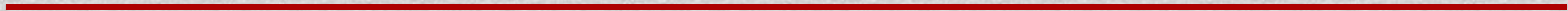# Cross System Quagmire: Protecting Black Girls and Young Women

Camille R. Quinn, PhD, AM, LCSW, LISW-S
Assistant Professor
College of Social Work
The Ohio State University

UNC School of Social Work
Inaugural Social Work Legacy
Speakers Series
April 25, 2022

- Recognize and understand the ***legacy*** of ***oppression*** and ***trauma***, as well as the ***resilience*** and ***strengths*** of Black/African American girls and young women
- ***Translational research as a mirror*** for innovative practice
- Describe practical approaches to ***build collaborations and partnerships with organizations*** who serve system-involved Black girls and young women

Overview

The *legacy* of *oppression* and *trauma* and the *resilience* and *strengths* of Black/African American girls and young women

Background

- **Criminality** – behavior, i.e., violence that could be considered a risk factor or part of a strategy by some youth to sustain resilience;[2] links between criminality, school experiences and coping[3]
- **Adultification** – a term used in this report to refer to the perception of Black girls as less innocent and more adult-like than white girls of the same age[4,29]
- **Protective (risk) factors** – factors that modify or ameliorate the effects of risk[5]
- **Health equity** – value underlying a commitment to reduce and ultimately eliminate health disparities[6]
- **Community-based participatory research** – stakeholders/community members become active participants in many phases of the research[20]
- **Crime desistance** - phenomena of giving up crime[7]
- **Healing/healing centered engagement** – holistic involving culture, spirituality, civic action and collective healing; healing centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways that trauma and healing are experienced collectively[8,34]
- **Youth punishment system-involved** – youth or young adults involved with youth punishment system, i.e., police contact, court, detention, jail, prison or corrections[32]

Definitions

Child Welfare

Impacting the future of a child

- Historical trauma[28]

  - Enslavement and Black girls and women[28]

    - Adultification[29]

  - Post Traumatic Slave Syndrome[28]

Background

And ain't I a woman? I have borne thirteen children, and seen most all sold off to slavery and when I cried out with my mother's grief none but Jesus heard me! And ain't I a woman?

Sojourner Truth

- Black youth are overrepresented in the youth punishment system (YPS). In North Carolina:[33]

  - 40% of the referrals in schools are to the YPS for minor, nonviolent offenses

  - 9.2 out of every 10,000 Black students were arrested compared to only 1.6 white students

- Black/African American girls are:[9,10]

  - The fastest growing group involved with YPS

  - Often bear the burden of undiagnosed or misdiagnosed mental health problems like trauma, etc.

Background

- Need to establish correlates of *health and mental health disparities* for *Black/African American girls* who are both understudied and underserved.[10]

- Investigations of salient *strengths* and *protective* (not just risk) *factors* are critical to culturally tailoring targeted prevention and intervention strategies. [10]

➤ *Translational research as a mirror* for innovative practice[34]

THE INFLUENCE OF FAMILIAL AND PEER SOCIAL SUPPORT ON POST-TRAUMATIC STRESS DISORDER AMONG BLACK GIRLS IN JUVENILE CORRECTIONAL FACILITIES

CAMILLE R. QUINN
The Ohio State University

DONTE T. BOYD
University of Houston

BO-KYUNG ELIZABETH KIM
University of Southern California

SUJEETA E. MENON
University of Houston

PATRICIA LOGAN-GREENE
State University of New York at Buffalo

ESEOSA ASEMOTA
Harvard University

RALPH JOSEPH DICLEMENTE
New York University

DEXTER VOISIN
University of Toronto

➢ **Aim:** Explore and establish correlates of individual, peer, and family constructs and their relationship to posttraumatic stress disorder – PTSD symptoms across a single sample of Black girls with histories of juvenile justice involvement in Atlanta, GA.

➢ **Hypothesis 1:** Future orientation, self-esteem, and caregiver social supports would be associated with lower PTSD symptoms.

➢ **Hypothesis 2:** Higher levels of negative peer norms and abuse history would correlate with greater PTSD symptoms.

Sample, Measures and Analysis

Method

Sample and Procedures[10]

➢ Indicated sample of Black girls aged 12-17 (N = 188)[10]

➢ Data obtained from the Imara parent study with girls in detention in Atlanta, GA[11]

➢ Questions about were administered with computer assisted interviewing (ACASI) technology[10-11]

➢ This study is a secondary analysis of exempt data, so no further IRB approval was required.

Construct	Sample Item	Reliability
PTSD symptoms (DV)	Modified self-report version of the 17-item PTSD Symptom Scale Self-Report (PSS-SR).[10,12-13]	$\alpha = .94$
***History of Abuse (IV)**	Cumulative childhood abuse that is specific to abuse and does not include other forms (e.g., neglect) of victimization.	$\alpha = .66$
***Caregiver Support (IV)**	10 items used in prior research ($\alpha = .858$)[15] Response categories ranged from 1 (never) to 5 (always), where higher scores indicated more caregiver support.	$\alpha = .86$
***Negative Peer Norms (IV)**	17-item scale[16]; Responses summed into a final scale (range = 0–51) and higher scores indicated more support from deviant peers.	$\alpha = .92$
Future orientation (IV)	Modified 10-item scale[14,17] with items derived from Coopersmith's Self-Esteem Inventory.[18]	$\alpha = .95$
***Self-Esteem (IV)**	10 items of the Rosenberg Self-Esteem Scale15 ($\alpha = .843$).[19]	$\alpha = .90$

*Measures created in the larger study to assess participants' demographic and behavioral factors.[14-15]

Study Measures

➢ Girls reported moderate abuse histories reported a decrease in PTSD.

➢ Bivariate correlation analyses were conducted to examine the associations between all study variables: PTSD symptoms **(DV)**, history of abuse, caregiver support, negative peer norms, self-esteem, future orientation **(IV)**, and age (Covariate).

➢ Multiple regression analysis conducted, and all independent variables were entered simultaneously into the model to determine their relationship to the dependent variable PTSD symptoms, controlling for the effects of age.

➢ The regression model was conducted with the *total score of PTSD symptoms* as the outcome variable associated with the independent variables.

Results and Conclusions

➢ Girls reported *moderate abuse histories* reported *a decrease in PTSD.*

➢ Girls who reported *lower levels of caregiver support* reported *a decrease in PTSD.*

➢ Girls who reported *positive, higher levels of negative peer norms* reported *a slight increase in PTSD.*

➢ Girls with *protective factors* reported *higher levels of self-esteem and future orientation* had *lower levels of PTSD.*

Table 1. Descriptive Statistics (N = 188)

Variable	Mean	SD	Range
PTSD symptomology	31.45	13.47	17–68
History of abuse	0.40	1.10	0.1–3.0
Caregiver support	30.00	5.73	13–40
Negative peer norms	31.02	8.35	6–40
Self -esteem	3.16	0.53	1–5
Future orientation	17.42	9.82	0–51
Age	15.32	1.05	12–17

> Girls with protective factors: higher levels of self-esteem and future orientation had lower levels of PTSD.

18

Discussion

- ➤ ***Future orientation*** and ***self-esteem***, but not caregiver social support were associated with lower PTSD symptoms, so H1 was partially supported by our findings.

- ➤ Our study findings also reflect the need to examine ***structural*** and ***systemic factors*** like racism, poverty, violence, system-involvement as well as other ***protective factors*** like racial identity and personal agency to unpack inequality and build supports that foster healing and growth.

- ➤ Higher levels of negative peer norms but not abuse history were associated with greater PTSD symptoms, so H2 was also partially supported by our findings.

19

➢ Limitations of a secondary dataset.

➢ PTSD was not a clinical measure as it was self-reported.

➢ What is the possible role of racism and discrimination, adverse childhood experiences (ACEs) or other system involvement?

➢ We examined direct relationships but there could be interrelated and mediating pathways accounting for PTSD among this population.

➢ Future research should:

  ➢ Consider healing approaches to address trauma, stress and PTSD and highlight girls' strengths

  ➢ Focus on intergenerational trauma

  ➢ Use critical theories like Critical Race Theory and Intersectionality

  ➢ Utilize mixed methods approaches

- Black girls involved with the youth punishment system are both understudied and underserved

- Practical significance of findings for individuals that work with Black girls or women involved with the youth punishment system

- Findings contribute to understanding about the needs of Black girls with PTSD and the need to heal relationships with their parents/caregivers

➢ Build and enhance parent/caregiver/family functioning that is associated with their responses to girls' trauma, abuse and PTSD.

➢ Bolster positive internal self images and hope given the protective effects of self-esteem and future orientation.

➢ Clinical services that address untreated trauma and promote healing and well-being can moderate and reduce the effects of trauma and PTSD are needed to increase crime desistance.

ICRC-S Injury Control Research Center for Suicide Prevention

Building a Partnership for Research with Juvenile Justice-Involved Youth

By: Camille R. Quinn, PhD, AM, LCSW

Wednesday, June 14, 2017

Why Is a Partnership Between Researchers and Practitioners So Important?

Developing a partnership between researchers and practitioners is vital for many reasons. Practitioners can help to identify research needs and may have the best knowledge of the research participants.

➢ Describe practical approaches to *build collaborations and partnerships with organizations* who serve system-involved Black girls and women

24

> *Collaborations and Partnerships*

25

SB256 PASSES

Dr. Camille Quinn provided written testimony in support of SB256

SB256 heads to the Governor's desk for signature

The bill provides timelines for board review of parole eligibility for juvenile offenders serving extended (life) prison sentences, per request from the Ohio Public Defenders Office.

➢ Collaboration with the ***Office of the Ohio Public Defender*** resulted in my expert testimony that contributed to the passage of SB256! ***Social work advocacy in ACTION!!***

26

WHAT WILL WE LEAVE BEHIND?

If we merge mercy with might, and might with right, then love becomes our legacy and change our children's birthright.

Amanda Gorman

- ➢ Dean Ramona Denby-Brinson & the UNC Chapel Hill School of Social Work and community
- ➢ BIPOC girls and women
- ➢ Practitioners, advocates, allies, students and scholars committed to this work
- ➢ Imara study participants
- ➢ Co-authors: Donte Boyd, B.K. Elizabeth Kim, Sujeeta E. Menon, Patricia Logan-Greene, Esosa Asemota, Ralph DiClemente, Dexter Voisin
- ➢ Ohio collaborators and partners

References

1. Morris, M. (2016). Pushout: The criminalization of Black girls in schools.
2. Hine, J., & Welford, J. (2012). Girls' violence: Criminality or resilience?. In The social ecology of resilience (pp. 157-169). Springer, New York, NY.
3. Armstrong, D. (2003, February). Pathways into and out of crime: risk, resilience and diversity. In ESRC Research Priority Network conference, University of Sheffield.
4. Epstein, R., Blake, J., & González, T. (2017). Girlhood interrupted: The erasure of Black girls' childhood. Available at SSRN 3000695.
5. Hoge, R. D., Andrews, D. A., & Leschied, A. W. (1996). An investigation of risk and protective factors in a sample of youthful offenders. Journal of child psychology and psychiatry, 37(4), 419-424.
6. Office of Disease Prevention and Health Promotion. (2000). US Department of Health and Human Services: Healthy People 2010. http://www/health/gov/healthypeople/.
7. Weaver, B. (2019). Understanding desistance: a critical review of theories of desistance. Psychology, Crime & Law, 25(6), 641-658.
8. Ginwright, S. (2018). The future of healing: Shifting from trauma informed care to healing centered engagement. Occasional Paper, 25.
9. Office of Juvenile Justice and Delinquency Prevention. (2019). Girls and the juvenile justice system. https://www.ojjdp.gov/pubs/251486.pdf
10. Quinn, C. R., Boyd, D., Kim, B. K. E., Menon, S., Logan-Greene, P. B., Asemota, E., DiClemente, R., & Voisin, D. R. (2020). The influence of familial and peer social support on post-traumatic stress disorder among Black girls in juvenile correctional facilities. Criminal Justice and Behavior. 0093854820972731.
11. DiClemente, R. J., Davis, T. L., Swartzendruber, A., Fasula, A. M….Staples-Horne, M. (2014). Efficacy of an HIV/STI sexual risk-reduction intervention for African American adolescent girls in juvenile detention centers: A randomized controlled trial. Women & Health, 54(8), 726–749.

References, continued

12. Foa, E. B., Riggs, D. S., Dancu, C. V., & Rothbaum, B. O. (1993). Reliability and validity of a brief instrument for assessing post-traumatic stress disorder. Journal of Traumatic Stress, 6(4), 459–473.

13. Sun, S., Crooks, N., DiClemente, R. J., & Sales, J. M. (2020). Perceived neighborhood violence and crime, emotion regulation, and PTSD symptoms among justice-involved, urban African-American adolescent girls. Psychological Trauma: Theory, Research, Practice, and Policy, 12(6), 593–598. https://doi.org/10.1037/tra0000562

14. So, S., Voisin, D. R., Burnside, A., & Gaylord-Harden, N. K. (2016). Future orientation and health related factors among African American adolescents. Children and Youth Services Review, 61, 15–21.

15. Logan-Greene, P., Kim, B. K. E., Quinn, C. R., DiClemente, R., & Voisin, D. (2018). Ecologies of risk among African American girls in juvenile detention. Children and Youth Services Review, 85, 245–252.

16. Elliott, D. S., Huizinga, D., & Ageton, S. S. (1985). Explaining delinquency and drug use. SAGE.

17. Whitaker, D. J., Miller, K. S., & Clark, L. F. (2000). Reconceptualizing adolescent sexual behavior: Beyond did they or didn't they? Family Planning Perspectives, 32, 111–117.

18. Coopersmith, S. (1967). The antecedents of self-esteem. W. H. Freeman.

19. Rosenberg, M. (1965). Society and the adolescent self-image. Princeton University Press.

20. Creswell, J. W. (2015). A concise introduction to mixed methods research. Sage Publications, Inc.

21. Commission on Community-Engaged Scholarship in the Health Professionals. Linking Scholarship and Communities. Seattle, WA: Community-Campus Partnerships for Health, 2005. Retrieved September 1, 2015 from https://depts.washington.edu/ccph/pdf_files/CES_RPT_Package.pdf

22. Hughes-Shaw, M., Sroka, N. & Traxler, V. (2020, September 2). Youth of color disproportionately represented in the justice system. Cronkite News. Retrieved from https://cronkitenews.azpbs.org/2020/09/02/systemic-racial-disparities-juvenile-justice/

31

References, continued

23. Jeremiah, R., Quinn, C. R., & Alexis, J. (2017). Exposing the culture of silence: Inhibiting factors in the prevention, treatment, and mitigation of sexual abuse in the Eastern Caribbean. Child Abuse & Neglect, 66, 53-63. PMID: 28242101

24. Lu, W., Lindsey, M. A., Irsheid, S., & Nebbitt, V. E. (2017). Psychometric properties of the CES-D among Black adolescents in public housing. Journal of the Society for Social Work and Research, 8(4), 595-619.

25. Ginwright, S. (2018). The future of healing: Shifting from trauma-informed care to healing centered engagement (Occasional Paper #25). http://kinshipcarersvictoria.org/wp-content/uploads/2018/08/OP-Ginwright-S-2018-Future-of-healing-care.pdf

26. Quinn, C. R., & Grumbach, G. (2015). Critical race theory and the limits of relational theory in social work with women. Journal of Ethnic & Cultural Diversity in Social Work, 24(3), 202-218. DOI: 10.1080/15313204.2015.1062673.

27. Erikson, E. H., Newton, H. P., & Erikson, K. T. (1973). In search of common ground: Conversations with Erik H. Erikson and Huey P. Newton. Norton.

28. Degruy-Leary, J. (2017). Post-traumatic Slave Syndrome: America's legacy of enduring injury. Portland, OR: Joy DeGruy Publications Inc.

29. Epstein, R., Blake, J., & González, T. (2017). Girlhood interrupted: The erasure of Black girls' childhood. Available at SSRN 3000695.

30. Patricia Hill Collins and Sirma Bilge. 2016.Intersectionality. Polity Press.

31. Erete, S., Rankin, Y. A., & Thomas, J. O. (2021). I Can't Breathe: Reflections from Black Women in CSCW and HCI. Proceedings of the ACM on Human-Computer Interaction, 4(CSCW3), 1-23.

32. Quinn, C. R., Boyd, D., Beaujolais*, B., Hughley*, A., Mitchell*, M., Allen, J. L., & DiClemente, R. J., & Voisin, D. R. (In press). Perceptions of sexual risk and HIV/STI prevention among Black adolescent girls in a detention center: An investigation of the role of parents and peers. Journal of Racial and Ethnic Health Disparities.

33. North Carolina Commission on Racial & Ethnic Disparities in the Criminal Justice System (NC CRED). (n.d.). http:/https://nccred.org/issues/school-to-prison-pipeline/

34. Ginwright, S. (2022). *The Four Pivots: Reimagining Justice, Reimagining Ourselves.* Penguin Random House.

Resources

1. Celebrating Strengths of Black Girls: Youth Development. https://csd.wustl.edu/items/celebrating-strengths-of-black-girls-an-intersectionality-approach/
2. Black Girls Breaking Silence on School Push-Out
https://www.youtube.com/watch?v=y0AmxZMgpQ&ab_channel=GirlsforGenderEquityNYC
3. Black Girls Matter: Pushed Out, Overpoliced, and Underprotected. https://www.atlanticphilanthropies.org/wp-content/uploads/2015/09/BlackGirlsMatter_Report.pdf
4. Girls Inc. Eureka Program.
https://goodblacknews.org/2018/01/07/study-shows-positive-racial-identity-improves-academic-performance-of-young-black-women/
5. Kendi, I. X. (2019). How to be an antiracist. One world.
6. Metzl, J. M. (2019). Dying of whiteness: How the politics of racial resentment is killing America's heartland. Hachette UK.
7. Wilkerson, I. (2020). Caste (Oprah's Book Club): The Origins of Our Discontents. Random House.
8. Kendall, M. (2020). Hood feminism: Notes from the women that a movement forgot. Viking.
9. DiAngelo, R. (2018). White fragility: Why it's so hard for white people to talk about racism. Beacon Press.
10. Rouse, J. A. (2004). Lugenia burns hope, black southern reformer. University of Georgia Press.

Camille R. Quinn, PhD, AM, LCSW, LISW-S
College of Social Work
The Ohio State University

quinn.395@osu.edu
614-292-6718

Thank You

- Gendered racism of the Women's suffrage movement[30,31]

  - Role of Black women

  - Oppression

Background

Table 3. Multiple Regression Analysis on PTSD among Black Girls (N=188)

Variables	B	β	SE	p value
PTSD symptomology				
History of abuse	8.28	0.22	2.70	.003**
Caregiver support	- 4.39	-0.17	1.75	.013*
Negative peer norms	0.31	0.23	0.10	.001***
Self-esteem	-0.38	-0.16	0.18	.031*
Future orientation	-0.30	-0.18	0.12	.012*
Age	-0.75	-0.06	0.86	.38

➢ Girls reported moderate abuse histories reported a decrease in PTSD.

28

Table 3. Multiple Regression Analysis on PTSD among Black Girls (N=188)

Variables	B	β	SE	p value
PTSD symptomology				
History of abuse	8.28	0.22	2.70	.003**
Caregiver support	- 4.39	-0.17	1.75	.013*
Negative peer norms	0.31	0.23	0.10	.001***
Self-esteem	-0.38	-0.16	0.18	.031*
Future orientation	-0.30	-0.18	0.12	.012*
Age	-0.75	-0.06	0.86	.38

Girls who reported lower levels of caregiver support reported a decrease in PTSD.

29

Table 3. Multiple Regression Analysis on PTSD among Black Girls (N=188)

Variables	B	β	SE	p value
PTSD symptomology				
History of abuse	8.28	0.22	2.70	.003**
Caregiver support	- 4.39	-0.17	1.75	.013*
Negative peer norms	0.31	0.23	0.10	.001***
Self-esteem	-0.38	-0.16	0.18	.031*
Future orientation	-0.30	-0.18	0.12	.012*
Age	-0.75	-0.06	0.86	.38

Girls who reported positive, higher levels of negative peer norms reported a slight increase in PTSD.

30

Highest and Lowest State Rates of Confinement for Girls (per 100,000), 2017[8]

Highest Incarceration Rates

State	Rate
Nebraska	166
Wyoming	143
Alaska	102
West Virginia	95
Idaho	81

Lowest Incarceration Rates

State	Rate
Vermont	0
Connecticut	7
Massachusetts	9
New Jersey	11
North Carolina[9]	11

Source: Sickmund, M., Sladky, T.J., Kang, W., and Puzzanchera, C. (2017) "Easy Access to the Census of Juveniles in Residential Placement." Online. Available: http://www.ojjdp.gov/ojstatbb/ezacjrp/.

PTSD symptoms (DV)

- Modified self-report version of the 17-item **PTSD Symptom Scale Self-Report (PSS-SR)**[10,12-13]
- Describe the frequency and severity of problems (0 = not at all or only one time to 4 = 5 or more times per week/almost always; range = 17–68)
- Cronbach's alpha for the scale is .94.

  - *"Having bad dreams or nightmares about the trauma"*
  - *"Reliving the trauma, acting or feeling as if it was happening again"*

*History of Abuse (IV)

- **Cumulative childhood abuse** that is specific to abuse and does not include other forms (e.g., neglect) of victimization
- 3-point scale (range = 0.1–3.0) with higher scores indicating more abuse
- Response category was 1 (yes) or 0 (no). Responses were summed to a
- Cronbach's alpha for this scale was .66

  - *"Have you ever been emotionally abused?"*
  - *"Have you ever been physically abused?"*
  - *"Has anyone ever forced you to have vaginal sex when you didn't want to?"*

23

*This measure was created in the larger study to assess participants' demographic and behavioral factors.[14-15]

*Caregiver Support (IV)

- 10 items used in prior research (α = .858)[15]
- Response categories ranged from 1 (never) to 5 (always), where higher scores indicated more caregiver support.
- Three items were negatively scored, so they were reversed scored.
- Cronbach's alpha for this scale was .86.
- Participants responded to items such as:
  - *"I can count on my primary caregiver when I need to get something off my chest"*

*Negative Peer Norms (IV)

- 17-item scale[16]
- Response categories for each question ranged from 0 to 3 (0 = none of them, 1 = some of them, 2 = most of them, 3 = all of them)
- Responses summed into a final scale (range = 0–51) and higher scores indicated more support from deviant peers.
- Cronbach's alpha for this scale was .92.
- Participants responded to questions like
  - *"How many of your friends engage in the following behaviors: skipping school, stealing, using drugs or alcohol, & hitting people?"*

*This measure was created in the larger study to assess participants' demographic and behavioral factors.[14-15]

Future orientation (IV)

- Modified 10-item scale[14,17]
- with items derived from Coopersmith's Self-Esteem Inventory[18]
- Response categories ranged from 1 (very low) to 4 (really high), where higher scores indicated higher future orientation (range = 6–40).
- Cronbach's alpha for this scale was .95.
- Participants responded to items such as:
  - *"You will graduate from high school"*
  - *"You will be respected in your community."*

*Self-Esteem (IV)

- 10 items of the Rosenberg Self-Esteem Scale[15] (α = .843).[19]
- Response categories ranging from 1 (strongly disagree) to 4 (strongly agree), where higher scores indicated greater self-esteem (range = 13–40).
- Cronbach's alpha for this scale was .90.
- Examples of items were:
  - *"I feel that I have a number of good qualities"*
  - *"I feel that I am a failure"*

25

*This measure was created in the larger study to assess participants' demographic and behavioral factors.[14]

➢ Search for and identify "common ground"[27]

➢ Identify and capitalize on the assets already present

➢ Create exercises to identify ways that clients self soothe

➢ Broaden your network of colleagues to develop relevant approaches

➢ Embrace the client's authentic response

    ➢ Resistance is often how Black women and girls demonstrate personal agency[26]
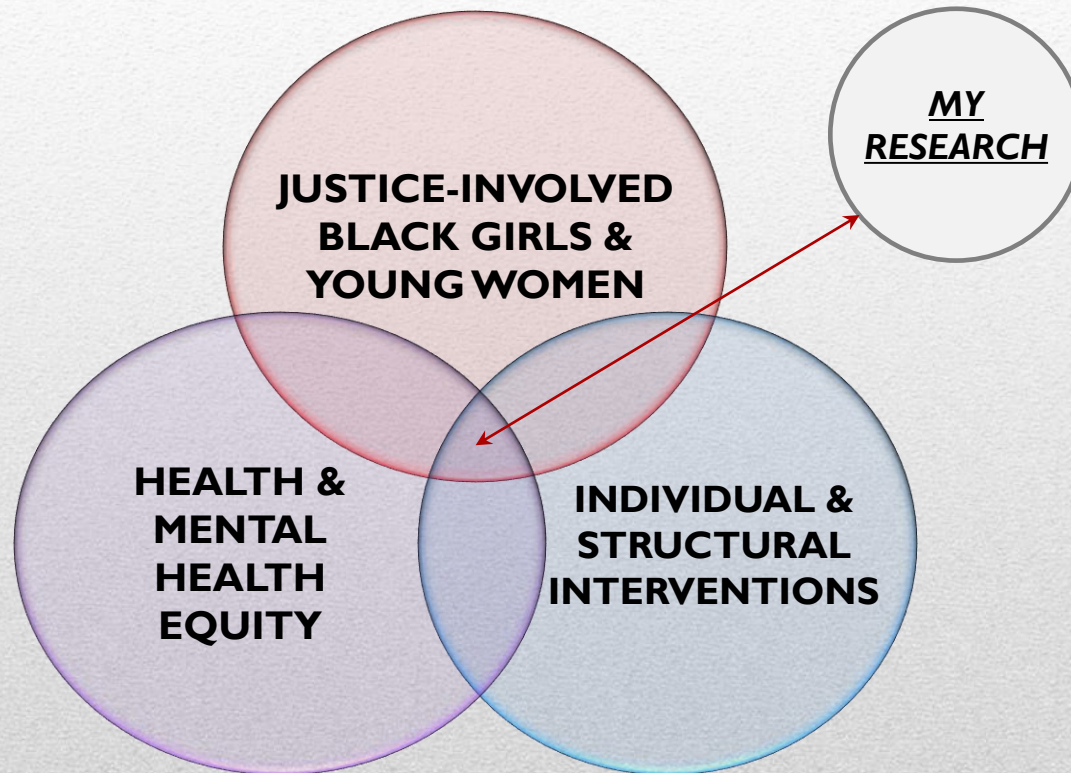
medium.com

The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement

➢ Healing Centered-Engagement[25]

    ➢ Holistic shift in how we view trauma, its causes and its intervention

    ➢ Involving culture, spirituality, civic action, collective healing

    ➢ Develop your *story* and share it with your clients

➢ Learn about racism, historical and collective trauma, sexism, privilege, and interrogate your own life experiences

    ➢ Your BEST you is your best TOOL

➢ Use theories and frameworks you like to address sensitive or controversial topics[26]

    ➢ Critical race and Mixed Critical Multiracial theories to have dialogues about race, racism or racial identity

Interdisciplinary Research Agenda

JUSTICE-INVOLVED BLACK GIRLS & YOUNG WOMEN

MY RESEARCH

HEALTH & MENTAL HEALTH EQUITY

INDIVIDUAL & STRUCTURAL INTERVENTIONS

Social Work Practice Experience

Interdisciplinary Research Training

Black Girls Breaking Silence on School Push-Out