Intersectionality and Interrupted Learning: The Impact of Adversity and Trauma on Academic Achievement for Latinx Youth

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of TTC Network and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2022

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- STRENGTHS-BASED AND HOPEFUL
- INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES
- HEALING-CENTERED AND TRAUMA-RESPONSIVE
- INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS
- PERSON-FIRST AND FREE OF LABELS
- NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS
- RESPECTFUL, CLEAR AND UNDERSTANDABLE
- CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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No conflict of interest to report.

Photos of mural artwork in the Mission District in San Francisco, CA

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Outline

- Overview of disparities in educational outcomes for minoritized Latinx youth and families
- Theoretical frameworks and historical context
- Socio-environmental factors
- Adversity and trauma-related factors that interrupt educational success
- Mental health as a mediator of achievement
- Overlooked strengths

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Educational disparities for Latinx youth

- Disparities in academic achievement for Latinx youth
- Disproportionately higher dropout rates for Hispanic/Latinx youth (Nation's Report Card, 2019)
  - US Latino Boys 9,3%
  - US Latina Girls 6.0%
  - All Boys 6.0%
  - All Girls 4.2%
- Similar gaps in reading and math proficiencies

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Social Determinants of Educational Disparities

(Dohrmann, Porche, Ijadi-Maghsoodi, & Kataoka, 2022)

- Building on Krieger's (1999) framework of social determinants of health
  - Neighborhood
  - Economic resources
  - Access to food, shelter, health care
  - Exposure trauma including community violence, racism, police brutality, immigration trauma, illness and loss due to COVID-19
  - Historical bias in the educational system
  - Disproportional and exclusionary discipline

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Garcia Coll et al. (1996) Integrative Model of Developmental Competencies in Minority Children

- Educational outcomes explained by factors that:
  - are situated in a socio-ecological framework,
  - are comprised of promoting and inhibiting environments,
  - include consideration of internal and external/environmental influences
  - can have direct and indirect effect on academic outcomes.

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Garcia Coll et al. (1996) Integrative Model

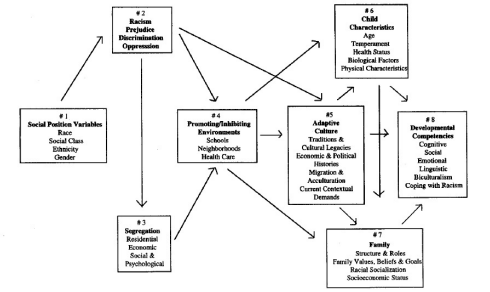

FIG. 1.—Integrative model for the study of developmental competencies in minority children.

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US Educational System

- Systemic bias which disadvantages opportunities for educational supports
- Opportunity gap rather than achievement gap
- Systemic bias increases risk of disproportionality in special education and in disciplinary practices

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Historical Inequity in Education

- Enslaved people denied education; after the Civil War very limited educational opportunities following Reconstruction and Jim Crow laws.
- Plessy v. Ferguson 1896: "separate but equal" until 1954 Brown v. Board of Education that separate is fundamentally unequal.
- Federal legislation No Child Left Behind Act 2001 penalized under-resourced schools
- Every Student Succeeds Act 2015 moved discretion for equity to the states

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Context for Minoritized Students in Poor Communities

- 1980's zero tolerance as part of response to "war on drugs" – automatic suspensions and expulsions
- Rise of surveillance in schools, metal detectors and police presence of School Resource Officers
  - Increased incarceration for minoritized youth and students with disabilities
- Use of a deficit model to explain underachievement

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Colonialism

- Settler colonialism has shaped US schooling: organization, governance, curriculum (Tuck & Yang, 2021)
- Taking of Lives:
  - History of Genocide – from 150 million to 250,000 people; current population of 5 million
- Taking of Land:
  - Restricted to reservations, changes in relationship with home
- Taking of Cultural Transmission:
  - Boarding school and adoption "for the good of the child"
- History Puerto Rico
  - Spanish colonialism (1493 – 1898)
  - US colonialism – US Territory after Spanish-American War; became Commonwealth of Puerto Rico in 1952 but neither a state or independent country

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Material and Psychological Risk Factors of Repeated Historical Processes of Colonization

- Internalization of messages of low worth
- Control through mis-education, denial of culture
- Intergenerational trauma, higher rate of substance use, PTSD, suicide, depression
- Colonial Mentality (David & Nadal, 2013)
  - (1) denigration of the self
  - (2) denigration of the culture or body (shame, embarrassment)
  - (3) discriminating against less Americanized in-group members,
  - (4) tolerating historical and contemporary oppression
- Associated with bullying, acculturative stress, maladaptive behaviors

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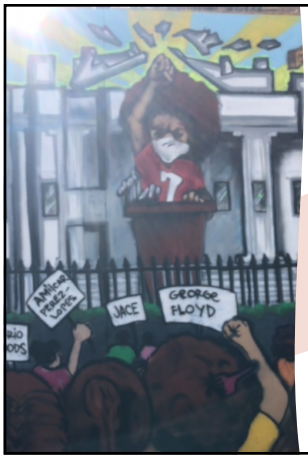

Resistance to Colonialism

- Local laws and governance
- Representation and self-determinism
- Holistic view of health including physical, emotional, spiritual, and mental health
- "Decolonization is not a metaphor" (Tuck & Yang, 2012):
  - "Decolonization eliminates settler property rights and settler sovereignty. It requires the abolition of land as property and upholds the sovereignty of Native land and people."

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Intersectionality (Crenshaw, 1989; 1991)

- Intersectionality – intersecting layers of oppression – can be used to conceptualize how multiple social identities intersect at the individual level and influence health, access to care and educational resources, and well-being

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Intersecting Identity and Positionality of Latinx Youth

- Different profiles of acculturation related to risk for depression (Lorenzo-Blanco, et al., 2016)
- Strain, psychological conflict, aspirations-attainment gap, and depression symptoms of second-generation Mexican adolescents (Paat, 2016)
- Bicultural stress (negotiating two conflicting cultures and expectations at home and community) and gender impacted Latino/a adolescent risk of depression symptoms and suicidal ideation (Piña-Watson et al., 2015)

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Intersectionality and Educational Policy

- Access to quality education, curriculum, and supports differs by who has power to make decisions and who is deemed worthy of what services.
- Trends in harsh punishment for minoritized boys more established
- Newer research on perceived teacher discrimination and harsh discipline and pushout for minoritized girls (Butler-Barnes & Inniss-Thompson, 2020; Morris, 2015)

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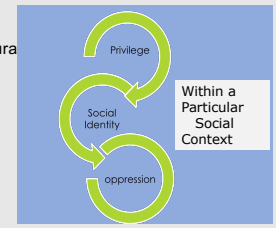
Intersectionality and structural systems

- Social identities interact within varying contexts to reflect interlocking structura systems of privilege and oppression

(Crenshaw,1989; 1991)



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What gets in the way of academic success?

- Academic trajectories may be influenced by adversity and trauma experiences that impact mental health, in a social context of inequities.
- Students who have experienced chronic adversities and/or childhood trauma have greater risk of dropping out of school; less engaged at school, more likely to be retained in grade, more likely to have an IEP (Porche et al., 2011; Porche et al., 2016)
- Intersectional factors including gender bias, racism, colonialism that exacerbate trauma-related symptoms that are too often untreated and misinterpreted as misbehaviors and/or temporary and chronic maladjustment.

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Adverse Childhood Experiences

- Adverse Childhood Experiences – ACEs (Felitti et al., 1998)
  - Emotional, physical, sexual abuse, neglect, domestic violence, household member with substance use, household member with mental illness, incarcerated parent, parental separation
  - Second wave of ACE research: atrocities of war, bullying, racism, community violence
- Cumulative exposure related to
  - long-term physical ailments (e.g., heart disease, diabetes),
    - psychological distress (e.g., depression, substance use),
    - academic struggle including IEP, retention in grade, dropout (mediated by mental health)

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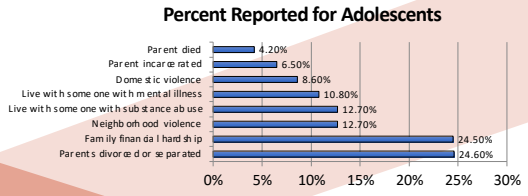
Eight Adverse Family Experiences from National Survey of Children's Health (Porche et al., 2016)



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High rates of trauma exposure (Porche et al., 2016)

- National Survey for children's health is a nationally representative sample of over 90,000 children ages 0 - 17
- Over half of the adolescents in the study had experiences one or more of the eight adversities asked about.
- About 10% of adolescents have experienced three or more of the adversities asked about

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Shared Adversities Affect Both Caregiver and Child

- Family adversities add to parenting stress. Thus, adversities affect the child directly, and also indirectly through affects on parenting.
- Higher rates of family adversity and higher levels of parenting stress negatively affect the child's ability to flourish – to be curious, to persist with difficult tasks, to demonstrate self-regulation.
- However, having neighborhood support (neighbors help each other, watch out for each other's children) buffers parenting stress and supports student outcomes.
- Having an adult mentor is also a factor in lessening parenting stress and supporting the child's flourishing.
- Clustering of adversity risk factors influence academic outcomes: the importance of a supportive adult (Pan et al., 2019)

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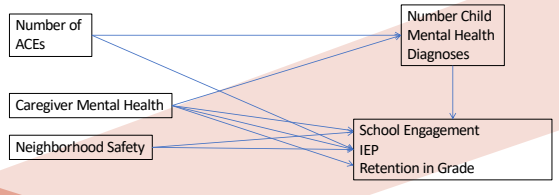
Educational Outcomes for a National Sample of Students Explained by Adversities and Caregiver and Child Mental Health (Porche et al., 2016)



Final fitted path model of associations between school outcomes (engagement, IEP, retention in grade) and ACEs, child, caregiver and neighborhood characteristics. *Note*: Sex, age, race-ethnicity, and income were included in the model as control variables.

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Impact of Adversity and Trauma on Cognitive Processes

- Shonkoff (2012) Toxic stress: "effects of excessive activation of stress response systems on a child's developing brain, as well as the immune system, metabolic regulatory systems, and cardiovascular system"; Bucci et al., (2016) biologically stress-sensitized, e.g., telomere altering – influencing cellular aging
- Psychological interference with learning
- Decrease in memory, concentration, cognitive processing
- Increased cortisol
- Increased inflammation
- Change in physiology in the brain. What and where exactly?

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Impact of Adversity and Trauma on Psychological Processes

- Symptoms and diagnosis of mental health disorders including
  - PTSD
  - Anxiety
  - Depression
  - Substance use
- Only about 10% of youth with mental health needs receive services.
  - Fewer have access to evidence-based and culturally sensitive, linguistically matched services

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Correlates of High School Dropout (Porche et al., 2011)

- Collaborative Psychiatric Epidemiology Surveys (CPES), a nationally representative probability sample of African Americans, Afro-Caribbeans, Asians, Latinos, and non-Latino Whites
- Dropout prevalence rate of 16% overall; higher for Black and Latinx youth
- Experience of, and timing of, migration: arriving in US during adolescence highest risk
- Trauma experiences associated with dropout, mediated by substance use and conduct disorder

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Rates of retrospective reports of trauma experiences for U.S. youth ages 21-29 (from CPES dataset)

Experience of Major Childhood Trauma	Percent of Population
Any major childhood trauma occurred age 16 or younger	**38.11**
Car crash	6.87
Natural disaster	**8.93**
Manmade disaster	3.77
Child Abuse	**6.42**
Beaten	**6.30**
Raped	**6.35**
Molested	9.46
Witness Domestic Violence	**13.26**
Witnessed Atrocities of War or Political Violence	1.43

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Rates of retrospective reports of psychiatric disorder and service use for U.S. youth ages 21-29 (from CPES dataset)

Childhood DSM-IV Disorder (age 16 or younger)	Percent of Population
Any childhood DSM-IV diagnosis	**32.05**
Childhood Depressive Disorder	8.87
Childhood PTSD	**4.05**
Childhood Anxiety (non-PTSD) Disorder	14.62
Childhood Substance Use Disorder	**6.73**
Childhood Conduct Disorder	**10.90**
Received Mental Health Services as a Child	17.02

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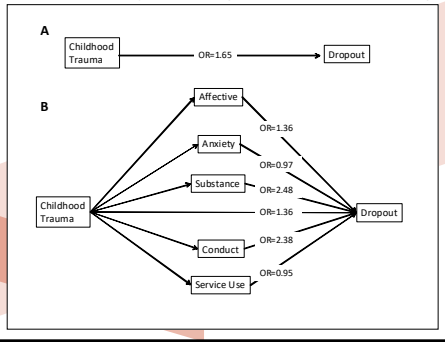
Childhood Trauma and Psychiatric Disorders as Correlates of School Dropout in a National Sample of Young Adults (Porche et al., 2011)



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How ACEs Interfere with Learning and Achievement

- Fight or Flight reaction interferes with learning:
  - Hypervigilence
  - Difficulty with attention
  - Memory and cognition problems
- Anxiety, depression, PTSD can result from trauma experiences
  - May present as behavioral problems, substance use for self-medication

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Boricua Youth Study Analyses

- Rates of leaving school by site:
  - Puerto Rican Youth in South Bronx: 36.5%
  - Puerto Rican Youth in Metropolitan San Juan, PR: 16.3%
- Significant associations with leaving school:
  - Absenteeism for both sites
  - Neighborhood conflict and familism were risk factors for students in Puerto Rico; higher maternal education was protective
  - Being older at grade level and having externalizing behaviors were risk factors for students in South Bronx

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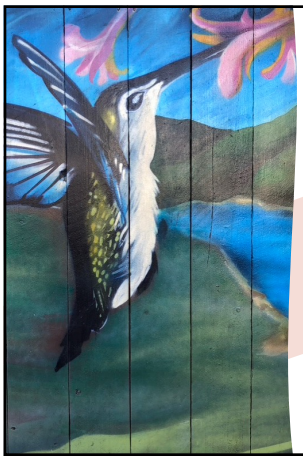

Resistance to Adversities in Educational Settings

- Need to address racial microaggressions and discrimination in K-12 settings (Grossman & Porche, 2014)
- Self-efficacy, school support, and internal assets mediate impact of trauma on GPA for girls (Ijadi-Moghsoodi et al., 2022)
- Need to recognize strengths and aspirations of "New American Scientists" who have migrated to the US (Porche et al., 2016)
- Increasing teacher representation to diminish racial bias and increase support for minoritized students (Bristol & Martin-Fernandez, 2019)
- Re-envision and destigmatize school-based mental health (Koslouski et al., 2021)

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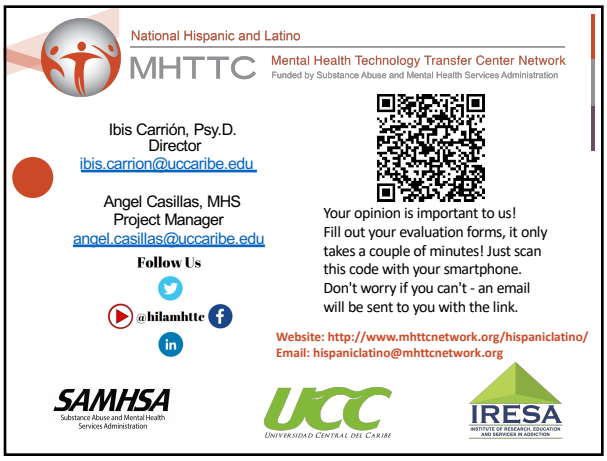
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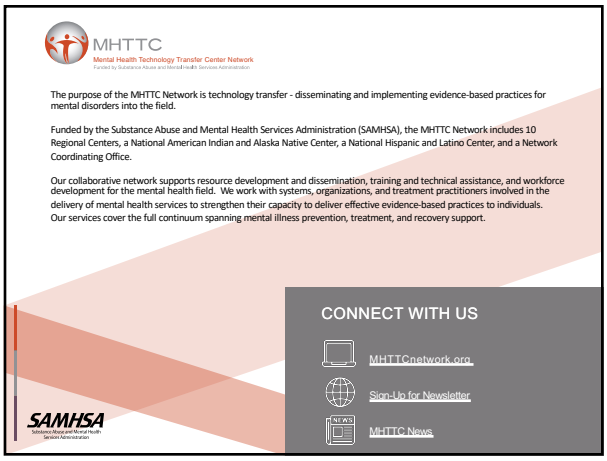
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Mental Health Technology Transfer Center Network
The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.
Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.
Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.
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