

**“Racism and its harmful effects on non-dominant racial-ethnic youth and youth-serving providers :**

**A Call to Action for Organizational Change”**

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**Executive Summary/Abstract:**

Racism can exert negative effects on the self-concepts, health and well-being, and life trajectories of both non-dominant racial-ethnic (NDRE) youth and youth-serving providers. In the face of growing nationalism, ethnocentrism, xenophobia, and overt expressions of racism, the Society for Adolescent Health and Medicine (SAHM) recognizes the critically important need to address the issue of racism and its impact on both NDRE youth and youth-serving providers. Organizations involved in clinical care delivery and health professions training and education must recognize the deleterious effects of racism on health and well-being, take strong positions against discriminatory policies, practices, and events, and take action to promote safe and affirming environments. The positions presented in this paper provide a comprehensive set of recommendations to promote routine clinical assessment of youth experiences of racism and its potential impact on self-concept, health and well-being, and for effective interventions when affected youth are identified. The positions also reflect the concerns of NDRE providers, trainees, and students potentially impacted by racism, chronic minority stress, and vicarious trauma and the imperative to create safe and affirming work and learning environments across all levels of practice, training, and education in the health professions. In this position paper, SAHM affirms its commitment to foundational moral and ethical principles of justice, equity, and respect for humanity;

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acknowledges racism in its myriad forms; defines strategies to best promote resiliency and support the health and wellbeing of NDRE youth, providers, trainees, and students; and provides recommendations on the ways to best effect systemic change.

**Position Paper:**

This position paper addresses the current global wave of racism and its impact on the self-concept, health and well-being, and life trajectories of both NDRE youth and NDRE youth-serving providers.

There has been a substantial shift from globalism to nationalism following the global recession of 2008 and increasing migration of populations from countries traumatized by war and famine in recent years.

This change is evident in an increasing number of countries adopting a range of political, social, and economic policies that prioritize protecting individual interests and maintaining national identities based on shared characteristics of the dominant ethnic groups, such as culture, language, race, and religion. An increase in hate crimes directed toward youth from cultural and linguistic minority groups and immigrant and refugee backgrounds has occurred with this shift, affecting hundreds of millions of youth globally (1). The United Nations has called for renewed action against ‘contemporary forms of racism, racial discrimination, xenophobia and related intolerance’ in the face of this troubling trend (1).

Race is a constructed social category, designed to stratify people and establish meaning in a social context. Racism encompasses a web of economic, political, social, and cultural structures, actions, and beliefs that systematize and ensure an unequal distribution of privilege, resources, and power in favor of the dominant racial group and at the expense of all others. As a form of bias against social groups, racism encompasses three related but separate aspects: prejudice (emotional bias), stereotypes (cognitive bias), and discrimination (behavioral bias). Prejudice refers to an emotional reaction to another individual or group based on preconceived ideas about them. Stereotyping is the projection of an individual’s thoughts, beliefs, and expectations onto another individual without first obtaining factual knowledge about them. Discrimination is the action of denying equal rights based on prejudice and

stereotypes (2) . In this paper, the term racism is used to encompass these aspects of emotional, cognitive, and behavioral bias.

A theoretical framework for racism describes it on three levels:

- Structural racism (also called Institutional) is the differential access to goods, services, and opportunities based on race. It manifests as inherited disadvantage when discriminatory policies become integrated into Organizations.
- Personally mediated racism occurs when prejudice results in discrimination. Racist behaviors can be intentional, unintentional, acts of commission, and/or acts of omission.
- Internalized racism is acceptance by members of stigmatized races of negative messages about their own abilities and intrinsic worth.

This paper is not a clinical guideline about assessment and intervention for youth affected by racism, nor is it a systematic review of the range of approaches that address racism, chronic minority stress, and vicarious trauma among NDRE providers, trainees, and students. Instead, it is a call to action that emphasizes the need to develop, implement, and evaluate interventions, policies, and practices through participatory, system-wide approaches informed by promising practices and the best available evidence. These recommendations are intended to be applied by organizations, training institutions, or direct service agencies, which have as their final mission to improve the wellbeing of youth. It is intended to catalyze action and activation for all the individual members at any level of the organization to lead change. Despite recognition of the myriad manifestations of racism and its profound effects in our society, there is an unacceptable research and translational gap resulting in a limited understanding of how to intervene against racism and promote resiliency (3).

The Society for Adolescent Health and Medicine (SAHM) endorses the following positions:

1. Organizations, providers, researchers, and policymakers should recognize that racism negatively affects the self-concept, health and well-being, and life trajectory of both NDRE youth and youth-serving providers.
2. Organizations should consider and address racism as a form of structural violence.
3. Organizations should reaffirm their commitment to justice and equity and actively develop, implement, and evaluate policies and processes to ensure that racism is not embedded systematically.
4. Youth-serving Organizations should explicitly convey their views against racism and create safe, welcoming spaces for all.
5. Organizations should develop, implement, and evaluate interventions at all levels addressing chronic minority stress and vicarious trauma affecting NDRE providers.
6. Organizations should develop, implement, and evaluate interventions at all levels addressing chronic minority stress and vicarious trauma affecting NDRE trainees and students.
7. Organizations should develop, implement, and evaluate training for providers to routinely explore and address racism with all youth and effectively intervene when they identify affected youth (particularly NDRE youth).
8. Providers caring for youth should integrate promising interventions to address racism as part of routine evaluation and in response to identified aggression.

**STATEMENT OF PROBLEM:**

Racism can exert adverse effects on self-concept, health and well-being, and life trajectories of both NDRE youth and NDRE youth-serving providers. In the face of growing nationalism, ethnocentrism, and xenophobia, there is urgency in guiding how to address the health consequences of these social forces.

**METHODOLOGY:**

In developing this Position Paper, the authors relied on a review of the literature and expert consensus.

## **POSITIONS:**

### **1. Organizations, providers, researchers, and policymakers should recognize that racism negatively affects the self-concept, health and well-being, and life trajectories of both NDRE youth and youth-serving providers.**

Racism affects health throughout the life course. Stress during prenatal and perinatal periods has been associated with increased risk for many adverse outcomes in infants and children (4). Racism directly affects postnatal health and development through myriad mechanisms (5) (4) (6) (7) and can also affect individuals indirectly through secondhand exposure, referred to as vicarious trauma (8). Researchers have conceptualized the impact of racism across the lifespan as chronic trauma.

- Organizations, researchers, policymakers and providers need to prioritize recognizing and addressing racism and its toll on the health, well-being, and development of both NDRE youth and youth-serving providers. It is critical that they take strong positions against discriminatory policies, practices, and events and join the interdisciplinary work of promoting safe and affirming environments where all individuals from diverse backgrounds thrive.

### **2. Organizations should consider and address racism as a form of structural violence.**

Structural violence refers to systematic ways in which social structures place avoidable limitations on groups of people that constrain them from achieving the quality of life that would have otherwise been possible and deny them the opportunity for emotional and physical well-being (9). Structural violence must be viewed as a social injustice as it creates structural vulnerability affecting individuals in various social classes differently. Structural racism is one form of this violence (9).

- Organizations should 1) embrace social justice leadership principles that involve active listening, 2) create safe spaces for crucial conversations about race and racism, 3) apply collective participatory strategies that involve defining and deciding on the nature of issues and their solutions, as this is the best way to counter years of systemic oppression, 4) explore unconscious biases, and 5) recognize and honor cross-cultural communication differences (10).
- Organizations should incorporate a strengths-based approach with NDRE groups, recognizing the resilience developed in their personal journeys.

**3. Organizations should reaffirm their commitment to justice and equity and actively develop, implement, and evaluate policies and processes to ensure that racism is not embedded systematically.**

Racism is a pervasive problem that permeates every socio-ecological sphere (5). Racism creates power imbalances that can diminish social inclusion as it “leads to incomplete citizenship, undervalued rights, undervalued recognition and undervalued participation” and creates a culture of oppression (11).

- Health professions schools and training programs should ensure a commitment to diversity, justice, and equity among their students, faculty, staff, and administration and demonstrate authentic acceptance of individuals from diverse backgrounds through the following approaches (12):
  - Diversity policies and practices that include strongly articulated and enforced positions against racism.
  - Recruitment, admissions, retention, and professional development programs and initiatives that monitor for and avoid racism.
  - Robust networks for support and mentorship of NDRE students, trainees, and faculty.

- Representation of NDRE students, trainees, and faculty in leadership positions, including institutional committees, boards, and advisory councils. Institutional leaders should regularly assess the composition of these groups to ensure the participation of underrepresented professionals from non-dominant groups.
- Promotion of an environment with inclusive speech and open, transparent discussion about power and race (13).
- Regular training for students, faculty, and staff on critical principles of diversity and equity.
- Competency-based curricula that directly address racism and allow trainees and students to recognize and address it when it occurs.
- Ensuring that research, teaching, and service provision accommodate professional interpreters and/ or translation of materials as appropriate.

**4. Youth-serving Organizations should explicitly convey their views against racism and create safe, welcoming spaces for all.**

Organizations must explicitly pledge to provide equitable care in ways that are visible to youth, families, and the broader community.

- Agencies should use multiple strategies to indicate their views against discrimination and create welcoming spaces for all youth and families. Examples include 1) posting their mission statement, 2) reflecting diversity in signs and advertisements, 3) creating materials and intake forms that are culturally-informed, 4) advertising the availability of interpreters and cultural navigators, and 5) offering collective communicative spaces for dialogue and praxis (14) (15).

**5. Organizations should develop, implement, and evaluate interventions at all levels addressing chronic minority stress and vicarious trauma affecting NDRE providers.**

NDRE providers are more likely to practice in medically underserved areas and provide care for NDRE youth and marginalized populations. These providers may not only carry personal histories of primary trauma from experiences of racism associated with their group memberships but may also experience vicarious trauma and secondary traumatic stress from the cumulative burden of their clinical activities. Additionally, their experiences of isolation in professional settings, where they remain underrepresented, are well-described (7) (16). Programs that mitigate chronic minority stress and vicarious trauma may be able to promote provider resilience and reduce compassion fatigue and provider burnout.

- Organizations must address racism that is enacted by members of the institution as well as by the youth and families that NDRE providers serve.
- Given the extensive gap in research on effective interventions addressing chronic minority stress and vicarious trauma affecting NDRE youth-serving providers, future studies assessing individual and system level interventions are required.
- Organizations should utilize participatory approaches in developing, implementing and evaluating policies and processes that address provider experiences of racism.

**6. Organizations should develop, implement, and evaluate interventions at all levels addressing chronic minority stress and vicarious trauma affecting NDRE trainees and students.**

NDRE trainees and students may also encounter racism at multiple levels (17). The lack of role models and lost opportunities for mentorship from diverse faculty may influence learners' sense of belonging within their programs, their views of themselves as future health professionals, and their career



pathways. Learners may also encounter personally mediated forms of racism through actions or inactions in youth-provider, learner-learner, and faculty-learner encounters that reflect those that exist in broader society. Learners may also experience internalized stigma, accepting external negative messages about their own abilities, potential, and intrinsic worth.

Institutional climate exerts a profound effect on the quality of the educational experience and influences the sense of comfort and security of learners.

Health professions schools and training Organizations must (10):

- Create welcoming climates that value and support all learners through participatory processes.
- Maintain awareness of potential racism and vicarious trauma in their respective settings.
- Develop individualized and system level strategies to support learners who have experienced racism and vicarious trauma.
- Engage all learners as allies by increasing their awareness, sensitivity, and skills for responding to racism and vicarious trauma.
- Utilize participatory approaches in developing, implementing, and evaluating policies and processes addressing learner experiences of racism. (10)

**7. Organizations should develop, implement, and evaluate training for providers to routinely explore and address racism with all youth and effectively intervene when they identify affected youth.**

Organizations need to develop, implement, and evaluate training for providers to explore, address, and intervene against racism based on the limited body of evidence and best practices.

- Training for providers should:
  - Include content on unconscious and conscious bias and privilege (18) (11).

- Highlight health inequities and the contributions of racism to the existence and persistence of these inequities (19).
- Shift focus beyond the specific cultural characteristics of racial and ethnic groups to the general culture of privilege and oppression (7).
- Emphasize structural competency, which is the trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases also represent the downstream implications of many unequally distributed upstream barriers and structural violence (9).
- Stress youth engagement and community-based participatory processes, including Youth Participatory Action Research (YPAR), to create youth-centered and led practices (20).
- Include grassroots advocacy training and opportunities for youth and providers to develop as advocates for social justice and health equity (21).

**8. Providers caring for youth should integrate promising interventions to address racism as part of routine evaluation and in response to identified aggression.**

Identity development is a fundamental task of adolescence and occurs across multiple areas of self-identification. Racial-ethnic identity encompasses one's identification with and feelings of psychological attachment toward a racial-ethnic group. The process and outcomes of racial-ethnic identity development are influenced by many forces from the different spheres that surround youth, the summative effects of which can range from stress and internalized racism to the development of positive racial-ethnic self-concepts, resilience, and health (22).

Promising interventions include:

- Creating welcoming spaces in encounters with youth to listen to the process and outcomes of their identity searches and the tensions that this journey could bring (21) (22).
- Translating anti-racism and anti-oppression practices used in mental health to other settings as part of a platform to create inclusive practices (23)(24).
- Adopting best practices from the field of bullying prevention and intervention to identify how to best coach youth and bystanders to respond to racial aggression.
- Using trauma-informed care principles to develop tools to explore and address youth's experiences of racism. Strategies to promote healing and resiliency include 1) fostering positive relationships and connections, 2) building youth's skills to identify difficult emotions arising from experiences of racism, 3) validating their feelings and emotional responses to such experiences, 4) using self-reflection to allow youth to narrate their stories, and 5) using mindfulness to develop their capacity to reflect on their feelings and start deconstructing internalized racism (25).
- Engaging all youth to be allies by increasing their awareness, sensitivity and skills for responding to racism and vicarious trauma.
- Promoting participatory processes in clinical care and research to amplify youth voices and engage youth in action, focusing on programs that promote school achievement, civic engagement, and civic leadership, which are associated with positive youth outcomes (9).

### **SUMMARY/CONCLUSION:**

Racism is a pervasive, preventable problem that exacts a significant toll on the self-concepts, health and well-being, and life trajectories of both NDRE youth and youth-serving providers. SAHM recognizes the urgent need to develop, implement, and evaluate policies, practices, and interventions through collective, system-wide action. Given the unacceptable lack of research on effective interventions and

best practices to promote resiliency and address racism, chronic minority stress and vicarious trauma affecting both NDRE youth and youth-serving providers, future studies that assess promising individual and system level interventions are urgently needed to promote social justice and health equity. (3)

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