

Impact of Racism on Children's Mental Health, Development, and Identity

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Definitions

A social construct or creation of a social reality, based on physical characteristics, such as skin color and hair texture

Racism is an organized system premised on the categorization and ranking of social groups into **races**.

It devalues, disempowers, and differentially allocates desirable societal opportunities and resources to racial groups regarded as inferior.

Racism often leads to the development of negative attitudes (**prejudice**), and beliefs (**stereotypes**) toward non-dominant, stigmatized racial groups and differential treatment (**discrimination**) of these groups by both individuals and social institutions.

Definitions

Ethnicity includes the languages, values, beliefs, and traditions to which people are connected through their ancestry, nationality, and/or family.

Ethnic-racial identity is a person's thoughts and feelings about their race and ethnicity and the process of developing those thoughts and feelings.

Microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color.

Theoretical frameworks such as **intersectionality, cultural competency or humility, structural competency,** and **Racism as a Root Cause** approach.

RRC Checklist

How do you know if racism is the root cause of health disparities you are seeking to address? If the population you are engaging with is experiencing at least one of the following, racism is likely at the root of this population's health outcome disparities:

Barriers to wealth accumulation

Educational inequities

Disproportionate burden of displacement and housing insecurity

Disparate treatment in the justice system

Disparities by skin tone and/or color

More definitions can be found on

<https://www.psychiatry.org/psychiatrists/structural-racism-task-force/glossary-of-terms>

Impact of racial discrimination on mental health

↑ Negative mental health outcomes

- anxiety, depression, distress, hopelessness, loneliness, social and emotional difficulties, post-traumatic stress, psychological distress, stress, suicide

↓ Positive mental health outcomes

- emotional adjustment, psychological adaptation, resilience, self-esteem, self-worth, and social and adaptive functioning

↑ Behavior problems/delinquent behavior

- ADHD, aggression, behavior problems, conduct problems, delinquent behavior, emotional and behavior problems, externalizing, and internalizing

↑ Negative pregnancy/birth outcomes

- Very low or low birth weight, preterm birth

Significant effect
modifiers which
intensified the
effect of
reported racism
on child and
youth health
outcomes

- High ethnic identity
- High public regard
- Moderate negative racial socialization
- Absence of preparation for bias
- Family conflict
- John Henryism
- Stress and prenatal depression
- Low school/neighborhood diversity

Significant effect
modifiers which
attenuated the
effect of
reported racism
on child and
youth health
outcomes

- Performing well academically
- Active coping
- High religious coping
- Nurturant and supportive parenting
- High positive racial socialization messages
- Presence of race pride socialization
- Prosocial friends
- Increased connection to ethnic group
- High family support and family cohesion

Development of racial identity in young children

6 months: nonverbal categorization of people by race and gender (Katz & Kofkin 1997)

2 years: use of racial categories to reason about people's behaviors (Hirschfeld, 2008)

3-5 years: use of racial categories to identify self and others, expression of race-based bias, including in-group bias, and negative impact of racial stereotype (Aboud, 2008; Hirschfeld, 2008; Katz, 2003; Patterson & Bigler, 2006)

Development of racial identity in young children

Children gather information about race from a broad range of sources

Children's racial beliefs are not significantly or reliably related to those of their parents (Hirschfeld, 2008; Katz, 2003; Patterson & Bigler, 2006)

Importance of having age-appropriate conversations about race and racism and teaching complex, critical thinking to children

Ethnic/Racial Identity (ERI) Dimensions

- **Exploration:** searching activities and behaviors related to understanding the role of ethnicity/race in one's overall identity
- **Commitment:** affirmation of ethnic/racial identity and clarity about the role of ethnicity/race in one's self-concept
- **Centrality:** the extent to which ERI is central to one's overall self-concept
- **Private regard:** assessment of positive regard about membership in one's ethnic/racial group
- **Public regard:** assessment of perceptions of outgroup views of one's ethnic/racial group

Meta-analysis findings (Yip et al, 2019)

- Interpersonal and vicarious discrimination are associated with poorer physical and mental health outcomes
- Ethnic/racial identity matters for how individuals experience ethnic/racial discrimination. It generally dampens the effects of discrimination
- There are health benefits to fostering a positive, clear and inclusive sense of ethnic/racial identity in young people as a lever for mitigating the impact of discrimination

Meta-analysis findings (Yip et al, 2019)

- Dimensions that are protective against negative effects of discrimination are **ERI commitment, private regard, and centrality**.
- A dimension that is associated with exacerbation of negative effects of discrimination is **exploration**. Particularly, exploring one's ERI into the mid 20s seems to be associated with the highest levels of vulnerability to discrimination

Clinical Pearls

- Inquire about race and culture in intake
- Inquire openly about influence of culture in home experience
- Inquire openly about racial differences in surrounding environment outside of home
- Inquire openly about how racial and cultural identities affect self esteem
- [APA Guide](#) on how to talk about race and racism with patients and their families

Highlights from APA Resource Document

How Psychiatrists Can Talk with Patients and Their Families About Race and Racism

1. Allow patients the space to candidly express emotional responses to racism and investigate symptoms of internalized racism.
2. When appropriate, bring up the subject of race proactively with patients; Therapists need not, and should not, be “colorblind.”
3. Do not ignore, reject or avoid discussing racial issues.
4. Validate experiences of discrimination and explore their impact.
5. Connect patients to resources in the community and encourage them to build a strong social support group.
6. Empower young people with coping strategies to deal with discrimination and microaggressions.
7. Help young people identify and build an external support system to deal with their experiences of racism. Address patients’ tendencies to self-blame and help them recognize negative self-talk.
8. Be kind and loving to yourself.

4. STARTING A DIALOGUE WITH PATIENT’S ABOUT RACE/RACISM

Below are some informal questions that can help prompt a discussion about race/racism

- Have you experienced racism?
- Have you ever felt targeted or negatively treated because of your race?
- Have you seen someone else experience racism?
- How does racism affect you (physically and mentally)?
- How have experiences of racism shaped you?
- What did you do when someone acted in a racist way towards you?
- Did you feel like your race affected the outcome in that situation?
- Have you treated someone unkindly because of their race?
- What is it like for you to have a therapist who is (maybe) the same race as you? Who is a different race?

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