DISMANTLING THE STIGMA OF "STRONG BLACK GIRL" & "STRONG BLACK BOY:" CULTURAL AND GENDER DIFFERENCES IN TRAUMA AND SUICIDALITY AMONG BLACK ADOLESCENTS

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Abstract

Trauma exposure has been linked to a plethora of negative outcomes, including suicidality. Despite the abundance of research on the effects of trauma, little is known about its relationship with suicidality among adolescents. Moreover, even less research examines cultural and gender specific risk factors among Black adolescents. This study was founded on the cultural model of suicide, and the gendering of suicide theory, suggesting that suicidality in minority populations is influenced by cultural experiences (i.e., traumas) and perceptions of suicide, as well as gender differences that dictate where Black adolescents fall on the suicide spectrum. Using archival data (e.g., YRBSS) 2021 survey), a logistic regression analysis was conducted to examine cultural differences in suicidality among trauma exposed Black adolescents in a national sample of 11,572 high school students. Furthermore, to narrow the scope of analysis, a logistic regression modeling was also conducted to examine gender differences in suicidality among trauma exposed Black adolescents. Findings from this study revealed Black adolescents experience trauma (i.e., physical, and sexual violence) and suicidality (i.e., attempt suicide and an attempt that caused injury) at significantly higher rates than their non-black counterparts. Furthermore, trauma exposed Black adolescent females report significantly higher rates of suicidality when compared to trauma exposed Black adolescent males. Results from this study can inform preventative practices, treatments, and interventions for Black adolescents that have experienced trauma. This study contributes to the dismantling of the “strong black girl” and “strong black boy” phenomenon by examine how traumatic experiences contribute to the round rise in suicidal behaviors among Black adolescents.

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Dedication

This dissertation is dedicated to my ancestors; those that I have loved and lost, and those came before me and laid the foundation for Black excellence. It is also dedicated to my mother, sisters, and life partner that have loved and supported me along this journey. Most importantly, this work is dedicated to my children, Kennedy, and Demetrius (DJ) for whom my love is timeless and boundless.

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Chapter 1: Introduction to the Study

Introduction

The effects of adolescent trauma exposure (ATE) have recently become an area of study in both the fields of psychology and education. The complexities and hardships that our youth encounter in today's society have sparked conversations about mental health initiatives within the schools and community. According to the American Psychiatric Association (APA, 2013), trauma is described as a perceived experience that threatens injury, death, or physical integrity and causes feelings of fear, terror, and helplessness. Specifically, trauma exposure is defined as the subjugation to a specific distressing event, and/or an accumulation of multiple traumatic experiences that are either witnessed or experienced firsthand (Rubens et al., 2024). These traumas can include violence (e.g., sexual, physical, or emotional), abuse, neglect, and natural disasters, and are not uncommon, as approximately three million children have a substantiated maltreatment report each year (Paccione-Dyszlewski, 2016).

Adolescent trauma exposure is an occurrence that disrupts the lives of youth regardless of cultural background, economic status, or gender. More recently, the reverberations of the COVID-19 global pandemic have inundated school-age students with a myriad of traumas. Several studies have examined the impact and mental health consequences of school closures, social isolation, and increased exposure to community violence and family conflicts (Imran & Pervaiz, 2020; Cao et. al., 2022). Research has also suggested a significant rise in the prevalence of anxiety, depression, and PTSD symptoms in children as a result of the COVID-19 school closures (Ozbaran et al., 2022). Furthermore, trauma exposure occurs with greater frequency during adolescence, and teens are reported to experience nearly double the rates of posttraumatic stress disorder (PTSD) of adults (Breslau et al., 2004; Nooner et al., 2012). Although researchers have explored the short- and long-term effects of ATE, the data that centers the rise in maladaptive coping mechanisms among

black adolescents is lacking. Moreover, the differential effects of ATE between black adolescent boys and girls provides insight as to the risk of developing long term mental health problems. Like racial and ethnic background, gender can influence the prevalence of trauma and trauma responses that youth experience (Crosby et al., 2023). In harmony with the ecological approach to treatment, examining individuals in consideration of their culture and the systems that influence them provides insight into appropriate interventions.

Background

Exposure to trauma, whether in an isolated event or reoccurring, can leave adolescents paralyzed in fear. Furthermore, the negative effects that trauma has on both the educational and behavioral development can have life altering implications, such as the onset of Post-Traumatic Stress Disorder (PTSD) symptomatology. Moreover, the biological effects of repeated trauma exposure can alter one's brain anatomy. It has been found that many trauma victims have a smaller than average hippocampus; while studies on both humans and laboratory animals show that severe stress can impair function in the hippocampus and sometimes cause shrinkage (Katalt 2019). It can be concluded that the earlier the exposure to trauma, the more underdeveloped the hippocampus becomes, which causes impairments in memory. Specifically, adolescents that have been repeatedly exposed to violence are more likely to have executive functioning (i.e., decision-making & problem solving), and cognitive memory deficits in comparison to their typical peers. Furthermore, exposure to trauma has been shown to alter changes in the interconnected brain paths and hormonal systems that regulate stress, (Nemeroff, 2004). When the stress associated with trauma cannot be managed, internalizing and externalizing behaviors and symptoms such as substance use, and suicidality can result. Kataoka (2012) posited that the severity and duration of these behaviors depends on a variety of individualized factors including gender, such that there are

neurobiological differences that occur in girls and boys after experiencing trauma (Craig & Sprang, 2014).

Multicultural psychology has a special emphasis or focus on cultural or ethnic groups of people, often called people of color, that have been relatively neglected by more mainstream psychology (Cauce, 2011), such as in the case of trauma exposed black adolescents. Minority populations are disproportionately exposed to conditions such as poverty, racism, educational, occupational, and health disparities, and other aspects of social and economic disadvantage contributing to violence (Sheats et al. 2018). In other words, there are specific experiences and trauma exposures that weigh more heavily on black adolescents than their non-black counterparts. Moreover, these experiences have transcended generations and become more complex over time. These conditions provide context for the rise in suicide among black adolescents. For example, Sheftall et al. (2022) found suicide risk in Black youth differ from youth of other races and ethnicities. These risk factors include witnessing death among Black individuals via media outlets, and the cultural shame and myths associated with admitting mental health problems, such as suicidal ideations. Specifically, the equivocations that occur regarding Black mental health attributes to the psychological barriers that Black adolescents experience after trauma exposure. The culturally specific gender schema that characterize black adolescents as, “strong black girls,” and “strong black boys,” have plagued the evolution on how black communities embrace mental health, and how we perceive suicidal ideation.

Although it is common knowledge that ATE has several negative consequences and outcomes, little is known about how gender and racial/ethnic background influence suicidality among Black adolescents. Moreover, even less is known about the steady rise in suicidality rates of this population. Further investigation on the pressures of “strength and resilience” that are culturally woven into the Black adolescent experience can reveal the

relationship between trauma exposure and the cultural expectations on how to cope with these traumas. Specifically, findings from this study will provide insight into gender-focused educational and clinical treatment needs of trauma-exposed Black adolescents. Furthermore, mental health treatment should be constructed within the context of an individual's biological and cultural factors, as well as their life experiences. This study aims to present several implications for both educational and clinical practices. The first is that it contributes to the body of knowledge surrounding the cultural nuances of suicidality among trauma-exposed Black adolescents. Moreover, it will consider the role of gender within this population to assist in the prevention of long-term psychiatric problems from trauma-exposure through the psychoeducation about myths surrounding Black mental health.

Problem Statement

Trauma-exposure is a common occurrence among adolescents; however, Black adolescents are disproportionately represented in communities that experience environmental stressors that lead to a variety of trauma exposures (Lawrence et el., 2023), including, household and community violence exposure, poverty, neglect, sexual, verbal, and emotional abuse, bullying, and racism. These disparities are prevalent, in part, due to the systems and structures that oppress Black communities with limited health (i.e, both physical and mental), educational, and occupational opportunities (Wilson, 2012). Inevitably, mental health problems are a result of these untreated exposures, as Black adolescents in the United States are 20% more likely to experience serious mental health issues than the general population (AADA, 2020). Unfortunately, the lack of mental health resources within Black communities are in part responsible for lack of proper diagnosis and treatment. Furthermore, because adolescents in general have a limited range of internal and external coping mechanisms, this can lead to maladaptive trauma responses and increase their likelihood of developing psychopathology (Schimmenti, 2018). Much of the research conducted on the trauma

exposure of Black adolescents has been conducted in relationship with the Adverse Childhood Experiences (ACEs) model (Bernard et al., 2021; Hicks et al., 2021), and the various coping strategies within this population (Williams, Collins, Duran, 2023). However, there are limited studies focused on the relationship between trauma exposure and suicidality among high school Black adolescents in the United States. Additionally, data reflecting how gender impacts how Black adolescents experience suicidality deserves further research.

Purpose Statement

The purpose of this quantitative study is to examine the racial/ethnic and gender differences in suicidality among trauma exposed Black adolescents. Trauma exposure has several consequences that affect adolescents well into adulthood. One of these outcomes is suicidality. However, with current research that reports on the rise of suicide in Black youth, specifically in the age range of 5-11 years (Hicks, Kernsmith, Smith-Dareden, 2021), little is known about how Black adolescents experience suicidality, with gender also being an influential factor. Given that suicide is the third leading cause of death for Black adolescents between the ages of 15-24 (Arshanapally et al., 2018), it is beneficial to consider the differential influences and consequences of trauma exposure among gender within Black adolescent groups. This study aimed to examine how Black adolescents experience trauma and suicidality, and the gender differences among this group.

Research Questions & Hypotheses

Research Question 1: Are there race/ethnic differences in trauma exposure among adolescents?

$H_0$1: There will be no race/ethnic differences in trauma exposure among adolescents.

$H_1$1: There will be race/ethnic differences in trauma exposure among adolescents.

Research Question 2: Are there race/ethnic differences in suicidality in response to trauma exposure among adolescents?

$H_0$1: There will be no race/ethnic differences in suicidality in response to trauma exposure.

$H_1$1: There will be no race/ethnic differences in suicidality in response to trauma exposure.

Research Question 3: Are there gender differences in trauma exposure among Black adolescents?

$H_0$1: There will be no gender differences in suicidality between trauma-exposed Black adolescents.

$H_1$1: There will be gender differences in suicidality between trauma-exposed Black adolescents.

Research Question 4: Are there gender differences in suicidality in response to trauma exposure among Black adolescents?

$H_0$1: There will be no gender differences in suicidality in response to trauma exposure among Black adolescents.

$H_1$1: There will be gender differences in suicidality in response to trauma exposure among Black adolescents.

Framework

The theoretical framework for this study was Chu et al., (2010) cultural theory and model of suicide. Moreover, this theory filled the void of the absence of theory on culture and suicide, and answered the call proposed by Leach and Leon (2008) to develop a framework that can be utilized to guide future research (Chu et al., 2010). Specifically, it is a synthesis on existing strengths of the socialization, cultural scripts, and sociological theories of suicide (Canetto and Sakinofsky, 1998, Mościcki, 1994, Stice and Canetto, 2008). The cultural theory and model of suicide is derived of four cultural suicide factors: *cultural sanctions, idioms of*

distress, and minority stress. From these three considerations, Chu et el., (2010) suggested that culture influences suicidology in the following ways:

(1) Culture affects the types of language one uses to disclose suicide.

(2) There are specific cultural meanings associated with stressors that lead to suicide.

(3) Culture affects how suicidal thoughts, intent, plans, and attempts are expressed.

Thus, this model assumes that experiences with suicidality are first rooted in life stressors that one experiences according to their cultural context. Furthermore, culture perceives these stressful occurrences according to their attitudes and norms for coping. Similarly, cultures can construct narratives around suicidality, and more importantly inform how one encounters and copes with suicidal behaviors.

Katrina Jaworski's extensive work on suicide and suicidal behaviors has contributed a plethora of knowledge on gender differences in suicidality. The gender of suicide theory posits "gender cannot be understood without acknowledging how gender shapes it, revealing the masculine and masculinist terms in which our current knowledge of suicide is constructed," (Jaworski, 2014). She identifies two key principles of the gender of suicide: (1) The knowing of suicide is dependent not only on what is recognized as visible, but also on the conditions that render something visible. (2) The gender of suicide is actively inscribed through the masculine and masculinist lens of desire, rendering some forms of violence as visible, active, and serious and others as less visible, passive, and reactive. A more detailed description of the theoretical framework is provided in Chapter 2.

Nature of the Study

This was a quantitative study ex post facto study using data from the 2021 (Youth Risk Behavior Surveillance Survey) ([YRBSS] Center for Disease Control [CDC], 2021). The study was rooted in a post-positivist perspective which holds that knowledge is achieved through examining cause and effect relationships through empirical critique and observation

(Creswell, 2009). The independent variables in this study are race/ethnicity and gender. The dependent variables were trauma and suicidality. Specifically, I examined whether there are gender differences in suicidality among trauma-exposed Black adolescents.

To begin, I highlight the cultural influences on how Black adolescents experience trauma, and how they perceive and cope with mental health problems and suicidality. Finding these differences will contribute to the growing research of suicidality amongst Black adolescents. Moreover, it will provide insight into the relationships between lived traumatic experiences and suicidal behaviors. Archival data from the 2021 Youth Risk Behavior Surveillance System (YRBS) were used in this study (CDC, 2021). Since 1991, the YRBSS has been the largest public health survey system in the United States, that examines a wide range of health-focused behaviors among high school adolescents (Mpofu, Underwood, Thornton et al., 2021). The survey is conducted in January-June of odd-numbered years among students in grades 9-12 enrolled in U.S. public and private schools. However, due to the COVID-19 pandemic, the 2021 survey was not administered until the fall (September-December). A three-stage cluster sampling design was used to obtain a nationally representative sample, with estimates that are accurate within a 95% confidence level. These population estimates include gender, grade, race, and ethnicity (Mpofu, Underwood, Thornton et al., 2021). The survey contained 87 questions; however, survey sites could add or delete questions as long as at least 58 of the questions were administered. These questions included unintentional injuries and violence (22), tobacco use (22), alcohol and other drug use (20), sexual behaviors (13), dietary behaviors (12), physical activity (9), obesity and weight control (4), and other health topics (9) (Mpofu, Underwood, Thornton et al., 2021). A logistic regression analysis was conducted to examine the data using SPSS.

Definitions

The variables in the study were defined as follows:

Trauma exposure: Exposure to a specific event and/or the conglomeration of several traumatic experiences, whether a single-event or chronic (Rubens et al., 2024). In this study, *yes* responses to the following: witnessing physical violence in their neighborhood, being bullied electronically or on school property, and experienced or witnessed any forms of sexual violence. All of which were to be noted within the past 12 months.

Ethnicity: Self-reported race of ethnic background of the participant and including the following responses: American Indian, Asian, Black, Hispanic/Latino, Native Hawaiian or Pacific Islander, White, and Multiple race.

Gender: Self-reported sex of the participant and defined as boy or girl.

Suicidality: Respondents recorded a *yes* to the following questions: seriously considered attempting suicide, made a plan about attempted suicide, actually attempted suicide, and suicide attempt resulted in an injury, poisoning, or overdose that required treatment by a medical professional. All of which were to be noted within the past 12 months.

Assumptions

In this study, the following assumptions were held regarding the YRBSS Survey and its participants:

1. Responses were an honest and accurate assessment of the participants' experiences.
2. Adolescents were able to provide responses in a confidential manner.
3. The data collected were reliable and valid.

These assumptions are vital in guaranteeing that findings are interpreted with regards to any racial/ethnic gender differences identified in this study considering that this study is an ex-post facto design.

Scope and Delimitations

This study was limited to adolescents which will restrict generalizability to other age groups. Moreover, there is no randomized assignment which limits the generalizability of the

findings. The YRBSS included a nationally representative sample of high school students (i.e, grades 9 through 12) in the United States with a confidence level of 95% (Mpofu, Underwood, Thornton et al., 2021). Because findings are limited to high school students in the United States, findings cannot be generalized to homeschooled students or adolescents in other countries. Although the survey only included adolescents enrolled in in-person school (i.e, public or private), this study may be replicated in other geographical areas to compare findings.

Limitations

This study encounters several limitations. First, an ex post facto design limit's the researchers' ability to control variables because the secondary data and participants cannot be manipulated. In addition, while the sample included high school students, the findings are not generalizable to students that participate in homeschool, especially since COVID-19 school closures and the evolution of distance learning options for students. This increases the odds of sampling bias. However, research bias was addressed by running an objective analysis of the data gathered from the YRBSS. Homeschooled students, and students that are not enrolled in school are not considered, therefore data are not representative of all adolescents in this age group. Another limitation includes the underreporting and overreporting cannot be determined. Notably, examination of the 2021 survey questions indicated strong test-retest reliability (Brener et al., 2002; 2003). Although the YRBSS is administered across the U.S., not all states and school districts participate, and those that do may not administer all 87 questions, as this is a site-based decision. Furthermore, because the surveys are cross-sectional, we cannot detect causality, which also hinders the insight behind observed trends. Lastly, COVID-19 restrictions and precautions might have reduced student participation (Mpofu, Underwood, Thornton et al., 2021).

Summary

With Black adolescents being the one of the most vulnerable populations for trauma exposure (Frazier, 2021), and Black students attempting suicide significantly higher rates than their non-Black counterparts (Kann, McManus, Harris, et al., 2018), information obtained in this study may provide insight into the correlation between trauma and suicidality in this specialized population. Furthermore, given the few studies on the cultural and gender influences on suicidal behaviors among Black adolescents, findings from this study will inform appropriate educational and clinical initiatives to curtail that rising rates of suicidality within this population. The consequences of trauma exposure have been examined in terms of externalized and internalized trauma responses, such as substance abuse, self-destructive behaviors, and anxiety and depression. However, there are limited culturally centered theories on suicide, and in regard to how cultural factors influence suicidology.

The purpose of this quantitative study was to examine the relationship between the independent variables of racial/ethnicity and gender, and the dependent variables of trauma exposure and suicidality. The theoretical foundation of this study was the cultural theory and model of suicide (Chu et al., 2010), and Jaworski's (2014) gendering of suicide theory. It was founded on an ex post facto design using archival data from the 2021 YRBSS survey (CDC, 2021).

Chapter 2 will provide an in-depth review of literature on trauma exposure among Black adolescents, its consequences, prevalence, as well as gender differences within this group. This chapter will also discuss the current breadth of knowledge on trauma exposure and the cultural myths about mental health that influence suicidality. Additionally, the cultural theory and model of suicide, and the gendering of suicide theory will be discussed more in-depth in this chapter.

Chapter 2: Literature Review

Introduction

As aforementioned, trauma exposure includes exposure to a specific, and/or wide range of traumatic experiences (Rubens et al., 2024). When one experiences repeated exposures to adverse events, a diagnosis of posttraumatic stress disorder (PTSD) can be assigned if the internalized and externalized symptoms meet diagnostic criteria. Furthermore, psychological trauma occurs when one's experience triggers a perceived threat to their physical and emotional safety, resulting in responses of fear or helplessness (Crosby et al., 2023). Although it is discouraged to place trauma on a hierarchy (i.e., mild to severe), it is essential to define the types of exposures to further demonstrate cultural ecological practices. As outlined in the DSM-5 Diagnostic criteria, levels of exposure can be categorized into direct and indirect exposure. Direct exposure occurs either firsthand, or by witnessing a trauma as it occurs to others (May & Wisco, 2016). Indirect trauma is also commonly referred to as "secondary trauma," such as hearing about the gruesome details of one's traumatic experience. Moreover, May & Wisco, (2016) further explain that proximity is also an important factor in trauma exposure, such that an individual's proximity can influence the frequency and intensity of traumatic experiences. Thus, it is beneficial to consider the differential consequences of trauma exposure among specialized populations and its relationship to suicidality.

Literature Search Strategy

This literature review used the following databases: University of Nevada Las Vegas (UNLV) Online Libraries, EBSCOhost, PsycINFO, PsycARTICLES, and Google Scholar. The following keywords were included in searching these databases: *Black adolescents, trauma, trauma exposure, cultural, suicidality, prevalence, gender, race, ethnicity, myths,* and *mental health.* The search was limited to 7 years for the purposes of gathering the most recent

data, however, more historical articles were referenced to provide insight into previous findings and interpretations of theories related to the study. The chapter begins with a discussion on trauma exposures prone to Black adolescent populations in relation to its prevalence, gender, and racial ethnic differences. The consequences of untreated traumatic experiences in relation to suicidality among Black adolescents are then discussed, while gender and racial ethnic factors will also be addressed.

Trauma Exposure

Prevalence

Trauma involves the shattering of an individual's beliefs about the meaning and predictability of the world, and it impacts how one perceives the world, justice, the trustworthiness of others, and one's self-worth (Aldwin, 2007). It is reported that more than 5,ooo,ooo youth in the U.S. experience some form of trauma including abuse, neglect, poverty, death of a loved one, and community violence (Spitalny, Gurian, & Goodman, 2002). Moreover, trauma exposure reaches its peak in adolescence (Breslau et al., 2004), and such events can be influenced by one's racial/ethnic background and can have long lasting psychological and physical effects that often go untreated. Finkelhor, Ormrod, & Turner (2007) found that Black adolescents showed higher rates of trauma exposure and multiple victimizations when compared to their non-Black counterparts. In a quantitative study conducted in an urban school district in the U.S. on the prevalence, variations, and outcomes of trauma exposure, Woodbridge et al., (2016) concluded that Black adolescents reported more total trauma, significantly more trauma events, significantly more victimizations of trauma, and significantly more witnessing of traumatic events. It is important to note that the vulnerability of Black adolescents to trauma exposure is greatly attributed to disenfranchisement, marginalization, and underserved resources within lower SES Black communities. Black youth residing in low-income, urban areas experience many

contextually specific risk factors that make them susceptible to trauma and loss across their lifespan (Alegría et al., 2013; Johnson, 2010). Therefore, while research confirms that Black youth experience trauma at higher rates that their non-Black counterparts, there's little empirical emphasis on the cultural nuances of this population's traumatic experiences.

Racial and Ethnic Differences

Due to the development of cultural ecological frameworks and multicultural psychological science, the potential for a deeper understanding about the populations studied has evolved. Cauce (2011) posited that a study conducted on one sample, does not guarantee meaningful information about another due to multicultural nuances. For example, interventions derived from a study that is conducted on White adolescent girls, will not be appropriate for Black adolescent girls. Nonetheless, cultural considerations regarding how trauma is experienced, perceived, and unpacked is contingent upon a plethora of cultural factors. For example, in a retrospective survey, Lopez et al., (2017) found that Black and Hispanic youth experienced greater exposure to violence and indicated greater probability of delinquency. Moreover, Black adolescents reported higher levels of polyvictimization, which is defined as experiencing multiple types of victimizations including sexual and physical abuse, neglect, and bullying, than their non-Black counterparts (Lopez et al., 2017). Although polyvictimization overlaps significantly with PTSD and depression symptoms, it may not fully assess trauma exposure. Nevertheless, polyvictimization appears to account for a significant portion of trauma-related mental health outcomes of Black adolescents (Andrews et al., 2015).

Additionally, studies have examined the prevalence rates of trauma exposure among racial/ethnic groups by the type of traumatic event experienced. McLaughlin et al. (2013) found that while White youth more commonly witnessed domestic violence, Black youth more commonly endured the unexpected death of a loved one. This data speaks to the

concept of proximity. For example, many urban adolescents, up to 80% of all adolescents and 95% of African American adolescents, report witnessing or experiencing some form of violence in their lifetime (Gaylord-Harden, Cunningham, & Zelencik, 2011; Kimonis, Ray, Branch, & Cauffman, 2011). Given that trauma exposed Black adolescents reside in concentrated areas of poverty and community violence, it is not surprising that there are traumas unique to this population. Black families are more likely to be low-income (61%), poor (34%), and live in deep poverty (17%) compared to white families (Jiang & Koball, 2018).

Moreover, there are racial/ethnic differences in the way in which adolescents cope with trauma. Research has cited increased prevalence in mood and anxiety disorders, and exposure to interpersonal violence (i.e, rape, unwanted touch, emotional abuse, etc.) for Black adolescents, as well as ethnic differences in externalized behaviors including substance use and delinquency (Begle et al., 2011). Nevertheless, current research has yet to center the short- and long-term effects of trauma on Black adolescents without comparison to their non-Black peers.

Gender Differences

Children create schemas for determining appropriately gendered behavior based on social learning, and adversarial experiences (Craig & Sprang, 2014). This social conditioning of societal gender roles may have a significant influence on a child's expression of traumatic stress, responses to trauma exposure, and manifestations of PTSD-related symptoms (Woodbridge et al., 2016). Moreover, gender constructs and roles may also influence a child's capacity to adapt to adversity, and the way they exhibit resilience following a traumatic experience. While researchers have provided estimates on the prevalence of trauma exposure among Black adolescents, research has mostly focused on the experiences of the Black adolescent males, with less attention given to Black girls. Even less research has been

conducted on how black boys and black girls experience and cope with traumatic experiences. One study in particular address these concerns in relation to the association between exposure to community violence and somatic symptoms among Black adolescents, however, gender differences within this group were not examined (Lawrence, Hong, Voisin, 2023).

Similar to racial/ethnic background, gender plays a significant role in the prevalence and responses to trauma that adolescents experience. Several studies have examined trauma exposed Black adolescents in a myriad of ways. For example, Smith & Patton (2016) found that concentrated disadvantages in urban communities place Black youth and adolescents at disproportionate risk for exposure to trauma. Moreover, they concluded homicide and health disparities position Black male adolescents to premature violent death or traumatic loss. Indeed, there is a rationale for the disproportionate production of studies that center Black adolescent male experiences with trauma, given data suggests this population is more susceptible to varying traumatic exposure. Additionally, several studies have centered the trauma of Black adolescent male experiences such as community violence, (Smith & Patton, 2016; Quinn et al., 2017; Phan, Thomas, & Gaylord-Harden 2020), violence and discrimination in schools (Marsh & Walker 2022; Crosby, Jones, & Somers, 2022), and race related trauma (Aymer, 2016). However, Black adolescent girls are experiencing increasing rates of trauma that require further analysis. In a study on the roles of stress and coping in low-income Black adolescents, results found that girls reported higher internalizing symptoms than boys (Winchester et el., 2022). Additionally, Carlson & Grant (2018) conducted a study on the gender differences in coping with stressors among black adolescents. This study used a self-reported inventory of to measure psychological symptoms, stress, and coping in lower SES African American early adolescents. Researchers found that girls experienced more symptoms than their male counterparts, specifically

internalizing symptoms (i.e., depression, anxiety, somatization). Conversely, boys reported more overall stress, such as exposure to violence, more than girls. Additionally, female coping strategies were less effective in preventing stress related symptoms, or more likely exacerbated symptoms, than those in boys (Carlson & Grant, 2018).

The biological basis for gender differences can also influence how adolescents experience and cope with trauma. For example, the sympathetic and noradrenergic systems that mediate fight-or-flight responses are activated differentially in boys and girls when they encounter a traumatic event (Sherin & Nemeroff, 2011; Southwick et al., 1999). In other words, there are neurobiological gender differences that occur after experiencing trauma. Craig & Sprang (2014), conducted a study that examined the gender differences in reported PTSD symptoms in trauma-exposed adolescents. Findings indicated that in response to trauma, males developed more externalized behaviors such as aggression, while girls reported feelings of loneliness and anxiety (i.e., internalized symptoms). Thus, these differences in emotional response result in female adolescents experiencing higher rates of PTSD symptoms, and PTSD-related cognitions following trauma exposure than males (Maschi et al., 2008; Kessler et al.,1995).

It is safe to argue that there are gaps in the literature on gender differentials of trauma-exposed Black adolescents. Recent studies have examined this phenomenon in part, within an isolated lens (i.e, focus on males), for example, how black boys experience and cope with exposure to community violence (Cassidy & Stevenson, 2005). This speaks to the need for Black girl experiences to also be amplified in juxtaposition to their male counterparts.

Stigmas & Cultural Barriers

Black culture is a conglomerate of norms, traditions, core beliefs, religiosity, and moral codes that are distinctive to our histories. All these factors are uniquely woven into the black experience. Different races and ethnicities hold beliefs about mental health that include

how one should endure trauma, adversity, and hardships. From the inception of enslavement, Black populations have been conditioned to embrace trauma exposure with the utmost strength. While this is an admiral characteristic, this often leads to the silencing of mental health struggles. Specifically, Black adolescents are among the populations that are collateral damage to the stigmas and barriers surrounding Black mental health. As such, stigma is pivotal to understanding mental health disparities among racial/ethnic minority groups in the U.S. (Misra et al., 2021).

According to Alvidrez et al., (2008), African Americans who are participating in mental health services reported that even mild depression and anxiety was considered "crazy" in their social groups. This is greatly attributed to the core beliefs within the Black community that depression and anxiety are signs of weakness, and the condition of such mental states are at the ownness on the individual. Austin & Austin (2021), identified the common schemas of Black adolescents associated with seeking mental health services: *"I'm just going to pray on it," "I don't want anyone to think I'm crazy,"* and *I don't want to tell anyone my business."* First and foremost, God and prayer is the answer to all mental struggles. Secondly, disclosing mental health problems in many Black families can carry a negative connotation of "crazy." Lastly, the idea that "what happens in this house stays in this house" has been a cultural code of conduct in the Black household for generations, arguably, rooted in the survival of enslavement. Nonetheless, these core beliefs once used as a hedge of protection, have now become a detriment to the mental health of Black youth.

The notion of the "Strong Black Woman" and "Strong Black Man," have generational implications that have plagued the mental health of Black people in general. The characteristics of the Strong Black Woman (SBW) archetype starts to emerge in adolescence and includes self-silencing and self-suppression (Anyiwo et al., 2022). For Black boys, it includes "toughing it out," as it pertains to emotional pain (Lindsey, Brown, & Cunningham

(2017). In relation to trauma exposed Black adolescents, these messages can seem amplified and complicate the way in which they navigate coping mechanisms. These cultural socialization as well as societal gender roles may have a profound influence on an adolescent's expression of traumatic stress, trauma-responses, and manifestations of PTSD-related symptoms (Crosby 2023). Notably, these stigmas can contribute to trauma responses that have not previously been associated with Black adolescents, such as suicidal behaviors.

Consequences of Trauma Exposure

Cultural Differences in Suicidality

Trauma exposure, especially complex trauma exposure, can impose negative implications and outcomes. There are several detrimental consequences that are rooted in trauma exposure. Several studies have found strong evidence that links traumatic stress, even at subthreshold levels, and problems in emotional regulation, social-emotional development, cognitive development, and risk of suicide and mental illness (Bunker, Colquhoun, & Esler, 2003; Kibler, Joshi, & Ma, 2009; McFarlane, 2010). For adolescents between the ages of 15 to 24, suicide is the second leading cause of death (National Institutes of Mental Health, 2018). Furthermore, approximately 17% of high school students have seriously considered suicide, 13% have made a plan, and more than 8% have made a suicide attempt (SAMHSA, 2014).

Lee & Wong (2020) conducted an analysis on racial/ethnic differences in the antecedents (e.g., mental health problems, history of suicide attempt or ideation, presence of suicide note, and substance abuse problems) of adolescent suicide deaths in the United States using postmortem data (National Violent Death Reporting System). They found that White decedents had higher rates of previous suicidal ideation when compared to Black decedents. However, White, Native American, and Latinx decedents were all twice as likely as Black decedents to have attempted suicide prior to their deaths (Lee & Wong, 2020). Furthermore,

they discovered that Black youths had higher rates of suicide overall, however, a substantial percentage had no prior history of suicide attempts. While these findings combat culturally preconceived notions that Black people do not consider suicide as a viable option to escape life's traumas/stressors at significant levels, they do not consider the traumatic experiences that trigger the antecedents. Notably, their findings challenge research that posits that suicide attempt history is the strongest predictor of completed suicide (Keeshin, Gray, Zhang, Presson, & Coon, 2018), which speaks to the significance of identifying the cultural nuances of suicidality. Suicide risk for Black adolescents may differ from other races and ethnicities due to disproportionate exposure to trauma, and racial disparities in mental health access. Furthermore, they are subject to higher rates of exposure to death among Black individuals in their neighborhoods and communities. It is notable that these exposures are not restricted to their immediate surrounding, but also through exosystems, such as witnessing the death of George Floyd on national television and social media outlets (Sheftall, 2022).

According to a recent report, the Centers for Disease Control and Prevention (CDC, 2020) indicates that suicide is the third leading cause of death for Black youth (ages 15-24) in the United States. Suicide among Black adolescents is a significant public health concern, yet research examining the epidemiology of suicide in this population is limited. Although there is the notion that suicide is a White phenomenon (Lindsey, Brow, & Cunningham, 2017), recent data is suggesting otherwise. From 2003 to 2017, Black adolescents experienced a significant upward trend in suicide with the largest annual percentage change in the 15- to 17-year age range and among girls (4.9% and 6.6%,) (Sheftall et al., 2022). Although there's empirical evident of increases in suicide among Black adolescents, studies identifying sociocultural indicators within this group that may inform suicidal risk factors are limited. In a sectional study on Black adolescents with a traumatic history (e.g., physical abuse and environmental stress), Fitzpatrick and colleagues (2008) found that Black American

adolescents were five times more likely to attempt suicide than those adolescents without a history of trauma or adversity. Furthermore, Bridge et al., (2015) found that the rates of suicide among Black youth transitioning to adolescence doubled between 1993 and 2012. Those number have since risen.

Given recent upward trends in suicide among Black adolescents, it imperative to pinpoint specific indicators of suicidal risk factors. Limited resources, increased risk of violence and poverty, as well as the cultural stigmas associated with mental health are among the many factors that lead to an increased risk of suicide among the Black youth (Frazier 2021). Therefore, examination of this phenomenon requires further attention given the cultural complexities associated.

Gender Differences in Suicidality

Empirical research has suggested gender differences in youth's susceptibilities to suicidal risk factors. Murphy et al., (2017) conducted a longitudinal study using data from the CDC's 2015 National Vital Statistics Report. They concluded that females are more likely to have suicidal ideation and attempt suicide, while males are likely to complete suicide. Nonetheless, there are profound differences in how boys and girls experience suicidality. However, the number of studies that center these differences among minority groups are very limited. Over the last 10 years, the rate of suicide in the United States among adolescents has increased among ages 15 to 19 with a rate of 6.7 suicides per 10,000 per year in 2007 to a rate of 11.18 per 100,000 per year in 2017 (Shain, 2019). This rate increased for both male and female adolescents, however, black girls emerged with the most significant increase, with 1.2 suicides per 100,000 per year in 2007 and 4.0 per 100,000 per year in 2017 (Shain, 2019).

The Youth Risk Behavior Surveillance Survey has been a source of analysis for many researchers with interests in child and adolescent risk factors. Because of the surveys' inquiry into various physical and mental health problems, and maladaptive coping mechanisms

experienced by youth across the United States, it has been used to examine gender differences in suicidality. Lindsey and colleagues (2019) conducted a logistic regression analysis using the YRBS from the years of 1991 to 2017 to examine suicide trends by different racial groups. Researchers determined that for Black boys, there was a significant increase in injury because of a suicide attempt. Moreover, Price and Khubchandani (2019) also used utilized the YRBSS in conjunction with the Web-Based Injury Statistics Query and Reporting System (WISQARS) from the years of 2001 to 2017. This study explored suicidal deaths and attempts in African American adolescents. Their longitudinal analysis found that suicide for Black boys increased by 60% and by 182% for Black girls (Prince & Khubchandani, 2019). Additionally, in congruence with research that suggest males complete suicide in more externalized ways (Jaworski, 2014), they concluded males were most likely to use firearms (52%) or to hang/suffocate themselves (34%). Given the dynamic nature of the YRBSS, and other national measures, new research on minoritized populations is warranted.

Gender shapes our understanding of suicide in a covert and overt ways, much of which is attributed to societal gender roles and standards. Brown and colleagues (2012) found that gender, specifically, being female, is a more potent predictor of suicide behavior than is a mental disorder, noting that female adolescents experience traumatic stress and suicide behaviors concurrently. In addition to analyzing gender differences in suicidality, narrowing the lens to identify these differences among minority adolescent populations can better inform preventative initiatives to address this increase in suicidal occurrences among Black youth. Given research on this topic is recent, analysis that considers gender differentials among this population is scarce. The current rise in Black youth suicide indicates prioritization of research aimed at identifying specific risk, such as trauma exposure, potential preventative factors associated with Black youth suicidal behavior.

Theoretical Foundations and Framework

The Cultural Theory and Model of Suicide

A growing body of research has indicated significant variations in the prevalence, experiences, and correlates of suicide across racial/ethnic, and gender. Despite these developments, cultural variations are lacking in the existing clinical and research approaches to suicide assessment and prevention. Moreover, Chu et al., (2010) conducted a literature analysis of suicide risk in ethnic and sexual minority adolescents. These risk factors were culturally specific and were narrowed down to three. The following made up for 95% of the risk data: *cultural sanctions, idioms of distress, and minority stress*. As a result, the three principles of the Cultural Theory and Model of Suicide (CTMS) were established: (1) The first is that culture affects the types of language one uses to disclose suicide; (2) There are specific cultural meanings associated with stressors that lead to suicide; (3) Culture affects how suicidal thoughts, intent, plans, and attempts are expressed (Chu et al., 2010).

Cultural sanctions refer to a culture's acceptability of suicide as a solution for one's problems, thus affecting one's consideration of suicide as a feasible resolution. Several studies have shown that for African Americans, suicide is vowed as unacceptable and immoral, resulting in a lower likelihood for suicidal behavior (Anglin, Gabriel, & Kaslow, 2005; Marion & Range, 2003). However, with the steady rise in suicidal behavior among Black adolescents, this cultural factor no longer is a protective guise for the prevention of suicidality. Notably, some research has found that this cultural sanction within the Black community applies only to suicidal attempts and not ideation (Richardson-Vejlgaard et al., 2009).

Idioms of distress are the cultural variations in the onset or expression of psychological symptoms (American Psychiatric Association, 2013). In other words, it refers to the likelihood to express suicidality, and the way in which suicide symptoms are expressed, and the chosen methods of suicide attempts (Chu et al., 2010). For example, one

study found that African Americans who complete suicide exhibit idioms of distress. Meaning, they endorsed suicidal behaviors more often in the time prior to their suicidal attempt (Willis et al., 2003). Perhaps the phenomenon of hidden ideation has correlations with the stigmas about mental health that are perpetuated throughout the Black community. Minority stress refers to the stress minority populations experience because of their social identity or position (Meyer, 2003). Having proximity to trauma can be a contributing factor to stress among Black adolescents. For example, the disproportionate exposure to community and interpersonal violence in this population makes them vulnerable to these traumatic stressors.

There are three theoretical principles derived from the culturally specific risks to suicide. The first principle of the CTMS states that "culture affects how suicidal thoughts, intent, plans, and attempts are expressed," (Chu et al., 2010). This cultural factor examines the language one uses (i.e., idioms of distress) to disclose suicidality, or chosen method of attempting or completing suicide. The second is that "culture affects the types of stressors that lead to suicidal behavior," (Chu et al., 2010). These factors include minority stress, and cultural sanctions. This demonstrates the complexities of suicidality that are experienced by culturally ethnic groups. Lastly, the third principle holds that "cultural meanings associated with stressors and suicide affect the development of suicidal tendencies, one's threshold for psychological pain, and a subsequent suicidal act," (Chu et al., 2010). Overall, the CTMS is a theoretical framework that determines culturally specific suicide risk in ethnic minority groups by examining influential factors that are innately embedded in their culture. It provides insight into how minority populations experience suicide. Notably, these cultural factors are nuanced and are often difficult to identify, which speaks to the importance of studying these populations to encourage culturally appropriate suicide assessments, protocols, and preventative measures.

The Gender of Suicide Theory

The Gender of Suicide was developed by Katrina Jaworski, that identifies suicide as a masculine construct that focuses on the "final act" as opposed to considering suicidality as a spectrum of behaviors. Her work focuses on diverse textual and theoretical sources to understand how society comprehends suicide by studying it across specialized bodies of knowledge (i.e., sociology, law, medicine, psy-knowledge, and newsprint media) (Jaworski, 2014). For example, she contends that psy-knowledge interprets suicide through the lens of mental illness, which is a product of gendered assumptions. She posits, "There is no coherent theory of gender in suicide, as suicidology constructs suicide as an empirically determined, male phenomenon," (Jaworski, 2014). Specifically, the gender of suicide suggests that to properly analyze how gender shapes and influences suicidality, the following must be considered: (1) The knowing of suicide is dependent not only on what is recognized as visible, but also on the conditions that render something visible. (2) The gender of suicide is actively inscribed through the masculine lens of desire, rendering some forms of suicide as active and serious, and others passive and reactive. In other words, "masculine" suicide is regarded as a physical attempts or completion of the act; it is deemed observable and detectable.

Suicide is commonly associated with lack; lack of resources such as mental and physical health services, and lack of meaningful relationships. Research has suggested that people resort to suicidal behaviors because something is missing in their lives, leading to a desire to compensate (Shneidman 1996). Based on mortality outcomes, women's desire to suicide is primarily explained through the lens of relationship breakdowns including familial and romantic (Canetto and Lester 1998). This is perhaps due to societal assumptions and gender roles that suggest relationships (i.e., mom, wife, daughter) are more significant in the lives of women than men. Conversely, men's risk of suicide is explained through loss of

independence or self-control, such as in the case of physical illness or economic hardships (Jaworski, 2014). Nonetheless, the way men and women experience and report suicidality ranges. For the purposes of this study, suicidal ideation (i.e., "seriously considered attempting suicide," and "made a plan about how to attempt suicide") can be categorized as passive or reactive, and most likely associated with how females navigate suicide. On the other hand, "attempting suicide," or "having an attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse," can be characterized as visible and more serious, thus rendering it a masculine act of suicide. However, the gender of suicide emphasizes suicidology as a spectrum, which places importance on all aspects of suicidality, rather than centering it as a masculine, male dominant occurrence. Therefore, it is imperative to examine suicide with consideration of not just cultural differences, but gender differences as well.

Summary

The purpose of this study was to examine gender differences in suicidality among trauma exposed Black adolescents. Although literature reports some research on how Black adolescents experience trauma, there is limited research exploring possible associations between trauma exposure and suicidal behaviors within this population. Findings in the literature indicate that there are ethnic differences with regards to trauma exposure and suicidality. It is hypothesized that there will be significant racial/ethnic differences in how trauma-exposed adolescents experience suicidality, and gender will be significantly associated with suicidality among Black adolescents that have had traumatic occurrences.

Chapter 3: Research Methods

Introduction

The purpose of this quantitative study was to explore the gender differences in suicidality among trauma-exposed Black adolescents. Trauma exposure disproportionately affects Black youth and manifests mental health problems, including suicidality. With the recent rise in suicide among Black youth, it may be beneficial to consider the cultural influences and gender differences that contribute to suicidal behaviors. This study sought to explore how the relationship between trauma exposure and suicidality differs among Black adolescents. Furthermore, cultural risk factors are also considered.

Chapter 3 will include a description of the research design, methodology, and threats to validity. In the research design section, the overarching methodological approach and the research variables will be described. The methodology section will identify the targeted population, sample, and sampling procedure, as well as the 2021 Youth Risk Behavior Surveillance Survey (YRBSS) procedures for recruitment. Additionally, the procedures for gaining access to the data set will be noted. It will further identify the operationalization of the variables, statistical analysis, and process for interpretation of the results, threats to validity, and ethical procedures. Currently, there is limited research on trauma-exposed Black adolescents in terms of gender differences in suicidality. Findings from this study center the experiences of Black adolescents that have had traumatic experiences, thus, informing educational and clinical assessments and interventions.

Research Methodology

This study was grounded on a post-positivist perspective which is rooted in experimental research which examines data objective data (Creswell, 2009). This worldview posits that the knowledge about the world is gained through the measurement of cause-and-effect relationships. This study examined whether there are cultural and gender differences in

suicidality among trauma-exposed Black adolescents. Archival data was gathered from the 2021 Youth Risk Behavior Survey (YRBSS), conducted by the Centers for Disease Control (CDC).

An ex post facto design was utilized in the secondary analysis of the YRBSS archival data. One of the advantages of this design is that the data are already collected which saves the examiner time, given the difficulties collecting data on trauma experiences in adolescents. Furthermore, because this proposed study seeks to examine vulnerable populations reporting on sensitive topics, an ex post facto design eliminates potential ethical issues associated with working with a vulnerable population. However, because the data have already been collected, there is no random assignment of participants, and the data cannot be manipulated. As a result, findings may not be generalizable to other adolescent populations, such as those outside of the United States. However, this study may be replicated with different populations in other geographical locations.

A logistic regression analysis was used to examine the influence of one or more independent variables on the dependent variables. Specifically, this study explored the cultural and gender differences between Black adolescents on the dependent variables of trauma exposure and suicidality, while controlling for age. The assumptions for this logistic regression modeling are met in that the predicted outcome is binary.

Research Design and Rationale

Philosophical perspectives influence research approaches and designs. One of the most traditional approaches to quantitative research is the post-positivists' world view in empirical science. Moreover, it makes meaning out of the creation of new knowledge, and encourages social change (Ryan, 2006). A distinct characteristic to this methodology is that because absolute truth cannot be found, hypotheses can be tested to inform research that can provide evidence and contribute to knowledge (Creswell, 2009). This study assumes this

approach to examine relationships between variables by minimizing threats to validity and reliability (Creswell, 2009).

This study utilized an ex-post facto design using archival data. There were several advantages in the secondary analysis of the YRBSS archival data including practicality, and elimination of ethical concerns due to the vulnerability of the study's population. Moreover, the design allowed the examiner to test hypotheses about the relationships between the variables that were examined. In consideration of the disadvantages, causality could not be identified or measured due to the utilization of secondary data. As aforementioned, another disadvantage is the inability for randomization with archival data, which is not generalizable to adolescents in other countries. However, this study can be replicated with different populations in other countries.

A logistic regression analysis is appropriate for this study. The research question's goal is to identify significant differences between two independent variables, and 2 dependent variables. This analytic approach predicts a dependent data variable by analyzing the relationship between one or more existing independent variables (Ryan, 2006). Furthermore, this study aimed to predict a binary outcome based on prior observations of a data set (Sperandei, 2014).

Variables

For initial analysis, trauma and suicidality are the dependent variables, which are compared against race/ethnicity (i.e., independent variable) while controlling for age (i.e., covariate) to remove their effects on other variables. Subsequent analysis rendered trauma and suicidality as the dependent variables, while gender was the independent variable.

Methodology

Population

The 2021 YRBSS consisted of a sampling frame of students in grades 9-12 enrolled in either public or private schools in the United States (Mpofu, Underwood, Thornton et al., 2021). Male and female students of all races, ethnicities, and socioeconomic statuses were considered in this survey. "Approximately half of all student respondents represented racial and ethnic minority groups, and approximately one in four identified as lesbian, gay, bisexual, questioning, or other (a sexual identity other than heterosexual) (LGBQ+)," (Mpofu, Underwood, Thornton et al., 2021). Additionally, the target population consisted of all 50 U.S. States and the District of Columbia.

Sampling and Sampling Procedure

The YRBSS uses a three-stage cluster sampling design to produce a nationally representative sample (Mpofu, Underwood, Thornton et al., 2021). However, students enrolled in alternative education (i.e., behavioral schools, special education schools, schools operated by the Bureau of Indian Education) were not included in the sample. Sampling was broken down into two stages. The first-stage sampling frame (i.e., primary sampling units) included entire counties, adjacent smaller counties, and parts of larger counties. The second-stage sampling frame (i.e., secondary sampling units) included a physical school with grades 9-12, or a school created by combining nearby schools to provide all four grades. The third stage encompassed random selection of one or two classrooms in each of grades 9–12 from either a core subject (e.g., English or social studies) or a required class period (e.g., homeroom or second period) (Mpofu, Underwood, Thornton et al., 2021). Moreover, any student that could complete the survey independently was invited to participate. However, schools or students that opted out of the survey were not replaced.

Sample Size

Seventeen thousand, five hundred and eight surveys were completed, however, 276 were deemed invalid due to failed quality control, (Mpofu, Underwood, Thornton et al., 2021). The sample consisted of 17,232 male and female students across 152 schools in the United States. This was a representative sample of high school students in the United States by race, ethnicity, sex, and grades (Mpofu, Underwood, Thornton et al., 2021).

Procedures for Recruitment of the YRBSS 2021 Study

Schools were selected to participate based on the three-cluster sampling strategy. All sampled schools and students within these sample frames were eligible to voluntarily participate, and local parental permission was followed before the survey administration (Mpofu, Underwood, Thornton et al., 2021). The self-administered questionnaire was completed on a computer-scannable booklet and took approximately 45 minutes (i.e., one class period) to complete (Mpofu, Underwood, Thornton et al., 2021). Responses were anonymous, and students' desks were spread about to ensure privacy. In addition, students were encouraged to use a sheet of paper to cover their responses to increase confidentiality.

Procedures for Gaining Access to the YRBSS 2021 Data

The 2021 YRBSS data files can be downloaded from the CDC's website at https://www.cdc.gov/healthyyouth/data/yrbs/data.htm. No prior permission is necessary to download and analyze the files, as the data are freely available to download (Mpofu, Underwood, Thornton et al., 2021).

Operationalization of Variables

The independent variables were racial/ethnicity and gender. Race and ethnicity were defined as the self-reported cultural background of an individual based on descent, nationality, and membership in a racial or ethnic group. Gender was defined as the self-reported response as either male or female.

The dependent variables were trauma-exposure and suicidality. Trauma exposure was defined as responses in which a participant endorses the following experiences within the last 12 months: being threatened or injured with a weapon on school property, in a physical fight one or more times, saw someone get physically attacked, beaten, stabbed, or shot in their neighborhood, been electronically bullied, or bullied on school property, or experienced sexual or physical dating violence. Suicidality was a "yes" response to having seriously considered attempting suicide in the past 12 months, made plans about how they would attempt suicide in the past 12 months, attempted suicide during the past 12 months, or had a suicide attempt that resulted in injury, poisoning, or overdose that had to be treated by a medical professional in the last 12 months.

Data Analysis Plan

Research Questions & Hypotheses

The data analysis plan was developed to address the following questions:

Research Question 1: Are there race/ethnic differences in trauma exposure among adolescents?

$H_0$1: There will be no race/ethnic differences in trauma exposure among adolescents.

$H_1$1: There will be race/ethnic differences in trauma exposure among adolescents.

Research Question 2: Are there race/ethnic differences in suicidality in response to trauma exposure among adolescents?

$H_0$1: There will be no race/ethnic differences in suicidality in response to trauma exposure.

$H_1$1: There will be no race/ethnic differences in suicidality in response to trauma exposure.

Research Question 3: Are there gender differences in trauma exposure among Black adolescents?

$H_0$1: There will be no gender differences in suicidality between trauma-exposed Black adolescents.

$H_1$1: There will be gender differences in suicidality between trauma-exposed Black adolescents.

Research Question 4: Are there gender differences in suicidality in response to trauma exposure among Black adolescents?

$H_0$1: There will be no gender differences in suicidality in response to trauma exposure among Black adolescents.

$H_1$1: There will be gender differences in suicidality in response to trauma exposure among Black adolescents.

Threats to Validity

Internal Validity

The CDC (2021) has not conducted any validity tests on the YRBSS. However, they noted that site-level data sets were examined for inconsistencies (i.e., missing data and failed quality control). Response bias is described as the effect of non-responses (i.e., skipping items) on surveys (Creswell, 2009). For the 2021 YRBSS survey, the CDC conducted a nonresponse bias analysis for all sites to determine if a site could be weighted to be representative of its jurisdiction (Mpofu, Underwood, Thornton et al., 2021). Albeit that adolescents were able to respond anonymously, as trauma exposure and suicidality are sensitive topics which may lead not responding to such items. As such, findings should be interpreted with caution, non-responses considered, and a discussion of how these factors might influence responses are included.

External Validity

The sampling process of the YRBSS is a nationally representative sample of high school students enrolled in the United States. Therefore, this study is susceptible to sampling

bias, as findings from this study cannot be generalized to other high school adolescents in varying geographical locations. Furthermore, because each administration site was able to determine which questions could be administered, data from all questions are not available from all sites (Mpofu, Underwood, Thornton et al., 2021).

Reliability of the Instrument

According to Mpofu, Underwood, Thornton et al., (2021), "Most of the 2021 survey questions underwent test-retest analysis and demonstrated good reliability." The wording of each question, including recall periods, response options, and operational definitions for each variable, are available in the 2021 YRBSS questionnaire and data user's guide: https://www.cdc.gov/healthyyouth/data/yrbs/data.htm (Mpofu, Underwood, Thornton et al., 2021).

Ethical Procedures

The 2021 YRBSS was voluntary for both schools and students and were able to refuse participation. In addition, parental consent for participation was required (Mpofu, Underwood, Thornton et al., 2021). Notably, the means of acquiring parental consent varied according to the procedures at the administering site. All participation is anonymous.

Students were sat in respectable distance from each other to increase privacy and anonymity (Mpofu, Underwood, Thornton et al., 2021). The surveys do not contain any identifying information, and participants were advised to use a separate sheet of paper by the data collector to conceal their responses (Mpofu, Underwood, Thornton et al., 2021). Upon completion, students sealed their survey in an envelope and placed it in a secure box (Mpofu, Underwood, Thornton et al., 2021).

To maintain privacy of the YRBSS data, I will maintain secure and maintain all documents on a password protected external hard drive. Documents, data sets, and statistical analysis will only be shared with the dissertation committee members. Data will be

maintained for a period of five years and then will be destroyed (American Psychological Association (APA), 2011).

Summary

The purpose of this quantitative study was to explore the gender differences in suicidality among trauma-exposed Black adolescents. Trauma-exposure was defined as responses in which a participant endorses the following experiences within the last 12 months: being threatened or injured with a weapon on school property, in a physical fight one or more times, saw someone get physically attacked, beaten, stabbed, or shot in their neighborhood, been electronically bullied, or bullied on school property, or experienced sexual or physical dating violence. Suicidality was a "yes" response to having seriously considered attempting suicide in the past 12 months, made plans about how they would attempt suicide in the past 12 months, actually attempted suicide during the past 12 months, or had a suicide attempt that resulted in injury, poisoning, or overdose that had to be treated by a medical professional in the last 12 months. Logistic regression modeling was used to analyze the data. Findings from this study may not be generalizable to other adolescent populations as the study was representative of high school students in the United States. However, it can be replicated in other geographical locations. Chapter 4 will present the results of the study.

Chapter 4: Results

Introduction

The purpose of this quantitative study was to explore the gender differences in suicidality among trauma-exposed Black adolescents. Trauma-exposure was defined as responses in which a participant endorses the following experiences within the last 12 months: being threatened or injured with a weapon on school property, in a physical fight one or more times, saw someone get physically attacked, beaten, stabbed, or shot in their neighborhood, been electronically bullied, or bullied on school property, or experienced sexual or physical dating violence. Suicidality was a "yes" response to having seriously considered attempting suicide in the past 12 months, made plans about how they would attempt suicide in the past 12 months, actually attempted suicide during the past 12 months, or had a suicide attempt that resulted in injury, poisoning, or overdose that had to be treated by a medical professional in the last 12 months.

Data Collection

Archival data from the 2021 Youth Risk Behavior Surveillance System (YRBSS) were used in this study (CDC, 2021). The YRBSS uses a three-stage cluster design to obtain a nationally representative sample with estimates with a 95% confidence level (Mpofu, Underwood, Thornton et al., 2021). The survey is conducted in January-June of odd-numbered years among students in grades 9-12 enrolled in U.S. public and private schools. The survey contained 87 questions; however, survey sites could add or delete questions as long as at least 58 of the questions were administered. These questions included unintentional injuries and violence (22), tobacco use (22), alcohol and other drug use (20), sexual behaviors (13), dietary behaviors (12), physical activity (9), obesity and weight control (4), and other health topics (9) (Mpofu, Underwood, Thornton et al., 2021). The sample included 17, 232 students in public and private schools in the U.S.

Methods

Sample

Data for this analysis came from the Youth Risk Behavior Surveillance System (YRBSS) 2021 survey, which gathers nationally representative data on priority health risk behaviors from high school students across the United States. A total of 11,572 high school students participated in the survey. Respondents were approximately equally distributed among 9th (25.2%), 10th (24.9%), 11th (25.1%), and 12th (24.9%) grades[1]. 50.4% of adolescents were female. In terms of race/ethnic composition, 43.2% identified as White, 21.1% as Black/African American, 26.4% as Hispanic/Latino, and 9.3% as Other. The median age of the sample was 15 years (range: 12 years old or younger to 18 years old or older, with 99.7% ≥ 14 years old)[2].

Statistical Analysis

Descriptive statistics are reported as means and standard deviations for continuous variables and percentages for categorical variables. Adolescents' responses were categorized as either agreement or non-agreement to each of the ten items surrounding trauma experiences, and each of the four items surrounding suicidality. A trauma index was calculated as a sum score ranging from zero to ten by aggregating the number of traumatic experiences reported by an individual.

Logistic regression modeling was used to test for significant differences between adolescents from different racial/ethnic backgrounds in response to the ten trauma items and four suicidality items. Differences in trauma index between adolescents from different racial/ethnic backgrounds were assessed using linear regression modeling. Finally, associations between each of the four suicidality items and trauma exposure, race/ethnicity,

[1] Valid percentages (excluding cases with missing data). Percentages including cases with missing data can be found in the SPSS Output.
[2] Age is a categorical variable in the dataset; therefore, no means and standard deviations are reported.

and their interactions were evaluated using logistic regression. In all analyses, age and gender were included as control variables.

To account for the multistage clustered sampling design of the YRBSS, data were analyzed using SPSS Complex Sampling, following guidelines outlined in the Software for Analysis of YRBSS Data manual[3]. Significant differences were evaluated using a threshold of $\alpha = .05$.

Results

Trauma and Suicidality: Ethnicity & Race

Table 1 shows the results of the logistic regression analyses comparing traumatic experiences and suicidality among adolescents from diverse racial/ethnic backgrounds. Compared to White adolescents, Black adolescents were 1.44 times more likely to report having been threatened or injured with a weapon on school property. Hispanic/Latinos were 1.26 times more likely in comparison to White adolescents, and adolescents identifying as Other reported 1.37 times higher odds. Black (1.58 times), Hispanic/Latino (1.11 times), and Other (1.07) adolescents were significantly more likely to have been in a physical fight in comparison to their White counterparts. Black adolescents experienced a physical fight on school property1.85 times more than White adolescents, while Hispanic/Latino (1.27 times) and Other (1.24 times) more likely. When reporting on having seen someone get physically attacked, beaten, stabbed, or shot in their neighborhood, Black adolescents were significantly higher than any other racial/ethnic group reporting they are 2.39 times more likely to have had that experience. Hispanic/Latino (2.06 times) and Other (1.25 times) were also at significantly higher odds than their White counterparts to have had witnessed someone being physically assaulted. In term of having been physically forced to have sexual intercourse, Black (1.32 times), Hispanic/Latino (1.24 times), and Other (1.36 times) were significantly

[3] https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2021/2021_YRBS_analysis_software_508.pdf

more likely than White adolescents. Moreover, adolescents identifying as Other were 1.27 times more likely than White adolescents to report having experienced sexual and physical dating violence. Black/African American adolescents were 1.17 times more likely than White adolescents to report having experienced physical dating violence, but less likely than White adolescents to report having experienced sexual (dating) violence. In contrast, White adolescents were more likely than adolescents from all non-White racial/ethnic backgrounds to report having been bullied on school property and electronically.

In line with findings on the individual items, linear regression analysis indicated that the trauma index, representing the aggregate number of traumatic experiences reported by individual adolescents, differed between racial/ethnic groups (Wald F=40.56, $p < .001$). Specifically, the trauma index was significantly lower for White adolescents ($M = 0.69$) relative to Black/African American adolescents ($M = 0.82$, $t(722) = 8.48$, $p < .001$), Hispanic/Latino adolescents ($M = 0.83$, $t(722) = 9.89$, $p < .001$), and adolescents from Other racial/ethnic backgrounds ($M = 0.77$, $t(722) = 4.74$, $p < .001$), while controlling for age and gender.

In terms of suicidality, the logistic regression analyses revealed distinct patterns across racial/ethnic groups (see Table 1). Compared to White adolescents, adolescents from Other racial/ethnic backgrounds were 1.30 times more likely to report having seriously considered attempting suicide, 1.41 times more likely to have made a plan about how they would attempt suicide, 1.72 more times likely to have attempted suicide, and 1.86 times more likely to have had a suicide attempt that resulted in injury, poisoning, or overdose that had to be treated by a doctor or nurse. Similarly, Hispanic/Latino adolescents were significantly more likely than White adolescents to report suicidality indicators, with the exception of having seriously considered attempting suicide, as they were 1.08 times more likely to have made a plan, 1.55 times more likely to have attempted suicide, and 1.65 times more likely to

have attempted, resulting in injury. Conversely, Black/African American adolescents were 0.78 times less likely than White adolescents to report having seriously considered attempting suicide and 0.82 times less likely to have made a plan about how they would attempt suicide. However, they were 1.27 times more likely to report having attempted suicide and 1.45 times more likely having experienced a suicide attempt resulting in injury, poisoning, or overdose requiring medical intervention.

Predictors of Suicidality: Race & Ethnicity

Table 2 presents the outcomes of logistic regression analyses predicting suicidality by trauma exposure, race/ethnicity, and their interactions, while adjusting for age and gender. Findings revealed a significant main effect of trauma exposure, where a higher trauma index score corresponded to increased odds across all four suicidality indicators. Additionally, significant main effects of race/ethnicity emerged. Specifically, compared to White adolescents, those identifying as Other exhibited higher odds of each of the suicidality indicators, even when accounting for trauma experience, age, and gender. Black/African American adolescents and Hispanic/Latino adolescents had higher odds of having attempted suicide and having experienced a suicide attempt requiring medical intervention compared to White adolescents. However, both groups displayed lower odds of having seriously considered suicide relative to White adolescents, and Black/African American adolescents had lower odds of having made a suicide plan. In terms of covariates, males consistently displayed lower odds of the suicidality indicators compared to females.

In addition to the main effects, three significant interaction effects between trauma exposure and race/ethnicity emerged. This suggests that the relation between trauma exposure and suicidality may vary for adolescents from different racial/ethnic backgrounds. Specifically, the relation between trauma exposure, on the one hand, and having seriously considered attempting suicide and having made a suicide plan, on the other hand, differed for

Black/African American adolescents compared to White adolescents. The negative coefficients for these interactions suggest that the effects of trauma exposure on having seriously considered attempting suicide and on having made a suicide plan are less pronounced for Black/African American adolescents compared to White adolescents. For Black adolescents, a one unit increase in trauma index is associated with a 12.4% increase in the odds of making a suicide plan. In comparison, for White adolescents, a one unit increase in trauma index is associated with a 14.5% increase in the odds of making a suicide plan. These moderation effects may explain why, despite an overall higher trauma exposure (higher mean score on the trauma index), Black/African American adolescents were less likely to report having seriously considered suicide and having made a suicide plan. Finally, the relation between trauma exposure and having attempted suicide differed for Hispanic/Latino adolescents compared to White adolescents. The negative coefficient for this interaction suggests that the effect of trauma exposure on having attempted suicide is less pronounced for Hispanic/Latino adolescents compared to White adolescents. Visual inspection of the associations between trauma exposure and the suicidality indictors by race/ethnicity confirms these patterns, as the lines belonging to White adolescents and Black/African American adolescents (Figure 1a-b) respectively Hispanic/Latino adolescents (Figure 1c) diverge or cross, indicating different slopes (*see the Appendix for figures 1a, 1b, and 1c depicting the relationship between trauma exposure and predicted the four suicidality indicators*).

Table 1. Experience of trauma and suicidality by race/ethnicity. Significant differences between White students (reference group) and other race/ethnicity groups, while controlling for age and gender, are indicated in bold ($p < .05$).

	White (*n*=99,651)	Black/ African American (*n*=48,725)		Hispanic/ Latino (*n*=60,962)		Other (*n*=21,516)		Effect of race/ethnicity
Traumatic experiences	%	%	OR	%	OR	%	OR	Wald *F, p*
Were threatened or injured with a weapon on school property	6.6	**9.1**	**1.44**	**8.2**	**1.26**	**8.9**	**1.37**	$F = 37.25$, $p < .001$
Were in a physical fight	29.9	**39.6**	**1.58**	**32.1**	**1.11**	**31.6**	**1.07**	$F = 92.02$, $p < .001$
Were in a physical fight on school property	10.0	**16.6**	**1.85**	**12.4**	**1.27**	**12.1**	**1.24**	$F = 107.69$, $p < .001$
Ever saw someone get physically attacked, beaten, stabbed, or shot in their neighborhood	14.8	**29.3**	**2.39**	**26.2**	**2.06**	**17.8**	**1.25**	$F = 30.34$, $p < .001$
Were ever physically forced to have sexual intercourse	7.0	**8.9**	**1.32**	**8.4**	**1.24**	**9.2**	**1.36**	$F = 20.45$, $p < .001$
Experienced sexual violence	10.8	**8.6**	**0.77**	11.0	1.01	10.3	0.93	$F = 5.22$, $p = .002$
Experienced sexual dating violence	9.2	**7.3**	**0.78**	9.5	1.03	**11.4**	**1.27**	$F = 7.28$, $p < .001$
Experienced physical dating violence	8.5	**9.6**	**1.17**	8.8	1.05	**10.7**	**1.29**	$F = 3.90$, $p = .010$
Were bullied on school property	21.7	**12.5**	**0.51**	**16.0**	**0.67**	**19.3**	**0.83**	$F = 102.37$, $p < .001$
Were electronically bullied	18.1	**9.2**	**0.45**	**12.8**	**0.65**	**16.0**	**0.85**	$F = 119.35$, $p < .001$
Suicidality								
Seriously considered attempting suicide	19.0	**15.7**	**0.78**	19.0	0.99	**23.5**	**1.30**	$F = 64.81$, $p < .001$
Made a plan about how they would attempt suicide	14.5	**12.4**	**0.82**	**15.7**	**1.08**	**19.5**	**1.41**	$F = 54.18$, $p < .001$
Attempted suicide	6.9	**8.8**	**1.27**	**10.5**	**1.55**	**11.4**	**1.72**	$F = 81.96$, $p < .001$
Had a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	2.0	**2.9**	**1.45**	**3.3**	**1.65**	**3.7**	**1.86**	$F = 38.72$, $p < .001$

Table 2. Significance of trauma index, race/ethnicity, and their interactions on suicidality, while controlling for age and gender.

	Model 1: Seriously considered attempting suicide		**Model 2:** Made a plan about how they would attempt suicide		**Model 3:** Attempted suicide		**Model 4:** Had a suicide attempt requiring medical intervention	
	B (*SE*)	OR	*B* (*SE*)	OR	*B* (*SE*)	OR	*B* (*SE*)	OR
Intercept	-2.43 (.05)***		-2.60 (.06)***		-3.47 (.06)***		-4.86 (.11)***	
Predictors								
Trauma Index (TI)	.53 (.01)***	1.71	.52 (.01)***	1.68	.64 (.02)***	1.91	.65 (.02)***	1.92
Race: Black/African American	-.23 (.04)***	0.79	-.21 (.05)***	0.81	.23 (.05)***	1.25	.28 (.09)**	1.32
Race: Hispanic/Latino	-.08 (.03)*	0.92	.01 (.05)	1.01	.42 (.04)***	1.52	.38 (.08)***	1.47
Race: Other	.26 (.05)***	1.30	.35 (.05)***	1.42	.52 (.06)***	1.69	.65 (.10)***	1.91
Interactions								
TI x Black/African American	-.11 (.02)***	0.90	-.06 (.02)**	0.94	-.04 (.03)	0.96	.03 (.04)	1.03
TI x Hispanic/Latino	-.03 (.02)	0.97	-.02 (.02)	0.98	-.06 (.02)**	0.94	-.03 (.03)	0.98
TI x Other	-.03 (.03)	0.97	-.03 (.03)	0.97	-.01 (.03)	1.00	-.05 (.04)	0.95
Covariates								
Age	.02 (.01)*	1.02	.00 (.01)	1.00	-.06 (.01)***	0.94	-.03 (.02)	0.97
Gender: Male	.81 (.02)***	0.45	.66 (.02)***	0.52	.86 (.03)***	0.42	.60 (.05)***	0.55
Fit Indices								
Nagelkerke R^2	.12		.11		.16		.15	

Note. White represents the reference category. * $p < .05$, ** $p < .01$, *** $p < .001$.

Methods

Statistical Analysis

Descriptive statistics are reported as means and standard deviations for continuous variables, and frequencies for categorical variables. Student responses were categorized as either agreement or non-agreement to each of the ten items surrounding trauma experiences, and each of the four items surrounding suicidality. A trauma index was calculated as a score ranging from zero to ten by aggregating the number of traumatic experiences reported by an individual.

Chi-square testing was used to evaluate differences in the proportion of student sex by school grade. Logistic regression modeling was used to test for significant differences between male and female students in responses to survey items, while controlling for individual differences in age. We tested for differences in trauma index between male and female students using linear regression modeling while controlling for age. We lastly used logistic regression modeling to test for associations between each of the four suicidality items with trauma index, sex differences, and their interaction, while controlling for age. Significant differences were evaluated using a threshold of $\alpha = 0.05$.

Sample

The sample consisted of 606 African American high school students from across the United States who completed the Youth Risk Behavior Surveillance System (YRBSS) 2021 survey. This included students from 9^{th} (n=128), 10^{th} (n=162), 11^{th} (n=157), and 12^{th} (n=159) grade. 49.2% of students were female, and this representation was not significantly different by grade ($\chi 2=0.20$, $p=0.977$). The mean age was 15.87 years (SD=1.15).

Results

Trauma and Suicidality

Survey responses pertaining to trauma experiences and suicidality are shown in Table 3. The significance of sex differences are shown while controlling for age differences between students. Overall, female students were 11.5 times more likely than males to report having been physically forced to have sexual intercourse, 10.6 times more likely to having experienced sexual violence, 5.2 times more likely having experienced sexual dating violence, and 9.7 times more likely having been electronically bullied. Regarding suicidality, female students were significantly more likely to have seriously considered attempting suicide, made a plan about how they would attempt suicide, attempted suicide, and had a suicide attempt that resulted in injury, poisoning, or overdose that had to be treated by a doctor or nurse.

A trauma index, representing the aggregate number of traumatic experiences reported by an individual was significantly higher for female students (Mean 1.59, SD=1.91) relative to males (Mean 1.19, SD=1.68) while controlling for age ($t(603)=2.77$, $p=0.00$

Table 3 Survey responses to questions regarding trauma and suicidality. Significant differences are denoted in bold (p<0.05).

	Survey question	Female	Male	Group difference
	Sample size	298	308	
Trauma	Q1. Were threatened or injured with a weapon on school property	28 (9.4)	22 (7.1)	Z=-1.07, p=0.280
	Q2. Were in a physical fight	91 (30.5)	98 (31.8)	Z=0.41, p=0.680
	Q3. Were in a physical fight on school property	26 (8.7)	34 (11.0)	Z=0.99, p=0.320
	Q4. Ever saw someone get physically attacked, beaten, stabbed, or shot in their neighborhood	100 (33.6)	108 (35.1)	Z=0.34, p=0.730
	Q5. Were ever physically forced to have sexual intercourse	45 (15.1)	11 (3.6)	**Z=-4.54, p<0.001**
	Q6. Experienced sexual violence	48 (16.1)	17 (5.5)	**Z=-4.04, p<0.001**
	Q7. Experienced sexual dating violence	27 (9.1)	12 (3.9)	**Z=-2.53, p=0.010**
	Q8. Experienced physical dating violence	25 (8.4)	20 (6.5)	Z=-0.87, p=0.380
	Q9. Were bullied on school property	34 (11.4)	21 (6.8)	Z=-1.94, p=0.050

	Q10. Were electronically bullied	50 (16.8)	22 (7.1)	**Z=-3.54, p<0.001**
Suicidality	Q1. Seriously considered attempting suicide	112 (37.6)	51 (16.6)	**Z=-5.71, p<0.001**
	Q2. Made a plan about how they would attempt suicide	88 (29.5)	44 (14.3)	**Z=-4.44, p<0.001**
	Q3. Attempted suicide	66 (22.1)	31 (10.1)	**Z=-3.97, p<0.001**
	Q4. Had a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	21 (7.0)	8 (2.6)	**Z=-2.46, p=0.010**

Predictors of Suicidality

A higher trauma index score was significantly associated with an increased probability of each of the four items regarding suicidality. In addition, female students were significantly more likely than males, regardless of trauma index, to respond in agreement to each of the four items. However, the relationship between trauma index and suicidality was not significantly different for male than female students. Suicidality was significantly associated with trauma, and was therefore higher in female students, given that they had on average reported more traumatic events than male students.

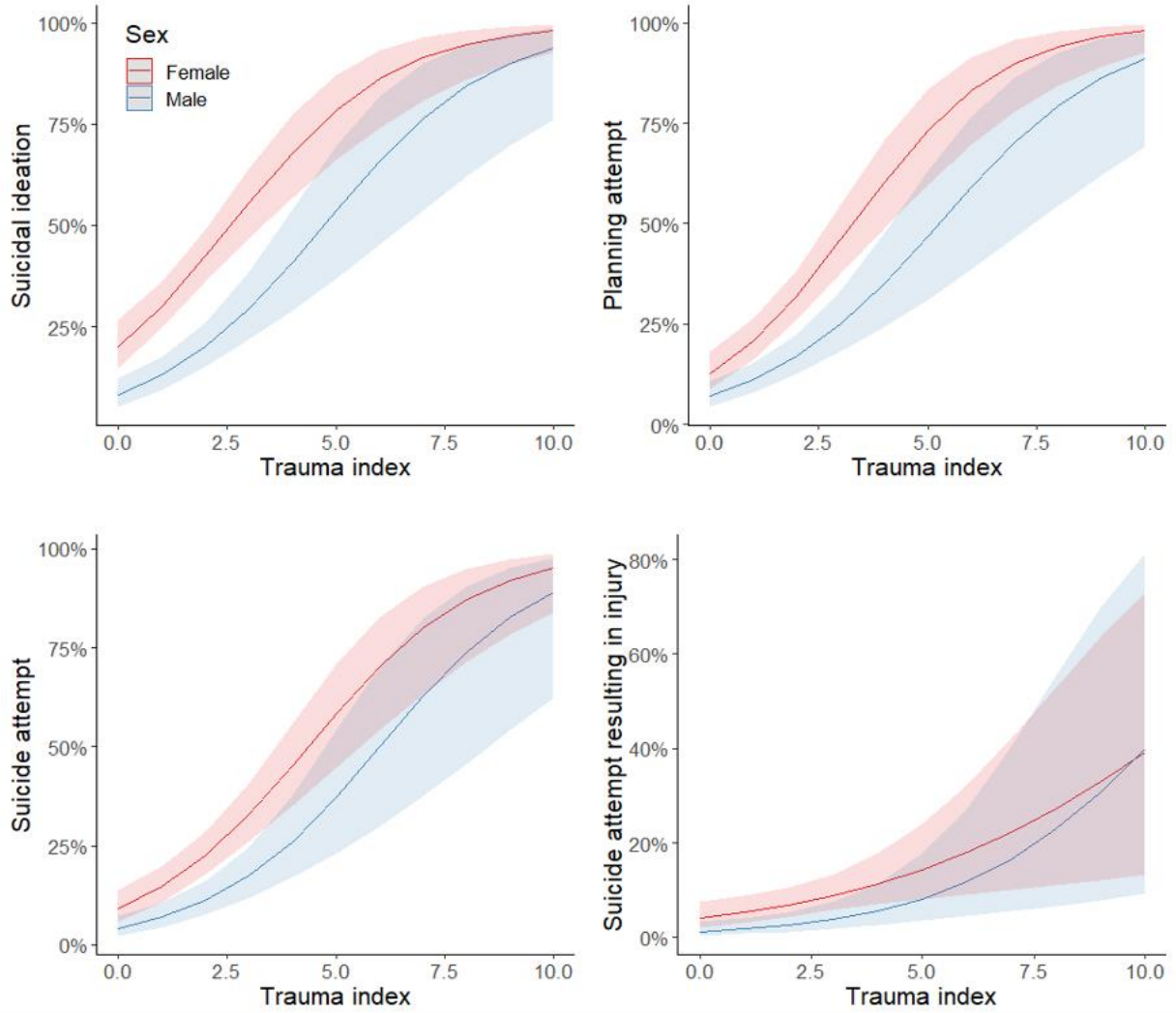

Figure 2 Significant predictors of suicidality, each of which is significantly higher in female than male students.

Notably, models with trauma index and sex interaction terms were analyzed. However, no interaction terms were found to be statistically significant, indicating no moderating effect of sex on the relationship between trauma index and suicidal ideation. Thus, interaction terms were removed from the final model and are represented in Tale 4. Both being female and greater scores of trauma index were significantly associated with increased likelihood of endorsing each of the four suicidality items. More specifically, female adolescent had 2.29 to 2.92 times the odds of endorsing one of the suicidality items compared to male adolescents. For trauma index, 1 point increase in trauma index score increased the odds of endorsing one of the suicidality items by 1.37 to 1.69 times.

Table 4. Logistic regression: the effects of trauma index and sex on suicidality (controlling for age). Significant differences are denoted in bold ($p<0.05$).

	Model 1: Seriously considered attempting suicide		**Model 2:** Made a plan about how they would attempt suicide		**Model 3:** Attempted suicide		**Model 4:** Had a suicide attempt requiring medical intervention	
	B (*SE*)	OR (95% CI)	*B* (*SE*)	OR (95% CI)	*B* (*SE*)	OR (95% CI)	*B* (*SE*)	OR (95% CI)
Predictors								
Trauma Index (TI)	.53 (.06)***	1.69 (1.50-1.92)	.54 (.06)***	1.72 (1.58-1.96)	.52 (.06)***	1.69 (1.50-1.92)	.32(.08)***	1.37 (1.18-1.59)
Gender: Female	1.07 (.21)***	2.92 (1.93-4.47)	.83 (.23)***	2.29 (1.47-3.61)	.84 (.26)**	2.32 (1.40-3.91)	.92 (.43)*	2.52 (1.12-6.24)
Covariates								
Age	.01 (.09)	1.01 (0.85-1.20)	-.07 (.09)	0.93 (0.77-1.12)	.03 (.11)	1.03 (0.83-1.27)	-.00 (.17)	1.00 (0.92-1.40)

Summary

This analysis found significant cultural and gender differentials in both trauma exposure and suicidality. Black adolescents reported an overall higher trauma index, specifically with higher exposure to experiencing and witnessing physical violence, as well as sexual violence (i.e., physically forced to have sexual intercourse). Moreover, when compared to White adolescents, those identifying as Other exhibited higher odds of each of the suicidality indicators, even when accounting for trauma experience, age, and gender. Black/African American adolescents and Hispanic/Latino adolescents had higher odds of having attempted suicide and having experienced a suicide attempt requiring medical intervention compared to White adolescents. Both groups displayed lower odds of having seriously considered suicide relative to White adolescents, and Black/African American adolescents had lower odds of having made a suicide plan.

Conversely, female adolescents reported a higher trauma index than their male counterparts. Overall, female students were significantly more likely than males to report having been physically forced to have sexual intercourse, having experienced sexual violence, or dating violence, and having been electronically bullied. Regarding suicidality, female students were significantly more likely to have endorsed suicidal behaviors.

Chapter 5 provides a summary of the study, an interpretation of the findings, study limitations, recommendations for future research, and implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This chapter provides a brief description of the purpose of the study as well as an interpretation of the findings for the research questions. A discussion as to how these findings relate to the current literature as well as the theoretical framework of the study, the limitations of the study, implications for social change, and recommendations for future research are presented.

Purpose

The purpose of this quantitative study was to examine the gender differences in suicidality among trauma-exposed Black adolescents. Although researchers have examined ATE in relation to race/ethnicity and gender, the literature has yet to expand scope to identify the relationships between trauma exposure, and cultural and gender differences in suicidality. Traditionally, Black youth have fared at the lowest of suicide rates when compared to White youth (Williams, 2018). Although suicide is a leading cause of death among Black adolescents (Bernard et al., 2023), few studies have identified sociocultural factors within this group that may inform suicidal behaviors. In congruence with the Cultural Theory and Model of Suicide, this study examined the interactions between trauma exposure, racial/ethnic identity, and gender differences using a logistic regression analysis.

Interpretation of Findings

Four research questions were developed to examine racial/ethnic and gender differences in suicidality of trauma exposed Black adolescents:

1. Are there race/ethnic differences in trauma among adolescents?
2. Are there gender differences in suicidality in response to trauma exposure among adolescents?

3. Are there gender differences in trauma exposure among Black adolescents?
4. Are there gender differences in suicidality in response to trauma exposure among Black adolescents?

Racial/Ethnic Analysis

A total of 11,572 adolescents reported having experienced some form of trauma or significant life stressor. Of those that reported a traumatic experience, 43.2% (*n=99,651)* identified as White, 21.1% (*n=48,725)* as Black/African American, 26.4% (*n=60,962)* as Hispanic/Latino, and 9.3% (*n=21,516)* as Other. As such, this study contributed to the knowledge base of the trauma exposure's role on suicidality among Black adolescents. Given that research has focused on examining the relationship between trauma and suicide in Black youth, specifically in the age ranges of 5 to 11 years, the prioritization of research aimed at identifying specific risk factors that have contributed to the rise on Black adolescent suicide is warranted (Sheftall et al., 2022).

To begin, linear regression analysis indicated that the trauma index, representing the aggregate number of traumatic experiences reported by individual adolescents, differed between racial/ethnic groups, with Black Adolescents reporting rates of trauma exposure significantly higher than White adolescents, and slightly below that of Hispanic/Latino. Specifically, when compared to White, Hispanic/Latino, and "Other," Black adolescents experienced significantly higher rates of being threatened or injured with a weapon on school property, were in a physical fight, were in a physical fight on school property, have witnessed someone being physically attacked, beaten, stabbed, or shot in their neighborhood. Moreover, Black adolescents were more likely than White adolescents to report having experienced physical dating violence, but less likely than White adolescents to report having experienced sexual (dating) violence. These findings are consistent with research that suggests that Black

adolescents are more susceptible to trauma exposure due to higher rates of residing in concentrated lower income living (Jiang & Koball, 2018). Moreover, life stressors (i.e., external events that tax one's ability to cope) that lead to suicidal tendencies, as posited in the second principle of the Cultural Model of Suicide, continue to be more prevalent in Black youth. Research has yet to identify the single traumatic experience or stressor that has emerged as the most potent predictor of suicide behaviors in adolescents. However, witnessing, experiencing, and being exposed to a range of traumatic experiences and life stressors are important considerations when investigating explanatory antecedents and outcomes of suicidal behaviors among Black American adolescents, given the uptick in suicidality (Hooper et al., 2015).

In terms of suicidality, findings revealed distinct patterns across racial/ethnic groups. Other racial/ethnic backgrounds were significantly more likely to report having seriously considered attempting suicide, having made a plan about how they would attempt suicide, having attempted suicide, and having had a suicide attempt that resulted in injury, poisoning, or overdose that had to be treated by a doctor or nurse. Conversely, Black/African American adolescents were less likely than White adolescents to report having seriously considered attempting suicide and having made a plan about how they would attempt suicide. However, they were more likely to report having attempted suicide and having experienced a suicide attempt resulting in injury, poisoning, or overdose requiring medical intervention. This finding in significant and supports the first principle of the CMS, which suggest that culture affects how suicidal thoughts, intent, plans, and attempts are expressed. In other words, Black adolescents either do not experience suicidal ideations or behaviors prior to attempting, or they are unwilling to disclose suicidal ideations and behaviors, both of which can be partially attributed to cultural stigmas surrounding mental health and suicidality. Moreover, Black youth may choose not to disclose suicidal ideation and behaviors in the school setting nor to

engage at any level to address psychiatric concerns because of fear of disciplinary action (Sheftall, 2022). It is notable that disciplinary action is not limited to the school environment but includes family and community consequences, due to cultural understandings of suicide.

Findings from this study also revealed a significant main effect of trauma exposure, where a higher trauma index score corresponded to increased odds across all four suicidality indicators. Additionally, significant main effects of race/ethnicity emerged. Those identifying as Other exhibited higher odds of each of the suicidality indicators, even when accounting for trauma experience, age, and gender, while Black/African American adolescents and Hispanic/Latino adolescents had higher odds of having attempted suicide and having experienced a suicide attempt requiring medical intervention compared to White adolescents. However, both groups displayed lower odds of having seriously considered suicide relative to White adolescents, and Black/African American adolescents had lower odds of having made a suicide plan. Moreover, three significant interaction effects between trauma exposure and race/ethnicity emerged: (1) The effects of trauma exposure on having seriously considered attempting suicide and on having made a suicide plan are less pronounced for Black/African American adolescents compared to White adolescents. (2) Despite an overall higher trauma exposure (higher mean score on the trauma index), Black/African American adolescents were less likely to report having seriously considered suicide and having made a suicide plan. (3) The effect of trauma exposure on having attempted suicide is less pronounced for Hispanic/Latino adolescents compared to White adolescents. Overall, findings suggests that the relation between trauma exposure and suicidality may vary for adolescents from different racial/ethnic backgrounds.

Gender Analysis

In terms of the analysis on gender differentials between trauma exposed Black adolescents, The sample consisted of 606 African American high school students from across

the United States who completed the Youth Risk Behavior Surveillance System (YRBSS) 2021 survey. This included students from 9th *(n=128)*, 10th (*n=162*), 11th (*n=157*), and 12th (*n=159*) grade. Notably, 49.2% of students were female. Overall, Black female adolescents maintained a significantly higher trauma index than Black male adolescents. Additionally, females were significantly more likely than males to report having been physically forced to have sexual intercourse, having experienced sexual violence, or dating violence, and having been electronically bullied. Furthermore, female students were significantly more likely to have seriously considered attempting suicide, made a plan about how they would attempt suicide, attempted suicide, and had a suicide attempt that resulted in injury, poisoning, or overdose that had to be treated by a doctor or nurse. These findings are consistent with Canetto & Lester's (1998; 2018) notion that women's desire to suicide is primarily explained through the lens of relationship failures. Moreover, female students were significantly more likely than males, regardless of trauma index, to respond in agreement to each of the four suicidality items.

However, the relationship between trauma index and suicidality was not significantly different for male than female students. This finding lends confirmation to the plethora of research that examines the way in which Black male adolescents cope with trauma and life stressors. For African American males, hypermasculine attitudes are often interwoven with coping and the emergence of gender role identity in adolescence. For example, Zamel and Stevenson (2005) posited that African American males develop hypermasculine attitudes in response to the social and personal challenges confronted in many urban neighborhoods. Therefore, the insignificance of Black male adolescents in reporting suicidality also speaks volumes to the way in which Black boys experience suicide. It is safe to argue that this "silence," may be attributed to gendered conditioning that says, "Black boys don't cry." This

finding can also indicate the profound influence of the intersectionality of race/ethnicity and gender on how Black boys navigate suicidality.

Suicidality was significantly associated with trauma, and was therefore higher in female students, given that they had on average reported more traumatic events than male students. Overall, findings uphold the Gender of Suicide theory, that challenges the notion that suicide is a male dominate phenomenon, with a focus on masculine suicidal acts, such as the completion of suicide. Specifically, this study suggests that Black females are experiencing suicidality across the spectrum of suicide, such that they endorse "masculine," or visible and serious suicidal behaviors (i.e., attempting, and attempting that causes injury), as well as "passive" and "reactive" suicidal behaviors (i.e., considering suicide, or making a plan to attempt). Findings are also consistent with several studies that have found Black youth females at higher risk of suicidality than their representative counterparts (Price et al., 2019; Joseph et al., 2023; Lee & Wong, 2020). Most importantly, this study dismantles the notion of "strong black girl," which historically has been a detriment to black females physical and mental health, as it suggests that Black women are expected to endure all things without complaint. Moreover, the way in which males and females experience suicide may be contrary how society conceptualizes it.

Limitations

There were several limitations due to the design of the study (i.e., ex post facto design). First, given the cross-sectional design of the study, temporality between the exposures and outcomes cannot be established. Furthermore, YRBSS is only administered to students who are present at the time of the survey (Underwood et al., 2020). Another limitation due to the design of the study is that I was unable to control variables as the data are archival. Given the study is based on the YRBSS questionnaire, it did not encapsulate all types of trauma exposure (e.g., death of a loved one), as Woodbridge (2016) found that

African Americans experience a death of a loved one more commonly than White or Latinos. Additionally, sample bias was a limitation. While sampling included high school students within the 50 United States, these findings cannot be generalized to students who are homeschooled or receiving any other alternative forms of education (e.g., special education/behavioral school). As such, including these additional populations may impact findings given that there may be higher prevalence of reports of ATE and suicidality.

Another key limitation to this study is the nature of the self-report, as the honesty of responses cannot be confirmed. Furthermore, recall bias (i.e., unable to remember a past event), and social desirability bias (i.e., concealing a truth to maintain a social ideal) may influence reporting. First, research has found that dissociation can be a symptom of trauma exposure, which may negatively impact that ability to accurately recall an event. Moreover, trauma-exposed individuals may recall the event inaccurately, especially if the remembrance is rooted in fear, shame, or self-blame. Next, socially, and desirable answers may influence responses given the nature of the topics (i.e., trauma-exposure and suicidality). Although the data were collected anonymously, underreporting may have occurred due to the socially desirable expectations. Culture and gender may influence responses as the disclosure of suicidality are influenced by these factors (Hooper et al., 2015). Given that prior research suggests that Black adolescents are less likely to report experiences of trauma and suicidality, results may not be an accurate representation of Black adolescent experiences. The core beliefs and socially constructed gender roles of a culture can have major bearing on how one understands, perceives, and navigates suicidality. Chu et al., (2013) refer to this phenomenon as cultural scripts, or beliefs about suicide that are socialized by one's cultural context.

Recommendations for Future Research

The findings from this study suggest that racial/ethnic and gender influences the types of traumas adolescents experience, as well as the way they report and experience suicidality.

Findings from this study yield further research in in Black adolescent suicidality, and the complexities of trauma that are often present. Childhood trauma among Black youth is a recognized risk factor for suicidality; however, complex trauma, especially those that occur prior to age 10, has not been investigated in relation to suicidality, (Wasmer-Nanney & Campbell, 2022). Identifying childhood trauma prior to adolescence can be key in curtailing the rise in suicide and suicidality in Black youth. For example, JD Bremner (2016) suggested the concept of "trauma-spectrum disorders," which encapsulates a wide range of childhood trauma from PTSD to depression and suicidality. While research has examined childhood trauma through a variety of theoretical lenses, current research would benefit from examining trauma on a spectrum that is specific to one's culture and gender.

Moreover, future investigations should use culturally enhanced assessment to examine potential cultural distinctions in the manifestation of reactions to trauma (Lopez et al., 2017). For example, in a cross-sectional study, Fitzpatrick and colleagues (2008) concluded that Black American adolescents who reported a history of trauma and adversity were five times more likely to attempt suicide than those adolescents without a history of trauma or adversity. Given the cultural stigmas that impact the way Black adolescents disclose or endorse suicidality, research that centers exactly how Black people understand and teach suicidality in their communities could provide insight that will inform psychoeducation, prevention, and treatment. Future research on stigmas surrounding reporting mental health problems and suicidality within the Black community should continue to be examined.

Continued examination of the trends of suicidal thoughts and behaviors over time by sex and race and ethnicity allow us to determine where to focus prevention and intervention efforts. Clearly, recent data has demonstrated that suicidality and suicide completion in Black youth have increased in alarming numbers over the past 10 to 15 years (Riley, O'Reilly, & Adams, 2021). Findings in this study sheds light on possible contributing factors, such as

trauma exposure, on suicidality in Black adolescents. Results confirm the rise in suicidal behaviors, thus calling for future research to examine the underlying reasons for these changes, perhaps through a qualitative method to center the voices of respondents. Furthermore, racial and ethnic differences in youth suicidal ideation and suicide attempts have primarily been examined cross-sectionally, therefore, longitudinal reports of these behaviors would perhaps provide a pathology into the increase in suicidality among minority groups.

Lastly, given the results in this study indicated Black adolescent girls experience electronic bullying at significantly higher rates than their Black male counterparts, research should lend itself to the underlying factors of bullying victimization of Black girls. Idose and colleagues (2021) argue that "bullying victimization is considered a repetitive interpersonal trauma where reactions are understood within the combined framework of a developmental trauma disorder and a complex post-traumatic stress disorder," (Idose et al., 2014). Although bullying has often been associated with PTSD symptoms, it has also been linked to other mental health outcomes like loneliness, anxiety, depression, and suicide ideation/attempts (Idose et al., 2021). Several studies have found that bullying victimization is related to suicide ideation and suicide attempts among youth (Arango et al., 2016; van Geel et al., 2014). For example, van Geel and colleagues (2014) conducted a meta-analysis and found that youth who were bullied had 2.23 times the odds of suicide ideation and 2.55 times the odds of attempting suicide.

For Black girls, the probabilities are increased due to factors not included in this study, such as racial discrimination and injustices (Albdour & Krouse, 2014). For example, the recent death by suicide of Dr. Antoinette Candia-Bailey, vice president of student affairs at Lincoln University, who was racially discriminated and endured harassment and bullying from her colleagues demonstrates this point. Therefore, given this studies' findings, the

examination of the relationship between bullying victimization and suicidality in Black adolescent females is warranted.

Implications

Social Change Through Practice & Prevention

Approximately 80% of US children and adolescents have been victims of childhood trauma (Turner et al, 2010). Black adolescents are more likely to become victims of trauma-exposure due to the various risk factors associated with their disenfranchised communities and underfunded schools. Exposure to violence, poverty, and family conflicts are among the many experiences that influence negative outcomes for Black adolescents in lower SES environments. Unfortunately, 70% of children and adolescents with mental health disorder do not receive proper mental health services, with Black youth disproportionately not receiving treatment (Merikangas et. al., 2011). The lack of treatment can be associated with both cultural and gender-specific stigmas. Specifically, it is important to highlight that suicide among Black youths exists within a complex historical, sociological, and cultural system.

Schools have become the mecca of undiagnosed and untreated childhood trauma. However, they also have the potential to be a setting for suicide prevention, however Black adolescents are not likely to disclose suicidal behaviors within this system. Although educational systems "assess" for trauma and suicidality (i.e., YRBSS), little is done to implement culturally and gender appropriate preventative practices. For example, Robinson et al., (2022) adapted an evidence-based, cognitive-behavioral, stress-coping prevention and intervention program for Black high school students. Findings yielded evidence for reduced suicide risk in the intervention group compared with the standard-care group. A variety of adaptations were implemented including changes to intervention materials (e.g., language, names, drawings), incorporating African American values and beliefs into practice scenarios; and considering Black adolescents' community context (e.g, racism, interpersonal violence,

exposure to community violence). Therefore, educational stakeholders (i.e., teachers, administrators, and school psychologists) must understand how cultural influences trauma exposures of Black adolescents, and mental health related outcomes such as suicidality. This can first be accomplished through adapting suicide screeners/assessments in a way that amplifies the voices of trauma-exposed Black adolescents. For example, the Urban Hassles Index (UHI) is a rating scale that measures the trauma exposure of minority adolescents to chronic stressors. These stressors are described as everyday hassles that are experienced while navigating urban environments. It is unclear if this 32-item instrument has a specific age range for administration; however, most studies that have utilized this tool examined adolescents between the ages of 10-18 (Miller & Bennett, 2015). More importantly, this questionnaire can serve as an indicator of culturally specific risk factors that are commonly associated with suicidality in Black youth.

In terms of suicidal preventative practices for Black adolescents in scientific and private practice, incorporation of cultural factors into suicide risk assessment is crucial. Westefeld et al., (2008) posited that four aspects of cultural competence be considered in the science and process of risk assessment: (a) inclusion of ethnic minorities in the standardization of suicide instruments, (b) awareness of differences in likelihood to disclose suicidality, (c) recognition and acknowledgment of various minority groups, and (d) consideration of cultural issues when assessing for suicidal thoughts and behaviors. In other words, culturally informed suicide assessment should include intentional consideration of culture-specific attitudes, and risk and protective factors, such as those proposed in the CTMS, regarding suicidology. Furthermore, psychoeducation about the prevalence and misconceptions of suicidality in the Black community can be provided through therapeutic practices.

Cultural stigmas associated with suicide in the Black community can lead to indirect suicide and contribute to the likelihood for suicide-risk misclassification with the Black adolescent population (Goldston et al. 2008; Talley et al. 2021). The commonly perpetrated tropes of "strong black girl," and "strong black boy," have contributed to many Black youth suffering in silence. The notion of resiliency is often associated with a Black characteristic; however, this has been to the detriment of the low suicidal disclosure rates among Black adolescents. Although trauma is an inevitable life occurrence, not only do trauma-exposed Black adolescents experience more complex trauma than their non-Black peers, but there is also a cultural expectation to "endure" and "overcome" without being provided the emotional and psychological tools to do so in a validating and healthy manner. These idioms of distress, as coined by Chu et al., (2010), are passed down generationally both implicitly, and explicitly and ultimately dictate survival skills (e.g., navigating suicidality). Studies have found that stigma and shame are propagated through Black youth social networks and community, thus preventing this population from reporting, or seeking help for suicidality (Planey, Smith, & Walker, 2019; Mukolo & Helinger, 2011).

It is important to note that this shame is, in part, associated with an innate sense of self-reliance, and deep religious/spiritual connections to God. Therefore, health service professionals should be trained on trauma-informed suicide screening and assessment for vulnerable Black youth populations. Moreover, policy and legislative initiatives for mental health service licensure should include a focus on recent spikes in suicidality among Black adolescents. Increasing the research and conversations surrounding the recent trend of suicidality among Black adolescents can contribute to the dismantling of the cultural stigmas that serve as barriers to proper mental health.

Conclusion

Trauma exposure includes exposure to a particular event (i.e., firsthand, witness, or secondary) and/or exposure to multiple traumatic experiences. Furthermore, exposure to stressors can manifest mental and physiological responses in the body (McEwen, 1998), with Black adolescents being at high risk. The consequences of ATE within this population persist well into adulthood often presenting themselves through suicidal behaviors. However, cultural and gender risk factors contribute to the underreported and over stigmatized perception of these behaviors among this population, hence the recent rise in suicide. Gaps remain in culturally informed treatment for adolescent psychological disorders, especially suicide. The results of this study indicate that Black adolescents experience trauma (i.e., physical and sexual violence) and suicidality (i.e., attempt suicide and an attempt that caused injury) at significantly higher rates than their non-black counterparts. Furthermore, trauma exposed Black adolescent females report significantly higher rates of suicidality when compared to trauma exposed Black adolescent males. Suicide among Black adolescent youth has steadily increased in recent years, yet few studies describe how facets of how their cultural and gender identities shape suicidal tendencies. This study contributes to identify the sociocultural markers within this group that may inform preventative interventions, and cultural/gender appropriate mental health treatments.

Appendices

Appendix A:

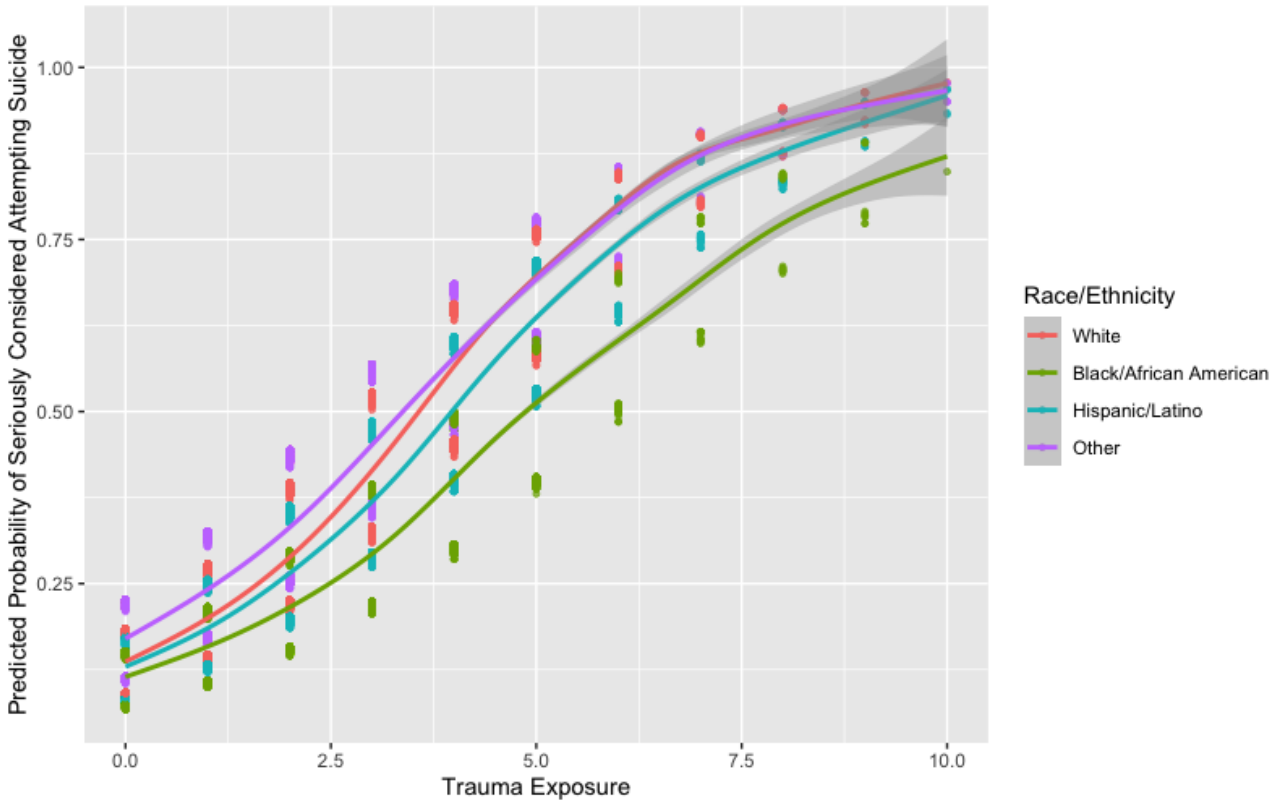

Figure 1a. *Scatterplot depicting the relationship between trauma exposure and predicted suicidality indicator "Seriously considered attempting suicide", Figure 1a. Scatterplot depicting the relationship between trauma exposure and predicted suicidality indicator "Seriously considered attempting suicide," for adolescents from White (reference group), Black/African American (p < .001), Hispanic/Latino (p > .05), and Other (p > .05) racial/ethnic backgrounds.segmented by race/ethnicity.*

Appendix B:

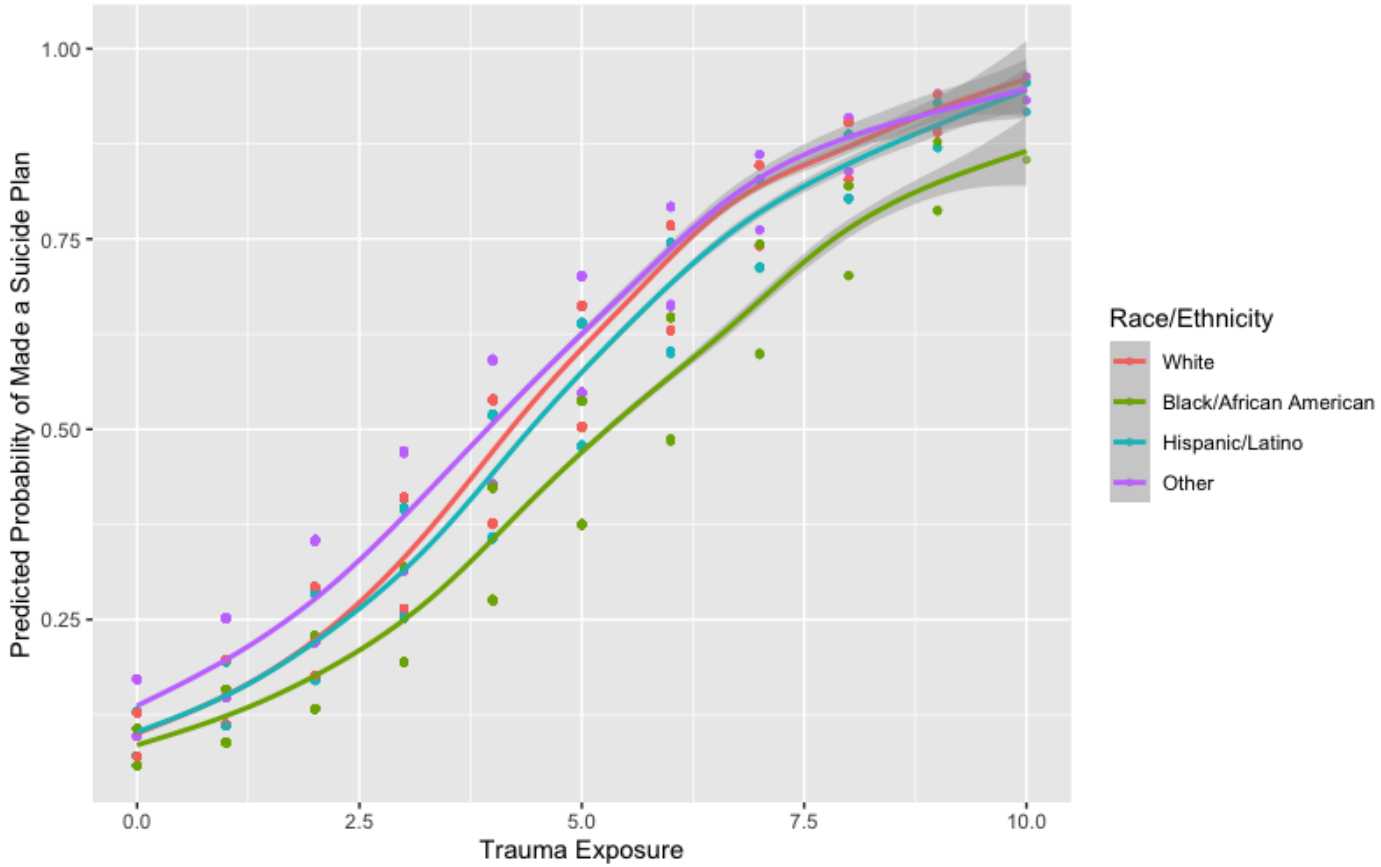

Figure 1b. *Scatterplot depicting the relationship between trauma exposure and predicted suicidality indicator "Made a suicide plan", segmented by race/ethnicity," for adolescents from White (reference group), Black/African American ($p < .01$), Hispanic/Latino ($p > .05$), and Other ($p > .05$) racial/ethnic backgrounds.*

Appendix C:

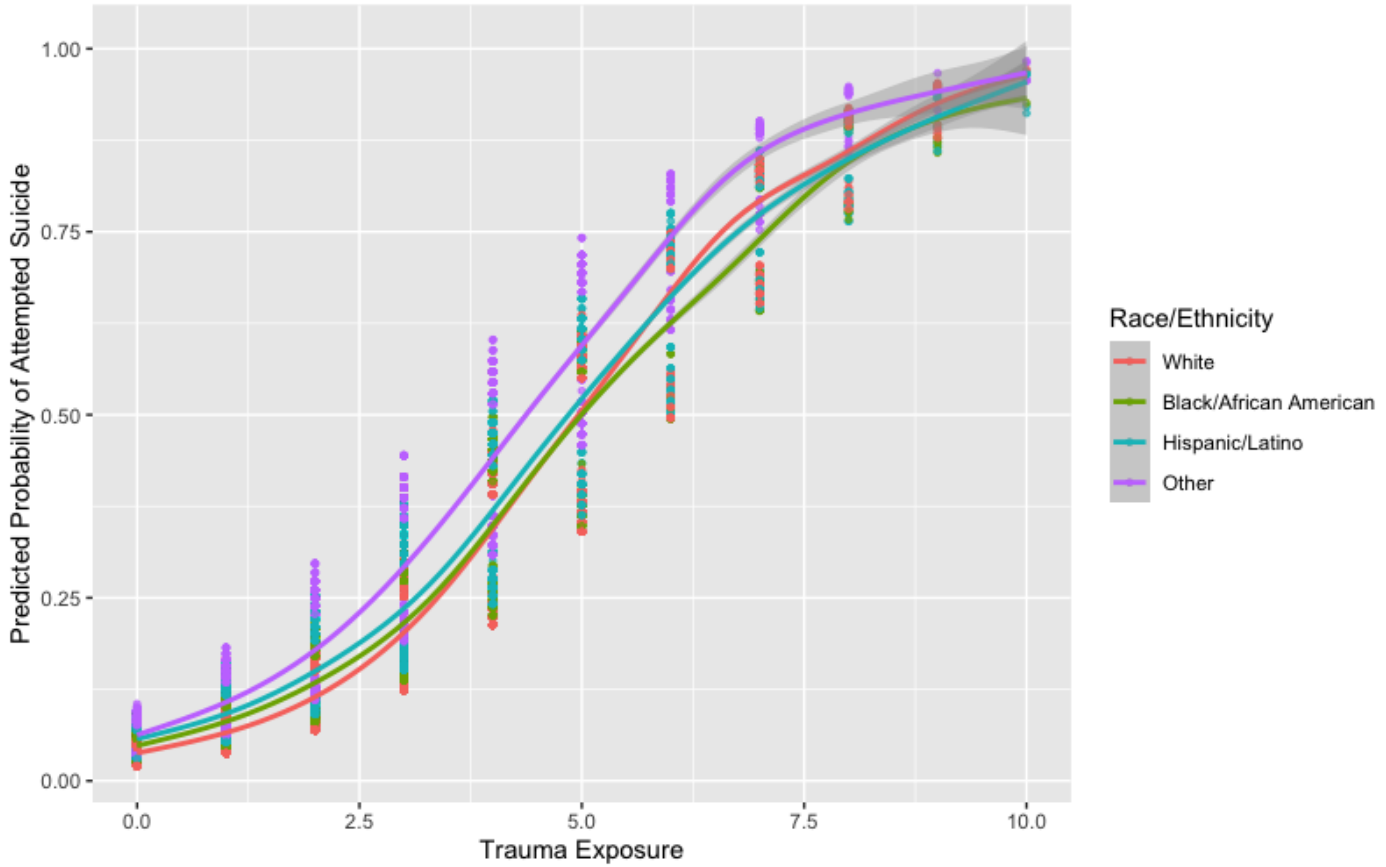

Figure 1c. *Scatterplot depicting the relationship between trauma exposure and predicted suicidality indicator "Attempted suicide", segmented by race/ethnicity. for adolescents from White (reference group), Black/African American ($p > .05$), Hispanic/Latino ($p < .01$), and Other ($p > .05$) racial/ethnic backgrounds.*

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Curriculum Vitae

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Educational History

Doctor of Philosophy	*University of Nevada, Las Vegas.*	Anticipated Graduation
	Doctor of Philosophy, School Psychology	May 2024
		Graduate GPA: 3.6
Education Specialist	*University of Nevada, Las Vegas*	May 2019
	Educational Specialist, School Psychology	Graduate GPA: 3.8
Masters of Science	*University of Nevada, Las Vegas*	December 2017
	Master of Science, Educational Psychology	Graduate GPA: 3.8
Masters of Arts	*University of Nevada, Las Vegas*	May 2016
	Master of Arts, Communication Studies	Graduate GPA: 3.6
Bachelors of Arts	*University of Nevada, Las Vegas*	December 2005
	Bachelor of Arts, Communication Studies	Undergraduate GPA: 3.8

Special Interests

Significant interests include working with global majority student populations in schools by providing them the opportunity to thrive both academically and socially. Further interests consist of trauma-informed assessment and psychoeducation for BIPOC students.

Honors and Awards

Dean's Honors List	Fall 2013 & Spring 2018
UNLV Access Grant Recipient	August 2020 - May 2023
Department of Education,	

School Psychology, & Human Services August 2020 – May 2023

Graduate Assistantship

Professional Certification

Nationally Certified School Psychologist (NCSP) May 2019 - Current

Trauma Informed Cognitive Behavior Therapy November 2021 - Current

ELA Secondary Teaching License (CCSD) August 2008 - Current

Communication Studies (Endorsement) August 2008 - Current

Research Experience

Department of Education, School Psychology, & Human Services August 2020 – May 2023

Assistant to Professor Dr. Patrice Leverett

Conducting primary and secondary source research

Publications

Leverett. P, Hunter, T. (2022, May). Disproportionality. The Encyclopedia of Social Justice in Education.

Conference Presentations

Leverett. P, D'Costa. S., Grant, S., Aguilar, L., Brown, A, & Hunter, T. (2021, August). A content analysis of decolonial practices in school psychology research. Poster presented at the American Psychological Association (APA) Annual Conference.

Hunter. T. (March, 2022). The Biological Psychology of Pediatric PTSD in Systems Involved Children: Marginalization and Overrepresentation in Special Education. Poster presented at the Conference for Academic Research in Education.