



From the Editor

Judy A. Rollins, PhD, RN

The Depth of Racism in the U.S.: What It Means for Children

In August, our national news was filled with horrifying images of racism on display. If racism weren't such a serious issue, seeing people marching with Tiki torches might have almost seemed comical. The Nazi flags were chilling. It was quite the deadly show of visual, verbal, physical, and emotional hatred that I never thought I would ever see again in my country.

Yet with this event and similar ones that followed, we have learned how deeply racism is imbedded in American culture. Following the rebuke from the United Nations on human rights (Gearan & Wang, 2017). Malik (2017) pointed out the following:

It took only eight months to go from a nation that voted for a black president two terms in a row to one that is suffering from race riots and killings, with officials having to send troops out on to the streets and declare a state of emergency. The speed with which it happened is the clue that it was, in fact, happening all along, unseen. And the fact that it was lying in wait is an indicator of how little racial equality is prized in the United States' DNA.

Malik (2017) explains why ostensibly developed countries, once faced with adversity, a vacuum of authority, or questionable leadership, tend to fall apart along the lines of race. In stable times of prosperity and rational leadership, "the promotion and enshrining of the rights of the more vulnerable is cosmetic at best, undermined and papered over at worst. The foundations were there and continued to be laid even during Obama's leadership" (Malik, 2017).

Such a sorry state of affairs. How does racism develop, what is its impact, and what can we do about it?

The Development Of Racism

Racism, a developed set of attitudes, includes antagonism based on the supposed superiority of one group or on the supposed inferiority of another group based solely on skin color or race (Beswick, 1990). No human being is born with racist, sexist, and other oppressive attitudes. Would children even notice differences if no one said anything about them? Yes, they would, for the following reasons (Rollins & Mahan, 2010, pp. 70-71):

- Early on, children notice differences and mentally organize these observations into categories. This is how young children make sense of their ever-expanding world.
- Attitudes about "us and them" are learned and reinforced in the home, school, and church, and through the media.
- By 3 years of age, children have learned to categorize people into "good or bad" based on superficial traits, such as race or gender.
- Children 2 years of age or younger learn names of colors, then begin to apply these names to skin color.
- By 3 years of age or even earlier, children can show signs of being influenced by what they see and hear around them. They may even pick up and exhibit "pre-prejudice" toward others based on race or disability.
- Children 4 and 5 years of age may use racial reasons for refusing to interact with others who are different from themselves; they may act uncomfortable around or even reject people with disabilities.

- By the time children enter elementary school, they may have developed prejudices. Stereotypes remain until personal experience or someone attempts to correct them.

Savard and Aragon (1989) tell us that parents are the earliest and most powerful source of racial attitudes (positive or negative); peers are a close second. Open-mindedness increases with age.

The Impact of Racism On Health

Gee, Walsemann, and Brondolo (2012) note studies that indicate racism may influence health inequities. Growing from infancy into old age, individuals encounter social institutions that may create new exposures to racial bias. Gee and colleagues (2012) view racism and health inequities from a life course perspective. They found that repeated exposure to moderate racial discrimination can cause illness after a time. Health can also be affected by social systems, such as education, the criminal justice system, and the labor market. Racism leads to housing and school segregation, limiting a person's social network, and eventually, their employment opportunities and health. Over a lifetime, an individual who is subjected to racism has longer periods of unemployment or underemployment, incarceration, and/or illness. Compared to someone who has not experienced racism, someone who has may have a shorter career and retirement period, and eventually, a shorter life expectancy.

Racism also has an impact on the health of those who migrate to a new country. Although newly arrived immigrants are reported to have better health than non-immigrants in North America, their health declines

with increased length of stay. First attributed to the process of adapting to a new culture (sedentary North American lifestyle and increased intake of fatty food), research now indicates decline may be due to racism (Na, 2012).

Ausdale and Feagin (2001) note that early childhood is a crucial sensitive period when stressors such as racial discrimination may have an impact on an individual's long-term well-being, affecting brain development and the formation of neural connections between different regions. The brain and other parts of the body do not forget when bad things happen in early life (Shonkoff, in Kuehn, 2014). In later years, children exposed to racial discrimination may perceive their own ethnic group negatively, become self-conscious, and develop low self-esteem and symptoms of depression (Na, 2012).

Implications for Nursing

Research suggests efforts nurses can take to help limit the effects of discrimination. Mossakowski (2003) found that the more strongly people identified with their own ethnic group, the less likely they were to display symptoms of depression. This study showed that a stronger sense of ethnic identity meant having a sense of ethnic pride, being involved in ethnic or cultural practices, and having knowledge about and commitment to the ethnic group. She concluded that ethnic identity not only directly protects individuals from discrimination, but also buffers the stress of discrimination on mental health.

Nurses can support children's ethnic identity by learning as much as possible about the cultural backgrounds of the populations served by their practice that are different from their own. They can encourage children's pride and self-esteem through an eagerness and curiosity to learn about children's cultural heritage from the children themselves. Healthcare facilities can use art and design to celebrate the various cultures served to provide a sense of welcome and pride for those who receive treatment there.

Nurses should keep apprised of the community's political, social, racial, and other related issues that could have an impact on children and teens in their practice. Talking to children about discrimination is important for their health and development, and

nurses should not avoid discussing the topic. Supporting research-based curricula for children, such as Teaching Tolerance, can also be encouraged.

Conducting parenting classes could prove helpful. Research findings indicate that parents' responses to their own experiences of racial discrimination can influence their parenting behaviors (Sanders-Phillips, Settles-Reaves, Walker, & Brownlow, 2009). Parents who have experienced greater racial discrimination may become less sensitive to their children's needs and less able to display affection, fail to prepare them for how to cope with discrimination, and use harsh discipline. At the same time, research tells us that more nurturing and involved parenting can weaken the adverse outcomes for youth associated with their own experience of discrimination (Gibbons et al., 2010).

We must never forget that whether it is visible or not, hate can be lurking just below the surface. As pediatric nurses, we can make a difference to diminishing racism and discrimination in our daily interaction with patients and their families. ■

References

- Ausdale, D.V., & Feagin, J.R. (2001). *The first R: How children learn race and racism*. Lanham, MD: Rowman and Littlefield Publishers.
- Beswick, R. (1990). Racism in America's schools. *ERIC Digest Series*, EA 49. Retrieved from <https://www.ericdigests.org/pre-9215/racism.htm>
- Gearan, A., & Wang, A (2017, August 16) In veiled criticism of Trump, U.N. chief says racism is 'poisoning our societies.' *The Washington Post*. Retrieved from [national-security/in-veiled-criticism-of-trump-un-chief-says-racism-is-poisoning-our-societies/2017/08/16/ddd03984-82a5-11e7-ab27-1a21a8e006ab_story.html?utm_term=.962893eebdfc

Gee, G.C., Walsemann, K.M., & Brondolo, E. \(2012\). A life course perspective on how racism may be related to health inequalities. *American Journal of Public Health*, 102, 967-974.

Gibbons, F.X., Etcheverry, P.E., Stock, M.L., Gerrard, M., Weng, C., Kiviniemi, M., & O'Hara, R.E. \(2010\). Exploring the link between racial discrimination and substance use: What mediates? What buffers? *Journal of Personality and Social Psychology*, 99\(5\), 785-801.

Kuehn, B. \(2014\). AAP: Toxic stress threatens kids' long-term health. *JAMA*, 312\(6\), 585-586.

Malik, N. \(2017, August 25\). After a UN warning over racism, America's self-image begins to crack. *The Guardian*. Retrieved from <https://www.theguardian.com/commentisfree/2017/aug/25/un-warns-us-racism-but-trump-era-bigotry-not-blip-charlottesville>

Mossakowski, K. \(2003\). Coping with perceived discrimination: Does ethnic identity protect mental health? *Journal of Health and Social Behavior*, 44, 318-331.

Na, L. \(2012\). *Children and racism: The long-term impact*. Retrieved from <http://www.aboutkidshealth.ca/En/News/NewsAndFeatures/Pages/children-racism-long-term-impacts.aspx>

Rollins, J., & Mahan, C. \(2010\). *From artist to artist in residence: Preparing artists to work in pediatric healthcare settings*. Washington, DC: Rollins & Associates.

Sanders-Phillips, K., Settles-Reaves, B., Walker, D., & Brownlow, J. \(2009\). Social inequality and racial discrimination: Risk factors for health disparities in children of color. *Pediatrics*, 124\(3\), S176-S186.

Savard, W.G., & Aragon, A. \(1989\). *Racial Justice Survey Final Report*. Portland, OR: Northwest Regional Educational Laboratory.](https://www.washingtonpost.com/world/</p></div><div data-bbox=)