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Position paper

Racism and Its Harmful Effects on Nondominant Racial–Ethnic Youth and Youth-Serving Providers: A Call to Action for Organizational Change

The Society for Adolescent Health and Medicine



A B S T R A C T

Racism can exert negative effects on the self-concepts, health and well-being, and life trajectories of both nondominant 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 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, Society for Adolescent Health and Medicine affirms its commitment to foundational moral and ethical principles of justice, equity, and respect for humanity; acknowledges racism in its myriad forms; defines strategies to best promote resiliency and support the health and well-being of NDRE youth, providers, trainees, and students; and provides recommendations on the ways to best effect systemic change.

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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 nondominant racial–ethnic (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 [2].

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

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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 their final mission to improve the well-being 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 endorses the following positions:

- 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.
- Organizations should consider and address racism as a form of structural violence.
- 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.
- Youth-serving organizations should explicitly convey their views against racism and create safe, welcoming spaces for all.
- Organizations should develop, implement, and evaluate interventions at all levels addressing chronic minority stress and vicarious trauma affecting NDRE providers.
- Organizations should develop, implement, and evaluate interventions at all levels addressing chronic minority stress and vicarious trauma affecting NDRE trainees and students.
- 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).
- Providers caring for youth should integrate promising interventions to address racism as a 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 an 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 [4–7] 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.

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