Original qualitative research

Anti-Black racism in the early years: the experiences of Black families and early childhood educators in Nova Scotia

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Abstract

Introduction: Anti-Black racism is a social determinant of health that has significantly impacted Black children and families. Limited research has examined anti-Black racism during the early years—a critical period of development. In this study, we sought to understand the manifestations of anti-Black racism in early childhood and explore its impact on Black children and families.

Methods: This qualitative research project was informed by critical race theory, Black Critical Theory and interpretive description. Early childhood educators (ECEs) and parents with Black children between the ages of 18 months and 5 years (n = 15) participated in virtual, semistructured interviews.

Results: Awareness of and protection against anti-Black racism was a constant in Black families' lives. Parents felt as though they had to remain hypervigilant and overprotective of their Black children, knowing they were liable to encounter racial violence. The early learning environment was a source of heightened stress for families, given the significant amount of time young children spend in child care. Black children were often "othered" in predominately White spaces and had been objectified by White ECE staff and children. Parents worked to instill a strong sense of self-confidence in their children to counteract the negative impacts of racial discrimination.

Conclusion: Results from this study suggest that children as young as 18 months are experiencing racial violence and adverse childhood experiences. Findings may contribute to antiracist policy development and a focus on more inclusive early childhood education for Black children and families.

Keywords: anti-Black racism, early childhood education, child care, mental health, African Nova Scotian

Highlights

- The objective of this qualitative research study was to increase understanding of the impacts and manifestations of systemic and interpersonal anti-Black racism on African Nova Scotian children and their families.
- Children as young as 18 months had experienced anti-Black racism in the early child care setting, including verbal abuse, bullying and discriminatory treatment by early child care educators.
- Black children were often "othered" in predominately White spaces and some had been objectified by White ECE staff and children.
- Medical settings were also a space where violence and discrimination occurred, with Black mothers reporting that they had been accused of abuse by care providers, and that they and their children experienced maltreatment rooted in anti-Black racism in hospital settings.

Introduction

Racism, particularly anti-Black racism, has been recognized as a critical driver of inequitable health and educational outcomes for racialized Canadians.[1-4] Anti-Black racism is a specific form of racism that targets people of African descent. It is deeply embedded within Canadian institutions and policies and is directly connected to the legacy of European colonization, the trans-Atlantic slave trade and state-sanctioned segregation.[5] The principles on which Western society was built position White people as dominant and superior to Black people, perpetuating inequity and reinforcing negative attitudes, prejudice and discrimination.[6] Children of African descent are significantly more likely to face violence and other adverse experiences due to the lasting ramifications of being enslaved and experiencing segregation and maltreatment.[7-9] Young Black children are disproportionately exposed to racial violence, particularly across educational and medical systems.[9-13] Several Canadian national bodies (e.g. Canadian Association of Child and Adolescent Psychiatry, Canadian Nurses Association)

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have labelled anti-Black racism as a significant public health crisis.[14]

This study examined the experiences of African Nova Scotian families, an African Canadian community with an extensive history of over 400 years, including much adversity and hardship. Nova Scotia (NS) is home to the largest indigenous Black population in Canada, with families arriving more than 400 years ago.[15] The term "African Nova Scotian" (ANS) describes individuals who self-identify as descendants of Black Loyalists, Jamaican Maroons, Black refugees and Caribbean workers that settled in Cape Breton.[15,16] They represent 44% of the racially visible population in NS and constitute 2.3% of the total provincial population.[15,16]

The objective of this qualitative research study was to understand the impacts and manifestations of systemic and interpersonal anti-Black racism on African Nova Scotian children and their families. As research on the early childhood development period among Black children remains limited, this study serves to advance the work towards equitable frameworks and to support the inclusion of Black children in early child care settings and play environments. We sought to elicit the lived experiences of Black families with young children (aged 18 months to 5 years) and early childhood educators (ECEs) who care for Black children to better understand how racism and discrimination is experienced by African Nova Scotian children during the early childhood period, and its impact on family well-being.

Methods

Ethics approval

Research Ethics Boards approval was obtained from the participating universities (#2019-168).

Study design and theoretical framework

This study used a qualitative description (QD) approach to provide a rich description of the experiences of Black families and ECEs through interviews.[17,18] Using QD allowed the researchers to remain close to the data and apply a lens of critical race theory (CRT) and Black Critical Theory (BlackCrit) throughout the interview

and data analysis process.[17] Interviews were conducted from June 2021 to January 2022.

This qualitative description research project was informed by CRT and BlackCrit. CRT was conceptualized within the field of legal research in the late 1970s. CRT seeks to understand racism and oppression and the ways race* and power are constructed and reproduced in Western society.[19] It is a theoretical framework and analytic lens that can be used to demystify prevailing social inequities facing racialized peoples. Its relevance to systems and research related to education was introduced in 1995 by Ladson-Billings and Tate, who emphasized the educational institution as a site of White dominance and racial oppression.[20]

More recently, Dumas and ross[6] refined in the field of education what could be described as a subsection of CRT—Black Critical Theory—that centralizes the Black experience. BlackCrit seeks to understand how policies and institutional practices continue to reproduce Black suffering. BlackCrit moves beyond CRT to centralize anti-Blackness and understand its manifestations in institutional practice.[6] BlackCrit is another analytical tool that can help to explain how and why Black bodies remain "marginalized, disregarded and disdained"[6,p417] even in spaces such as education, where their dominant narrative celebrates uniqueness and diversity.

Although scholars across disciplines have developed a variety of tenets central to CRT, this study focussed on five. These tenets are foundational to CRT and have been expanded upon by Black critical theorists:

(1) Racism is endemic and has completely permeated and shaped Western society.[21] Racism, and more specifically, anti-Black racism, is foundational within all social, economic, historical and cultural spaces and dimensions.[6]

(2) Equality-driven concepts such as claims of neutrality, objectivity, colour-evasiveness and meritocracy must be challenged and equity must be sought.

(3) Experiential knowledge and the value of storytelling must be central and lived experiences must be recognized as essential data.

(4) The dominant ideology must be challenged and we must criticize what is valued and normalized.

(5) We must understand and acknowledge that racism intersects with and can be shaped and amplified by the existence of other identities, such as gender, socioeconomic status and (dis)abilities.

The core tenets of CRT and BlackCrit were used to shape the design, procedures and analytic approach of this study. Recognizing that Black voices have largely been excluded from the literature on child well-being in the early childhood period, we chose to conduct individual, qualitative interviews to amplify the lived experiences of parents with Black children. Within the scope of our analysis and discussion, we recognized that racial discrimination is embedded within all societal institutions, shaping structure and practices.[22] We critically examined the stories shared by families within medical and educational settings and noted the ways in which they facilitate or allow micro- and macroaggressions and normalize Whiteness, causing undue harm to Black families.[19] Further, we discuss the ways in which anti-Black racism differentially impacts parents and children of different genders.

Eligibility criteria

Parent participants were eligible to participate in an interview if they had an African Nova Scotian child between 18 months and 5 years of age. In addition to lineage, indicators of connection may include, but are not limited to being born or raised in Nova Scotia; residing in, or having family in an Indigenous Black community; self-identifying as "Indigenous Black" or "African Nova Scotian;" and more. ECEs were eligible to participate if they self-identified that they had significant experience working with young African Nova Scotian children (aged 18 months to five years who were not yet in Grade Primary/kindergarten) or in an African Nova Scotian community. ECEs could have been employed

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* Although "race" is a social construct for which there is no scientifically supported biological basis, discrimination on the basis of race is embedded in systems and ideologies of White supremacy. We feel that it is essential to talk about race in order to call out injustices, describe health inequities and document the systemic racism in our institutions.

within a child care centre, family day home or pre-primary program.

Procedures

The research team contacted community liaisons (developed through earlier work by members of the research team) and relevant community organizations (e.g. family resource centres, child care centres, libraries, family home daycare agencies) in new and historic African Nova Scotian communities to tell them about the research and to ask for their support to disseminate recruitment materials to families. Methods included sending electronic study posters out through community listservs, newsletters and social media and displaying hard-copy posters or information cards in their spaces. Community stakeholders were also consulted to evaluate the interview guide and provide feedback on the proposed questions.

The study was promoted to ECEs and parents through the research centre's social media and by targeting key online communities and groups for families and ECEs in the identified recruitment communities. Participants were asked to contact the research team directly by email or phone to express their interest. A research team member met with prospective participants over email or phone to establish informed consent. Qualitative, in-depth, semistructured interviews were conducted using Microsoft Teams (n = 3), over the phone (n = 12) or in person (n = 1, adhering to institutional COVID-19 guidelines for data collection). Interviews lasted between 30 and 90 minutes. Participants were compensated with a $40 gift card.

Participants

Participants included parents (n = 7) and ECEs (n = 8) who participated in a broader qualitative study conducted in 2021 that examined the experiences of early childhood among African Nova Scotian children living in communities experiencing an opportunity gap (other papers forthcoming).[23] Participants lived or worked in urban and rural communities in the eastern Canadian province of Nova Scotia. Table 1 shows participants' demographic information.

All parents identified their children as African Nova Scotian, with all children being born in Nova Scotia or having historic roots in the province. Parents included six biological mothers and one biological father. Five parents were of African descent and two were White. All parents lived in an urban area. Seven ECEs identified as women, one as a man. Four ECEs were of African descent, four were White. Years of experience ranged from less than one to 20 or more years (average = 11 years). Two ECEs were practising in a rural area.

Analysis

All interviews were digitally recorded and transcribed verbatim. Qualitative analysis was guided by interpretive description. Transcriptions were verified by a second transcriber. The first author (ESC) led the analysis, with all other members of the team participating in the review process. All transcripts were reviewed by ESC, NH and MP. These three authors co-constructed a codebook based on initial readings and memoing completed by ESC during and after the interviews. This coding framework was tested and refined several times. ESC, NH and MP individually coded several identical transcripts in line with the coding framework to ensure consistency between raters before the remaining transcripts were coded individually. The content of the quotations was examined and collapsed and preliminary subthemes were described by the three coders. The entire research team met virtually and used Google JamBoard (Alphabet Inc., Mountain View, CA, US) to review codes and develop subcategories collaboratively. Final subthemes and themes were determined collectively.

Positionality

Reflexivity is an integral part of qualitative research, whereby researchers "position" themselves in the context of the research.[24,p.229] Researchers must understand their own "biases, values and experiences," which are part of the research study.[24,p.229] Reflexivity is a continuous process of self-reflection and self-evaluation.[25]

Our team of researchers consisted of six individuals; two of the three principal investigators self-identified as African Nova Scotian women, and the third as a White woman. The remaining members consisted of one White woman with a child of African descent, one Afro-Latina woman and one man of African descent.

Results

Four major themes were constructed from the data: (1) intergenerational impacts of racism; (2) anti-Black racism in the early years; (3) White is always the norm; and (4) the importance of self-identity, cultural awareness and parent advocacy.

Intergenerational impacts of racism

Parent participants in this study, as well as ECEs of African descent, spoke about the impact that anti-Black racism and racial discrimination has had on their own lives growing up. Parents reflected on their own early childhood experiences and the anti-Black violence they and their families encountered when they were children. All parents and Black ECEs described anti-Blackness as something commonplace within Nova Scotian culture and society, embedded into nearly every public system, and something they encountered often. Anti-Black violence was felt strongly within the education system by participants, including in early childhood settings. Violence and isolation were amplified in these educational spaces, where the population was majority-White, and representation of Black staff and students was low. Families and communities felt the impacts of racism "very early on." Michelle (parent) recounted her experience in the public education system as a child in Nova Scotia:

> My mom tells me stories now of you know teachers actually mentioning my hair being too big or how to put it in braids to somewhat tame it so to speak you know or children you know making fun or you know, I was called the N-word.

Parent participants and Black ECEs with their own families described the lasting impacts of the racism they themselves encountered as children. Owing to their own experiences, parents knew their children would eventually encounter racial violence or injustice, just as they had experienced, and their parents before them. Families felt a great sense of anxiety and stress parenting a Black child in a colonial place where anti-Blackness remains prevalent.

Michelle, after sharing her own childhood story of racial abuse, stated, "Unfortunately, I feel my children are probably going to go through the same thing." Parents felt as though they needed to remain hypervigilant and overprotective of their children, knowing that it was not a matter of if, but

TABLE 1
Demographic information of participants in a study of anti-Black racism in the early years, Nova Scotia, 2022

Early childhood educators				Parents			
Pseudonym	**Racial identity**	**Years of experience**	**Area of work**	**Pseudonym**	**Relationship**	**Community**	**Parent racial identity**
Deandra	Black	20+	Halifax Regional Municipality	Imani	Mother	Halifax Regional Municipality	Black
Olivia	White	< 1	Halifax Regional Municipality	Michelle	Mother	Halifax Regional Municipality	Black
Sue	Black	20+	Halifax Regional Municipality	Kiyana	Mother	Halifax Regional Municipality	Black
Jade	Biracial	1	Halifax Regional Municipality	Jasmine	Mother	Halifax Regional Municipality	White
Carter	Biracial	20+	Halifax Regional Municipality	Aaliyah	Mother	Halifax Regional Municipality	Black
Megan	White	10+	Rural community	Alicia	Mother	Halifax Regional Municipality	White
Rebecca	White	< 1	Rural community	David	Father	Halifax Regional Municipality	Black
Hannah	White	15	Halifax Regional Municipality				

when their children would be the victim of racially motivated abuse. Aaliyah (parent) stated her concerns: "My only fear is just him experiencing, you know, some form of racism or just discrimination because of his skin." When speaking to parents about their apprehensions about their children moving on from child care and entering the school system, racism was their foremost concern. Kiyana (parent) described her concerns: "That's definitely a fear, like I just want to be reassured that he's going to be treated the exact same as anyone else."

Anxiety and apprehension were pronounced for parents with Black boys, who have encountered historical criminalization from a young age. Several parents worried that their sons would experience more frequent and severe punishments, which would impact the children's mental health and engagement in school. This was something parents had witnessed growing up, and they were wary of their own children encountering similar prejudices. Alicia (parent) said, "Because he's Black, I worry that he is going to be targeted, that he is going to be blamed for everything." Aaliyah stated that her anxieties about raising a Black boy began the moment she learned her child's sex: "When I found out that I was having a boy that kind of stress was on my mind." Aaliyah stated that she feels as though the school system "sets [Black children] up to fail." Her reasoning was tied to the system's longstanding biases that assume Black children are not as well educated, intelligent or capable compared to their White counterparts. This is something parents are acutely aware of:

> I feel like especially with Black kids, they're so quick to say they have a learning disability or put them on an IPP [individualized program plan], which is my worst fear because then, kids that are on IPP, they can't go to university because they don't take the right classes. So that's a lot of what I hear, especially in my community, it's like, parents fighting with the teachers not to put them on the IPP system. They know that they're not going to be able to succeed later in life. (Aaliyah)

Many parents felt as though they needed to overcompensate for the early childhood and education systems' inevitable failures. As many parents themselves felt that the education system had failed them, they were adamant about changing that experience for their own children. Parents did not have confidence in their children's educators—except for several majority-Black spaces—feeling as though "the schools don't know how to handle race issues" (Kiyana). This led to parents feeling as though they needed to be highly engaged with their children's educators and child care or school—evaluating the curriculum, checking on staff diversity, monitoring their child's participation and relationship with their educator, and more:

> My children aren't in school yet but when they do go to school these are things that I'm going to be asking and things I'm going to be looking for if parents are allowed in schools. I need to know that they're being represented and seeing themselves, same with the daycare really. (Michelle)

A few ECEs noted that parents, knowing their children would be neglected in the school system, pushed their children to learn mathematics and literacy as toddlers. "He was only three and they're pushing for him to spell his name and do letters and it's just not developmentally appropriate at that age. I mean if you can spell your name and you can do all the stuff then great but … it's just not expected" (Olivia, ECE). Parents felt as though it was their responsibility to reduce the opportunity gap that their children might be exposed to once they got into school. Aaliyah explained her mentality: "We know the stats of Black children, that they're

usually, for whatever reason, behind their White counterparts. And so, it's really important, for at least my family, to instill in him the skills that he needs in order to succeed in a system that doesn't really want him to succeed."

Anti-Black racism in the early years

Parents' and ECEs' apprehensions about Black children being exposed to racial violence was, indeed, rooted in their own realities. Nearly every parent participant and ECE could recall a racist incident that impacted their child or another child in an early childhood environment. This manifested through implicit biases, overt use of hate speech with racially abusive language, over-punishment and racial profiling. Experiences were described as systemic, taking place within early childhood education spaces and the medical establishment.

Medical system

Several parent participants described negative encounters within the medical system during which they felt unsafe, mistreated and anxious. Black mothers felt highly scrutinized within health care spaces, as they were also at risk of being racially discriminated against by staff or the system. From the moment women became mothers—even before—they felt as though they were being treated differently by health care providers. Aaliyah described her experience when delivering her child: "When I had [child], I just felt like I wasn't being heard by my medical staff. My concerns during my labour weren't, I feel like they weren't being addressed, kind of pushed off."

In addition to not feeling like she was treated well during labour and delivery, Aaliyah also recalled her nurse using outdated and discriminatory language. "I remember one of the nurses … she was like, 'and oh yeah "coloured" babies, they have this Mongolian spot [congenital dermal melanocytosis].' And I was just like, 'What?' I was just taken back. Because she said 'coloured.'" Black mothers in the health care system are forced to remain on high alert, trying to ensure that they are properly cared for and respected, but also to make sure their children are safe.

These negative interactions erode families' trust in the medical system, creating anxiety for parents when they eventually

need to seek care. Parents were not only concerned about enduring racially violent language, or feeling dismissed, but were worried about their child's injuries being perceived as abuse.

> I think the anxiety stems from, you know, if he gets injured, and then going to the hospital … I've had mixed experiences in the hospital, but I wouldn't say they're the best experiences … Just being a Black parent going to the hospital, it makes me think, am I going to have to explain myself? How did he get hurt? And them questioning me. (Aaliyah)

Despite their additional privileges, even White mothers of Black children had been accused of abusing their children, demonstrating how widespread and pervasive these assumptions are. Alicia stated:

> So it's typical for Black children to have this mark [Mongolian spot]—and I took him in and [nurse] was just questioning me…. It was almost like she was accusing me of bruising him because that's kind of what it looked like, but it is this spot that Black children have…. She didn't know about it but was assuming it was abuse.

Even though Alicia is not Black herself, the fact that she is the parent of a Black child still meant she was vulnerable to scrutiny. Moreover, this example shows the lack of cultural awareness and training that health care providers receive around supporting racialized patients, as, despite how common they are among non-White infants, this provider had never heard of congenital dermal melanocytosis (Mongolian spots).

Early childhood environment

Child care centres were an environment in which many children encountered anti-Blackness, in the form of direct racial violence, over-punishment and maltreatment. Several ECEs recounted stories from their child care centres in which children were victims of anti-Black violence. Deandra (ECE) recounted an experience with a member of her own family: "He, at the time, was four years old and got into it with another child, and that child called him the N-word." Deandra reported that, immediately after this incident occurred,

both children were disciplined and put into a time-out. The child care centre did not use the opportunity to educate the White child on the severity and harm that accompanies racial slurs, and their parents were not informed the incident had occurred. The severity of this experience and its mishandling led Deandra's family to remove the child from the centre and find an alternative place.

A similar incident occurred in a rural community. Megan (ECE) described what occurred in her child care centre: "It was the first day for one of the Black children that was coming and the first thing that was said, a White child had stood up and said, 'Your face is black, your face is black, your face is black' and kept repeating it… I would say it probably lasted 2 to 3 months." These incidents occurred regularly, to the point where the Black child was visibly distressed and in tears. Moreover, one parent of the White child involved in the incidents of racial abuse was resistant to having at-home conversations about race and racism:

> [Father] didn't feel like his kid needed to be educated that young about different cultures…. He just felt that it was too mature for his child to handle. So, he didn't—he never participated from what we've been told at home in the conversations. (Megan)

Other parents found that even in early childhood, their children were already beginning to be over-punished. Parents reported receiving a higher number of incident reports than other parents, and were told, frequently, that their children were responsible for altercations that had occurred in child care. Kiyana reflected on her experience:

> I'm having to sign a lot of incident reports and some of them are I don't know, they kind of talk nonchalant about it. Not negative really, but some of them I find have a negative tone when they're talking about what he did … there's nothing that I can say that like points to race. But I don't hear any other [parents] having incident reports.

Similarly, Alicia reported receiving calls at home and having to speak to ECEs at pick-up about any incidents that occurred with her son during the day. Her child

was often blamed for what had occurred, despite Alicia finding out later that he was not the instigator of the conflict, but the victim. She stated: "At daycare they were very quick to blame him for whatever happened…. So once again, because of the colour of his skin, he was getting in trouble and it's not right. When it's a light kid saying something to a Black kid, a White kid provoking a Black kid, then it's always the Black kid who gets punished."

White is always the norm

Elaborating further on the perpetual threat of anti-Black racism, participants described the heaviness of the "White gaze," feeling as though Whiteness is the default. Outside of historically or prominently Black communities, families and children often felt "othered." This was linked to the anxieties parents had about the appropriateness of their children's education. Parents and many ECEs knew that child care spaces and elementary schools were rarely as inclusive and diverse as they would like. Not only were there few educators who were Black, but many children attended majority-White centres. Parents were hyperaware of the fact that their child might be one of few racialized children in their classroom, which was the case for many families across the province. Michelle described the lack of diversity in her son's child care centre: "The daycare that he will be attending only has one African Nova Scotian staff in it, out of eight, and only one other child."

Parents knew that would have consequences for their children, that they might not feel safe or seen. Deandra (ECE) had a conversation with a parent whose Black child was attending another child care centre without Black staff, and recounted the story this parent shared with her. "'I picked my child up the other day, they had a runny nose, they were ashy. I don't know if the staff understand what that means.'" Several other parents described the ways their children's hair was viewed as different, like an object for other children to engage with. Alicia said:

> The teacher actually came to me and was very excited to tell me that she let all the kids touch his hair. Because it was different, right? Like, you know, they had fun today touching his hair. Which, of course, I was mortified, you know, like, he's, like, some sort of—anyway. I was very upset.

Black parents described their own experiences growing up in predominantly White spaces. Parents felt as though they had to adjust themselves, their appearance and their behaviours to fit into a White normative environment, especially educational settings. Parents described feeling fearful of being judged, bullied or treated differently, and were expected to conform to a dominant White norm. Therefore, conforming to standards associated with a White ideology was encouraged to avoid altercations. Kiyana described her childhood:

> Yeah, so that would've been something that I would've heard from her too and my mom like growing up, "Oh make sure that you don't act like that so White people won't think…" Fear of stereotypes, fear of being based in a Black negative stereotype, or just wanting to fit in, or wanting to, kind of, be like White people.

Now as adults with children, parents wanted to move away from the narrative that White is the default or the norm. Parents, and many ECEs, want spaces to be welcoming, safe and inclusive, where their children's Blackness can be celebrated and not tolerated. Kiyana discussed her hopes for her children:

> I hope they don't feel different. That they know that how they look is normal and they don't need to be "othered" or feel segregated in any way. Just to see diversity and know that diversity is normal, and that White isn't the norm, because that's very apparent throughout society—White is always the norm. So, I think it's important for educational spaces to push back against that narrative.

Kiyana further mentioned the impression that educational spaces make on children. Given the significant amount of time children spend in child care and school, the culture and environment promoted in these spaces is critical for children's socioemotional development, safety and wellbeing.

Importance of self-identity, cultural awareness and parent advocacy

Knowing that they would be raising their children in spaces that were often majority-White and nondiverse, parents felt that the best they could do to support their children was to bolster their self-confidence and sense of Black pride. Parents were actively working to counteract anti-Black sentiments that continue to prevail in Western society at home:

> I think it'll be more negative if we push the same narrative that you're lesser than—than White people. I just want him to be confident and free and who he is and not try to tone himself down or water himself down to please people. (Kiyana)

Families felt as though these conversations and affirmations could help to protect their children from the impacts of racial discrimination and empower them to move beyond conforming to White expectations and norms. Parents spoke to their children often about the beauty and uniqueness of their skin and hair to help bolster their self-confidence and self-image. David (parent) described his family's routine at home and the importance of affirmations: "My wife is often sitting with my daughter, and she's telling her about her hair, she's telling her about her skin colour, and reminding her how proud the families are that she came from."

Families recognized that there was only so much they could do to protect their children, so they used their time at home to celebrate and discuss their Black identity. Michelle (parent) echoed the importance of having a safe, empowering home environment: "I feel that having that strong foundation at home in knowing who they are as a Black person from the core at home first and then just building them up from that." Parents felt that if they could teach their children to be confident and value themselves, their identity and their heritage, this could serve as a protective factor. Imani (parent) stated, "My husband and I are pretty confident, and we try to instill our children with confidence because with that you can guard yourself from a lot of aggression." Parents firmly believed that if they could support their child to love the features that often make them vulnerable to discrimination in their environment, they may become more resilient to the health and social consequences often associated with exposure to racism.

Discussion

This study is one of the first to examine the impact and manifestations of anti-Black

racism among young children and their families in Canada. Black children aged under 5 years and their parents encountered a myriad of racial traumas, influencing parental mental health and interactions with the medical, education and family welfare services sectors. Black parents, having encountered racial trauma throughout their own lives, felt as though they had to remain hypervigilant and overprotective of their Black children, knowing that they were liable to encounter similar racial violence.

The education system, including the early learning environment, was a source of heightened stress for families, given the significant amount of time young children spend in child care. Parents felt anxious about the safety of their children and were often over-involved in their children's care to ensure children were not mistreated. Parents and Black ECEs noted that early learning spaces, and Western society at large, continue to value White norms. Black children were often othered in predominately White spaces and some had been objectified and victimized by White ECE staff and White children from as young as 18 months. From an early age, parents sought to instill a strong sense of self-confidence and pride in their children to counteract stereotyping, racial discrimination and their health-related consequences.

For Black families with historic roots in Canada, systemic and direct anti-Black racism has had intergenerational effects. Across this and other studies conducted in Nova Scotia, African Nova Scotians have described racism as a significant concern affecting their families and Black communities across the province.[26,27] Parents in this study described the ever-present racial trauma they encountered as young people. Now, raising their own children, parents were apprehensive about their preschoolers entering formal child care and early education spaces. Parents felt the need to remain closely involved in their child's education to prevent or correct any exposure to racism, bullying or cultural erasure in their child's curriculum—all of which had impacted parents growing up. Parents are thus faced with coping with their own racial trauma while also ensuring the safety and well-being of their children.

This reality corroborates other local research that has demonstrated the insidious nature

of racism-related stress and its particular impact on the lives of Black women.[26-29] It is important to note that most parent participants in our study were mothers. Black women often face the "strong Black woman" trope, facing undue pressure to maintain the health and longevity of themselves, their family and their community.[27,29] The burden of existing with their own racial trauma, while also parenting Black children takes a toll on the health of Black women. African Nova Scotian mothers have reported experiencing physiological symptoms as a result of frequent exposure to racism, including fatigue, hypertension and migraines[26] and mental unwellness, including low self-esteem and anxiety.[28] Though limited epidemiological data are available in Canada on maternal mental health, international data from the United States corroborate these self-reported accounts.

In the United States, Black mothers who have experienced racism reported increased parenting stress, mediated by increased stress overload and depressive symptoms.[30] This, in turn, contributes to a negative link between maternal exposure to racism and child health, furthering the cycle of intergenerational trauma.[31,32] The sociopsychological consequences of exposure to repeated instances of discrimination in mothers negatively impacts their children by disrupting the infant-caregiver dyad and changing caregiving behaviours.[31,33,34] This disruption can negatively influence children's parental attachment, sleep schedules and socioemotional development.[31,34] Further race-based data are needed to increase understanding of the impacts of racial stress on Black women in the Canadian context.

Reports from parents and ECEs in this study further detailed alarming incidents of direct racial abuse committed against preschool-aged children as young as 18 months. Exposure to adverse childhood experiences, including racial discrimination, have lasting consequences on children's academic achievement, health and future socioeconomic stability and employment.[32,35] Adverse childhood experiences are linked to increased risk for posttraumatic stress disorder, substance use disorders, risk-taking behaviours, developmental disruptions and higher health care utilization rates.[36] This is some of the first research in Canada to document exposure to racial violence in early learning environments, building upon burgeoning research

in the US context. Early interventions and policy change must begin at the early childhood level to ensure Black children are learning and growing in culturally safe spaces.

Black children and families in this study further experienced racial discrimination while using early childhood education and health care services. Anti-Black racism is deeply embedded within Canadian institutions, policies and practices.[1,7] The Canadian education system has a long and problematic history mistreating Black children and providing an education that is separate from and unequal to that of their White peers.[37] Other Atlantic Canadian studies have documented extensive examples of over-punishment, and differential treatment, with many elementary schools fostering non-diverse spaces with curricula that ignore Black voices and African Canadian history.[10] Our findings suggest that children are encountering similar acts of systemic discrimination at the preschool level.

Moreover, it is evident that Black mothers and their children are encountering difficulties obtaining safe and appropriate reproductive and pediatric health care, further influencing the well-being of Black children and their families. Anti-Black racism within the medical establishment has contributed to significant health inequities among Black Canadians.[38] In the US, the maternal morbidity rate among Black women is three times greater than White women[39] and the infant mortality rate is twice as high among Black infants as White infants.[40] Moreover, Black newborns cared for by Black physicians in the US show significant reductions in mortality, showing the potential deadly influence of anti-Black racism in that country.[41] Few Canadian studies have documented anti-Black racism in the health care system, particularly at the pediatric level.

Despite the persistent and insidious presence of anti-Black racism in Canada, Black families continue to thrive. Community strength, parental advocacy and resilient Black leaders and educators have pushed to shift the status quo. The African Nova Scotian peoples have resisted colonial violence for over 400 years, aided by close-knit communities, a deep sense of history and tradition and familial and cultural pride.[15,27] Black parents in our study described how essential it was to lift their

children's self-esteem through affirmations, discussions about their family origins and the beauty and strength of Black people. Parents felt that a strong sense of self- and Black pride could help protect against the negative impacts of racism. Other research conducted across African Nova Scotian communities has documented the importance of family resilience, community connection and spirituality.[42] Indeed, American literature has shown that racial affirmations for Black children and a positive racial self-concept (i.e. sense of positivity about one's race) are protective against feelings of race-based exclusion[43] and later onset of depressive symptoms.[44]

Strengths and limitations

This paper identified the personal experiences that parents and ECEs observed with Black children living in Nova Scotia. Using a qualitative approach enabled us to better understand the context surrounding the adverse experiences of Black children during the early stages of their development. Furthermore, this paper illustrates the complexity of interrelated factors that shape the experiences of Black families, creating an opportunity to identify causative factors and gaps within early childhood settings and other public institutions. The themes identified in this article are illustrated by key examples of how the health and well-being of Black children are hindered.

Despite the depth of data received in this analysis, the study is not without its limitations. First, although the study was focussed on the experiences of African Nova Scotian children in early childhood, our sample was not fully reflective of this population. This may be attributed to the difficulty of recruiting Black families who identified as African Nova Scotian. Thus, our eligibility criteria were expanded to parents and ECEs who had and cared for Black children.

Furthermore, due to the age criteria for the children in the study, our cohort sample of participants was lower than anticipated. However, we felt that saturation had been achieved, as themes, ideas and experiences began to be repeated among parents and ECEs.

Finally, the study sample included mostly women and focussed on individuals from one province, mostly from urban areas. Future studies may explore, on a nationwide scale, the experiences of Black children and families in the early childhood developmental period, while looking at how these experiences differ depending on geographical location and the resources and institutions available.

Conclusion

These collective findings suggest that preschool children are exposed to racism three-fold: through intergenerational racial trauma, interpersonal racial abuse and systemic discrimination and mistreatment. The early childhood years are a critical, sensitive period for brain growth and development, setting the foundation for lifelong health and development. Exposure to chronic, toxic stress driven by frequent exposure to racism contributes to the racial disparity in chronic illness later in life, which is further impaired by inaccessible health care, thus perpetuating the cycle of intergenerational trauma within Black families, perpetuating health inequities and broadening the opportunity and achievement gap.

Recommendations

We posit several recommendations guided by our data and other expert positions. Educational, institutional and government stakeholders must recognize and declare anti-Black racism as a public health emergency and acknowledge it as a significant detriment to pediatric health.[38] Education and medical systems must broaden their Western conceptualizations of health and academic achievement, and would benefit from implementing principles of Africentrism (or Afrocentrism), and antiracist frameworks.[45,46] Academic programs and institutions must develop curricula focussing on understanding racism and its effects, unlearning stereotypes and biases and developing cultural humility and safety in practice.[38,45,47] Medical and educational training programs and institutions must work to bolster hiring and retaining racially and ethnically diverse students and staff by implementing successful policies such as affirmative action, tuition waivers and racially specific cohorts and streams.[9,47-50] Finally, governments must prioritize the collection of race-based, disaggregated data and ensure this information is regularly reported and made accessible to the public.[14,38]

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Conflicts of interest

The authors have no conflicts of interest to declare.

Authors' contributions and statement

ESC—investigation, data curation, formal analysis, writing—original draft, project administration. NH—data curation, formal analysis, writing—review and editing. CW—conceptualization, methodology, funding acquisition, writing—review and editing. MP—data curation, formal analysis, writing—review and editing. BHH—conceptualization, methodology, funding acquisition, writing—review and editing. JLM—conceptualization, investigation, methodology, funding acquisition, resources, supervision, project administration, writing—review and editing.

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