

Attending to the Adversity of Racism Against Young Black Children

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Highlights

- Black children are biologically and socially vulnerable due to racism and systemic inequities.
- Racism is an invisible adverse childhood experience that directly and indirectly impacts every segment of Black children's daily life.
- Black children, families, and communities continue to thrive regardless of the compounding impact of racism, poverty, and other risk factors.
- To be anti-racist within the racial context of Black children means first to understand how to be pro-Black and provide nurturing, safe, and responsive environments.
- Policies that preserve Black children's cultural heritage, protect them and their families from harm, and promote their health and economic stability and mobility are necessary.

Tweet: Racism is the ignored adverse childhood experiences #ACEs. Black children and their families deserve PRESERVATION of their cultural heritage, PROTECTION from social and physical harm, and PROMOTION of their health and wealth. #YoungBlackLivesMatter

Abstract

The first 1000 days is one of the most consequential times for children's development. As a hugely ignored adversity embedded in all aspects of Black children's lives before birth and throughout their life course, racism in all forms deserves more attention in the developmental science literature. Racism—including structural, institutional, interpersonal, intrapersonal, and cultural—negatively impacts the health, learning, and wellbeing of Black children, their families, and their communities. Using the Integrative Model for the Study of Developmental Competencies for Minority Children and Critical Race Theory frameworks, this paper elucidates how racial disparities in every opportunity and outcome connected to Black children and their ecosystem are due to White supremacy and anti-Black racism. We call for urgent action focused on preservation, protection, and promotion to address White supremacy and combat anti-Black racism through racial equity and culturally grounded science and policymaking.

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Scientific evidence demonstrates the importance of the first 1,000 days of a child's life (National Academies of Sciences, Engineering, and Medicine [NASEM], 2019). During this time, critical brain development occurs, and children's early experiences serve as a foundation for their growth and development. For optimal growth and development, children need safe and healthy environments, sensitive and responsive caregivers, opportunities to foster oral language and communication skills, support for social, emotional, and identity development, cognitively stimulating environments, and access to nutritious food and safe and healthy homes and communities (Gundersen & Ziliak, 2014). Yet, not all children have access to the experiences that foster their optimal growth and development during these first years of life. Specifically, Black¹ children are disproportionately more likely to face adverse conditions and disadvantages across many domains that can compromise their growth and development prenatally and throughout the life course (Iruka, 2017; Iruka et al., 2021; NASEM, 2019).

Racism is a unique adverse childhood experience (ACEs) (Gilgoff et al., 2020; Maguire-Jack et al., 2021) detrimental to Black children's learning, development, life success, and overall wellbeing. Racism is the use of institutional power to organize around White supremacy and the oppression of non-Whites based on skin color (Iruka et al., 2020). Racism exists on multiple levels and thus impacts children's development on various levels. Evidence indicates that racism indirectly affects Black children through their families and institutions and directly through their experiences and biological vulnerabilities due to intergenerational trauma and inequitable environments (e.g., lead exposure, environmental toxins, poor and violent neighborhoods) (Iruka,

¹ We use the term Black as a pan-ethnic description of anyone from the African diaspora including, but not exclusively limited to, African Americans, Africans, Afro-Caribbeans, Afro-Latino/a, or any other group that identifies as Black and/or having any ancestral heritage from Africa.

2019). This paper examines how racism impacts young Black children's health and learning and how an anti-racist, culturally-grounded policy agenda is essential to preserve their cultural heritage and language, protect them from harm, and promote their health and wealth.

State of Young Black Children

Family Economic Security. Across the United States, 50% of all infants and toddlers (11.5 million) are children of color, of which Black children compose 13.7% (Keating et al., 2021; AECF, 2020). Compared to other children, Black children are disproportionately more likely to live in families experiencing poverty or low income. Thirty-three percent of Black infants and toddlers live in poor households and 28% live in low-income households (i.e., 100-200% Federal Poverty Level) compared to 12% of White infants and toddlers living in poor families and 16% of White infants and toddlers living in low-income households (Cosse et al., 2018). Systemic racism and discriminatory practices continue to expose Black children and families to less than optimal developmental outcomes (Trent et al., 2019). For instance, the confounding relationship between race and poverty is undeniable: Systemic structures operate to produce unequal life chances and block opportunities to combat generational poverty and racism. Children developing in poverty are more likely to be exposed to lower quality educational resources, inadequate nutritional options, and higher stressed environments compared to peers in nonpoor environments (Chaudry et al., 2017). Black infants and toddlers represent the third-largest group of children in the United States (behind White and Latine²), but Black infants and toddlers are more likely to live in poverty at much higher rates than their non-Black counterparts (Keating et al., 2021). The cumulative risk associated with the historical systems of oppression

² Consistent with experts in the field, we use Latine to refer to individuals whose cultural background originated in Latin America. Rather than using Latinx, a term Spanish-speakers find unpronounceable in Spanish, we have opted to use the gender-inclusive term Latine, commonly used throughout Spanish-speaking Latin American (Melzi et al., 2020). We also use the term Latine and Hispanic interchangeably.

such as economic inequalities and exclusionary policies (e.g., school and housing segregation) continues to expose Black children to less than optimal experiences and outcomes.

The high levels of economic insecurity persist despite high levels of workforce participation by Black parents. Three-fourths of young Black children have parents in the workforce (Malik & Hagler, 2016), but their jobs do not translate into higher earnings. For every dollar earned by a White man, a Black man earns 70 cents (Lloyd et al., 2021). Similarly, Black women earn 62 cents for every dollar that a White man makes, compared to 78.6 cents earned by White women for every dollar that a White man earns (Lloyd et al., 2021). Furthermore, Black parents are more likely to work nonstandard hours and be employed in occupations with higher job insecurity (Lloyd et al., 2021). These employment experiences make it challenging for Black parents to earn sufficient incomes and maintain steady employment, and, more importantly, build wealth. As a result, economic insecurity makes it more difficult for Black parents to access resources, such as paid parental leave, high-quality child care, early intervention services, nutritious foods, and stable and safe housing to support the development of their young children (Iruka et al., 2021).

Healthy Development. In addition to the aforementioned economic disadvantages that they face, Black infants are also more likely to experience adverse health outcomes. While Black children represent one of the largest percentages of children under the age of five, Black children continue to face unequal access to much-needed health-promoting resources (Bailey et al., 2017; Barnett et al., 2013; Dobbins et al., 2016; Thomson et al., 2020). For example, Black infants and toddlers are 60% more likely to be born preterm, almost twice as likely to be born low birth weight, twice as likely to die in infancy, and 6% less likely to receive preventive medical care (Murphey et al., 2013). Black women's preterm birth rate in 2019 was 14.4% compared to 9.3%

and 10% for White and Latina women, respectively. Racial disparities also exist in low-birth-weight (LBW). In 2018, compared to White infants, the LBW rate was 14.1% for Black infants compared to 6.9% for Whites and 7.5% for Latines (Martin et al., 2019). According to the Center for Disease Control and Prevention [CDC] (n.d.), babies born preterm or LBW have higher rates of death and disability; they may also have breathing problems, developmental delay, and challenges with their vision and hearing. These poor health outcomes may reflect underlying systemic issues, including limited access to prenatal care or health care in general and exposure to environmental toxins. Like their children, Black mothers have similarly poor health outcomes. Black mothers are more than twice as likely as White mothers to receive late or no prenatal care and more than three times as likely to experience maternal mortality (Keating et al., 2020). There are also issues of mental health among Black women. For example, the prevalence of postpartum depression is high among Black mothers, compromising their ability to parent effectively and positively interact with their children (Murphey et al., 2013).

Access to health-promoting resources also confronts systemic racism that creates barriers to resources such as access to quality prenatal care and nutrition, as well as exposure of Black children to less than optimal environmental conditions during the early stages of development (NASEM, 2019). The lack of these health-promoting resources, along with exposure to environmental toxins, contributes substantially to Black caregivers' mental and physical wellbeing and their children's physical, cognitive, and social-emotional health outcomes (Keating et al., 2021). Furthermore, biases in the health community have contributed to the inequitable access to health care services for Black people. For example, White medical students hold beliefs about biological differences between Blacks and Whites, and those who endorsed false beliefs showed racial bias in the accuracy of their pain treatment recommendations

(Hoffman et al., 2016). These biased interactions between Black mothers and physicians have been implicated in the racial disparities in maternal and infant mortality and infant preterm and LBW (Saluja & Bryant, 2021).

Early Care and Education. Given the high employment levels among Black parents, having high-quality child care is necessary for Black parents. Yet, Black infants and toddlers are unlikely to receive access to high-quality early care and education programs (ECE) like Early Head Start. For example, only six percent of eligible Black children are served by Early Head Start programs (Schmit & Walker, 2016). Black children experience disparate access to high-quality ECE, which often results in lower school readiness skills and academic attainment over time (Barnett et al., 2013; James & Iruka, 2018).

Additionally, access to high-quality infant and toddler care broadly is even more scarce, given that care for younger age children is often more expensive; current expenditures from families and local and federal entities received by ECE providers does not equate to the cost of sustaining their business (Ibekwe-Okafor et al., 2020; Malik et al., 2018). As such, access to high-quality ECE is often connected to affordability and availability (Johnson-Staub, 2017). As Black children and families continue to represent the largest proportion of infants and toddlers residing in poverty, the rates of Black children experiencing limited access to affordable and accessible ECE will continue to rise. While studies indicate that Black children are less impacted by the availability of licensed ECE programs (i.e., child care deserts, Johnson-Staub, 2017; Malik et al., 2018) —a number of children exceeding licensed capacity — these findings often fail to take into account the quality of these programs. The supply of high-quality programs is often limited in communities of poverty. Thus, few Black children can access affordable, high-quality ECE, which can mean lost early learning opportunities for children and limited access to

reliable child care to support parents' employment. Considering the confounding nature of poverty and race, it is not surprising to see the correlation between low-quality programs in poor communities and their relation to opportunities afforded to Black children. Given the research suggesting the detrimental effects of low-quality ECE programs on children's cognitive and behavioral outcomes (NASEM, 2019), it is essential to consider how limited access to high-quality ECE relates to Black children's outcomes, especially if the settings are not racially affirming, but instead biased (Gilliam, 2016; Iruka et al., 2020).

The Detrimental Impact of Anti-Black Racism and White Supremacy

Researchers have largely ignored the role of discrimination, segregation, and racism when discussing child development (James et al., 2018; Ladson-Billings, 2012; Roy et al., 2015). In response to conventional child development theories based on White upper-middle-class experiences, García Coll and colleagues (1996) conceptualized the Integrative Model for the Study of Developmental Competencies for Minority Children to center elements of social stratification when examining development for children of color. Specifically, the Integrative Model highlights social position variables (e.g., race, ethnicity, gender, social class) and social stratification that influence families' functioning, practices, and opportunities to support their health, education, and general wellbeing. Combining the Integrative Model with Critical Race Theory (CRT), from the field of critical legal studies, reveals the salience and normalcy of racism and White supremacy in U.S. life, law, and culture (James et al., 2018).

Structural racism legitimizes historical, institutional, cultural, interpersonal, and intrapersonal actions that advantage whiteness, subsequently benefiting White people, while producing cumulative and chronic adverse outcomes for people of color. "It is a system of hierarchy and inequity, primarily characterized by White supremacy – the preferential treatment,

privilege and power for White people at the expense of Black, Latine, Asian, Pacific Islander, Native American, Arab and other racially oppressed people” (Lawrence & Keleher, 2004, p.1).

CRT sheds light on how laws, policies, and practices within educational settings that are considered unbiased are, in fact, standards of whiteness and Western European ideals, such as what is considered reading achievement or proficiency (Delgado & Stefancic, 2001).

Consequently, when Black children (and their families) operate in ways that do not align with whiteness, they are either deemed less worthy of rigorous, meaningful instruction (Muhammad, 2020) or criminalized in school settings which, in turn, influence their experiences and learning outcomes (Crenshaw et al., 1995; Hines & Wilmot, 2018).

The prevalence of racial disparities experienced by Black children and their families and communities in almost all sectors of life and outcomes indicates a pernicious and oppressive systemic culture—anti-Black racism. Sawyer (2008) proposed four core concepts that define anti-Black racism: (1) history of oppression and unequal incorporation in the social, political, and economic life of the nation; (2) negative and limiting stereotypes that operate to define that group; (3) formal legal and informal barriers to achievement; and (4) ideology that justifies the domination and oppression of the group. Our examples of racial disparities in economic stability and wealth generation, educational experiences and opportunities, and basic access to resources and supports for healthy development show how racism undergirds Black children’s development before birth and throughout their life course.

The refocus on racial justice that started in the Summer of 2020 calls for increased attention in addressing White supremacy while also centering Blackness, especially positive racial identity, as one way to combat White supremacy starting in the early years (Anderson, 2018; Doucet et al., 2018; Spencer, 1984). Pervasive anti-Blackness challenges affirming

messages that parents and families may transmit at home, complicating essential racial socialization processes and practices. More than ever, how Black children interpret and make meaning of socialization messages must influence their responses to racism in specific environments and interactions (James et al., 2018; Spencer & Markstrom-Adams, 1990). Young Black children may encounter anti-Blackness in many spaces, such as the playground, doctor's office, neighborhood library, their classrooms, and so on. Today, frequent television images of the murdering of unarmed Black people and racist language over social media threaten their socio-emotional health (Rutledge, 2021). In all of these mechanisms, Black children are positioned compared to their White peers through conventional, Westernized lenses of "cultural deprivation" based on White ideals.

Centering Preservation, Protection, and Promotion Policies to Advance Racial Equity for Young Black Children and Their Families

The Biden Administration's *Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government* highlights the urgency to address the unbearable human costs of systemic racism. This executive order calls for the pursuit of a "...comprehensive approach to advancing equity for all...Because advancing equity requires a systematic approach to embedding fairness in decision-making processes...and [working] to redress inequities in their policies and programs that serve as barriers to equal opportunity" (White House, 2021). Policies to advance racial equity for young Black children and their families must attend to *preserving, protecting, and promoting* their health, learning, and wellbeing, along with their cultural heritage and language. These policies must ensure equitable opportunities that address the legacy of historical racism and systemic inequities that impact their

access to violence- and bias-free, safe, nurturing, and racially-affirming environments, health-promoting supports, and economic stability and upward mobility.

Preservation Policies. Bettina Love's scholarship reminds how each day, as Black children enter classrooms, their spirits are murdered (Love, 2016). Love and others (Durden 2007; Hilliard, 1997; Muhammad, 2020) highlight how our institutions begin early in stripping young children of their culture, language, and a positive, healthy racial identity. Unfortunately, Black children receive countless negative narratives about their racial group, resulting in vulnerable identities, impacting their sense of self and socio-emotional competence. Therefore, policies need to preserve their positive racial identity, self-worth, and self-identity.

Existing policies and strategies likely to preserve and support the development of children's positive racial identity in the early years include home visiting, pay parity, decolonization of ECE curriculum and practices, and focus on anti-racist teaching. **Home Visiting** programs serve primarily expectant mothers until children are three years of age. A potential benefit of home visiting is the ability to tailor services to meet families' specific needs and incorporate their cultural practices to support children's positive racial identity. More home visiting and parenting programs need to center on supporting parents' racial socialization practices to strengthen children's positive identity.

Pay parity can ensure that Black children are exposed to racially diverse teachers and Black teachers specifically. Having a teacher of color benefits Black children emotionally, culturally, socially, and academically, but the field is struggling with recruiting, retaining, and supporting the career advancement of diverse ECE professionals, especially due to the racial pay gap. To reiterate, Black women earn \$.72 for every \$1.00 of a White woman and are more likely to work in a community-based program and care for and teach infants and toddlers. There is

some indication that pay parity improves retention, economic wellbeing, personal wellbeing (e.g., feeling more valued) (Gebhart et al., 2020).

African-centered curriculum and practices are critical to meeting the emotional, intellectual, and academic excellence of Black children. The current ECE system focuses almost exclusively on Eurocentric- middle-class cultural values, literacies, and teaching practices. Drawing upon the scholarship, success, and practices of African-centered schools is one step in helping teachers and our field understand how to infuse positive Black racial identity and culture within the early childhood classroom (Durden, 2007). While an extensive scholarship documents the success of African-centered instructional methods, these practices (and research expenditures) rarely appear within mainstream ECE, research, policy, and teacher preparation (Durden, 2007; Hilliard, 1997; 2003; Hopson et al., 2010). Thus, we call on the examination and use of African-centered teaching practices in the early years to: (a) ensure Black children experience cultural congruity between their lived realities and learning experiences in the classroom, (b) develop a positive racial and diasporic Black identity, (c) enable critical consciousness surrounding issues of race, racism, and fairness, (d) improve academic outcomes, and (e) cultivate strong collective ties with their local and diasporic communities.

Anti-racist ECE education is necessary to address racism experienced by Black children and their families and communities. Anti-Blackness in ECE is evidenced by the exclusion of Black culture and language within early childhood curriculum and assessment, as well as the systemic and institutional rejection of a positive perspective regarding Black people and Blackness (Boutte et al., 2021). Therefore, to be anti-racist within the racial context of Black children means first to understand how to be pro-Black and provide nurturing, safe, and responsive environments for Black children, their families, and their communities. We must

move beyond giving lip service to the narrative of anti-racist and anti-bias education by prioritizing these practices as a cornerstone of our teaching, similar to other best practices, such as developmentally appropriate practice and social-emotional learning. Furthermore, policies must preserve Black cultural heritage through the comprehensive representation of Black history in all learning environments and curricula, leveraging of African American English Vernacular to support children's learning, supporting Historically Black Colleges and Universities in training future educators and Black ECE educators and providers, formal and informal (e.g., friend, family, neighbor care).

Protective Policies. Protection is the intentional sheltering from trauma and harm to a person's physical, emotional, and cultural identities. Black children need to be protected from traumatic and unsafe experiences, due to the historical legacy of racism and systemic inequities, including unsafe and low-quality environments, along with food and housing insecurity. Black children and their families deserve physically and emotionally safe spaces free from trauma, violence, and low expectations; they deserve basic resources such as nutritious food, safe, healthy housing, and healthy, enriching early care, development, and learning opportunities.

Examples of policies and strategies that are likely protective of children and their families include paid family leave, affordable, safe, and healthy housing options, and child care subsidies. The **Family and Medical Leave Act (FMLA)** mandates 12 weeks of unpaid, job-protected leave with continuous health care coverage after birth, adoption, or placement of a foster child. Low-income families and families of color (i.e., Black families) are less likely to qualify for FMLA. Paid family leave enables parents to provide safe and nurturing care during the critical earliest months of a child's life, helping them build a healthy attachment. Similarly, the **Housing Choice Voucher Program (HCVP)** helps more than 5 million low-income families access

affordable rental housing that meets health and safety standards (NASEM, 2016). Even with the mixed evidence with housing policies (e.g., low take-up, more beneficial for younger than older children) (NASEM, 2019), potential benefits of participation in HCVP remain, including improved nutrition due to greater food security, reductions in poverty and homelessness, and protection from unsafe communities.

In addition to **Child Care Subsidies** that help make high-quality child care more affordable and accessible for low-income families, policies need to protect children and their families and communities from physical, psychological, and social harm (e.g., lead poisoning, violence, toxic environments, climate change). Policies also need to protect young Black children, their families, and their communities when institutions engaged in discriminatory practices, regarding child welfare, criminal justice, banking/lending, and education.

Promotive Policies. In light of the biological and social vulnerability of Black children and their families due to racism, discrimination, and bias, policies must promote health and wealth to meet their physical, psychosocial, and developmental needs. Economically stable, emotionally sound, and adequate access to basic resources will promote healthy outcomes for children and their families, critical in the first few years of life.

Some policies show promise in promoting Black families' economic stability, wealth generation, health, and children's development, such as Medicaid expansion, Supplemental Nutrition Assistance Program (SNAP), preconception and prenatal care, income supports, tax supports, and early intervention. **Medicaid** provides women with access to services during the perinatal period, which reduces birth disparities and the medical cost burden, calling for access throughout the life course. **SNAP** is the largest nutritional program in the U.S. and demonstrably improves birth outcomes, many child outcomes (e.g., receipt of child check-up, consistent school

attendance), and adult health (e.g., decreased obesity and high blood pressure). **Preconception and Prenatal Health** visits are universal strategies for optimizing maternal health and wellbeing before and during pregnancy, as well as promoting healthy child development. Evidence is still emerging on practices that stem racial disparities in maternal and infant mortality. Some promising approaches include group prenatal care, doula care, and culturally-centered birthing (NASEM, 2016; Prenatal-to-3 Policy Impact Center [PN3], 2020).

Income Supports and Tax Credits improve families' economic stability and upward mobility, critical for promoting the health, learning, and wellbeing of Black children. Temporary Assistance for Needy Families (TANF) is used for various services, such as income support and child care. In addition, earned Income Tax Credit (EITC) offsets the amount owed in taxes for low-income working families, alleviating poverty, leading to healthier and more equitable birth outcomes, with Black mothers seeing the greatest reductions in low birth weight births relative to White and Latina mothers (PN3, 2020). The American Rescue Plan, passed in March 2021, includes boosts to unemployment benefits, direct payments to many Americans, and expansion of child tax credits, to name a few benefits; this relief bill could cut poverty among Black people by more than 40% (Kim, 2021). Thus, this policy should be assessed to see its promotive impact on the economy, health, wellbeing, and learning of Black children and their families, and whether it reduces disparities.

Early intervention screening and assessment are essential for families and their children who may need early developmental and physical supports during the infant and toddler years. Unfortunately, Black children are less likely to be identified early as needing services. When identified, they are less likely to receive necessary and high-quality services, delaying their development and functioning (Boyd et al., 2018; Fountain et al., 2012). Thus, anti-racist

policies and programs need to comprehensively promote Black children's overall health and wellbeing and their families' health and wealth.

Conclusion

The U.S. economy lost out on \$16 trillion in growth over the last 20 years because of discriminatory policies against Black people in wage growth, education access, homeownership, and lending to minority-owned businesses (Peterson & Mann, 2020). These practices directly impact Black children's opportunity to thrive in the first few years of life, with lifelong consequences. Thus, policies to address equity must be done holistically rather than in a piecemeal fashion. It requires dismantling racist structures, institutions, and practices, as well as instituting policies that center the experiences, assets, and cultural heritage of Black people. However, the equitable policies underscored in this paper are not exhaustive, and they are primarily focused on current policies and not emerging policies being debated, such as reparations, guaranteed employment, universal basic income, and dismantling of policing practices. We highlight areas that prenatal to three-centered agencies and organizations can focus on to begin to meet the early health, education, and wellbeing of Black children and their families. This is the start of disrupting structural and institutional racism but not the end.

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