



GEORGETOWN LAW
CENTER ON POVERTY and INEQUALITY

INITIATIVE ON
**GENDER
JUSTICE &
OPPORTUNIT**

ISSUE BRIEF

Mental Health and Girls of Color

Kimberlyn Leary, Ph.D.

This brief would not have been possible without
the generous support of the 4Girls Foundation.

Overview

Women and girls of all races and ethnicities are more likely than boys and men to report emotional and psychiatric symptoms.¹ Women and girls of color, in particular, face unique stressors that are compounded by the intersection of race and gender identities. Negative socio-cultural experiences rooted in racism, discrimination, and sexism contribute to emotional pain, but often remain unacknowledged as sources of distress.

Children of color experience substantially higher rates of adversity during childhood than their white peers, which can significantly impact physical and mental health, as well as educational and economic outcomes.² Trauma, in turn, can lead to engagement with the juvenile justice system, which can itself further exacerbate symptoms.

Further, girls of color experience unique forms and rates of trauma and higher rates of school discipline and involvement in the juvenile justice system — which, in addition to increasing the risk for other negative outcomes, also raises their vulnerability to domestic sex trafficking, as reflected in the disproportionately high rates of representation among trafficking survivors.³

Children of color, including children of immigrants, also are affected by law enforcement policies in the U.S. Racial and ethnic minorities are disproportionately represented in the criminal justice system. The effects on children when loved ones are detained, incarcerated, or deported are significant yet often overlooked.⁴ For example, separation from incarcerated or deported parents is a type of adverse childhood experience, which can instigate complex forms of grief, depression, and stress-induced health problems.

1 Am. Psychological Ass'n, *Guidelines for Psychological Practice with Girls and Women*, 62 AM. PSYCHOLOGIST, 949 (2007).

2 Vanessa Sacks & David Murphy, *The Prevalence of Adverse Childhood Experiences, Nationally, By State, and By Race or Ethnicity*, CHILD TRENDS (Feb. 20, 2018), <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>.

3 *Data Collection Snapshot: School Discipline*, U.S. DEP'T OF EDUC. (Mar. 2014), available at <https://ocrdata.ed.gov/downloads/crdc-school-discipline-snapshot.pdf>; *Girls and the Juvenile Justice System*, OFF. JUV. JUST. & DELINQ. PREVENTION (2015), available at <https://rights4girls.org/wp-content/uploads/r4g/2016/08/OJJDP-Policy-Guidance-on-Girls.pdf>; Jasmine Phillips, *Black Girls and the (Im)Possibilities of a Victim Trope: The Intersectional Failures of Legal and Advocacy Interventions in the Commercial Sexual Exploitation of Minors in the United States*, 62 UCLA L. REV. 1642 (2015).

4 APPLESEED NETWORK, PROTECTING ASSETS AND CHILD CUSTODY IN THE FACE OF DEPORTATION: A GUIDE FOR PRACTITIONER ASSISTING IMMIGRANT FAMILIES (2012), available at <https://www.appleseednetwork.org/uploads/1/2/4/6/124678621/protecting-assets-and-child-custody-in-the-face-of-deportation-a-guide-for-practitioners-assisting-immigrant-families-2012.pdf>.

Situating Girls of Color

Too often, race and gender are not treated as discrete dimensions of social identity, which can obfuscate the unique experiences and needs of girls of color. Few datasets, whether public-system outcomes or mental health diagnoses, are collected or analyzed in ways that allow disaggregation by race, gender, and other demographic variables. As a result, we know much less about the specific mental health needs and mental health outcomes among girls and young women of color. The little research that does exist indicates that girls of color face profound challenges when they engage with intervening public systems.

The little research that does exist indicates that girls of color face profound challenges when they engage with intervening public systems.



The Crisis of Suicide

Suicide is a critical mental health issue to examine, given that it remains the second leading cause of death for U.S. children ages 10-19,⁵ with the suicide rate for 15- to 19-year-olds steadily increasing since 1999.⁶ Gender is important to consider: while male high school students are more likely to commit suicide, the rate of suicide among adolescent girls has risen twice as quickly, with a 56 percent increase since 2009.⁷ Race is another key factor: multiracial students are more likely (23.2 percent) than their white peers to consider suicide, followed by American Indian or Alaska Native 15- to 19-year-olds (19 percent).⁸ Meanwhile, although Black and Hispanic high school students are the least likely to consider suicide (15 and 16 percent, respectively), Black children face a significantly greater risk of suicide.⁹ Over the last 20 years, suicide rates have decreased for young white children, but increased significantly for young Black children.¹⁰ The suicide rate for Black children, ages 5-12, is nearly two times higher than for white children of similar ages.¹¹ In response to these alarming statistics, the Congressional Black Caucus recently launched a new task force on Black Youth Suicide and Mental Health.¹²

56%
increase

rate of suicide among
adolescent girls, since 2009

Nearly
2x higher

the suicide rate for Black
children, ages 5-12, compared
to that of white children of
similar ages

- 5 Michael Bloch, *Editorial: Reducing Adolescent Suicide*, 57 J. CHILD PSYCHOL. & PSYCHIATRY 773 (2016).
- 6 Natalia E. Pane, *The Rate of High School-Aged Youth Considering and Committing Suicide Continues to Rise, Particularly Among Female Students*, CHILD TRENDS: DATA POINT (Nov. 12, 2018), <https://www.childtrends.org/high-school-aged-youth-considering-and-committing-suicide-among-female-students>.
- 7 *Id.*
- 8 AM. PSYCHIATRIC ASS'N, MENTAL HEALTH DISPARITIES: DIVERSE POPULATIONS, <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts> (last visited May 30, 2019).
- 9 Pane, *supra* note 6.
- 10 Jeffrey A. Bridge, Lindsey Asti, Lisa M. Horowitz, Joel B. Greenhouse, Cynthia A. Fontanella, Arielle H. Sheftall, Kelly J. Kelleher & John V. Campo, *Suicide Trends Among Elementary School-Aged Children in the United States From 1993 to 2012*, 169 JAMA PEDIATRICS 673 (2015).
- 11 Jeffrey A. Bridge, Lisa M. Horowitz, Cynthia A. Fontanella, Arielle H. Sheftall, Joel Greenhouse, Kelly J. Kelleher, John V. Campo, *Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015*, JAMA Pediatrics (published online May 21, 2018), https://jamanetwork.com/journals/jamapediatrics/fullarticle/2680952?utm_campaign=articlePDF%26utm_medium%3darticlePDFlink%26utm_source%3darticlePDF%26utm_content%3djamapediatrics.2018.0399.
- 12 Lou Chibbaro Jr., *Congressional Black Caucus Probes Crisis of Black Youth Suicide*, WASH. BLADE (May 7, 2019), <https://www.washingtonblade.com/2019/05/07/congressional-black-caucus-probes-crisis-of-black-youth-suicide/>.

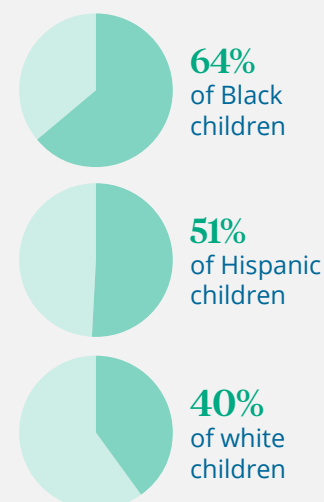


Trauma Exposure as a Discrete Risk Factor for Girls of Color

Despite the lack of research, we know that many risk factors disproportionately affect children of color, including discrete impacts on girls of color. A convincing body of evidence shows that when children are exposed to adverse childhood experiences (or ACEs) (e.g., the death or incarceration of a parent, observing or being a victim of violence, or living with someone with a significant mental health or substance abuse problem), it produces toxic stress which can have lasting impacts on mental and physical health well into adulthood.¹³ The 2016 National Survey of Children's Health found that, in every state, at least 38 percent of children have experienced at least one ACE.¹⁴ In 16 states, 25 percent of children have been exposed to two or more ACEs.¹⁵

Children of color face a heightened risk of exposure to traumatic events. Studies show that 64 percent of Black children and 51 percent of Hispanic children have family histories that include ACEs as compared to 40 percent of white children.¹⁶ ACEs occur more frequently among children in low-income families. In families living on incomes under 200 percent of the federal poverty level, 62 percent of children have had at least one ACE.¹⁷

Family histories that include ACEs



13 Joshua P. Mersky, James Topitzes & Arthur J. Reynolds, *Impacts of Adverse Childhood Experiences on Health, Mental Health, and Substance Use in Early Adulthood: A Cohort Study of an Urban, Minority Sample in the U.S.*, 37 CHILD ABUSE & NEGLECT 917 (2013).

14 ROBERT WOOD JOHNSON FOUND., TRAUMATIC EXPERIENCES WIDESPREAD AMONG U.S. YOUTH, NEW DATA SHOW, <https://www.rwjf.org/en/library/articles-and-news/2017/10/traumatic-experiences-widespread-among-u-s-youth--new-data-show.html> (last visited May 29, 2019).

15 *Id.*

16 *Id.*

17 *Id.*

There is evidence that girls of color who are involved in public systems face an enhanced risk of exposure to adverse childhood experiences. In a national study of system-involved youth by National Crittenton, survey respondents reported a high prevalence of ACEs.¹⁸ Girls reported higher ACE scores than boys, with the largest differences in the prevalence of sexual abuse, emotional neglect, and mental illness among parents and caregivers.¹⁹ Similarly, in a review study of the prevalence of trauma exposure among justice-involved girls, the National Child Traumatic Stress Network found that girls in the juvenile justice system experienced higher rates of victimization than boys, especially abuse that occurs in the context of family violence and sexual assault.²⁰

We also know that young Black girls under the age of 12, like Black boys of the same age, are at heightened risk of suicide, which can result from exposure to psychosocial stressors, including sexual abuse,²¹ school discipline, and engagement with law enforcement,²² all of which affect girls of color at rates that are disproportionate to white peers. Taken together, the evidence suggests that girls of color face specific mental health risks.

Thus, exposure to adverse childhood events and the subsequent normative behavioral responses to trauma exposure constitute a significant and specific risk factor for the mental health of girls of color. However, dysregulated behavior in girls of color, particularly Black girls, is rarely viewed as an expression of a mental health concern requiring a mental health response. Instead, adults are inclined to view the dysregulated behavior of girls of color as a provocation and as reflecting adult intent. Adults respond to presumed provocation by girls of color with harsh reprisals in the form of exclusionary school discipline and/or referral to the juvenile justice system, which itself becomes a risk factor for further victimization, as detailed below.²³

18 THE NAT'L CRITTENTON FOUND., BEYOND ACE: SUMMARY FINDINGS FROM THE CRITTENTON FAMILY OF AGENCIES 2014-2015 ADMINISTRATION OF THE ADVERSE CHILDHOOD EXPERIENCES (ACE) SURVEY (2016), https://nationalcrittenton.org/wp-content/uploads/2016/09/ACE_REPORT_finalsm.pdf.

19 *Id.*

20 PATRICIA K. KERIG & JULIAN D. FORD, NAT'L CHILD TRAUMATIC STRESS NETWORK, TRAUMA AMONG GIRLS IN THE JUVENILE JUSTICE SYSTEM (2014), https://www.nctsn.org/sites/default/files/resources/trauma_among_girls_in_the_jj_system.pdf.

21 MALIKA SAADA SAAR, REBECCA EPSTEIN, LINDSAY ROSENTHAL & YASMIN VAFA, HUMAN RIGHTS PROJECT FOR GIRLS, GEORGETOWN LAW CENTER ON POVERTY AND INEQUALITY & MS. FOUNDATION FOR WOMEN, THE SEXUAL ABUSE TO PRISON PIPELINE: THE GIRLS' STORY (2015), *available at* <https://www.law.georgetown.edu/poverty-inequality-center/wp-content/uploads/sites/14/2019/02/The-Sexual-Abuse-To-Prison-Pipeline-The-Girls%E2%80%99-Story.pdf>.

22 REBECCA EPSTEIN, JAMILIA J. BLAKE & THALIA GONZÁLEZ, GEORGETOWN LAW CTR. ON POVERTY & INEQUALITY, GIRLHOOD INTERRUPTED: THE ERASURE OF BLACK GIRLS' CHILDHOOD (2017), *available at* <https://www.law.georgetown.edu/poverty-inequality-center/wp-content/uploads/sites/14/2017/08/girlhood-interrupted.pdf>.

23 *Id.*

School Pushout as an Inappropriate Response to Trauma in Girls of Color and an Exacerbating Factor in Black Girls' Mental Health

Federal data continues to show that girls of color are suspended or expelled from the nation's public schools at disproportionate rates. During the 2015-2016 academic year, Black girls were suspended over five times as often as their white peers.²⁴ Yet many of the in-school behaviors that result in harsh discipline (e.g., talking out of turn, fighting, etc.) may conceivably reflect exposure to trauma, given that trauma exposure normatively results in the kind of dysregulated behavior we colloquially refer to as "acting out." However, teachers and school officials appear primed to view children of color as disobedient, disruptive, and disrespectful, all of which they can use to justify discipline and even referral to law enforcement. These results can be exacerbated by the "adultification" of Black girls, who are seen as less innocent than their white peers, and needing less nurturing and less protection.²⁵ As a result, rather than offering understanding, many school officials continue to subject girls to harsh and restrictive punishment, exacerbating their emotional suffering.

Regardless of the cause of discipline disparities for Black girls, school pushout has long-term impacts on a girl's educational and health status. Most immediately, girls lose the opportunity to learn, which disadvantages academic achievement. Suspended and expelled students may also be deprived of access to school-based health care, counseling, tutoring, and the development of workforce skills.²⁶ School pushout also deprives girls of protection and security.²⁷ School-disengaged girls are also at increased risk for higher-risk sexual behaviors and commercial sex trafficking.²⁸

24 2015-16 Civil Rights Data Collection: School Climate and Safety, U.S. DEP'T OF EDUC. (2018), available at <https://www2.ed.gov/about/offices/list/ocr/docs/school-climate-and-safety.pdf>.

25 EPSTEIN, ET AL., *supra* note 22.

26 MONIQUE MORRIS, PUSHOUT: THE CRIMINALIZATION OF BLACK GIRLS IN SCHOOLS (The New Press 2016).

27 *Id.*

28 Phillips, *supra* note 3, at 1659.

Juvenile Justice Involvement as an Inappropriate Response to Trauma in Girls of Color and an Exacerbating Factor in their Mental Health

Girls and young women compose a rapidly accelerating percentage of juvenile arrests, delinquency petitions, detentions, and post-adjudication placements.²⁹ While Black girls constitute only about 14 percent of all the girls in the United States, they make up 32 percent of detained and committed girls.³⁰ Black girls are over two times more likely to be adjudicated for “status offenses” like truancy, curfew violations, or running away than both white girls and Black boys.³¹ Thus, girls of color tend to be referred to the juvenile justice system for “flight” behaviors that do not present a risk to public safety and can be commensurate with trauma exposure.

Indeed, studies indicate that girls involved in the justice system report high rates of trauma. As indicated above, some 45 percent of detained girls have experienced five or more ACEs.³² Many of the behaviors culminating in girls’ being detained are also behaviors that are consequent to trauma exposure. In many states, for example, victims of commercial sex trafficking may be prosecuted for prostitution,³³ even if the girls are too young to give legal consent to sex. One disquieting implication is that traumatized girls of color may essentially be punished by intervening public systems for being victims of trauma. Thus, for girls of color, exposure to trauma constitutes a risk factor for juvenile justice system engagement. Sexual abuse, in particular, is a predictor of girls’ entry into the juvenile justice system, essentially creating a pathway from sexual abuse to prison.³⁴

Black girls are

14%

of all the girls in the U.S.

32%

of girls who are detained and committed

29 FRANCINE T. SHERMAN & ANNIE BALCK, NAT’L CRITTENTON FOUND. & NAT’L WOMEN’S L. CTR., GENDER INJUSTICE: SYSTEM-LEVEL JUVENILE JUSTICE REFORMS FOR GIRLS (2015), available at http://www.nationalcrittenton.org/wp-content/uploads/2015/09/Gender_Injustice_Report.pdf.

30 WHITE HOUSE COUNCIL ON WOMEN & GIRLS, ADVANCING EQUITY FOR WOMEN AND GIRLS OF COLOR (2015), available at http://www.ncdsv.org/CWG_Advancing-Equity-for-Women-and-Girls-of-Color_11-2015.pdf.

31 Jennifer H. Peck, Michael J. Lieber & Sarah Jane Brubaker, *Gender, Race, and Juvenile Court Outcomes: An Examination of Status Offenses*, 12:3 Youth Violence and Juvenile Justice 250 (2014).

32 MALIKA S. SAAR, REBECCA EPSTEIN, LINDSAY ROSENTHAL & YASMIN VAFA, HUMAN RTS. PROJECT FOR GIRLS, GEORGETOWN LAW CTR. ON POVERTY & INEQUALITY & MS. FOUND. FOR WOMEN, THE SEXUAL ABUSE TO PRISON PIPELINE: THE GIRLS’ STORY (2015); JULIAN D. FORD, JOHN F. CHAPMAN, JOSEPHINE HAWKE & DAVID ALBERT, NAT’L CTR. FOR MENTAL HEALTH & JUV. JUSTICE, TRAUMA AMONG YOUTH IN THE JUVENILE JUSTICE SYSTEM: CRITICAL ISSUES AND NEW DIRECTIONS (2007), available at https://www.ncmhjj.com/wp-content/uploads/2013/10/2007_Trauma-Among-Youth-in-the-Juvenile-Justice-System.pdf.

33 Phillips, *supra* note 3 at 1663.

34 SAAR ET AL., *supra* note 32.



Detention in juvenile facilities is generally widely viewed as unnecessary for public safety, but it is especially inappropriate for girls who have experienced trauma and present no risk to public safety. Detention can be re-traumatizing for trauma survivors, rarely offers the quality mental health services that girls need, and is itself a risk factor for sexual victimization, whether while still in facilities, or through vulnerability upon release, including for commercial sex trafficking.³⁵

35 OFF. JUV. JUST. & DELINQ. PREVENTION, *supra* note 3.

A Better Solution: Access to Mental Health Care in School and Communities of Color

Children of color, like adults of color, have the highest rates of unaddressed mental health needs,³⁶ but they are less likely to receive mental health care, whether because they do not seek services when those services are inaccessible or stigmatized, or because their needs are unrecognized by providers. Regardless of the cause, African-American and Hispanic children visited a mental health professional half as often as white children in 2016.³⁷ And primary care providers may fail to recognize the signs of distress in minority children or offer referrals.³⁸ Even when referrals are made, a dearth of child psychiatrists may make it difficult to gain access to care.

This failure of the system has been particularly acute for girls and young women of color, despite the need created by their exposure to high rates of interpersonal and community-based trauma.³⁹ Studies of intersectional mental health research indicate that young women of color living in poverty receive mental health treatment at less than one-third the rate of young white women living in poverty.⁴⁰ The cause of this gap can be complex, as providers may not recognize need, and girls of color may also not seek services because they report distrust of mental health services, confidentiality concerns, and fear that seeking mental health care will be stigmatizing.⁴¹ Thus, children and adolescents of color may carry a “greater burden of disease,” as they are less likely to receive treatment when they need it most.⁴²

Mental health care delivered in school may offer important synergies to meet both the educational and emotional needs of youth. Since children are required to attend school, when health and mental health care are available on campus, accessibility and access increase dramatically.

36 May Yeh, Kristen McCabe, Richard L. Hough, Deborah Dupuis & Andrea Hazen, *Racial/Ethnic Differences in Parental Endorsement of Barriers to Mental Health Services For Youth*, 5 MENTAL HEALTH SERVICES RES. 65 (2003); Richard Hough, *Mental Health Services For Latino Adolescents With Psychiatric Disorders*, 53 PSYCHIATRIC SERVICES 1556 (2002).

37 Lyndonna Marrast, David U. Himmelstein & Steffie Woolhandler, *Racial and Ethnic Disparities in Mental Health Care for Children and Young Adults: A National Study*, 46 INT'L J. OF HEALTH SERV. 810 (2016).

38 *Id.*

39 Steven P. Cuffee, Jennifer L. Waller, Michael L. Cuccaro, Andres J. Pumariega & Carol Z. Garrison, *Race and Gender Differences in the Treatment of Psychiatric Disorders in Young Adolescents*, 34 J. AM. ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY 1536 (1995).

40 CTR. FOR L. & SOC. POL'Y, YOUNG WOMEN OF COLOR AND MENTAL HEALTH FACT SHEET (2018), available at https://www.clasp.org/sites/default/files/publications/2018/12/2018_mentalhealth.pdf.

41 *Id.*

42 Margarita Alegria, Melissa Vallas & Andres Pumariega, *Racial and Ethnic Disparities in Pediatric Mental Health*, 19 CHILD & ADOLESCENT PSYCHIATRIC CLINICS NORTH AM. 759 (2010).

A consensus exists that effective mental health care for diverse youth must be delivered through frameworks that emphasize cultural awareness or be assessed to see if they are effective with diverse youth.⁴³ For example, school-based interventions like the Johns Hopkins Prevention Program, a one-year program for first graders in high-risk settings, show promising results, including fewer teacher reports of problem behaviors and decreased rates of school suspension and special classroom placement.⁴⁴ The “Good Behavior Game,” a two-year whole-of-school curriculum developed to increase self-regulation and stimulate prosocial behavior in classroom settings, also resulted in improvements in attention and concentration and less oppositional behavior among younger students.⁴⁵ Both programs appear to be efficacious with minority youth. Trauma-informed interventions like the “Cognitive-Behavioral Intervention for Trauma in Schools” (CBITS) show particular promise in addressing traumatic stress in diverse communities.⁴⁶ However, there is virtually no research on the treatment preferences among minority youth or the design elements of school-based mental health that are likely to appeal to girls of color and facilitate their engagement.⁴⁷ New York City’s Girls for Gender Equity is one exception. This community-based agency offers gender-responsive counseling, tutoring, and mentoring, but also engages girls and gender non-conforming youth in participatory action research to develop policy, including about schools, that positions girls as agents and visionaries with ideas about the schools they deserve.⁴⁸

While delivering culturally competent and gender-responsive mental health care in schools can help better support girls of color, significant reforms must take place to ensure effective delivery. For example, in the face of disproportionate exclusionary school discipline and high rates of referrals to law enforcement on campus, girls of color may be inclined to experience the school environment as capricious, unreliable, and untrustworthy, and may therefore not access services even when they are provided on campus. Enhancing access to mental health care must also include efforts to increase girls’ sense of safety and security in school in order to facilitate accessible delivery of mental health care there.

43 *Id.* at 768.

44 Nick S. Ialongo, Jeanne Poduska, Lisa Werthamer & Sheppard Kellam, *The Distal Impact of Two First-Grade Preventive Interventions on Conduct Problems and Disorder in Early Adolescence*, 9 J. EMOTIONAL & BEHAV. DISORDERS 146 (2001).

45 Sheppard G. Kellam, Amelia C. L. Mackenzie, C. Hendricks Brown, Jeanne M. Poduska, Wei Wang, Hanno Petras & Holly C. Wilcox, *The Good Behavior Game and the Future of Prevention and Treatment*, 6:1 ADDICTION SCIENCE & CLINICAL PRACTICE 73-84 (2011).

46 Victoria Ngo, Audra Langley, Sheryl H. Kataoka, Erum Nadeem, Pia Escudero & Bradley D. Stein *Providing Evidence-Based Practice to Ethnically Diverse Youths: Examples From the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) Program*. 47 J. AM. ACAD. CHILD & ADOLESCENT PSYCHIATRY 858 (2008).

47 Alegria et al., *supra* note 42, at 768.

48 Interview with Michelle Grier, Director of Soc. Work, Girls for Gender Equity (Apr. 19, 2019). *See, e.g.*, Khadija Hudson & Brittany Brathwaite, *The Schools that Girls Deserve*, GIRLS FOR GENDER EQUITY, <https://www.ggenyc.org/the-schools-girls-deserve/> (last visited June 29, 2019).

Policy and Practice Recommendations

Effective policy, practice, and programs aimed at promoting effective mental health for girls of color must take into account systemic barriers and the lived experiences of girls and young women of color:

Position Girls of Color as Psychological Subjects. Girls of color face high rates of suicide and endure significant adverse childhood experiences; yet their pain goes unrecognized or is mislabeled. It is imperative that adults in intervening public systems and those in the health and mental health profession begin to recognize girls of color as psychological subjects with important perspectives on the care they are receiving or have failed to receive. Intersectional mental health approaches not only recognize the impact of race and gender on mental health, including rates of exposure to adversity and trauma, but also make room for girls and young women to have a say in what that care looks like by actively including their assessments in the design of care.

Promoting Effective Mental Health for Girls of Color

- ✓ Position girls of color as psychological subjects
- ✓ Revise school discipline policies
- ✓ Disaggregate data and act on discriminatory patterns
- ✓ Elevate Trauma-Informed practice
- ✓ Improve access to youth mental health services



Revise School Discipline Policies. Many school discipline policies give school resource officers and school officials broad discretion, which can result in students being arrested and referred to the juvenile justice or criminal justice system for discipline problems that could be handled in school. Changes to discipline policies (and components of those policies like those pertaining to acceptable dress codes or hair style policies) are likely to sponsor at-scale change in the arrest rates of students. New York City, for example, is revising its school discipline code governing police involvement in schools to limit arrests of students for low-level offenses; it may also reduce the maximum amount of time for suspensions.⁴⁹ The memorandum of agreement also limits school personnel from calling in school resource officers for infractions like uniform violations, lateness, or lying when such behaviors can be addressed safely.

Disaggregate Data and Act on Discriminatory Patterns. Affirmative visibility for girls and young women of color requires data that accurately track their life experience, including mental health assessments, access to health care, and treatment outcomes. In order to craft interventions that are responsive to the focused needs of girls and young women of color, data must be collected that are disaggregated by race, gender, and other pertinent variables. Researchers must be incentivized to report outcomes that allow the lived experience of girls and young women of color to become easily accessible, and public systems must act on evidence of inequities.

49 Alex Zimmerman, *NYC Announces Its First Overhaul of How Police Operate in Schools since Mayor Giuliani*, CHALKBEAT, June 20, 2019, <https://chalkbeat.org/posts/ny/2019/06/20/nyc-announces-its-first-overhaul-of-how-police-operate-inside-schools-since-mayor-giuliani/>; see also MEMORANDUM OF UNDERSTANDING AMONG DEPARTMENT OF EDUCATION OF THE CITY OF NEW YORK, NEW YORK POLICE DEPARTMENT OF THE CITY OF NEW YORK AND THE CITY OF NEW YORK ON THE PERFORMANCE OF SCHOOL SECURITY FUNCTIONS BY THE NEW YORK CITY POLICE DEPARTMENT FOR THE BENEFIT OF THE CITY SCHOOL DISTRICT OF THE CITY OF NEW YORK AND ITS STUDENTS AND STAFF (2019), <https://drive.google.com/file/d/1cWroXdguo4u00gCTkOFoi8sFkLyPEyNu/view>.

Elevate Trauma-Informed Practice. Exposure to adverse childhood experience constitutes a discrete risk factor for girls of color. Systems and institutions intending to serve girls of color at scale can most effectively meet the needs of communities and girls themselves by adhering to trauma-informed care as articulated by the Substance Abuse and Mental Health Services Administration in outreach, referral, treatment, and clinical follow-up.⁵⁰

Improve Access to Youth Mental Health Services. Policy initiatives to improve the mental health of communities of color (e.g., access to insurance as an enabling resource, enhancing the provision of culturally competent care, meeting the needs of youth in the juvenile justice system, innovating the continuum of care, and improving the patient experience of care) must include improving youth's access to mental health services, with a specific focus on gender. Policy prescriptions aimed at ensuring continuity of the State Children's Health Insurance Program, for example, are part of the critical infrastructure necessary to improve mental health outcomes for girls of color. Other federal initiatives that address other disparities that affect communities of color, such as workforce shortages of child psychiatrists, are also essential to ensure that girls who need specialty care can receive it in a timely manner.

50 SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS, <https://www.integration.samhsa.gov/clinical-practice/trauma-informed> (last visited May 30, 2019).

The author would like to thank the following experts who contributed to this issue brief:

Dr. Angela Diaz, Jean C. and James W. Crystal Professor in Adolescent Health, Department of Pediatrics and Department of Environmental Health and Public Health, Icahn School of Medicine, Mt. Sinai; Michelle Grier, Director of Social Work, Girls for Gender Equity; Dr. Veda Johnson, Marcus Professor in General Academics and Pediatrics and Director, Partners for Equity in Child and Adolescent Health, Emory University; Jeannette Pai-Espinosa, President, National Crittenton; and Dr. Nancy Rappaport, Associate Professor of Psychiatry, Harvard Medical School.