduction of mothering: Psychoanalysis and the sociology of gender*. Berkeley: University of California.
- Debold, E., Wilson, M. & Malave, I. (1993). *Mother–Daughter Revolution: From betrayal to power*. Reading, MA: Addison–Wesley Publishers.
- Department of Social Services (1992). Annual Demographic Report on Consumer Populations. Massachusetts.



- Dorney, J. (1991). *Courage to act in a small way: Clues toward community and change among women teaching girls*. Unpublished doctoral dissertation, Harvard Graduate School of Education, Cambridge, MA.
- Erikson, E. (1968). *Identity: Youth and crisis*. New York: W. W. Norton.
- Freud, A. (1969). *Research at the Hampstead Child-Therapy Clinic, and other papers*. New York: International Universities Press.
- Gilligan, C. (1991). Women's psychological development: Implications for psychotherapy. In C. Gilligan A. Rogers, & D. Tolman (Eds.). *Women, girls and psychotherapy: Reframing resistance*, (pp. 5-31). Binghamton, NY: Harrington Park Press.
- Gilligan, C. (1993). *In a different voice: Psychological theory and women's development*. 2nd Edition. Cambridge, MA: Harvard University Press.
- Gilligan, C., Kreider, H. & O'Neill, K. (1994). Challenging the conventions of disconnected inquiry: Girls and women transforming psychological practice. Unpublished paper, Harvard Graduate School of Education, Cambridge, MA.
- Gilligan, C., Rogers, A., & Noel, N. (1992). Cartography of a lost time: Women, girls and relationships. In C. Gilligan & A. Rogers. *Strengthening healthy resistance and courage in girls: A prevention project and a developmental study*. Final Report to the Lilly Foundation. Harvard University, Cambridge, MA.
- Hutchinson, R. L., Tess, D. E, Gleckman, A. D. & Spence, W. C. (1992). Psychosocial characteristics of institutionalized adolescents: Resilient or at risk? *Adolescence*, 27(106), 339-356.
- Kerr, V. (1992). Feminism on the front lines: The effects of backlash. *Journal of Child and Youth Care*, 7(2), 1-10.
- Kersten, J. (1990). A gender specific look at patterns of violence in juvenile institutions: Or are girls really "more difficult to handle?" *International Journal of the Sociology of Law*, 18, 473-493.
- Konopka, G. (1966). *The adolescent girl in conflict*. Englewood Cliffs, NJ: Prentice Hall.
- Levy, E. (1972). Some thoughts about patients who run away from residential treatment and the staff they leave behind. *Psychiatric Quarterly*, 46(1).

- Magee, V. (1994). Personal communication.
- Maier, H. (1987). *Developmental group care*. New York: The Haworth Press.
- Matheson, J. (1992). Working with adolescent girls in a residential treatment center. *Journal of Child and Youth Care*, 7(2), 31–39.
- McCauley, M. C. (April 10, 1994). Few resources exist to help troubled girls: Juvenile court judges anguish over lack of options for females. *The Milwaukee Journal*, 1.
- McKinney, L. (1987). Adolescent depression and suicide in foster care populations. Unpublished doctoral dissertation, University of Washington.
- Merz, M. (1988). Female development: The use of affiliation in the treatment of adolescent girls in residential schools. In R. W. Small & F. J. Alwon (Eds.), *Challenging the limits of care*, (pp. 97–114). Needham, MA: The Albert E. Trieschman Center.
- Perry, P., Charles, G., & Matheson, J. (1986). Separation and attachment: A shift in perspective. *Journal of Child Care*, 2(6), 9–25.
- Petersen, A. (1988). Adolescent development. *Annual Review of Psychology*, 39, 583–607.
- Rafal, A. (1991). The adolescent girl's adjustment to group home care: A pilot study. *Residential Treatment for Children and Youth*, 9(1), 5–15.
- Ranft, V. (1989). "On the earth one sees all sorts of things." *Journal of Child and Youth Care Work*, 5, 5–15.
- Redl, F. & Wineman, D. (1951). *Children who hate*. New York: The Free Press.
- Rogers, A. (1993). Voice, play and a practice of ordinary courage in girls' and women's lives. *Harvard Educational Review*, 63(3), 265–29
- Schneider–Muñoz, A. J. & Kreider, H. (1993). Living and working closely with high risk youth: the basis for developmental evaluation in the therapeutic milieu of residential treatment. *Research and Evaluation in Group Care*, 3(2), 11–14.
- Schulman, R. & Kende, B. (1988). A study of runaways from a short-term diagnostic center. *Residential Treatment for Children and Youth*, 5(4), 11–31.

- Shanklin, P.A. (1984). The effects of a theme-centered group counseling experience on the self-concept and self-actualization of confined adolescent females. Unpublished doctoral dissertation, University of Kansas.
- Smollar, J. & Condelli, R., (1990). Residential placement of youth. *Children Today*, 19, 4-8.
- Spieler, E. (1983). Concordia: An examination of the resident culture in a treatment center for adolescent girls. Unpublished doctoral dissertation, Fairleigh Dickinson University.
- Sullivan, A. (1993). Connections of promise: Women in the lives of adolescent girls considered to be at risk. Unpublished qualifying paper, Harvard Graduate School of Education, Cambridge, MA.
- Townsend, M. & Hansen, J. (1986). The nature of friendship, leadership, and social support among adolescent girls in a social welfare home. *New Zealand Journal of Educational Studies*, 21(2), 158-167.
- VanderVen, K. (1993). Point and level systems: do they have a place in the group care milieu? *Research and Evaluation in Group Care*, 3(2), 20-23.
- Waring, N. (October 17, 1993). Who's delinquent? The state's Department of Youth Services, underfunded and overburdened, may be short-changing the girls in its care. *The Boston Globe Magazine*, 14-34.
- Williams, B. (Fall 1987). The salvation of Sara: Treatment history of an adolescent girl. *Residential Treatment for Children and Youth*, 5(1), 17-28.
- Williams, J. (1991). Conversations: "Across" connection and hierarchy: Three girls within a group home, representations and development. Undergraduate thesis, Harvard University, Cambridge, MA.
- Williams, O. (1992). The realities of adolescent girls in group care: Implications for curriculum thought. Unpublished doctoral dissertation, Oklahoma State University.

*Endnote:*

- <sup>1</sup> Her name has been changed to protect her confidentiality.