Perceived Racism and Mental health: A look at the role of Gender and Socio-Economic-Status as potential moderators of this link in Canadian Caribbean Adolescents.

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May 2005

A Thesis submitted to McGill University in partial fulfillment of the requirements of the degree of M.Sc Psychiatry

Abstract

The present investigation had two main objectives (1) to assess the effects of socio-economic-status, perceived racism & gender on Caribbean adolescent mental health and (2) to examine the moderator effect of S.E.S and gender on the link between perceived racism and mental health. (N=118) Caribbean families from Montreal participated in the study. Racism and adolescent mental health was assessed using the Personal Experience of Racism Scale, Youth Self Report & Child Behavior Check-List. Results highlighted the complex relationship between perceived racism and mental health as the model associated with gender and perceived racism predicted 22% of the variance on internalizing symptoms (R^2=0.22). Specifically, results revealed that males externalized while females both internalized and externalized their experiences of racism. It is hypothesized that females may be more affected because parents may spend more time racially socializing their sons, as they are believed to be more heavily targeted for racism than black females.

Résumé

Cette recherche mesure les effets du statut socio-économique (S.E.S), de la perception du racisme et du genre sur la santé mentale des jeunes immigrants des Caraïbes et examine l'effet médiateur du statut socio-économique et du genre sur l'association entre la perception du racisme et la santé mentale des adolescents. 118 familles originaires des Antilles et de langue maternelle anglaise ont participé à la recherche. Les résultats soulignent la complexité du lien entre la perception du racisme et la santé mentale, indiquant un effet d'interaction entre le genre et la perception du racisme sur les symptômes d'intériorisation (R^2=0.22). Les garçons manifestent davantage de symptômes d'extériorisation que les filles qui présentent à la fois des symptômes d'extériorisation et d'intériorisation en lien avec le racisme perçu. Les résultats suggèrent que les filles sont plus touchées par le racisme parce que les parents ont davantage tendance à sensibiliser leurs garçons, les croyant plus à risque de subir des expériences de discrimination.

Acknowledgements

The completion of my Masters Thesis would not have been possible without the support and help of certain people in my life. My faith in Christ and prayer has been the two things that I have leaned on over the past two years to keep me focused and grounded. I would like to extend thanks to my mother Elizabeth Green , who has been there for me all the way providing love, support and words of encouragement. I am grateful to have someone like you in my corner supporting all my academic endeavors. The road to my Doctorate is almost complete and I shall look to you for ongoing support. My thesis supervisory board of Dr. Cecile Rousseau, Dr. Myrna Lashley and Dr. Toby Measham has been instrumental in keeping me on track and directing me to further sources to enhance my thesis. I am particularly grateful for the many reference letters they have written on my behalf, as well as, taking the necessary time out of their busy schedule to either sit and talk with me or critique and offer comments on one of my written works. I would also like to thank Dr. Laurence Kirmayer for the graduate research fellowship. The fellowship afforded me much more time to focus on school than I would have had without it. Furthermore, I have learned a lot from his many talks in the field of cultural psychiatry. Thanks should also go out to whom I would like to consider my two honorary supervisors who graciously donated their time to help me in conducting my analyses Dr. Ghayda Hassan and Dr. Aline Drapeau. Dr. Hassan particularly has given many of her days to helping me interpret my results, as well as, instructing me on the basics of SPSS to the point where I have a better working knowledge of SPSS and particular analyses. Special thanks as well to key informants in the community who took the time to help me interpret my analyses, Dr. Caminee Blake,

Shirlette Wint, George Mckenzie as well as to other members of the research team at the Montreal Children's Hospital, particularly Ginette Laforest who has been a great resource person over the last two years. I would also like to extend my thanks to Jewel Jones who always had a word of encouragement and has been one of my number one supporters in my endeavors. Many thanks to extended family members like the Thompson family and other loved ones Chrystal Yorke, Yasmin Khan, Shelley Saklatavala and Lloyd Marshall for their words of encouragement in the writing of my thesis. While the process itself may be over it will never be forgotten as I have enjoyed the experience and have learned a great deal from it.

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Introduction

The relationship between racism and its effects on psychological functioning has often been theorized but rarely ever empirically tested (Williams, 1996). Racism has been an understudied concept primarily because researchers are unclear on how to objectify and quantify it. One can argue that racism poses a challenge to study because it is a variable that is both linked to objective and subjective perception and is not experienced in the same way by all members of a given society. Furthermore, racism is a variable that is emotionally and morally loaded. The term racism and discrimination are largely understood in society to signify the unjust treatment that is directed at others (i.e.: minorities) predominantly by members of the dominant group. This unfair treatment occurs through the process of racialization, in which individuals such as minorities, are relegated to the role of the inferior. Lewis (2003) argues that racialization creates categories that indicate the life chances, as well as, opportunities that certain people from various minority groups will have. As stated by Martinez (1998) "we live today with a White definition of citizenship, which generates a racist dynamic" (p.475). Visible minorities such as Blacks, Asians, and Native Indians live in a society in which "Whiteness" is seen as the ideal (Jefferson, 1784/1954; Tate, 2003). Hence, they are often discriminated against in various domains and as a result do not acquire acceptance as full participating members of society. Subsequently, minorities because of the added stressor of racism may experience not only physical health problems (Armstead, Lawler, Gordon, Cross & Gibbons, 1989; Krieger 1996; Green, Miller, Mireault, Toussaint & Cumberbatch 2002) but mental health problems as well (Hickling & Rogers, 1995; Boydell, van Os, McKenzie, Allardyce, Goel, McCreadie & Murray 2001). Within this minority framework, it becomes important to look at adolescents, as they may be at an

even greater risk because they face simultaneously the challenges associated with developmental transformation and the adversity of a discriminatory environment.

It can be argued that visible minority children may be at risk for greater psychological distress because they have to cope with the negative external factors of poverty and racism. While the effects of racism and poverty are well outlined in past research dealing with adults, there is little attention directed at understanding the interaction of these factors and the role they play in the lives of minority children, particularly within a Canadian mosaic. It is an important issue because the experience of discrimination by Canadian minority children, particularly low socio-economic status (S.E.S) children, may set them further back relative to their White counterparts than high S.E.S minority children.

S.E.S has been well documented as a risk factor for the development of certain physical and mental health problems (Kessler & Neighbors, 1986; Neighbors, 1986). Before the interest in looking at racism and mental health, researchers were taken with the relationship between class position and various mental and/or physical health problems (Comstock & Helsing, 1976; Neff, 1984). Klonoff, Landrine & Ullman, 1999; Carlson & Nazroo 2002 have suggested that the link between race and health is one that is borne out of the experience of discrimination. Comstock and Helsing (1976) have argued the reverse empirically showing that it is not a matter of race but class position, which exerts its effects on health. Currently, the relationship between S.E.S, Race and Mental Health is seen as an interactive one, in which S.E.S acts like a moderator to either buffer or exacerbate the effects of perceived racism on mental health (Kessler &

Neighbors, 1986; Ulbrich, Warheit & Zimmerman, 1989; Clark, Anderson, Clark & Williams, 1999).

Unlike other variables racism is a quasi-variable in the sense that researchers can neither manipulate nor objectify it. Therefore, no cause and effect can be implied. The most difficult aspect of empirically testing racism is that the effects of S.E.S may confound the effects of racism. Furthermore, it becomes difficult to identify whether racism is responsible for the effects on health, as racism is based on an individual's subjective perception. Therefore, the possible link between health and racism is complex.

To understand the impact of these factors on health it is necessary to review how each factor has been conceptualized and empirically tested and what gains have been made in defining the extent to which they contribute directly to mental health. The evolutionary history of racism must also be traced in order to fully comprehend its impact in contemporary society. Identifying the literature surrounding this factor will shed light on how, and what aspects of racism are most salient to health (i.e.: frequency of discrimination, duration etc.), particularly where mental health is concerned. The present literature review will be taken predominantly from research conducted in the United States because of the large concentration of research targeting racism. Canadian research will also be used to highlight the effects of racism, if any, within a Canadian context.

Racism in Canada

Researchers such as Li (1998) have argued that there existed certain misconceptions about Canada's multicultural and multiethnic policy. One of the main misconceptions was the belief that minority groups were as free as the dominant group to

pursue their respective cultures. In other words, proponents of the multicultural policy failed to realize that difference was not as openly accepted and members of minority groups were expected to give up aspects of their culture and conform to dominant ideology. Weinfeld and Wilkinson (1999) alluded to the existence of racism in Canada in their discussion on immigrants and integration, as they argued that the various domains of Canadian society would not allow immigrants to fully integrate because of the existing *social barriers*. The existence of racism in Canada has been reflected in studies that have addressed issues of poverty and institutional racism (Henry, 1994). Henry (1994) argued that Caribbean born migrants earned much less annually than other foreign born and Canadian born individuals. This was evident in the current study as there was a tendency for Caribbean parents to report earning a low income. This may be suggestive of Caribbean parents occupying lower end positions within Canadian society. Moreover, both Anderson (1993) and Henry (1994) have contended that Canadian Caribbean youth are subjected to institutional racism within the classrooms. Henry has further documented many cases of racism within the Toronto area that detail the many fatal shootings of Blacks by police.

Rationale

Racism and Health

Defining Racism

In relation to mental health many researchers have argued that the experience of racism may affect a person's physical and/or mental health (Allport, 1954; Skillings & Dobbins, 1991; Fischer & Shaw, 1999; Barbee, 2002). According to Skillings and Dobbins (1991), racism has been historically defined "as a social attitude that has been characterized by an affect of antipathy toward members of a perceived out-group; based on a process of faulty and inflexible generalizations; and expressed overtly or covertly in individual, institutional, or cultural settings" (p.206). Barbee (2002) conceptualized racism as embodying four interconnected and essential elements; power, resources, standards and problem, which all work to shape the way the world is seen by members of society. Therefore, minorities may perceive the world to harbor injustices as a resort of racism.

Past literature has exemplified the difficulty researchers have had in drawing a clear conclusion of the perceived discrimination-mental health link. The main reason for this difficulty has primarily been the way in which perceived discrimination has been conceptualized and measured (Fischer & Shaw, 1999). Studies, which have tested this relation, have been very difficult to integrate as they have often measured different aspects of perceived discrimination. For example, whereas some studies such as Landrine and Klonoff (1996) have assessed discrimination using the Schedule of Racist Events (SRE), others like Broman (1997) have used a dichotomous type of questionnaire in which subjects were asked whether or not they have experienced racism and under

what conditions. Moreover, other researchers like Thompson (1996) have been more interested in exploring the severity of the racist event. Consequently, because of the multiple avenues which researchers have used to assess this integral link, comparison of the existing literature has been further complicated. Williams and Williams-Moris (2000) argued that the one-dimensional analysis of racism explored in many studies has been a serious limitation of the literature. This superficial exploration of racism is not sufficient, as it leads to an underestimation of the true prevalence of discrimination. Currently, the measurement of racial discrimination has become more comprehensive. Ren, Amick, and Williams (1999) assessed comprehensively the exposure to racial discrimination in seven different domains; finding employment, school, at work, access to medical care, getting housing, in public settings, and from the police or courts. Besides the difficulties in comprehensively assessing racial discrimination, the research is sparse in studies that attempt to explore the link between racial discrimination and psychiatric disorders. Many of the past racism studies have assessed mental health in terms of psychological distress and subjective well being (Brown, Williams, Jackson, Neighbors, Torres, Sellers et al., 2000). In addition, the long-term effects of racism on mental health have not been well documented, as many of the studies that explore this relationship have been cross sectional in nature. Research will need to incorporate more prospective longitudinal studies in order to arrive at a more comprehensive view of racism and its effects. Due to the inherent difficulty in measuring racism, there exists conflict in the literature surrounding the relationship between health and perceived discrimination.

Racism and Psychological distress

Clark et al. (1999) report that in 1991 more than 50% of Blacks attributed substandard housing, lack of skilled labor and managerial jobs, and lower wages for Blacks to ethnic discrimination. Neighbors, Jackson, Broman and Thompson (1996) argued that racism exerts its impact upon the mental health of American Blacks primarily because: (1) striving for upward mobility is a shared cultural value of the U.S (2) racial discrimination prevents this upward mobility in Blacks and (3) Blacks will suffer psychological damage because of failed attempts to move up.

Various studies have underlined the everyday minor incidents "micro-aggressions" that may be cumulatively harmful to mental health (Franklin & Boyd-Franklin, 2000; Harrell, 2000; Chakraborty & McKenzie, 2002). Over time these micro-aggressions may have an additive effect, the result of which is to negatively shape one's view of self in the world. Franklin and Boyd-Franklin, theorized that these slights are experienced as hostile by minorities and mainly function as status reminders through their implicit suggestion of unworthiness. Hence, micro aggressions can exert a negative effect on psychological health because of the heightened level of vigilance and defensive thinking that they promote in the individual. Consequently, previous studies on micro-aggressions suggest that racism is associated with psychological distress.

Racism and adolescent mental health

As mentioned before, research for the most part has neglected to study how minority children are themselves affected by the experience of racism. An assessment of how adolescents fare with racism is crucial for various reasons, one of which is that the added stressor of racism may prove to be more detrimental for minority

children, who if not taught the proper coping tools, may find themselves at a relatively greater disadvantage to their White counterparts. Similarly, it can be that adolescents who had difficulties coping with racism as a child, may be more likely as adults to have poorer mental health.

Lochman and Wayland (1994) were one of the few to assess the relationship between discrimination and mental health in Black adolescents. They conducted a study to assess the relative power of aggression; low peer acceptance; and race in predicting a broad range of adolescent outcomes and behaviors. The main conclusion of Lochman and Wayland was that Black adolescent boys in mixed race school settings, are likely to have lower peer acceptance and peer social support than their White counterparts. It is quite possible then that this lack of peer support and acceptance may contribute to the higher rates of internalized distress displayed in adolescent Black boys. These results suggest then that adolescent Black males may be affected by racial discrimination. A follow up study by Nyborg and Curry (2003) examined the relations among racial discrimination and externalizing and internalizing symptoms in (n=84) African American boys. Nyborg and Curry reported that personal experiences with racism were related to lower self-concept, internalizing symptoms and higher levels of hopelessness. In addition, higher levels of personal experiences with racism were associated with higher levels of parent reported externalizing behavior problems and with higher levels of child-reported externalizing and internalizing behavior problems. This study was able to advance the sparse empirical literature concerning racial discrimination and adolescent mental health. In order to understand the effects which racism may have on mental health it is necessary to explore the literature concerning Black adults.

Racism and adult mental health

Broman (1996) conducted a random survey of Blacks (n=312) living in Detroit, Michigan to find out the effects of racial discrimination on physical health. Subjects were selected through interviewers calling randomly generated telephone numbers until the desired sample size was reached. The measure of health included asking respondents whether or not a doctor had ever told them they had hypertension and heart disease. Discrimination experiences were assessed by asking respondents about their experiences over the past three years in various situations such as getting a job, interactions with the police, shopping in a store etc. Analyses of the data suggested that there was no support for a relationship between racial discrimination and health. However, there may be flaws in the conclusions arrived at by Broman, as his methodology concerning the assessment of health was questionable. It is quite possible that no link was found between health and racial discrimination because a doctor may not have told some subjects that they were suffering from hypertension and/or heart disease. This may have been a result of failure on the part of the doctor to make the diagnosis or perhaps it could have been that the disease was not present at the time of visit. In light of this, there could have been an underestimation of health problems by the study. Secondly, a relationship between the two variables may not have been evident because of the demographic location where the data was collected. The relatively large Black density in the Detroit area (60%) may have been a buffer to protect against any form of health consequences. Such a concept is plausible, as the large Black concentration meant that individuals perhaps had more support to discuss their experiences of discrimination.

Also, a larger concentration of Blacks might have meant that individuals did not face as much discrimination, as they would have if they were to live in a more densely White populated area.

Researchers such as Pettigrew (1981) have theorized that there is no true link between race and psychiatric disorders among Blacks. Pettigrew acknowledged two things, firstly, that race may lead to the experience of psychological distress but secondly, it would never manifest as a psychological disorder because of the adaptation strategies used by Blacks in combating discrimination.

Cockerham (1990) conducted a study to determine the relationship between race, S.E.S and psychological distress using data from 775 telephone interviews in 1985 from Illinois. Respondents were selected through a combination of directory dialing and random digit dialing in order to ensure that unlisted telephone numbers were included in the survey. Of the 775 participating respondents 661 were Caucasian and 117 were African American. To assess psychological distress Cockerham used the Langer 8 item index, which assessed distress (i.e.: symptoms of depression and anxiety) over the previous year. Findings from this study suggested that race alone does not have a strong explanatory power in relation to psychological distress. In fact, Cockerham concluded that Whites actually scored higher on psychological distress than Blacks. An assessment of Cockerhams methods might suggest that he perhaps should have included a measure of racism or questions that assessed psychological distress due to racism. Perhaps a true relationship between race and psychological distress was not apparent because of the type of questions that were used to analyze mental health. For instance, Cockerham included questions such as (1) have you had trouble sleeping (2) had trouble-remembering things

(3) felt restless etc. Although these items do assess mental health it is quite probable that they may not have captured the effects of racism. Therefore, the type of questions used may have contributed to the finding of non-significance between race and mental health. The study can also be critiqued on how the data was coded. Cockerham (1990) included in his sample of White subjects those of Hispanic origin. These individuals should perhaps have been excluded from the analyses of White subjects because being minorities they may have had different levels of psychological distress and may have contributed to the significance of Whites as having more psychological distress. However, it is unclear whether these individuals were visibly Hispanic or spoke with accents. This detail is important, as one can speculate that Cockerhams results may have still been valid if he only included Hispanics in the White category that were perceived as White by others and who spoke with no accent. Conversely, if Cockerham did include visible Hispanics or Hispanics that spoke with an accent in the White category the results may be flawed.

Support for the effect of racism on mental health came from a study conducted by Jackson, Brown, Williams, Torres, Sellers and Brown (1996), who analyzed data from the national survey of Black Americans (n=623). The data analyzed were collected in 4 periods, spanning a total of thirteen years (1979-1992). Two measures of racism were used: first, the perception of White's intention and secondly, a report based on racial discrimination experiences. The second measure asked Blacks if they or their family members had been treated badly because of racism over the past month. Analyses concluded a weak relationship between racial discrimination and the psychological distress of Blacks. In fact, these variables accounted for only 7.5% of the variance. Jackson et al. (1996) interpreted this to mean that the added the effects of racism on

mental health are readily apparent on a day-to-day basis, however, in the long-term the effects of racism on physical health will be less apparent as individuals are perhaps more able to accurately label racism and cope with it more effectively as it surfaces. Despite the association found, the measure of discrimination based on the past month's experiences made it difficult to draw firm conclusions about the relationship between racial bias and health.

Using a sample of 520 Blacks, Klonoff et al. (1999) empirically tested the role of racial discrimination. Their study was able to shed light on racism and mental health, as well as, challenge some of the arguments current to the field. Discrimination was measured with the Schedule of Racist Events Scale while the Symptom Checklist-58 Scale assessed mental health. Klonoff et al. concluded that the experience of racial discrimination emerged as a powerful predictor of psychiatric symptoms in Blacks. Moreover, racial discrimination contributed to the development of symptoms more than such factors as age, gender, education, social class and generic stressors. Consequently, although the social class levels had great variability, contrary to the arguments of Comstock and Helsing (1976), this factor never emerged as a predictor of symptoms in the six stepwise regressions.

A cross-sectional study conducted by Karlsen and Nazroo (2002) supported the findings of Klonoff et al. (1999) as they concluded in their study an association between interpersonal racism and mental illness. Karlsen and Nazroo used a nationally representative sample of 5196 subjects of Asian and Caribbean descent, who were asked to report their experience of racial discrimination over the past year. Results of the study concluded that those who had experienced verbal abuse were 3 times more likely to

suffer from mental illness. Furthermore, individuals who had experienced a racist attack were nearly three times more likely to suffer from depression and five times more likely to suffer from psychosis.

Factors Moderating Perception of Racism

The perception of racism and its effects on mental health has been investigated in the hopes of determining what factors moderate the link. To date research has demonstrated the relative importance of three key moderator variables: S.E.S, gender and racial awareness in negating the effects of racism on mental health. S.E.S is one of the primary variables that is known to have a substantive impact on both physical and mental health. However, to understand the complete role of S.E.S within the context of racism it is necessary to clarify (1) how S.E.S impacts mental health regardless of race and (2) The interaction of race and S.E.S in shaping mental health. Lastly, in assessing S.E.S as a potential moderator it becomes important to recognize how one's financial (objective S.E.S) status can directly shape one's perceptions of societal racism. The role of gender as a potential moderator also has been taken into account. The independent variable of gender while it cannot be manipulated has become pivotal in the development and outcome of various disorders and psychological issues (e.g. depression).. Moreover, presence of family has come to be seen as a very powerful moderator variable in assuaging the effects of perceived racism on mental health. Thus, families in taking the time to properly educate and racially socialize their children may serve to counter the negative effects of perceived racism on adolescent mental health. Consequently, the empirical literature has found strong support for all three variables as potential moderators.

Socio-Economic-Status & Health

Socio-economic status (S.E.S) is one of the measures most widely used to assess the different variations in health. Williams and Collins (1995) argued that S.E.S is more typically assessed in line with Weberian notions of stratification, (for example: education, income, occupation and ownership of property) as opposed to a Marxist emphasis on relationship to the system of production. S.E.S prior to the mid 1980's was primarily seen as a nuisance variable that needed to be controlled. Adler and Ostrove (1999) indicated that during this period S.E.S was assessed one dimensionally in terms of poverty status, where individuals were solely classified as either being above or below the poverty line. The rationale at this time by researchers was that differences in health outcomes would be most apparent for increasing levels of income below the poverty line. In addition, it was believed that health outcomes would be the same for all levels of income above the poverty line. Hence, the pervasiveness of socio-economic factors on health was not properly understood during this period.

As the role of socio-economic factors on health became better understood there was a shift in how income and health outcomes were conceptualized. This new awareness brought about a sudden shift from using the poverty threshold model, as later empirical analyses, concluded a difference in health outcomes at each recorded level of income. As a result, the poverty threshold model became outdated, as it was unable to account for the increased benefits at higher levels of S.E.S. S.E.S underwent a transformation where it became conceptualized as a gradient, in which health improved while mortality decreased at each level of S.E.S. Marmot, Shipley and Rose (1984) conducted a study that supported this stepwise progression between S.E.S and health

status. After assessing a group of civil servants in England, these researchers concluded that workers in the lowest occupational grade had a rate of mortality 3 times higher than their counterparts in the highest occupational grade. The gradient was present even within each segment of the S.E.S hierarchy. Like the poverty threshold model, it has been empirically found that a threshold also characterizes this model of S.E.S (Williams & Collins, 1995). Williams and Collins (1995) argued that beyond some level of S.E.S, additional increases in S.E.S have little or no effect in reducing mortality and morbidity rates. Adler and Ostrove (1999) reported that this gradient was also clearer and more linear with studies that explored the relationship between prevalence of chronic diseases and S.E.S (for example: osteoarthritis, hypertension and cervical cancer). This implies that as S.E.S increases there are drops in the prevalence of certain chronic diseases such as the aforementioned. It is important to mention that this gradient does not exist for all diseases (for example: breast cancer and malignant melanoma).

Accordingly, it seems that individuals who occupy the higher socio-economic strata may be in better health than their lower status counterparts. Mcleod and Kessler reported on a 1975 study by Myers that concluded that lower status individuals tended to be poorly integrated in society, which only served to exacerbate the effects of life events on psychological functioning. A follow up report to Myers by Liem and Liem (1978) posited an explanation of "financial resources," in which they argued that the disadvantages experienced by lower status people are because they not only experience a greater amount of undesirable financial stresses (i.e.: unemployment) but they do not have the adequate resources to deal with that negative stress. This relative disadvantage was articulated in the work of Danziger and Gottschalk (1993) which documented that

there had been an increase in income inequality since the mid 1970's, in which a large majority of the wealth continued to be concentrated among the elite, which resulted in a growing economic downturn for the rest of the U.S. population. Hence, groups that are relegated to the lower rungs of society do not have the means and or capital to gain access to medical treatment and to the other important health resources of society. Therefore, in dealing with S.E.S, it is important to understand the implications of the relative disadvantage that visible minorities, such as Blacks experience and the serious implications of this disadvantage for their health. In summary, low SES can lead to poor mental health, thus Blacks may be in poorer mental health as they often are from lower SES backgrounds than Whites.

S.E.S, Blacks and Poverty

Blacks are 3 times more likely to be poor than Whites (Williams & Williams-Morris, 2000). Williams (1999) reports that in 1978 the median family income of Blacks was $25, 288 while that of their White counterparts was $42, 695. This information suggests that Blacks made 59 cents for every dollar earned by Whites. Furthermore, the economic rates that were recorded for 1996 showed that this Black/ White ratio in family income remained the same. Williams also reported that Blacks securing a professional degree would not be guaranteed the same pay as Whites. The U.S Bureau of the Census stated that while Whites with a professional degree earned $56, 436 in 1996, Blacks with a professional degree earned $42,237. Williams reports that at every level of achieved degree, Whites earned more than Blacks, although the difference was almost negligible for Whites and Blacks not having a high school diploma. Henry (1994) documented a similar situation in Canada showing that in 1986 Caribbean families

had an average annual income of $34, 750. This annual income was lower than the average annual earnings of foreign born residents and Canadian residents, $45, 163 and $49,857, respectively.

In addition, Blacks are disadvantaged when it comes to securing employment. Williams and Williams-Moris (2000) described a bleak situation in which Black males and Black females are less likely (1.5 vs. 1.3) to be employed in White collar positions and (1.5 vs. 2) more likely to hold blue collar positions than Whites, respectively. As a result, Blacks are more likely to be found in lower positions than Whites.

Perhaps the economic deprivation faced by Blacks is best illustrated by Sampson and Wilson (1995) who documented that of 171 cities surveyed in the United States there was not one city in which Whites and Blacks shared the same poverty rates or single-parent households. The effect of such disadvantage and inequality is that in 1996, 40% of Black children under the age of 18 were growing up poor compared to 11% of their White peers. They also reported that White children who were under 18 and *near poor* totaled 30.8% while this category held 68.0% of Black children (Williams & Williams-Moris, 2000). These statistics serve to highlight that the inequalities present in society may cause minority children to suffer as they may not receive the adequate healthcare needed. In this regard, they may be at an increased risk for the development of psychological distress (i.e.: anxiety). Moreover, the problem of child poverty is further exacerbated because of the growing number of single parent households within the Black community. Gordon, Gordon and Nembhard (1995) documented that in 1970, 59% of Black children under the age of 18 were living in two parent households as oppose to 36% in 1991. Henry (1994) documented a similar pattern in the organization of the black

family in Canada. Her study revealed that especially within the Caribbean population there were twice as many single parent families as compared to all other groups living in Canada. She further commented that female single parent families of Caribbean origin were the poorest in society, earning on average $17,604 annually in 1986 compared to other family types. Christensen and Weinfeld (1993) also argued that based on the 1986 Census of Canada data, Canadian born blacks were 2.5-3 times more likely to be dwelling in a single parent home compared to other groups.

S.E.S and Perceived Racism

The link between perceived racism and S.E.S has been one that can be described as having both a positive and negative relation with the introduction of certain demographic variables (i.e.: education & income). Researchers have established that as S.E.S increases individuals will often report more perceptions of racism (Krieger, 1990; Sigelman & Welch, 1991). Conversely, research has also shown that the perception of discrimination will vary with the independent measure of S.E.S used (Kessler, Mickelson and Williams, 1999). A person's perception of discrimination will be directly influenced if researchers assess perception of discrimination based on level of education or total income. For example, Kessler et al. demonstrated that as income levels increased an individual's perception of discrimination decreased. Intuitively, it can be argued that as S.E.S increases individuals should feel as if they have been accepted by society. Therefore, individuals among the upper echelons may be more protected and less wary of discrimination. Stevenson (2000) argues that this is not necessarily the case as her findings indicate that high S.E.S individuals as opposed to their lower counterparts

reported greater perceptions of racism in the arena of academia and employment over one's lifetime.

Sigelman and Welch (1991) tested this association using the results of a variety of U.S national surveys conducted during the 1980's. Their results suggested that Blacks who occupied a lower social status perceived more racism than higher social status Blacks. These researchers reported that individuals who reported "greater difficulty" in paying their bills perceived markedly greater discrimination against themselves and against Blacks in general than those who found it "not difficult at all." Also, the perception of racism was even greater for individuals, who reported that they were "unable to pay their bills" at all, compared to individuals who admitted "finding it difficult." Therefore, the more dire ones financial status in meeting financial obligations, the more likely one was to report the perception of racism. In this regard, individuals occupying the higher social rungs reported perceiving less discrimination.

Kessler et al. (1999), based on a sample of 3,032 respondents between the ages of 25-74 in the United States, demonstrated mixed results between perceived racism and S.E.S. Two measures of S.E.S: education and income provided the basis for analyses on the perceived discrimination questions. When S.E.S was defined by level of education results demonstrated a positive association between the two variables. Consequently, as the education level of the individual increased the more likely they were to perceive discrimination. On the other hand Kessler et al. (1999) reported as well that as income increased and as individuals attained higher levels of financial security their levels of perceived racism decreased. Hence, income was inversely related to perceived racism, a finding earlier supported by Sigelman and Welch, (1991). Overall, research findings from

past literature on perceived racism seem to be heavily dependent on the type of measure used to quantify S.E.S.

S.E.S, Racism and Mental Health

During the periods of the 1970's to the mid 1980's researchers such as Comstock and Helsing (1976); and Neff (1984) argued that psychological distress was controlled for when controls for social class were introduced. The dominant thought was that if controls were set in place for socio-economic variables then race differences would not be apparent. Therefore, for example, Neff (1984) in assessing racial differences between Whites and Blacks controlled for variables such as income, age, demographic location of participants etc. Thus, the literature from this period did not consider that there might have been an interactive effect of race and class. Differences at this time in the association between race and mental health were deemed to be solely due to social class. Based on the findings of later studies Williams and Collins (1995) argued that an adjustment in S.E.S substantially reduces but does not eliminate racial disparities in health. In other words, within each level of S.E.S Blacks generally have worse health status than Whites.

Kessler and Neighbors (1986) were among one of the first to theorize that race and S.E.S influenced each other jointly to affect psychological distress. Past researchers like Mirowsky and Ross (1980) did attempt to study the relationship between race and S.E.S but consistently failed to show support for a joint effect. Kessler and Neighbors, argued that these past studies, which attempted to study the relationship, often used small samples of Blacks or used faulty statistical methods to analyze the data. They further theorized that the existence of an interaction could manifest itself in either of two ways.

First, among lower classes race differences in distress could be particularly more pronounced. They argued that this type of interaction would come about when the aspirations of Blacks were thwarted. The result of this is an interaction in which the effects of race are very pronounced at the lower rungs of the social class distribution. The second type of interaction they theorized was that race differences in distress would be most pronounced at high levels of social class. The reason being that minority group members were more likely to experience the psychological stresses associated with that marginal position. Kessler and Neighbors (1986) tested this interaction by analyzing data from eight epidemiological surveys having a combined sample of (n=22,000). Findings concluded that contrary to past results race and social class (income) had a joint effect on mental health. Hence, the added stresses of racial discrimination compounded by poverty led to high rates of distress among lower class Blacks. Their overall conclusion, was that race itself was important for mental health even when social class was held constant, particularly in the case of lower class Blacks. In this sense, S.E.S can be viewed as a moderator of the link between race and mental health, wherein persons of Black descent having a high S.E.S are less likely to suffer from psychological distress than low S.E.S Blacks (Clark et al. 1999).

Ulbrich et al. (1989) provided further evidence for the proposed interactive effect of race and S.E.S. Ulbrich et al. reported that the evidence for a joint influence of race and S.E.S on health varied with the indicators of S.E.S and with the measures of health that were used. For instance, Ulbrich et al. did not find a significant interaction of race and education, but did find greater psychological distress among Blacks with low

incomes and low occupational status than among Whites with similar low S.E.S characteristics. .

Cockerham (1990) failed to lend support to the model of race and S.E.S as having an interactive relationship. He concluded that while his research partially supported the idea that persons of low education and low family income manifest significantly higher tendencies toward psychological distress, race played no significance. Results did find a significant interaction between race and income. However, it was not in the direction as was proposed by Kessler and Neighbors (1986) who argued that lower class Blacks had more pronounced distress than lower class Whites. Cockerham, reported that at low-income levels for both Blacks and Whites, Blacks had lessened distress. Findings also concluded that as income increases, psychological distress decreases more so for Blacks than Whites. These results suggest that Blacks may experience less psychological distress at all levels of the S.E.S gradient.

Srole, Langner, Michael, Opler and Rennie (1962) assessed the potential moderator effects of S.E.S on mental health when they conducted a study based on 1600 subjects from the New York area. The researchers were interested in assessing bio-sociocultural factors on mental health. Results revealed that there was a significant inverse relationship between level of social class status and psychological impairment . It was found that individuals who had a higher SES also had a lower occurrence of psychological disorder. Further analyses revealed that this inverse relationship was stronger for individuals having experienced an impoverished childhood background. This suggests that S.E.S in childhood has significant ramifications for later psychological functioning.

Another study conducted by Kessler and Cleary (1980) that tested 720 individuals demonstrated that the impact stress has on an individual often depends on that individual's social position. Kessler and Cleary concluded that not only were individuals in a lower social status position, as measured by the Hollingshead Index of Social Position, twice as likely to be influenced by the existence of physical health problems but that they were also psychologically more vulnerable to stress than higher status individuals. These results were also supported by McLeod and Kessler (1990) who conducted analyses based on five epidemiological surveys of the general population. It was found that individuals having lower incomes were at a higher risk for more kinds of stressful events. McLeod and Kessler (1990) concluded that lower status persons develop more symptoms of psychological distress than upper status persons after a serious, undesirable life event.

A comprehensive study by Neighbors (1986), involving a sample of 2,107 U.S. residents, used a global measure of S.E.S to assess mental health. Neighbors implemented the income to needs ratio, as it took into account household size, food costs and total family income, which provided a more global measure of S.E.S. Hence, the measures of S.E.S were based on three different indicators that of personal income, family income and the poverty index. Neighbors deemed all three as necessary in studying the link between mental health and S.E.S, as "any indicator taken individually falls short of defining the true socioeconomic situation of the respondent" (p.780-81). Neighbors concluded that S.E.S was inversely related to psychological functioning for individuals who reported having a physical or economic problem. This suggested that individuals who reported these specific problems tended to have better mental health as

S.E.S increased. Neighbors also documented that a positive relationship between psychological distress and S.E.S were found only for individuals who reported that they were undergoing an emotional event. This finding was interpreted to suggest that individuals who used a psychological framework to interpret their problems, especially where mood and affect were central, tended to exhibit higher levels of psychological distress. Results also supported the S.E.S gradient in that the poorer one was, the less economic resources one had to respond to an economic crisis, resulting in the experience of psychological distress.

In 1987 Kaplan, Roberts, Camacho and Coyne assessed 4, 864 inhabitants of Alameda, California to determine the relationship between mental health and S.E.S. Their results reflected a direct effect of social status on psychological disturbance. Findings indicated that Blacks were 1.28 times more likely to report psychological disturbance, as measured by the depression index than non-Blacks. They also reported that lack of personal resources (i.e.: money) were significant predictors of psychological disturbance.

Call and Nonnemaker (1999) used the first wave of the National Longitudinal Study of Adolescent Health public use data to assess the degree to which parental S.E.S affected the self-rated health and mental health status of children. Their measures of S.E.S included both educational level as well as income. Results revealed that children who lived in advantaged families reported less depressive affect. This association is one that remains significant even when certain controls are set in place (i.e.: self-esteem, social stressors, smoking, drinking, social ties with parents, peers and in school). However, while Call and Nonnemaker do argue that S.E.S and its components have a

strong and persistent effect on adolescent depressive affect, they also conclude that S.E.S and income become insignificant when self-esteem and stressors are added to the model. In other words, high parental S.E.S and income are related to high self-rated health among adolescents. These results were reported earlier by Garrison, Schlucter, Schoenbach and Kaplan (1989) who concluded that within a sample of 677 junior high school students self-reported depression was higher in adolescents of color and in adolescents of lower S.E.S students than in White or higher S.E.S students.

Nyborg and Curry (2003) assessed the socio-deomographic variable of income to determine to what degree it moderated the effects of perceived racism and mental health. They concluded that income was not a significant moderator of perceived racism on mental health. In fact, regression analyses in the Nyborg and Curry study showed that the interaction of income and perceived racism accounted for 13% of the risk factors associated with externalizing symptoms in Black males. Income then did not act as a significant moderator or serve as a protective factor on the link between perceived racism and mental health.

Racial Socialization: The role of the Family

The issue about the role of the family in shaping the child's belief system and values has been a contested item dating as far back as Gordon Allport (1954). Allport believed that children were heavily influenced by their parents and were susceptible to learning prejudice from them. The main rationale for this stemmed from the fact that children not only wanted to identify with their parents but wanted to please them as well. Currently, research has produced conflicting results when assessing the degree to which children's attitudes are shaped by their parents' beliefs (Carlson & Iovini

1985; Branch & Newcombe, 1986). In order to examine the direct impact researchers have often used a correlational framework, in which parents' level of prejudice is correlated to the child's level of prejudice (Aboud, 1988). In this sense, a correlation between the scores would signify that children are indeed adopting the attitudes transmitted by their parents. Aboud 1988; Aboud & Doyle, 1996 argued that children do in fact adopt the attitudes of their parents' but more so after the child has reached the age of 7. The evidence for this statement was supported in past research by Branch and Newcombe (1980), who tested the relationship between Black parents ethnic attitudes and their attitudes toward teaching their children about racial matters. Their findings suggested that at younger ages children were not influenced by their parent's attitudes. At 4 and 5 years of age, children who had pro Black parents, who taught them racial awareness i.e.: pro Black attitudes, were more likely to hold pro-White beliefs. Thus, Branch and Newcombe described a relationship where parental attitudes were inversely related to children's attitudes. A follow up study by Branch and Newcombe (1986) using older children showed that older children's attitudes were positively correlated to parental attitudes. However, they were not consistently related. Aboud (1988) described this relationship as demonstrating that at older ages children may extract from their parents' teachings an awareness of how personal preference is tied to group affiliation. Moreover, according to Branch and Newcombe (1986) it just may be that older children being more mature cognitively are better able to synthesize their social experiences.

An earlier study by Carlson and Iovini (1985) assessed the transmission of racial attitudes between fathers and sons. Their findings indicated that no relationship existed between the attitudes endorsed by Black sons to those of their fathers. They indicated

that while Black adolescents were able to identify with the attitudes of their fathers they did not endorse them. On the contrary, when the same relationship was assessed for White parents and their children these researchers concluded that White families had a substantial impact on their children's attitudes while Black families played a less important role in the socialization process. Past research has shown that Black children will tend to have more pro-Black social values if their mothers taught them about civil rights and discussed racial discrimination (Carlson & Iovini, 1985). Hence, it seems that racial socialization is one of the main messages being communicated to Black children by their parents'. Perhaps then one may expect that children who are racially socialized by racially conscious parents' will be more racially aware than children not having this socialization.

The transmission of racial awareness by Black parents, to their children, is seen as necessary in order for the child to negotiate a hostile environment. Greene (1992) perceives this transmission as a "racial consciousness that provides a necessary foundation for the coping strategies needed" (p. 69). This was a sentiment also echoed by Scott (2003) who stated that children not possessing an internalized awareness of racism will be handicapped in their ability to effectively cope with racism related experiences and the accompanying stress (see also Stevenson, Reed, Bodison & Bishop, 1997). Racial socialization is a process whereby parents' educate their children about their culture and history in order to foster a sense of racial pride. Furthermore, racial socialization requires parents' to communicate to their children potential racial dangers that they might face at one point in time. Children learn to identify and correctly label racism not only by parent communication but as well by watching the actions of their

parents when they come in to contact with discrimination in the outside world (Miller, 1999). Subsequently, a child who is very racially aware will be able to identify racial discrimination and distinguish it from other life problems.

Racial socialization has empirically been found to be a buffer against psychological deterioration in adolescents. Fisher and Shaw (1999) concluded that children who reported racist events had poorer mental health and this was particularly salient for children who had lesser racial socialization experiences. Furthermore, Scott (2003), in assessing the relation between racial socialization and coping strategies, found that participants who reported a high frequency of racial socialization messages from their parents were more likely to cope with perceived discriminatory experiences. The results of Simons, Murry, McLoyd, Lin, Cutrona and Conger (2002) suggested that ethnic awareness should be emphasized by parents' and by the community. Simons et al. argued that communities should continue to celebrate their cultural heritage, values and traditions and that children should be encouraged to participate in these activities. The implication is that the imparting of cultural values and attitudes will help to create strong racial identities in adolescents, thereby, allowing them to deal with the psychological stresses associated with being Black in today's society. Parents, who have children who are more racially aware and who can identify and cope with discrimination, will tend to be more psychologically robust individuals.

Gender and Perceived Racism

The question of how racism is perceived by males and females has rarely been empirically studied. Researchers in conducting analyses have focused on how racism has impacted both males and females (Krieger, 1990). One can argue that Black

males, as oppose to Black females, may be more likely to perceive racism because of the belief of Black males being more heavily targeted, particularly where the law is concerned (Gordon et al, 1995). Gordon et al. documented that the "literature reveals that Black males are arrested for committing crimes at a substantially higher rate than are their White male counterparts" (p.513, 1995). Recently, Franklyn and Boyd-Franklyn (2000) reported that approximately 30% of young Black males were involved with the U.S judicial system. Williams and Collins (1995) indicated that a census taken in 1990 suggested that racism might be more directed at males, as a larger gap in median earnings for Black males vs. White males was found than for Black females vs. White females. Black males and White males earning graduate degrees earned a median income of 36, 851 vs. 47, 787, respectively. Black females on the other hand earned almost the same with the same Graduate degree as a White female, (31, 119 vs. 31, 991), respectively.

The empirical results surrounding the role of gender as a potential moderator are very inconsistent, however for the most part the results tend to support the notion that females are more likely to perceive racism and thus may be more mentally affected by it. A study conducted by Gardner (1995) assessed the public harassment of women over a span of 5 years from 1988-1993. Gardner's results were based on interviews conducted with 506 men and women between the ages of 15 and 85 from the Indiana, Indianapolis area. Based on these interviews results concluded that women perceived more discrimination than men. It is important to note that Gardner used a general definition of discrimination that was not solely based on race. Contrary to these findings were those reported by Kessler et al. (1999), which suggested that males, as opposed to females, reported higher day-to-day perceived discrimination. However, the results of Kessler et

al. should be cautioned as they too conducted a global assessment of discrimination (i.e.: race/ethnicity, gender, weight, age, sexual orientation, religion, S.E.S, physical/mental disability). In fact, Kessler et al. reported that men are nearly twice as likely to report these frequent day-to-day occurrences of perceived discrimination as women. Moreover, results suggested that there was no difference in the reported rates of major lifetime perceived discrimination. Findings also demonstrated that men are more likely than women to attribute discrimination to either race or ethnicity. The reason why Black males may be more likely to attribute discrimination to race may be because of how they are seen by the judicial and law system (Gordon et al. 1995).

To answer the question of how perception of discrimination is differentiated between genders one would have to take a look at an earlier study conducted by Sigelman and Welch (1991). These researchers specifically explored gender differences in perception of racism. Initially, both researchers hypothesized that Black females would perceive less discrimination than Black males because (1) women are less likely to acknowledge discrimination, and (2) women might have a different reference group than Black men do. Analyses revealed an inconsistent gender effect. Findings suggested that Black men are more prone than Black women to report discrimination against them, however this difference was very marginal. Furthermore, no significant difference existed between males and females in their reporting of perceived discrimination against Blacks as a whole. Fischer and Shaw (1999) concluded from their analyses that women reported fewer experiences overall with racist discrimination than did men over the past year. They also concluded that men are more likely than women to report four types of discrimination, for instance, being accused or suspected of doing something wrong (71%

of men vs. 35% of women). This finding they argued was consistent with how society has targeted Black males as criminals.

Romero and Roberts (1998) were one of the few researchers to shed light on how racism is perceived between adolescent males and females. In their study, they used social identity theory as a framework to test the relation between discrimination and components of ethnic identity, and attitudes towards out-groups. A school-based survey using multiple measures of ethnicity was conducted on (n=3071) students. The results of the study concluded that Blacks as a whole perceived more discrimination than other ethnic groups such as Vietnamese Americans, European Americans and Mexican Americans. Furthermore, results suggested that female students had higher ethnic affirmation and higher ethnic exploration than males. In other words, they were more likely as a group to hold more positive attitudes about other ethnic groups than males, as well, they were more willing to explore their own ethnic background, for example through books, talking to people and participating in cultural practices and behaviors than were males. Romero and Roberts concluded that high ethnic exploration was predictive of the tendency to perceive more discrimination, whereas ethnic affirmation was not directly related to discrimination. They interpreted this to mean that because females may have greater involvement with their culture they may be more aware of the injustices and current discrimination against members of their culture. Findings would suggest that females as opposed to males even though they may not experience racism in the same degree are more perceptive of it. Accordingly, the findings of previous literature raise the question of whether perception versus actual experience is more important for mental health functioning.

Current Study

Pertinence

The study attempted to shed light on some of the ongoing controversies related to research on the effects of racism and its impact on mental health (i.e: psychological distress). For instance, the study attempted to answer the question of how the experience of racism impacted Caribbean adolescent psychological functioning as the literature has been very sparse in this area. It also allowed for comparisons of results in Canadian society and those obtained in the United States. Additionally, the potential moderator effects of gender and S.E.S were examined to see to what degree they contributed to the prediction of psychological distress. Although racial socialization has been cited as a potential moderator of racism and psychological distress, the aim of this study was *not* to assess its potential as a moderator. In essence, the study attempted to examine from a social standpoint whether messages of racial socialization were being transmitted to the child by looking at the degree of correlation in racial perceptions between parent and child.

Caribbean Blacks (Social Pertinence)

From a social perspective the study was very important in the sense that it focused on (1) Black adolescents, a group which has consistently been understudied in the scientific community (Nyborg & Curry, 2003), and (2) it helped to provide a basis for understanding the Caribbean community, a group which has been found to be at high risk for various social problems (Henry, 1994). Henry argued that this group has had difficulty adjusting to Canadian society because the policies and practices inherent to many organizations do not take into account their needs. Henry

further cites that Caribbean migrants face differential treatment upon arrival in Canada, as planes arriving from the Caribbean and carrying immigrants are processed more slowly. This differential treatment has filtered down throughout the system and has impacted the way of life for many Caribbean Blacks currently residing in Canada. Henry describes a bleak situation in which Caribbean migrants are poorly represented in supervisory and managerial positions. Furthermore, Henry indicates that the relationship between the police and judicial system with this community is strained due to the many police harassments and shootings of Black youth. Racism has been suggested as the main reason behind the difficulty that this growing community is having adjusting to life in Canada.

Canadian Caribbean migrant's particularly Caribbean youth seem to be the ones having the most difficulty adjusting to Canadian society. These individuals because of the experience of racism may be at risk for much health related problems including issues of psychological distress. These Caribbean youth are being failed by a school system, which does not recognize their needs. Moreover, when these youths are educationally assessed they are often placed in remedial classes (Henry, 1994). Hence, many Caribbean youth may become frustrated with school and decide to secure other alternative means of supporting themselves (e.g. drugs). The result of such is an ever growing underclass. Henry further states that this underclass will continue to increase and the potential for social disruption will continue to increase with the growing frustration of Caribbean youth. This ideology was also represented in the work of Anderson (1993) who documented that Caribbean immigrants made up the largest proportion of Toronto's annual income flow to the classrooms of Metropolitan Toronto.

Anderson maintains that it is the Caribbean Blacks who are being singled out for racism as "It is the Blacks who are being shot, it is Black youth that are under-employed in excessive numbers" (1993, p.125). An earlier work by Anderson and Grant (1987) reported that many of the Afro-Caribbean youth are over-represented in placement services. Both researchers argued that the problem of Caribbean youth adjustment was not an educational one, it was a problem based on social factors. These social problems, which impeded adjustment, were for instance, the experience of racism and other factors such as issues of communication like language, intonation, pronunciation and accents. Thus, this added stressor of racism in which there is a lack of social, cultural and political power may predispose many Canadian and Caribbean Blacks to be at high risk for psychological distress and physical health problems. This project attempted to contribute to the literature surrounding this small but relatively high-risk population living in Canada.

Generational Trends

A final pertinence of the study was that it attempted to examine will focus on whether any primary differences exist between first generation migrant Caribbean youth and second-generation Canadian Caribbean adolescents on the dimension of racism. This comparison will provide a more global picture of racism and generational effects, as literature in this area is also sparse. Henry (1994) has suggested that second generation Canadian youth do not adapt as easily to racism as first generation individuals. Research conducted in the United States by Romero and Roberts (1998) addressed this issue. They predicted in their study that adolescents who spoke less English and were of first generation would perceive more discrimination than adolescents

who spoke more English and were not of first generation. Results suggested that generation level was not a significant predictor of discrimination, however language use was significant. Therefore, adolescents who spoke less English perceived more discrimination than adolescents who spoke more English. The reason why generational differences were not seen may be due to the lack of empirical data concerning the generational level of many of the adolescents, parents and grandparents that participated in the study. The current study will thus try to illuminate the actions of racism at the generational level.

Research Hypotheses

Hypothesis 1: Individuals having a lower S.E.S (as measured by income) will perceive more racism than individuals having a higher S.E.S

b) More educated individuals will perceive more discrimination than less educated individuals

Past Literature: Past research has documented both a positive and a negative association between S.E.S and perceived racism. The type of association will vary with the measure used to quantify S.E.S (i.e.: education vs. income) (Kessler et al. 1999).

Hypothesis 2: Parents who perceive more racism will have children who perceive more racism

b) To determine the difference between first and second generation adolescents in how they report and cope with discrimination.

Past Literature: Past research has supported the fact that parents attitudes are more likely to be transmitted once children have matured cognitively and have reached an age

where they can understand their experiences of racism (Aboud, 1988; 1996; Branch & Newcombe, 1980; 1986). Hence, at older ages' adolescents views are more likely to be a reflection of their parents. Romero and Roberts (1998) have also suggested that there are no generational differences in the perception of racism; however this conclusion needs to be tempered, as Henry (1994) concluded that second generation Canadian adolescents are more affected by the experience of racism. Henry's findings suggest that their might be a difference between first and second generation in how they cope and deal with racism.

Hypothesis 3: Adolescent Black males will perceive more societal racism than adolescent Black females.

Past literature: The research in this area is *conflicting,* intuitively researchers expect that Black males may perceive more racism, as they are a more targeted group (Gordon et al. 1995). The empirical literature has shown both females and males as perceiving more discrimination than the other (Gardner, 1995; Kessler et al. 1999). Noteworthy however, is that both studies only assessed global discrimination and did not specifically focus on discrimination associated with race. Earlier findings by Sigelman and Welch (1991) suggested that while males report experiencing slightly more discrimination there were no significant differences between males and females in the perception of discrimination. Therefore, research in this area remains inconclusive as to whether males or females perceive more racial discrimination.

Hypothesis 4: Adolescent's perception of racism will be positively correlated with psychological distress (mental health).

Past literature: Research has concluded that the experience of racism does affect the mental health of minorities. The adult literature has shown that racism is linked to internalizing symptoms, like depression and anxiety (Thompson, 1996; Browns et al. 2000). Nyborg and Curry (2003) demonstrated that while racism is strongly linked to externalizing symptoms in adolescent Black males it is also linked to internalizing symptoms. Kessler et al. (1999) in their analyses concluded that women are more affected by the experience of racism. Thus, overall findings from past research document a strong relation between these two variables.

Hypothesis 5: Socio-economic status and gender will act as moderators on the link between perceived racism and psychological distress (mental health).

Past literature: Research has shown that an individuals' socio economic status interacts with their perception of racism and influences mental health. Specifically, it has been documented that minorities of low S.E.S exhibit higher levels of psychological distress (Kessler & Cleary, 1980; Mcleod & Kessler, 1990 etc). While both moderators are implicated in mental health there does exist variation in how much psychiatric symptoms can be predicted by each variable.

Methods

Design

This is a cross sectional research study using quantitative data. The study examined two independent variables, socio-economic status (S.E.S) and gender. Perceived racism assessed by the Personal Experience of Racism Scale (PERS) (see Appendix E) was the first dependent measure. The second dependent measure was mental health, which was assessed by scores on the Child Behavior Check list (CBCL) and Youth Self Report (YSR) (see Appendix F & G, respectively).

Independent Variables

Socio-economic status was the first independent variable. Three measures of S.E.S were used to classify families and to run various statistical analyses. The first measure of S.E.S was family income, adjusted according to family size. Income was adjusted by family size in order to provide a more accurate portrayal of familial S.E.S. The adjustment was based on an income-to-needs ratio, a technique of S.E.S classification used in previous research (Neighbors, 1986). The second measure of S.E.S was parent's level of income satisfaction as to whether or not they felt that it was sufficient to meet their basic needs. The final measure of S.E.S was parents' perception of their S.E.S and how they felt they fared in comparison to other members of the community (see Appendix H).

Gender was the second independent variable. Analyses were carried out to see if any gender differences existed between adolescents on their perception of racism, and mental health.

Dependent Variables

The first dependent measure was scores obtained from the PERS for both parents and adolescents. These scores were summarized and analyzed in order to provide an indication of adolescents and parents perception of racism in Canada.

The dependent measures for mental health (i.e. psychological distress) were the scores that were obtained on both the CBCL and the YSR. These two scales can both be collapsed to give two-second order factor scales; the Internalizing and Externalizing scale. Internalizing scores were comprised of scores from 3 specific subscales: The Withdrawn, Anxious/Depressed & Somatic Complaints scale. The Externalizing scores will be comprised of scores from 2 specific subscales: The Delinquent behavior and Aggressive behavior scale.

Materials/Instruments

The (CBCL) developed and validated by Achenbach (1991) was used as an indication of parental perspectives concerning their children's psycho-emotional symptoms. The CBCL has been used in previous transcultural research settings (Bird, 1996; Nyborg & Curry 2003) and has become instrumental in allowing researchers to compare the problems of adolescents from various cultures including Blacks. The CBCL is a 119 item instrument with eight problem symptom subscales: Somatic complaints, Withdrawn, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, and Aggressive Behavior. These eight symptom subscales combine to form two-second order factor scales that were used in this study, the Internalizing and Externalizing scale. The Externalizing scale is composed of the two

subscales of Delinquent behavior and Aggressive behavior. Anxious/Depressed, Withdrawn and Somatic Complaints are the three subscales that comprise the Internalizing Scale. The scales are collapsed into the two aforementioned scales in order to provide a global measure of internalizing versus externalizing symptoms. Items on the CBCL are scored on a 3-point likert type scale ranging from 0 (not true) to a 2 (often true). For purposes of this research the CBCL has been collapsed into a shorter version, in order to prevent participant fatigue, as it is part of a larger epidemiological study. The CBCL has a coefficient alpha for internal reliability of α=0.89. The CBCL was chosen for analysis because it has been proven as a valid measure of mental health.

The Youth Self Report (YSR) developed by Achenbach (1991) documents adolescents' perception of their psycho-emotional symptoms. The YSR is a 118 item instrument with eight problem behavior subscales like the CBCL: Withdrawn, Social Problem, Somatic Complaints, Attention Problems, Anxious/Depressed, Thought Problems, Delinquent Behavior, and Aggressive Behavior. The Withdrawn, Somatic Complaints, and Anxious/Depressed subscale combine to form the Internalizing Scale. The Externalizing Scale comprised of the Aggressive Behavior and Delinquent subscale is the second order factor scale on the YSR. As well, the YSR has been collapsed like the CBCL into a shorter version, as it is part of a larger epidemiological study. The YSR, with an internal reliability alpha coefficient α=0.89, was designed to be administered to adolescents between 11-18yrs old. Like the CBCL the YSR has also been used in studies dealing with Blacks (Nyborg & Curry, 2003).

The Personal Experience of Racism Scale (PER) developed by Noh, Beiser, Hou and Rummens (1999) was created to assess South East Asian refugees in Canada. An

abridged version of the PERS consisting of 8 items was used to assess the perception of racism. An abridged version of the scale was included so as not to fatigue respondents, as this scale was part of a larger epidemiological study. PERS is a small scale that consists entirely of 8 items. Subjects are asked to indicate on a 5-point likert type scale their experience of racism with answers ranging from 1 (Never) to 5 (Always). The PER scale has an internal reliability alpha coefficient α=0.86. The scale was included because of its easiness to understand and previous use in cultural research (Noh et al. 1999).

In assessment of familial objective S.E.S based on income appropriate measures had to be taken in order to avoid arbitrarily picking a point to differentiate between low and high S.E.S families. Therefore, the latest Statistic Canada issue on low-income cutoff was used for their most recent year, 2001 (see Appendix I). This pre-tax low-income cutoff was based on an income-to-needs ratio, in which family size was used to determine which families should be categorized as having low-income. Thus, this allowed for families to be differentiated between high vs. low S.E.S. Low S.E.S families are defined as families whose income falls below the low income cut-off for their respective family sizes. Similarly, high S.E.S families were defined as families whose income is above the low income cutoff for their respective family sizes. This division between low and high S.E.S, then allowed for analyses aimed at concluding whether their existed any differences between the groups on perception of racism and mental health.

Furthermore, key informants of the Montreal Caribbean Community were used to generate possible interpretations of the data. The study held a focus group of 10 Caribbean Blacks who were deeply rooted in the community and who were aware of the

issues concurrent to the Montreal Caribbean population. This group included recognized Black community leaders, social workers and medical professionals.

Subjects

One hundred and eighteen Caribbean families were recruited from the three major school boards in the Montreal region: Lester B. Pearson, English Montreal School Board and Commission Scolaire de Montreal (CSDM). Fifty-three adolescent black males and sixty-five adolescent black females 12-19 years of age (χ=14.8 yrs), attending a high school under the jurisdiction of one of the three aforementioned school boards participated in the study. The legal guardian/primary caregiver for the child was also recruited. West Indian subjects included those whose family originated from British Colonies (such as Barbados, Jamaica, St-Vincent, Trinidad and Tobago, Guyana and St-Lucia). French speaking colonies were excluded, as they are believed to have different adjustment issues than English speaking Caribbean Blacks. Only subjects not suffering from a major physical or intellectual handicap were used. All participants who met the inclusion criteria were offered the opportunity to take part in the study.

Procedure

Lists of eligible participants were sent by each of the schools overseen by the three major school boards. Once the list was received it was coded to determine which of the potential eligible participants, met the specific criteria and needs of the study. Since only one child could be interviewed per family the list was sorted and coded for sibling pairs. In the case of sibling pairs, the pair was analyzed and a respondent chosen based on what population was underrepresented in the study (i.e.: gender, age). After this

preliminary data treatment, a letter detailing the study was sent to the child and his/her primary caregiver (see Appendix B). The letter sent informed the parent that an interviewer would be contacting them within 1-2 weeks to provide further explanation. Once the interviewers contacted the parents and explained the study they then proceeded to ask for their consent to participate in the study. The study was also explained to the child and his/her verbal consent had to be given before the interview was scheduled. Interviews were set up with consenting families based on a time and at a place of their choosing. It should be noted that interviews only took place on holidays, during the evening after work and school hours and, on weekends. The majority of interviews took place inside the homes of the participating families.

In the solicitation process, respondents were contacted 1-2weeks after the letter had been sent out. Interviewers were required to phone the potential primary care giver respondent at various times until he/she was reached. Interviewers were to record the times at which they phoned the respondent and the outcome of each call. In the case of a respondent who was not reached or a respondent who was not available for an interview in the near future their files were placed aside.

Interviewers were matched to the interviewee according to age group and gender. For instance, older interviewers interviewed the parents whereas younger interviewers interviewed the children. In the case of gender, interviewers and interviewee were matched by same gender. Both these factors were implemented to facilitate the ease of the interview and promote comfort in the participant. Interviewers were required to arrive at the place of interview together so that both adolescent and primary caregiver interviews could take place under the same conditions. Upon arrival, the nature of the

study was explained again to both respondents, after which they were both given a consent form to sign (see Appendix C & D). In order to ensure participant confidentiality interviews were conducted in separate parts of the household. After completion of the interview, respondents were thanked for their participation; however no monetary compensation was given.

All interview questionnaires were then checked to ensure that no missing data were present. If the questionnaire did not follow a logical coherence or if there were missing data, interviewers were required to re-contact the respondent to clarify the information.

Statistical Analysis

An ANOVA was performed on S.E.S to determine if any significant differences existed between the means. If significant results were found various T-tests for independent samples were performed to see exactly where the differences were. Spearman correlations were performed in the place of Pearson correlations in cases where the data did not approximate a normal population. Multiple regression analyses were carried out to determine the predictive capabilities of all three variables on adolescent mental health. All statistical analyses were done using SPSS. The assumed alpha for the study was .05.

CHAPTER III

RESULTS

The present investigation had two main objectives (1) to assess the effects of socio-economic-status (S.E.S), perceived racism & gender on Caribbean adolescent mental health (i.e.: psychological distress) and (2) to examine the moderator effect of S.E.S and Gender on the link between perceived racism and mental health.

The results of the investigation will be displayed by their respective hypothesis following a summary of participant demographic characteristics. To better communicate the findings figures will be used to sum up primary descriptive data and statistical tables will be used to represent secondary analyses.

Participant Characteristics

One hundred and eighteen English speaking Caribbean families participated as subjects in this investigation. A Caribbean family was designated as comprising a child and a parent (legal guardian); in most cases the parent was the mother. The adolescents ranged between the ages of 12 and 19, with a mean age of 14.87 years, while parental or legal guardians ranged from age 29 to 75, with a mean age of 43.33 years (see Table 1). All adolescents were sampled from one of the three Montreal School boards. The sample consisted of 47% second-generation adolescents who were born in Canada vs. 53% of first-generation subjects who migrated to Canada from the Caribbean. 81% of all interviews were conducted with the mother vs. 13% with the father, and the remaining 6% distributed amongst others (i.e.: grandparent, aunt, uncle, adoptive guardian etc.). Parental educational status ranged from no formal education to that of university graduate (see Table 2). Participants reported income ranging from a minimum of $1,000 to an upward value of $80,000 and more. Figure 1

displays the frequency of reported income, as can be seen the graph is slightly skewed to the left, with a standard error of skew ness equaling 0.223. The reason why there might be a slight skew is because of the over-representation of Caribbean families who reported earning between $12-19,999. This might signify that Caribbean parents are represented in more low paying jobs. For purposes of the study, the data were analyzed with this slight skew, as the effect on results would have been negligible.

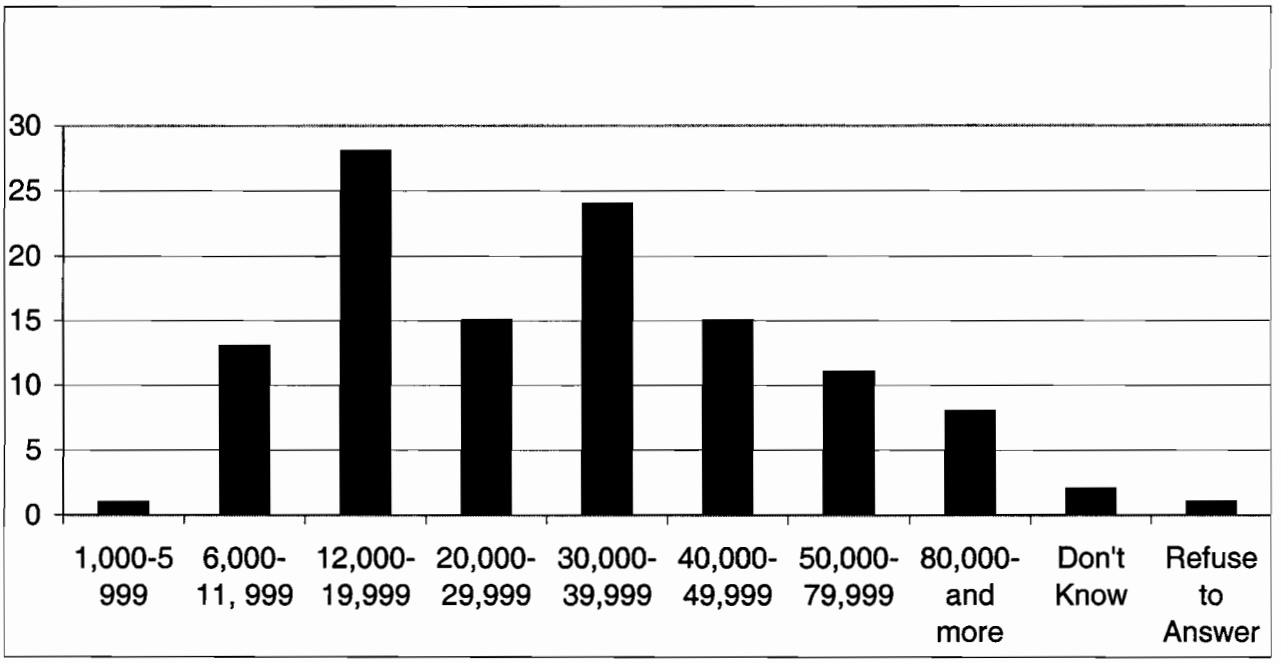
Table 1: Age Characteristics of Participants

	N	Minimum Age	Maximum Age	Mean (yrs) Age	Standard Deviation
Adolescents	118	12	19	14.87	1.561
Parents/Caretaker	118	29	75	43.33	7.00

Table 2: Parental educational attainment

Highest Diploma	Frequency	Percentage (%)
None	1	0.85
Primary	15	12.71
High School	44	37.29
College	23	19.49
Technical/Vocational	26	22.03
University	9	7.63
Total	118	100

Figure 1 : Frequency Distribution Graph of Total Revenue by Families



Primary Data Analyses

Research Question 1:

1) Individuals having a lower S.E.S (as measured by income) will perceive more racism than individuals having a higher S.E.S

b) More educated individuals will perceive more discrimination than less educated individuals

The first hypothesis explored how the family's socio-economic status, described by the parent's subjective perception and by the objective report of income, affected the perception of racism. Perception of racism was assessed across the three levels of S.E.S; these included the families S.E.S depicted by annual revenue, the parents' subjective perception of how they were faring in relation to other members of the same community, and the parents' subjective perception of their revenue in meeting their financial needs. In addition,

educational attainment of the legal guardian, as another index of S.E.S, was used to assess perceived discrimination, as well as, a check for its correlation to income (see Table 3). It is important to note that only parents' perception of S.E.S was used to analyze the results as they may have a better indicator of financial status than their child. For the purposes of this study, annual revenue was dichotomized into two groups, high and low. Using the National Council of Welfare's estimate of Statistics Canada's pre-tax low-income cut-offs for 2001, family income was adjusted and analyzed according to family size *(see appendix I)*. An independent samples t-test was performed on the mean score achieved by each group on the PERS. Results of the analyses summarized in Table 4 revealed that there were no significant differences in the reporting of perceived racism between the two groups, for either parents or adolescents, $t=0.241$ and $t=0.320$.

Furthermore, a Pearson r correlational analysis was performed on parent's level of education and perceived racism to examine if any relation was present. Analyses concluded that parent's perception of racism was influenced by their level of education ($r=0.262^*$, $p<0.01$).

In addition, a Pearson r correlational analysis was performed on parents' subjective perception of S.E.S and the child's global assessment of perceived racism. Results indicated that while their was no correlation between parents' subjective perception of their financial status and child's' perception of racism ($r=0.095$, $p>0.05$) there did exist a significant correlation between child's perception of racism and parents' subjective comparison of how they fared in relation to other members of the black community ($r=0.194^*$, $p<0.05$). Follow up analyses using t-test were conducted on parents subjective comparison of S.E.S to see where the difference lay. Results revealed that parents who perceived their financial situation to be

better than other members of the community had children who perceived less discrimination, t=0.038, p<0.05 (see Table 5).

Table 3: Parental Education as a Function of Total Family Income

	Family Revenue
Parental education	0.451**

**Correlation is significant at the 0.01 level (2-tailed)

Table 4: Perceived Racism as a Function of Total Revenue

Perceived Racism	Groups	Mean Score PRS	t-test value
Parents	Low S.E.S	14.62	.241
	High S.E.S	15.89	
Adolescents	Low S.E.S	13.68	.320
	High S.E.S	12.83	

* t-test value is significant at ∝=0.05

Table 5: Perceived Revenue Comparison as a Function of Adolescent Perceived Racism

Subjective Revenue Comparison	Adolescent Mean Score PRS	t-test value
Better Off	11.0	0.038 *
Worst off	15.5	

- t-test value is significant at ∝=0.05

Research Question 2:

1) Parents who perceive more racism will have children who perceive more racism

b) To determine the difference between first and second generation adolescents in how they report and cope with discrimination.

It was predicted that the scores of parents and their children would be significantly correlated in terms of their level of perceived racism. A Pearson r correlation revealed that there was no correlation between parents and children's level of perceived racism ($r=0.151$, $p>0.05$). The graph shown in Figure 2 indicates that there were no significant differences in rates of response along the PERS for both parents and children. In general, parents tended to report higher amounts of perceived racism across each domain of the PERS, with the exception of having been threatened and insulted because of racism. When primary analyses were carried out on responses to the reaction of racism it was documented that parents and adolescents reacted to racism in slightly different ways. 23.9% of adolescents said that they would either confront the racism verbally or physically as opposed to 18% of parents. Results also revealed that 24.5% of adolescents said that they would ignore the racist situation as compared with 16% of parents. Descriptive analysis concluded that 13% of parents on average reported feelings of sadness and hurt, a figure much larger than the 2.5% of adolescents. Results are summarized below in Table 6.

Furthermore, descriptive analyses highlighted a generation trend with regards to how individuals reacted to racism. Analyses concluded that 23% of respondents from second generation as oppose to 19.7% from first generation reported more feelings of anger. Findings also indicated that migrant adolescents were more likely than second-generation adolescents to

ignore perceived racism (31.5% vs. 18.3%), respectively. In addition, second generation adolescents were more challenging of racism, 27.5% vs. 19.7% of migrant adolescents (see Figure 3).

Figure 2: Adolescent and Parent Scores on the PERS

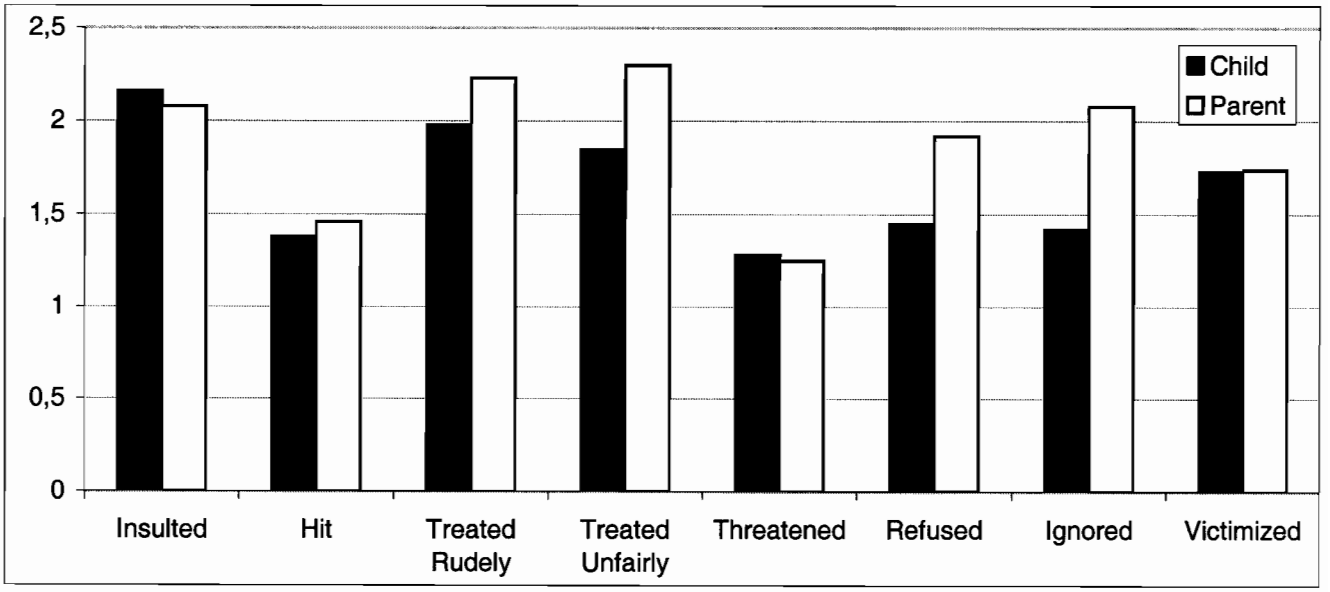
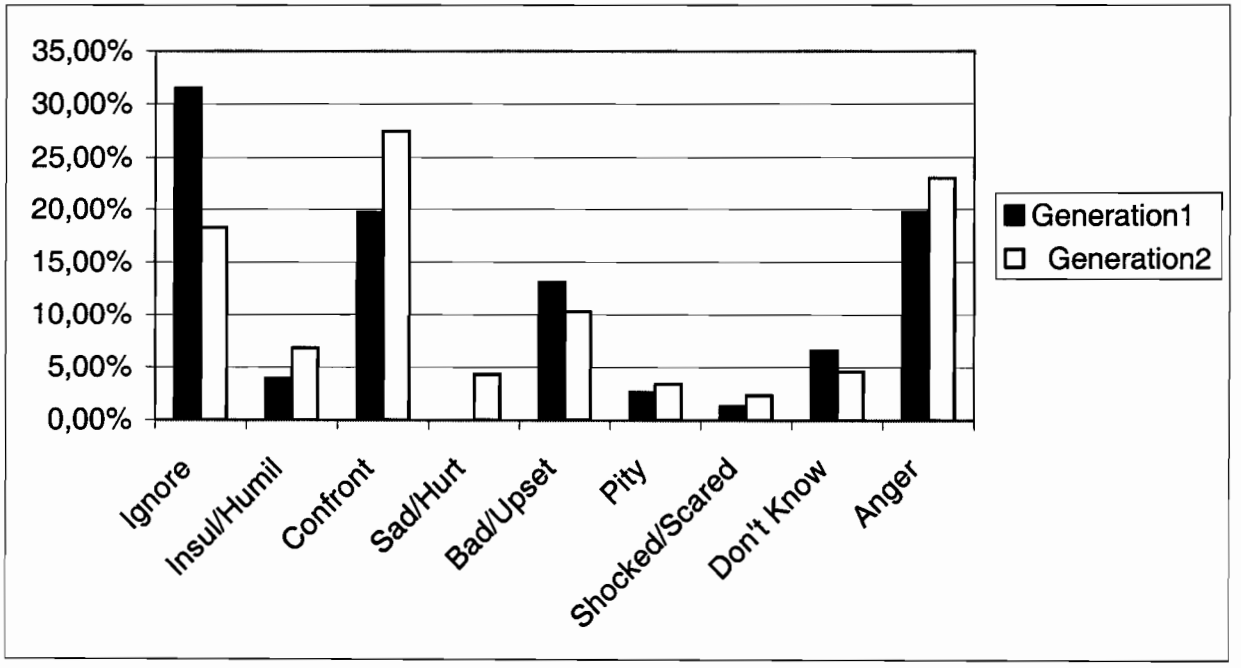


Table 6: Adolescents and Parents Reaction to Perceived Racism

Reaction	Adolescents	Parents
Anger	21.5%	21%
Ignore	24.5%	16%
Insulted/Humiliated	5.5%	5%
Confront (Verbally/Physically)	23.9%	18%
Shocked/Scared	1.8%	2.1%
Sad/Hurt	2.5%	13%
Bad/Upset	11.7%	11%
Pity	3.1%	8.3%
Don't Know (Never Experienced Racism)	5.6%	6%

Figure3: Adolescent Reaction to Racism as a Function of Generation



Research Question 3:

Adolescent Black males will perceive more societal racism than adolescent Black females.

Analysis comparing the perception of racism between genders revealed that contrary to what was hypothesized, females tended to perceive more racism than males. It should be noted that while both groups scored low in general on the PERS, female adolescents reported a mean score of 13.29, which was marginally higher than the mean score of 13.25 reported by males. Results indicated that 46.2% of females as oppose to 34.0% of males reported at least one family member being a victim of racism. Females also reported greater claims of being treated rudely than their male counterparts, 66.1% vs. 50.9% respectively (see Figure 4). Both genders were also similar in their reports of having experienced at least 3 incidents of racism on the PERS. A one-way ANOVA was conducted to see if any significant difference existed between the mean scores of females and males on the PERS. Results of the one-way ANOVA revealed no significant differences between both groups, $F=0.002$, $p>0.05$ (see Table 7).

Descriptive statistics showed that males were more likely to report feelings of anger in response to racism than females (34.7% vs. 11.7%), respectively. Results also suggest that females may be ignoring more their experiences of discrimination than males (31.9 vs. 14.5%), respectively. Additionally, females reported more feelings of being insulted and humiliated when faced with racism, 8.5% as oppose to 1.4% of adolescent males (see Figure 5).

Table 7: Gender and Adolescent Perceived Racism

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	,052	1	,052	,002	,961
Within Groups	2463,196	115	21,419		
Total	2463,248	116			

Figure 4: Gender as a Function of Perceived Racism

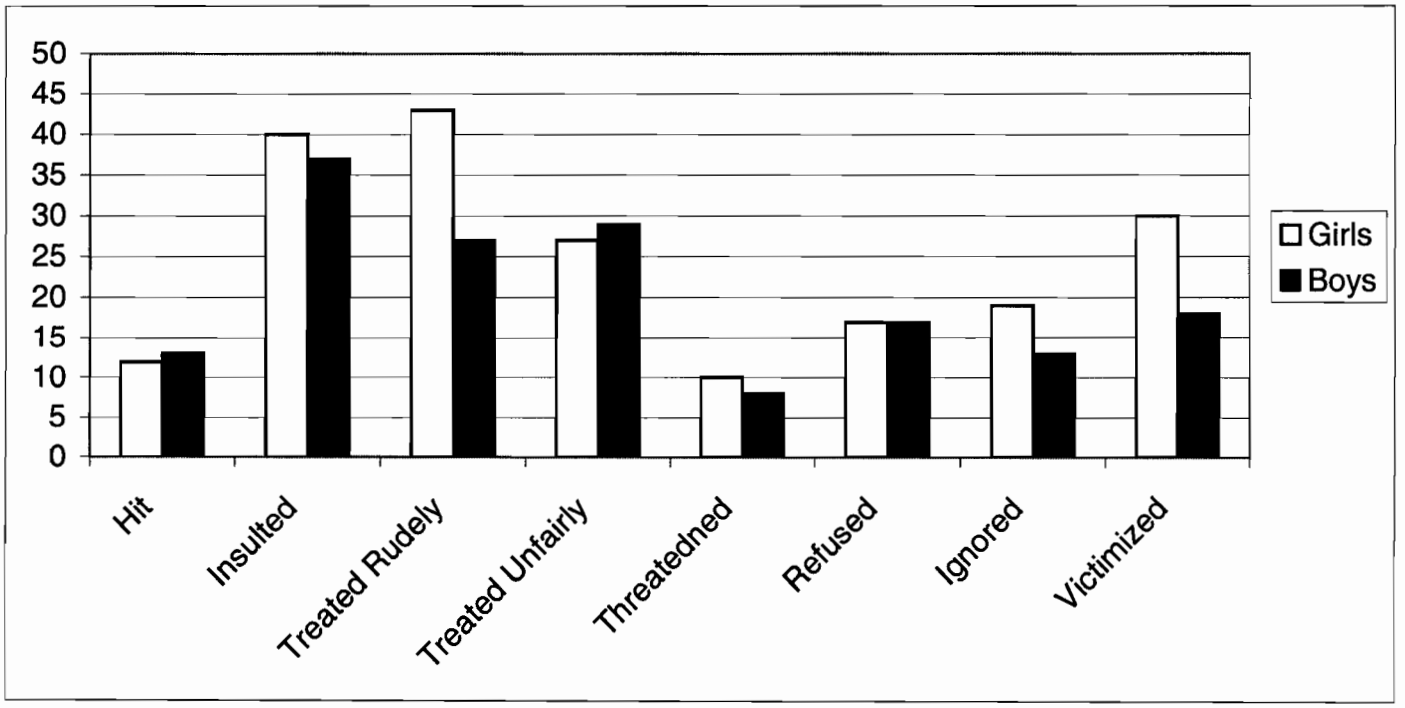
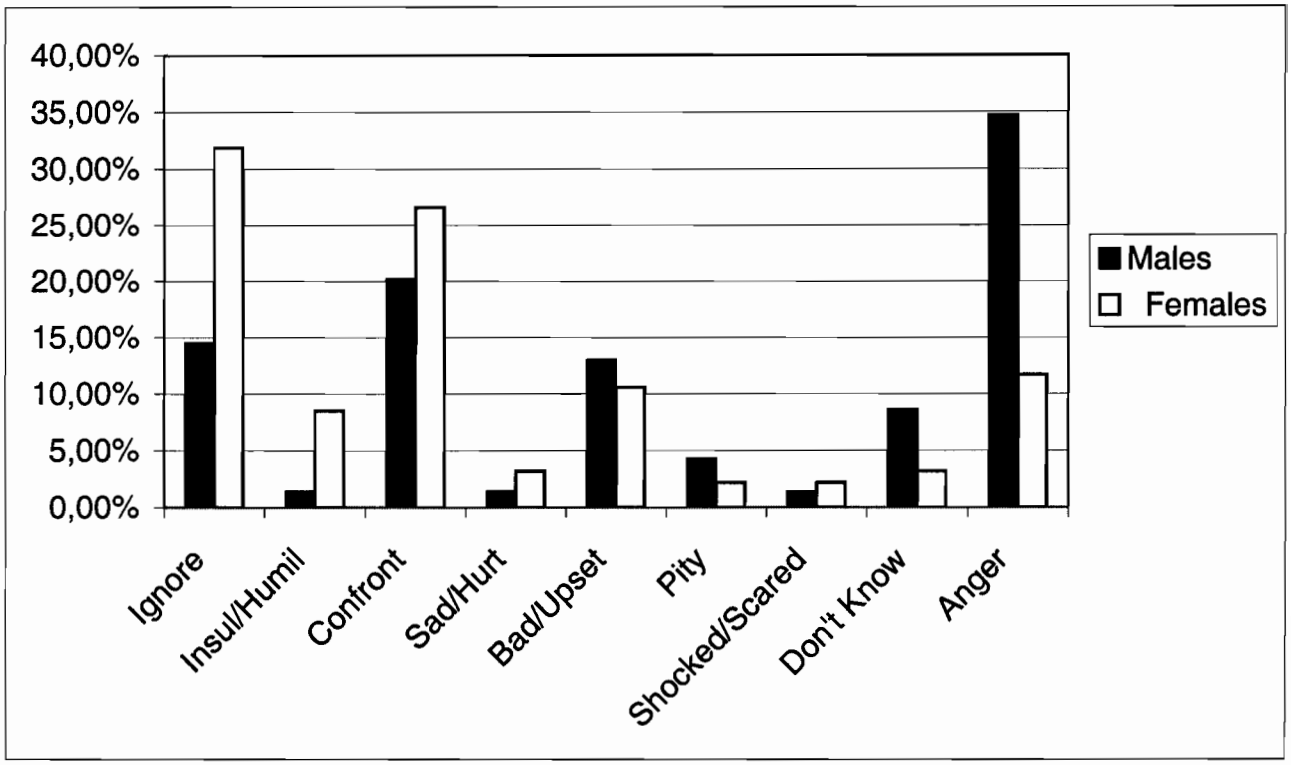


Figure 5: Gender as a Function of Emotional Reaction to Racism



Research Question 4:

Adolescent's perception of racism will be positively correlated with psychological distress (mental health).

Analysis was performed on both the CBCL and YSR but only scores on the YSR were used as adolescents would have had a better indicator of their mental health status than their parent's perception of it. Correlations between parents reports on the CBCL however, correlated significantly with the reports of the child on the YSR, $r=0.364$, $p<0.01$. The YSR was summarized into two separate scales which were used for analysis, that of Internalization

and Externalization. Analysis using Pearson r bivariate correlations revealed that there was a significant correlation between psychological distress and adolescent perception of racism. In other words, increased perception of racism was significantly correlated with increased psychological distress. Findings concluded a significant correlation for both the Internalization and Externalization dimensions of the YSR, 0.30 and 0.40 respectively $p<0.01$ (see Table 8).

Table 8: The Perceived Experience of Racism on Psychological Distress in Adolescents

Dependent Variable	Internalization (Pearson r)	Externalization (Pearson r)
Perceived Experience of Racism (PERS)	0.30**	0.40**

** correlation significant at 0.01 level (2-tailed)

Further analyses were conducted to determine whether there were any significant correlations of psychological distress and racism according to gender. Statistical findings demonstrated a significant correlation at the 0.05 level whereby males tend to externalize their experiences of racism as oppose to engaging in internalization behavior, r=0.28. Females, on the other hand, engaged in both internalization and externalization processes in response to racism, a finding that was significant at the 0.01 level. Specifically, results revealed that while females engaged in both behaviors there was a tendency for them to externalize their symptoms more (r=0.47) as opposed to that of internalizing (r=0.41). As summarized in Table 9, these findings suggest a greater process of both internalization and externalization of females when confronted with racism.

Table 9: The Experience of Racism on Psychological Distress in Adolescent Males and Females

Gender	Internalization (Pearson r)	Externalization (Pearson r)
Male	0.16	0.28*
Female	0.41**	0.47**

*correlation significant at 0.5 level (2-tailed)

**correlation significant at 0.01 level (2-tailed)

Research Question 5:

Socio-economic status and gender will act as moderators on the link between perceived racism and psychological distress (mental health).

Regression analyses revealed that the model was unable to capture a significant interaction effect between S.E.S and perceived racism, as well as, between gender and perceived racism. Mental health (i.e: psychological distress) was assessed using the internalizing and externalizing scores of adolescents on the YSR. Global findings concluded that while the model itself was significant, findings for the interaction effects did not reach significance.

Analyses on Externalizing symptoms in adolescents revealed that the model associated with gender and perceived racism predicted 22% of the variance, β=0.446 and R squared=0.22 (see Table 10). The predictive value of gender and perceived racism on externalizing symptoms suggested a significant trend, p=0.113. In addition, the model revealed that gender on its own contributed negatively to psychological distress,β=-0.423.

Findings concerning the predictive value of the model associated with gender and perceived racism on internalizing symptoms suggested that it may be a good predictor of psychological distress, R squared=0.21 (see Table 11). The model suggested that S.E.S and perceived racism accounted for 19% of the variance, which was slightly lower than gender and perceived racism.

Table 10: Regression Analyses summarizing the link between Gender, Perceived racism and S.E.S on Externalizing symptoms in Caribbean Children

Bloc	Variables	Standardized Beta	R	R Squared	F Change	Significance
1	S.E.S (Revenue)	-0.192				
	Gender	-0.423	0.45	0.20	9.08	
	Perceived Racism	-0.061				
						0.00
2	S.E.S * Perceived	0.001	0.45	0.20	0.07	
3	Gender * Perceived Racism	0.446	0.47	0.22	2.56	

Table 11: Regression Analyses summarizing the link between Gender, Perceived racism and S.E.S on Internalizing symptoms in Caribbean Children

Bloc	Variables	Standardized Beta	R	R Squared	F Change	Significance
1	S.E.S (Revenue)	-0.515				
	Gender	-0.204	0.41	0.167	7.307	
	Perceived Racism	-0.611				
2	S.E.S * Perceived	0.630	0.43	0.185	2.308	0.00
3	Gender * Perceived	0.685	0.46	0.207	2.953	

Discussion

The discussion below will examine the role of the different socio-economic variables that have an influence on the perception of racism, such as education. In addition, the discussion will generate possible hypotheses to explain why females in particular seem to be more at risk for psychological distress than Black males. Thirdly, the discussion will explore the differences between Caribbean adolescent migrants vs. Canadian born adolescent Blacks. Lastly, the discussion will examine the regression model in order to understand how S.E.S and gender contributed to the prediction of mental health.

Education and Perceived Racism

The reality of racism in Canadian society was the first significant finding to emerge from the study, confirming the work of numerous authors who have questioned the myth of Canadian openness, and multiculturalism (Anderson, 1993; Henry, 1994; Simmons, 1998: & Li, 1999). In our sample, as in other studies (Krieger & Sydney, 1996; Kessler et al. 1999) higher education was associated with an increased perception of racism. In this study, education was positively linked with total family income, suggesting that with higher levels of education came higher levels of income. Participant characteristics showed that at least half of the participants had some form of post secondary training from either a college, technical or university institute. In line with past U.S research on high S.E.S individuals perceiving more discrimination (Kessler et al. 1999; Stevenson, 2000) our results suggested that as the educational level of participants increased there was an association between these levels and reports of perceived discrimination. Kessler et al. differed slightly in their analyses as they were able to

document that education while strongly related to major lifetime perceived discrimination was not related to day-to-day perceived discrimination.

The fact that educated parents may perceive more racism in Canadian society can be interpreted in four different ways. The first hypothesis suggests, that at higher levels of education, individuals are more likely to have higher income levels and are also more likely to move in to rich neighborhoods. These rich neighborhoods generally tend to be inhabited by members of the dominant group. Therefore, in such a setting it becomes quite possible for Black individuals to report the perception of more discrimination. This hypothesis is one that has been supported by the ethnic density paradigm, which states that the more isolated the member of an ethnic minority from other members of their community the more likely they may be to encounter stresses such as racism, overt discrimination, and perceived alienation (Boyd ell et al. 2001). The second interpretation theorized by Kessler et al. (1999) is that blacks who are more highly educated tend to have greater socialization outside the black community. This greater socialization on the part of educated blacks increases their chances of coming into contact with higher levels of discrimination. Beiser (1999) reported on this phenomenon in his study on East Asian immigrants as he said that refugees who used mainstream media the most and who received some education in Canada were the ones most likely to report more discrimination. He suggested that educated refugees were having greater socialization and rising occupationally. Out of this rise is borne discrimination, as out-group individuals see these highly educated refugees as a threat and who may respond to this threat with animosity. Beiser concludes by stating that minorities will become targets for racial discrimination when they become competitors for jobs and positions in mainstream

society. Thirdly, it is possible that with higher levels of education people are more likely to be aware, not only of who they are, but of their surroundings as well. In other words, higher levels of education can imply a higher level of racial consciousness. Lastly, one can argue that blacks who are more educated might be inclined to attribute their failures to discrimination, as opposed to personal inadequacies. In this sense attributing misfortunes to the outside society becomes commonplace amongst well-educated blacks (Kessler et al. 1999; Neighbors et al. 1996). However, contrary to past research by Kessler et al. (1999) that established income as significantly and inversely related to day-to-day perceived discrimination but not related to major lifetime perceived discrimination, a relation between income and perceived racism was not found in this study. Failure to reproduce these results may be attributed to methodological differences, in particular with respect to the measure of discrimination.

It can be argued that the significant report of perceived racism in this study might have been partly influenced by the mental health state of participants. For instance, it could be that the perception of racism is greater in individuals who are more anxious or depressed. This point is a crucial point, which cannot be resolved either by past literature or the current study data. This idea of bi-directionality was tested by Brown et al. (2000), who concluded that; psychological distress was not significantly linked to the odds of reporting discrimination. Even though bi-directionality may play a role, we feel that this in no way minimizes the importance of perceived racism as one of the main determinants of mental health.

Mental health effects on Adolescents

The second significant finding to emerge was that the perception of racism was having an affect on Caribbean adolescents levels of psychological distress, particularly females. Correlational analyses demonstrated that there was a significant positive association between level of perceived racism of the child and psychological distress. Thus, at higher levels of perceived racism, adolescents displayed higher levels of psychological distress. The results obtained are supportive of past research on Black adults and Black adolescents (Landrine & Klonoff, 1996; Kessler et al. 1999; Brown et al. 2000; Nyborg & Curry, 2003). Findings taken from the YSR suggested that adolescents portrayed both internalizing and externalizing symptoms with regards to the experience of racism.

Gender Effects

A look at adolescent Black males and perceived racism showed that while the experience of racism was not correlated to internalizing symptoms it was strongly correlated to the externalizing dimensions of the YSR. Nyborg and Curry (2003) found similar results, as there was a low level of internalizing symptoms among adolescent Black males in their sample. Their findings documented a very strong relationship between the perceptions of institutional racism to parent and self reported externalizing symptoms in adolescents. One would expect that the strong correlation found between perceived racism and externalizing symptoms in this study, and that of Nyborg and Curry (2003) might possibly be due to participant's reports of feeling angry when confronted with racism. Nyborg and Curry (2003) argued that research needs to address this anger, specifically trait anger and its role within this paradigm. They theorized that adolescent

black males who frequently experienced racism would be more likely to develop trait anger. The implication is that the experience of racism can be very detrimental psychologically to children who do not know how to effectively cope with this newly found anger. Findings revealed that adolescent girls, although they report perceiving a comparable amount of racism were overall more affected by the experience of racism than their male counterparts. Results confirmed the works of (Kessler et al. 1999; & Brown et al. 2003) which indicated that women whether they perceived more racism than Black males were more affected by it. As stated by Kessler et al. "we found that discrimination is more strongly related to the mental health of women than of men" (p.226, 1999). In this sense, it becomes important to find out why black females are displaying more psychological distress in response to the experience of racism. Perhaps the larger amounts of distress are due to the experience of other forms of discrimination faced by women, notably sex discrimination. Consequently, the experience of all these different types of discrimination may have an additive effect psychologically. The literature and interviews with key informants suggested two main routes of exploration: female management of racism, and Black male socialization in order to understand the gender effect. Each route provides some explanation as to why Black females may have been more affected. Findings, while significant are cautioned because the data does not account completely for the relative severity and complexity of the internalizing and externalizing symptoms displayed between the genders. Hence, the externalized distress of males may be more than the combined internalized and externalized distress of females.

The first possible reason why Black females seem to be demonstrating more psychological distress may be in how they deal with the racial experience. The descriptive results suggested that females were twice as likely to report ignoring the racist situation than males. Moreover, males were three times more likely than females to report feelings of anger. One can hypothesize that perhaps males are more willing to recognize their anger surrounding the experience of racial discrimination than are females. The study however, did not include a measure of *anger in* or *anger out* so it becomes difficult to say whether males are engaging in *anger in* or *anger out* behaviors. It would be important however to examine whether males as oppose to females are engaging in more *anger out* behaviors and whether females are more likely to use *anger in* measures when dealing with racism. If females are engaging in *anger in* and denying their experiences of racism as suggested by Crosby (1984) this *anger-in* then becomes a threat to their overall health (see also Krieger, 1990). The second plausible explanation for the increased affect on females may be due to a relative lack of racial socialization when compared to their male counterparts.

Black Male and Racial Socialization

One of the main hypotheses suggested by key informants to explain the gender effect we found stated that the difference might be in how males are racially socialized by their parents. Key informants of the Montreal Caribbean group shared cases in which they remembered having told their sons how to handle situations involving the police. These instructions were explicit and involved such comments as *be polite* and *be brief* (i.e.: yes/no responses). They also suggested that because Black women are believed to enjoy a higher social status than Black males they perhaps are

given less attention by their parents and are less adequately prepared to deal with instances of racism. In addition, they argued that Black females might receive more socialization on being a *woman* in today's society (i.e.: gender discrimination). Key informants further described instances in which they expressed to their sons to remember that they are not just a *male* but also a *black male*. As such society may tend to look and judge them in this manner. Findings from the work of Gordon et al. (1995) lend support to the ideologies expressed by the Key informants, as they reported that Black males were more heavily targeted, particularly where the judicial system and law was concerned. We would suspect that this targeting of Black males would most likely lead parents to dedicate more time in racially socializing male sons. Romero and Roberts (1998) indicated that Black females may be more racially aware, however, it is important to realize that greater racial awareness does not imply knowledge of how to effectively deal with racism. I propose that the results obtained may be a manifestation of how parents approach the idea of racial socialization between males and females. Furthermore, Black males have had many experiences from which to learn effectively how to deal with racism. Society has socially engineered the Black male to engage in *self-preparedness*. This process can be defined as one in which Black males engage in a primary offensive style of thinking in regards to racism. The individual as a result of constantly being targeted has learned on some level, to expect the occurrence of discrimination in various contexts, and as a result, may be less affected by it. This argument rests on the premise that the individual must be racially aware and have a greater appreciation for the reality of discrimination in society. Individuals who do not engage in this thought process may be more at risk and react more strongly to the

unexpected experience of racism. For instance, a Black male may acknowledge ahead of time that if they enter a store that they might be placed under surveillance. Engaging in this *offensive-style* of thinking allows the individual to prepare their frame of mind, in which the once unexpected may no longer exert, such a powerful affect. Black adolescent females because they may not have been taught to think in this proactive form of coping as much, may be less psychologically adept at dealing with the experiences of racism. Learning to expect the occurrence of discrimination eventually may liberate individuals, in the sense that the emotions, which accompany the racial experience, might not get taken personally. Besides, with repeated exposure to racial discrimination the emotional affect produced by the racial experience attenuates. The findings overall have suggested that more work is needed in understanding why females seem to be more affected by the experience of racism and how research can help these adolescents in lessening their psychological distress.

Adolescent Migration Status and Perceived Racism

The results suggested that the experience of racism by adolescents and how they proceeded to cope with it might be different depending on whether the adolescent was born in or outside of Canada. Primary analyses on the "reaction to racism" question produced very interesting results when the question was broken down along the lines of native born vs. immigrant adolescents. The results should be interpreted cautiously as this was a purely descriptive question. Findings showed that more second generation Canadian adolescents reported being affected by the experience of racism than newly arrived adolescents. Newly arrived adolescents as opposed to their native born counterparts did not take in the challenge of dealing with their experiences of racism

whether inwardly i.e.: emotionally and or outwardly i.e.: confronting their racist attacker. Hence, the results suggest that native-born adolescents and newly arrived adolescents were very different in their approach when confronted with perceived racism. These preliminary findings coincide with Beiser's (1999) observation in studies of East Asian immigrants. Beiser explained that newly arrived East Asian immigrants when confronted with discrimination were more likely to use passive avoidance than active confrontation. He explained this to mean that these immigrants were more likely to avoid problem focused strategies like arguing or making complaints for a more emotion focused coping, in which these experiences were accepted as an unpleasant experience and a fact of life. Furthermore, Feagin (1991) also suggested that many immigrants might avoid active confrontation because of how the host society may end up perceiving them. Thus, in the eyes of immigrants, openly challenging racism is not an option, as they do not want to be seen as a nuisance. In this regard, newly arrived adolescents may be happy for the chance to live in Canada and the opportunity for a better life, such that when confronted with racism they swallow their pride and adopt a more passive coping strategy. Key informants of the Montreal Caribbean Community suggested that native-born adolescents may be particularly affected by racism because of how they self identified. They postulated that the reason why second generation adolescents may be more affected is because there may exists a stronger identification that takes place first with the host country and secondly with their migrant status. In other words, immigrant children born in Canada may see themselves first or solely as Canadian. In this sense, the nationalistic identity of "Canadian" supersedes their ethnic or migrant identity. Hence, if a native born adolescent self identifies with the host country they may feel that they are owed the

same rights and entitlements as someone else who is of the dominant group, regardless of the fact that they may be from migrant parents. Subsequently, when they feel that they are not given the same amount of respect and are discriminated against they are more hurt and are willing to challenge the system.

Predicting Mental Health

Regression analyses revealed that the model of mental health tested in this study was significant, as each variable contributed to some degree to the prediction of mental health. The model used to test the relationship between S.E.S and perceived racism and gender and perceived racism proved to be non-significant. We did however see that although these interaction effects were not significant they were able to account for some of the internalizing and externalizing symptoms manifested by Caribbean adolescents. The greatest effect was seen in the model associated with gender and perceived racism, which accounted for 22% of externalizing symptoms, although the interaction per se did not reach significance. In addition, 20% of externalizing symptoms could be predicted form the model of S.E.S and perceived racism. This was a stronger finding than the one reported by Nyborg and Curry (2003), which showed that the interaction of income and perceived racism, accounted for 13% of the risk factors associated with externalizing symptoms in adolescent Blacks. Klonoff et al. (1999) reported even lower rates of the predictive power of income. Within their sample of Black adults they discovered that income did not contribute to any symptoms, in fact taken together income along with other demographic variables such as age and education accounted for 5%of the variance on psychiatric symptoms. Klonoff et al. (1999) tested the predictive capability of gender concluding that an overall model containing gender, perception of racist events and

generic stressors accounted for 28% of the variance in total psychiatric symptoms. In this sense, we see that gender (i.e.: being female) plays a very important role in mental health functioning. Klonoff et al. established that racism was the greatest predictor of mental distress even when other factors were taken into account. They demonstrated that racism accounted for an additional 6-10% of the variance in psychiatric symptoms. Therefore, with regards to the psychological distress model proposed in this study, it can be said that although S.E.S interacted with perceived racism to predict 20% of externalizing psychiatric symptoms, past literature has documented that S.E.S is a relatively weak predictor of psychological distress on its own. Overall, the predictive capability of S.E.S and gender closely approximates the results of past research (Nyborg & Curry, 2003). It is proposed that in trying to predict mental distress research should examine and explore the variable of racial socialization and other family variables such as two parent versus single parent households. Family status has been implicated in child poverty (Henry, 1994) but little is known about how it interacts with perceived racism to affect mental health.

Study Limitations

Among the study's limitations is the relatively small sample size, which gave us limited statistical power. The refusal rate for the study was quite high as we had (54%) who refused participation. The reason for this high refusal may be in part due to the relative closeness of the community as members are often not very open to being studied and letting others in. As well, it is important to recognize that our sample may not have been totally representative of Caribbean children who are having difficulties adjusting to Canada. Our methods of recruitment may have introduced a bias in the sense that we did

not get adolescents who may have dropped out of the school for various reasons. This group of children would perhaps have been different than those still attending school in terms of their capacity to handle the pressures of institutional racism (Henry, 1994) and thus may have exhibited higher rates of psychological distress. A third global limitation to the study concerned self-reports of earned income. Participants may have been sensitive in divulging their present economic situation and either could have underestimated or overestimated their family income. In some cases participants may have not reported all incoming income, especially in cases where the income came through jobs performed surreptitiously.

Future Research

This study highlighted the need for more research in assessing the types of coping strategies that blacks are using when confronted with racism. Research needs to explore how the experience of racism is influenced by support from the family and extended family. Specifically, research should address how blacks are dealing with issues of anger concerning the experience of discrimination. Nyborg and Curry (2003) have raised the issue that adolescent Black boys are developing trait anger, but is this true for females as well? The development of anger can be very detrimental to both physical and psychological health; therefore, it is necessary that it be understood within the context of discrimination. Additionally, the tendency for males and females to externalize their symptoms in relation to racism needs further clarification and follow up. Although it was not assessed as a potential moderator in this study, the role of racial socialization as a main tool used by black families needs further investigation. Research needs to perhaps address the predictive capability of racial socialization within the changing black family.

Moreover, research into looking at the role of racial socialization within the biracial family is warranted. People from mixed races have been theorized as facing particular problems in terms of forming an identity, so how then does racial socialization operate on this level?

Conclusion

The findings suggest that the issue of racism in Canada needs to be one of the issues at the forefront of the Canadian agenda. The main study findings concluded that while familial SES was not a factor in the perception of more racism educational levels were. Thus, Caribbean blacks did perceive Canadian society as harboring some discrimination. Furthermore, it seems that adolescents are responding to this perception of racism with negative psychological distress. In particular findings suggested that Black females might be more affected by this perceived discrimination than Black males. Overall, the model of mental health tested in the study was able to predict a fair amount of the variance associated with both internalizing and externalizing symptoms.

Consequently, the findings imply that while Canada may be considered to be an ethnically diverse nation, minorities are still faced with certain social barriers like discrimination, which may prevent them from fully integrating into society. These challenges faced by minorities may result in the experience of deferred dreams and thwarted aspirations, as minorities may inevitably come up on the glass ceiling, which may prevent and hinder their entrance into the upper echelons of society. Racial discrimination, while it may not be as evident as other issues like cancer and high blood pressure is a real social barrier with real physical and mental health consequences. What is learned thus far is that the implications of racism and its possible negative effects are

not specific only to the individual but may extend as well to society at large. Specific notions of a growing underclass may be a real threat to the stability and function of society, as the impact of racism, may leave minorities with feelings of frustration at what they perceive to be the current state of the society. What's more is that it is quite possible that some minorities may see racism as a difficult external obstacle to overcome and after a while may begin to internalize these feelings to the point where racism becomes an internal obstacle. In other words, some minorities may re-live the role of the victim on a daily basis, creating within them a false sense of hopelessness, which may keep the individual from striving towards self-development. The experience of racism extends far beyond physical effects creating lasting impressions in the minds of members from the host society, as well as in the minds of minorities, impressions that can take their toll on a person and alter the way in which they view and respond to life.

Society needs to find a way to reduce the possible perpetuation of racism and develop intervention programs to try and assist Canadian minorities. Previous research has targeted the classroom as one of the places where racism is commonly experienced by adolescents (Anderson 1993; & Henry, 1994). Accordingly, it seems necessary for society to develop anti-racism campaigns that specifically target and redress the manifestations of racism within the learning institution. The campaigns should address relations between Black adolescents and peers, as well as, teachers. One of the main goals should perhaps be the implementation of more sensitivity training with culture, where the teachers are concerned. This training may help teachers to recognize and differentiate between problems of social adjustment and problems of education (i.e.: not understanding). Subsequently, there needs to be more of an emphasis placed within the

curriculum that discusses issues of prejudice and valuing difference. This implementation within the curriculum becomes important to counter the negative messages that might be sent out about other groups; messages that may further emphasize the notion of difference as bad. These results from the current study suggest that there needs to be support of Black youth at the community level to help them cope with the obstacle in mainstream society. There is an important need and urgency to have children particularly females, be psychologically prepared to combat issues of racism. At the community level programs have to be set in place to educate adolescent Blacks about racism and how to deal with it in the various contexts. This requires a joint initiative between parents and community organizations working together to identify the needs of children, who are having a difficult time adjusting to the experience of racism and Canada. Community organizations may decide to implement more after school programs that provide counseling to newly arrive and Canadian born Caribbean Blacks. Counseling could take the form of teaching adolescent Blacks to recognize their emotions and providing them with solutions on how to channel emotions, such as frustration and anger, in creative ways, which does not incur further marginalization. Supporting these Black youth with the proper tools will provide them with more constructive ways of handling certain situations, as well as, potentially keeping these youth in school and out of the *underclass*. The main aim of these community programs should be on fostering Black adolescents with a good sense of self and transmitting the value of their heritage, as this may be important for proper mental health functioning. Consequently, racism should be addressed simultaneously at the individual, community and societal level as this may prove to be important for the health and development of minority youth. Thus, society

should not shy away from conducting more research on racism, as it can be considered cancerous to any society, such that until more research is directed into understanding and treating it, it will continue to impede the advancement of all society. Canada, unlike many other countries, can pride itself on having a multi-ethnic society that offers many opportunities for minorities to succeed. However, this ideology should not limit research into confronting this sensitive subject.

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Appendix A
Ethics Approval Letter

[redacted]

DEST./TO: Dr. Cécile Rousseau, Psychiatry

EXP./FROM: Danuta Rybiki, Manager, Administrative Services, PT-205

OBJET/SUBJECT: Research Proposal to CIHR: *"Effect of exposure to family separation on the psychosocial adjustment of West Indian and Filipino migrant adolescents"*

The Research Institute has informed the MCH Institutional Review Board that the above-named research proposal has been approved on the basis of scientific merit.

You may now forward your grant for ethics review to the IRB to the attention of Madeleine Hollingdrake, Room A-327 (MCH telephone local 2543). Documents required include:

- 4 copies of the grant, including budget
- 14 copies of the informed consent form.

The IRB requests that documents be received at least *10 days prior* to its scheduled meetings. The dates for future meetings of the IRB are:

- May 28, 2001 Submission: May 18, 2001
- June 18, 2001 Submission: June 8, 2001

cc: Ms. M. Hollingdrake, IRB, A-327
dr/sb

d:/GrantReview.approvehuman

Appendix B
Participant Invitation Letter

JULY 28, 2003

Mrs «MOTHERFN» «MOTHERN» and M «FATHERFN» «FATHERN»
«ADRESSE»
«VILLE» («PROVINCE»)
«CP»

Dear Mrs «MOTHERN» and M «FATHERN»

We, a team of researchers at the Montreal Children's Hospital have been working with Caribbean and Filipino community organisations and schools in order to understand how Caribbean and Filipino teenagers and their parents experience their life in Montreal. The reason for this work is to hear the point of view of Caribbean and Filipino teenagers and their parents in order to help schools, community organization and health care professionals to better understand these youths and provide more appropriate interventions for them.

You and your child «ADOLESCENT» are invited to take part in a study which will involve 400 Caribbean and Filipino families living in Montreal and its surroundings. Your names and that of your child were provided to us by «Ecole». If you agree to participate in this study, an interviewer from the Montreal Children's Hospital will meet with you for about 1½ hour at a time and place of your choice. He/she will ask your point of view and your feelings about your child's and your own well-being. During that time, another interviewer will meet with «ID», for approximately 1½ hours to ask his or her point of view about the same topics. What is said in these two interviews is and will remain strictly confidential.

An interviewer will phone you within the next two weeks to give you more information about this study and ask you to participate. Your participation in this study is important because it will help us to highlight the community point of view and to improve available programs and services for young people. We hope that you will agree to take part in this study and we thank you for taking some of your time to think about it and to talk to your child «ADOLESCENT» about his or her participation.

Sincerely,

Cécile Rousseau, MD
Montreal Children's Hospital
4018 Ste-Catherine West
Montréal (Québec) H3Z 1P2

Appendix C
Parent Consent Form

Centre universitaire de santé McGill
McGill University Health Centre

Le Centre universitaire de santé McGill (CUSM) comprend l'Hôpital de Montréal pour Enfants, l'Hôpital général de Montréal, l'Hôpital neurologique de Montréal et l'Hôpital Royal Victoria. Le CUSM est affilié à la Faculté de médecine de l'Université McGill.
The McGill University Health Centre (MUHC) consists of The Montreal Children's Hospital, The Montreal General Hospital, The Montreal Neurological Hospital, and The Royal Victoria Hospital. The MUHC is affiliated with the McGill University Faculty of Medicine.

Psychosocial Adjustment of Caribbean and Filipino Migrant Adolescents

Researcher: Dr. Cécile Rousseau
In Collaboration With: Dr. Toby Measham, Dr. Myrna Lashley, Dr. Caminee Blake, Mr. George Mackenzie, and Ms. Thelma Castro (De Jesus)
The Montreal Children's Hospital: 934-4449

Consent Form for Parents

The purpose of this study is to learn more about the emotional and social health of Caribbean and Filipino youth. In particular, the study's purpose is to take into account the points of view of the Caribbean and Filipino communities in order to understand better how these children are doing. The goal of the study is to learn more about what the Filipino and West Indian communities and the Canadian community in general consider as important aspects of these children's lives that help them to be emotionally and socially healthy or the opposite.

In order to learn more about this, we will be asking youth from the Caribbean and Filipino communities about how they are feeling emotionally and socially. We will also ask them about what they consider to be important to reach their goals, as well as what interferes with their reaching their goals, and how they, their friends, families and communities deal with this. We will also ask adolescents' parents for their viewpoint on these questions.

The benefits of participating in this study will be to help promote the well being of young people in the Caribbean and Filipino communities and in Canada as a whole. There are no risks anticipated for participating in this study. The participant can contact the ombudsman at the Montreal Children's Hospital, Elisabeth Gibbon at 514-412-4400, extension 2223 regarding his or her rights as a research subject.

1. I accept to participate in this study.
2. I accept that my child_____ participate in this study.
3. The details of our participation in this study have been explained to me by the interviewer _____. My participation involves an individual interview that will last about 45 minutes. My child will participate in an interview that will last about 1 ½ hours. I understand that the research team will suggest helping resources for my family if we request them. We will also be contacted in two years time for follow-up interviews of the same duration. Finally, I agree to a further contact within ten years time of my first interview.
4. I've been assured that all the information collected in this study about my child or family will remain anonymous and confidential, so that no individual information concerning us will be shared with any other individual or organization. I also understand that my child's research file is confidential and that I will not have access to it.

5. I understand that I can ask for more information concerning my participation in this study or about the study itself.
6. I am freely participating in this study and I understand that I can stop participating and withdraw my consent at any time.

Signed in Montreal on _____

_____ _____

Respondent's Signature Respondent's Name

_____ _____

Interviewer's Signature Researcher's Signature

INSTITUTIONAL REVIEW BOARD
approved for 12 months
from Oct 19/01
signed

INSTITUTIONAL REVIEW BOARD
approved for 12 months
from Oct 18/02
signed

MONTREAL CHILDREN'S HOSPITAL
OF THE MUHC
RESEARCH ETHICS BOARD
APPROVED FOR 12 MONTHS
FROM: May 14/03
SIGNED: CHAIRPERSON

Appendix D
Adolescent Consent Form

Centre universitaire de santé McGill
McGill University Health Centre

Le Centre universitaire de santé McGill (CUSM) comprend l'Hôpital de Montréal pour Enfants, l'Hôpital général de Montréal, l'Hôpital neurologique de Montréal et l'Hôpital Royal Victoria. Le CUSM est affilié à la Faculté de médecine de l'Université McGill.
The McGill University Health Centre (MUHC) consists of The Montreal Children's Hospital, The Montreal General Hospital, The Montreal Neurological Hospital, and The Royal Victoria Hospital. The MUHC is affiliated with the McGill University Faculty of Medicine.

Psychosocial Adjustment of Caribbean and Filipino Migrant Adolescents

Researcher : Dr. Cécile Rousseau
In Collaboration With: Dr. Toby Measham, Dr. Myrna Lashley, Dr. Caminee Blake, Mr. George Mackenzie, and Ms. Thelma Castro (De Jesus)
The Montreal Children's Hospital: 934-4449

Assent Form for Adolescents

The purpose of this study is to learn more about the emotional and social health of Caribbean and Filipino youth. In particular, the study's purpose is to take into account the points of view of the Caribbean and Filipino communities in order to understand better how Caribbean and Filipino children are doing. The goal of the study is to learn more about what the Caribbean and Filipino communities and the Canadian community in general consider as important aspects of these children's lives that help them to be emotionally and socially healthy or the opposite.

In order to learn more about this, we will be asking youth from the Caribbean and Filipino communities about how they are feeling emotionally and socially. We will also ask them about what they consider to be important to reach their goals, as well as what interferes with their reaching their goals, and how they, their friends, families and communities deal with this. We will also ask adolescents' parents for their viewpoint on these questions.

The benefits of participating in this study will be to help promote the well being of young people in the Caribbean and Filipino communities and in Canada as a whole. There are no risks anticipated for participating in this study. The participant can contact the ombudsman at the Montreal Children's Hospital, Elisabeth Gibbon at 514-412-4400, extension 2223 regarding his or her rights as a research subject.

1. I accept to participate in this study.
2. If I am under 18 years old at the time of this interview my parents or guardians also agree with my participating in this study. My participation involves an individual interview that will last about 1 ½ hours. I will be asked to fill out forms about how I am feeling and acting in my life, about who and what is important to me, and about what obstacles and help I have found which affect the way in which I live my life. I understand that the research team can refer me to helping resources if I request this. I will also be contacted in two years time for a follow-up interview of 1 ½ hour's

duration. Finally, I agree to a further contact within ten years time of my first interview.

3. I've been assured that all the information collected in this study about me will remain anonymous and confidential, so that no individual information concerning me will be shared with my parents, my school, or any other individual or organization.
4. I understand that I can ask for more information concerning my participation in this study or about the study itself.
5. I am freely participating in this study and I understand that I can stop participating and withdraw my consent at any time.
6. I authorize my school to share my school report with the research team.

Signed in Montreal on _____

_____ _____

Respondent's Signature Respondent's Name

_____ _____

Interviewer's Signature Researcher's Signature

INSTITUTIONAL REVIEW BOARD
approved for 12 months
from Oct 19/01
signed

INSTITUTIONAL REVIEW BOARD
approved for 12 months
from date given
Oct 10/02
signed

MONTREAL CHILDREN'S HOSPITAL
OF THE MUHC
RESEARCH ETHICS BOARD
APPROVED FOR 12 MONTHS
FROM: May 14/03
SIGNED:
CHAIRPERSON

Appendix E
Personal Experience of Racism Scale

	Strongly agree	Agree	Somewhat agree	Neutral	Somewhat disagree	Disagree	Strongly disagree
11 In general, people respect the (*home country*) community	1	2	3	4	5	6	7
12 Belonging to the (*home country*) community is unimportant to your sense of what kind of a person you are	1	2	3	4	5	6	7
13 You often feel you're a useless member of the (*home country*) community	1	2	3	4	5	6	7
14 You feel good about belonging to the (*home country*) community	1	2	3	4	5	6	7
15 In general, people think that the (*home country*) community is unworthy	1	2	3	4	5	6	7
16 In general, belonging to the (*home country*) community is an important part of your self-image	1	2	3	4	5	6	7

Q25 Personal Experience of Racism

The next questions relate to experiences of racism that you could have had in Canada. For each question, please tell me if it has happened to you ALWAYS, OFTEN, A FEW TIMES, ONCE or NEVER.

	Always	Often	A few times	Once	Never
1 Have you ever been hit or handled roughly because of racism?	5	4	3	2	1
2 Have you ever been insulted or called names because of racism?	5	4	3	2	1
3 Has anyone been rude to you because of racism?	5	4	3	2	1
4 Have you ever been treated unfairly because of racism?	5	4	3	2	1
5 Have you ever been threatened because of racism?	5	4	3	2	1
6 Have you ever been refused or been served late because of racism?	5	4	3	2	1
7 Have you ever been excluded or ignored because of racism?	5	4	3	2	1
8 Has anyone in your family ever been a victim of racism?	5	4	3	2	1

Appendix F
Child behavior Check-List

Q29 Child Behavior Checklist

I will now list behaviors and attitudes that adolescents sometimes have. For each of these behaviors and attitudes, I would like you to tell me if you feel that in the last 6 months, in the case of (*name of adolescent*), the statement is VERY OR/OFTEN TRUE, SOMEWHAT OR/SOMETIMES TRUE, or . NOT TRUE (as far as you know)

	Very true or Often true	Somewhat or /Sometimes true	Not true
2 Drinks alcohol without parents approval (describe) : _____	2	1	0
3 Argues a lot	2	1	0
5 There is very little he/she enjoys	2	1	0
7 Bragging, boasting	2	1	0
12 Complains of loneliness	2	1	0
14 Cries a lot	2	1	0
16 Cruelty, bullying, or meanness to others	2	1	0
18 Deliberately harms self or attempts suicide	2	1	0
19 Demands a lot of attention	2	1	0
20 Destroys his/her own things	2	1	0
21 Destroys things belonging to his/her family or others	2	1	0
22 Disobedient at home	2	1	0
23 Disobedient at school	2	1	0
26 Doesn't seem to feel guilty after misbehaving	2	1	0
27 Easily jealous	2	1	0
28 Breaks rules at home, school, or elsewhere	2	1	0
29 Fears certain animals, situations, or places, other than school (describe):_____	2	1	0
30 Fears going to school	2	1	0
31 Fears he/she might think or do something bad	2	1	0
32 Feels he/she has to be perfect	2	1	0
33 Feels or complains that no one loves him/her	2	1	0
34 Feels others are out to get him/her	2	1	0
35 Feels worthless or inferior	2	1	0

	Very true or Often true	Somewhat or /Sometimes true	Not true
37 Gets in many fights	2	1	0
39 Hangs around with others who get into trouble	2	1	0
42 Would rather be alone than with others	2	1	0
43 Lying or cheating	2	1	0
45 Nervous, highstrung, or tense	2	1	0
47 Nightmares	2	1	0
49 Constipated, doesn't move bowels	2	1	0
50 Too fearful or anxious	2	1	0
51 Feels dizzy or lightheaded	2	1	0
52 Feels too guilty	2	1	0
54 Overtired without good reason	2	1	0
56 Physical problems without known medical cause :			
a) Aches or pains (not stomach or headaches)	2	1	0
b) Headaches	2	1	0
c) Nausea, feels sick	2	1	0
d) Problems with eyes (not if corrected by glasses) (describe) : _____	2	1	0
e) Rashes or other skin problems	2	1	0
f) Stomachaches or cramps	2	1	0
g) Vomiting, throwing up	2	1	0
h) Other (describe): _____	2	1	0
57 Physically attacks people	2	1	0
63 Prefers being with older kids	2	1	0
65 Refuses to talk	2	1	0
67 Runs away from home	2	1	0
68 Screams a lot	2	1	0
69 Secretive, keeps things to self	2	1	0
71 Self-conscious or easily embarrassed	2	1	0
72 Sets fires	2	1	0
73 Sexual problems (describe): _____	2	1	0
74 Showing off or clowning	2	1	0
75 Too shy or timid	2	1	0

	Very true or Often true	Somewhat or /Sometimes true	Not true
80 Stares blankly	2	1	0
81 Steals at home	2	1	0
82 Steals outside the home	2	1	0
86 Stubborn, sullen, or irritable	2	1	0
87 Sudden changes in mood or feelings	2	1	0
88 Sulks a lot	2	1	0
89 Suspicious	2	1	0
90 Swearing or obscene language	2	1	0
91 Talks about killing self	2	1	0
93 Talks too much	2	1	0
94 Teases a lot	2	1	0
95 Temper tantrums or hot temper	2	1	0
96 Thinks about sex too much	2	1	0
97 Threatens people	2	1	0
99 Smokes, chews, or sniffs tobacco	2	1	0
101 Truancy, skips school	2	1	0
102 Underactive, slow moving, or lacks energy	2	1	0
103 Unhappy, sad, or depressed	2	1	0
104 Unusually loud	2	1	0
105 Uses drugs for non-medical purposes (don't include alcohol or tobacco) (describe) : _____	2	1	0
106 Vandalism	2	1	0
111 Withdrawn, doesn't get involved with others	2	1	0
112 Worries	2	1	0

I will now be asking you questions about your family...

Q30 What language(s) do you use the most at home?

- ☐ French
- ☐ English
- ☐ Tagalog
- ☐ Other (specify): _____

Appendix G
Youth Self Report

Q53 When you left the (*home country*), were there people that you were sad to leave behind?

_____

_____

_____

Q54 And now, are there some people whom you are still missing?

_____

_____

_____

Q55 Youth self-report

I will now list behaviors and attitudes that adolescents sometimes have. For each of these behaviors and attitudes, I would like you to tell me if you had this behavior or attitude **IN THE LAST SIX (6) MONTHS** by saying «VERY TRUE OR OFTEN TRUE », «SOMEWHAT OR SOMETIMES TRUE» or «NOT TRUE ».

	Very true or often true	Somewhat or sometimes true	Not true
2 I drink alcohol without my parents approval (describe): _____	2	1	0
3 I argue a lot	2	1	0
5 There is very little that I enjoy	2	1	0
7 I brag	2	1	0
12 I feel lonely	2	1	0
14 I cry a lot	2	1	0
16 I am mean to others	2	1	0
18 I deliberately try to hurt or kill myself	2	1	0
19 I try to get a lot of attention	2	1	0

	Very true or often true	Somewhat or sometimes true	Not true
20 I destroy my own things	2	1	0
21 I destroy things belonging to others	2	1	0
22 I disobey my parents	2	1	0
23 I disobey at school	2	1	0
26 I don't feel guilty after doing something I shouldn't	2	1	0
27 I am jealous of others	2	1	0
28 I break rules at home, school, or elsewhere	2	1	0
29 I am afraid of certain animals, situations, or places other than school (describe): _____	2	1	0
30 I am afraid of going to school	2	1	0
31 I am afraid I might think or do something bad	2	1	0
32 I feel that I have to be perfect	2	1	0
33 I feel that no one loves me	2	1	0
34 I feel that others are out to get me	2	1	0
35 I feel worthless or inferior	2	1	0
37 I get in many fights	2	1	0
39 I hang around with kids who get into trouble	2	1	0
42 I would rather be alone than with others	2	1	0
43 I lie or cheat	2	1	0
45 I am nervous or tense	2	1	0
47 I have nightmares	2	1	0
50 I am too fearful or anxious	2	1	0
51 I feel dizzy or lightheaded	2	1	0
52 I feel too guilty	2	1	0
54 I feel overtired without good reason	2	1	0
56 Physical problems without known medical cause:			
a) Aches or pains (not stomach or headaches)	2	1	0
b) Headaches	2	1	0
c) Nausea, feel sick	2	1	0
d) Problems with eyes (not if corrected by glasses) (describe): _____	2	1	0
e) Rashes or other skin problems	2	1	0

	Very true or often true	Somewhat or sometimes true	Not true
f) Stomachaches	2	1	0
g) Vomiting, throwing up	2	1	0
h) Other (describe): _____	2	1	0
57 I physically attack people	2	1	0
63 I would rather be with older kids than kids my own age	2	1	0
65 I refuse to talk	2	1	0
67 I run away from home	2	1	0
68 I scream a lot	2	1	0
69 I am secretive or keep things to myself	2	1	0
71 I am self-conscious or easily embarrassed	2	1	0
72 I set fires	2	1	0
74 I show off or clown	2	1	0
75 I am too shy or timid	2	1	0
81 I steal at home	2	1	0
82 I steal from places other than home	2	1	0
86 I am stubborn	2	1	0
87 My moods or feelings change suddenly	2	1	0
89 I am suspicious	2	1	0
90 I swear or use dirty language	2	1	0
91 I think about killing myself	2	1	0
93 I talk too much	2	1	0
94 I tease others a lot	2	1	0
95 I have a hot temper	2	1	0
96 I think about sex too much	2	1	0
97 I threaten to hurt people	2	1	0
99 I smoke, chew, or sniff tobacco	2	1	0
101 I cut classes or skip school	2	1	0
102 I don't have much energy	2	1	0
103 I am unhappy, sad, or depressed	2	1	0
104 I am louder than other kids	2	1	0
105 I use drugs for nonmedical purposes (don't include alcohol or tobacco) (describe) : _____	2	1	0

	Very true or often true	Somewhat or sometimes true	Not true
111 I keep from getting involved with others	2	1	0
112 I worry a lot	2	1	0

Q56 DISC: Diagnostic Interview Schedule

Now I want to ask you some questions about behaviors that can get people into trouble. For this set of questions I will start off by asking if these behaviors have ever happened and, if so, whether they have happened in the last year and in the last 6 months. Some of the questions are very personal, but all of your answers are confidential and won't be repeated to anyone else.

	No	Yes	Refuse	Don't Know
103 Have you ever (skipped school or played hooky/taken off from work without asking?)	**0**	**2**	**7**	**9**

If YES...

A) Have you skipped (school/work) at least three times in the last 12 months? If No, ➔ *Go to F)* 0 2 7

If YES ....

B) In the last 12 months, how many times have you skipped (school/work)? ☐☐ ____

C) How many times have you skipped (school/work) in the last six months, that is, since (name month)? ☐☐ ____

D) Did you skip (school/work) because you were nervous or afraid to be in (school/work)? 0 2 7 9

E) When you skipped (school/work), did you usually stay home? 0 2 7 9

F) How old were you when you began skipping (school/work)? ☐☐ y.o.

114 In the last 6 months, has your skipping school/work often made it difficult for you to get along with your (parents/caretaker)? 0 2 7 9

If YES...

Appendix H
Socio-Economic Status Questions

[redacted]

Q60 Excluding your present occupation, what were your other main occupations during the last year?

Occupation 1		Occupation 2		Occupation 3	
What?	☐ Work ☐ Studies ☐ Household ☐ Other:	What?	☐ Work ☐ Studies ☐ Household ☐ Other:	What?	☐ Work ☐ Studies ☐ Household ☐ Other:
How long?	____ weeks ____ months ____ years	How long?	____ weeks ____ months ____ years	How long	____ weeks ____ months ____ years

Q61 During the last year, what were your main sources of revenue?

☐ Personal revenue
☐ Spouse's revenue
☐ Student loans and Scholarships
☐ Employment Insurance
☐ CSST
☐ Welfare
☐ Other (specify): _____

Q62 What was, approximately, the total revenue of your household last year, before tax deduction (i.e. the total revenue of all members of the family who have had a revenue last year and from which a part was used to pay household expenses)?

1-☐ 1 000 $ - 5 999 $
2-☐ 6 000 $ - 11 999 $
3-☐ 12 000 $ - 19 999 $
4-☐ 20 000 $ - 29 999 $
5-☐ 30 000 $ - 39 999 $
6-☐ 40 000 $ - 49 999 $
7-☐ 50 000 $ - 79 999 $
8-☐ 80 000 $ and more
9-☐ Don't know
10-☐ Refuse to answer

Q63 Do you....

☐ Consider yourself to be financially comfortable? OR
☐ Consider that your revenues are sufficient to meet the basic needs of your family? OR
☐ Consider that your revenues are NOT sufficient to meet the basic needs of your family?

Q64 Compared to other (*home country)* in Montreal, how do you perceive the financial situation of your family? Would you say that:

- ☐ Your family is financially <u>better than most</u> *(home country)* families in Montreal
- ☐ That your family is financially <u>equal</u> to other *(home country)* families in Montreal
- ☐ Or that your family is financially worse off than most *(home country)* families in Montreal

Q65 Are you financially supporting any member of your family who does not live with you?

- ☐ No
- ☐ Yes → ☐ In (*home country*)
  - ☐ In Canada
  - ☐ In other country (specify):_____

[redacted]

Since you told me earlier that you have a spouse. Could you tell me now...

Q66 What is the highest diploma obtained by your spouse in his/her studies?

- ☐ None
- ☐ Elementary school
- ☐ High School
- ☐ College (Cegep) (specify):_____
- ☐ Technical/vocational : _____
- ☐ University (specify) : _____

Q67 Presently, what is your spouse's main occupation?

- ☐ Work
- ☐ Studies
- ☐ Other: _____

a) Since when?

____weeks
____months
____years

Appendix I
National Council Poverty Low Income Cutoff 2001

Low income cutoffs (1992 base) 1992 to 2001 BEFORE-TAX

Size of family unit	Community size				
	Rural areas	Urban areas			
		Less than 30,000 *	30,000 to 99,999	100,000 to 499,999	500,000 and over
2000					
1 person	12 696	14 561	15 648	15 757	18 371
2 persons	15 870	18 201	19 561	19 697	22 964
3 persons	19 738	22 635	24 326	24 497	28 560
4 persons	23 892	27 401	29 448	29 653	34 572
5 persons	26 708	30 629	32 917	33 148	38 646
6 persons	29 524	33 857	36 387	36 642	42 719
7 or more persons	32 340	37 085	39 857	40 137	46 793
2001					
1 person	13 021	14 933	16 048	16 160	18 841
2 persons	16 275	18 666	20 060	20 200	23 551
3 persons	20 242	23 214	24 948	25 123	29 290
4 persons	24 502	28 101	30 200	30 411	35 455
5 persons	27 390	31 412	33 758	33 995	39 633
6 persons	30 278	34 722	37 317	37 579	43 811
7 or more persons	33 166	38 033	40 875	41 163	47 988

* Includes cities with a population between 15,000 and 30,000 and small urban areas (under 15,000).