JUST SIX QUESTIONS

RESEARCH SUMMARY



"The unique and substantial burdens that the stresses of structural, cultural, and interpersonal racism impose on the daily lives of families raising young children of color provide a compelling argument for rethinking the conventional belief in the generic pile-up of adversity versus the distinctive threat of deeply embedded social, economic, and political marginalization to physical and mental health" (p. 127).

Early Childhood Adversity, Toxic Stress, and the Impacts of Racism on the Foundations of Health

1. What is the research about?

This research emphasizes the importance of shielding the developing brain and biological systems from the negative health outcomes caused by early childhood adversity, racism, and toxic stress. Early exposure to psychosocial and socioeconomic threats – such as community violence, abuse, poor nutrition, parental/guardian substance use and addiction, poverty, and racism – could result in long-term physical and mental health challenges.

The authors argue that the lack of public discussion about the early childhood origins of many of the chronic health conditions linked to increased morbidity and mortality from COVID-19 infection (e.g., obesity, hypertension, heart disease, diabetes) – more prevalent among African Americans – highlights the urgent need for increased attention to the scientific knowledge and policy implications presented in this research.

2. Where did the research take place?

This research takes place in the United States. The COVID-19 pandemic's striking evidence of racial and ethnic disparities in prevalence, complications, and mortality rates has heightened awareness of many of the persistent social and structural inequities (e.g., disproportionate representation in overcrowded housing and frontline service jobs, unequal access to medical care) that jeopardize the health and development of people of colour in the United States.

3. Who is this research about?

This research concerns children and youth who are exposed to *early childhood adversity* (which can include abuse, neglect, poverty, domestic violence, and/or trauma), especially those who are Black or racialized. This exposure often leads to a *toxic-stress response* (when the body's stress response system is activated for a prolonged period without proper intervention) and subsequently short- and/or long-term health issues, such as depression, anxiety, substance dependency, and heart disease. This can cause major alterations in brain development and ultimately permanent physical and psychological damage.

4. How was the research done?

The researchers conducted a **literature review**, beginning with an overview of documented scientific breakthroughs in early childhood adversity and resilience, then an overview of the particular impacts of racism on health and a selected evaluation of findings from relevant intervention studies, all of which took place in the United States.

5. What are the key findings?

Researchers summarized both a) the effects of adversity on developing biological systems, and b) the unique effects of racism on health.

Table 1. Forms of racism that can affect physical and mental health (p. 119).

| Forms | Characteristics | Examples |
|--------------------------|---|--|
| Institutional/structural | Systemic, racial inequities | Housing |
| racism | embedded within interconnected | Criminal justice |
| | social, political, and economic | Labor markets |
| | systems that have deep historical | Education |
| | roots | Health care |
| | | Immigration policy |
| Cultural racism | An ideology grounded in white supremacy that is deeply | Education system inequities (e.g., differences in preschool expulsion rates) |
| | embedded in the language, symbols, media and | Health care inequities (e.g., delayed diagnosis and treatment) |
| | taken-for-granted assumptions of the larger society | Stereotype threat and internalized racism |
| Interpersonal | Individual experiences in the | Experiences of unfair treatment (e.g., at work, at school, |
| discrimination | context of everyday social | with law enforcement) |
| | interactions, including implicit | Experiences of being threatened or harassed |
| | biases, microaggressions, and | Intentional or unintentional racial insults, mistreatment, or |
| | vicarious discrimination | slights |

- a) The body's stress response systems are adaptive in a threatening early environment. However, if the biological system is unable to recover once the source of stress has been removed, the brain stands the risk of being stuck in a "maladaptive" state, requiring behavioural and/or pharmacological intervention for later depression or anxiety disorder (p. 117). Evidence also shows that children who are exposed to poverty and unsupportive caregiving are more susceptible to obesity and high blood pressure.
- b) Families and communities play an important role in safeguarding young children from the external stresses of racism, minimizing the internal, physiological disturbances that a toxic stress response can cause. The public health community would be more impactful in focusing societal attention on the critical need to combat the *pathogenic effects*, or disease-causing effects, of structural and cultural racism (such as poor nutrition, air pollution, and contaminated water) through an early childhood perspective. The authors outline the forms of racism that impact physical and mental health, and provide characteristics and examples (see Table 1).

Evidence indicates that **addressing structural racism would have profound health impacts**. According to a nationwide survey of young adults reviewed by the authors, removing residential segregation would eliminate racial disparities in incomes, high school graduation rates, and unemployment, as well as reduce racial disparities in single parenthood by two-thirds.

The authors argue that more research is needed to aid in developing effective policies and programs concentrating on

combating systemic, cultural, and interpersonal discrimination. There is a particular need for research on strategies to eliminate implicit racial biases among early childcare workers and preschool teachers.

6. Why does it matter for youth work?

To create more sustainable change, **youth programs must intentionally have an upstream focus** (i.e., a focus on addressing root causes) on the "multiple ways in which structural and cultural racism and deeply embedded patterns of discrimination create physical, social, and economic conditions that disproportionately threaten the healthy development of children of color and their families" (p. 119). This can be accomplished when **youth organizations and stakeholders merge knowledge about trauma into policies, procedures, and practices**. For example, training youth workers to adopt a trauma-informed, anti-racist approach. Furthermore, practitioners and organizations who work with and support youth should **intentionally engage in critical reflection** – internally, interpersonally, and systemically.

> Shonkoff, J. P., Slopen, N., & Williams, D. R. (2021).
> Early childhood adversity, toxic stress, and the impacts
> of racism on the foundations of health. *Annual Review of Public Health*, 42, 115-134.

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