



Article

Intersecting Traumas: Out-of-Home Placements, Racialized Experiences, and Suicidality Among Black Girls in Ontario's Child Welfare System

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Abstract

Black children and youth remain disproportionately represented within child welfare systems across Canada, yet limited research has examined how Black girls experience trauma within out-of-home placements and how these experiences shape mental health and suicidality. This qualitative study examines the experiences of Black young women who aged out of care in Ontario, Canada, and explores how cumulative and intersecting forms of trauma, affected their emotional well-being and mental health. Drawing on critical race theory, Black girlhood studies, and critical suicidology, the study conceptualizes trauma as relational, structural, and cumulative rather than as a singular event. Findings drawn from six out of 10 participants reveal five key themes: dysfunctional foster families and complex traumas; trauma of multiple placement; lack of mental health support for the initial and ongoing traumas they experienced while in care; and mental health impacts of out-of-home placements and exposure to traumas and suicide-related behaviours of other youth in care. The participants highlighted the links between their experiences in foster care and the increased risk of suicide-related thoughts and behaviours. The findings highlight the need for models of care that are racially affirming, trauma-informed, and culturally responsive for child welfare and mental health interventions for Black girls in out-of-home placements. The key limitation of the study is the small sample size.

Keywords: trauma; suicidal behaviours; Black girls; out-of-home placements; complex trauma; child welfare; black girlhood theory; Ontario; Canada

1. Introduction

Child welfare systems are intended to protect children from harm and promote their well-being (Child, Youth and Family Services Act 2017). Yet a substantial body of research demonstrates that involvement in out-of-home placements (OOHPs) is associated with a range of adverse outcomes, including lower educational attainment, substance use, justice-system involvement, mental health challenges, and suicidality (Anderson 2011; Barth et al. 2020; Cioffi et al. 2022; Fawley-King et al. 2017; Putnam-Hornstein and King 2014; Sawyer et al. 2007). While children often enter 'care' following experiences of abuse, neglect, family conflict, or other forms of adversity, removal from family and placement in foster or residential care may itself constitute an additional source of trauma (Benson 2022). Placement instability, disrupted attachments, social isolation, and separation from

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family and community can intensify existing vulnerabilities and create new emotional and psychological challenges.

These concerns are particularly relevant for Black children and youth, who remain disproportionately represented in child welfare systems across North America, including Ontario, Canada. Research increasingly attributes this overrepresentation to broader systems of anti-Black racism, institutional surveillance, poverty criminalization, and racialized assumptions regarding Black parenting and family functioning (Antwi-Boasiako et al. 2020, 2022; Briggs et al. 2022; Edwards et al. 2023a; D. E. Roberts 2014). Ontario reports such as *One Vision One Voice* (Turner 2016) and *Interrupted Childhoods* (Ontario Human Rights Commission 2018) similarly document how anti-Black racism contributes to the disproportionate involvement of Black families in child welfare systems.

Although scholarship has examined child welfare involvement among Black children more broadly, far less attention has been paid to the experiences of Black girls. Black girls occupy unique social positions shaped by the intersections of race, gender, age, and class. Their experiences are frequently mediated through racialized and gendered stereotypes that portray them as more resilient, aggressive, mature, or behaviourally problematic than their white peers (Poole 2019). These assumptions contribute to the adultification of Black girls and may obscure their vulnerability, resulting in emotional distress and trauma being minimized, misunderstood, or met with punitive responses rather than support (Edwards et al. 2023a).

At the same time, concerns regarding depression, suicidal ideation, and suicide attempts among Black youth—particularly Black girls—have increased in recent years (Bridge et al. 2018; Goodwill 2021; Congressional Black Caucus 2019). Research links these trends to experiences of racism, trauma, family disruption, chronic stress, and limited access to culturally responsive mental health supports. Youth involved in child welfare systems are also known to experience significantly higher rates of suicidality than youth not involved in care (Ruch et al. 2021). However, existing studies rarely examine how child welfare involvement, racial trauma, placement instability, and emotional isolation intersect to shape the mental health experiences of Black girls.

This study addresses that gap by examining how Black young women who aged out of care in Ontario understand and experience trauma within out-of-home placements (OOHP). Rather than conceptualizing trauma as a singular event, the study understands trauma as cumulative, relational, and structurally produced. Participants described multiple and interconnected forms of adversity, including family separation, placement instability, racial isolation, emotional neglect, exposure to violence and suicidality within care settings, and the absence of culturally responsive support. Together, these experiences reflect forms of complex trauma that accumulate across time and contexts (Briere and Scott 2015).

The analysis is informed by critical race theory, Black girlhood studies, and critical suicidology. Critical race theory highlights how systemic racism shapes institutional responses to Black families and children (Crenshaw et al. 1995; Delgado and Stefancic 2023). Black girlhood studies centre on the lived experiences of Black girls and challenges narratives that obscure their vulnerability (A. L. Smith 2019). Critical suicidology situates suicidality within broader social, relational, and structural contexts rather than treating it solely as an individual pathology (Cesar Riani Costa and White 2024; Hjelmeland and Knizek 2017).

Guided by these frameworks, the study asks:

1. How do Black young women describe and understand their experiences of trauma within out-of-home placements?
2. How does placement instability, racial isolation, and disconnection from family and community shape emotional well-being and mental health?

3. How do participants understand the relationship between cumulative trauma and exposure to suicidality within care environments?

By centring on the voices of Black young women who aged out of care, this study contributes to a limited but growing body of scholarship examining the intersections of child welfare involvement, racialization, trauma, and suicidality. The findings demonstrate that trauma within child welfare systems extends beyond pre-placement adversity and is often reproduced through institutional practices and environments that undermine stability, belonging, and emotional well-being.

1.1. Statement of the Problem

Black families have historically been constructed as dysfunctional by social service agency staff in large part because of the history of systemic racism that has destabilized families and communities (Cantey et al. 2022; Greenbaum 2015; D. Roberts 2022). Various manifestations of anti-Black racism and systemic oppression against Black people have led to ongoing and persistent race-based discrimination that has negatively affected their economic development, community stability and family relationships (Montgomery 2022). Based on data from the 2011 Children's Defence Fund, scholars have concluded that Black children and families are more likely to live in poverty, and race continues to be a significant marker that limits social mobility. Poverty is a key risk factor that places Black families in the crosshairs of child welfare involvement (Briggs et al. 2022; Chappell 2010; McRoy and Runnels 2014; Molock et al. 2022; Swift and Parada 2004) and can lead to the children's removal from their families and communities.

Research increasingly demonstrates that this overrepresentation cannot be understood outside of the broader historical and contemporary realities of anti-Black racism, systemic inequality, and institutional surveillance that shape Black family life (Cantey et al. 2022; Greenbaum 2015). Black families are viewed through deficit-oriented narratives that frame them as dysfunctional, unstable, or incapable of adequately caring for children. These narratives are reinforced through social policies and institutional practices that frequently interpret poverty, economic hardship, and family stress within Black communities as indicators of neglect or parental inadequacy rather than as consequences of structural inequities (Briggs et al. 2022; Chappell 2010; McRoy and Runnels 2014).

Structural racism has contributed to persistent racial inequalities in housing, employment, education, economic mobility, and community stability, which shape child welfare involvement among Black families (Montgomery 2022). Structurally produced economic inequality remains a significant predictor of child welfare intervention, placing Black families at increased risk of surveillance and family separation. However, child welfare systems often fail to distinguish between neglect associated with structural disadvantage and intentional parental harm, resulting in the disproportionate removal of Black children from their homes and communities.

This racial overrepresentation of children in care is further shaped by racialized assumptions regarding Black parenting and family structures. Research suggests that child welfare assessments are frequently influenced by stereotypes that position Black families as inherently problematic or deficient, while white middle-class family norms are treated as the standard against which parenting practices are evaluated (Akuoko-Barfi et al. 2021; Cénat et al. 2021). These assumptions influence how child welfare workers interpret family conflict, behavioural concerns, and economic hardship within Black households and contribute to decisions regarding child removal and placement (Chakravarty and Lawrence 2022).

Once removed from their homes, Black children are frequently placed in predominantly white foster homes, communities, or transracial placements where opportunities for cultural connection and racial identity socialization may be limited (Akuoko-Barfi et

al. 2021; Butler-Sweet 2011; Edwards et al. 2022; J. F. Smith 1996). Scholars have raised concerns regarding the emotional and developmental consequences of transracial placements, particularly when caregivers lack the capacity to support Black children's racial identity development or address experiences of racism (Jacobs 2016; LaBrenz et al. 2022; Mariner 2019). Positive racial socialization has been identified as an important protective factor for Black youth because it reinforces cultural belonging, racial identity, self-esteem, and resilience (Butler-Barnes et al. 2011; Daniel 2025; Samuels 2009). Consequently, separation from family and community may disrupt access to these protective relationships and intensify feelings of isolation, invisibility, and emotional distress.

Research also demonstrates that youth involved in OOHP experience significantly higher rates of mental health challenges, including depression, anxiety, emotional dysregulation, self-harm, and suicidality, than youth not involved in care systems (L. A. Brown 2020; Fawley-King et al. 2017). However, these outcomes are often examined through individualized clinical frameworks that fail to account for the cumulative and intersecting forms of trauma experienced by Black youth in care. For Black girls specifically, trauma may emerge through adverse childhood experiences prior to placement, through family separation, placement instability, racial isolation, exposure to racism, emotional neglect, and chronic exposure to distress within care environments.

Despite increasing recognition of the mental health challenges experienced by youth in care, limited research has specifically examined how Black girls understand and experience trauma within OOHP. Existing studies often examine child welfare involvement, anti-Black racism, trauma, and suicidality independently, resulting in limited understanding of how these experiences intersect within the lives of Black girls. Moreover, Black girls' emotional distress is frequently misunderstood through racialized and gendered stereotypes that frame them as aggressive (Hood 2023), resilient, or behaviourally problematic rather than vulnerable and in need of support (Poole 2019). As a result, their trauma experiences may remain inadequately recognized and insufficiently addressed within child welfare and mental health systems.

This study addresses these gaps by examining how Black young women who aged out of care in Ontario understood and experienced cumulative and intersecting forms of trauma within out-of-home placements. Drawing on critical race theory, Black girlhood studies, and critical suicidology, the study explores how family separation, placement instability, racial isolation, emotional neglect, and exposure to suicidality within care settings shaped participants' emotional well-being, mental health, and sense of identity.

1.2. Black Children and Child Welfare Involvement

Black children remain disproportionately represented in child welfare systems across North America, including Ontario, Canada. Research consistently demonstrates that Black families are more likely to be investigated by child welfare authorities, experience child removal, and remain involved in out-of-home care systems for longer periods than white families (Antwi-Boasiako et al. 2020; Clarke 2011, 2012; Edwards et al. 2023b, 2023c; King et al. 2017). These disparities are not simply the result of individual family circumstances but reflect broader systems of anti-Black racism, institutional surveillance, and structural inequality that shape interactions between Black families and child welfare agencies. In this paper, the term out-of-home placements (OOHPs) is used intentionally as a way of critiquing the use of the term 'care', given that Black children in these environments often experience more trauma than acts of caring.

Historically, Black families have frequently been constructed through deficit-oriented narratives that portray them as dysfunctional, unstable, or incapable of adequately caring for children (Cantey et al. 2022; Greenbaum 2015). These assumptions are reinforced by institutional practices that interpret poverty, economic hardship, family conflict,

and behavioural concerns as indicators of neglect rather than as consequences of broader social and economic inequities (Briggs et al. 2022; Chappell 2010; McRoy and Runnels 2014). Structural racism has contributed to persistent inequalities in housing, education, employment, and economic opportunity, placing Black families at greater risk of child welfare intervention (Montgomery 2022). Research further suggests that schools, social service agencies, and law enforcement institutions disproportionately refer Black families to child welfare authorities (Edwards et al. 2023c). Teachers and school personnel may interpret behavioural concerns among Black youth through racialized assumptions that position them as more aggressive, oppositional, or less vulnerable than their white peers (Poole 2019). These practices contribute to the criminalization and surveillance of Black children and increase the likelihood of child welfare involvement.

Ontario-specific reports, including *One Vision One Voice* (Turner 2016) and *Interrupted Childhoods* (Ontario Human Rights Commission 2018), have documented the role of anti-Black racism in shaping child welfare practices and outcomes. These reports argue that the overrepresentation of Black children in care cannot be understood separately from broader histories of racial exclusion, institutional discrimination, and systemic inequity. The removal of Black children from their homes often results in placement within predominantly white foster homes and communities, creating additional challenges related to identity development, cultural belonging, and community connection (Akuoko-Barfi et al. 2021; Butler-Sweet 2011; Edwards et al. 2022). As a result, child welfare involvement frequently disrupts access to family, culture, and community relationships that function as important sources of support and resilience for Black youth.

1.3. Trauma and Out-of-Home Placements

Many children enter foster care following experiences of adversity such as abuse, neglect, family conflict, poverty, or exposure to violence. However, research increasingly demonstrates that placement in foster care or residential care can itself constitute an additional source of trauma (Anderson 2011; Oosterman et al. 2007; Opara et al. 2020). Removal from family often involves separation from familiar relationships, communities, schools, cultural networks, and social supports that provide emotional grounding and identity affirmation. For many children, the experience of entering care represents not only a response to adversity but also a significant disruption to their sense of belonging and security, which are forms of trauma.

Trauma is increasingly understood as the emotional, psychological, relational, and physiological impact of experiences that overwhelm an individual's capacity to cope and compromise their sense of safety, stability, and well-being (Dalenberg et al. 2017). Contemporary trauma scholarship recognizes that trauma may result from direct experiences of violence or abuse, and also from chronic exposure to instability, family separation, racism, emotional neglect, and repeated disruptions in relationships and attachment (Blehm 2025). Youth involved in out-of-home placements experience elevated rates of depression, anxiety, behavioural difficulties, substance use, academic disruption, and suicidality compared to youth not involved in care systems (L. A. Brown 2020; Palmer et al. 2021a; Palmer et al. 2021b; Sawyer et al. 2007). These outcomes are rarely attributable to a single traumatic event. Rather, they often emerge through the accumulation of multiple and intersecting forms of adversity across the child welfare experience.

Placement instability represents one of the most significant sources of trauma for youth in care. Frequent moves disrupt caregiving relationships, peer networks, schooling, and daily routines, creating chronic uncertainty and emotional insecurity (Fawley-King et al. 2017). Research demonstrates that youth who experience multiple placements report higher levels of emotional distress and suicidal behaviour than youth who experience greater stability (Taussig et al. 2014). Black youth are particularly vulnerable to placement

instability and are more likely to experience multiple placements and longer durations in care (Edwards et al. 2022).

For Black children, trauma within child welfare systems is often compounded by racialized placement experiences. Many are placed in predominantly white homes and communities where opportunities for positive racial socialization may be limited and experiences of racism may go unrecognized or unaddressed (Chipungu and Bent-Goodley 2004; LaBrenz et al. 2022; Montgomery and Jordan 2018). Consequently, the trauma of removal from family frequently intersects with racial trauma and identity disruption, severs connections to relationships that reinforce cultural belonging, racial identity, and emotional protection.

Trauma within care environments may also be vicarious and environmental. Youth in foster and residential care are frequently exposed to the behavioural crises, self-harm, violence, and suicidality of other youth (L. A. Brown 2020; Kaspar 2014). Such environments may normalize distress and increase emotional burden while children's own needs remain insufficiently addressed. These experiences highlight the need to conceptualize trauma among youth in care as cumulative, relational, and ecological rather than as isolated incidents.

1.4. Black Girls, Racial Identity, and Mental Health

Black girls occupy social positions shaped by the intersections of race, gender, age, and class. These intersecting identities influence how they experience child welfare intervention, trauma, and mental health challenges (Constantine 2006; Poole 2019). While all youth in care may encounter emotional difficulties, Black girls experience additional forms of marginalization linked to racism, sexism, and adultification, which compromise their identity development. Research demonstrates that positive racial identity, strong family relationships, and community connections function as important protective factors for Black youth (Lesane-Brown 2006; Samuels 2009). Racial socialization contributes to self-esteem, resilience, cultural pride, and psychological well-being and family and community interactions help them to develop positive understandings of Black identity while fostering belonging and emotional security.

Unfortunately, many Black children in care are placed in predominantly white foster homes or communities where opportunities for positive racial socialization are limited (Chipungu and Bent-Goodley 2004). Scholars have raised concerns that transracial placements may undermine cultural identity development when caregivers lack the knowledge or capacity to support healthy racial identity formation, which is a key component of addressing racism (Butler-Sweet 2011; LaBrenz et al. 2022; Mariner 2019). The resulting feelings of isolation and racial disconnection negatively affect emotional well-being and identity development.

These challenges are intensified by adultification and gendered racism because Black girls are frequently perceived as older, more mature, less innocent, and more resilient than their white peers (Hood 2023; Poole 2019). Emotional distress may therefore be interpreted as aggression, defiance, or behavioural misconduct rather than as evidence of vulnerability and trauma. Consequently, Black girls often receive punitive responses instead of therapeutic support. Research further suggests that Black youth are referred for mental health services at lower rates than white youth and are less likely to receive culturally responsive interventions (Baiden and Fallon 2018; Daniel 2025; Poole 2019). These disparities contribute to unmet mental health needs and may exacerbate the effects of trauma, social isolation, and family separation. Understanding Black girls' experiences therefore requires attention not only to individual psychological factors but also to the racialized and gendered contexts in which emotional distress is interpreted and often unaddressed, thereby potentially increasing suicide ideation.

1.5. Black Youth Suicide

According to the 2019 report *Ring the Alarm: The Crisis of Black Youth Suicide in America*, suicide rates are increasing faster for Blacks than any other group: Black pre-teens are twice as likely to die by suicide, and males employ more lethal methods. Another 2021 report, the *Youth Risk Behaviour Survey*, stated that between 1991 and 2017, suicide rates increased by 73%, while attempts increased by 122%. Canadian data show that boys have higher rates of deaths by suicide, while non-fatal suicide related behaviours are more common in girls; these findings are consistent with those in other contexts (Rhodes et al. 2013; Zulyniak et al. 2022). Rhodes et al. (2013) argued that most youth who die by suicide have underlying mental health issues, and this pattern is supported by other authors (Farand et al. 2004; Meza et al. 2022; Ong et al. 2021). Some authors have reported that youth diagnosed with psychiatric conditions also exhibited higher levels of suicide ideation and death by suicide when taken into care (Katz et al. 2011; Ruch et al. 2021). Still, there is a reduction in both aspects approximately 2 years after entering care, which could be a factor related to access to services.

The *Ring the Alarm* report, which focused on risk and protective factors among Black youth, alternatively noted that “Black adolescent suicide attempters were less likely to have a diagnosed mental health disorder” (Congressional Black Caucus 2019, p. 14), highlighting the necessity of understanding the specifics of Black youth suicides. The report also noted that the typical risk factors, such as bullying and engagement with media and technology, are not clear risk factors for Black youth suicide; however, exposure to discrimination, racism, and trauma may play a more significant role. Moreover, the report noted that Black LGBTQ+ youth are at increased risk for suicide, which can be exacerbated if these youth are placed in out-of-home care. Finally, the report stated that Black youth may express their depression symptoms differently than white youth, for example, through externalizing behaviours, which increases their exposure to the cradle-to-prison pipeline because of the disproportionate application of disciplinary measures in schools. These behaviours may also lead to conflicts between parents and children, and conflicts with teachers and school personnel, which can account for the high levels of reporting by teachers and other school professionals to child welfare services. For example, Black girls may be dealing with generalized adolescent angst, potential intergenerational conflicts, gender-based discrimination and racism, which can lead to challenging behavioural performances.

Another analysis focusing on the American context and included race and gender variables indicated that youth who had been in foster care had mental health concerns and substance use issues were more likely to have previously attempted self-harm and die by suicide (Arshanapally et al. 2017; Ruch et al. 2021). The researchers compared white to non-white participants but did not further disaggregate the data for non-white participants. This is an important limitation because it cannot reveal specific patterns among Black youth, including risk and protective factors, as Ruch and colleagues did not consider the effects of experiencing racism, discrimination or gender-based oppression.

Ruch and his colleagues conducted a meta-analysis and reported that youth involved in child welfare systems are two to four times more likely to have a history of suicide ideation and attempts than non-system-involved youth. Taussig et al. (2014) also found that youth who experienced more frequent removals, longer placements, and maltreatment while in care were five times more likely to exhibit suicidal behaviour compared to youth not involved in the child welfare system. Black children tend to have experienced multiple placements (Edwards et al. 2022), thereby increasing their risk of suicidal behaviours, although they are less likely to receive mental health care. Research has confirmed that Black youth are referred for mental health support at lower rates than white youth and that Black girls are deemed to be less amenable to community-based treatment

supports (Poole 2019). All these factors compound the challenges experienced by Black girls and young women in OOHP. Despite these concerns, Canadian data rarely disaggregate suicide-related outcomes by race, making it difficult to identify patterns specific to Black populations. Existing studies frequently aggregate Black youth into broader racialized categories, obscuring important differences in experiences, risks, and protective factors. As a result, relatively little is known about how Black youth, and Black girls specifically, experience and understand suicidality.

Rather than conceptualizing suicide solely as an individual psychiatric issue, critical suicidology situates suicidality within broader social, political, relational, and structural contexts (Cesar Riani Costa and White 2024; Hjelmeland and Knizek 2017; Reynolds 2016) allowing for the conceptualization of the ways that racism, social exclusion, trauma, instability, and disrupted relationships contribute to suicidal vulnerability. For Black girls involved in child welfare systems, these experiences do not operate independently but intersect and accumulate over time, creating conditions that may compromise emotional well-being and increase vulnerability to suicidal thoughts and behaviours (Borum 2014). The current study seeks to address this gap by examining how Black young women who aged out of care understand the relationship between compound trauma, racialized experiences, mental health, and suicidality.

2. Theoretical Frameworks

This research project incorporated three primary theoretical frameworks to develop the research and analysis: Black girlhood studies, critical race theory and critical suicidology theory. Black girlhood theory provides a framework for explaining and analyzing the specific experiences of Black girls (Halliday 2019; A. L. Smith 2019). Although Black children are disproportionately taken into care (Edwards et al. 2023a), the specific ways in which they experience the practices of 'care' or the outcomes of OOHP remain under-theorized. A. L. Smith (2019) notes that there is a requirement for "further theorizing about the multi-faceted and complex realities of Black girlhoods to offer Black girls the power and agency to claim, create, and develop their own self-definitions" (p. 21). Smith also noted that "Black girlhood requires uplifting their narratives and voices, while also allowing them to experience joy, amid persistent harm experienced in our schools and society" (p. 21). Black girlhood theory centres on the voices of Black girls, provides a platform for their embodied narratives, and sanctions the reclamation of their lives. Black girlhood studies allow for a separation between adult female behaviours and behaviours of Black girls and challenge the adultification of Black girls (R. N. Brown 2013). Black girlhood studies help scholars challenge many of the contemporary stereotypes that are applied to Black girls, who are often framed as older, more mature, and less deserving of the notions of innocence that are often afforded to white girls (Poole 2019).

The second main framework, critical race theory (Crenshaw et al. 1995; Delgado and Stefancic 2023; Twyford et al. 2022), facilitates an examination of the structural and systemic forms of race-based oppression and injustices. Critical race theory allows for the complementary exploration of larger institutional systems and structures of power and define those individualized experiences. It moves the conversation beyond individual interactions, engagements, and entanglements to explore structural pattern: how broad institutional practices lead to disproportionate outcomes for Black communities and how the practices of individual workers deploy the varying structures of power.

The seminal work of Durkheim and Spaulding (1951) was central to the early development of the field of suicide studies. Durkheim argued that suicide and suicidal behaviours must be considered from different perspectives that include the psychological disposition of the individual and their environment. The disposition of the individual impacts their mental health, and he regarded suicide as an external manifestation of a

person's internal crisis and mental alienation from which they are trying to escape. Durkheim and Spaulding (1951) argued that although people have differing historical contexts, there is no direct racial or biological marker that is linked to suicide. He stressed the environmental component to suicide, noting that "The victim's acts which at first seem to express only his personal temperament are really the supplemental and prolongation of a social condition which they express externally" (p. 299). Durkheim's work, it can be argued, laid the foundation for the development of the field of critical suicidology, particularly in relation to the centrality of examining the context of a person's world. This framework can facilitate our examination of how the foster care environment may reduce protective factors, which can increase the risk of suicidality.

Contemporary scholars of critical suicidology theory or critical suicide studies (Cesar Riani Costa and White 2024; Hjelmeland and Knizek 2017; Hightower 2022; Ranahan 2020; Rathus 2014; Reynolds 2016; White 2016; White and Ranahan 2014) explore the historical, cultural, economic and political aspects of a person's world and privileges the roles of socially just approaches in addressing these challenges. This body of literature recognizes that the act of suicide is influenced by contextual factors, such as cultural, social, economic, and environmental factors and individual personality, that coalesce to place a person at risk. This framework challenges the notion of suicide as a matter of individual pathology and the medicalization of the field (Cesar Riani Costa and White 2024; Hightower 2022). Rather, these theorists argue that suicide studies and research must include an analysis of the context (De Leo et al. 2021) and adopt ecological approaches.

The work of critical suicidology seeks to challenge structural oppression and foster social transformation while centring on socially just perspectives and practices. One must therefore be able to examine the role that child welfare environments play in increasing Black girls' exposure to suicidal behaviours, particularly given the unstable ecologies of such spaces. The environmental risks to Black girls, particularly the disconnection from family and community, placements in unfamiliar environments, and exposure to traumas and varying experiences of racism, can all serve to increase suicidal behaviours and thoughts (Schwartz 2010).

3. Research Methods

3.1. Methods

The purpose of this research was to investigate the experiences of African-Canadian girls who have aged out of care, the impact of being in care, and the strategies they employed in navigating the system as they aged out of care. The study was based on in-depth qualitative case study interviews with 10 Black young women aged 18–25, who had been in OOHP. Ethics approval for the study was obtained from Toronto Metropolitan University's Research Ethics Board prior to participant recruitment. Recruitment emails and flyers describing the nature of the study were sent to community organizations and posted online. The initial participants were recruited through non-probability snowball sampling aimed at recruiting participants through the researcher's contacts at community service agencies that provide services for young women. Linear snowball sampling (Babbie 2017) was then used, whereby the first set of participants in the interviews referred other potential participants from within their personal networks.

Participants were provided with a copy of the consent form and information regarding the aims of the study before the interviews. They provided verbal consent before the start of the interviews and provided consent to participate in the research project and to have their responses recorded. Three were conducted in person, and the last seven via Zoom. The interviews lasted 60–90 min and were recorded. The Zoom interviews were also recorded, and the closed captions and related text were used in the first stage of the transcript preparation, which was then cleaned by the RAs.

Participants were asked a series of questions that fell into six main categories: family background; experience of being in care; racial identity development and socialization; familial and community connections; personal agency and resilience; and organizational programming and interventions for Black girls. However, the questions were adapted to include discussions on mental health and suicide when the PI noted that the first participant spoke extensively on this topic. It was important to make this adaptation to ensure that this qualitative research project respects the direction and voices of the participants and attends to the iterative nature of this research method (Kekeya 2016; Morgan and Nica 2020).

The inclusion criteria were as follows: the participants must have been removed from their birth families, placed in foster or residential care, aged out of care, and identify as Black and female.

The participants in this study included five parents of young children, four students enrolled in post-secondary education, and one working full-time. Six participants identified as Black, three as biracial (Black and White), and one as African. Interviewing young adults allowed the participants to engage in a retrospective analysis of their experiences, as these self-reports can inform programming for Black girls who are taken into care.

3.2. Data Analysis

Data were initially analyzed using first-level open coding designed to elicit the main concepts and broader themes; axial coding was then conducted to further refine and categorize the initial concepts and narrow them into more discrete analytical themes. The initial stage involved ensuring the RAs became familiar with the data and then conducting the first level of coding. The PI analyzed the transcripts to verify the first-level coding and refine the themes for the second-level coding. A third level of thematic coding was conducted, which involved collapsing and clarifying the level one and level two themes to determine whether relationships existed between them. The research team cross-checked all themes and quotations, and the thematic analysis allowed the team to organize data set patterns. These various levels of data analysis, the comparative analysis of data transcripts, and existing research literature facilitated triangulation of the data (Carter 2014; Heale and Forbes 2013).

The analysis was informed by critical race theory, Black girlhood studies, and critical suicidology. These frameworks guided the interpretation of how participants' experiences of trauma were shaped not only by interpersonal adversity but also by structural racism, racialized gender expectations, institutional instability, and social disconnection. Rather than treating trauma as a singular or individualized phenomenon, the analysis focused on how multiple forms of trauma intersected and accumulated within participants' experiences of care.

The findings provide important insights into the experiences of Black girls who have aged out of care, and the retrospective nature of the interviews offers valuable information for potential recommendations. The project would have benefited from including a larger number of participants and from collecting longitudinal data; these issues may be addressed in future work.

Table 1. Complex traumas & mental health.

Trauma Type	Prior to Care	During Care	Participant
Family conflict	X	X	Rachel, Bernice, Valerie, Angela, Martha, Amelia
Abuse/neglect	X	X	Rachel, Bernice, Valerie, Angela, Martha, Amelia
Family separation	-	X	Rachel, Bernice, Valerie, Angela, Martha, Amelia
Placement instability/trauma of multiple placements	-	X	Valerie, Rachel, Martha

Emotional abuse in placement	-	X	Rachel, Valerie, Angela, Martha
Exposure to violence	X	X	Rachel, Bernice, Valerie, Angela, Martha
Racial isolation/racism	-	X	Rachel, Bernice, Valerie, Angela, Martha
Suicidal ideation	-	X	Angela, Rachel, Amelia
Exposure to peer traumas, self-harm/suicide	-	X	Angela, Rachel, Amelia
Lack of counselling support to address initial traumas		X	Valerie, Bernice,
Negative impact on mental health			Rachel, Bernice, Valerie, Angela, Martha
Dysfunctional foster family and complex traumas			Rachel, Valerie, Angela, Martha

Note: “X” means that this particular issue has been identified and “–” means that the stated theme has not been identified by the participant.

Although the study employed a qualitative design, descriptive information regarding participants’ experiences was compiled to provide contextual understanding of the sample. Participants reported experiencing multiple forms of trauma prior to and during their involvement with the child welfare system. Their experiences included family separation, placement instability, exposure to violence, emotional neglect, and mental health challenges. Most participants experienced multiple foster placements, and several reported living in transracial placements where they were one of the few or the only Black child in the home or community. Participants also described exposure to self-harm, suicidal ideation, and suicide attempts among peers in care.

4. Findings

This section explores the challenges identified in interviews with Black young women and focuses on the discussions of six of the ten participants who explicitly spoke about the themes related to mental health—Rachel, Valerie, Amelia, Bernice, Martha, and Angela. All names have been changed to ensure confidentiality. Five main themes emerged: dysfunctional foster families and complex traumas; trauma of multiple placements; lack of support to address initial traumas; the mental health impact of being in care; and exposure to suicidal behaviours amongst other youths in care.

4.1. Dysfunctional Foster Families and Complex Traumas

Participants discussed the misrepresentation on the part of the foster families and how this compounded the traumas of OOHP, commenting that their foster families presented a different image in the presence of child welfare workers than what the children actually experienced in their homes, as indicated in Table 1. According to Rachel:

Well one thing about my first foster family was that... I called them the masters of perfection. So, what they had done is I felt like to the outside world it was a great foster family. Everything was nice, it was perfect, it was pretty. We lived in a nice, beautiful home. We were going on family Disney world vacations... Family vacations. Travelling all over the US but the thing is, behind closed doors it was like there was so much pain and anger and built-up aggression within that home that we were so... let me refer to myself, I was so fearful like to even express myself.

Rachel continued:

I went through a lot, like starting out in the foster care system. My definition of it I would call it emotionally abusive. It was constant, constant, constant ridicule and I felt like I was a target to their aggression. So, I grew up with a very low self-esteem... I feel

like even my self-esteem was even battered before I had a chance to even develop completely.

Similarly, Valerie commented:

There's just times where I've been uncomfortable, because—I don't know, like, the idea of living under someone else's roof, for me, personally, is just really uncomfortable and stuff like that. And I feel like I didn't really have anyone to talk to or connect with.

Angela referred to experiencing violence in one of the foster homes.

We got into a fight, and I was trying to get my (iPad), they had taken my iPad. They pushed me off. I hit my knee on the ground. I grabbed one of their cell phones. I ran up to the bathroom. And we were all in the bathroom. I was on floor. They were trying to get the phone back, but my hair was caught on like a toilet paper holder. So, they were yanking my hair as they were trying to get the phone back... I called my worker, my worker came. Police came. They took photos of like I had bruises and stuff... and then they moved me.

Another participant, Martha, describing the experience of having over 100 children move in and out of the foster home she lived in, stated:

There were quite a few children that we took care of ... they had a lot of medical needs and developmental disabilities. So it was kind of like always chaotic... I guess I would always take care of kids if my mom had to take up like another kid to an appointment, or she had meetings... There was just at times a lot of kids so like always doing like parent type of duties would definitely be something. I just felt like over like I definitely felt like I was kind of her husband at a time, like a parent—like I was a parent. I was a mom, and a father, and a husband like I carried a lot of responsibility of taking care of everyone. So it's definitely like overwhelming, very heavy for me to carry.

The above quotes highlight the multiple challenges the girls were exposed to while in care and the ways they were affected.

4.2. Trauma of Multiple Placements

Another challenge was related to multiple home placements (see Table 1). These changes resulted in ongoing disruptions and adjustments: living with and adapting to new rules and environments, the loss of friends and 'family,' and the added stress of changing schools at various points during the semester.

Valerie said:

Um, yeah. Honestly, going into care, it was a big adjustment for me, so a lot of things at the time were derailing in my life, and then I kinda slowly got back on track. So, one thing was school studies; I feel like I was really depressed and uncomfortable by the time—just getting over—for me, I don't like change. So, dealing with this big, alarming change once again in my life after having a lot of ups and downs and stuff like that, I was a depressive state.

Similarly, Rachel commented:

And one of the things I'd struggled with was that it was constantly people coming and going in my life. Entering and leaving, entering, and leaving, entering and leaving and that was one thing that would trigger me. Because I needed consistency, I just wanted the consistency I desired for... So, it was like I didn't know what to do—it felt like I was losing a mother all over again.

Martha stated:

I think between like black crazy and white crazy and biracial crazy are just very different but like that's what happens. So you're born into this family, and your family is crazy.

But at least they're crazy through your life, as opposed to they take you out of your family, and then they keep putting you into different crazy families. ... And then it's like Oh, my gosh these kids are having trauma in different families.

She definitively stated: *Do not take children out of their families and their communities. Put the support into the family and the community.*

4.3. Lack of Support to Address Initial Traumas

Participants also referred to the failure of the foster families or the child welfare authorities to provide appropriate support, such as counselling, to address the initial traumas they had experienced and that were the impetus for the initial out-of-home placement (see Table 1).

Valerie said:

So, being in that home, they had a lot of pent-up anger and just overall, a lot of issues that they never talked about. And it just led to, just, them constantly fighting and then...I guess them fighting and stuff like that, they would also pick on me a little.

Some participants referred to their initial traumas—traumas they had witnessed and/or experienced in their birth family—and the dysfunctionality they experienced while in care and the difficulty of trying to cope with the removal from their birth families. Bernice said:

And I think (counselling services), that would have been even helpful for my biological sister, because she was in foster care, but she... kinda ran away from her foster home, and she just kinda... went-fell through the cracks. And dropped out of school and all that; so, if she had those supports, I think—it would've been a lot different for her

Valerie added:

Well, growing up, I feel like I've always had OCD, cause, basically, being in a surrounding that—where I couldn't control certain things. I remember that the only thing I could control was myself, and my actions, and my—small surroundings. So, even though the rest of my house was always a big mess, there was always fights-like—the minute I closed my door it was like a whole different world.

4.4. Mental Health Impacts of Out-of-Home Placement

Participants also referred to the effects of out-of-home placement on their mental health, as indicated in Table 1. They spoke in depth of feelings of depression, feeling the sense that being in care had permanently marked them, feeling the loss of their families, being lost and feeling out of place. Rachel said:

Well emotionally I was a mess because it was—now it's like I feel like I—that's when I kind of dipped into a depression. Depression was something I struggled with for most of my life, but this one was the...it was like the peak of depression because it was like a point—it was the first time I ever contemplated suicide because it felt like that was it. Like you know? It's like "my life is not going anywhere" So when I say freak out it was like emotionally it was just like, my head was a mess.

Bernice, discussed a conversation she had with a peer at school:

"You look like you used to be in care.... because just the way you present yourself, you're very shy and you're quiet and you're timid. ... I notice that a lot of the girls, like, foster siblings and stuff who I've lived with, a lot of them are very shy and quiet, so I anytime I see someone who's shy and quiet, I think that they're kinda scared to talk to people because they think they're gonna hurt them."

Valerie commented:

It's very depressive at first... But, yeah, going into care... I was very depressed I guess, yeah. And I was just having a hard time adjusting to being in care and I wasn't really comfortable with the idea. So, yeah, I closed myself off to a lot of people.

Angela referred to the long-term effects on her mental health:

It was hard. I had a lot of like visits with my mom, and stuff like weekend visits.

Almost every weekend or every other weekend but I always felt like, like I would come home from visit, and I would feel kind of lost being back home like every time, like, and they say that about like little kids, but I was feeling this like even at 16.

Martha's statements quite powerfully explicated the realities of 'care' placements:

I'm sure there's some paperwork for like your last visit with your worker before they're like Yes, you take care now, yeah that was a great life see you later... I can only imagine the stories of what has, what happens to people in care that find permanency, and don't find permanency. Like. I have yet to meet very many that have any sort of like stability in comparison to other people in their life...

4.5. Exposure to the Traumas and Suicidal Behaviours of Other Youth

The participants noted that many of the children who are placed in foster care are dealing with various challenges, and when several of them are placed in the same home, this has the potential to increase exposure to and exacerbate their initial traumas. Some also commented that children in foster homes are unlikely to receive counselling supports to address the vicarious forms of trauma they witness (see Table 1). Angela said:

I think I saw a lot of traumas that I wouldn't have seen, I took on a lot of other kid's problems to listen to their stories, see their behavioural problems in the home. well, yeah, lots of trauma.

Angela continued:

Like if another kid, another kid in the home it actually did happen. She self-harmed. She had problems with this, and like one night, I guess she well, she did.

She cut herself bad, and she came knocking on my door and It's just come out and she's split all over it. I run upstairs, got my foster mom and she didn't even take her to the hospital. She's a trained nurse so she just said. "Here, hold this together!", and she put a butterfly, couple of butterfly band-aids on and I'm like what the heck, this girl has problems. She needs help.

Referring to her exposure to suicide, Rachel said:

I know I had a friend when I was young who used to like cut herself and for a while I did it just like, I know. I just did it just to like to hurt myself like I wasn't like she definitely did it to try to end her life several times, I know I wasn't trying to end my life at that time. But I definitely spend a lot of my life thinking about it... I don't even know what happened to that friend to be honest, I know, like last I knew she was alive.

Amelia also stated:

So after that time, when she attempted suicide, it was yet another incidence like that and there was an incident just before, like in that same year. Another girl had gone home from care, we'd been living together, and a month after she went home, her brother, her 12-year-old brother hung himself in his closet.

Overall, the interviews provided informative insights into participants' experiences and how their lives were affected by being in care. The following sections provide a more in-depth discussion.

5. Discussion

The current research has identified several themes that affirm the data in the US context, and provides insights into the unique contexts in Ontario, Canada, specifically regarding suicide-related attitudes and behaviours. The key themes underscore the complex and overlapping traumas that Black girls experience in OOHP. The impact of dysfunctional foster placements, the mental health impact of multiple placements, the failure to provide necessary mental health interventions and counselling are some key risk factors that resulted in their suicidal ideation. Further, they specifically highlighted the connection between their exposure to suicide-related behaviours in the foster care environments and how that precipitated their own suicidal thoughts and behaviours. These factors coalesce to destabilize the well-being of the girls and to increase suicidal behaviours.

The participants spoke of the dysfunctional foster families they were placed in and its relation to the complex traumas they experienced. Children placed in care are separated from the very connections that enable them to develop a holistic sense of self, to understand their culture, and to feel rooted in their community and the world. These connections are vital in allowing them to explore and experiment with varying aspects of their racial identities. Out-of-home placements emerge as a systemic form of oppression and anti-Black racism (Adjei and Minka 2018; Mohamud et al. 2021; Okpych and Courtney 2018; Oswald et al. 2009; Pon et al. 2011) that diminishes familial and community connections, which are key personal and environmental protective factors that support healthy growth and development in Black girls. Even more problematic is the placement in foster families that are sometimes less stable than their birth family and which fails to address the racial, cultural and personal needs of the children (Edwards et al. 2022). These placements have also been regarded as highly punitive and disciplinary, akin to a form of policing (Edwards et al. 2023a), which requires us to question or critique the concepts of 'care' that are imposed on Black children in OOHP (Stewart 2016). Stewart (2016) argues that 'the harm resulting from long-term placement in foster care is monumental' (p. 112) because of the lack of attachment to parents and communities, thereby resulting in ongoing mental health challenges. Similar to the participants in Stewart's study, the young women in this current study spoke of the facade of care that was presented by the foster families that obscured the abusive nature of the placements, which exposed them to more trauma and compromised their sense of security and care. This lack of connection, ongoing abuse, and failure to address their psychosocial needs has the potential to increase the girls' sense of alienation and hopelessness, thereby potentially increasing suicide-related thoughts and behaviours. Thus, any analysis of the experiences of Black children, youth and young adults who have been in OOHP must include an analysis of the systemic forms of violence that accompany the removal of children, the quality of the family placement, and the practices of workers and the agency policies that undergird those practices.

Another important issue that emerged from the research was related to the traumas of multiple placements. Children in care have higher rates of self-harm and are three to four times more likely to die by suicide than the general population (L. A. Brown 2020; Cohen et al. 2022; Newton et al. 2000), and adverse childhood events (ACEs), such as limited social supports, trauma, maltreatment and depressive symptoms, can compound their risk of suicidal behaviour. These adverse childhood experiences (ACEs) have been linked to increased adverse mental health outcomes, including depression (Sayyah et al. 2022) and suicide risk (Assari et al. 2017; L. A. Brown 2020; Goodwill 2021). Black girls who are placed in care, particularly those that experienced multiple placements, deal with multiple intersecting challenges and traumas that can exacerbate the initial presenting challenges that precipitated their removal from their homes and families and potentially increase their risk of suicide ideation and behaviours.

The experience of being in 'care' can create more instability and crisis than leaving the girls with their birth families and providing appropriate parental support and guidance. These intersecting experiences to which they were exposed prior to and particularly during foster placement can be understood as complex traumas, which can be defined as 'exposure to multiple, often prolonged or extended traumas over time' (Briere and Scott 2015, pp. 515–16), which and has the potential to lead to further personal crises. Wamser-Nanney and Cherry (2018) argue that complex traumas are often experienced during childhood, making girls more susceptible to and more likely to experience trauma-related challenges such as anxiety and depression.

Van Bergen et al. (2018), exploring the patterns of suicide amongst Black girls in Europe, revealed that the mother–daughter relationship is extremely important due to matrilineal family patterns within some communities, and that the severing of that relationship increases suicide ideation amongst Black girls. Other scholars have reported that Black girls experience significant traumas because of family separations, leading to higher rates of academic failure, lowered self-esteem and difficulty adjusting during their teenage years (Adam and Chase-Lansdale 2002). Shain (2019) indicates that there has been an increase in suicide attempts amongst Black girls because of the reduction in protective factors such as connection to family, community, and positive connection to their cultural and racial identity. Constantine (2006) argued that given the matrilineal nature of family relationships, the relationship between Black girls and their mothers is particularly essential to prosocial development. The current study supports the existing research and highlights the problem identified by the girls who spoke of the impact of the separation from their mothers, the attempts to rebuild the connection to community and the ongoing sense of disconnection from family and identity.

Scholars, including Bell Hooks (2015), have argued that the processes of integration or assimilation have removed the sense of communalism that was essential to the survival of Black people. They argue that transracial care removes the protective nature of membership in the Black community and compromises the development of racial identity (Chipungu and Bent-Goodley 2004; Turner 2016), assuming that the placement of Black children with white families is an acceptable OOHP option. However, a person's racial identity encompasses the attitudes and beliefs about the significance and meaning of being Black, and influences their sense of self and others in relation to racial markers (Mekawi et al. 2020). Disconnection from family, a weaker sense of ethnic identity, and limited or partial social supports (Hollingsworth et al. 2016; Lesane-Brown 2006) are all factors that can increase the risk of suicide ideation and attempts amongst Black young adults. Research has also revealed that negative life events and a sense of hopelessness increase suicidality amongst young women (Brooks et al. 2021; Keita 2007), and the interviewees experienced a sense of hopelessness because of the out-of-home placements.

The participants further stated that although they were removed from their homes and placed in care, they did not receive mental health interventions. Black girls' experiences of racism while in care compounded the pain and trauma that they experienced while in their birth families, thus increasing the possibility of depressive experiences and suicidality. If Black girls are removed from their families because welfare workers believe their home and family environments would not support their healthy development, one would assume that counselling support would be provided to ameliorate the presumed impact of the dysfunctional family environment. The separation from their parents and community and the placement in new and unfamiliar environments are multiple sources of trauma. The child welfare system's failure to provide counselling support reinforces the pattern whereby Black girls are less likely to be referred for mental health treatment (Shariff et al. 2025). The assumption that Black children are not in need of care or support, reinforces the adultification of Black girls and limits the willingness of those in positions

of authority, such as teachers and school administrators, child welfare workers and foster parents, to afford them the innocence of childhood. Moreover, this failure to recognize the traumatic impact of removal from their families limits workers' capacity to understand the behaviours of Black girls as forms of self-preservation and resistance to the systems, which they perceive as damaging to their sense of self (Goodkind et al. 2020a). Reynolds (2016) argues that the failure to understand the racial and gendered violence that pervades the lives of Black girls invisibilizes and pathologizes their resistance and cries for help. Black girls are being forced to save themselves through resisting systemic violence while their behaviours are regarded as oppositional, resulting in them being penalized and being moved to multiple homes. These behaviours, which are read as problematic, need to be reconceptualized as initial pleas for help before the emergence of suicide ideation, self-harm or suicide. The recognition and alternative reading of the behaviours of Black girls who are in pain can be a key factor in reducing suicide-related behaviours.

The participants underscored the importance of understanding the mental health impacts of being placed in care. Removal from their birth families, who are often impacted by the structural realities of poverty and whose parenting styles may differ from white, mainstream expectations, can lead to mental health crises (Tarren-Sweeney 2017). Furthermore, these placements are often in unfamiliar, predominantly white environments, and as scholars have noted, this disconnect from family and community connections, and lack of social integration can be linked to suicidal behaviour or suicide (Durkheim and Spaulding 1951; Mueller et al. 2021). Some participants referred to the lack of diversity in communities where they were housed, commenting that being one of the few Black children in a predominantly white space and the only Black child in white families positioned them as permanent outsiders, which affected their emotional and mental well-being. Some interviewees discussed the extent to which they were exposed to forms of trauma, including suicidal behaviours, commenting that they would probably not have encountered these issues if they had remained in their homes and with their families.

They females in this study referred to experiencing mental health challenges, feeling disconnected and depressed, which, according to Brooks et al. (2021), showed a predictive link between depression and suicide attempts. Building on Durkheim and Spaulding (1951) argument, suicide needs to be examined as an environmental issue rather than as an individual pathology or mental illness paradigm, particularly in relation to Black children and youth. The participants in this study did not indicate any form of suicidal ideation prior to being placed in care, thereby supporting the contention that the environmental precursors to suicide played a key role in the lives of these young women.

An approach to suicidality that privileges an individualist paradigm fails to incorporate systemic factors such as racism, oppression, and trauma, all of which affect the lived experiences of individuals and, in turn, their overall sense of well-being. Within a child welfare context, it is vital to examine the systems, policies and procedures that create an environment in which Black children may be exposed to a destabilizing ecosystem that lacks the protective role of family and community. If suicide is the result of social conditions, the intentional severing of children from their roots creates a vicious and highly oppressive social condition and creates an identity vacuum that becomes a risk factor.

5.1. Racially Affirming Models of Care

White (2016) contend that there is a need for 'insider knowledge' of those whose lives have been directly touched by suicide and suicidal behaviour. Further, the local knowledge of particular communities "are required to adequately (re)theorize suicide and its prevention" (White 2016, p. 4). Newton (1973) reasoned that any change to the circumstances of Black communities requires an attack on the establishment—which would

include its policies, rules, practices, etc.—and therein lies the concept of ‘revolutionary suicide’. He concludes:

Thus, it is better to oppose the forces that would drive me to self-murder than to endure them. Although I risk the likelihood of death, there is at least the possibility, if not the probability, of changing intolerable conditions. This possibility is important...and if premature death is the result, Combs et al. (2018) that death has a meaning...It is the price of self-respect. (Newton 1973, p. 3).

For children in care, due to the inability to connect with foster parents and the other co-morbid conditions they are forced to endure, suicide may emerge as a strategy for regaining a sense of self-control and ending the crises that pervade their lives. Participants in this study clearly indicated that out-of-home placements had devastating impacts on their sense of self and mental health, led to bouts of depression and exposure to suicidal behaviours, and also resulted in them contemplating suicide as a way of dealing with the difficulties, which, as Newton states, can be regarded as the ultimate form of resistance to the oppression they were living with. But this cannot be regarded as a viable option for Black children and their families. There are practices and strategies that can be implemented to reduce the incidence of removals and to provide racially and culturally appropriate supports (Davis et al. 2009; Shin et al. 2005; Townes et al. 2009). Truly caring for Black girls in care requires that they be provided with racially affirming care that protects them (Wang et al. 2013), supports their holistic growth and sense of self, and maintains connection to their communities (Street et al. 2012).

When Black children are removed from their homes, there are negative outcomes on their life trajectories, including an increased risk of suicidality (Okpych and Courtney 2018). We need to conceptualize and implement racially affirming models of care for Black children and families. Daniel (2025) identifies racially affirming models of care as interventions that prioritize the capacities and strengths of Black families and communities and enhance their racial identity and the outcomes of the interventions. The author identifies four key aspects of RAMCs, all of which can be tailored to meet the needs of different environments that serve Black families. These include: an examination of the systemic factors that impact communities; the incorporation of the historical and contemporary facets of Black communities; the use of language that positively frames Black communities; and the incorporation of African-centred approaches to care. This model of care can also be incorporated into the work that can be done with Black girls in care to reduce suicidal behaviours, and can be incorporated into all stages of care, from intake until they are discharged from care.

Farand et al. (2004) states: “The implementation of effective suicide prevention programs depends in large part on the identification of high-risk target populations” (p. 24). Although the young women interviewed for the present study had relatively stable outcomes, for example, being enrolled in school or being employed, they clearly articulated that the removal from their homes was devastating and had a permanent impact on their lives. Black children are not regarded as a population that needs protection from suicidal behaviour, but this project highlights the risk that they face, meaning that Farand’s key feature—identification of at-risk populations—is absent in child welfare cases. However, the overrepresentation of Black kids in care and the resulting outcome point to the need to include racially affirming models of care that include suicide risk screenings during the intake, assessment, screening and development of care plans for all youth in the foster system (Horowitz et al. 2021).

These stories, provided by those who survived the ravages of out-of-home care placement, paint a graphic picture of the devastating impact of out-of-home placements and the reality of child welfare involvement in Black family lives. They lost connections to families and their racial and cultural heritages, were subject to varying forms of abuse by

foster parents (Oswald et al. 2009) and lost their sense of their place in the world. They also referred to girls who could not survive the turmoil of being in care, many of whom became involved in the justice system (Goodkind et al. 2020b), drugs and the sex trade, some who became teenage mothers (Combs et al. 2018; King et al. 2017; Leve et al. 2013) and some who ultimately ended their own lives.

5.2. Strengths and Limitations

Each research project has strengths and limitations that should be highlighted. This study is the first of its kind in Canada that explicitly examines the experiences of Black young women and centres on the voice of these young women who have been in care. Secondly, this is the first study to examine the issue of exposure to suicide-related behaviours as a possible risk factor for Black girls who have been placed in out-of-home care. Additionally, the study centres on the issue of suicide amongst Black girls, which has received limited research within the Canadian context, although this issue is considered to be a crisis in the American context. Finally, the research underscores the need for child welfare authorities and foster parents to be trained to address the specific mental health needs of Black children and youth and to ensure that the interventions are racially affirming to foster positive racial identity development.

There are several limitations to this study, including the sample size, the inclusion of only females, and the omission of issues related to sexual orientation or gender identity. Furthermore, given that this is a qualitative project, the results cannot be generalized to larger population samples, nor can the data be compared to other population groups. However, the research provides indications regarding future research directions that should centre on the needs of Black youth and young adults, and the traumas related to being removed from their families and communities. Additionally, the research underscores the need for race-based data related to suicide in Black populations.

6. Conclusions

There has been a consistent increase in suicides amongst Black youth and adolescents because of risk factors such as racism, loss of community culture and connectedness, family dysfunction and anti-social behavioural involvement (Talley et al. 2022). Black suicide is now the third leading cause of death amongst Black youth and young adults, although they have typically had lower rates than whites (Mattes 2024). However, D'Arrigo (2025) argues that Black girls and young women are at increasingly higher risk of suicidal ideation. These changes can be attributed to the preponderance of risk factors, including racism, economic challenges, exposure to violence and family instability, which are often caused by structural conditions and continue to erode that gap.

The increase in suicide attempts amongst Black girls may be further precipitated by the reduction in protective factors such as connection to family, community, and positive connection to their cultural and racial identity, which is supported by the data from this current study. The reality is that out-of-home care placements exacerbate risk factors and reduce protective factors, thus placing Black girls at increased risk for troubling long-term outcomes. Out-of-home placements, all couched in white workers' mainstream notions of care, harm their mental health and well-being, which can result in worse outcomes except in cases with the most perilous of circumstances. The absence of racially affirming models of care emphasizes the need for ongoing research and programming that is needed to address the public health crisis associated with Black youth suicide.

A comprehensive analysis of the experiences of Black children, youth, and young adults who have been placed in care must include an analysis of the systemic forms of violence that accompany the removal of children, which involve the practices of workers and the agency policies behind those practices. Failure to implicate these various forms of

violence also hides the forms of resistance that individuals engage in before the act of suicide. Given the disproportionality of Black children removed from their homes and the negative outcome this experience has on the life trajectories of children, including the increased risk of suicidality, it is vital to conceptualize and implement racially affirming models of care (RAMCs). Racially affirming models of care can emerge as a theory and practice model for supporting Black children and families and can contribute to changing worker practices in child welfare organizations.

The data from the current study emphasize the need for research that specifically reflects the experiences of Black girls while in care, provides supports that will address the initial traumas, and reduce their involvement in suicidal behaviours. The narratives provided by the young women provide a jarring view of the exposure to trauma they experienced in out-of-home care and point to the need for policies and practices to address these issues. Child welfare workers, foster families and youth service workers who provide support for Black girls need to advocate for safe homes, counselling services and ongoing monitoring of foster placements to ensure that the girls are truly protected and cared for. It is only in circumstances where the girls experience enhanced quality of care that child welfare agencies and their workers can make the argument that these girls are better served outside of their families and communities. Child welfare legislation needs to be adapted to ensure that support is provided for families to increase the opportunities for Black children to remain in their families and communities. This study makes a key contribution to the literature regarding the mental health of Black girls and young women and the need to rearticulate conceptions and practices of care. It emphasizes the need for research on suicide in Black communities.

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