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Think, Ask, Act: The Intersectionality of Mental and Reproductive Health for Judicially Involved Girls

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Danielle Smith, a 16-year-old African-American girl newly detained at juvenile hall, presents for psychiatric evaluation. She describes a history of sexual abuse by her foster father and 2 years of commercial sexual exploitation after running away at 14 years of age. Scarcely more than 100 pounds, she endorses drug use, primarily marijuana, and notes prior use of cocaine and methamphetamine, provided by her trafficker (described as her "boyfriend"). She has a timid smile and uses music and journaling as her refuge. Danielle is unclear about past psychiatric diagnoses but does recall receiving medication from a psychiatrist while in foster care and expresses interest in resuming treatment.

Girls in the juvenile justice system are a vulnerable population with overlapping substance use, reproductive, and mental health care needs. The conceptual framework of "intersectionality" is useful to better understand the multiplicity of biopsychosocial needs of girls involved in the justice system. Intersectionality is defined as "a theoretical framework for understanding how multiple social identities (ie, race, gender, and sexual orientation) intersect at the micro level of individual experience to reflect systems of oppression (ie, racism, sexism, classism) at the macro level."[1] In this article, we propose the pragmatic application of the concept of intersectionality to better conceptualize the high unmet health needs of these youth. We conclude by providing recommendations for meeting their needs using the proposed "think, ask, act" approach.

BACKGROUND

Girls constitute an under-discussed yet growing segment of the juvenile justice population who have a number of health challenges, specifically high reproductive, substance use, and mental health needs.[2] More than 30% of incarcerated girls have been pregnant (compared with 4.3% of adolescent girls in the general population), at least 10% have traded sex for money, and incarcerated girls have exceedingly high rates of prior child abuse.[3,4] Incarcerated girls also have high rates of depression, bipolar disorder, posttraumatic stress disorder, mood disorders, substance use disorders, and suicidality.[2,5,6]

INTERSECTIONALITY AND INTEGRATION OF CARE

The concept of intersectionality, developed by lawyer Kimberlé Crenshaw,[7] is highly applicable to understanding the health needs of judicially involved girls. Crenshaw coined the term "intersectionality" to better understand the unique experiences of marginalized groups, such as women and girls of color, a group disproportionately over-represented among judicially involved girls. Crenshaw originally applied the concept of intersectionality to address the means through which individuals' needs are compounded by their various identities, especially race and gender. Currently, the term has evolved to encompass different dimensions that marginalize individuals, including socioeconomic background, religious affiliation, sexual orientation, gender identity, and educational background. Intersectionality underscores that, in particular, for women and girls of color, their histories of racial and gender oppression have a direct impact on their health needs and the ways in which they engage with health care providers. Minorities often experience distrust of the medical community.[8] For example, within the African-American community, this distrust is rooted in a history of "racial discrimination, including slavery, post-emancipation persecution, and persistent racial discrimination."[9] This phenomenon is evidenced by studies that show a lower level of trust toward physicians among African-American compared with Caucasian patients.[9] Crenshaw's principle suggests that the ability to positively affect a singular health issue is wholly dependent on the ability to combat other inter-related health issues. Applying this principle to the care of girls involved in the justice system underscores the need for mental health providers to adjust the lens through which they view patients. This involves incorporating their many dimensions of interdependent systems of oppression, vulnerability, and experiences of marginalization within our society.

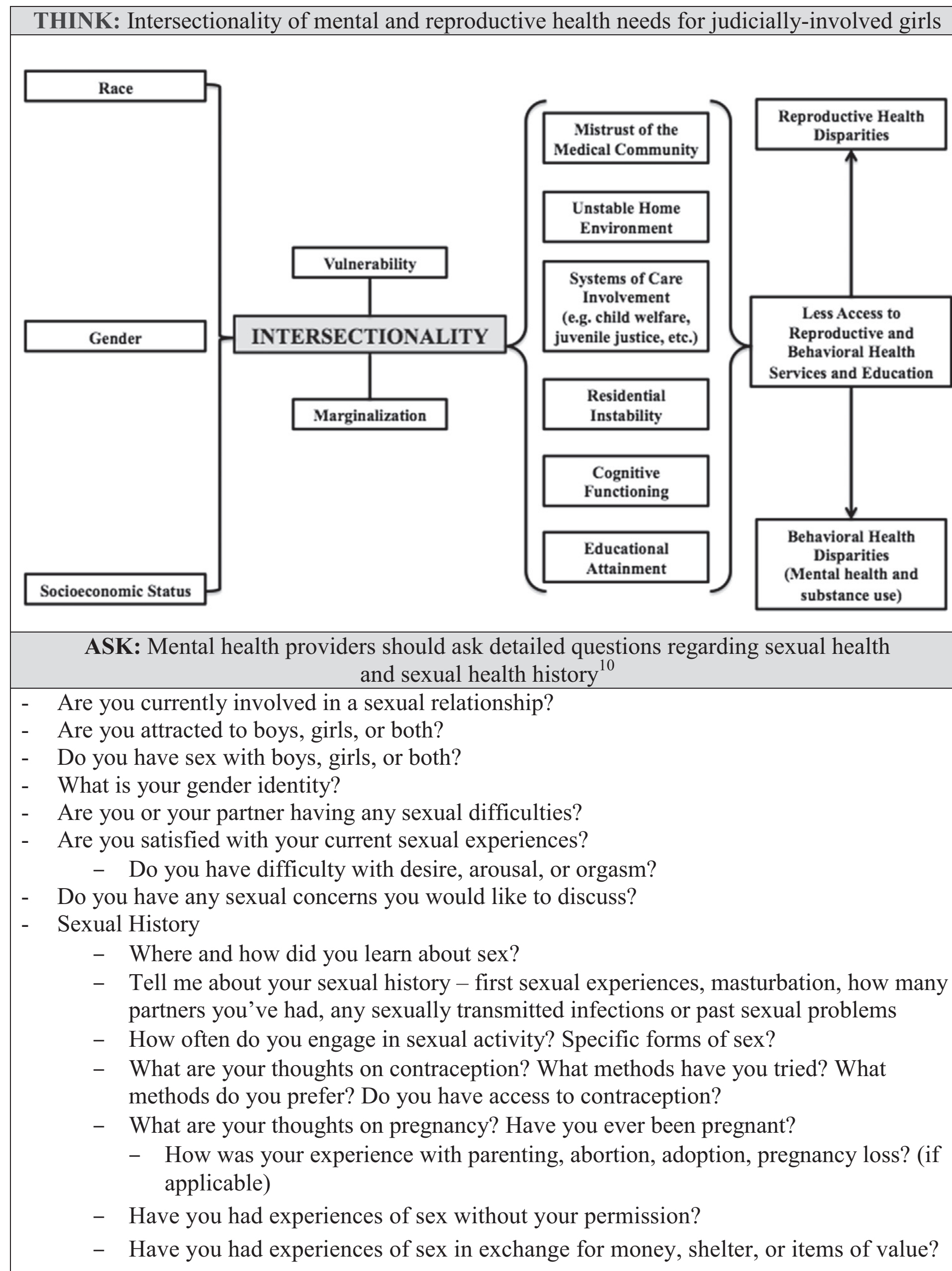
To best serve judicially involved girls, mental health providers must be attuned to the intersectionality of their

health needs. Accordingly, we propose a "think, ask, act" approach as an integrated care model for mental health providers who care for judicially involved girls (Figure 1[10]). Justice involvement presents a unique opportunity to engage high-risk girls in treatment for these interconnected health issues. For many of these youth, detention is the first place where their health needs are identified and addressed.[11] Thus, multisector engagement among juvenile detention, child welfare, and community health centers is key to the success of an intersectional, integrated care approach. The "think, ask, act" approach can facilitate mental health professionals' ability to more comprehensively care for judicially involved girls by creating opportunities to form critical linkages between their intersecting mental and reproductive health needs.

"Think"

The case example of Danielle highlights the value of applying the principle of intersectionality when approaching the treatment needs of judicially involved girls

FIGURE 1 Think, Ask, Act Integrated Care Approach



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