

Racism, Discrimination, and Child Development

A technical assistance response

prepared by SAMHSA, Office of Behavioral Health Equity

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OBHE received the following request:

Do we have anything handy/can we point to resources that might be good for people of color who have experienced long-term trauma related to discrimination or discrimination having serious negative effects on the development of children and their ability to thrive?

OBHE response:

RACISM ON CHILDREN AND YOUTH: HEALTH IMPACTS

The Impact of Racism on Child and Adolescent Health (Policy statement from the American Academy of Pediatrics (AAP), August 2019)

Trent, M., Dooley, D. G., & Dougé, J. (2019). The impact of racism on child and adolescent health. *Pediatrics*, 144(2), e20191765. <https://doi.org/10.1542/peds.2019-1765>

How Racism Harms Children (Harvard Health Publishing blog post, September 2019)

McCarthy, C. (2019, September 14). How racism harms children. *Harvard Health Publishing*. <https://www.health.harvard.edu/blog/how-racism-harms-children-2019091417788>

Excerpts:

Racism hurts children, in real and fundamental ways. It hurts not just their health, but their chances for a good, successful life.

That's the bottom line message of a recent [policy statement from the AAP](#). It is a call to action for all of us. If we care about the health and future of all of our children, it says, we need to take real steps to end racism — and to help and support those who are affected by it.

Racism informs our actions when we structure opportunities for and assign value to people based on our interpretation of how they look. Biologically we are just one race, sharing 99.9% of our genes no matter what the color of our skin. While we have made historical progress, the beliefs and oppression that underpin racism persist; the AAP statement calls it, a “socially transmitted disease.”

How does racism affect health and well-being in children?

*Racism is a disease. Racism and its effects can lead to chronic stress for children. And **chronic stress** leads to actual changes in hormones that cause inflammation in the body, a marker of chronic disease. Stress that a mother experiences during pregnancy can affect children even before they are born. Despite improvements in health care, racial disparities exist in infant mortality as well as low birthweight.*

These days, it's important to think about chronic stress for the children of immigrant families. Many live in constant fear of being separated from their parents if they haven't been already.

Children raised in African American, Hispanic, and American Indian populations are more likely to live in homes with higher unemployment and lower incomes than white children. This means that they are less likely to have good housing, good nutrition, good access to health care, and access to good education. Such disparities increase their risk of health problems and of receiving less, and lower-quality, education.

Even when minority children live in wealthier areas, research shows that they are often treated differently by teachers. They are more likely to be harshly punished for minor infractions, less likely to be identified as needing special education, and teachers may underestimate their abilities. When a teacher doesn't believe in you, you are less likely to believe in yourself.

The AAP statement notes that in the 2015–2016 school year, 88% of white students graduated from high school. In comparison, only 76% of African Americans, 72% of American Indians and 79% of Hispanics did the same. This has important implications for economic opportunity and health status: adults with a college degree live longer and have lower rates of chronic disease than those who did not graduate from college.

The juvenile justice system is another place where racism plays out. Minority youth are more likely to be incarcerated, with all the health and emotional consequences this brings, both during incarceration and after. Being incarcerated forever changes a person — and changes how others see them.

The policy statement reminds us that children are being hurt every day by racism and discrimination, and the effects can be not only permanent but continue through generations. There is real urgency to this.

How can we help change course on racism and discrimination?

Fixing racism and discrimination is obviously not easy and cannot be quick. But there are things we can all do immediately.

- *We can take a hard look at ourselves, take stock of our beliefs and our biases, and work to change them.*

- *As part of this, we need to think about and change how we talk about each other, as individuals and as a society.*
- *We need to speak up when we hear or see racism or discrimination in any form. Empowering ourselves and each other is an important way to begin.*
- *We need to talk to our children about racism, and teach them healthier ways to think about themselves and each other.*
- *We need to work to stop **institutional racism**.*
- *We need to work with our schools to be sure that all children, no matter what, have access to a good and supportive education. This is no small endeavor, but it needs to be our goal.*
- *We need to be sure that there are programs in place to not just help people who are poor or struggling, but lift them out of poverty.*
- *We need to be sure our laws truly protect all people, not just some people.*

Toxic Stress and Children's Outcomes (Economic Policy Institute report, May 2019)

Morsy, L. & Rothstein, R. (2019). Toxic stress and children's outcomes. Economic Policy Institute. <https://epi.org/164823>

Excerpts:

African American children growing up poor are at greater risk of disrupted physiological functioning and depressed academic achievement

"Stress" is a commonplace term for hormonal changes that occur in response to frightening or threatening events or conditions. When severe, these changes are termed "toxic" stress and can impede children's behavior, cognitive capacity, and emotional and physical health. Frightening or threatening situations are more sustained and are experienced more frequently by African American and socially and economically disadvantaged children, who also have less access to protective resources that can mitigate their stress to tolerable levels.

Discrimination. *As attention to police violence has increased over the last few years, there is now a wider spotlight on what African American communities have long known: Interaction between police and residents in African American neighborhoods of concentrated disadvantage can be frequently contentious. Discriminatory criminal justice practices affect bystanding children. African American children are more likely to be exposed to police violence, racial profiling by law enforcement officers, and unwarranted attention by police to their caregivers, even if the children themselves are not the victims of these police practices. Such exposure increases the likelihood of children suffering from toxic stress.*

Key Findings

- **Social class and childhood stress.** Beginning in infancy, lower social class children are more likely to have strong, frequent, or prolonged exposure to major traumatic events, the frightening or threatening conditions that induce a stress response.
- **Income and childhood stress.** The lowest-income children are more likely to be exposed to frightening or threatening experiences than other children.
- **Race and childhood stress.** Black children are more likely than white children to be exposed to frightening or threatening experiences.
- **Childhood stress and depressed outcomes.** Independent of other characteristics, children exposed to more frightening and threatening events are more likely to suffer from academic problems, behavioral problems, and health problems. These attributes present challenges to children's school and life trajectories.

Policy recommendations

Ultimately, larger social change is needed to address the economic and social conditions at the root of children's toxic stress. But given that these larger social problems will not be remediated easily or quickly, policymakers must find other ways to improve current outcomes for children who are at high risk for toxic stress. We suggest the following interventions in policy and practice:

- **Provide supports for parents.** To promote protective parenting—which can mitigate children's toxic stress—we recommend implementation of support programs such as home visits and/or therapy services by community health workers, nurses, and other health specialists. These programs can offset the damaging effects of exposure to frightening or threatening conditions by building the capacity of caregivers to provide children with safe, stable, and nurturing relationships that help to develop children's adaptive and positive coping skills.
- **Train school staff to support children.** To prepare trauma-informed staff and improve how preschools and schools support children exposed to frightening or threatening experiences, adults in these settings should receive training to help them understand how such experiences affect students' learning and behavior.
- **Address racially disparate policies and practices in schools.** Schools should be especially careful to eliminate in-school experiences that can be so stressful that they themselves can generate a toxic stress response. Racially discriminatory discipline policies—indeed, racially disparate treatment of any kind, even if unintentional—can induce stress in children.
- **Engage health care professionals in screening and treatment.** Health care professionals can contribute to preventing and treating the harmful effects of frightening or threatening experiences. All children should be routinely screened for

such experiences. Health care professionals should be trained to understand how frightening or threatening experiences impact children's cognitive, behavioral, and physical health outcomes, and screen and treat children for any resulting complications.

- ***Parental experiences of racial discrimination can diminish their protective capacity.*** *Frequent racial discrimination and micro-aggressions – chronic, unintentional, subtle discriminatory behaviors - have a damaging effect on psychological well-being. This psychological distress makes it more difficult for parents to have a high-quality and nurturing relationship with their child, and decreases their ability to protect their child from developing a toxic stress response to frightening or threatening childhood experiences.*

The Trauma Lens of Police Violence Against Racial and Ethnic Minorities (Journal of Social Issues peer-reviewed article, 2017)

Bryant-Davis, T., Adams, T., Alejandre, A., & Gray, A. A. (2017). The trauma lens of police violence against racial and ethnic minorities. *Journal of Social Issues*, 73(4), 852-871.
<https://doi.org/10.1111/josi.12251>

Excerpts:

It is critical that parents, schools, and the nation acknowledge the trauma that Black youth and Black boys, in particular, experience in light of police killings. Black boys have a great deal of fear due to the national cases of police brutality. Youth appreciate that making the slightest mistake or the possibility of their actions being taken out of context may serve as a death sentence. The fear held by Black boys is not appropriately being addressed.

Although it is protective for parents to talk to their children about racial profiling and police brutality to teach them to be safe in encounters with police, it is equally important to protect the mental health of African American boys and young men and to support them in feeling safe in their growth and development through discussing their fear.

It is critical for parents and youth advocates to acknowledge police brutality and police killings as a child advocacy issue. This issue is larger than families and communities and requires national action.

It is urgent that the nation protect Black children, as other children, from the psychological damage associated with the fear and real or perceived threat of premature death at the hands of police or from police-inflicted violence.

Racial socialization as a result of intergenerational trauma may include informing a child of the types of discrimination and rejection they may face. This socialization process includes teaching African American and Latino children how to behave when interacting with police officers.

Parenting a racial or ethnic minority child responsibly includes preparing one's child to anticipate harassment by the police or other officials if one is driving while Black (DWB), shopping while Black, walking while Black, running while Black, and standing still while Black.

African Americans, Latinos, and Indigenous Americans have come of age with narratives of police brutality that extend through the generations before them. Historical traumas that were legally supported and carried out by governmental agents such as police officers have had lasting impact on the direct victims

SUICIDE AND AFRICAN AMERICAN CHILDREN AND YOUTH

Trends of Suicidal Behaviors Among High School Students in the United States: 1991-2017 (Pediatrics peer-reviewed article, 2019)

Lindsey, M. A., Sheftall, A. H., Xiao, Y., & Joe, S. (2019). Trends of Suicidal Behaviors Among High School Students in the United States: 1991–2017. *Pediatrics*, 144(5).
<https://doi.org/10.1542/peds.2019-1187>

Age-related racial disparity in suicide rates among US youths from 2001 through 2015 (JAMA Pediatrics peer-reviewed article, 2018)

Bridge, J. A., Horowitz, L. M., Fontanella, C. A., Sheftall, A. H., Greenhouse, J., Kelleher, K. J., & Campo, J. V. (2018). Age-related racial disparity in suicide rates among US youths from 2001 through 2015. *JAMA Pediatrics*, 172(7), 697-699. <https://doi.org/10.1001/jamapediatrics.2018.0399>

African American children continue to face growing emotional and psychological concerns. Between 1991 and 2017, suicide attempts among black adolescents increased by 73%, while attempts among white youth decreased, according to an analysis of more than 198,000 high school students nationwide (Lindsey et al., 2019). Other studies have shown an elevated risk of suicide among African American boys, ages 5 to 11 (Bridge et al., 2018).

Responding to the Alarm: Addressing Black Youth Suicide (National Institute of Mental Health Office for Disparities Research and Workforce and SAMHSA Office of Behavioral Health Equity virtual roundtable recording and transcript, April 2019)

National Institute of Mental Health Office for Disparities Research and Workforce (NIMH ODRW) and SAMHSA Office of Behavioral Health Equity (OBHE). (2020, April). *Responding to the Alarm: Addressing Black Youth Suicide*. NIMH. <https://www.nimh.nih.gov/news/media/2020/responding-to-the-alarm-addressing-black-youth-suicide.shtml>

Experts on black youth suicide in America participated in an interactive virtual roundtable hosted by the Office for Disparities Research and Workforce Diversity at the National Institute of Mental Health, in collaboration with the SAMHSA OBHE. The webinar featured the co-authors of *Ring the Alarm: The Crisis of Black Youth Suicide in America*, a report from the

Congressional Black Caucus’s Emergency Taskforce on Black Youth Suicide and Mental Health. Panelists discussed topics such as:

- The latest trends and prevalence of suicide and suicide-related behaviors among black children and youth;
- Common risk and protective factors that are most salient for this population;
- Perspectives on this crisis and ways to identify black children and youth who are at risk for suicide; and
- Thoughts on how to best engage this population and provide them with developmentally and culturally appropriate support and care.

Creating Supportive Systems to Improve Mental Health Outcomes for Young African American Boys (SAMHSA National Network to Eliminate Disparities in Behavioral Health (NNED) virtual roundtable recording, and related resources, September 2018)

SAMHSA National Network to Eliminate Disparities in Behavioral Health (NNED). (2018, September). *Creating supportive systems to improve mental health outcomes for young African American boys*. SAMHSA NNEDshare. <https://share.nned.net/2018/09/nned-virtual-roundtable-creating-supportive-systems-to-improve-mental-health-outcomes-for-young-african-american-boys/>

SAMHSA’s Office of Behavioral Health Equity, in collaboration with the HHS/Office of Minority Health, hosted a NNED Virtual Roundtable, *Creating Supportive Systems to Improve Mental Health Outcomes for Young African American Boys: An Urgent Conversation*, to increase awareness about the mental health needs and vulnerabilities of African American boys and about culturally appropriate mental health promotion and early intervention strategies in September 2018. The discussion features emerging data on the age-related disparities in mental health outcomes for African American boys and related policy and practice implications.

While childhood suicide is rare, a recent analysis concluded that “among children aged 5 to 12 years, black children had a significantly higher incidence of suicide than white children.” (Bridge, et al., 2018). As part of a call for action, the Virtual Roundtable features national experts discussing cross-system approaches for developing workforce and community service capacity to address the negative mental health trend for African American boys. Panelists also share ways emerging data is influencing work in early childhood settings, family and community systems, policy, and research.

CHERISH (acronym developed by SAMHSA’s OBHE and the Healthy Mind Initiative)

CHERISH your youth. CHERISH is an acronym developed by SAMHSA’s Office of Behavioral Health Equity for the Healthy Mind Initiative (HMI). CHERISH describes six key reminders for parents and caregivers to remember about recognizing and dealing with mental health problems in youth. The HMI is a federal, county, and community collaborative initiative to address mental health stigma and cultural barriers to help-seeking among Asian American and

Pacific Islander youth and families through mental health literacy. As a key partner in the HMI, SAMHSA's OBHE developed the infographic below to visually depict CHERISH.

