### **WE ARE NOT INVISIBLE / NO SOMOS INVISIBLES:**

**Latina Girls, Mental Health, and Philadelphia Schools**

 We are not invisible. No somos invisibles.

 We are not “crazy.” No somos “locas.”

 We are resilient. Somos resilientes.

 And we have rights. Y tenemos derechos.

### **INTRODUCTION AND SUMMARY**

Latina girls have big dreams: 98 percent want to graduate from high school,[[1]](#endnote-2) 85 percent are interested in college, and 69 percent are interested in graduate school.[[2]](#endnote-3)

But unspoken challenges with mental health push too many Latina girls into feeling invisible and unsupported at school, making those dreams harder to achieve. Latina girls nationwide are experiencing extraordinarily high rates of sadness, hopelessness, and suicidal thoughts and behavior. In 2017, half of all Latina girls in Philadelphia and nationwide reported they were persistently sad or hopeless, and over one in five considered suicide.[[3]](#endnote-4)

Mental health can affect a student’s success in school and in life, but a culture of stigma and shame—in society at large and within the Latinx[[4]](#endnote-5) community—means that it’s spoken of less than other challenges Latina girls face. Mental health disabilities are often “invisible” disabilities that are hard to recognize—and this culture of stigma, shame, and silence makes girls with these “invisible” struggles feel like they cannot talk about it or they should not get help. These barriers create a culture of invisibility that leaves too many girls to struggle in schools unsupported and unseen.

This report was co-written with Latina[[5]](#endnote-6) middle and high school students attending public schools in Philadelphia. These student co-authors reject the culture of invisibility by breaking the silence to tell schools and policymakers what they need to do to support Latina students when they struggle with mental health challenges. They speak about the need to change school culture, to build mental health support into the school setting, to affirm their identities in the school curriculum, and to know their rights. While centering the voices and leadership of Latina girls, a group experiencing heightened mental health concerns, the recommendations in this report will help all students—because all students benefit from being in a school that supports positive mental health.

“Some people don’t see schools’ roles are in giving support to students, but this is the place I develop most as a human being and spend the most of my formative years at. School’s role should be developing us, not making workers.” Yesenia Y. Rodriguez, 12th Grade, Central High School and Youth United for Change Representative

We wrote this report because in Philadelphia and across the country, the mental health needs of Latina girls are often ignored, inadequately addressed, or exacerbated in schools that don’t want to, or don’t know how to, support them. Latina girls are resilient and want to succeed[[6]](#endnote-7)—so schools must support them in doing so. If students don’t get needed mental health supports in school, succeeding in education and career can be much harder, and many students can be pushed out of school altogether. School pushout happens when schools actively expel or suspend students, but it can also take other forms. Sometimes, lack of mental health support can cause girls to fade out through chronic absenteeism and disengagement from schools that don’t pay attention to them or their needs. This is a particular concern for Latinas, whose high school completion rates remain lower than their peers. In fact, more than one in five Latinas has not completed high school by age 29.[[7]](#endnote-8) Unmet mental health needs have also been recognized as a reason that some Latinas struggle to complete their college education.[[8]](#endnote-9)

But there is potential for change, with schools leading the way by providing key mental health supports for students in an accessible way. Nationally, fewer than one in six children who need mental health services receive them (16 percent), and of those who do, 80 percent obtain mental health services in school settings.[[9]](#endnote-10)

This report focuses on Philadelphia because it has the potential to build on some positive policy starts. In 2017, the city began a pilot program to place social workers in 21 schools to address student behavioral and mental health needs. But schools overall still lack culturally competent mental health professionals who can address the needs of Latina and Latinx students through school-based programming.[[10]](#endnote-11)

Philadelphia also piloted community schools in 2016 and expanded the number of community schools in 2017 to a total of 12. Community schools are based on the idea that a successful school is one that integrates community programs—like health services and food support—recognizing that for students to be successful, the needs of the entire family should be met. These schools have been prioritized to receive social workers through the pilot program.

Because Philadelphia’s community schools program and social worker pilot program have only existed for two years, outcomes are still being measured. However, the first study of their community schools’ progress shows some bright spots: student participation in community school programs and services is high, and community school coordinators are effective in making these programs and services happen.[[11]](#endnote-12) But many students and some teachers reported that the schools need more services that match their needs—including mental health services.

By building on promising starts, and following the lead of its Latina girls, Philadelphia has the potential to be a national leader in creating safe, supportive school climates for all students. To do so, it is necessary to both examine where Philadelphia schools are falling short and to implement strategies for change. We hope that this report will push and enable schools and policymakers to create schools where Latinas, and all students, can thrive.

**METHODOLOGY**

NWLC conducted listening sessions with 21 students—twenty Latina and one nonbinary Latinx—who are presently or have recently been enrolled in Philadelphia traditional public, charter, or alternative middle and high schools. Two of the schools represented serve primarily Latinx students. Two of the co-authors are student representatives from Youth United for Change. Prior to the listening sessions, students were given a written and verbal project description as well as the opportunity to opt in or out of participating in the project, including being recognized as co-authors of the report.

During the listening sessions, students were asked about their suggestions related to mental health in schools and were asked to provide feedback on policy proposals developed by NWLC. Recognizing the sensitivity of the topic, students were not asked or expected to share their own mental health histories, but some chose to independently share past experiences. Every listening session was recorded and transcribed. Not all listening session participants chose to become co-authors.

In addition to the listening sessions, the co-authors were given the opportunity to provide written accounts of their experiences. Each co-author was also given the chance to confirm or edit their transcribed account. Co-authors determined how they would be identified, including what names they preferred and whether they wanted their ages, grades, or schools listed. This report only includes accounts confirmed by the co-authors. All co-authors and listening session participants were given a small stipend for their time and thoughtful engagement in the report. Throughout the report, phrases like “students want,” “students support,” or “students feel” reflect the views of the co-authors unless otherwise cited.

The participants are students in grades 8 through 12. Some students self-identified as LGBTQ. Reflecting the diversity of the Latinx community, the students represent different races, national origins, and languages spoken.

### **“SADNESS DRAINS ON ME”:**

### **MENTAL HEALTH AND LATINA GIRLS[[12]](#footnote-2)**

“With all that stress, sadness drains on me. There’s a lot of things that happen during school that make me sad.” Alisha Parra, 15, 10th Grade, Esperanza Academy Charter School.

In 2017, close to half (46.8 percent) of all U.S. Latina high school girls felt persistently sad or hopeless to the point of being unable to engage in some usual life activities. This is compared to an already high 31.5 percent of high school students overall, and 21.2 percent of Latino boys.

More than one in five Latina high school girls (22.2 percent) considered suicide.

More than one in ten (10.5 percent) attempted suicide.[[13]](#endnote-13)

 **In Philadelphia** in 2017, just over half (50.9 percent) of Latina high school girls felt persistently sad or hopeless.

More than one in five (22.6 percent) considered suicide.

More than one in seven (14.6 percent) attempted suicide.

According to CDC data, these numbers have not substantially changed in twenty years.

For lesbian, bisexual, and queer Latina girls in Philadelphia, the picture is especially dire.[[14]](#endnote-14)

More than two in three (69.0 percent) felt persistently sad or hopeless.

Nearly half (45.3 percent) seriously considered suicide.

Nearly two in five (39.6 percent) attempted suicide.

**There is no other word for it: this is a crisis.**

**No Estamos Solas: Challenges Facing Latina Girls**

Despite these startling statistics, not enough research has focused on Latinas’ mental health, so trying to determine why this is the reality for many Latina girls can be complicated. There is no single answer. Instead, a variety of social and cultural experiences, including harassment, harmful gender expectations, and lack of healthcare access, likely intersect in ways that are particularly harmful to Latina girls. Not all of these experiences will be true for every Latina girl struggling with mental health, but they are part of a broader picture of undervaluing Latina girls in society at large.

While these mental health challenges for Latina girls predate the 2016 election, researchers are beginning to explore how the current political climate could negatively impact mental health outcomes for Latinx adults and children over time. For example, a recent study found that President Trump’s anti-immigrant policies are leading to anxiety and Post-Traumatic Stress Disorder (PTSD) in Latinx adults, who are passing these long-term mental health issues on to their adolescent children.[[15]](#endnote-15) These results were consistent whether the Latinx adults were immigrants, permanent residents, or U.S. citizens. NWLC’s 2017 Let Her Learn survey found that more than half (55 percent) of all Latina girls are worried about a friend or family member being deported, nearly one in four (24 percent) has been harassed because of her family’s name or country of origin, and more than one in five (22 percent) has been harassed or bullied since the 2016 election.[[16]](#endnote-16)

Both immigrant and U.S. citizen Latinx children are missing school and struggling in classes since the election, fearful of immigration consequences for their families.[[17]](#endnote-17) In one study, almost 90 percent of surveyed administrators observed “behavioral and emotional” problems in their immigrant students, nearly 60 percent reported higher absenteeism, and 70 percent reported student academic decline.[[18]](#endnote-18)

Philadelphia’s Immigrations and Customs Enforcement (ICE) office is the most active and aggressive in the country, arresting more immigrants without criminal convictions than any other ICE region nationwide.[[19]](#endnote-19) Philadelphia Latinx students may experience particularly high levels of related fear and distress as a result.

Gender norms and societal expectations can also play a role in the mental health challenges Latinas face. Compared to boys, Latina girls are often expected to put others first and are given the message that focusing on themselves is selfish.[[20]](#endnote-20) Where present, these expectations can make it especially difficult for first- and second-generation American Latina girls who feel pressure to assimilate to a U.S. cultural view that emphasizes independence and freedom. The impossibility of reconciling these conflicting sets of expectations has been linked to the high suicide attempt rates for Latina girls in particular.[[21]](#endnote-21)

Latina girls and women in the U.S. and in Latin America also experience a high rate of gender-based violence rooted in the culture of machísmo, or toxic masculinity, and in harmful stereotypes of Latinas as hypersexual.[[22]](#endnote-22) Around one in three Latina women experience physical violence by an intimate partner at some point in their lives. More than half (53 percent) report at least one victimization (including stalking, physical violence, sexual assault, and threats) over a lifetime. More than six in ten (63 percent) of those women experienced multiple acts of victimization.

Bryn Mawr Professor Dr. Carolina Hausmann-Stabile, one of the few researchers who focuses on mental health for Latina girls, reports that, “Latina girls are...telling us that they are more victimized sexually, and that they are more fearful of going to school because they have been assaulted at school or they have been threatened at school, or they have been bullied. It speaks of a context of vulnerability.”[[23]](#endnote-23)

Finally, although the Latinx community does not have a higher susceptibility to developing mental health disabilities compared with other groups, lack of access to treatment puts Latinxs “at a higher risk for more severe and persistent forms of mental health conditions.”[[24]](#endnote-24) Latinxs have the highest uninsured rate of any racial or ethnic group in the U.S. Language and cultural barriers, combined with lack of access to preventive care, also prevent many Latinxs from getting needed mental healthcare,[[25]](#endnote-25) including mental healthcare.

Even with all of these challenges, some Latina mental health advocates note the difference in national attention that Latinas receive around mental health. Despite Latina girls having such high rates of suicide attempts, while white students that die by suicide may garner national attention, reports of Latinx youth suicide are confined to local outlets, if reported at all.For example, the story of Alexandra Valoras, a white 17-year-old girl who killed herself in March 2018, was covered in national news outlets, including CBS Evening News,[[26]](#endnote-26) Yahoo News,[[27]](#endnote-27) and the Boston Globe.[[28]](#endnote-28) In contrast, coverage of Carla Gabrielle Ballesteros, a 16-year-old Latina high school student who died by suicide in May 2018, was confined to the Reno Gazette Journal.[[29]](#endnote-29) In the wake of 18-year-old Tyler Clementi’s suicide after he was cyberbullied for being gay, his story received widespread media coverage, a federal anti-harassment bill was introduced in his name,[[30]](#endnote-30) and a foundation was created in his memory. In contrast, Gabrielle Molina, a 12-year-old Latina girl who was also cyberbullied into suicide, received a day of press coverage in a smattering of outlets days after her death.[[31]](#endnote-31) The story of T.G. Garcia, a 14-year-old Latino boy who killed himself in 2014 after relentless homophobic and racist harassment from classmates, only received press coverage after his mother sued the school district two years later.[[32]](#endnote-32) The stories of Alexandra and Tyler deserve widespread attention; the lives and experiences of Carla, Gabrielle and T.G. should be a part of the national conversation as well.

**No Somos “Locas”: The Impact of Stigma**

Latina girls confront a paradox—students report they are thought of as “crazy,” but also feel they get less support than white girls in addressing mental health concerns. Too often, societal stereotypes cast Latina mental health struggles as a cultural flaw rather than legitimate health concerns.

“I see all these posts on social media about Black girls and Hispanic girls, that we’re really crazy. I feel like for us, they see us as we’re just crazy. But if a white girl is acting crazy they think that something is really wrong. But for us, oh no, she’s crazy.” Dianaliz Santiago, 18, El Centro de Estudiantes

A strong stigma around mental illness exists in society at large and within the Latinx community. It is often seen as “selfish” to have mental health needs, and the message is then to “get over it.” Girls, who more than boys are expected to put others first, are hit by this message especially hard.[[33]](#endnote-33)

“People say ‘get over it,’ it’s not that bad, just move on. They don’t stop and ask ‘What have you been going through?’ They just say ‘get over it.’” Ivonne, 15, 9th Grade, Esperanza Academy Charter School

“Mental health is always put into a negative light. People judge you, and it’s not something you control.” Alisha Parra, 15, 10th Grade, Esperanza Academy Charter School

This stigma, combined with a lack of culturally competent health care providers, means that girls who need help often will not seek it out. In schools with school-based health centers, Latinx students have fewer mental health visits than their white and Black peers—and girls have fewer visits than boys.[[34]](#endnote-34)

“At my old school the counselor would try to make me feel like what I was going through was my fault.” Angela C., 17, El Centro de Estudiantes

“When we ask for help, there’s always a lot of pushback.” Yesenia Y. Rodriguez, 12th Grade, Central High School and Youth United for Change Representative

**“They Don’t Recognize Us as Human Beings”:**

**Mental Health and School Pushout**

“I, myself, suffer with depression and anxiety. So, for me, when I was younger, I was really, really--to be social, I couldn’t do it. I would sweat a lot and get this knot in my stomach and it was just hard. Depression, it would make me cry for no reason. It was really bad. I learned to cope with it, but it still gets me sometimes. Some schools, they’re just there to get their money. They’ll say one little thing and send you back to class.” Angela C., 17, El Centro de Estudiantes

“I feel administration sees education as a privilege rather than a right.” Yesenia Y. Rodriguez, 12th Grade, Central High School and Youth United for Change Representative

Negatively impacting—or being harmfully indifferent to—student mental health can push students out of school.

When students’ needs are not taken seriously, they may feel that their schools do not support or value them and then disengage. Poor mental health can also impact academic performance and lead to chronic absenteeism.

Schools are not passive bystanders regarding student mental health—for students, they play a key role. Supportive counselors, teachers, and other school staff can make sure mental health needs are identified and supported so students can succeed to their full potential in schools. In contrast, a lack of support can be another source of toxic stress.

“Counselors can act like they’re reading off of a script. Not just counselors, but a lot of staff don’t really recognize us as human beings, just people they have to teach at all day long . . . Schools cause a lot of toxic stress. At best, they’re neutral. At worst, they’re definitely toxic and go against what we actually need.” Yesenia Y. Rodriguez, 12th Grade, Central High School and Youth United for Change Representative

“When going to counselors, I would come out feeling worse than I did before. They were not supportive at all. It was like I went there for no reason and I told this stranger everything that I’m going through and now I feel worse about myself. There’s a lack of support. Often they don’t try to help. They listen and say something that doesn’t help at all.” Anonymous, 12th Grade, Central High School and Youth United for Change Representative

“My school is pretty good, but most schools are not. Budgets get cut for counselors and they don’t get resources.” Angela C., 17, El Centro de Estudiantes

“In the Philadelphia area, with Black and brown communities, and low-income communities, if we’re not getting support at home, we’re getting the opposite of support at school. Schools are supposed to be there to help students and help society reach its full potential, but right now it feels like it’s going backwards.” Yesenia Y. Rodriguez, 12th Grade, Central High School and Youth United for Change Representative

 “Schools don’t know what to do with a student’s mental health.” Alisha Parra, 15, 10th Grade, Esperanza Academy Charter School

**Break the Pattern: Listen to Girls**

An important piece is missing from the limited national conversation around Latina girls and mental health: the voices of the girls themselves. Girls know what supports they need. Latina women are already #CalladitasNoMore: many are breaking the silence around mental health and other challenges they face and becoming community leaders on these issues.[[35]](#endnote-35) Latina girls are leaders too, and it’s time to listen.

Philadelphia can lead the way in reimagining what safe, supportive schools can be. While the city has taken some initial steps by promoting community schools and increasing the number of school social workers, more must be done. By listening to Latina students and supporting their mental health, Philadelphia can set an example for the nation.

### **NO SOMOS CALLADITAS:**

### **GIRLS’ RECOMMENDATIONS FOR SUPPORTIVE SCHOOLS**

Not silence.  Sin silencio.

Not stigma.  Sin estigma.

 Not shame.  Sin vergüenza.

Support. Apoyo.

### **Changing School Culture**

### Our society promotes a powerful culture of silence, stigma, and shame surrounding depression, anxiety, and other mental health problems. It is much easier to view poor mental health as a personal failing than to expend time and resources supporting students. But that type of school culture harms students, who are demanding change. Students want culture change that is comprehensive and ongoing, that involves everybody in the school including students, teachers, support staff, and administrators, and that touches on every aspect of the school experience. This culture change includes training staff, addressing stigma, and building supportive practices. Schools should also make time and space to address student needs, and make sure there are enough adults in the school that students can talk to, relate to, and get help from.

“Last year I was going through a lot of stuff. And one of my teachers would treat me differently from other students. I was out a lot for mental health reasons, and I tried to talk to her because I saw my grades slipping and didn’t want to fail, tried to talk to her to see if there’s anything I could do to restore my grades. I got more personal and told her the reasons why, the depression, and she blamed it on me not coming to school. She said my depression was caused by me missing school. It made me feel less than.” Anonymous, 12th Grade, Central High School and Youth United for Change Representative

**Mental Health Training**

While many teachers and school staff take on informal counseling roles, students do not expect all staff to have formal training in counseling. Students *do* expect all staff to have knowledge and understanding of mental health and related disabilities. Our Let Her Learn survey showed that 90 percent of Latina girls want teachers and staff trained to recognize signs of trauma or mental illness.[[36]](#endnote-36) Nineteen states currently encourage or require mental health training, following the CDC’s “Whole School, Whole Community, Whole Child” framework that recognizes successful schools as those that see health as integral to school success. However, because the CDC’s framework is structured as guidelines and recommendations, states like Pennsylvania have selectively adopted it. For example, instead of requiring comprehensive mental health training as recommended by the CDC, Pennsylvania only requires some staff to have a few hours of suicide prevention training every five years.

Students recommend that all school staff receive training by mental health professionals to:

1. Better understand what students go through
2. Stop practices that aggravate mental health concerns
3. Spot warning signs that a student needs mental health support
4. Know what to do to make sure students get such support, and
5. Build a positive mental health culture.

This training should extend to guidance counselors, who are not always adequately trained in mental health support. Mental health training and education can also be offered to parents in the school setting.

“All staff need to be trained to provide an active mental health culture in the school.” Yesenia Y. Rodriguez, 12th Grade, Central High School and Youth United for Change Representative

“Teachers need to be trauma informed, because some things they say can really trigger a student. They’re not aware of what they’re saying or how their actions can really affect someone.” Anonymous, 12th Grade, Central High School and Youth United for Change Representative

“Parents should be educated on mental health issues too. Hearing from someone else who went through it can make it click (understandable).” Daiana Espindola, 16, 10th Grade, Esperanza Academy Charter School

**School Staff Can End Stigma and Proactively Build a Culture of Support**

By the time a student is really struggling with her mental health, it may be too late for her to feel comfortable asking for help—especially if she is unsure of how an adult may react. The possibility of being judged can feel like too big a risk to take. Research at the college level has shown that due to stigma, most students who have mental health needs do not disclose them, and actually seek to hide these problems to the detriment of their schoolwork.[[37]](#endnote-37) Because stigma makes students fear disclosing that they need help, proactively building a supportive school culture that seeks to reduce such stigma is vital.

A supportive adult is:

Honest, openminded, good vibes, accepting, **non-judgmental**, connection, authentic, open, caring, understanding, good listener, non-biased, **calm presence**, attentive, **proactive**

An unsupportive adult is:

Demanding, not caring, closed, **ignorant**, selfish, unfair, judgmental, bad vibes, **cold**, coldhearted, push you down, “get out of my face,” **“stop wasting my time”**

“When I was at Parkway Center, I remember something happened and I went to talk to the counselor. But she was kinda judging me. That’s how I felt, she was judging me. She was like, ‘How did you even get to that point, you should have known better.’ But here at El Centro I feel like I can talk to anybody. At other schools, all they’re worried about is 'just get your work done.’ They don’t think that other stuff, real life things, get in the way of us doing our work.” Dianaliz Santiago, 18, El Centro de Estudiantes

“Other schools will just say ‘put your head down’ or ‘take a walk’ and it’s not helpful. I need someone to talk to me, I need someone that understands me and supports me.” Shallaira D. Suarez Alicea, 18, 12th Grade, El Centro de Estudiantes

“I’ve had better conversations with the janitors than I’ve had with teachers and counselors.” Yesenia Y. Rodriguez, 12th Grade, Central High School and Youth United for Change Representative

Some **specific practices** that teachers and school staff can use to proactively build a culture of support:

“You know how like on the first day of school, I think all schools do this, they give you a little paper and you write like your name, what you like, I feel like they should do something like that, like what you want people to do if you’re having like a little breakdown or something, like how you want the teacher to respond to it. Because I feel like that’s important, because if something happens in school and it’s distracting you from learning, instead of the teacher being like ‘That’s not my job, I’m just here to teach,’ it’s like you should make the students feel like they can learn.” Angela C., 17, El Centro de Estudiantes

One way to provide some missing supports to students is to boost pre-existing services to include mental health. For example, students in Philadelphia schools are required to visit the school nurse at least once each year for a check-up. This check-up could include a mental health check in, so that students have a one-on-one space to talk to a nurse or counselor about any concerns they might have. To address the issue of stigma, mental health services should be treated as regular health care for all students, not as something unusual or only for some kids.

“I feel like schools should always have teachers ask how we feel in the morning. Some teachers do it but not everyone.” Dianaliz Santiago, 18, El Centro de Estudiantes

 “Here we talked about what our triggers are so everyone can know like, these are our boundaries, and what to do if someone does get triggered, how to handle it. We made plans—some of us might like to read, or take a walk, and we can all respect that.” Gennessy, 16, El Centro de Estudiantes

“They had us write and create “safety pins” in front of our lanyards for people to read to know what to do if we’re anxious or angry, so they know whether to step away to talk to you or help another way.” Dianaliz Santiago, 18, El Centro de Estudiantes

“My advisor, he be texting us, if you come in late, he’ll ask where you at, stuff like that.” Gennessy, 16, El Centro de Estudiantes

**A Mental Health Break Space**

Tilden Middle School, one of Philadelphia’s first community schools, is leading the way in providing students with a mental health break space, or ‘calming room,’ co-designed with behavioral health experts.[[38]](#endnote-38) Students can use this space to do guided meditations, draw, listen to music, or use other tools to decompress. Trained staff are also available to talk to students or help de-escalate a difficult situation. Time in the calming room is limited and monitored, so students do not miss too much class time, and go to class feeling much better and ready to learn.

“I would really love a mental health space. There have been times when I’ve cried in school, but I can’t cry during a math test, so I go into the bathroom and just cry. Sometimes you go in there and you hear crying in the stall next to you and you can’t do anything.” Yesenia Y. Rodriguez, 12th Grade, Central High School and Youth United for Change Representative

“[We need] a quiet room where students can relax.” Angela C., 17, El Centro de Estudiantes

“Have a whole classroom just for them. Have them write down what's making them feel like that and rip it & throw it out or have them burn it to make them feel better.” Shallaira D. Suarez Alicea, 18, 12th Grade, El Centro de Estudiantes

“I think it should be a space with bean bags where people can go to relax and breathe.” Alisha Parra, 15, 10th Grade, Esperanza Academy Charter School

“A room where they can be comfortable for at least 10 min or 20 min.” Lovelia, 13, 8th Grade

“It should be a place comfortable, not too bright; like a place you can relax and zone out (meaning find yourself again).” Angelika Marie Gonzalez

“They should put students who aren't comfortable with others in a separated room to speak to someone alone to not feel lonely to express themself.” Daiana Espindola, 16, 10th Grade, Esperanza Academy Charter School

“[We need a] counselor's office or space to just sit in and be excused. A "chill out" room. Comfortable environment.” Anonymous, 12th Grade, Central High School and Youth United for Change Representative

“Peaceful, quiet, can listen to music, windows/plants for a more psychological appeal, posters giving helpful info such as mindfulness practices and inspiration to keep thriving, possible stress toys and aroma scents.” Yesenia Y. Rodriguez, 12th Grade, Central High School and Youth United for Change Representative, describing the sort of environment that would be helpful

**Student Circles**

School and life outside school greatly impact each other, so it’s important to provide time and space in school for students to support each other in handling both. It is also important to give students tools to self-advocate and be able to name their needs without fear of judgment.

Students at El Centro de Estudiantes and Esperanza Academy have regular peer support “circles” where they have time to check in with each other, discuss life events, and support each other through struggles. While circles generally have been discussed as a form of restorative discipline (to address harm done within the school community and re-build relationships), they can also function as a regular mental health and emotional support check-in. These teacher-facilitated circles may take place during daily advisory periods, or can be held at other times when needed.

Successful circles lay a positive foundation with trust-building activities and enforced norms of respect, so students then feel comfortable sharing and receiving support. Some girls prefer to have a circle with other girls, to discuss shared experiences. Others feel that mixed-gender circles can work well.

Dr. Mari Morales-Williams, a teacher at El Centro de Estudiantes, has a regular circle practice. Students in Dr. Mari’s circle check in by sharing how they are feeling emotionally. She has a chart of different emotions, so students learn to really identify what they’re feeling—they can’t just say “fine” or “bad.” The chart includes words like cheerful, loved, silly, discouraged, ashamed, annoyed, and uncomfortable, among many other choices. Sometimes there are specific activities or topics addressed within the circle, like discussing emotional triggers so students know how best to support each other. Besides being a regular daily practice, a circle can be held at any time: for example, to address something harmful that happened in school.

**Someone Who Gets It**

Having many supportive adults at school is essential. But many students would feel most comfortable getting support from someone who can understand what they are going through. Fifteen out of 21 listening session participants said they would feel more comfortable with a counselor who shares their gender or gender identity, and many further specified they’d prefer their counselor to be Latina.

Unfortunately, while Latina girls may look for supportive adults who look like them, or who might be able to relate to them based on their Latinx identity, they aren’t likely to find it. More than eight in ten (82 percent) elementary and secondary public-school teachers were white in 2011-12.[[39]](#endnote-39) In Philadelphia, only three percent of teachers were Latina women during the 2016-17 school year,[[40]](#endnote-40) although Latina girls made up 9.4 percent of students the year prior.[[41]](#endnote-41) Statewide, approximately 2.1 percent of teachers were Latinx in the 2011-12 school year,[[42]](#endnote-42) while Latinx students made up 10.4 percent of the student population in 2015-16.[[43]](#endnote-43)

It’s estimated that in Fall 2018, more than one in four (27.5 percent) students entering public elementary and secondary schools nationwide were Latinx. Meanwhile, just 11 percent of students pursuing education majors in 2012 were Latinx.[[44]](#endnote-44) This leaves Latinx students with too few teachers they may feel they can relate to.

Federal and state actors should support efforts to build a pipeline of Latinx teachers, and schools should be intentional about not just hiring them but also retaining them. Latinx teachers enter the profession at a rapidly growing rate, but also exit faster than their peers because of bias and lack of support.[[45]](#endnote-45)

Aside from race and gender, students especially want to speak with someone open about their own mental health experiences. Schools can work with community partners who can connect with students around shared challenges, including mental health challenges, and provide mentorship and support.

“Everyone goes through things when they’re growing up in their childhood. People who have gone through similar situations can help you through it.” Daiana Espindola, 16, 10th Grade, Esperanza Academy Charter School

“Someone who gets it” is...

“An adult who has had struggles with mental health and also younger.” Juju, 17, El Centro de Estudiantes

“Someone who they can relate to or wouldn't judge them.” Gennessy, 16, El Centro de Estudiantes

“The type of adult I think students would feel comfortable speaking/working with on mental health issues is an adult who can understand and actually listen. Someone who can relate too and won't judge them in any way.” Angelika Marie Gonzalez

“Adults who have lived through the same struggles and experiences we have are better with students.” Yesenia Y. Rodriguez, 12th Grade, Central High School and Youth United for Change Representative

“I think the type of adult that me and other students would feel comfortable speaking with on mental health issues would be an adult that has gone through what students are right now.” Lovelia, 13, 8th Grade

**Culturally Competent Mental Health Professionals in School**

“I feel like it’s very important to have a mental health professional separate from a guidance counselor who can provide mental health counseling and treatment in school. Most of the time the counselors don’t know what they’re doing or what they’re saying, and even if they’re trying to help, they’re not helping at all. They’re not really prepared to fully help with whatever is going on, even if they wanted to. Having a professional in the school would benefit a lot.” Anonymous, 12th Grade, Central High School and Youth United for Change Representative

While guidance counselors can be helpful, many students feel that having only guidance counselors—especially those who focus more on college admission than student wellness—is not enough. Students overwhelmingly support more specific mental health training for guidance counselors as well as teachers and other staff.

While well-trained counselors can take an important role in coordinating school-wide supports, they do not have to work alone. Having more culturally competent mental health professionals in schools—whether social workers or other mental health professionals—can lead to more students getting needed mental health support.

In the 2015-16 school year, the Philadelphia School District had zero social workers, 110 psychologists (one for every 1,216 students) and 240 counselors (one for every 558 students—more than double the ratio recommended by the American School Counselor Association).[[46]](#endnote-46)

BOX: Options for bringing mental health professionals into the school setting include:[[47]](#endnote-47)

* contracting with an outside agency or community organization
* staffing a mental health clinic within the school, or
* providing a school health center with mental health as a sub-specialty.

The presence of mental health professionals alone is not enough. Because of stigma, lack of language access, and lack of professionals who understand struggles specific to Latina and Latinx students, many Latina students do not use mental health services when they are available.[[48]](#endnote-48) However, there are successful models that can be replicated. For example, the school-based Bridges/Puentes program has successfully helped address Latinx mental health needs.[[49]](#endnote-49) In that program, bilingual and bicultural staff held regular mental health focused sessions for children, for parents, and for children and parents together. The program was facilitated by a school liaison who kept communication open between children, parents, and the school.

**Merecemos Justicia: Fair Enforcement of School Policies**

“If there’s a no-bullying policy, actually be on top of it, and not just say you have a policy.” Angelika Marie Gonzalez

Sometimes schools focus too much on enforcing policies like dress codes, and too little on enforcing harassment and bullying policies. Since vulnerability associated with harassment and bullying has been connected to the high Latina sadness, hopelessness, and suicide attempt rates,[[50]](#endnote-50) harassment and bullying policies must be seriously enforced. In contrast, policies that make girls feel even more scrutinized and vulnerable—like dress code policies—should be changed, de-emphasized, or removed.[[51]](#endnote-51)

**Somos Resilientes: Culturally Affirming Education**

When students don’t feel seen and valued in the world around them, it is harder for them to see their own worth. In contrast, students note that seeing themselves represented in the curriculum can give a powerful sense of belonging and emphasize an identity of resilience.

“In my Social Studies class, we was talking about like colonization and how that affects us now, like how they would bring all the slaves to Puerto Rico and stuff and how our ancestors are from there, so now we know where we came from.” Angela C., 17, El Centro de Estudiantes

Examples:

* Esperanza Academy Charter School teaches a core ninth-grade course called “Latino and African-American Perspectives on U.S. History.” The school also highlights the Latinx experience in classes at all levels, showing students that their histories and identities matter.
* *Some Girls*, a 2017 documentary that followed a group of Latina teens in a suicide intervention program as they learned their ancestral histories, has an accompanying curriculum that enables students at the elementary, secondary, and college levels to explore themes of identity.[[52]](#endnote-52)

**Estamos Vigilando: Accountability and Responding to the Need**

“We always talk about these problems but we never get the solution we want.” Alisha Parra, 15, 10th Grade, Esperanza Academy Charter School

A yearly climate survey of all Philadelphia District and charter schools, with results publicly available on the School District website, asks students about how safe they feel in school, whether they have been bullied, and other measures of school climate.

Developers of this survey should collaborate with mental health professionals to include questions related to student mental health on the survey. One possibility is to mirror the Centers for Disease Control survey and ask about persistent sadness and hopelessness, suicidal ideation, suicide attempt, self-harm, and sexual harassment history. Questions about how schools address mental health needs should also be included.

This survey data, especially focused on whether students feel their school addresses mental health needs, would allow schools to determine whether their efforts to build a positive mental health school culture are working. It would also enable the District and charter schools to know how many mental health professionals they need, and to ensure those professionals and related programs reach the schools with students most in need.

Schools can also partner with academic researchers to learn more about the needs of Latina students with mental health concerns in Philadelphia schools.

Evaluation of responses should be regular and ongoing. Because Latina girls’ mental health has been a concern for years, it will take comprehensive and continuing work to address their needs. Accountability through data is a crucial part of doing so.

**TENEMOS DERECHOS / WE HAVE RIGHTS**

“People don’t know they have access to mental health support—there are no posters on the wall telling you you can go to this place, or these are your rights. They’ll have the pledge of allegiance up but not your rights.” Yesenia Y. Rodriguez, 12th Grade, Central High School and Youth United for Change Representative

**The IDEA and Section 504**

Many students don’t realize that if they are struggling with mental health in school, they have rights. There are two primary federal laws that cover education for students with disabilities, including mental health disabilities: The Individuals with Disabilities Education Act[[53]](#endnote-53) (IDEA) and Section 504 of the Rehabilitation Act[[54]](#endnote-54) (Section 504).

These laws provide that students with disabilities are entitled to a free and appropriate public education. This means that students with mental health disabilities can be entitled to classroom accommodations and individualized learning support, so they have fair access to the education that students without disabilities get.

Schools are required to actively identify students entitled to accommodations under IDEA, as well as evaluate students for IDEA services at the parent’s request. The evaluation determines whether a student has a disability that makes it difficult for her to learn, and if so, whether she needs specially designed instruction and support in the least restrictive environment as a result. Students may be found eligible for special education services under the IDEA under one of 13 broad categories of disabilities, including mental health disabilities; once a student is found eligible, however, the student should get whatever special education they need to address their learning needs. If a student qualifies, she is entitled to receive an Individualized Education Program (IEP) made by a team including parents, teachers, and the child. This determines what individualized supports she needs to succeed in school—for example, more time on tests.

Section 504 is broader in scope, and theoretically many students with disabilities can qualify for accommodations. A student’s academic performance does not need to be affected by her disability to qualify for services or accommodations under Section 504, although that may be the case for many students who are entitled to services or accommodations under the law. For example, a 504 plan for a student with anxiety who is not struggling academically may allow her to leave the classroom for a walk when she feels too anxious.

“At another school, I would need to walk out of the classroom because I was feeling anxious. But they would just tell me to go back to class.” Juju, 17, El Centro de Estudiantes

Bias leads to problems with identification and education of students with disabilities. This makes it important for Latinx and other students and families to know their rights, so they can advocate for themselves and their needs.

For example, a Latina student who is learning English may be identified as having a disability because she is struggling in class, although the reason she is struggling is language access, not disability. On the other hand, a school may assume that an English Language Learner does *not* have a disability and only needs language instruction, even when she does also have a disability. Bias can also inform a school’s perception of who has a disability in other ways: for example, a teacher may assume that a white student struggling to pay attention in class has ADHD and refer them for evaluation, while assuming a Latina student struggling to pay attention is just unmotivated and lazy.

“Sometimes people don’t understand you’re not doing your work because of different things, teachers think you’re just being lazy.” Angela C., 17, El Centro de Estudiantes

It is also possible that girls overall are being under-identified for supports. Roughly half as many girls as boys are identified as having disabilities under the IDEA.[[55]](#endnote-55) Latinas are even less likely than girls generally to be identified as having a disability under the IDEA.[[56]](#endnote-56) While it is unclear to what extent this may be driven by bias, one study has found that girls with similar needs as boys are less likely to be referred for services.[[57]](#endnote-57) This under-identification could be in part because girls’ disabilities tend to be less “visible.” Mental health disabilities, for example, are already sometimes called “invisible” disabilities because you generally can’t tell whether a person has a mental health disability just by observing them. Added on to this, girls may be more likely to internalize their struggles through anxiety, depression, and withdrawal, while boys may be more likely to externalize their struggles by being more disruptive in class.

The U.S. Department of Education has made it clear that schools are breaking the law both when they over- and under-identify students.[[58]](#endnote-58) Too often, rather than recognizing and providing accommodations for a student with a disability, schools isolate and over-discipline these students instead, especially students of color. This goes against a fundamental purpose of the IDEA: to educate students with disabilities in the least restrictive environment, preferably in the general education classroom. Students with disabilities also have important protections against the overuse of discipline that keeps them out of the classroom. Before a school suspends or expels a student with a disability, they must hold a hearing to determine whether the behavior was a manifestation of the student’s disability.

In the Philadelphia School District, girls with identified disabilities served under the IDEA were about two times more likely to be suspended than girls without identified disabilities (14.8 percent versus 7.5 percent).[[59]](#endnote-59) More than one in seven (14.5 percent) Latinas with identified disabilities served under the IDEA was suspended in the 2015-16 school year, and Latinas with identified disabilities served under the IDEA were more than twice as likely as white girls with identified disabilities served under the IDEA to be suspended.[[60]](#endnote-60) In Pennsylvania as a whole, Latinas with identified disabilities are more than three times as likely as white girls with identified disabilities to be suspended.[[61]](#endnote-61)

Not every student with mental health disabilities or challenges needs or wants accommodations, but it is important for all students to know their rights to determine what is the best fit for them. Many students either have no knowledge of their rights or are misinformed by others. For Latina girls to be able to succeed in school, there must be transparency about their rights.

“People should have their rights transparent.” Yesenia Y. Rodriguez, 12th Grade, Central High School and Youth United for Change Representative

**SIEMPRE PA’LANTE: PHILLY CAN LEAD THE WAY**

Latina students aren’t giving up on their schools and educations, and neither should we. Philadelphia is already taking steps to reimagine what schools can do for students. Following the lead of Latina students and implementing the recommendations in this report will help make the city a leader in promoting supportive school climates that make all students feel valued, heard, and seen.

**School-level leaders, like principals, should:**

* Build a school culture that acknowledges and addresses students’ mental health concerns by:
	+ Creating mental health break spaces co-designed with behavioral health experts, so students have a meditative place they can go to refocus and return to class ready to learn.
	+ Establish student peer support circles as a regular part of the school day to build community between educators and students, as well as give students the language they need to express themselves fully.
	+ Revise overly punitive discipline policies and practices that disproportionately affect Latina girls, such as dress codes, to ensure that they do not deprive students of class time or otherwise push them out of school.
	+ Build a culture of respect by promptly addressing bullying and harassment before it becomes an issue that deprives students of educational opportunities.

**District-level administrators should:**

* Build screenings for mental health into existing practices that exist districtwide, such as the required health check up with the school nurse and the annual school climate survey.
* Hold trainings that help educators, counselors, and parents better understand what students go through, stop practices that aggravate mental health concerns, spot warning signs that a student needs mental health support, know what to do to make sure students get such support, and build a positive mental health culture in school and at home.
* Require schools to adopt culturally-affirming curriculums that teach students their rights under state and federal law and allow Latinx students and other students of color to learn about things that apply to them, as well as teach all students about the academic, political and other contributions that people of color have had in this country and the world.

**Policymakers should:**

* Support programs that create pipelines for Latinx and other people of color to enter into the teaching and youth mental health professions.
* Require schools to train staff on trauma- and mental health-informed practices and provide funding for schools and districts to increase the number and cultural competency of social workers, psychologists, and mental health professionals in school.
* Require schools to inform or teach students about their right to seek accommodations under special education laws and schools’ duty to address harassment that creates a hostile learning environment under federal and state law.

“Try and never give up.” Natasha Sánchez Otero, 14, 8th Grade

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ABOUT THE NATIONAL WOMEN’S LAW CENTER

The National Women’s Law Center fights for gender justice—in the courts, in public policy, and in our society—working across the issues that are central to the lives of women and girls. We use the law in all its forms to change culture and drive solutions to the gender inequity that shapes our society and to break down the barriers that harm all of us—especially those who face multiple forms of discrimination, including women of color, LGBTQ people, and low-income women and families. For more than 45 years, we have been on the leading edge of every major legal and policy victory for women.

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**CITATIONS**

1. Nat’l Women’s Law Ctr. (NWLC) & Mexican American Legal Def. and Educ. Fund (MALDEF), Listening to Latinas: Barriers to High School Graduation 1 (2009) [hereinafter Listening to Latinas]. [↑](#endnote-ref-2)
2. NWLC Let Her Learn survey (2017). The Let Her Learn study included an online survey of 1,003 girls ages 14-18 nationwide. Black, Latinas, Asian/Pacific Islander girls, Native American girls, and LGBTQ girls were oversampled. The data were weighted by age, race, and census region to reflect the actual proportions of the population. Oversamples were weighted down to reflect their proportions in the population. The margin of error is +/- 3.1%. The margin of error is higher among subgroups. The study also included six focus groups on barriers facing girls who are survivors of sexual assault and girls who are either currently pregnant or those who are parenting children. The focus groups were conducted in Washington, D.C., Chicago, IL, and Atlanta, GA. The focus group guide and nationwide survey were reviewed by Schulman Institutional Review Board to ensure they protected the well-being of all girls involved in the study. [↑](#endnote-ref-3)
3. U.S. Dep’t of Health and Human Serv., Ctrs. for Disease Ctrl. and Prevention, 2017 Youth Risk Behavior Surveillance System, available at https://www.cdc.gov/healthyyouth/data/yrbs/index.htm. [↑](#endnote-ref-4)
4. For data collection purposes, federal agencies define “Hispanic or Latino” as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. We use the term *Latinx* to refer broadly to individuals of Latin American origin or descent of all genders, and *Latina* to refer to students identifying as girls. While there is some disagreement in the community about whether to continue to use *Latino* or use terms like *Latinx* or *Latin@* to describe the community broadly, we are following the lead of queer and trans Latinx advocates who find *Latinx* more inclusive of individuals of all gender identities. [↑](#endnote-ref-5)
5. One of our student co-authors identifies as Latinx rather than Latina. Although data is more limited on the mental health experiences of nonbinary and trans Latinx students, what we do know shows that their experience tracks those of girls more closely than that of cis Latino boys—and in some cases the health disparities are even more severe. [↑](#endnote-ref-6)
6. *See* Girl Scout Research Institute, The Resilience Factor: A Key to Leadership in African-American and Hispanic Girls, available at https://www.girlscouts.org/content/dam/girlscouts-gsusa/forms-and-documents/about-girl-scouts/research/resilience\_factor.pdf (last visited March 14, 2019). [↑](#endnote-ref-7)
7. Patricia Gándara and the White House Initiative on Educ. Excellence for Hispanics, Fulfilling America’s Future: Latinas in the U.S. 5 (2015). [↑](#endnote-ref-8)
8. M. Teresa Granillo, Understanding the mental health needs of Latina college students, https://deepblue.lib.umich.edu/bitstream/handle/2027.42/86302/mgranill\_1.pdf?sequence=1 (2011). [↑](#endnote-ref-9)
9. Perpetual Baffour, *Counsel or Criminalize?*, Center for American Progress (Sept. 22, 2016), https://www.americanprogress.org/issues/education-k-12/reports/2016/09/22/144636/counsel-or-criminalize/. [↑](#endnote-ref-10)
10. *See* Amelie G. Rodriguez et. al., Mental Health and Latino Kids: A Research Review 15, https://salud-america.org/wp-content/uploads/2017/09/FINAL-mental-health-research-review-9-12-17.pdf/ (2017). [↑](#endnote-ref-11)
11. Mark Duffy and Alyn McCarty, The Philadelphia Community Schools Initiative: Year 1 Report (2018). [↑](#endnote-ref-12)
12. All statistics in this section are from the Centers for Disease Control and Prevention’s Youth Risk Behavior Survey. U.S. Dep’t of Health and Human Serv., Ctrs. for Disease Ctrl. and Prevention, 2017 Youth Risk Behavior Surveillance System, available at https://www.cdc.gov/healthyyouth/data/yrbs/index.htm. [↑](#footnote-ref-2)
13. In comparison, 2017 CDC data shows that 17.2 percent of all high school students and 10.8 percent of Latino high school boys considered suicide; and 7.4 percent of all high school students and 5.8 percent of Latino boys in high school attempted suicide. U.S. DEP’T OF HEALTH AND HUMAN SERV., CTRS. FOR DISEASE CTRL. AND PREVENTION, 2017 YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM, available at https://www.cdc.gov/healthyyouth/data/yrbs/index.htm. [↑](#endnote-ref-13)
14. This data comes from the YRBSS, which did not collect data for trans students in 2017. [↑](#endnote-ref-14)
15. *Id.*  [↑](#endnote-ref-15)
16. NWLC, Let Her Learn: Stopping School Pushout for Girls of Color 4, 8 (2017), https://nwlc.org/wp-content/uploads/2017/04/final\_nwlc\_Gates\_GirlsofColor.pdf; NWLC Let Her Learn survey (2017). [↑](#endnote-ref-16)
17. Patricia Gándara and Jongyeon (Joy) Ee, UCLA Civil Rts. Project, U.S. Immigration Enforcement Policy and Its Impact on Teaching and Learning in the Nation's Schools 14 (2018). [↑](#endnote-ref-17)
18. *Id.* at 14-15. [↑](#endnote-ref-18)
19. Deborah Sontag and Dale Russakof, *No Sanctuary*, Phila. Inquirer (Apr. 12, 2018), http://www.philly.com/philly/news/illegal-immigration-deportation-trump-ice-raids-philadelphia-pennsylvania-pro-publica-part-1.html. [↑](#endnote-ref-19)
20. Listening to Latinas *supra* note 1, at 25-27 (2009). [↑](#endnote-ref-20)
21. Matthew Price, *Dr. Luis Zayas, UT Austin – Latina Suicide Rates*, Radiolab (June 9, 2014), https://www.wamc.org/post/dr-luis-zayas-ut-austin-latina-suicide-rates (“Another reason [for suicide attempts] is that the girls are assimilating to the mainstream culture faster than their parents are. The conflict between Latina teenagers and their parents escalates until there is a crisis that sparks the suicide attempt.”). [↑](#endnote-ref-21)
22. National Latin@ Network for Healthy Families and Communities, Prevalence and Occurrences Fact Sheet (Sept. 1, 2017), https://nationallatinonetwork.org/learn-more/facts-and-statistics/prevalence-and-occurrence; Cuevas, C. A., Sabina, C., & Milloshi, R. Interpersonal victimization patterns in a national sample of Latino women 18, 377-403 (2012). However, it is important to note that rates of intimate partner violence for Latina women are approximately the same for women in other racial and ethnic groups. Hyunkag Cho, *Racial Differences in the Prevalence of Intimate Partner Violence Against Women and Associated Factors*, Journal of Interpersonal Violence(Aug. 22, 2011). [↑](#endnote-ref-22)
23. Emily Neil, *Hispanic youth experience higher levels of sadness, hopelessness, than their peers*, Al Día (June 22, 2018), http://aldianews.com/articles/culture/health/hispanic-youth-experience-higher-levels-sadness-hopelessness-their-peers. [↑](#endnote-ref-23)
24. Nat’l Alliance on Mental Illness (NAMI), Latino Mental Health, https://www.nami.org/find-support/diverse-communities/latino-mental-health (last visited Feb. 15, 2019). [↑](#endnote-ref-24)
25. U.S. Dep’t of Health and Human Serv. Office of Minority Health, Profile: Hispanic/Latino Americans, https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64 (last visited Feb. 15, 2019). [↑](#endnote-ref-25)
26. Jim Axelrod, *Parents blindsided by daughter's tragic suicide hope her story helps save others*, CBS News (Sept. 25, 2018), https://www.cbsnews.com/news/alexandra-valoras-parents-blindsided-by-daughters-tragic-suicide-hope-her-story-helps-save-others/. [↑](#endnote-ref-26)
27. *Parents' heartbreaking find in 'joyful' daughter's journals after suicide*, Yahoo News (Sept. 26, 2018), https://au.news.yahoo.com/parents-heartbreaking-find-joyful-daughters-journals-suicide-231233012.html. [↑](#endnote-ref-27)
28. Mark Arsenault, *Secrets of a Lost Girl*, Boston Globe (June 24, 2018), https://www.bostonglobe.com/metro/2018/06/23/diary/ep6tAOTtMVVLYCBYx0o9GJ/story.html. [↑](#endnote-ref-28)
29. Siobhan McAndrew, *'Mommy, I'm tired of getting hurt. I'm tired of all the pain,’* Reno Gazette Journal (June 1, 2018), https://www.rgj.com/story/news/education/2018/06/01/suicide-damonte-ranch-student-devastates-family/658102002/. [↑](#endnote-ref-29)
30. Tyler Clementi Higher Education Anti-Harassment Act of 2017, H.R. 2151, 115th Cong. [↑](#endnote-ref-30)
31. Joseph Stepansky et. al., *Queens girls, 12, hangs herself as it's revealed school cyberbullies called 'her a slut and a whore,'* N.Y. Daily News (May 27, 2013), https://www.nydailynews.com/news/crime/queens-girl-12-hangs-citing-harassment-article-1.1352387. [↑](#endnote-ref-31)
32. Ben Guarino, *Two years ago, her son committed suicide. Now his mother’s suing the school where he was allegedly bullied.*, Wash. Post (Oct. 26, 2016), https://www.washingtonpost.com/news/morning-mix/wp/2016/10/28/two-years-ago-her-son-committed-suicide-now-his-mothers-suing-the-school-where-he-was-allegedly-bullied/?utm\_term=.2a0e792f176e. [↑](#endnote-ref-32)
33. Listening to Latinas *supra* note 1, at 25-27 (2009). [↑](#endnote-ref-33)
34. Bains, Cusson, White-Frese and Walsh, *Utilization of Mental Health Services in School-Based Health Centers*, 87 J. of Sch. Health 584, 584-592 (2017). [↑](#endnote-ref-34)
35. *E.g.*, Raquel Reichard, *These Latinas Will Give You The Mental Health Boost You Need*, Fierce by Mitú (Jan. 19, 2018), https://fierce.wearemitu.com/things-that-matter/latina-mental-health-activists-follow-social-media/. For more #CalladitasNoMore stories, s*ee* Fierce by Mitú, Calladitas No More, available at https://fierce.wearemitu.com/search/calladitas+no+more. [↑](#endnote-ref-35)
36. NWLC, Let Her Learn: Stopping School Pushout Overview and Key Findings 10 (2017), https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/04/final\_nwlc\_Gates\_OverviewKeyFindings.pdf. [↑](#endnote-ref-36)
37. Jennifer Marie Martin, *Stigma and student mental health in higher education*, 29:3 Higher Ed. Research and Dev’t 259, 259 (2009). [↑](#endnote-ref-37)
38. Stephanie Stahl, *Middle School Adds ‘Calming Room’ As Mental Health Resource*, CBS Philly (Apr. 10, 2018), https://philadelphia.cbslocal.com/2018/04/10/mental-health-resources/. [↑](#endnote-ref-38)
39. U.S. Dep’t of Educ., The State of Racial Diversity in the Educator Workforce 3 (2016). [↑](#endnote-ref-39)
40. Jason Fontana and David Lapp, Research for Action, New Data on Teacher Diversity in Pennsylvania 6. [↑](#endnote-ref-40)
41. NWLC calculations based on U.S. Dep’t of Educ., Civil Rights Data Collection, 2015-2016 Data. [↑](#endnote-ref-41)
42. U.S. Dep’t of Educ., Nat’l Ctr. for Educ. Statistics, Schools and Staffing Survey, https://nces.ed.gov/surveys/sass/tables/sass1112\_2013314\_t1s\_001.asp. [↑](#endnote-ref-42)
43. NWLC calculations based on U.S. Dep’t of Educ., Civil Rights Data Collection, 2015-2016 Data. [↑](#endnote-ref-43)
44. *Id.* at 11. [↑](#endnote-ref-44)
45. Ashley Griffin, Educ. Trust, Our Stories, Our Struggles, Our Strengths:

Perspectives and Reflections From Latino Teachers 1 (2018). [↑](#endnote-ref-45)
46. NWLC calculations based on U.S. Dep’t of Educ., Civil Rights Data Collection, 2015-2016 Data; American Sch. Counselor Assoc., Press, https://www.schoolcounselor.org/press (last visited Feb. 26, 2019). [↑](#endnote-ref-46)
47. Mina Fazel, Kimberly Hoagwood, Sharon Stephan and Tamsin Ford, *Mental Health Interventions in Schools* 4, Lancet Psychiatry (2014), available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4477835/pdf/nihms-685459.pdf. [↑](#endnote-ref-47)
48. Bains, Cusson, White-Frese and Walsh, *Utilization of Mental Health Services in School-Based Health Centers*, 87 J. of Sch. Health 584, 584-592 (2017). [↑](#endnote-ref-48)
49. Child Trends, Bridges/Puentes, https://www.childtrends.org/programs/bridgespuentes (last visited March 15, 2019). [↑](#endnote-ref-49)
50. Emily Neil, *Hispanic youth experience higher levels of sadness, hopelessness, than their peers*, Al Día (June 22, 2018), http://aldianews.com/articles/culture/health/hispanic-youth-experience-higher-levels-sadness-hopelessness-their-peers. [↑](#endnote-ref-50)
51. *See* NWLC, Dress Coded: Black Girls, Bodies, and Bias in D.C. Public Schools (2018). [↑](#endnote-ref-51)
52. #SomeGirls Companion Curricula, available at http://somegirlsdoc.com/somegirls-curricula (last visited Feb. 15, 2019). [↑](#endnote-ref-52)
53. 20 U.S.C. §§ 1400 et seq. [↑](#endnote-ref-53)
54. 29 U.S.C. §§ 701 et seq. [↑](#endnote-ref-54)
55. NWLC calculations based on U.S. Dep’t of Educ., Civil Rights Data Collection, 2015-2016 Data. [↑](#endnote-ref-55)
56. *Id.* [↑](#endnote-ref-56)
57. Michael L. Wehmeyer and Michelle Schwartz, “Research on Gender Bias in Special Education Services,” in Double Jeopardy: Addressing Gender Equity in Special Education, eds. Harilyn Rousso and Michael L. Wehmeyer (Albany: State University of New York Press), 275-76, 278 (2001). [↑](#endnote-ref-57)
58. U.S. Dep’t. of Educ., Dear Colleague Letter: Preventing Racial Discrimination in Special Education (2016), available at https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201612-racedisc-special-education.pdf. (last visited Feb. 15, 2019). [↑](#endnote-ref-58)
59. NWLC calculations based on U.S. Dep’t of Educ., Civil Rights Data Collection, 2015-2016 Data. [↑](#endnote-ref-59)
60. *Id.* [↑](#endnote-ref-60)
61. *Id.* [↑](#endnote-ref-61)