Six Recommendations to Create Safer Spaces for Young People

Inclusivity is much more than inviting people into your space. It requires providers to check biases, have cultural humility, create norms and expectations, use inclusive language and adopt a trauma-informed, resilience-oriented lens. These guidelines contribute to creating a space that conveys safety, acceptance and belonging.

1. CHECK YOUR BIAS

- **What is bias?** Bias is a preference for or against people or things.[1] There are many types of biases including those based on religion, race, gender, ethnicity and socio-economic status.[2] Everyone has biases, explicit or implicit, that shape their perspective and affect their judgment and behavior. For example, an individual may have an implicit preference for one racial or ethnic group over another, meaning they are not aware of their bias. When working with youth, it is especially important to learn to recognize these biases and challenge those that disrupt inclusivity and acceptance.

What can you do? Start to examine your own biases and recognize where they may come into play when interacting with others, particularly young people. Ask for feedback from other professionals if you are unsure where to begin. It may also help to try a bias exercise, such as this activity about salient identity:

- How has this part of my identity shaped who I am in this moment?
- What have been key experiences that have shaped this part of my identity?
- What is the level of cultural privilege associated with this part of my identity?
- What have I been taught to think about myself and others based on this part of my identity?
- How might certain biases I hold have been shaped by any of these?[3]

2. BUILD CULTURAL HUMILITY

- **What is cultural humility?** Cultural humility is an active component of a safe space. Cultural humility, introduced in 1998, is a life-long and ongoing process of self-reflection and self-critique to build honest relationships.[4] It helps providers respectfully work with people who are culturally, racially and ethnically diverse by requiring an examination of one's own beliefs, biases and cultural identities. While there are similarities, cultural humility is not the same thing as cultural competence, which focuses on learning about and examining another's belief system to acquire the necessary knowledge and skills to work effectively with people cross-culturally.[5]

What can you do? To build cultural humility, start by building an understanding of young people's experiences, exercising self-reflection, recognizing their power and privilege, becoming comfortable with not knowing and adjusting the existing culture of a program as needed to create a welcoming environment.[6]

- Build knowledge of cultural humility and cultural competence with articles such as Providing Culturally Competent Mental Health Care to LGBTQIA+ Youth and Young Adults

3. CREATE NORMS AND EXPECTATIONS

◼ **What are norms and expectations?** Norms and expectations are often unwritten rules, beliefs and attitudes that are considered acceptable in a particular social group or culture. They set the stage for positive interactions. Norms should include establishing the right for youth to be heard, with expectations of respect and confidentiality.[7] Continuity and predictability are also essential pieces of maintaining a safe space. This includes upholding any commitments to being present and available without distractions during specific times or spaces. Young people need reliable and consistent adults in their lives. Safety is grounded in trust and trust is critical to engagement.

What can you do? Start by creating positive norms and expectations each time you begin communication with youth, including asking permission before taking action, shared decision-making and autonomy. When establishing these norms, be sure to establish common definitions.[8] This can happen verbally in conversation or in written form, such as hanging posters, that promote inclusivity and helps remove ambiguity by allowing you to act with the same definitions. Consider creating a written declaration of values to place in a visible location, as well.[8] Establishing boundaries can be another form of creating norms and expectations. Trusted adults and providers should create guidelines for managing emotional, physical and professional boundaries. This protects the safety of both people involved in conversation or professional care.[9] Behavior expectations related to boundaries should be clearly stated and reinforced.

4. CONFIDENTIALITY

◼ **What is confidentiality?** Confidentiality means safekeeping personal information that is disclosed in private interactions by not sharing that information with others. Confidentiality helps protect a young person's health information and personal privacy and is vital to building trust. It is especially important for LGBTQ+ youth. Many young people will not share personal information if they know it will be shared with their parents and LGBTQ+ youth risk being unwillingly outed.[10]

What can you do? If you are a mandatory reporter, be clear before the conversation gets underway about what information you are required to share, why you have to share it and with whom. Follow with an open-ended question that invites collective learning such as, "What, in your own words, is your understanding of this?" or "What questions do you have?" To learn more about regulatory considerations, state privacy and minor consent laws and how to discuss confidentiality with youth and parents/guardians, check out this resource for more information.

5. USE INCLUSIVE LANGUAGE

■ **What is inclusive language?** Inclusive language means using culturally sensitive terms and non-stigmatizing, person-first language.

What can you do? You can begin by using person-first language. Avoid prejudicial or stigmatizing language. If you aren't sure about something, consider looking it up or asking a colleague.

■ Person-first language puts the person before diagnosis or descriptor, reinforcing personhood rather than identities. For example, person first language is "people with disabilities" rather than "the disabled" or "person with substance use disorder" rather than "addict."[13] Listen to how the young person refers to themselves and if uncertain, ask them how they'd like to be referred to.[14]

■ Avoid expressions or idioms that may be unknown or confusing internationally, regionally, or generationally, or processed differently by some individuals who identify as on the neurodivergent spectrum. Examples of phrases to avoid include "piece of cake," "play by ear" or "cat's out of the bag" as their intended meaning is not literal.

■ **Affirming youth's gender identity and sexual orientation is a key part of inclusion.** One way to affirm gender identity is by asking and honoring the pronouns and names of LGBTQ+ youth and young adult clients.[10] Don't assume you know a young person's pronouns based on their appearance or name. Share your own pronouns and invite them to share what name and pronouns they use, if they would like. Avoid asking their "preferred" pronouns/name, as this implies that other pronouns/names are acceptable, and simply ask their pronouns/name. If you misgender a young person and they correct you, own up to your mistake and make the correction. Be aware that the pronouns/name they are comfortable using with you may not be ones they use with their family as they may not be ready to share their pronouns or name with their family. Ask how they would like to be addressed in front of family. Be aware that they may not be comfortable sharing pronouns at all, and that they should not feel pressured to do so. Review your intake forms to ensure inclusivity in the options provided. Gender questions should look beyond the binary, including gender non-conforming identities such as nonbinary or two spirit, and allow for multiple selections.

» Don't make assumptions about biological parents (e.g., mom and dad), consider gender neutral terms such as guardian, parent, caregiver, grownup or responsible adult instead. This applies to other gendered relationships as well. Use gender neutral terms when possible (e.g., partner rather than husband/wife, person instead of man/woman, youth instead of boy/girl). You can also provide visual safety cues such as inclusive posters, pronouns, or materials that depict different types of people and relationship structures.

» Share resources, when requested, such as Resources for LGBTQ Youth by State.

LANGUAGE GUIDE

6. ADOPT A TRAUMA-INFORMED, RESILIENCE-ORIENTED LENS

What does it mean to be trauma-informed, resilience oriented (TIRO)? A TIRO approach to care incorporates the realization of trauma and the significant effects trauma can have on an individual, family, organization and community; recognizes the signs of trauma; responds universally in a trauma-informed way with practices embedded throughout the entire organization or community; and resists re-traumatization that at times can be triggered by unintended stressful and toxic environments.

What can you do? Trauma-informed care shifts the perspective from "What is wrong with you?" to "What happened to you?" and further reflections of "What didn't happen?" This perspective supports not only safety, support and connection, but also realizes that there is a neurobiological response to trauma.[11] Trauma-informed care key principles are safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical and gender issues.[12] One way to lean into these principles is to create a sense of belonging and collaboration. This could mean providing opportunities for anonymous engagement, such as having blank pieces of paper or a question box available for questions[7] and developing a list of local resources for mental health, substance use, positive social activities and other social services supports.

Experiences linked to inclusion

I am asked my opinion.

I am listened to.

I am able to provide ideas, suggestions and recommendations.

I participate in decision-making that affects me.

I feel like I belong (am included).

INCORPORATING TRAUMA-INFORMED CARE

1. Involve patients in the care process.
2. Screen for trauma.
3. Train staff in trauma-informed care approaches.
4. Engage referral sources and partnering organizations.

Other examples of TIRO care in practice might be not forcing youth to talk about trauma and waiting to inquire until they are ready and understanding that trauma manifests differently for individuals. For more information about trauma-informed care, please check out the National Council for Mental Wellbeing Trauma-informed Care Screening and Assessment webpage. For support implementing trauma-informed care into practice, refer to this issue brief by the Center for Health Care Strategies, Key Ingredients for Successful Trauma-informed Care Implementation.

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