

***Placing Black Girls at Promise:
Rise Sister Rise™ Study
Results for Dayton
Executive Summary***



***Evaluating African American Girls' Experience
of Trauma and Resiliency in Ohio's Communities***



Project Partners

Principal Investigator	Frances Curtis Frazier, M.A. President WomensWork ^{fcf} , Inc.
Co-Principal Investigators	Leslie Brower, R.N., Ph.D. ODMH Administrator, Residential Star Supplement Program Kraig Knudsen, Ph.D., Chief, ODMH Office of Research and Evaluation
Co-Investigator	Lara Belliston, Ph.D. ODMH Office of Research and Evaluation
Administrative Oversight	Linda Garrick, LISW-S ODMH Office of Children, Families and Prevention
Sub-Grantee and Program Administration	Angela Tucker Cooper, Executive Director Mental Health America of Summit County Ohio
Acknowledgements	Holly Setto, Research Assistant, ODMH Jamoya Cox, Cultural Competence Lead, ODMH Lynette Cashaw-Davis, Administrative Support, ODMH Jill Frost, Public Relations Consultant Averi Frost, Public Relations Assistant Hosana Tekie, Research Assistant

Recommended Citation

Frazier, F. C., Belliston, L. M., Brower, L. A., & Knudsen, K. (2011). *Placing black girls at promise: A report of the Rise Sister Rise study. Executive Summary* Columbus, OH: Report from the Ohio Department of Mental Health.

Disclaimer

Funding for this product was made possible in whole by cooperative agreement grant number 5U79SM057460-04 from Substance Abuse and Mental Health Services Administration (SAMHSA). The views expressed in written materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



WomensWork^{fcf}, Inc.



Department of
Mental Health



Local Project Partners



Akron Partners

Urban Ounce of Prevention Services, Inc.:
Evaughn Cagle, Director
Lashawrida Fellows
Taba Aleem, Planned Parenthood
Anisi Daniels-Smith, Office of Minority Health
Peggy Holmes, NAACP/Hills Temple
Beth Kuckuck, Summit County Alcohol, Drug Addiction and Mental Health Services Board
Terri Leslie, Akron Children's Hospital
Cheryl Wesley-Tanner, Minority Behavioral Health Group

Columbus Partners

Pamela McCarthy, Director, Central Community House
Brenda Layne, Former Director Family and Youth Services, Central Community House
Janet George
Victoria Reese
Sharon Burks
Catherine Willis
Phillippa Jackson
Linda Kanney
Doris Calloway Moore
Neha Prakash
Janie Bailey
Lanita Bonner

Dayton Partners

Chairperson: Jayne Jones-Smith, ADAMHS Board for Montgomery County
Jennifer Riggle-Masters, ADAMHS Board for Montgomery County
Sandra Speed, ADAMHS Board for Montgomery County
Wendy Haynes-Britton, Day-Mont Behavioral HealthCare, Inc.
Catherine Rauch, Montgomery County Office of Family & Children First
Tonya Pugh, Girl Scouts of Western Ohio
Tarina Mason, Montgomery County Children Services
Marletae Sampson, Montgomery County Juvenile Court
Deborah Peterson, Public Health – Dayton and Montgomery County
Jackie Price, South Community Behavioral Healthcare
Melissa Buck, South Community Behavioral Healthcare
Bonnie Bazill-Davis, Speak Out Services

Lima Partners

Myrtle Boykins-Lighton, Executive Director, Urban Minority Alcoholism and Drug Abuse Outreach Program of Lima, Inc. (UMADAOP)
Julia Nuñez
Ann Miles
Phillip M. Hayne, President and CEO, United Way of Greater Lima
Michael Hayden, Fund Distribution and Community Impact Director, United Way of Greater Lima
Phil Atkins, Mental Health and Recovery Services Board of Allen, Auglaize and Hardin Counties



Department of
Mental Health

John R. Kasich, Governor
Tracy J. Plouck, Director

Dear Colleagues:

The Ohio Department of Mental Health is proud to present the Executive Summary of the **Rise Sister Rise (RSR)** research project. This project represents a unique partnership between the Department, Principal Investigator Fran Frazier, and Mental Health America of Summit County. The report title “Placing Black Girls at Promise” emphasizes two aspects of the research. First, it highlights the impressive number and array of internal and external assets these girls possess. Second, it prompts readers to develop and implement approaches that build on and expand upon these strengths.

The findings underscore a critically important dynamic: the extent of the girls’ resilience in the face of very significant threats. The data reveal the risks facing these girls and the extent that a sizeable subgroup is suffering as a result. Even so, this is a “good news” story because getting the facts can help us improve what we do. The data provide an opportunity and pose a challenge to Ohio’s leaders to collaborate on behalf of these girls and others who face similar risks.

The **RSR** data are certainly compelling on their own. More importantly, however, the data will prove to be useful to policy makers and program developers, advocates and providers. They can help transform how African American girls are perceived and how service delivery is conceptualized. I invite you to join me in resolving to develop responsive policies and programs in the public mental health system and other service systems.

We look forward to sharing these data widely and to participating in dialogue among families, communities, providers and State agencies. Together we can serve and support African American girls more effectively so that they will become successful, strong and resilient African American women.

Sincerely,

Tracy J. Plouck
Director

Establishing mental health as a cornerstone of overall health

30 East Broad Street
Columbus, Ohio 43215
mentalhealth.ohio.gov

614 | 466-2596
614 | 752-9696 TTY
614 | 752-9453 Fax

Placing Black Girls at Promise

For African American adolescents to develop into individuals actively engaged in optimal personal and collective development, they must be placed “at promise” as opposed to “at risk” in order to become contributing members of their families, schools, communities, and the broader society.

(American Psychological Association Task Force on Resilience and Strength in Black Children and Adolescents, 2008)

Purpose

Every day I enter a school building , walk through a mall, look out my car window as I drive, I see a Black girl and wonder about her. Is she at promise or at risk?

What does being “placed at promise” mean? We want the lives of Black girls to reflect collective work and responsibility by their families, communities, leaders and government. It means we talk to girls, those at risk and those who are doing well and get some ideas about the lives they lead and we ask the hard questions that may not be “any of our business” but we ask them because we want them to be “placed at promise”.

Why Black girls? There are approximately 201,000 African American girls living in Ohio’s communities. The majority of them reside in metropolitan areas. Our research and the work of others suggest that urban adolescent African American girls are significantly exposed to more traumatic stressors than children of other groups. Not every Black girl is a victim of poverty, has limited access, poor academic proficiency, few employment opportunities or a life with few successes. Yet, most Black girls live with some kind of trauma every day. Divorced parents, single parents, missing- in-action fathers, death and loss, gender victimization, unreported molestation, witness to domestic and street violence, relational aggression, mental and emotional abuse, “living while Black”, alcoholism, drugs, gangs, guns, or chronic sickness of a loved one. Lack of control over the adults and situations in a young girl’s life can be traumatic. Unresolved and prolonged trauma produces the negative and aggressive behavior manifested in Black girls today.

How do we help Black girls become resilient in spite of the traumas they face, to become stronger and believe in their own inner power and make strength-based decisions? When our girls are encouraged, helped along the way, given opportunities to think critically, and supported by the adults around them, it empowers them to successfully meet life’s challenges with a sense of self-determination, confidence to handle what comes before them, hope in the future and a feeling of well-being. This is what makes our girls resilient. They develop an inner power to bounce back regardless of what happens.

This Rise Sister Rise study is the result of an incredible team of women and men, supported by the resources, time, commitment and vision of the Ohio Department of Mental Health, who want to create a dialogue with ground-breaking data about a marginalized population of Ohio’s citizens whose face we see and whose voice is muted.

Thank you, Leslie, Lara, Linda, Angela, Kraig, Holly, Jill, Jamoya, Averi, Lynette and Hosana. This is our attempt at answering the question, “How do we begin to erase the stigma of talking about mental health in the African American community?”

Frances Curtis Frazier, M.A.
RSR Principal Investigator

Collective Work and Responsibility

The purpose of this study is to explore the ways in which urban adolescent African American girls experience their world and the ways in which they are affected by these experiences. It is the intent of this study to build an understanding of what their self care looks like; their social relationships, school performance, views of themselves and how they see other girls in relation to themselves. We want to know who are the significant adults, role models and/or mentors in their lives and what roles do they play in the development of the girls' resiliency skills? In what ways do the disparities and barriers to their well being prevent services and programs necessary for healthier life choices and outcomes? What is the role of the communities in which these girls live?



The logo for our Study is a group of three girls holding hands, symbolically playing, “Rise Sally Rise”, an urban street song where the girls encourage Sally to rise and wipe her eyes. They sing her into feeling better about herself and make a circle of support for her new behavior. We took a similar approach to this research through a path of collective work and responsibility. We created a circle bound by listening to the girls’ stories, asking questions, recruiting community involvement, conducting research, promoting community engagement by opening the dialogue about trauma and Black girls, and offering community-based activities to honor the resiliency in girls. We encouraged deeper dialogue with funders and policy makers for programs and services that address real solutions to long-term resiliency for African American girls. We believe this circle approach makes room for all of us to be responsible and engaged.

Community Involvement

In order to build our understanding of the ways in which urban adolescent African American girls experience their world our study was conducted in four Ohio cities, Akron, Columbus, Dayton, and Lima. These cities have a higher percentage of African American girls than statewide, were medium to large urban-type cities, and all four counties in which these cities are located have higher percentages of children living in poverty and adolescents adjudicated for felonies, and some of the counties had higher rates of children receiving food stamps or reduced lunch, higher rates of births to adolescents, and higher rates of students not graduating from High School.

This study was especially designed for community engagement. Women leaders and women who represent organizations and agencies that target their services and programs to adolescent African American girls were invited to serve as conveners for this project in their cities. In each city Steering Committees were formed. Each committee was responsible for recruiting girls for a focus group and surveys, organizing a girls’ resiliency conference, participating in a community dialogue about the data, presenting their local results to stakeholders, and creating action plans that include a focus on programming and funding for sustaining long-term resiliency in African American girls.

Recruitment Methods

Girls were recruited through the social networks of the local Steering Committee members. About 10 girls were recruited for the two-hour focus groups. About 100 girls in each city were recruited for the one and a half hour surveys. Additionally, members of the Steering Committees monitored each survey data collection, and provided refreshments at the focus groups and surveys. Arts and crafts were offered during breaks to prevent fatigue from taking the surveys.

Who are the girls

The study was limited to African American girls ages, 11 to 18 years old. The girls selected were representative of all African American girls who live in that city, regardless of economics and living arrangements. The majority of girls surveyed were in high school (58%; 42% were in middle school). Surveys were collected from 125 girls in Akron, 101 girls in Columbus, 109 girls in Dayton, and 74 girls in Lima.

What was asked

The focus groups were led by the Principal Investigator, Fran Frazier. Girls were asked to name one thing about herself that she was proud of, what “girl life” is like at her school, how she handles conflict, how she makes friends, her involvement in school activities, about the boys in her life, what “girl life” is like her neighborhood, who has a big influence in her life, and what she does to stay strong.

The survey instruments were selected to identify risk and protective factors as well as an opportunity to “examine the [Assets] framework in light of emerging understandings of human development that recognize the power of race, social class, ethnicity, and gender in shaping development during the childhood and adolescence” (The Search Institute). Questions came from the following measures:

Search Institute Profiles of Student Life: Attitudes and Behaviors. This survey includes 166 items that measure 40 Developmental Assets (Internal and External Assets that promote resiliency). The survey also included questions about age, grade, race, family living situation, parental schooling, substance use risky behaviors (alcohol use, driving and alcohol, tobacco use, illicit drug use) antisocial behaviors (shoplifting and vandalism), violence, and other risky behaviors (intercourse, school problems, gambling, depression, and suicide; Leffert, Benson, Scales, Sharma, Drake, & Blyth, 1998).

Child Behavior Checklist-Youth Self Report (YSR). The YSR includes two sections. The first section includes daily activities (sports, hobbies, organizations, jobs and chores), social competence (family and friends), and academic performance. The second section includes 119 items that assess problem behaviors in six domains: Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule-Breaking Behavior, and Aggressive Behavior (Achenbach & Rescorla, 2001).

The New York City Black Girls survey (NYBG). Twenty three of the original 111 items from The Black Women for Black Girls Giving Circle (2009) survey of New York City black girls. These questions asked about characteristics girls liked about themselves the most, characteristics they would like to change, what girls do when they are sad, whom they go to for advice, who has a lot of influence on them, relationships with parent(s)/caregivers, spirituality and religiosity, and feelings about their gender and race.

Adverse Childhood Experiences Survey (ACE). The ACE asks about experience with 10 types of adverse experiences: emotional abuse, physical abuse, sexual abuse, physical neglect, emotional neglect, a battered mother, parental separation or divorce, household member abusing alcohol or drugs, household

member who is mentally ill, and an incarcerated household member (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998).

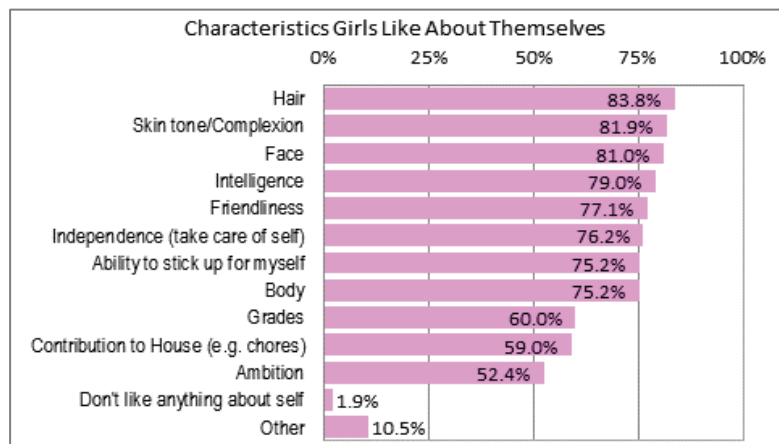
Recent Exposure to Violence. This scale assessed threats, slapping/hitting/punching, beatings, knife attacks, and shootings, at home, at school, and in the neighborhood (26 items). Youth reported violence that they had experienced directly or personally witnessed over the past year (Singer et al., 1995; Singer, 2007).

What did Dayton girls say?

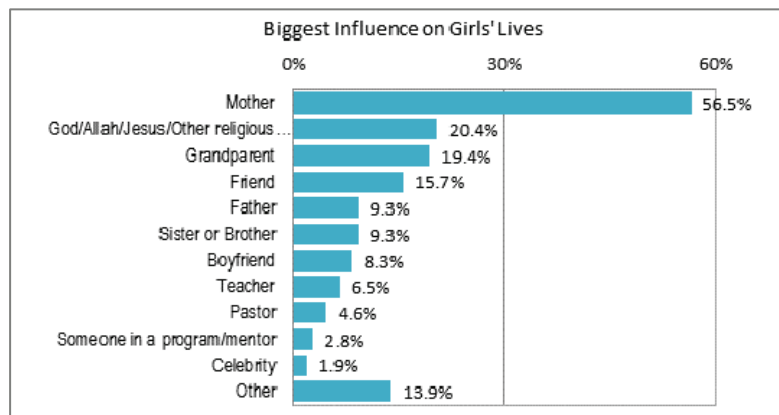
1. African American girls from Dayton in the Rise Sister Rise study are typical girls, they are involved in sports and activities, and they have jobs and chores.

Almost three-quarters of girls reported playing at least one sport; basketball, swimming, dancing and step, cheering, and track/running were most common. Almost nine-tenths of the girls listed at least one hobby such as computers and videogames, reading, games and cards, dancing or cheering, and singing. And over three-quarters listed at least one job or chore responsibility such as cleaning the kitchen and doing dishes, cleaning her bedroom, babysitting, and cleaning the bathroom.

2. African American girls like a lot about themselves. Over three-quarters of the girls reported liking her hair, her skin tone/complexion, her face, intelligence, friendliness, independence, ability to stick up for herself, and her body. And over half liked her grades, contribution to the household, and her ambition.



3. African American girls have significant relationships with their family. Over half of girls listed her mother as the biggest influence in her life right now, and one-quarter of girls reported seeking advice from her mother. Over two-thirds of girls said her relationship with their parent/caregiver was excellent or good, and another one-third said her relationship was alright but could be better.



4. African American girls enjoy their relationships with their friends.

Best friends were the most reported source of advice (over one-third). And over eight-tenths of girls reported having at least two close friends.

5. African American girls can rely on themselves. When girls felt sad or depressed about one-third of girls listened to music, about one-quarter wanted to be alone, others wanted to talk to a friend, parent, or boyfriend (15%) and several reported praying or meditating (5%).

- 6. Most African American girls attend church and have a relationship with a higher power.** Almost all girls indicated it was very important or somewhat important to them to have a relationship with God or some higher power. Almost two-thirds of girls said their relationship with a Higher Power was good or excellent, and an additional two-fifths of girls said it was alright but could be better. About two-fifths of girls reported weekly attendance at religious services with an additional one-quarter attending monthly or several times a year. And over half of girls reported praying weekly or daily.
- 7. Most African American girls like being girls.** Almost all girls reported they love being a girl. However over half said they had been treated unfairly because they are a girl. About one-tenth of the girls said life would be easier if they were a boy.
- 8. Most African American girls love being black.** Almost all girls reported that they love being black. Although over half of girls reported having been treated unfairly because they are Black. Almost one-quarter said life would be easier if they were not Black.
- 9. African American girls have a number of Developmental Assets.** The Search Institute developed a list of 40 Developmental Assets, experiences and qualities that help youth become caring, responsible adults. These assets include family dynamics, a supportive community, school involvement and success, peer influence, values, and social skills that influence healthy development. Studies of more than 2.2 million youth show that the more assets youth have, they report more thriving indicators and engage in fewer risky behaviors. The Assets are predictive for all youth regardless of their gender, economic status, family, or race/ethnicity, and are better predictors of high-risk involvement and thriving than poverty or being from a single-parent family (<http://www.search-institute.org/developmental-assets>). See the Asset definitions and percentages for girls in the Rise Sister Rise study on the next two pages.
- *Support* – Almost three-quarters of girls reported family support, over half received encouragement from other adults. Almost half reported caring school climate and parental involvement in schooling. And a little more than one-quarter reported positive family communication.
 - *Empowerment* – Over three-quarters of girls reported serving others; about one-third reported feeling the community valued youth, viewed them as a resource, and feeling safe.
 - *Boundaries and Expectations* – Over three-quarters of girls reported high expectations and school boundaries. About two-thirds of girls reported having positive peer influences. Over half reported family boundaries. About one-quarter reported having adult role models.
 - *Constructive Use of Time* – Over one-third of girls reported involvement in religious activities. Almost two-thirds spend time at home, and over half are involved in youth programs. About one-third of girls are involved in creative activities.
 - *Commitment to Learning* – The majority of girls reported motivation for achievement. About two-thirds of girls reported engagement and bonding to school; a little over one-third reported doing homework daily and reading weekly.
 - *Positive Values* – Over two-thirds of girls reported having positive values of equality and social justice, integrity, honesty, and responsibility. Less than half reported valuing restraint.
 - *Social Competencies* – Over half reported interpersonal and cultural competence, and resistance skills; over one-third planned ahead, and less than two-fifths reported resolving conflict peacefully.
 - *Positive Identity* – The majority of girls reported having a positive view of the future, over three-quarters had high self-esteem and about two-thirds had a sense of purpose. About two-fifths of girls reported a sense of personal power.

Definitions of 20 External Developmental Assets and Percentages for the RSR study

Support	1. Family support	How well youth get along with parents, their perception of parents help and support, and the frequency parents communicate their love.	72.2%
	2. Positive family communication	Youth report whether they are willing to seek parents advice and counsel on an important concern, have good conversations with parents, and eat dinner with family members regularly.	28.7%
	3. Other adult relationships	Youth report at least three adults they receive encouragement from, spend time with, and talk with frequently.	50.9%
	4. Caring neighborhood	Youth report experiencing caring neighbors.	31.5%
	5. Caring school climate	Youth report teachers care about them, and that they experience an encouraging environment at school and from other students.	45.4%
	6. Parent involvement in schooling	Youth report parents helping with and asking about schoolwork, parents talking to them about school, and parents attending school meetings and events.	40.7%
Empowerment	7. Community values youth	Youth report that adults in their community make them feel important, listen to them, and make them feel like they matter.	32.4%
	8. Youth as resources	Youth report they feel useful and important in their family, and have chances to make an impact in their city and school.	32.4%
	9. Service to others	Youth report serving in the community 1+ hour per week without getting paid (e.g., hospital, daycare center, food pantry, youth program, etc.).	77.6%
	10. Safety	Youth report feeling safe at home, school, and in the neighborhood.	30.8%
Boundaries and Expectations	11. Family boundaries	Youth report their family has clear rules and consequences, and monitors their whereabouts.	50.0%
	12. School boundaries	Youth report that their school has clear rules and consequences.	75.9%
	13. Neighborhood boundaries	Youth report neighbors monitoring their behavior and would report problems to parents.	46.3%
	14. Adult role models	Youth report their parents help others, and that they know other adults close to them who help others and are responsible.	28.7%
	15. Positive peer influence	Youth report close friends do well in school and avoid trouble with alcohol, drugs, and school misbehavior.	62.0%
	16. High expectations	Youth report parents and teachers encourage them to do well.	83.3%
Constructive Use of Time	17. Creative activities	Youth report spending at least three hours per week practicing or taking lessons in music, theatre, or other arts.	34.3%
	18. Youth programs	Youth report spending at least three hours per week playing or helping with school or community sports, clubs, or organizations	58.3%
	19. Religious community	Youth report spending at least one hour per week attending a religious program, activity, or institution.	70.4%
	20. Time at home	Youth report spending two or fewer nights per week hanging out with friends with nothing special.	60.7%

Definitions of 20 Internal Developmental Assets and the Percentages for the RSR study

Commitment to Learning	21. Achievement Motivation	Youth report trying hard and doing their best work at school, caring how they do in school, and being bothered when not doing something well.	85.2%
	22. School Engagement	Youth report being prepared with materials, homework, and books, and not feeling bored.	67.3%
	23. Homework	Youth reports spending at least one hour doing homework every school day.	38.0%
	24. Bonding to School	Youth report caring about her school.	64.5%
	25. Reading for pleasure	Youth report reading at least three hours per week for fun.	37.9%
Positive Values	26. Caring	Youth report valuing helping others, making the world a better place, and giving of their time to make life better for others.	75.0%
	27. Equality and social justice	Youth report valuing reducing world hunger and poverty, equal treatment, and speaking up for equal rights.	84.3%
	28. Integrity	Youth report standing up for beliefs, even when unpopular or under pressure from friends.	87.0%
	29. Honesty	Youth report it is important for them to tell the truth even when it is not easy.	88.0%
	30. Responsibility	Youth report that it is important for them to accept responsibility for their actions even if they make a mistake, and to do their best in a job even if they don't like it.	88.9%
	31. Restraint	Youth report it is against their values to be sexually active or use alcohol or other drugs as a teenager.	43.5%
Social Competencies	32. Planning and decision-making	Youth perceive others rate them as thinking through their choices and planning ahead.	39.8%
	33. Interpersonal competence	Youth perceive others rate them as caring about others, empathizing with friends, and being good at making and keeping friends.	58.3%
	34. Cultural competence	Youth perceive others rate them as respecting, knowing about, and enjoying the company of people of different cultural/racial/ethnic backgrounds.	51.9%
	35. Resistance skills	Youth perceive others rate them as able to resist negative peer pressure and dangerous situations.	50.9%
	36. Peaceful conflict resolution	Youth report seeking to resolve conflict (someone who pushed them) nonviolently.	17.6%
Positive Identity	37. Personal power	Youth report having control over things that happen to them, and finding a way to make things better when they do not go well.	43.5%
	38. Self-esteem	Youth report liking themselves, being proud, and having high self-esteem.	71.3%
	39. Sense of purpose	Youth report they feel their life has a purpose.	63.9%
	40. Positive view of personal future	Youth report they feel they will have a good life as an adult (optimistic about his or her personal future).	83.3%

10. Many African American girls report some strengths and protective factors yet many need more protective factors to help them develop into caring responsible adults capable of making good choices.

The number of Internal Assets and External Assets can be summed for each youth. The average total number of Assets for Dayton girls was 21.7. According to the Search Institute there is no “magic number” of Assets that youth should have. However the data indicate that having between 31-40

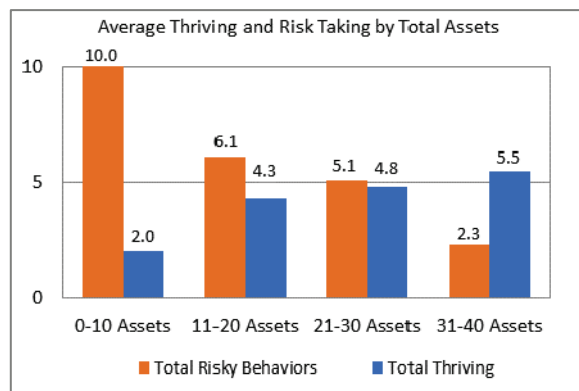
Assets is a challenging benchmark that shows positive effects, that is more indicators of thriving and less risky behaviors. Girls in the study had the following number of Assets: 0 – 10 Assets = 2.8%

11 – 20 Assets = 38.0%

21 – 30 Assets = 51.9%

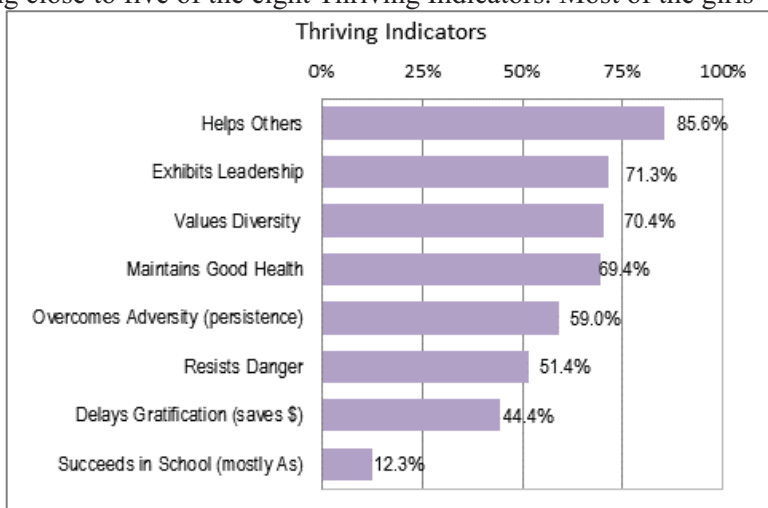
31 – 40 Assets = 7.4%

The bar graph shows that for girls in the Rise Sister Rise study, the higher number of Assets girls have, the higher numbers of Thriving Indicators are present; and the higher number of Assets girls have, the lower number of Risky Behaviors are present.



11. African American girls exhibit indicators of thriving. The average total number of Thriving Indicators reported for Dayton girls in the Rise Sister Rise study was 4.6, meaning, on average, girls surveyed reported having close to five of the eight Thriving Indicators. Most of the girls reported helping friends or

neighbors one or more hours per week. Over two-thirds of the girls reported having been a leader of a group or organization in the last year, placing a high importance on getting to know people of other racial/ethnic groups, and paying attention to healthy nutrition and exercise. Over half reported not giving up when things get difficult and avoiding things that are dangerous. Over two-fifths reported delaying gratification. Only a few girls reported succeeding in school.

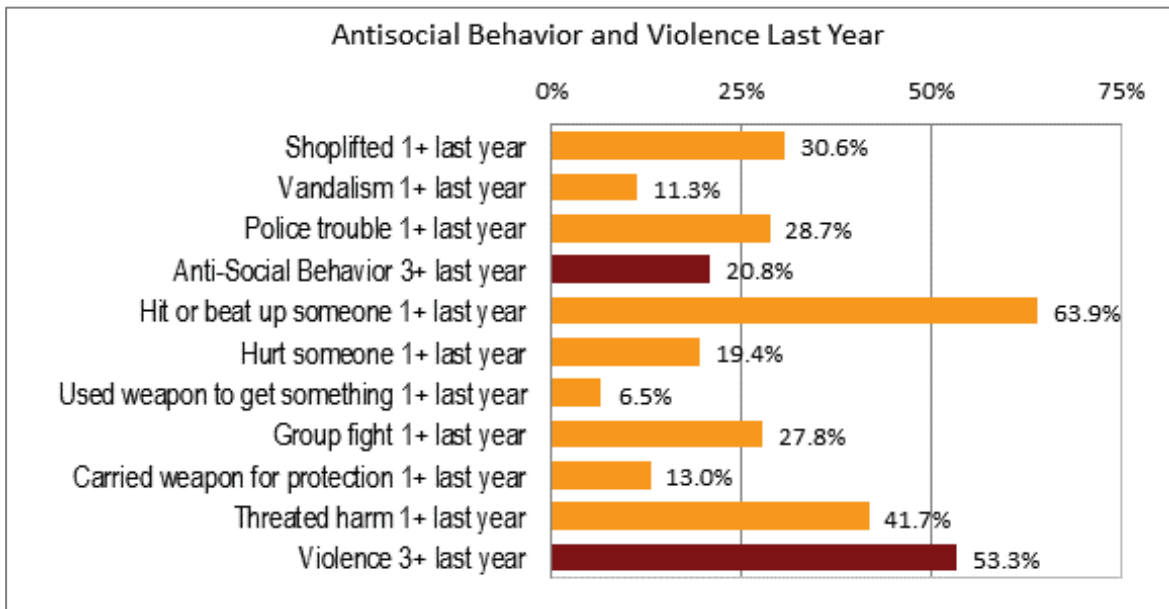


12. African American girls reported high percentages of risky behaviors, particularly violence.

The average total number of Risky Behaviors was 5.4, meaning on average, girls reported participating in between five and six risky behaviors in the last month or year, depending on the question.

- *Alcohol* – Almost half of girls reported attending parties with alcohol. Over one-quarter had used alcohol at least once in the last month. Almost one-quarter reported using alcohol *three or more times* in the last month or getting drunk at least once in the last two weeks.
- *Driving and alcohol* – Several (11%) reported driving after drinking at least once last year. Over half reported riding at least once with a drunk driver last year. Almost one-third reported having driven after drinking, or ridden with a drunk driver at least *three times* last year.

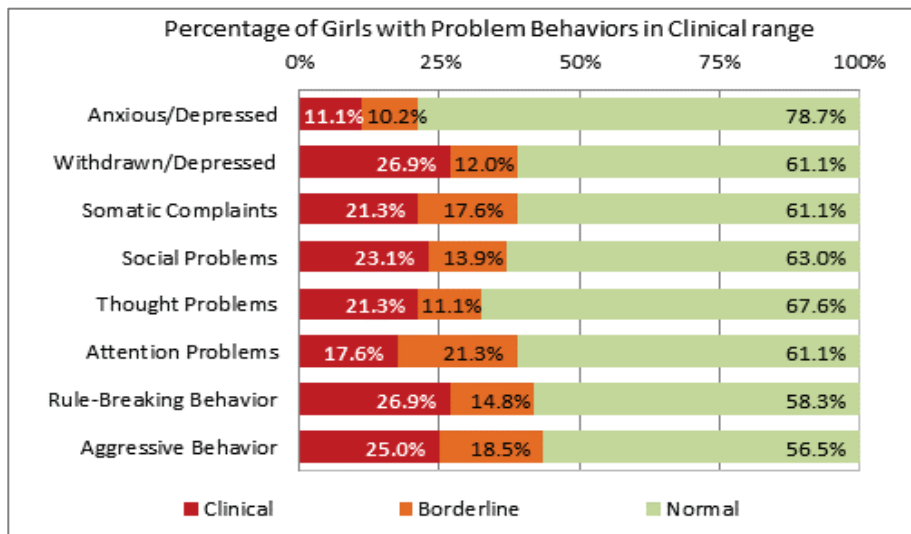
- **Cigarettes and Tobacco** – Over one-tenth of girls reported smoking cigarettes at least once last month or reported smoking one or more *cigarettes daily or using chewing tobacco frequently*.
- **Illicit Drugs** – Almost one-third of girls had used marijuana at least once in the last year. And over one-quarter reported using illicit drugs *three or more times* in the last year.
- **Anti-Social Behavior** – Almost one-third of girls said they had shoplifted at least once in the last year. Over one-quarter said they had gotten into trouble with the police at least once in the last year. Over two-tenths of girls reported *three or more* incidents of anti-social behavior in the last year (shoplifting, trouble with the police, or vandalism).
- **Violence** – Almost two-thirds of the girls reported they had hit or beat someone up at least once last year. Over two-fifths of girls said that they had threatened someone with harm at least once in the last year. Over one-quarter reported participating in a group fight at least once last year. About two-tenths said they had hurt someone at least once in the last year. Over half of the girls reported engaging in *three or more acts* of fighting, hitting, injuring a person, carrying or using a weapon, or threatening physical harm in the last year.



- **Sexual Intercourse** – Over half of girls said that they had sexual intercourse at least once in the last year. Over one-third reported having intercourse *three or more times* in their life.
- **School problems** – Almost two-fifths of girls reported they had skipped school at least once last month. And one-third reported skipping school *at least twice* in the last month or having *below a C average*.
- **Disordered eating** – One-fifth of the girls said they had disordered eating habits (binge eating, purging, starving).
- **Depression and Suicide** – Almost one-quarter of the girls said they had felt sad or depressed most or all of the time in the last month. A little over two-fifths of the girls had reported ever attempting suicide. Over one-third reported being *frequently depressed or have ever attempted suicide*.

13. African American girls exhibited some behavioral and emotional functioning

issues. Girls rated their behavioral and emotional functioning over the last six months in eight areas. T-scores (scores that are standardized by gender and age). When compared with samples of girls referred for mental health services, and un-referred girls, girls in the Rise Sister Rise study had scores closer to the sample of referred girls, meaning that they reported higher levels of these behaviors than an average sample of all girls. YSR scores can also be grouped: T scores below the 92nd percentile are considered to be in the *normal range* of behavior (light green). Scores in the 93rd to 97th percentile are considered to be in the *borderline clinical range* (orange); scores in this level should be of concern. Scores in the 98th percentile and above are considered to be in the *clinical range* (red); scores in this level indicate the most severe problem behaviors. These ranges should not label children as “sick” or “well”; however, in clinical settings, when compared with parent and teacher ratings of behaviors, scores can help determine what services may be appropriate. The bar graph shows the percentage of RSR girls from Dayton who scored in the clinical ranges by each of the problem behaviors. Over twenty percent of the girls rated in the clinical range for six of the eight behaviors.



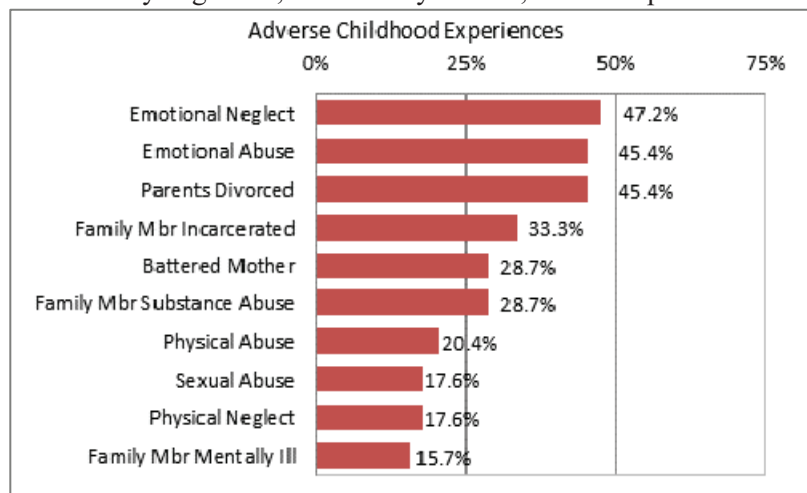
- Anxious/Depressed** – These questions ask about crying a lot; being fearful of animals, situations, places, or at school; feeling the need to be perfect; feeling unloved, worthless, guilty, or self-conscious; and worrying. Over one-fifth of the girls scored in the clinical or borderline-clinical range.
- Withdrawn/Depressed** – Withdrawn depressive symptoms include preferring to be alone, not speaking, being secretive, shy, and lacking energy. Almost two-fifths of the girls scored in the clinical or borderline-clinical range; this behavior tied with rule-breaking for the highest percentage of girls scoring in the clinical range.
- Somatic Complaints** – These items ask about having nightmares, feeling dizzy, feeling overtired, aches and pains, headaches, nausea, problems with eyes, skin problems, stomachaches, etc. that are not explained by a known medical cause. Almost two-fifths of the girls scored in the clinical or borderline-clinical range.
- Social Problems** – The types of behaviors on the social problems subscale include dependency, jealousy, getting teased, not liked by others, preferring younger friends, speech problems, and being clumsy. Over one-third of the girls scored in the clinical or borderline-clinical range combined.
- Thought Problems** – Thought problems include an inability to keep one's mind off things, deliberately trying to hurt yourself, repeating acts, seeing or hear things others don't, sleeping troubles, and having strange thoughts. Almost one-third of the girls scored in the clinical or borderline-clinical range.

- **Attention Problems** – Behaviors that are considered attention related include acting young, failing to finish tasks, concentration problems, problems sitting still, and impulsiveness. Almost two-fifths of the girls scored in the clinical or borderline-clinical range.
- **Rule-Breaking** – The rule-breaking behaviors scale include questions about drinking alcohol, hanging around with kids who get in trouble, lying or cheating, prefer older friends, run away from home, stealing, using drugs, etc. Over one-quarter of the girls scored in the clinical or borderline-clinical range; this behavior tied with withdrawn/depressed symptoms for the highest percentage of girls scoring in the clinical range.
- **Aggressive Behavior** – Aggressive behaviors included arguing, being mean, property destruction, disobedience at home and school, fighting, screaming, stubbornness, and threatening. One-quarter of the girls scored in the clinical and borderline-clinical range; this behavior had the highest percentage of girls scoring in the combined clinical and borderline-clinical range.
- For each girl a sum score was created for the number of problem behaviors in the clinical range. Two-fifths of the girls did not have any behaviors in the clinical range. Over one-third had one behavior in the clinical range. *And over one-third (37.4%) of the girls had two or more behaviors in the clinical range.*

14. African American girls experience and witness violence at home, at school, and in their neighborhoods.

- **Violence at Home** – Over one-quarter of the girls reported being slapped, hit, or punched at home, over one-sixth reported being threatened, and almost one-tenth were being beaten at home.
- **Violence at School** – Almost half of girls reported witnessing violence (threatened, slapped, punched, hit or beat) at school. Over one-quarter reported being threatened and almost one-sixth have been slapped, punched, or hit at school.
- **Neighborhood Violence** – Almost one-third of girls reported witnessing neighborhood violence. Over one-tenth of girls have themselves been slapped, hit, or punched in their neighborhood.
- **Severe Violence** – Girls have also experienced and witnessed severe violence. Almost one-quarter of girls had witnessed a gun threat or attack, and one-tenth has been victims of gun attacks.

15. Most African American girls reported adverse childhood experiences. Almost half of the girls reported they have been emotionally neglected, emotionally abused, and have parents who are divorced. One-third of girls said they had a family member who was incarcerated. Over one-quarter of girls reported their mother had been battered and they had a family member with a substance abuse problem. Two-fifths of girls said they experienced physical abuse. Almost two-fifths of girls said they had been a victim of sexual abuse in her home, and had been physically neglected. And almost one-sixth had a family member with a mental illness.



- *Total number of adverse experiences* – Almost one-third of girls reported zero or one adverse experiences. Over one-quarter of girls reported two to three adverse experiences, and over two-fifths of girls reported four or more adverse experiences. Higher total adverse experience scores (above four or five) have been associated with problems in adulthood including: mental and physical health problems in adulthood, depression and suicide attempts, alcohol and drug use, absenteeism, and serious financial or job problems, early intercourse and teen pregnancy, and medical problems such as liver disease and Chronic Obstructive Pulmonary Disease (COPD). Due to high number of adverse childhood experiences, African American girls are at risk for these future problems.

While Black girls have some opportunities to keep them strong, the trauma they experience results in risky behaviors and the emotional functioning we see. Girls need more Developmental Assets. In addition to building strengths and increasing resiliency, we need to address their trauma. It's the only way to fully place girls at promise.

Building Resiliency in African American Girls in Ohio

Become a Champion in the Life of a Girl:

- Model in yourself what you want her to become. Help her to honor the gift of being female. Show her how to explore and celebrate her gifts and talents. Love your body so she can learn how to love hers. Create a circle of friends, not a clique. Take good care of your heart. Show respect to the elder women in your life and listen to their stories with her.
- Share your story of growing up. What were you like? How did you make friends with other girls? Did you like being a girl? Who was your best friend? What advice would you give a girl today?
- What you can do in one girl's life:
 - Make sure you have a real relationship with her. Take the time to build communication.
 - Don't be her friend. Be the adult who cares.
 - Help her to discover her gifts and talents.
 - Show up, at school, at dances, any place she is.
 - Ask questions and Listen. What does she think about? Dream about? How does she spend her time? Who are her friends? What does she care about? Who are her "Go To" people? What does she worry about? What does she believe about herself?
 - Get to know her friends.
 - Believe her first. Discover the truth. If you build trust she will trust you.
 - Give her values that she can trust. Be the example.
 - Set Limits. Make sure she knows her boundaries.
 - Model a positive healthy lifestyle. Show her how to avoid conflict.
 - Make sure she is getting the best from her education, offer to help with homework. Even if you don't understand the work at school, ask questions anyway. Get her to teach you.
 - Don't be afraid to pry. If she's acting strange, ask questions. Remember you are the adult.

When our children are encouraged, helped along the way, and supported by the adults around them it empowers them to successfully meet life's challenges with a sense of self-determination, confidence to handle what comes before them, hope in the future and a feeling of well-being. This makes our children Resilient. It's an inner power to bounce back regardless of what happens.

- What you can do in your neighborhood:
 - Offer to help a young neighbor with a project.
 - Send an encouraging note to a young person you know.
 - Let neighborhood youth know when their behavior is appropriate and inappropriate.
 - Attend school events or school board meeting; join a PTO.
 - Volunteer in an organization that serves families and youth.
 - Join a neighborhood watch.
 - Hang out with the young people in your neighborhood.

Resources for Building Resiliency:

- Community Dialogues – Rise Sister Rise project partners, local funders, and leaders from state agencies will dialogue about the Rise Sister Rise data. The group will create a shared model of how protective and risk factors operate for African American girls in Ohio. The group will create concrete action steps and promote promising culturally-competent practices. The group will also focus on what supports are needed for sustaining these effective programs and services. This dialogue process will be replicated in each of the cities with local stakeholders to support community-based action plans.
- The Search Institute offers tools that focus on building the 40 Internal and External Developmental Assets such as The Asset Activist's Toolkit: Handouts and Practical Resources for Putting Assets into Action. The toolkit offers fun, concrete, and practical ideas. It includes handouts that will help incorporate the Asset message into any setting—presentations, small groups, or individually—and specific Asset-building ideas for every sector of the community— including education, media, government, health care, banks, juvenile justice, and child care (<https://www.searchinstitute.org/>).
- The SAMHSA National Registry of Evidence-based Programs and Practices (NREPP) is an online registry of more than 190 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment. The registry includes scientifically tested prevention and treatment programs (<http://www.nrepp.samhsa.gov/Search.aspx>).
- National Child Traumatic Stress Network (NCTSN) is a resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education (<http://www.nctsn.org/>). Ohio Members include:
 - Cincinnati Children's Hospital Medical Center: Trauma Treatment Replication Center
 - Nationwide Children's Hospital (Columbus)
 - MHS: Transforming Care for Traumatized Youth in Child Welfare (Cleveland)
 - Toledo Children's Hospital: Cullen Center for Children, Adolescents, and Families
- Resiliency Leadership Ohio is a youth-guided, family-driven initiative that developed principles for resiliency-oriented children's mental health system (<http://www.resiliencyohio.org/>).
- GirlsHealth.gov gives girls reliable, useful information on the health issues they will face as they become young women, and tips on handling relationships with family and friends, at school and at home. Their tagline is "Be Happy. Be Healthy. Be You. Beautiful." Being yourself-finding what makes you smile and how to live well-is what makes you "you." (<http://www.girlshealth.gov/>).
- Youth M.O.V.E. National is a youth led national organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have experience in the mental health, juvenile justice, education, and child welfare systems (<http://youthmovenational.org/>).

For additional materials (full report, results of community dialogues, and notifications of local data sharing events) go to www.risesisterrise.org