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The Intersection of Educational and Cognitive Diversity Factors for Girls Impacted by the Carceral System

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KEYWORDS

- Juvenile legal system • Cognitive diversity • Disproportionality • Discipline • Gender
- Adverse childhood experiences • School-prison nexus

KEY POINTS

- The role of trauma and disability must be considered to ameliorate the disproportionality of girls of color in school discipline and in carceral settings.
- When working with girls who are systems impacted in school, clinical, and carceral settings, providers must consider the role of disability and each girl's ability to adhere to school norms and access to behavioral health interventions.
- Accurate early screenings of girls' educational needs can help mitigate potential challenges in their academic trajectory.
- Aligned with systems of care principles, girls should be intentionally invited into individualized education plan and diagnostic meetings and given meaningful opportunities to guide the process.

INTRODUCTION

The most recent national records on juvenile legal system involvement report that 549,500 cases were reported to juvenile court in 2022, and of those 24% were for girls, most often for noncriminal status offenses such as truancy, running away, and curfew violations rather than violent crime.¹ Even as numbers decrease overall for youth in juvenile detention, the numbers of girls arrested is on the rise.² This article presents the unique risk factors for girls' legal system involvement in disaggregated summaries of the literature, and as illustrated by 2 case studies, to better understand clinical needs of system-involved girls.

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Abbreviations

ACE	Adverse Childhood Experience
CRT	Critical Race Theory
HIV	Human Immunodeficiency Virus
IEP	Individualized Education Plan
LGBTQ	lesbian, gay, bisexual, transgender, queer
NLSY97	National Longitudinal Survey of Youth
PTSD	post-traumatic stress disorder
TF-CBT	trauma-focused cognitive behavioral therapy

DISPROPORTIONALITY IN HARSH SCHOOL DISCIPLINE, JUSTICE INVOLVEMENT, AND DISABILITY

Black, Latinx, and Indigenous youth regularly face disproportionate discipline in schools across the United States.^{3–5} Further, punitive school level discipline has been linked to the legal system as youth who become suspended, expelled, and school police involved, are more likely to become incarcerated.^{5–7} Although the literature on disproportionate discipline and mediating policy typically focuses on the experiences of boys, these disparities are ever-present among Black girls and girls of color, particularly those with disabilities.^{8,9} Despite increased exposure of disproportionate disciplinary practices and responding changes in school practices, Black girls continue to be overly disciplined in school.^{10,11} Black girls are more likely to receive suspensions and expulsions for subjective behaviors and more likely to qualify for special education and be classified as having an emotional disability compared with white girls.^{12,13} Further, as overall juvenile incarceration rates have decreased in recent years, incarceration rates for girls of color remain consistent.¹⁴ The various layers of disproportionality for girls of color speak to the urgent need to consider how disciplinary systems, policies, and practices uniquely influence girls.

Morris¹⁵ explored the disproportionality of Black girls in school discipline and juvenile legal system involvement by using qualitative methods including personal narratives. She described how Black girls are pushed out of school through suspensions and expulsions implemented through racial biases and gender-based stereotypes. Annamma and colleagues¹² also identified the over-representation of Black girls in discipline and found that Black girls were more likely than girls of other racial/ethnic backgrounds to be disciplined for behaviors that were subjective and based on teachers' perception of inappropriate behavior, while Morris¹⁶ found that Black girls were disciplined for unladylike behavior such as being loud. Taken together, the researchers' findings indicate clear bias against Black girls and a misunderstanding of their behavior and expression. Girls of color with disabilities experience multiple marginalizations, facing racism, sexism, and ableism as they navigate a complex education system that carries a history of bias against them.

Given the over-representation of youth with disabilities in the juvenile legal system, the role of disability among girls must be considered to understand the ways in which systems produce inequity. Moreover, researchers have speculated that minoritized youth are more likely to have unaddressed learning disabilities, an experience exacerbated by racial discrimination, as well as by gender, ethnic, and socioeconomic divides that facilitate the school-prison nexus.¹⁷ Many students have invisible disabilities, such as specific learning disabilities, emotional disturbance, post-traumatic stress disorder (PTSD), or attention deficit/hyperactivity disorder.^{18,19} According to a study using national data, Black girls with disabilities had the greatest over-representation of out- of-school and in-school suspension.²⁰ Despite the over-representation of youth

with disabilities of all genders in school discipline and the carceral system,²¹ the intersection of disability with legal system involvement is often overlooked. Youth with disabilities are more likely than their peers without disabilities to recidivate, as they are more likely to experience ongoing learning and mental health problems and lapses in treatment and support.²² Thus, the influence of disability should be more widely considered in studies aimed to understand and ameliorate the school-prison nexus.²³ The limited empirical data on the relationship between school discipline, legal system impact, and learning disabilities limits the ability to interrogate the systematic failures that push racially minoritized youth with learning disabilities into the legal system and prevents physicians from providing appropriate care.

THE SCHOOL-PRISON NEXUS

To explore the intersection of discipline and disability it is necessary to understand the relationship between schools and prisons. Surveillance and exclusionary practices such as classroom exclusion, suspension, expulsion, and policing are common in schools that serve historically marginalized students of color.^{5,24} The school-prison nexus describes the set of policies, practices, and ideologies that link schooling and prison institutions in ways that distinctly impact Black, Latinx, and Indigenous students, compounding other forms of structural inequality.²⁵ Although the school-to-prison pipeline describes a linear trajectory from school to prison, the school-prison nexus describes a complex interaction of multiple systems and factors that directly impact minoritized youth of color, particularly those with disabilities.

Annamma and colleagues recognized the complexity of examining race and disability in the context of disproportionate discipline.²⁶ To support in the examination of this intersection, they developed DisCrit, a theory that explores ways in which race and ability are socially constructed and interdependent. DisCrit brings together concepts from critical race theory (CRT) and disability studies to examine the processes in which students are simultaneously raced and dis/abled. Further, DisCrit holds emphasis on intersectional identities such as race, disability, gender, and sexuality while recognizing the psychological influence of being labeled and experiencing ableism and racism. The authors use DisCrit and the school-prison nexus as frames to explore how disability misidentification and underidentification, gender, and race intersect and influence system-impacted girls.

THE SCHOOL-TO-PRISON AND ABUSE-TO-PRISON PIPELINES FOR GIRLS

Numerous studies document the association between school suspensions and higher odds of incarceration, including a longitudinal analysis of 15 waves of the National Longitudinal Survey of Youth (NLSY97) that found high impact of punitive school discipline on the life course.²⁷ Further, researchers have identified the intergenerational impact of harsh discipline and bias in the US system of mass incarceration.²⁸ Although research indicates higher risk for boys, regarding the association between school suspensions and adult incarceration, these patterns are nonetheless targeted toward minoritized girls also. A study of juvenile justice records ($n = 13,526$) for Florida found that Black girls with juvenile justice involvement had increased likelihood of disorderly conduct referrals at school, controlling for adverse childhood experiences (ACEs), substance use, academic performance, other system involvement, and mental health factors.²⁹ Researchers suggest that the findings can be understood through the lens of intersectionality, in this case the multiple oppressive systems of race and gender,³⁰ where biased expectations of Black girls influence the subjective assessment of disorderly conduct in the school setting, a misdemeanor offense in the state. This pathway

is exacerbated by colorism, which privileges girls with lighter European features, and holds bias for those with darker skin color. As Sissoko and colleagues³¹ describe:

Darker-skinned Black girls face disproportionately severe school discipline, negative evaluation by teachers and peers, and are inundated with stereotypical messages that influence their sense of self—which increases their vulnerability to trauma and psychological distress. Inside the legal system, colorism plays a role in moving dark-skinned Black girls further into and through the pipeline at every stage of legal processing. (p. 466)

The consequences of harsh punishment as a function of bias, from both teachers and peers³² begin in early elementary school,³³ obscuring opportunities for necessary supportive school services that could yield life-changing trajectories for students.³⁴

While overall, youth who are involved in the juvenile legal system have high rates of trauma exposure, the exposure patterns differ by gender, with boys experiencing higher rates of community violence and girls having disproportionate rates of polyvictimization that includes emotional, physical, and sexual abuse (including by caregivers), and attachment traumas.³⁵ More recently, researchers and legal experts have documented the abuse to prison pipeline that compounds victimization with incarceration.³⁶ This trajectory reflects the vulnerability for girls to be exposed to sexual abuse and sexually coercive environments.³⁷ These tend to be youth dually involved in the child welfare system and juvenile legal system,³⁸ as they can be removed from the home for their protection against abuse or neglect and/or to keep them from running away from home or placement. However, girls who run away also face an increased likelihood of sexual trauma and sexual exploitation.³⁹ Moreover, sexual minority girls, specifically lesbian, bisexual, and transgender girls, are more likely to have experienced sexual abuse, and are at higher risk of victimization and justice involvement as unhoused youth.⁴⁰ Although more than one in ten transgender adults has had some justice involvement, often through these juvenile systems, staff at correctional facilities have little training and motivation for using affirmative approaches in work with incarcerated sexual minorities.⁴¹

THE ROLE OF TRAUMA AND MENTAL HEALTH FACTORS IN YOUTH DISCIPLINE AND INCARCERATION

The prevalence of trauma among incarcerated youth has been widely documented.^{42,43} Folk and colleagues⁴⁴ found that before their first contact with the legal system, youth had three ACEs on average and that more exposure to ACEs predicted substance use and psychiatric symptoms in their sample. However, trauma and adversity in the context of school discipline have been widely overlooked. Given the funnel of overly disciplined youth who enter the legal system, it is important to consider how mental health factors influence student behavior and school systems' responses to behavior. Sanders and colleagues⁴⁵ completed a scoping review to explore studies that considered trauma and adversity and the relationship with disproportionate discipline. A prominent theme in their scoping review was the failure to recognize and address trauma symptoms in students, resulting in the implementation of disciplinary action and a need to further explore how trauma influences student behavior and thus disproportionate discipline. Loomis⁴⁶ found that there was a direct relationship between higher rates of trauma and adversity and higher rates of school discipline. If school staff fail to recognize that what they interpret as problem behaviors are the manifestation of trauma symptoms, students with significant behavioral health needs will continue to be overly disciplined.

Students who have experienced trauma are likely to navigate a range of psychiatric symptoms and diagnoses such as PTSD, generalized anxiety disorder, major depressive disorder, and substance use disorder.^{42–44} A study by Abram and colleagues and colleagues found that among the incarcerated youth with PTSD in their sample, 93% had at least 1 comorbid psychiatric disorder. As students process their lived experiences and ACEs without support, their internalized conflicts may manifest through externalized behaviors that are perceived as intentional and disruptive to adults. Even though girls are more likely than boys to experience trauma, girls are less likely to receive mental health services to manage trauma as the behaviors they exhibit tend to be less externalized than boys. Further contributing to the gap in access to appropriate services for girls is the increased likelihood that they will experience trauma compared with boys. Given the likelihood of comorbidity and trauma prevalence among youth impacted by the legal system, trauma and behavioral health concerns should be considered as educators attempt to manage perceived disruptive or problem behaviors at school.

ADULTIFIED EXPECTATIONS FOR GIRLS OF COLOR

Adultification of girls of color is a risk factor for greater likelihood of punitive discipline and justice system involvement. Youth who are perceived as older than they are, thus viewed as more threatening and held to adult expectations and consequences, are more likely to be pushed out of school and into the justice system.¹⁵ Researchers have tracked the historical stereotypes of Black girls—including hypersexualization—that originated as justifications for treating enslaved girls and women as property, persisted after the 1863 Emancipation Proclamation as rationalizations for their sexual victimization, and have been more recently amplified through social media, as reflected in current criminal cases involving men in the entertainment industry accused of sex trafficking.⁴⁷ In an experimental study with community members, Black girls were more likely to be seen as older compared with Black boys and White girls, and perceived as less likely to be victimized even though they are as vulnerable to police use of force.⁴⁸ However, resiliency in response to this kind of bias can be fostered through social connectedness with individuals who share racial and ethnic affiliation.⁴⁹

COMPOSITE CASE STUDIES

Jada's School Experience

Jada is 13-year-old eighth grade student who has had an individualized education program (IEP) since she was in first grade. Jada initially qualified for special education services because of her intellectual disability. Jada's disability makes it challenging for her to keep up with her peers academically and socially, but she particularly has difficulty with reading and has always struggled in English class. Given that she already qualifies for special education services, she has not been assessed specifically for dyslexia or other learning or processing disabilities. Jada is easily influenced by her peers as she attempts to compensate her academic challenges through social interactions. She mimics their behaviors to fit in socially and often gets in trouble, because she cannot consistently recognize when a behavior breaks the rules or when to conceal certain actions or language. Jada has been suspended 3 times this year for behaviors such as leaving class and disrupting her peers with jokes and loud outbursts, and for questioning adults. Her teachers are easily frustrated by her behavior, because she also does not complete her writing-based assignments and seems to doze off during reading time. They assume she does not care about school and is only in class to disrupt other students and their teaching. Jada is tall, and her teachers

have stated that her words are “more threatening,” because she appears older than she is. They have expressed that Jada has a greater responsibility to “act her age,” because she appears older and should thus act more mature. Jada has been eloping from class more often and talking back to teachers when they try to correct her. Her father, who has been in and out of her life since she was 5 years old because of substance issues, just returned to the home. He has been trying to implement more discipline for Jada in the hopes that it will improve her behavior at school. She is confused about the differences between school versus home rules. Her father does not believe that she has a disability and states that she is “using excuses” for her poor academics.

Clinical Considerations for Jada's Case

Although Jada is receiving special education services, her accommodations may not be addressing all her academic and behavioral needs. Students with intellectual disabilities have significant limitations in cognitive functioning and adaptive behavior, typically identified by scores on cognitive assessments. Jada's diagnosed disability means that her level of understanding and the time she needs to process information are much different than her peers. However, her accommodations and supports are not directly addressing her challenges with reading and writing. School psychologists and case managers may miss Jada's dyslexia because of the hyper-focus and convenience of reassessing for the disability that allowed a student to initially qualify for services. Further, students are often not included in IEP meetings, and many are unaware of their diagnosis and services.⁵⁰ Jada's missed diagnosis creates additional barriers for her academic success.

Jada tends to elope and become disruptive during reading time because of her challenges with these subjects. She does not want to be perceived as incapable by her peers, so she jokes and creates commotion to get attention away from the lesson. Activities such as popcorn reading, where students call on one another to read, create high levels of anxiety for Jada, as she fears she will be called on and unable to read the passage correctly. As a student with an intellectual disability and dyslexia, she requires additional time to process and retain information in comparison to her same aged nondisabled peers. Jada's need for additional processing time is true at home also; thus, the complex relationship with her father has created an additional barrier in her ability to learn. His presence is a change in Jada's routine, and his misunderstanding of how her diagnosis impacts her academics and behavior creates additional stress in the home.

Despite Jada's challenges, there are several steps school staff can take to support Jada academically and socially:

- Ensure triennial assessments are thorough and explore all potential areas of concern through in-depth interviews with family members and educators.
- Given Jada's more recent challenges, a school psychologist and case workers should conduct a comprehensive reevaluation to assess for dyslexia and other specific learning disabilities in addition to her intellectual disability diagnosis. Doing so would ensure accommodations address her recent literacy needs.
- Educators should adjust accommodations to include targeted reading and writing interventions, such as structured literacy instruction and assistive technology to meet her literacy needs. Additionally, consistent behavioral supports that address the underlying anxiety driving her classroom disruptions should be provided.
- Develop an elopement plan that provides safe and supervised area for students like Jada to take breaks from class. Calming corners that are developmentally

appropriate can help students de-stress and avoid additional academic or social anxiety.

- Family- and student-driven approaches should be central to the development and implementation of Jada's IEP. Although research suggests that involving students in the IEP process promotes self-advocacy and academic performance, special education student wants and educational interests are traditionally left out of the IEP process.^{51,52} Jada's IEP team should work to include Jada in the IEP process by inviting her to meetings, ensuring she understands her diagnosis and accommodations, and codeveloping rewards systems and other learning strategies that emphasize her strengths and interests. Additionally, they should ensure that caregivers understand their child's diagnosis and what it means for learning.

By addressing her cognitive and literacy needs and fostering her inclusion in decision making, the school can reduce barriers to Jada's learning and help her build confidence in her abilities.

Katie's Path to Incarceration

Katie was an average student as she began high school and struggled to stay engaged in challenging academic activities, avoided doing her homework, and received frequent reprimands for being disruptive and late to class. She has been in 2 different foster homes in the last 5 years. She was removed from her home because of neglect, her mother's drug use, and suspicions of abuse by mother's boyfriend. She did well socially at school, and made friends easily with other students, especially those who had a reputation for breaking the rules. She began dating an older boy who was known for smoking cannabis and going to parties. She enjoyed his attention and began to experiment using substances with him. At first Katie was careful about limiting how much pot she was smoking and did not like the taste of alcohol, but he became more and more controlling in their relationship and insisting that she skip classes to hang out and get high. Detentions turned into threats of suspension and increased conflicts with her foster parents who were angry at having to miss work to meet with school staff about Katie's behavior. Katie felt estranged from her foster family, angry with teachers who arranged counseling for her, and uneasy about her boyfriend's controlling behavior even though she also saw him as the only one who cared about her. Their drug use escalated into cycles of methamphetamine and opioid use, supported by Katie's shoplifting until she was arrested for stealing along with possession of drugs and resisting arrest. She is currently sentenced to 6 months in juvenile detention, following a mandatory month in a residential substance use treatment program.

Clinical Considerations for Katie's Case

Like most youth impacted by the legal system, Katie has experienced a high number of ACEs and continues to navigate the impact of system involvement (child services, school, and legal). Katie struggles to build healthy relationships with adults given the abuse and abandonment she experienced from her parents. Katie's boyfriend fills a relational void she had been feeling, making it difficult for her to separate from him or deny his requests. Katie's challenges with adult relationships will likely create barriers for treatment as she struggles to trust and confide in professionals. Clinicians should approach Katie with care and patience and prioritize relationship building before moving into interventions. Further, her experience with interpersonal violence and system-impact increase her risk for commercial sexual exploitation of children.⁴⁰

There are multiple ways that clinicians can support Katie and girls with similar experiences:

- Katie's reluctance to engage in services reflects distrust for the adults who have failed her and requires a skilled therapist to empower her to build healthy relationships. A clinician may seek training in interventions such as Seeking Safety,⁵³ an evidence-based program that has become widely used with incarcerated women and adolescents with co-occurring PTSD and substance use.⁵⁴
- Girls who have been victims of sexual victimization and interpersonal violence should be screened for sexual health (pregnancy and sexually transmitted diseases including HIV) and referred to counseling with clinicians with expertise in relevant treatment approaches. Prevention programs for dating violence among adolescents is also important and more effective when implemented across multiple settings including home, school, and community settings.⁵⁵
- Katie's conflicts at school and history of foster care placement may have led school staff to consider her emotional needs as the root of her difficulties, thus missing opportunities for academic screening and support. For example, students who are inconsistent in coursework can have strengths in some cognitive domains, yet specific disabilities such as dysgraphia, dyscalculia, or processing disorders that might be interpreted as lack of motivation or obstinance. Comprehensive screenings can help identify accommodation needs or rule them out.

DISCUSSION

System-impacted cognitively diverse girls hold a range of unique needs and qualities and are deserving of individualized, culturally competent, and evidence-based care. Systems of care principles can provide a frame for educators and clinicians to consider when providing care. Systems of care approaches are described as a spectrum of effective, community-based services and supports for youth and their families who may be at risk for mental health, substance use, child welfare, legal system, medical, developmental, social, or other challenges. These approaches are organized into a coordinated network intended to build meaningful partnerships with families and youth, and address their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.⁵⁶

Given that girls impacted by the carceral system are more likely than their peers not impacted by this system to also be welfare system- and school discipline system-involved, effort should be made to collaborate with child welfare, education, behavioral health, and community-based organization systems.

McPhee and colleagues⁵⁷ completed a scoping review of trauma treatments among youth with disabilities involved in the legal system and found no existing literature examining the effectiveness of trauma-focused treatment for youth involved in the legal system with learning and cognitive disabilities. Although effective treatment for trauma has been established, it is unclear whether these interventions consider the varying learning and cognitive processing needs of incarcerated youth. Their work speaks to the crucial need for behavioral health clinicians and treatments to consider to the cognitive diversity of incarcerated youth when implementing treatment and intervention. For example, asking youth with dyslexia to write a narrative of their experience may cause stress for an activity that is meant to provide support while considering the youth's abilities and needs provides the opportunity to create individualized intervention supports that use other types of expression, such as art or oral narrative.

The importance of relationship cannot be overstated in the context of supporting all youth, particularly multiply-marginalized girls with learning and behavioral needs. Wilson-Ching and Berger⁵⁸ conducted a systematic review of relationship-building strategies within trauma-informed frameworks in education settings and found that school systems used a range of strategies to foster relationship building. However, relationship building efforts lead to positive outcomes such as improved teacher-student and peer-to-peer relationships.

Further, when working with adolescents, agency and autonomy become essential. Gutierrez and Rogoff⁵⁹ theorized that learning takes place across cultural, social, and historic practices of everyday life and that marginalized youth in particular hold a range of skills, repertoire, and knowledge as they navigate challenging systems and institutions. Composite case examples of Jada and Katie demonstrate how an array of skills, knowledge, interests, and expertise can be explored and emphasized by educators and clinicians to foster strengths-based and student-focused approaches to care.

The composite case studies referenced previously highlight the complex identities and experiences of cognitively diverse trauma impacted girls. Their stories, however, do not cover the vast identities, backgrounds, and experiences of girls who face disproportionate discipline and system impact. This article's literature drew heavily on studies highlighting disproportionality in discipline and incarceration among Black girls. However, this literature reflects a gap regarding how said disproportionality impacts Latinx,⁶⁰ Native, and girls from the LGBTQ + community.

As strategies to support the academic and behavioral health outcomes of girls are discussed, it is important consider the experiences of girls from the LGBTQ + community. There is scant literature regarding the experiences of transgender girls in detention, for example, but literature on transgender adults highlights that transgender women in carceral settings face challenges related to lack of legal gender recognition, barriers to gender-affirmation, discrimination, transphobia, gender maltreatment and violence by other prisoners and prison staff.⁶¹ As mental health providers in juvenile detention facilities, these authors have witnessed transgender and LGBTQ + girls experience the challenges faced by transgender women in carceral settings. For example, staff may put LGBTQ + youth in isolation to ensure "safety" from other youth who may victimize them. Despite the intention to keep these youth safe, they disregard the psychological impact of isolation, othering, and discrimination.

CLINICS CARE POINTS

School-based care from clinical and educational staff

- Culturally responsive trauma-informed training. School systems should be equipped with the knowledge and tools required to support students with multiple marginalizations. Jada is a Black girl with a disability who has experienced trauma, yet school systems often struggle to support students like Jada who are navigating multiple identities and complex trauma histories. School staff would benefit from trauma-informed teacher and administrator training to ensure staff are equipped to identify and support students who have experienced diversity. Trauma trainings should ensure that gender-specific, culturally appropriate, and disability serving-approaches are used.
- Relationship building. Clinicians, educators, and providers should prioritize relationship building and maintenance as a core component of education and care. School systems should embed relationship-building strategies within their trauma-informed frameworks and provide ongoing support to educators on how to effectively implement these practices.
- Promote agency. Educators and clinicians should provide youth with choices when possible and identify ways to foster their independence and critical thinking skills. They can highlight and build on youth strengths as they attempt to educate and support youth.

Behavioral health care from youth-serving clinicians

- Trauma-focused cognitive behavioral therapy (TF-CBT) is an effective treatment approach for individuals who have experienced complex trauma,⁶² as exemplified by Katie's case, which exemplifies exposure to multiple, chronic, and prolonged traumatic events of an interpersonal nature. Evidence-based treatments studied more extensively in general populations can be modified to ensure that the youth with disabilities are able to access all components of the treatment. For example, clinicians can allow youth to complete the narrative portion of TF-CBT, where youth write their story, through other methods such as audio storytelling or creating a presentation or poster.
- Comprehensive screening for substance use disorder and treatment plan. Girls who are disciplined at school or remanded to juvenile detention because of substance possession charges should be referred to clinicians with expertise in therapeutic approaches and medically assisted treatment, as both may be required. Clinicians can improve their knowledge of substance use disorder diagnosis and treatment through continuing education, for example, courses provided by the American Society of Addiction Medicine (<https://www.asam.org/asam-criteria/training-consulting>) and the Substance Abuse and Mental Health Services Administration ([SAMHSA.gov](https://www.samhsa.gov)).
- A systems of care framework is recommended for girls involved in multiple education, legal, and foster care systems, integrating principles that encourage providers to consider the nexus of systems, identities, and factors that intersect and impact youth outcomes. It is important that providers across these systems identify intervention and support strategies that foster physical and psychological safety.

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