Chapter 11
Girls and Trauma: Performing Socio-Surgery through a Gender-Responsive Lens

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Introduction

Almost half of all American children have had at least one potentially traumatic adverse childhood experience (ACE; Sacks, Murphey, & Moore, 2014). ACEs are stressful and potentially traumatic events and experiences, e.g., abuse, neglect, parent with mental illness, incarcerated parent, etc. The effects of trauma are deeply entrenched in the fabric of our society, and girls have not gone unscathed. Research on ACEs has found that, across the board, girls suffer from higher levels of traumatic experiences than boys (Quinlan, 2016). The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) defines trauma as exposure to actual or threatened death, serious injury, or sexual violence in one or more of four ways: (a) directly experiencing the event; (b) witnessing, in person, the event occurring to others; (c) learning that such an event happened to a close family member or friend; and (d) experiencing repeated or extreme exposure to aversive details of such events, such as with first responders. Historical factors such as poverty, racism, discrimination, bullying, and community violence are adverse events that also play a role in childhood trauma (Wade, Shea, Rubin, & Wood, 2014). When faced with social disadvantages, girls of color are more vulnerable to trauma and have lower rates of well-being. Girls with high ACE scores, reflecting multiple childhood traumas, tend to have low educational attainment and school performance, chronic absences, decreased reading ability, and high rates of suspension and expulsion. These outcomes are often associated with girls' involvement in systems where they are criminalized and re-traumatized. Trauma is

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inheritable in the sense that its traits and characteristics can be passed down to the next generation. As a result, untreated, traumatized girls can develop into women who struggle to cope with the physiological and psychological effects of trauma, which could impact their ability to function as adults and to parent effectively.

Literature Review

There is a lack of research that examines girls and trauma from a gender-responsive lens. While there are bodies of research on girls' experience of trauma and on gender responsiveness, specifically for justice-involved girls, there is a significant lack of research on the two combined. The review included in this chapter is a compilation of research that examines the physiological, psychological, and social effects of trauma in girls and is by no means comprehensive of the entire body of research on girls and trauma.

Biological and Neurological Effects

A recent study from Stanford Medical Center examined differences in the effects of trauma on brain development in boys and girls. The study reported no differences in brain structure between boys and girls in the control group; however, differences were noted among traumatized boys and girls in a portion of the insula called the anterior circular sulcus (Digitale, 2016). In boys, the volume and surface area of this brain region were larger in the traumatized group than in the control group, and in girls, they were smaller in the trauma group than in the control group. These findings suggest that trauma symptoms may differ in boys and girls. The study also found that adolescent girls with previous exposure to trauma appeared "to undergo accelerated maturation in a region of the brain [the insula] that integrates emotions and actions" (Digitale, 2016). Depression and anxiety are leading mental health concerns in adolescents, especially girls, and by mid-adolescence girls are twice as likely to be diagnosed with a mood disorder than boys (Johnson, 2014).

De Bellis and Zisk (2014) examine the biological effects of trauma in their review of the research on the neurobiological sequelae of childhood trauma in children and adults with histories of childhood trauma. Childhood traumas, particularly those that are interpersonal, intentional, and chronic, are directly correlated with increased rates of depression, anxiety, antisocial behaviors, and substance abuse. Seltzer, Ziegler, Connolly, Prososki, and Pollak (2013) exposed children to an experimental stressor (the Trier Social Stress Test for Children) and reported higher levels of oxytocin and lower levels of cortisol in girls with histories of physical abuse but no difference in hormone response in abused boys. Research also suggests a relationship between childhood trauma and increased inflammatory and immune activity (De Bellis & Zisk, 2014).

Adolescent Development and ACEs

There is a body of research which has identified a correlation between high levels of stress and early puberty in girls. The longitudinal study conducted by Ellis and Essex (2007) tests the work of the life history theorists Belsky, Steinberg, and Draper (Belsky, Steinberg, & Draper, 1991). The findings on familial and ecological stressors in early childhood and their effects on variation in timing of adrenarche and development of secondary sexual characteristics in early adolescence supported the life history perspective. Quality of parental investment emerged as a central feature of the proximal family environment in relation to pubertal timing. Lesesne and Kennedy (2005) expanded the early childhood and life history argument in a report published by the Centers for Disease Control and Prevention (CDC). Their data revealed that social and environmental risk factors, such as abuse and dysfunction in childhood, are related to health risk behaviors and poor mental health in adulthood. The report highlighted the lifelong implications of ACEs and the potential for cyclical and intergenerational impacts on mental health.

ACEs can have negative, lasting effects on health and well-being in childhood or later in life (Felitti et al., 1998). However, more important than exposure to any specific event of this type is the accumulation of multiple adversities during childhood, which is associated with especially deleterious effects on development. Finkelhor, Shattuck, Turner, and Hamby (2013) replicated the ACE Study findings in a cohort of youth, using psychological distress as an outcome measure, to explore whether the adverse effects enumerated by the ACE Study could be improved upon by considering a more comprehensive range of possible adverse effects, including some of the domains not considered in the ACE Study. They found considerable improvement in the value of the original ACE scale when childhood adversities not included in the original scale were added and others in the original scale were excluded. The results indicate the plausibility of increasing the predictive ability of ACEs by adding additional domains in childhood adversity that have harmful effects on child development (Finkelhor et al., 2013). Researchers argue that measuring childhood adversities during childhood, rather than later in adulthood, could further improve the ACE Study's early life predictors of health outcomes, and future studies should focus on preventing and mitigating harmful exposures and investigating whether there is an improvement on health outcomes (Finkelhor et al., 2013).

Girls are the fastest-growing segment of the juvenile justice population, and status offenses still remain the primary reason that girls enter the juvenile justice system. Girls who experience multiple childhood traumas are at heightened risk of contact with the juvenile justice system and other negative outcomes. Almost half of the girls in the juvenile justice system have experienced five or more ACEs and report an above-average number of mental or emotional problems and traumatic experiences in comparison with boys. The rates of sexual abuse among girls versus their male counterparts are staggering. One in four American girls will experience some form of sexual violence by the age of 18. In the juvenile justice system, girls report past sexual abuse at twice the rate of boys, and nearly two thirds of girls in

the system (65%) show signs of posttraumatic stress disorder (PTSD) (Epstein & González, 2017). Justice-involved girls, on average, experience sexual violence at an earlier age and for a longer average duration than other forms of abuse. Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and young adults are increasingly vulnerable to maltreatment and traumatic experiences (McCormick, Scheyd, & Terrazas, 2017). Girls who are lesbian, gay, bisexual, transgender, or nonconforming report trauma at particularly high rates, and women who identify as lesbian report higher rates of sexual violence than their heterosexual peers (Bernhard, 2000). Although LGBTQ youth comprise only 5% to 7% of the general population, they represent 13% to 15% of youth who come into contact with the juvenile justice system. According to the 2015 report, "The Sexual Abuse to Prison Pipeline: A Girl's Story," sexual abuse is one of the primary predictors of girls' entry into the juvenile justice system (Saar, Epstein, Rosenthal, & Vafa, 2015).

Urbanism and Race

Girls growing up in urban, under-resourced environments are often predisposed to risk. As defined by *Urban Girls Revisited: Building Strengths* (Ross Leadbeater & Way, 2007), *urban girls* is a term used to refer to girls who are exposed to the risks associated with living in urban communities plagued by high rates of community violence, poverty, drugs, homelessness, and inadequate housing and low rates of resources related to health, education, and social capital. The urban environment can increase girls' exposure to trauma. Girls living in adverse, inner-city circumstances often grow up fast, taking on multiple adult roles and responsibilities at young ages in contexts of minimal support (Ross Leadbeater & Way, 2001). Wade Jr. et al. (2014) expanded the ACE study to examine the breadth of adversity to which low-income urban children are exposed. Additional experiences not included in the initial ACEs but endorsed by study participants included single-parent homes; exposure to violence, adult themes, and criminal behavior; personal victimization; bullying; economic hardship; and discrimination. Lower social cohesion among neighbors and higher crime rates also contribute to higher rates of psychotic symptoms among urban children (Newbury et al., 2016).

At the national level, while 60% of white non-Hispanic children have experienced no ACEs, this is the case for only 49% of Hispanic children and 39% of Black non-Hispanic children (Sacks et al., 2014). In the United States as a whole and in every subregion, Asian non-Hispanic children have the lowest prevalence of ACEs—nationally, more than three-quarters of these children have had no ACE (Sacks et al., 2014). As a social identity, race is an important factor in how girls are perceived, diagnosed, and treated for trauma-related behaviors. It has been widely reported that Black girls are suspended, receive more punitive forms of school discipline, and are incarcerated at higher rates than girls of any other race or ethnicity (Crenshaw, Ocen, & Nanda, 2015). *Girlhood Interrupted: The Erasure of Black Girls' Childhood* (Epstein, Blake, & González, 2017) examines the adultification of Black girls as a

"social or cultural stereotype that is based on how adults perceive children 'in the absence of knowledge of children's behavior and verbalizations.'" According to the surveyed respondents (predominantly white and female), Black girls were viewed as more adult than white girls. Black girls were also perceived as needing less nurturing than white girls and being more knowledgeable about sex than their white peers. Researchers posit that adultification may serve as a contributing cause of the disproportionality in school disciplinary practices, harsher treatment by law enforcement, and differentiated exercise of discretion by officials across the spectrum of the juvenile justice system. This increases the vulnerability of Black girls to be pushed into the school-to-prison pipeline and to be overrepresented in the juvenile justice system.

Epstein and González (2017) have compiled one of the few reports that examines girls and trauma from a gender-responsive lens. The study examines trauma-informed yoga as a treatment for trauma among girls detained in the juvenile justice system. The physical and psychological consequences of trauma can be long-lasting, especially without early intervention. Identifying trauma and helping girls to heal from these experiences is imperative for lifelong psychological health (Levine & Kline, 2006). The socio-environment of girls should provide access to "socio-surgeons" in metaphorically "sterile" (gender-responsive) environments that provide the nurturing and safety needed for girls to begin the process of healing prior to adulthood.

Socio-Ecology and Socio-Surgery

In a perfect world, the components of Earth's various ecosystems work in tandem with one another to create a tightly woven web that ensures that the available resources are sufficient for all the species in the ecosystem. The socio-ecological model and theory developed by Urie Bronfenbrenner (Bronfenbrenner, 1979) describes healthy communities as having similar components to Earth's ecosystems. The various components, i.e., individuals, interpersonal relationships, community, organization, and policies, make for a balanced socio-ecological system (Fig. 11.1). Bronfenbrenner suggested that an individual's behavior is influenced and shaped by social networks, institutions, laws, policy, and how individuals choose to access relationships with these. The theory encompasses the idea that healthy and equitable communities include the driving forces of affordable housing, high-quality education, a thriving and inclusive economy, and a solid network of neighborhoods and businesses. These driving forces are similar to the energy flow within an ecosystem wherein there are enough producers and consumers to balance the system. High-quality education and schools act as the foundation for most socio-ecological systems. Within communities that are in socio-ecological balance, girls become thought leaders, innovators, and entrepreneurs. Girls who have access to high-quality education tend to pursue academic careers, which increase their ability to become self-sufficient with diversity in skills and professions. A diversified community that

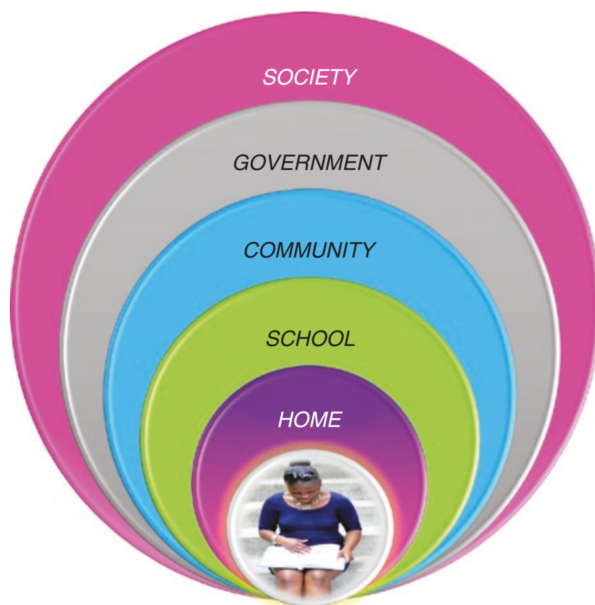


Fig. 11.1 A girl-centered socio-ecological model

includes equitable housing, employment opportunities, and a consistent economy, along with access to high-quality education, creates a cycle of health, wellness, and success for girls within a balanced socio-ecological system. Although all relationships within a community are important for the healthy development of girls, the role of men, especially fathers, play a key role in reducing the incidences of trauma within a socio-ecological system. Studies demonstrate that the strong presence of caring men can serve as a protective factor in reducing risk among girls.

The high rates of trauma among African Americans are the result of trauma-impacted socio-ecological systems and their relationship with slavery, discrimination, institutional racism, economic segregation, violence, abuse, and inequities in housing, health, and education. Historically, African American ecosystems were resilient despite their marginalization. Strong educational and religious institutions, kinship, neighborhoods, and economic viability opened the door for diversified economic growth, thriving Black-owned businesses, and career advancement in every field. However, opioid and crack invasions, deteriorating communities, unemployment, crumbling educational systems, and the devastating mass incarceration and deaths of African American men created threats that compromised the socio-ecological balance that protects children.

Similar to natural ecological systems, groups of individuals mutate or change to fit the environment. The increasingly high rates of absent fathers create single-headed households, often led by women. Having to provide for the family, women were forced to increase their work hours, thus reducing their time spent at home and making their daughters the next in line for responsibilities. Taking on the task of caring for younger siblings, preparing meals, and seeking employment to help carry

the financial load at home is a reality not only for some African American girls but also for some Latinas. Girls of color residing in trauma-impacted, under-resource communities experience higher risks of low educational attainment, expulsion, juvenile justice involvement, teen pregnancy, and violence. We argue that some girls have mutated emotionally, physically, and mentally, for the purposes of survival, because of the socio-ecological breakdown within trauma-impacted communities. The adaptation has reduced empathy, compassion, and healthy bonding with others within the community. A study released by the CDC states that high incidences of ACEs, such as sexual abuse, drug addiction, incarceration, and abandonment, exacerbate the high probability for serious violent behavior among girls.

The reinvestment of community-based assets and support from external organizations can strengthen challenged socio-ecological systems. Demoiselle 2 Femme, NFP (D2F), a Chicago-based not-for-profit organization that offers a myriad of programs and services for adolescent girls, has integrated Bronfenbrenner's theory into programs as the foundation for combating the socio-ecological breakdown in communities that surround girls. The organization has developed a model from Bronfenbrenner's framework that includes the girl (individual), home, family, school, community, and society (see Fig. 11.1). The primary goal of the approach and its use of behavioral change theories is to shift from a problem-centered model aimed at attacking negative youth behaviors to asset-based approaches which strengthen the family, school, and community as protective factors in supporting the social and emotional needs of girls.

For girls of color, there have always been some vulnerabilities within the socio-environment, but resilience was much more of a reality because of the presence of family, caring adults, and strong community systems of support. Girls are experiencing multiple traumas that can affect their ability to "bounce back." Researchers argue that resilience is not an outcome of childhood trauma (De Bellis & Zisk, 2014). Symbiotic relationships between families, high-performing schools, physical and mental clinicians, faith-based and community-based organizations, legislators, and government agencies are significant in the reversal of negative behavior that is expressed by girls exposed to trauma. Practitioners from all spheres of Bronfenbrenner's socio-ecological model must be mobilized to change the trajectory of girls of color who are impacted by trauma. Changing the course of girls who have faced ACEs requires specialized practitioners. We have coined the term "socio-surgeons" to refer to these practitioners. Socio-surgery is performed through the creation and implementation of gender-responsive policies and practices that support the needs, development, and experiences of girls. Socio-surgeons can function as educators, mentors, family members, social workers, community- and faith-based organizational leaders and staff, policy makers, civic leaders, doctors, and any role that functions in the socio-environment of a girl. Through gender-responsive practices, socio-surgeons perform the delicate surgery of cutting away the cancerous effects of trauma by supporting the social and emotional wellness and healing of girls. Socio-surgeons are well versed in reducing the socio-ecological "traumaprint" by strengthening family connections, identifying community assets, building support networks, and leveraging resources, coupled with advocacy and

policy that embrace gender responsiveness. Similar to a handprint, a "traumaprint" is a psychosocial imprint representing the enormity and impact of adverse childhood experiences on an individual that can affect their engagement with each socio-ecological sphere of influence (Fig. 11.2). We argue that "tramaprints" can be passed down generationally which increase its enormity. Socio-surgeons work to champion a gender-responsive socio-ecological system.

The Gender-Responsive Lens

The American Sociological Association describes gender as a social construct that transcends the biological identity of sex and points to the ubiquity of gender's influence in both private and public spheres. It also identifies differences—and similarities—in how genders are treated socially and factors that change this treatment. There are important gender differences in the rates and impact of trauma, as well as responses to it. Researchers have long argued the need for gender-responsive approaches to address trauma. Theoretical frameworks for gender responsiveness are often grounded in the Feminist Pathways Theory (Daly, 1992), Relational Cultural Theory (Miller, 1976, 1987), and the Intersectionality Theory (Crenshaw, 1989). Each theory postulates the complexities of the experiences of women while presenting a distinct lens on the factors of race and ethnicity, gender, culture, class, and relationships. Yet, overwhelmingly, gender-responsive studies and practices have focused on incarcerated women and girls.

To expand the discourse, we have developed a comprehensive definition of gender responsiveness (Bloom, Owen, & Covington, 2003) for girls that can be adapted to reflect any group. We believe that gender responsiveness is the deliberate creation

Fig. 11.2 A pictorial view of the "traumaprint" reflecting multiple adverse childhood experiences (ACEs)

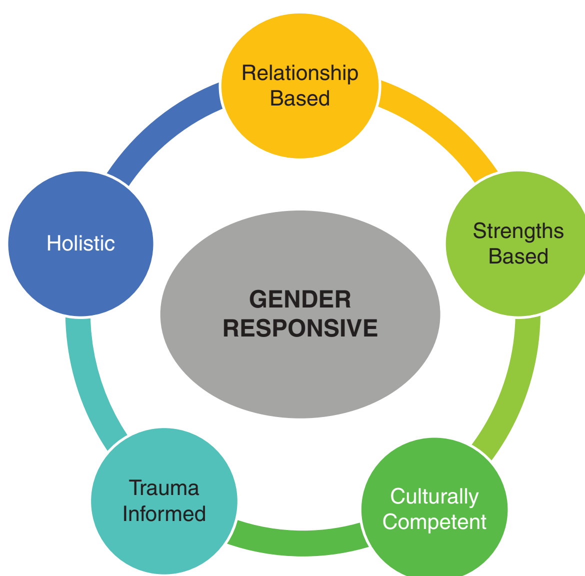
of programs, practices, policies, and systems in the socio-ecological environment that demonstrate value for female adolescent development by providing services, treatment, and care that are relationship-based, asset-based, trauma-informed, holistic, and culturally competent.

The inclusion of the socio-ecological framework (Bronfenbrenner, 1979) in our definition of gender responsiveness provides a spatial foundation for the necessary inclusion and intentionality of gender responsiveness in every sphere of influence in the socio-environment. In this context, all systems and institutions of socialization have a responsibility to practice gender responsiveness—beginning with the family. Researchers argue that the largest contributor to childhood trauma in the United States is family dysfunction because almost half of child-onset mental disorders are preceded by child abuse, neglect, and family dysfunction (Green et al., 2010). The adoption and integration of gender-responsive practices can create "air bags" for all girls, regardless of ACE scores, that protect them from the effects of trauma and other developmental hazards. In this context, risk factors are reduced by enhancing the protective spheres of influence that buffer girls against negative developmental trajectories. Unfortunately, the systems designed to provide education, protection (child welfare), and justice more often perpetuate the criminalization and re-traumatization of girls.

As practitioners of socio-surgery, we recognize the implementation of gender responsiveness through five core practice areas (adapted from Benedict, 2008) (Fig. 11.3):

- *Relationship-based*: working with girls using transformational rather than transactional approaches to establish and strengthen the bonds of trust and respect

Fig. 11.3 Gender-responsive model: five core practice areas



- *Asset-based*: intentional movement away from deficit, problem-based approaches to recognize that all girls have strengths which can be mobilized and maximized
- *Trauma-informed*: acknowledgment of the impact and effects of trauma and how the history and context of trauma plays an important role in how girls may respond to services
- *Holistic*: acknowledges the girl, her background, and development (physical, social, educational, emotional, spiritual, psychological, etc.) as a whole rather than several unrelated and separate components
- *Culturally competent*: Provides services that value and acknowledge the diverse needs of girls from different cultural backgrounds

While socio-ecology and gender responsiveness each have their own merits, the amalgamation of the two yields a comprehensive framework that can create collaborative practices across sectors. In spherical practice, as represented in the socio-ecological model, schools as institutions of formal education and socialization can institute gender-responsive programs, policies, procedures, and practices that support educational equity and social-emotional learning. In the sphere of community, institutions such as clinics and hospitals can provide care through a gender-responsive lens that is trauma-informed as well as inclusive of the remaining four practice areas (relationship-based, asset-based, holistic, and culturally competent). Law enforcement and juvenile justice systems can approach and engage all girls, regardless of their circumstances, through gender-responsive policies and practices in arrests, court representation, sentencing, detainment, incarceration, restorative treatments, and aftercare. Given the prevalence of abuse among girls, we argue the increase in physical altercations between girls and school resource officers/law enforcement, specifically males, underlines the need for immediate policy reform that provides for the safety of girls rather than exacerbating existing trauma. Without a commitment to gender responsiveness, the socio-ecological spheres designed to protect girls will inexorably be conduits of trauma that cause detrimental and, in some cases, irreversible harm to girls' emotional and physical well-being.

Efforts to increase the numbers of skilled practitioners in gender responsiveness across the ecological spheres can be achieved through the development of Communities of Practice (CoPs). As a social learning system (Wenger, 2010), a CoP can be designed within an organization to intentionally create a shared domain of interest, connectedness, and peer-to-peer learning through codified and tacit knowledge sharing. Outside of an organization, CoPs can be designed to provide shared learning experiences for practitioners in a specific field or to convene stakeholders as learning partners regarding a specific issue, in this case gender responsiveness. As competences increase, a regime of competence will emerge in the CoP. The regime of competence in a community of practice translates into a regime of accountability—accountability as to what the community is about and its open issues and challenges. The intentionality around CoPs specifically for learning in gender responsiveness can increase the number of skilled practitioners equipped to champion and implement gender-responsive policies and approaches.

Conclusion

The effects of trauma permeate society. The issues related to ACEs do not belong to the girl alone, but every stratum of the socio-ecological system has a responsibility to curtail trauma. As girls transition into adulthood, the cyclical effects of trauma can be costly for both society and individuals. Societies need to do more to foster hope and resilience in girls. A commitment to reduce trauma must come from all spheres within the socio-ecological model. Because "gender-specific" does not automatically imply "gender-responsive," programs, schools, and service providers must be trained in responsive practices to ensure that girls are able to begin a positive journey back to wellness. Gender-responsive interventions have reported positive outcomes for incarcerated women and girls. A gender-responsive (trauma-informed, culturally competent) somatic intervention that used yoga in system-involved girls reported improved self-regulation and other emotional developments, improved neurological and physical health, and healthier relationships and parenting practices (Epstein & González, 2017). Unquestionably, more research is needed to examine the impact of gender-responsive approaches and practices on girls who have experienced trauma outside of the juvenile justice system. An investment in the social-emotional health and safety of girls today is imperative for future generations and for the sustainability of positive cycles of wellness within socio-ecological environments.

Clinical Pearls

- Adverse childhood experiences (ACEs) and trauma affect girls differently than boys; therefore, gender-specific and gender-responsive prevention, interventions, services, and policies need to be created and developed to repair socio-environments that include girls.
- The effects of trauma on Black girls far outweigh similar experiences of their contemporaries, and socio-ecological systems that surround girls of color should integrate all five core practice areas of gender responsiveness when providing services or care.
- The lack of gender-responsive practice in the socio-ecological environment increases the risk of re-traumatization, criminalization, and victimization among girls.
- Gender-responsive "socio-surgeons" are needed in every spherical composition of the socio-ecological model to address and reduce incidences of trauma among girls.
- Communities of Practice (CoPs) can be developed in organizations and professional communities across sectors to increase the proportion of skilled practitioners equipped to champion gender-responsive policies and practices.

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