RACIAL IDENTITY, INTERNALIZED RACISM, DISCRIMINATION DISTRESS, AND PARENT RACIAL SOCIALIZATION: RISK AND RESILIENCE FOR AFRICAN AMERICAN JUVENILE OFFENDERS

by

JASMIN NICOLE ALLEN

(Under the Direction of Georgia Calhoun)

ABSTRACT

African American adolescents are disproportionately represented in the juvenile justice and encounter various race-related challenges. While there are conflicting theories that attempt to explain disproportionate minority confinement, scholars generally agree that African Americans are differentially impacted by race-related variables. There is a dearth of research examining the effects of race-related events and attitudes among African American juvenile offenders. This study examined the risk, compensatory, and protective effects of racial identity, internalized racism, discrimination distress, and parent racial socialization on various outcomes with African American adolescents in community and detention center settings. Correlation, hierarchical regression, and logistic regression analyses were conducted to test several hypotheses. Results of the statistical analyses identified interrelationships between several variables. Results also identified discrimination distress as a risk factor and racial identity as a protective factor for internalizing problems and emotional symptoms. Various models were also able to predict recidivism. Limitations and future directions for research are discussed.

INDEX WORDS: African American, Juvenile Offenders, Racial Identity, Internalized
Racism, Discrimination Distress, Racial Socialization, Emotional
Symptoms, Recidivism, Internalizing Problems, School Problems

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DEDICATION

"The most basic of all human need is the need to understand and be understood. The best way to understand people is to listen to them." –Ralph Nichols

To all the brown young ladies and gentlemen that I've encountered in my personal life and professional work over the years: your courage and insight has inspired me to do this project. You didn't have to share your struggles as young people of color, your insecurities about your hair and skin, your confusion about racial discrimination but you did—and I hear you. To the young people of STYLE, Upward Bound, JCAP, and MercyFirst: I have heard you, and your sharing has not been in vain. I will continue to do this work until the world understands you. As much as you have fought, cried, and yelled to be understood, we *need* to understand you just as much. Our future depends on it.

To my beautiful brown babies, Jeffrey Merrell III and Jesirah Jolie: You are too young to understand right now, but one day you will. You will come to me and your father with questions, maybe even complaints, about your Blackness. And we will hear you. And we will tell you that you have been fearfully and wonderfully made in His image. And it is our greatest hope that you will drown out the negative portrayals of Black people in the media and listen to your mommy and daddy, because we know your true worth, beauty, and potential. To those who think that the fight for justice and equality has already been won: I beg you to listen closer to what the children are saying.

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CHAPTER 1

INTRODUCTION

This chapter discusses the background and context of the study, followed by a statement of the problem, purpose of study, hypotheses, and definition of key terms. This chapter will also discuss the researcher's personal and professional investment in the current study, as well as the delimitations of the study.

Background and Context

African Americans have been disproportionately represented in the juvenile justice system. Even though African Americans comprise 13% of the total United States population, they comprise 44% of people in prison and jails (Harrison & Beck, 2005). While Caucasian males have a 6% chance of serving time in prison during their lifetime, the probability for African American males is 32% (Vaughn, Wallace, Davis, Fernandes, & Howard, 2008). According to Mauer & King (2004), the number of African Americans in prison or jail has significantly increased from 98,000 in 1984 to 183,500 in 1974 to 884,500.

The rates of overrepresentation of African Americans juveniles are as equally alarming as they are for adults. In 2002, while African Americans made up 16% of the juvenile population, they comprised 29% of the delinquency caseload (US Department of Justice, 2006). While the delinquency case rate has risen among all races from 1985 to 2002, the rates for African Americans remained well above the rates for other racial groups (US Department of Justice, 2006). In 2005, the total delinquency case rate for

African Americans was more than double that of Whites and American Indians (US Department of Justice, 2008). Specifically, African American men have the highest arrest rates of being more severely sentenced at all stages of the juvenile justice system (Harvey & Hill, 2004).

In 1988, the United States Congress passed amendments to the Juvenile Justice and Delinquency Prevention Act (JJDPA) of 1974 to address "disproportionate minority confinement" (DMC). The amendments required states to take steps to reduce minority confinement if the calculated proportion of minorities in secure facilities exceeded the proportion of minorities in the general population. However, efforts to reduce DMC have been met with several barriers, including imbalanced media coverage. It is argued that television news and other media disproportionately links crime with race and ethnicity (US Department of Justice, 2009). For instance, African Americans and Hispanics are often overrepresented in news reports as perpetrators of violent crimes and underrepresented as victims (Dorfman & Schiraldi, 2001). Also, there are more articles written about white homicide victims than African American victims of homicide (Sorenson, Manz, & Berk, 1998). In a study conducted by Weiss & Chernak (1998), it was found that news articles about white victims were longer than news articles about African American victims, and articles about homicides with African American suspects were longer than articles about homicides with white suspects.

In television news coverage, black suspects are less likely to be identified by name than white suspects, making them homogenous with noncriminal African Americans (Entman, 1992). African American suspects are also not dressed as well as White suspects and more likely to be shown being physically restrained, which fuels

stereotypes that depict African Americans as poor and dangerous (1992). Other stereotypes that often plague African Americans include living in dysfunctional families often headed by single mothers, being undisciplined, promiscuous, dangerous, delinquent, and prone to drug offenses (Feld, 1999; Leiber & Mack, 2003; Miller, 1996; Sampson & Laub, 1993).

Such inaccurate media representation affects the DMC-reduction efforts in at least two ways: 1) they may contribute to the unfair treatment of racial groups by justice officials at all stages of the process; 2) African American adolescents may actually come to internalize messages about race and crime, contributing to increased criminal activity. In a national poll, while African Americans were slightly less likely to agree with statements about African Americans being more likely to commit crimes than Whites, at least one-quarter of African American respondents agreed with the statements (Soler, 2001).

Thus, it is difficult to determine whether the disproportionate representation is the result of actual differences in offending between White and African American youth or disparities in the way these cases are handled for different racial groups (Desai, Falzer, Chapman, and Borum, 2012). Desai and colleagues (2012) used the term *differential involvement*, or the overrepresentation of minorities due to commission of more crimes, to describe one explanation. The other explanation is termed *differential selection and processing*, referring to differences in police practices that lead to more contact with minorities. The third explanation suggests that both of the previous explanations ought to be combined to gain a better understanding of DMC. Piquero (2008) argues that these

explanations fall short of addressing the underlying causes of DMC, while Desai et al. (2012) argue that there should be more consideration of the role of mental health.

Conceptual Framework

Spencer's (1995) phenomenological variant of ecological systems theory (PVEST) is an integration of a phenomenological perspective with Bronfenbrenner's (1989) ecological systems theory. It is a cyclic, recursive model of identity throughout the life course. The theory is nested in highlighting the impact of environmental feedback, particularly as it relates to race, class, skin color, gender, and maturational differences (Spencer, Dupree, & Hartman, 1997). It asserts that African Americans experience a unique ecology that is important to understanding their psychological and social functioning (Chavous, Rivas-Drake, Smalls, Griffin, & Cogburn, 2008). Racial discrimination is among the race-related risk factors associated with normative development for African American youth, according to the theory. A balance of risk and resilience factors influence adaptation and coping responses within the adolescents' environments (Chavous et al., 2008). According to Garcia Coll and colleagues (1996), minority children and families have many adaptive cultural resources to help them cope with normative risks in the environment.

PVEST is comprised of five components which are linked by bidirectional processes. The first component is *risk contributors*, which are factors that may predispose individuals for negative outcomes that are associated with various psychological and social stressors. The risks may be mitigated by protective factors. The second component is *net stress engagement*, which refers to the net experience of situations that challenge one's psychosocial identity and well-being. The third component is *reactive coping*

methods, which are utilized to resolve dissonance and include problem-solving strategies that can be either adaptive or maladaptive. Stevenson (1997) notes that coping strategies used by African Americans may be misunderstood because coping behaviors may be perceived as threatening in certain situations. As adolescents employ coping strategies over time, they become stable, leading to the fourth component: emergent identities. Emergent identities define an individual's view of self within their contextual experiences. The final component of PVEST is life-stage specific coping outcomes, which are future perceptions and behavior that contribute to adverse or productive outcomes.

The current study utilizes the PVEST model to examine the ways that race-related constructs function as risk and resilience factors for African American adolescents. The investigator is interested in identifying those factors that lead to productive outcomes for African American juvenile offenders in the face of race-related risk. Identifying possible adaptive cultural resources is an important step toward understanding the unique psychological and social functioning of African Americans who enter the juvenile justice system.

Statement of the Problem

A number of studies have attempted to explain racial differences in offending, and these explanations have often been through a sociological lens. Thus, racial identity and other race-related variables have yet to be explored as contributing factors. Current explanations make assumptions consistent with differential involvement and include social disorganization theories, which focus on the structural barriers that exist in neighborhoods more likely to be inhabited by African Americans (Sampson & Wilson,

1995). According to Sampson and colleagues (1995), these barriers include poverty, residential mobility, and single-parent households, and they are believed to obstruct social networks and crime control. According to subcultural theories (Anderson, 1999), African Americans are disproportionately exposed to beliefs and values that are more tolerant of violence when it is used to maintain a certain status. Both of these theories take a macro-level approach to understanding racial differences in offending. General Strain Theory (GST) outlines the various types of strain that are experienced primarily by African Americans (Kaufman, Rebellon, Thaxton, & Agnew, 2008). These types include economic strain, family strain, educational strain, community strain, and criminal victimization. Discrimination is also indicated as a type of strain according to Kaufman and colleagues (2008). Thus, these theories highlight the unique systemic challenges that African Americans within the justice system often confront.

Unique challenges warrant a unique set of interventions for African American adolescents who enter the juvenile justice system. Few studies have examined the effects of culturally-sensitive interventions on ethnic minority youth (Gibbs & Huang, 1998), possibly due to difficulties with recruiting minority youth (Kazdin, 2003). There also appears to be a lack of interest in intervention research with minority youth among mainstream researchers (Sue, 2003). Also, since most culture-specific interventions, such as African American rites of passage programs, are often developed to reflect the unique needs of a particular community, most researchers are not interested in replicating programs to be evaluated. These programs are not considered evidenced-based practices because they often fail to be replicated (Gilbert, Harvey, & Belgrave, 2009).

It is important to be aware that an abundance of research examines the relationship between race-related variables and mental health and behavioral outcomes of both low- and high-risk African Americans. However, such research within the adjudicated adolescent population is noticeably scarce. Several studies have examined the relationship between racial/ethnic identity and various psychological and behavioral outcomes, and have found that youth who feel a strong attachment to their own ethnic group are less likely to engage in delinquent activities. According to Gilbert and colleagues (2009), a lack of cultural knowledge, self-appreciation, and positive racial identification leads to an internalization of negative views, myths, and stereotypes.

The current literature brings attention to the need for culturally-relevant interventions for African Americans involved in the juvenile justice system. However, to gain support for culture-specific interventions among African American juvenile offenders within the mental health and court systems, the relationship between racial constructs and adolescent behavior, mental health, and delinquency must be demonstrated. Furthermore, there is a great need for resilience and strength-based literature, as most of the literature on African American youth is deficit-based (Swanson, Cunningham, & Spencer, 2003). The risk and protective factors approach to the current study will both identify those racial variables that pose a risk to African American juvenile offenders *and* examine the racial variables that mitigate the risk for these adolescents, which are two important aims that are seldom addressed with this specific population.

Juvenile Counseling and Assessment Program (JCAP)

The Juvenile Counseling and Assessment Program (JCAP) was created in 1994 at a large southeastern university to address concerns with juvenile delinquency (Calhoun, Glaser, & Bartolomucci, 2001). Through a collaborative partnership with the local Juvenile Court, the State Department of Juvenile Justice, the Regional Youth Detention Center, the Department of Counseling in the College of Education, and the local community, JCAP seeks to study and address the psychological, emotional, and educational needs of adjudicated youth and their families (2001). Graduate students provide individual, group, and family therapy services, conduct psychological evaluations, and engage in research related to treating and assessing juvenile offenders.

JCAP provides services to a diverse population of court-referred adolescents in a southeastern city of approximately 85,000 people. JCAP serves approximately 120 youth on a yearly basis. The adolescents served range from 9 to 17 years old, have various socioeconomic statuses, and attend public, private, or alternative schools. The offense types range from status offenses (truancy and runaway) to felonies (burglary and aggravated assault). According to the most recent demographic information about the adolescents arrested in the referring county in 2011 (Georgia Department of Juvenile Justice, 2011), 60.7% were male and 39.3% were female. Consistent with nationwide statistics, most of the adolescents arrested in the referring county in 2011 were Black (73.2%); 13.8% were White; 12% were Hispanic; and 1% were categorized as "other." Thirty-four percent of children in the referring county ages 5 to 17 lived below poverty in 2010 (Boatright, 2013).

Purpose of the Study

The primary purpose of this study is to examine the relationships among several race-related variables and their utility in predicting various outcomes for a sample of African American juvenile offenders. Specifically, the current study will investigate a model that includes racial identity, internalized racism, racial discrimination, and racial socialization as predictors of school problems, internalizing problems, emotional symptoms, and recidivism.

Hypotheses

Based on previous research that has examined the relationship between racial identity, discrimination, and behavioral outcomes, the sparse research on the link between internalized racism and mental health outcomes, and the examination of race-related constructs among the general adolescent population, three aims and several specific hypotheses regarding the roles of racial identity, internalized racism, racial discrimination distress, and parent racial socialization in predicting adolescent school problems, internalizing problems, emotional symptoms, and recidivism were proposed:

Aim #1: Explore the interrelationships between each of the race-related constructs and the outcome variables.

- *Hypothesis 1.1*: There will be a direct and positive correlation between racial identity and racial socialization.
- *Hypothesis 1.2*: There will be negative correlations between racial identity and internalized racism, discrimination distress, and the outcome variables.
- *Hypothesis 1.3*: Racial socialization will be negatively correlated with internalized racism, discrimination distress, and the outcome variables.

- *Hypothesis 1.4*: Discrimination distress will be positively correlated with internalized racism and the outcome variables.
- Hypothesis 1.5: Internalized racism will be positively correlated with the outcome variables.

Aim #2: Examine the roles of discrimination distress and internalized racism as risk factors, or predictors of various negative outcomes.

- Hypothesis 2.1: Higher levels of discrimination distress will predict higher scores
 on school problems, internalizing problems, and emotional symptoms; and will
 predict recidivism.
- Hypothesis 2.2: Higher internalized racism scores will predict higher scores on school problems, internalizing problems, and emotional symptoms; and will predict recidivism.

Aim # 3: Examine the compensatory roles of racial identity and racial socialization in relation to various negative outcomes.

- *Hypothesis 3.1*: Higher levels of racial identity will predict lower scores on school problems, internalizing problems, and emotional symptoms; and will predict the absence of recidivism.
- Hypothesis 3.2: Higher levels of racial socialization will predict lower scores on school problems, internalizing problems, and emotional symptoms; and will predict the absence recidivism.

Aim # 4: Examine the protective roles of racial identity and racial socialization, or their moderating effects, on the relationships between risk factors and various negative outcomes.

- *Hypothesis 4.1*: The relationships between internalized racism and school problems, internalizing problems, emotional symptoms, and recidivism will be weaker among those with higher racial socialization scores.
- *Hypothesis 4.2*: The relationships between discrimination distress and school problems, internalizing problems, emotional symptoms, and recidivism will be weaker among those with higher racial identity scores.

Delimitations

The current study focused on African American court-referred youth who were mandated to participate in individual, group, or evaluation services. The sample was not randomly selected and a control group was not available to compare the juveniles' profiles to those of the general population. In addition, while there is variation in the racial composition of the individuals being served, the target racial group for the current study was African Americans due to the unavailability of comparable race-related measures for other racial groups. Lastly, the decision to include an adolescent in the current study was based strictly on the youth's self-reported ethnicity. For example, a biracial (e.g. African American/Caucasian) adolescent that identified primarily as African American would be included in the sample with no distinction from the rest of the participants.

Definitions and Operational Terms

Risk factors. Arthur, Hawkins, Pollard, Catalano, & Baglioni (2002) defined risk factors as "those characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected at random from the general population, will develop a disorder" (Mrazek and Haggerty,

1994; Clayton, 1992; Hawkins, Catalano, and Miller, 1992; Rutter and Garmezy, 1983). For the present study, the "disorder" includes a range of behavioral, mental health, and recidivism outcomes. Risk factors are often used to predict future outcomes and are usually expressed as probabilities (Jenson, 2004). Those with risk factors for a particular outcome who are able to avoid the expected outcomes are said to be resilient (Fraser, 2004).

Resilience. Resilience is the process of overcoming the negative effects of being exposed to risk, successfully coping with traumatic experiences, and avoiding the negative consequences of risk (Garmezy, Masten, & Tellegen, 1984; Luther, Cicchetti, & Becker, 2000; Masten & Powell, 2003; Werner, 1992).

Compensatory Factor. A promotive factor that "counteracts or operates in an opposite direction of a risk factor" and "involves the direct effect of promotive factor on outcome (Fergus & Zimmerman, 2005, p. 401).

Protective Factors. Arthur and colleagues (2002) defined protective factors as those "that reduce the likelihood of problem behavior... by mediating or moderating the effect of exposure to risk factors."

Racial identity. This concept has been defined by Cokley (2007) as the "collective identity of any group of people socialized to think of themselves as a racial group." It is thought to be a concept describing how individuals create their identities in response to oppression (Cokley, 2007). The Multidimensional Model of Racial Identity (Sellers, Smith, Shelton, Rowley, & Chavous, 1998) defines racial identity as part of an individual's self-esteem that is related to her/his membership within a race. Racial identity, according to Sellers et al. (1998), is concerned with both the significance placed

on race in defining oneself and the how the individual understands the meaning of being Black.

In the literature, this concept is often confused with ethnic identity, and the two concepts are often used interchangeably (Cokley, 2007). Cokley (2007) defines ethnic identity as "a subjective sense of ethnic group membership that involves self-labeling, sense of belonging, preference for the group, positive evaluation of the ethnic group, ethnic knowledge, and involvement in ethnic group activities." It includes an individual's view of self in relation to cultural beliefs, values, and behaviors (Cokley, 2007). The construct of interest in this particular study is racial identity.

Internalized racism. Padilla (2001) defines internalized racism as "the acceptance of stereotypes or beliefs that paint one's racial group as subhuman, inferior, incapable, or a burden on society." According to Williams and Williams-Morris (2000), "internalized racism refers to the acceptance, by marginalized racial populations, of the negative societal beliefs and stereotypes about themselves" (p. 255).

Racial socialization. Racial socialization includes implicit and explicit messages about race (Neblett, Smalls, Ford, Nguyen, Sellers, 2008). Hughes (2003) offered the following as a definition of racial socialization: "the transmission of parents' world views about race and ethnicity to children by way of subtle, overt, deliberate, and unintended mechanisms" (p. 15). Harris-Britt, Valrie, Kurtz-Costes, & Rowley (2007) defined racial socialization as "the implicit, explicit, purposeful, and unintended ways that parents' beliefs and behaviors convey views about race to children." Parents differ in the degree of importance they assign to racial issues, with some parents viewing racial discussions

as necessary part of childrearing and others denying the importance of race altogether (Neblett et al., 2008).

Discrimination. According to Seaton and Yip (2009), "racial discrimination consists of dominant group members' actions that have a differential and negative effect on subordinate racial/ethnic groups.

Discrimination distress. For the purposes of this study, discrimination distress is defined as an aversive reaction racial discrimination.

Juvenile offender. A juvenile offender is a youth 17 years of age and below who has been charged with an offense by the Department of Juvenile Justice or Department of Justice.

Recidivism. Recidivism is the incidence of a juvenile offender reoffending after the initial offense.

The Researcher

The researcher is a counseling psychology doctoral candidate at the University of Georgia. I am an African American woman whose research interests have been strongly influenced by personal and professional experiences with race-related matters.

Professionally, I have had practicum training with predominantly African American juvenile offenders as a part of the Juvenile Counseling and Assessment Program (JCAP). My experience has afforded the opportunity to discuss issues related to racial identity with African American adolescents. Several themes emerged from these discussions including a stated preference for White culture and values, an internalization of racist stereotypes about African Americans, and a devaluation of African American experience, traditions, beauty, history, and culture. As an African American who has struggled to

define my own Blackness in the face of discrimination and mixed messages from society about my race, I have been able to appreciate the cultural lens of these clients, even when I disagreed with the message. I have also witnessed the power of the therapeutic relationship to transform these adolescents' apparently negative feelings about race into an appreciation of their own racial history, legacy, and background. It is my hope that my future work as a counseling psychologist will empirically define the exchanges that occurred between me and my African American clients so that other therapists, regardless of race, will see the utility of engaging their African American adolescent clients in similar ways. The current study is the first step toward demonstrating the impact of race-related variables, in hopes that the relevance and importance is clearly demonstrated.

CHAPTER 2

REVIEW OF LITERATURE

Research on resilience has increased significantly over the past 10 years (Fergus & Zimmerman, 2005). Many longitudinal studies have identified risk and protective factors to predict drug use, delinquency, violence, and school dropout (Dryfoos, 1991; Hawkins, Catalano, & Miller, 1992; Lipsey & Derzon, 1998; Loeber & Stouthamer-Loeber, 1987; Mrazek & Haggerty, 1994). Research on reducing risk and enhancing protective factors to prevent adolescent problem behavior has been used by federal, state, and community prevention planners to inform prevention needs assessment (Kansas Department of Social and Rehabilitation Services, 1996; Office of Juvenile Justice and Delinquency Prevention, 1995; Office of National Drug Control Policy, 2000; Washington State Department of Social and Health Services, 2001).

Resilience is the process of overcoming the negative effects of being exposed to risk, successfully coping with traumatic experiences, and avoiding the negative consequences of risk (Garmezy, Masten, & Tellegen, 1984; Luther, Cicchetti, & Becker, 2000; Masten & Powell, 2003; Werner, 1992). Even though resilience theory is concerned with risk, it is primarily focused on strengths instead of deficits (Fergus et al., 2005). Three models of resilience have been identified in the literature to explain how promotive factors affect the relationship between risk exposure and negative outcome (Garmezy et al., 1984; Rutter, 1985; Zimmerman & Arunkumar, 1994). The compensatory model involves a direct relationship between a promotive factor and the

outcome (Fergus et al., 2005). The effects of the promotive factor on the outcome occurs independent of the effects of a risk factor (2005). The protective factor model involves assets (internal) or resources (external) as moderators for the risk-outcome relationship (2005). The challenge model represents a curvilinear relationship between a risk factor and an outcome, such that low and high levels of risk exposure are associated with negative outcomes while moderate levels of risk are associated with less negative outcomes (2005). The literature review and research design for the current study will examine both the compensatory and protective factor models to assess the relationships between the race-related variables of interest. While the terminology used by researchers to describe resilience or promotive factors varies (compensatory versus protective), the current review of literature will utilize the definitions provided by Fergus and Zimmerman (2005).

Identity Development in Adolescence

Before examining racial identity during adolescence, it is important to first explore ego identity development during adolescence. Most research on adolescent identity development refers to Erikson's psychosocial stages, which names identity development as the central task of adolescence (Erikson, 1968). Erickson inspired Marcia to identify two aspects of the identity formation process: exploration and commitment. Marcia (1966) then proposed four statuses describing the level of the adolescent's identity exploration and commitment. Adolescents with a diffused status have not committed to particular identity, nor have they begun to explore who they are. Foreclosed status describes a commitment to a particular identity based on opinions of others without much personal exploration. Adolescents in the moratorium stage have engaged in

exploration but have yet to commit to an identity. Achieved status refers to a commitment to a particular identity after explicit exploration of the meaning of their identity. The literature shows that achieved status is related to higher levels of psychological well-being.

Failure to develop a healthy ego identity has been associated with low self-esteem, depression, academic problems, and poor psychosocial skills (St. Louis & Liem, 2005). The literature also shows a strong relationship between identity status and anxiety (Crocetti, Klimstra, Keijers, Hale, & Meeus, 2009). Marcia (1967) found that adolescents in the achievement and foreclosure statuses reported lower anxiety levels when compared to adolescents in the diffusion and moratorium statuses.

Very few studies, however, have examined the relationship between ego identity and ethnic/racial identity, as most ego identity research is conducted with Whites (St. Louis et al., 2005). Using a predominantly White sample in identity research limits the generalizability to other populations (Schwartz, 2005). As noted by Schwartz (2005), the identity formation process may operate very differently across culture, race, and ethnicity. In a study conducted by St. Louis and Liem (2005), undoubtedly one of few of its kind, achieved identity status was associated with a more positive ethnic identity in sample of ethnic minority students.

Another neglected sample in the literature is the juvenile offender population (Coll, Thobro, & Haas, 2006). It has been hypothesized that troubled youth appear to have impaired psychosocial development because of the expectation of rejection, decreased ability and desire to meet societal expectations, and difficulty establishing and maintaining relationships (Brendtro, Brokenleg, & Van Bockern, 1998).

Racial Identity as a Resilience Factor

Racial identity is one of the most heavily researched areas of African American psychological functioning (Caldwell, Zimmerman, Bernat, Sellers, & Notaro, 2002).

Recent research suggests that African Americans, at greater risk for discrimination, utilize certain racial identity attitudes and beliefs to influence how they experience racial discrimination (Sellers, Morgan, & Brown, 2001). Research has consistently demonstrated that African American adolescents and young adults who considered race to be important reported more racially discriminatory experiences than those who did not (Scott, 2004; Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003). Specifically, strong racial centrality (Neblett, Shelton, & Sellers, 2004; Sellers et al., 2003; Sellers & Shelton, 2003) and public regard have been associated with more reports of racial discrimination (Sellers, Linder, Martin, and Lewis, 2006).

Multidimensional Model of Racial Identity (MMRI)

Sellers, Smith, Shelton, Rowley, and Chavous (1998) proposed a conceptual framework for understanding the significance of race and qualitative attributions African Americans assign to their race. The Multidimensional Model of Racial Identity (MMRI) defines racial identity as "that part of a person's self-concept that is related to her/his membership within a race" (p. 23). The model assumes that identities are situationally influenced and also stable properties of the person, meaning that racial identity is susceptible to contextual cues but also has stable properties that allow us to see differences in the value and significance that individuals place on race. The model also assumes that individuals have a number of different identities that are hierarchically ordered. Thirdly, the model assumes that the most valid indicator of one's identity is the

individual's perception of their racial identity. Lastly, the model makes no value judgment regarding healthy versus unhealthy racial identity (Sellers, Smith, et al., 1998).

There are four proposed dimensions of the MMRI: racial identity salience, centrality, ideology, and regard (Sellers, Smith, et al., 1998). Salience refers to extent to which race is a relevant part of a person's self-concept and is sensitive to situational context, making it the one dynamic aspect of racial identity (1998). Centrality, a stable dimension of racial identity, is the extent to which a person defines him or herself in terms of their race and indicates how much race is a part of the self-concept (1998). The ideology dimension entails beliefs, opinions, and attitudes about how one feels that Black people should act. The MMRI proposes four ideologies: nationalist, oppressed minority, assimilation, and humanist. The nationalist philosophy emphasizes the uniqueness of being of African descent; the oppressed minority philosophy emphasizes the similarities between African Americans and other minority groups; the assimilation philosophy emphasizes the similarities between African Americas and all Americans; and the humanist philosophy emphasizes the similarities of all humans (1998). Regard, the fourth dimension, is the affective and evaluative judgment of one's race and involves both private and public components. Private regard is the extent to which one feels positively or negatively about being an African American while public regard is the extent to which one feels that others feel positively or negatively about African Americans (1998). Racial Identity, Mental Well-Being, and Academic Outcomes

The literature on adolescent racial identity utilized either a compensatory or a protective factor model to describe the relationship between racial identity and behavioral outcomes. One particular study that used a compensatory, or direct link, approach found

that youth who felt a strong sense of attachment to their own ethnic group were less likely to engage in destructive activities (Browne & Graham, 1995). Low racial identity salience and anti-Black attitudes have been associated with increased anxiety, paranoia, and depression. Other researchers have found a stronger racial identity to be related to higher achievement values (Chavous et al, 2003; Phinney, 1990) and more positive psychological functioning (Sellers et al., 2006). Another study (Smalls, White, Chavous, & Sellers, 2007) found that African American adolescents endorsing an assimilation ideology reported more fears of being viewed as high achievers by peers in the school setting; and those endorsing a minority ideology reported more positive engagement academic outcomes.

While the above-mentioned studies utilized the MMRI model to operationalize racial identity, much of the earlier literature linking racial identity to mental health outcomes was conducted using Cross' Nigrescence model (Parham & Helms, 1981) as operationalized by the Racial Identity Attitudes Scale (RIAS). Such research found that encounter attitudes, characterized by a re-examination of Black identity, were negatively related to anxiety (Parham & Helms, 1985); while pre-encounter attitudes, associated with idealization of the dominant White society, were negatively associated with psychological well-being and self-esteem and positively associated with depressive symptoms in a sample of African American adolescent females (Pyant & Yanica, 1991). *Racial Identity and Discrimination*

A number of studies examined the moderating, or protective, role of racial identity in the face of racial discrimination (Sellers et al., 2001). A study conducted by Sellers and colleagues (2006) suggested that regard belief is a resilience factor against the

effects of discrimination. Specifically, Smalls et al. (2007) found that racial ideologies moderated the relationship between racial discrimination and academic engagement. Specifically, adolescents with stronger assimilation views reported lower academic identification with reports of discrimination compared to adolescents who did not strongly endorse the assimilation ideology. Other studies suggested that a strong racial identity may protect adolescents from the negative effects of discrimination on academic motivation (Spencer, Noll, Stoltzfus, & Harpalani, 2001; Wong, Eccles, & Sameroff, 2003). However, the results of one study (Sellers et al., 2003) suggested that adolescents who had low public regard, or believed that other groups had more negative attitudes towards African Americans, were less affected by experiences of discrimination. This finding is inconsistent with theories that a more positive racial identity mitigates the risks of encountering discrimination.

Racial Identity and Gender

The literature also suggests that racial identity may differentially impact the relationships between discrimination and outcomes for boys and girls. For instance, in one study, higher racial centrality in boys was related to decreased risk for low school performance attitudes in response to classroom discrimination relative to low racial centrality in boys; higher centrality in girls moderated the negative effects of peer discrimination on school importance and academic self-concept (Chavous et al., 2008). Also, racial identity was found to positively impact school bonding for boys, while racial identity moderated the relationship between discrimination and school bonding for girls such that girls with more discriminatory experiences and lower racial identity scores reported less school bonding. Similarly, racial centrality was found to be positively

related to school performance attitudes for boys, while such a relationship was not suggested for the girls in the same study (Chavous et al., 2008). These gender differences are expected given the unique impact of discrimination on males and females.

Discrimination as a Risk Factor

More than 90% of African American youth between the ages of 10 and 12 reported at least one racially discriminatory event during their lifetime (Gibbons, Gerrard, Cleveland, Wills, & Brody, 2004). Therefore, it is safe to assume that most African American have had these types of experiences by the time they reach adolescence. In fact, the risk for experiencing racial discrimination is particularly high for African American adolescents compared to adolescents of other racial groups (Fisher, Wallace, & Fenton, 2000; Romero & Roberts, 1998). Racial discrimination, or "beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group affiliation" is often viewed as a risk factor (Clark, Anderson, Clark, & Williams, 1999, p. 805). Incidents of racial discrimination include harassment by store employees, "experiencing others' low expectations due to ethnicity or race," being excluded from school activities, being unfairly reprimanded at school, and being called racially insensitive names" (Fisher et al., 2000).

Given the relatively early onset of discriminatory experiences, it is alarming that most of the research on discrimination has used adult samples and there is a dearth of research with child or adolescent populations (Seaton, 2006). Adolescence is a critical period for such experiences, as the frequency in which they encounter members of other racial/ethnic groups increase (Fisher et al., 2000). In addition to an insufficient amount of research on adolescent experiences of discrimination, there is also less research on the

psychological impact of racial discrimination compared to research exploring the physiological effects (Williams, Neighbors, & Jackson, 2003).

Discrimination, Mental Well-Being, and Academic Outcomes

While there are few studies exploring the impact of racial discrimination of African American non-college samples, the literature on this topic continues to grow (Brown & Bigler, 2005). Racial discrimination has been linked to a number of negative outcomes, including decreased mental well-being (Sellers et al., 2006; Williams, Yu, Jackson, & Anderson, 1997; Broman, Mavaddat, & Hsu, 2000), drug use, and negative academic attitudes. While some research proposed that those with increased levels of pathology perceive more racial discrimination, a longitudinal study with youth found that perceptions of racial discriminations results in increased pathology (Brody, Chen, Murry, Ge, Simons, Gibbons, Gerrard, & Cutrona, 2006). African American adolescents report higher levels of distress in response to discrimination than do other adolescents (Fisher et al., 2000). In fact, Chavous and colleagues (2008) reported that the personal adjustment of ethnic minority adolescents may be uniquely impacted by racial discrimination. Several studies have linked discrimination with a range of psychosocial outcomes, including depression, anxiety, and anger (Caldwell, Sellers, Hilkene, & Zimmerman, 2004; Clark, Coleman, & Novak, 2004; DuBois, Burk-Braxton, Swenson, Tevendale, & Hardesty, 2002; Fisher et al., 2000; Nyborg & Curry, 2003; Prelow, Danoff-Burg, Swenson, & Pulgiano, 2004; Wong et al., 2003; Banks, Kohn-Wood, & Spencer, 2006; Bynum, Burton, & Best, 2007; Davis & Stevenson, 2006).

Clark and colleagues (2004) found that perceived discrimination related positively to externalizing and internalizing symptoms in African American Adolescents, while

other studies suggested a stronger link between discrimination and externalizing behavior than internalizing reactions (Scott & House, 2005). Discrimination has been found to be positively related to aggression in both African American adults (DuBois et al., 2002) and African American boys (Simons, Simons, Burt, Drummund, Stewart, Brody, Gibbons, & Cutrona, 2006). Discrimination has also been linked to increased drug use such tobacco and alcohol (Bennett, Wolin, Robinson, Fowler, & Edwards, 2005; Landrine, Klonoff, Corral, Fernandez, & Roesch, 2006; Martin, Tuch, & Roman, 2003) as well as marijuana and crack cocaine (Borrell, Kiefe, Williams, Diez-Roux, & Gordon-Larsen, 2006).

School and peer discrimination are two types of discrimination that are likely to impact African American adolescents (Fisher et al., 2000). At school, adolescents might report that they received poor grades or harsher discipline due to race (Fisher et al., 2000; Greene, Way, & Pahl, 2006; Romero et al., 1998), and may perceive threats in the form of stereotypes, negative academic expectations, and beliefs about ethnic inequality in society (Aronson, 2002; Crocker & Major, 1989; Schmader, Major, & Gramzow, 2001; Steele, 1997). Discrimination in the school setting has been linked to low self-esteem (Fisher et al., 2000), psychological stress (Scott, 2003), psychological distress and behavior problems (Wong et al, 2003), academic attitudes and performance (Wong et al, 2003), and school bonding (Dotterer, McHale, & Crouter, 2009). It has also been found that minority youth who perceive a lack of support and low expectations based on race within the school setting show increased risk for lower academic adjustment (Irvine, 1986; Murdock, 1999; Roeser, Eccles, & Sameroff, 2000; Wong et al., 2003); and school

disidentification is often used to protect the self-concept from threats to one's racial identity (Steele, 1997).

In peer settings at school, African American adolescents report discrimination that involves being picked on or socially excluded because of their race (Fisher et al., 2000; Greene et al., 2006; Wong et al., 2003). Research suggests that general social rejection and peer harassment (Graham & Juvonen, 2002; Spencer et al., 1997) as well as that due to race (DuBois et al., 2002; Fisher et al., 2000; Wong et al., 2003) has a negative psychological and academic impact on African American youth.

Discrimination and Gender

It is important to note that African American males and females experience discrimination differently. One researcher dubbed the double marginalization of black females due to being members of two minority groups as the *double jeopardy hypothesis*, while others recognize the fact that black males are perceived as more of a threat to society, making them more likely targets of discrimination. Racial and gender stereotypes in the United States often place African American males in a more negative light than other races and even African American females (Chavous, Harris, Rivas, Helaire, & Green, 2004; Cunningham, 1999; Swanson et al., 2003; van Laar & Sidanius, 2001). Research has demonstrated that African American boys are often the subjects of harsher discipline in the classroom, more negative criticism from teachers, and more social exclusion by teachers and peers when compared to other students (Davis, 2003; Noguera, 2003; Roderick, 2003; Simpson & Erikson, 1983). To cope with experiences of racial discrimination, boys may disengage with school and minimize the personal relevance of the academic domain (Graham et al., 1998; Osborne, 1999), which might be protective of

their self-concept, self-esteem, and respect but less protective of achievement attitudes and academic success outcomes (Cunningham, 1999; Spencer, 1999; Swanson et al., 2003). In a study of gifted yet underachieving African American girls conducted by Grantham and Ford (1998), it was found that they used underperforming, selected lower level classes, and adopted negative academic strategies to avoid negative interactions with peers and teachers. While this literature highlights the differential experiences and coping strategies of African American males and females, there is a need for more literature exploring the differential impact of discrimination on mental well-being for boys and girls.

Parent Racial Socialization as a Resilience Factor

In recent years, the literature on parents' ethnic and racial socialization has increased immensely (Hughes, Rodriguez, Smith, Johnson, Stevenson, & Spicer, 2006). Racial socialization, "the implicit, explicit, purposeful, and unintended ways that parents' beliefs and behaviors convey views about race to children," was found to the primary practice that African American families and communities help children cope with race-related issues (Hughes, 2003). In fact, in an analysis of the National Survey of Black Americans (NSBA), it was cited that two-thirds of African American parents reported that they provide their child with some type of racial socialization (Thorten, Chatters, Taylor, & Allen, 1990). In the 1980's, accounts of African American families showed that African American parents emphasized promotion of high self-esteem, instillation of racial pride, and preparing children for bias in response to concerns about their children encountering racial barriers and negative stereotypes (Peters & Massey, 1983; Richardson, 1981; Spencer, 1983; Tatum, 1987).

A few studies examined the parent characteristics that impact racial socialization practices. For instance, parents with more education are more likely to transfer racial socialization messages to their children (Hughes et al., 1997; McHale, Crouter, Kim, Burton, Davis, Dotterer, & Swanson, 2006). Several studies have found that parents with a higher socioeconomic status reported more ethnic-racial socialization than those parents with a lower socioeconomic status (Hughes et al., 2006).

Parent Racial Socialization, Mental Well-Being, and Academic Outcomes

While discrimination has been strongly linked to various negative outcomes for African American adolescents, the link between positive parent racial socialization and positive outcomes in past and recent literature has been just as strong. Racial socialization messages have been found to impact resiliency in African American adolescents (Brown, 2008). Similar to the racial identity literature, research on racial socialization utilized either a compensatory or protective model of resilience. Many studies have shown that messages about cultural knowledge and pride are related to higher overall functioning and self-esteem in adolescents (Caughy, O'Campo, Randolph, & Nickerson, 2002; Constantine & Blackmon, 2002; Hughes & Chen, 1999; Stevenson, Reed, Bodison, & Bishop, 1997; Fischer & Shaw, 1999). Correlational studies have demonstrated that parent racial socialization practices are related to positive mother/child interactions (Frabutt, Walker, & MacKinnon-Lewis, 2002) and racial coping and competence (Johnson, 2001). In a study conducted by Stevenson, Herrero-Taylor, Cameron, & Davis, (2002), those adolescents who received messages regarding coping with antagonism (preparation for bias), cultural pride, and legacy appreciation (cultural socialization) reported less fighting behaviors.

The literature has also demonstrated the impact of parent racial socialization on academic outcomes. A review by Hughes et al. (2006) revealed that racial socialization messages about racial pride and learning about one's culture was related to positive academic outcomes (Bowman & Howard, 1985; Caughy et al., 2002), and racial socialization was found to have positive effects on school self-esteem and school bonding (Dotterer et al., 2009). In the NSBA study, adolescents who were taught about racial barriers reported higher grades than adolescents who were not taught about race (Bowman & Howard, 1985). Lastly, students with a greater awareness of racial barriers were more likely to be high achieving students than those with less awareness (Sanders, 1997).

Parent Racial Socialization and Racial Identity

Some studies have explored the relationship between parent racial socialization and racial identity. One consistent finding has associated cultural socialization with identity exploration, more advanced stages of identity development, and more group-oriented ethnic behaviors among African American adolescents and adults (Demo & Hughes, 1990; O'Connor, Brooks-Gunn, & Graber, 2000; Stevenson, 1995; Umana-Taylor & Fine, 2004). Other findings suggested that the awareness that one's group is stigmatized leads to more in-group identification and affirmation (Branscombe, Schmitt, & Harvey, 1999; Schmitt, Spears, & Branscombe, 2003).

Parent Racial Socialization and Discrimination

The link between discrimination and parent racial socialization has also been explored in the literature. According to Miller and McIntosh (1999), adolescents report more frequent ethnic-racial socialization when they experience discrimination. While

some studies identified the direct relationship between discrimination and parents' racial socialization practices (Hughes & Johnson, 2001; Stevenson, McNeil, Herrero-Taylor, & Davis, 2005), much of the literature explored the role of racial socialization as a moderator for the relationship between discrimination and various outcomes, consistent with a protective rather than compensatory model. Harris-Britt and colleagues (2007) reported that the negative relationship between discrimination and self-esteem was mitigated for adolescents whose parents relayed more messages about race pride and a moderate amount of preparation for bias, while low race pride messages and a low/high amount of preparation for bias did not mitigate this relationship. Neblett and colleagues (2006), however, found that racial socialization did not moderate the relationship between discrimination and academic outcomes even though five out of six of the racial socialization dimensions were significantly related to academic outcomes after discrimination was accounted for.

Parent Racial Socialization, Gender, and Age

Similar to the other race-related variables, the literature has acknowledged gender differences in parent racial socialization practices for African American adolescents.

Some studies have suggested that males receive more messages about racial barriers (Bowman et al., 1985) and alertness to discrimination than females because parents recognize the negative views of African American males in society (Coard, Wallace, Stevenson, & Brotman, 2004); females have been found to receive more messages about racial pride (Thomas & Speight, 1999). Other studies have found no gender differences in ethnic-racial socialization (Caughy et al., 2002; Frabutt et al., 2002; Hughes et al., 1997;

Phinney & Chavira, 1995; Scott, 2003; Stevenson, Reed, & Bodison, 1996; Thompson, Anderson, & Bakeman, 2000).

A few studies examined the differential impact of ethnic-racial socialization on well-being and behavior for males and females. One study found that boys with higher ethnic-racial socialization scores reported being sad more often and more hopelessness than females, while females with higher ethnic-racial socialization scores reported being sad less often and less hopelessness than males (Stevenson, 1997; Stevenson et al., 1997). Another study found that males who believed it was important to emphasize cultural pride and heritage reported more anger control than those who believed in focusing on discrimination against African Americans (Stevenson, 1997; Stevenson et al., 1997).

The literature also recognized the influence of age on parent racial socialization practices. It has been noted that certain aspects of racial socialization may increase with a child's age. For example, parents may transmit cultural socialization or egalitarian messages to their younger children but may move toward more complex messages such as discrimination or wariness of other groups when children reach middle childhood or adolescence (Hughes et al., 2006). Thus, parent racial socialization messages are not constant but may shift according the cognitive abilities and experiences of the child (Hughes & Chen, 1997; Hughes & Johnson, 2001; Umana- Taylor et al., 2004).

The Risks of Internalized Racism

Internalized racism has been defined as "acceptance of stereotypes or beliefs that paint one's racial group as subhuman, inferior, or a burden on society" (Padilla, 2001). According to Bulhan (1985), the target group members come to believe the dominant group's reality and therefore fail to independently define themselves. Socially

stigmatized groups accept negative messages about their aptitude, abilities, and place in society, resulting in devaluation of self and others within the group (Essed, 1991; Jones, 2000; Lipsky, 1987; Pheterson, 1990; Pyke & Dang, 2003).

Jones (2000) asserts that internalized racism may manifest itself as using hair straighteners and bleaching creams and division according to skin tone within African American communities, both examples of embracing "whiteness." It may also include self-devaluating behaviors such as using racial slurs as nicknames and rejecting ancestral culture (2000). Dropping out of school, failing to vote, and engaging in risky behaviors may be behavioral manifestations of resignation, helplessness, and hopelessness (2000). According to Freire (1970), "so often do the oppressed hear that they are good for nothing, know nothing, and are incapable of learning anything- that they are sick, lazy, unproductive- that in the end they become convinced of their own unfitness" (p. 94). Such internalized oppression may lead African Americans to criticize those who willingly take on leadership positions and responsibilities (Lipsky, 1987).

Internalized Racism and Mental Well-Being

There is sufficient literature exploring the physical and physiological effects of internalized racism among African Americans. Empirical studies on the psychological impact of internalized racism (Cokley, 2002), particularly with the adolescent population, are severely lacking. According to Watts-Jones (2002), "addressing internalized racism is a newborn baby in our field." (p. 600). Speight (2007) adds that "there is plenty of quantitative and qualitative research, preventative interventions, and clinical work yet to be done to complete the puzzle of racism and psychological injury." Watts-Jones (2002) asserts that the wound of internalized racism is shame, while other researchers have

linked internalized racism to depressive symptoms (Taylor, Henderson, & Jackson, 1991) and high stress levels (Tull, Sheu, Butler, & Cornelious, 2005).

Bryant (2011) conducted a study with African American males exploring the relationship between internalized racism and the sample's propensity for violence. This was one of few published studies to explore such a link with the African American adolescent population. The results indicated that internalized racism was a significant risk factor and major predictor for propensity for violence among African American males (2011). Studies such as this are an important first step toward exploring internalized racism among at-risk African American adolescent populations, such as juvenile offenders.

Internalized Racism and Exposure to Racism/Discrimination

While there is a dearth of literature examining the psychological effects of internalized racism, many scholars have theorized that internalized racism may be the damaging result of racism and racial discrimination. Carter has argued that the current Diagnostic and Statistical Manual of Mental Disorders definition of trauma fails to adequately address the psychological effects of racism. Speight (2007) expanded Carter's argument by dubbing internalized racism as the most psychologically damaging injury of racism. Other scholars (Pouissant and Alexander, 2000) used the term "post-traumatic slavery syndrome" in reference to the physiological and psychological effects of slavery and racism and believed that the definition of trauma should include these experiences. Still, other scholars assert that discrimination does not need to be "blatant or necessarily traumatic" for the effects to be internalized, and that "small daily doses of personal devaluation usually suffice" (p. 132).

Internalized Racism and Racial Identity

Although a greatly underdeveloped area of research, some scholars have begun to empirically explore the links between internalized racism and racial identity. Internalized racism has been linked to the early stages of racial identity development, which are characterized as periods of ethnic self-hatred and are harmful to people of color (Cokley, 2002). Internalized racism is also considered as an impediment to identity development and is inversely related to ethnic identity development (Hipolito-Delgado, 2007). Preencounter racial identity attitudes of miseducation and self-hatred were found to be positively related to internalized beliefs about the mental and genetic deficiencies and sexual prowess of African Americans (2002). On the other hand, pre-encounter assimilation attitudes related negatively to beliefs about the natural abilities of African Americans, while internalization of Afrocentricity attitudes related positively to these beliefs (2002). It should be noted that there were no recent studies that utilized the Multidimensional Model of Racial Identity in their assessment of the internalized racism-racial identity link.

CHAPTER 3

METHODOLOGY AND PROCEDURE

Quantitative research methods will be used to explore the effects of racial identity, internalized racism, racial socialization, and discrimination on various behavioral, mental health, and recidivism outcomes. Specifically, this study will explore the impact of internalized racism and discrimination distress as risk factors, and the impact of racial identity and parent racial socialization as compensatory factors for negative behavioral outcomes. In addition, this study will explore the moderating effects of protective factors on the relationship between the risk factors and the behavioral outcomes. Protective factors will also be operationalized as racial identity and racial socialization.

Independent or predictor variables of interest include the adolescent's self-reported racial identity, level of internalized racism, degree of discrimination distress, and extent of parent racial socialization. Dependent or outcome variables of interest include behavioral outcomes which impede the adolescent's well-being. The proposed study will focus on the adolescent's self-reported level of internalizing problems, school problems, emotional symptoms, and legal history report of recidivism.

Sample

Participants (N=42) included African American juvenile offenders between the ages of 13 and 18 who were either court-referred to the Juvenile Counseling and Assessment Program (JCAP) for individual, group, or evaluation services as a term of

probation, or were detained in a secure detention facility without receiving JCAP services. An a priori power analysis was conducted to determine the minimum number of participants necessary (Soper, 2004). The power analysis indicated that 77 participants is necessary to detect good model fit with power of .80 (d=.15, α =.05) (Cohen, 1988). Upon completion of data collection and data analyses, even with a small sample, there was a medium effect size (d=.33, α). The post hoc power analysis indicated that at a medium effect size, the power to detect a significant result is .78. The sample consisted of 20 males (47.6%) and 22 females (52.4%). Age of participants ranged from 13-18 years old (M=15.14, SD=1.241). Twenty-three (54.8%) of the participants completed the measures while in the community, either during the therapy intake process or while in session with their therapist. The remaining 19 participants (45.2%) completed the measures in a secure detention center setting and were not receiving therapy through the Juvenile Counseling and Assessment Program (JCAP) at the time of the present study.

Data Collection Procedures

Upon being referred for individual counseling and/or group counseling services, the participant and a parent/guardian presented for the intake interview. The parent/guardian and child each signed consent/assent forms to receive mental health services and to participate in research (Appendix A). Masters-level and doctoral students administered the following instruments as part of the as a part of the Juvenile Counseling and Assessment Program (JCAP) intake protocol: *Multidimensional Inventory of Black Identity for Teens (MIBI-T*; Scottham, Sellers, & Nguyen, 2008; Appendix B), *Nadanolitization Scale- Racial Contents* scale (*NAD-RC*; Taylor & Grundy, 1996; Appendix C), *Teenager Experience of Racial Socialization* scale (*TERS*; Stevenson,

Cameron, Herrero-Taylor, & Davis, 2002; Appendix D), *Adolescent Discrimination Distress Index (ADDI;* Fisher, Wallace, & Fenton, 2000; Appendix E), and *Behavioral Assessment System for Children- Self-Report of Personality- Adolescent, 2nd Edition*(*BASC-2-SRP-A*; Reynolds and Kamphaus, 2004). Participants indicated their age and gender on each of the measures.

Adolescents who completed the intake process prior to the start of data collection for the present study completed the same instruments with their individual or group clinician(s) during the provision of services. Nineteen (45.2%) of the participants completed the measures in a secure detention facility and were not referred to JCAP services at the time of data collection. Only those adolescents who self-identified as African American were allowed to complete the research instruments.

Measures

The instruments for this study were selected to assess racial identity, internalized racism, discrimination distress, racial socialization, internalizing problems, school problems, emotional symptoms, and recidivism. Demographic information was also collected.

Racial Identity

Racial identity was measured using the *Multidimensional Inventory of Black Identity for Teens* (*MIBI-T*; Scottham, Sellers, & Nguyen, 2008). The *MIBI-T* consists of seven subscales each containing three items. Participants were asked to use a 5-point Likert scale to indicate the extent to which they agree with items, ranging from strongly disagree to strongly agree. Participants' scores were then averaged across three items to create a score for each subscale. The Centrality (.78) scale measures the extent to which

race is an important part of the adolescent's identity. A higher score reflects a greater degree of centrality. The Private Regard (.87) subscale measures the extent to which the adolescent feels positive about other African Americans and being an African American. The Public Regard (.79) subscale measures the extent to which the adolescent feels that other groups positively or negatively value African Americans. Higher scores on the Regard subscales indicate more positive feelings toward African Americans. The four ideology subscales, Assimilationist, Humanist, Minority, and Nationalist, were not analyzed in the current study. The scales are consistent with the Multidimensional Model of Racial Identity, the theory on which they have been created.

Internalized Racism

Internalized racism was measured using the Racist subscale of the *Nadanolitization Scale- Racial Contents* scale (*NAD-RC*; Taylor & Grundy, 1996). The scale measures the extent to which African Americans endorse racist stereotypes regarding the intellectual, moral, emotional, athletic, sexual, and artistic abilities of the African American race. The *NAD-RC* is a 24-item questionnaire containing 9-point Likert items ranging from Not-at-all Agree to Entirely Agree. The construct validity of the *NAD-RC* has been demonstrated by several studies (Barrett, 1976; Cokley, 2002; Denton, 1985; Franklin, 1986; Milliones, 1973; Tomes & Brown, 1986) and internal consistencies of .85 have been reported for the Racist subscale. The original instrument was modified for reading level for use with adolescents.

Racial Socialization

Racial socialization was assessed using the *Teenager Experience of Racial Socialization* scale (*TERS*; Stevenson, Cameron, Herrero-Taylor, & Davis, 2002). The

TERS measures the frequency of parent dissemination of racial messages to their child, per the child's report. It is a 40-item questionnaire with three-point Likert scale questions to indicate whether the adolescent heard specific messages from his/her parent(s) "never," "a few times," or "lots of times." There are five subscales of the TERS. The Cultural Coping with Antagonism subscale (CCA) consists of 13 items measuring the frequency of parent messages about the importance of religion and spirituality in coping with racial struggles. The Cultural Pride Reinforcement subscale (CPR) contains 9 items that measure parents' instillation of pride and knowledge of African American culture. The Cultural Alertness to Discrimination (CAD) subscale consists of six items about parents making youth aware of societal racism and the racial challenges between African Americans and Whites. The Cultural Appreciation of Legacy (CLA) is comprised of 5 items regarding the cultural heritage and historical issues of African Americans. The final subscale, Cultural Endorsement of the Mainstream (CEM), is a six-item subscale that represents messages about the importance of majority culture institutions, the benefits of being a part of those institutions, and the irrelevance of race issues and African American culture. The CCA, CPR, CAD, and CLA subscale scores were combined to create a composite racial socialization score, which is called Cultural Socialization Experience (CULTRS). The following internal consistency reliability coefficients were reported (Stevenson, Cameron, et al, 2002): CULTRS (.91), CCA (.85), CPR (.83), CLA (.74), CAD (.76), and CEM (.71).

Discrimination Distress

The *Adolescent Discrimination Distress Index (ADDI;* Fisher, Wallace, & Fenton, 2000) was used to assess discrimination stress. It is a 15-item measure that was

developed to assess adolescents' stress in response to peer, educational, and institutional discrimination. Respondents reported whether they have experienced a specific incident due their race or ethnicity, and then rated their distress level on a 5-point scale if they have. An overall discrimination distress score was created by summing the total scores for peer, educational, and institutional discrimination distress, with 0 representing no discrimination experiences or distress and 75 representing all of the listed discrimination experiences with the highest level of associated distress. The *ADDI* was normed on a multiethnic sample of adolescents between 13 and 19 years old. Fisher et al. (2000) reported strong test-retest reliability for the measure.

Outcome Measures

Three of the four outcome variables were measured using the *Behavioral*Assessment System for Children- Self-Report of Personality- Adolescent, 2nd Edition. The BASC-2-SRP-A (Reynolds and Kamphaus, 2004) is a 176-item questionnaire containing true/false and four-point Likert scale questions and is used to assess the behavior, attitudes, and personality of adolescents between 12 and 21 years old. Composite scores and their subscales include: school problems (attitude to school, attitude to teachers, sensation seeking); internalizing problems (atypicality, locus of control, social stress, anxiety, depression, sense of inadequacy, somatization); inattention/hyperactivity (attention problems, hyperactivity); emotional symptoms (social stress, anxiety, depression, sense of inadequacy, self-esteem, self-reliance; and personal adjustment (relation with parents, interpersonal relations, self-esteem, and self-reliance). For all of the problem-oriented scales, higher scores indicate more difficulties in those domains.

skills in those domains. Specifically, T-scores above 70 are considered Clinically Significant; scores between 60 and 69 are considered At-Risk; and scores below 60 are considered Within Normal Range. The present study utilized the school problems, internalizing problems, and emotional symptoms composite scores.

The fourth outcome variable, recidivism, was determined by examining court documents from the local Department of Juvenile Justice. The documents were used to assess offenses occurring in the 12-month period following the initial intake for JCAP. Participants who had one or more offense during the 12-month period following intake were coded as "Yes," while participants whose records did not indicate any offense during that time period were coded as "No." Participants were coded as "No" on recidivism if the charges were dismissed, had not been adjudicated, or if their records were clear of charges.

Statistical Analyses

The study seeks to examine the following: 1) the relationships between internalized racism, discrimination distress, racial identity, parent racial socialization, school problems, internalizing problems, emotional symptoms, and recidivism; 2) the impact of internalized racism, discrimination distress, racial identity, and parent racial socialization on school problems, internalizing problems, emotional symptoms, and recidivism; and 3) the effects of racial identity and parent racial socialization on the relationships between the risk factors (internalized racism and discrimination distress) and the outcome variables (school problems, internalizing problems, emotional symptoms, and recidivism). To analyze data for the proposed study, the investigator

utilized IBM SPSS Statistics 21. To address issues of multicollinearity, continuous predictor and moderator variables were centered as recommended by Cohen and Cohen (1983).

Pearson's correlation analyses were utilized to test hypotheses 1.1, 1.2, 1.3, 1.4, and 1.5. This examined the bivariate relationships among the predictor and dependent variables. Series of hierarchical regression analyses were utilized to partially test hypotheses 2.1, 2.2., 3.1, 3.2, 4.1, and 4.2. These analyses examined the relationships between the race-related variables (internalized racism, discrimination distress, racial identity, and parent racial socialization) and three of the outcomes (school problems, internalizing problems, and emotional symptoms). Hierarchical multiple regression allows researchers to examine the influence of several predictor variables on a continuous predictor in a sequential way (Petrocelli, 2003). At the first step of each model, gender and age were entered as control variables given the empirical support for gender and age differences among some of the race-related variables.

According to Wampold and Freund (1987), hierarchical regression is also designed to test specific, theory-based hypotheses. To test the compensatory model of resilience, (or the direct relationships between the race-related variables and dependent variables), the risk factors (internalized racism and discrimination distress) were entered at the second step; and the compensatory factors (racial identity and parent racial socialization) were entered at the third step. To test the protective factor model of resilience, interaction terms (internalized racism x racial socialization; racial identity x discrimination distress) were entered at the final step for each model.

The impact of internalized racism, racial socialization, discrimination distress, and racial identity on recidivism was not able to be analyzed utilizing hierarchical multiple regression because it was coded as a dichotomous versus continuous variable. Therefore, logistic regression analyses were more appropriate for this purpose.

CHAPTER 4

RESULTS

The present study examined the roles of racial identity, internalized racism, racial discrimination distress, and parent racial socialization in predicting adolescent school problems, internalizing problems, emotional symptoms, and recidivism. Specifically, two different models of risk and resilience were examined: 1) the roles race-related variables as compensatory and risk factors for various negative outcomes; and 2)the roles of race-related variables as protective factors against various negative outcomes (moderating effects). The Department of Juvenile Justice records were analyzed for the 12-month period post-intake for the participants to determine recidivism. This chapter will provide detailed information about the results of the analyses conducted for this study. First the demographics of the sample population are presented. Next, descriptive and correlational information is provided for the predictor and outcome variables. Finally, the results of the hierarchical multiple regression and logistical regression analyses are presented.

Demographic Data

Self-report measures were administered to African American juvenile offenders ages 13-18 in a ten-county area of Northeast Georgia (N=42). The sample consisted of 20 males (47.6%) and 22 females (52.4%). Twenty-three (54.8%) of the participants completed the measures while in the community, either during the therapy intake process or while in session with their therapist. The remaining 19 participants (45.2%) completed the measures in a secure detention center setting and were not receiving therapy through

the Juvenile Counseling and Assessment Program (JCAP) at the time of the present study. Thirty-eight of the participants indicated that they had experienced at least one type of racial discrimination. Eighteen (42.9%) participants experienced less than four types of racial discrimination; 20 (47.7%) participants experienced between 4 and 7 types of racial discrimination; and 4 (9.4%) participants experienced 8 or more types of racial discrimination.

Twenty-one (50%) of the 42 participants recidivated within the 12-month period following intake into the juvenile justice system. Nineteen (45.2 %) participants did not reoffend during the 12-month period following intake. Twenty-one (52.5%) participants were charged with between one and four offenses since their intake; 13 participants (30.8%) were charged with 5 to 8 offenses; three participants (7.1%) were charged with 9 to 12 offenses; and three (7.1%) were charged with more than 13 offenses. Twenty-six (61.9%) of the participants' most severe offense was a felony; thirteen (31%) of the participants' most severe offense was a misdemeanor; and one (2.4%) participant's most severe offense was a status offense. Demographic information detailed in Table 1.

Table 1. Demographic Characteristics of Participants (N=42)

Characteristics	N	%	
Gender			
Male	20	47.6	
Female	22	52.4	
Age			
13-14	12	28.6	
15-16	25	59.6	
17-18	5	11.9	
Setting			
Community	23	54.8	
Detention Cer	nter 19	45.2	
12-Month Recidivism			
Yes	21	50	
No	19	45.2	

Any Recidivism		
Yes	31	73.8
No	9	21.4
Number of Offenses		
1-4	21	52.5
5-8	13	30.8
9-12	3	7.1
13+	3	7.1
Most Severe Offense		
Status	1	2.4
Misdemeanor	13	31
Felony	26	61.9
Discrimination Exposure Events		
0-3	18	42.9
4-7	20	47.7
8+	4	9.4

Preliminary Data Analysis

An assessment of scale reliabilities was completed using Cronbach's alpha to determine the reliability of four of the scales within this population. The reliabilities were calculated for the *Multidimensional Inventory of Black Identity for Teens* (MIBI-T), the *Adolescent Discrimination Distress Index* (ADDI), *Nadanolitization Scale* (NAD-RC), and the *Teenagers Experience of Racial Socialization* (TERS) scale, using their subscales.

Participants' racial centrality (M=3.111, SD=.918) scores ranged from 1.33 to 5 with a possible maximum score of 5; private regard (M=4.254, SD=.868) scores ranged from 1.67 to 5; and public regard (M=3.047) scores ranged from 1 to 5. For each of the racial identity dimensions, the maximum possible score is 5. Participants' discrimination distress (M=17.524, SD=12.139) scores ranged from 0 to 43, with a maximum possible score of 75. Participants' racial socialization (M=88.5, SD=14.416) scores ranged from 48 to 119, with a maximum possible score of 120. Participants' internalized racism

(M=61.829, SD=42.998) scores ranged from 0 to 134 with a maximum possible score of 192. Participants' school problems (M=51.649, SD=9.647) scores ranged from 34 to 73; internalizing problems (M=52.495, SD=13.039) scores ranged from 37 to 99; emotional symptoms (M=50.405, SD=10.503) scores ranged from 36 to 86. For the outcome measures, scores 70 and above represent clinical significance. The table below presents reliability scores for two measures in addition to the means and standard deviations for each of the variables of interest.

Table 2. Means and Standard Deviations for the Research Variables

Variable	M	SD	Cronbach ∝
Centrality	3.111	.918	.82
Private Regard	4.254	.868	.86
Public Regard	3.047	1.093	.62
Discrimination Distress	17.524	12.139	.87
Racial Socialization	88.500	14.416	.80
Internalized Racism	61.829	42.998	.77
School Problems	51.649	9.647	
Internalizing Problems	52.495	13.039	
Emotional Symptoms	50.405	10.503	

Participants' racial identity was measured using the Multidimensional Inventory of Black Identity for Teens (MIBI-T). Three dimensions were utilized for the purposes of the present study: centrality, private regard, and public regard. Each dimension yields a score that ranges from 1 to 5, with higher scores representing a higher degree of agreement with that particular dimension. The average centrality score for the entire group of participants was 3.111 (SD=.918), with the lowest score being 1.33 and the

highest score being 5. The average private regard score for the entire group was 4.254 (SD=.868), with the lowest score being 1.67 and the highest score being 5. The average public regard score was 3.047 (SD=1.093), with the lowest score being 1 and the highest score being 5.

Participants' discrimination distress was measured using the Adolescent Discrimination Distress Inventory (ADDI). The overall discrimination distress score was utilized for the purpose s of the present study. Overall discrimination distress scores on the ADDI range from 0 to 75, with higher scores representing higher levels of distress related to racial discrimination. The average discrimination distress score for the entire group was 17.524 (SD=12.139), with the lowest score being zero and the highest score being 43.

Participants' racial socialization was measured using the Teenagers Experience of Racial Socialization (TERS) scale. The overall socialization score was utilized for the purpose of the present study. Overall racial socialization scores on the TERS range from zero to 120, with higher scores representing a higher frequency of parent dissemination of racial messages. The average racial socialization score for the entire group was 88.5 (SD=14.416), with the lowest score being 48 and the highest score being 119.

Participants' internalized racism was measured using the Nadanolitization Scale (NAD-RC). Internalized racism scores on the NAD-RC range from zero to 192, with higher scores representing higher levels of internalized racism. The average internalized racism score for the entire group was 61.829 (SD=42.998), with the lowest score being zero and the highest score being 134.

Participant outcomes were measured using the Behavioral Assessment System for Children- Self-Report of Personality- Adolescent, 2nd Edition (BASC-2-SRP-A). The school problems, internalizing problems, and emotional symptoms composites were utilized for the purposes of the present study. Higher composite scores represent more difficulties in that domain. The average school problems score for the entire group was 51.649 (SD=9.647), with lowest score being 34 and the highest score being 73. The average internalizing problems score was 52.595 (SD=12.039), with the lowest score being 37 and the highest score being 99. The average emotional symptoms score for the entire group was 50.405 (SD=10.503), with the lowest score being 36 and the highest being 86.

Correlation Analyses

Bivariate correlates of the risk and resilience factors and the outcome measures were analyzed. Pearson r correlations between variables and corresponding p values can be found in Table 3.

Hypothesis 1.1: There will be a direct and positive correlation between racial identity and racial socialization; Hypothesis 1.2: There will be negative correlations between racial identity and internalized racism, discrimination distress, and the outcome variables; Hypothesis 1.3: Racial socialization will be negatively correlated with internalized racism, discrimination distress, and the outcome variables; Hypothesis 1.4:

Discrimination distress will be positively correlated with internalized racism and the outcome variables; 1.5: Internalized racism will be positively correlated with the outcome variables.

To investigate Hypotheses 1.1, 1.2, 1.3, 1.4, and 1.5, Pearson r statistics were calculated. Hypothesis 1.1 was partially confirmed in that there was a positive correlation between the private regard dimension of racial identity and racial socialization (r=.34, p<.05). Private regard was negatively correlated with internalizing problems (r=-.42, p<.05) and emotional symptoms (r=-.54, p<.01), partially confirming Hypothesis 1.2. Racial socialization was positively correlated with school problems (r=.33, p<.05); the direction of the relationship was inconsistent with what was proposed in Hypothesis 1.3. Discrimination distress was positively correlated with internalizing problems (r=.46, p<.01) and emotional symptoms (r=.55, p<.01), which was consistent with Hypothesis 1.4. Finally, internalized racism was positively correlated with school problems (r=.33, p<.05), which was consistent with Hypothesis 1.5.

In summary, correlation analyses supported significant correlations between racerelated and outcome variables and Hypotheses 1.1, 1.2, 1.4, and 1.5 were partially supported (see Table 3).

Table 3. Intercorrelations for Racial Identity Attitudes, Discrimination Distress, Parent Racial Socialization, Internalized Racism, and Outcome Variables

Boolanzaron, internanzed racism, and Outcome variables										
Measure	1	2	3	4	5	6	7	8	9	10
1. Centrality										
2. Private regard	.62**									
3. Public regard	.22	.25								
4. Discrimination Distress	.01	24	10							
5. Racial Socialization	.30	.34*	.17	.14						
6. Internalized Racism	02	00	13	11	.30					
7. School Problems	.02	.11	16	05	.33*	.33*				
8. Internalizing Problems	18	42*	03	.46**	.16	.24	.25			
9. Emotional Symptoms	27	54**	14	.55**	.09	.22	.18	.94**		
10. Recidivism	.21	03	13	.04	.17	.09	13	.02	.01	

^{*}p<.05, **p<.01

Hierarchical Regression Analyses

Prior to running further analysis for the study, a regression diagnostic was performed. Overall, there were no violations of the basic assumptions of regression: the three outcomes that were analyzed utilizing hierarchical regression analyses were continuous; the predictors (school problems, internalizing problems, and emotional symptoms) varied appropriately; there was a linear relationship between the dependent and independent variables; and all of the values related to the various outcomes were independent in that they were from different participants. Additionally, the predictor variables were mean-centered prior to creating the interaction terms to decrease multicollinearity; collinearity diagnostics indicated that none of the variables violated this assumption. Scatterplot analysis indicated that the assumption of homoscedasticity had not been violated; similar analysis of histogram plots indicated that the error terms were normally distributed. Finally, the error terms were uncorrelated for the independent and dependent variables.

Testing a Compensatory Model of Risk and Resilience

A series of simultaneous multiple regression models were utilized to partially investigate *Hypothesis 2.1: Higher levels of discrimination distress will predict higher scores on school problems, internalizing problems, and emotional symptom; and will predict recidivism; Hypothesis 2.2: Higher internalized racism scores will predict higher scores on school problems, internalizing problems, and emotional symptom; and will predict recidivism; Hypothesis 3.1: Higher levels of racial identity will predict lower scores on school problems, internalizing problems, and emotional problems; and will predict the absence of recidivism; Hypothesis 3.2: Higher levels of racial socialization*

will predict lower scores on school problems, internalizing problems, and emotional symptoms; and will predict the absence of recidivism. To test the compensatory model of risk and resilience, two separate models were tested with the three continuous outcome variables (school problems, internalizing problems, and emotional symptoms): age and gender were entered at the first step, the risk factor was entered at the second step, and the compensatory (or promotive) factor was entered at the third and final step.

Analysis of the first compensatory model examining the main effects of internalized racism and racial socialization on school problems, internalizing problems, and emotional symptoms revealed no significant main effects. Age and gender were not significant predictors of school problems, internalizing problems, or emotional symptoms. Internalized racism and racial socialization did not predict school problems $(R^2_{changestep1}=.035; F_{change}(2,35)=.595, p=.557); (R^2_{changestep2}=.091; F_{change}(1,32)=.3.331, p=.077); (R^2_{changestep3}=.056; F_{change}(1,31)=2.115, p=.156).$ Internalized racism and racial socialization did not predict internalizing problems $(R^2_{changestep1}=.013; F_{change}(2,33)=.222, p=.802); (R^2_{changestep2}=.057; F_{change}(1,32)=1.967, p=.170); (R^2_{changestep3}=.016; F_{change}(1,31)=.528, p=.473).$ Internalized racism and racial socialization did not predict emotional symptoms $(R^2_{changestep1}=.013; F_{change}(2,33)=.222, p=.802); (R^2_{changestep2}=.047; F_{change}(1,32)=1.587, p=.217); (R^2_{changestep3}=.005; F_{change}(1,31)=.182, p=.673).$ See Tables 4, 5, and 6 for the compensatory models utilizing internalized racism and racial socialization.

Table 4. Hierarchical Regression Analysis Summary for Internalized Racism and Racial Socialization as Direct Predictors of School Problems (N=36)

bottanzation as Direct Fredericts of School Froncins (17–30)								
Variable	В	SEB	β	R^2	ΔR^2			
Step 1				.035				
Age	.412	1.237	.055					
Gender	-1.666	3.196	086					
Step 2				.126	.091			
Internalized Racism	.054	.038	.244					
Step 3				.182	.056			
Racial Socialization	.160	.110	.247					

^{*}p<.05. **p<.01

Table 5. Hierarchical Regression Analysis Summary for Internalized Racism and Racial Socialization as Direct Predictors of Internalizing Problems (N=36)

Variable	В	SEB	β	R^2	ΔR^2
Step 1				.013	
Age	.697	1.762	.069		
Gender	3.032	4.552	.117		
Step 2				.070	.057
Internalized Racism	.063	.055	.210		
Step 3				.086	.016
Racial Socialization	.114	.157	.131		

^{*}p<.05. **p<.01

Table 6. Hierarchical Regression Analysis Summary for Internalized Racism and Racial Socialization as Direct Predictors of Emotional Symptoms (N=36)

Socialization as Direct Fledictors of Emotional Symptoms (N=30)								
Variable	В	SEB	β	R^2	ΔR^2			
Step 1				.013				
Age	.555	1.407	.070					
Gender	2.199	3.634	.107					
Step 2				.060	.047			
Internalized Racism	.048	.044	.201					
Step 3				.065	.005			
Racial Socialization	.053	.125	.078					

^{*}p<.05. **p<.01

Analysis of the second compensatory model examining the main effects of discrimination distress and racial identity on school problems, internalizing problems, and emotional symptoms revealed two significant main effects: discrimination distress as a direct predictor of internalizing problems and emotional symptoms. Discrimination distress and racial identity did not predict school problems ($R^2_{changeStep1}$ =.036; $F_{change}(2, 34) = .642, p=.532$; $(R^2_{changeStep2} = .006; F_{change}(1, 33) = .192, p=.664)$; $(R^2_{changeStep3} = .048; F_{change}(3, 30) = .525, p = .669)$. Discrimination distress predicted internalizing problems but racial identity did not predict internalizing problems $(R^2_{changeStep1} = .013; F_{change}(2, 34) = .232, p = .794); (R^2_{changeStep2} = .225; F_{change}(1, 34) = .232, p = .794);$ 33) = 9.745, p=.004); $(R^2_{changeStep3} = .073; F_{change}(3, 30) = 1.067, p=.378)$. Similarly, discrimination distress predicted emotional symptoms but racial identity did not predict emotional symptoms ($R^2_{changeStep1}$ =.014; F_{change} (2, 34) = .245, p=.784); $(R^2_{changeStep2} = .328; F_{change}(1, 32) = 16.482, p=.001); (R^2_{changeStep3} = .126; F_{change}(3, 12)); (R^2_{changeStep3} = .126; F_{changeStep3} = .12$ 30) = 2.376, p=.090). See Tables 7, 8, and 9 for the compensatory models utilizing internalized racism and racial socialization.

Table 7. Hierarchical Regression Analysis Summary for Discrimination Distress and Racial Identity as Direct Predictors of School Problems (N=37)

Variable	В	SEB	В	R^2	ΔR^2
Step 1				.036	
Age	.820	1.320	.110		
Gender	-3.030	3.430	159		
Step 2				.042	.006
Discrimination Distress	024	.149	031		
Step 3				.090	.048
Centrality	765	2.336	074		
Private Regard	2.027	2.658	.185		
Public Regard	-1.717	1.566	196		

^{*}p<.05. **p<.01

Table 8. Hierarchical Regression Analysis Summary for Discrimination Distress and Racial Identity as Direct Predictors of Internalizing Problems (N=37)

J			0	,	
Variable	В	SEB	β	R^2	ΔR^2
Step 1				.013	
Age	.539	1.551	.054		
Gender	2.629	4.031	.102		
Step 2				.238	.225**
Discrimination Distress	.401	.176	.381*		
Step 3				.312	.073
Centrality	.270	2.746	.019		
Private Regard	-4.60	3.124	311		
Public Regard	.799	1.841	.068		

^{*}p<.05. **p<.01

Table 9. Hierarchical Regression Analysis Summary for Discrimination Distress and Racial Identity as Direct Predictors of Emotional Symptoms (N=37)

Variable	В	SEB	β	R^2	ΔR^2
Step 1				.014	
Āge	.239	1.097	.029		
Gender	2.372	2.852	.114		
Step 2				.343	.328**
Discrimination Distress	.388	.124	.458**		
Step 3				.469	.126
Centrality	394	1.943	035		
Private Regard	-4.238	2.211	356		
Public Regard	117	1.303	012		

^{*}p<.05. **p<.01

Testing a Protective Model of Risk and Resilience

A series of simultaneous multiple regression models were utilized to partially investigate <u>Hypothesis 4.1: The relationships between internalized racism and school</u> <u>problems, internalizing problems, emotional symptoms, and recidivism will be weaker</u> <u>among those with higher racial socialization scores; and Hypothesis 2: The relationships</u> <u>between discrimination distress and school problems, internalizing problems, emotional</u> symptoms, and recidivism will be weaker among those with higher racial identity scores.

To test the protective model of risk and resilience, two separate models were tested with the three continuous outcome variables (school problems, internalizing problems, and emotional symptoms): age and gender were entered at the first step, the mean centered risk factor was entered at the second step, the mean centered compensatory (or promotive) factors were entered at the third step, and the mean centered interaction variables were entered at the fourth and final step.

Analysis of the first protective model examining the interaction effects of internalized racism and racial socialization on school problems, internalizing problems, and emotional symptoms revealed no significant interactions. The interactions between internalized racism and racial socialization did not predict school problems, internalizing problems, or emotional symptoms: $(R^2_{changeStep4}=.082; F_{change}(1, 30) = 3.358, p=.077); (R^2_{changeStep4}=.011; F_{change}(1, 30) = .378, p=.543); (R^2_{changeStep4}=.003; F_{change}(1, 30) = .093, p=.762).$ See Tables 10, 11, and 12 for the protective models utilizing internalized racism and racial socialization.

Table 10. Hierarchical Regression Analysis Summary for Internalized Racism x Racial Socialization Interaction as a Predictor of School Problems (with Internalized Racism, Racial Socialization, and Interaction Variables Centered) (N=36)

			, (/	
Variable	В	SEB	В	R^2	ΔR^2
Step 1				.035	
Age	.703	1.203	.094		
Gender	-2.541	3.118	132		
Step 2				.126	.091
Internalized Racism	.054	.037	.242		
Step 3				.182	.056
Racial Socialization	.205	.109	.316		
Step 4					
Internalized Racism x	.004	.002	.303	.264	.082
Racial Socialization					

^{*}p<.05. **p<.01

Table 11. Hierarchical Regression Analysis Summary for Internalized Racism x Racial Socialization Interaction as a Predictor of Internalizing Problems (with Internalized Racism, Racial Socialization, and Interaction Variables Centered) (N=36)

Variable	В	SEB	В	R^2	ΔR^2	
Step 1				.013		
Age	.843	1.796	.083			
Gender	2.594	4.654	.100			
Step 2				.070	.057	
Internalized Racism	.063	.055	.210			
Step 3				.086	.016	
Racial Socialization	.136	.162	.156			
Step 4						
Internalized Racism x	.002	.004	.113	.097	.011	
Racial Socialization						

^{*}p<.05. **p<.01

Table 12. Hierarchical Regression Analysis Summary for Internalized Racism x Racial Socialization Interaction as a Predictor of Emotional Symptoms (with Internalized Racism, Racial Socialization, and Interaction Variables Centered) (N=36)

Variable	В	SEB	В	R^2	ΔR^2
Step 1				.013	
Age	.613	1.440	.077		
Gender	2.024	3.732	.099		
Step 2				.060	.047
Internalized Racism	.048	.044	.200		
Step 3				.065	.005
Racial Socialization	.062	.130	.090		
Step 4					
Internalized Racism x	.001	.003	.057	.068	.003
Racial Socialization					

^{*}p<.05. **p<.01

Analysis of the second protective model examining the interaction effects of discrimination distress and racial identity on school problems, internalizing problems, and emotional symptoms revealed two significant interactions: discrimination distress x racial identity as a predictor of internalizing problems and emotional symptoms. The interaction between discrimination distress and racial identity did not predict school problems ($R^2_{changeStep4}$ =.034; F_{change} (3, 27) = .353, p=.787). The interaction between

discrimination distress and racial identity predicted internalizing problems and emotional symptoms: $(R^2_{changeStep4}=.205; F_{change}(3, 27) = 3.831, p=.021); (R^2_{changeStep4}=.158; F_{change}(3, 27) = 3.827, p=.021).$ Specifically, the harmful relationships between 1) discrimination distress and internalizing problems, and 2) racial discrimination and emotional symptoms were stronger for those whose race was less central to their identity (low centrality) and for those who held less positive attitudes toward African Americans (low private regard). See Tables 13, 14, and 15 for the protective models utilizing internalized racism and racial socialization. Figures 1-4 depict the interactions between discrimination and racial identity (centrality and public regard dimensions) as predictors of internalizing problems and emotional symptoms.

Table 13. Hierarchical Regression Analysis Summary for Discrimination Distress x Racial Identity Interaction as a Predictor of School Problems (with Discrimination Distress, Racial Identity, and Interaction Variables Centered) (N=37)

Variable	В	SEB	В	R^2	ΔR^2
Step 1				.036	_
Age	.663	1.407	.471		
Gender	-2.935	3.562	824		
Step 2				.042	.006
Discrimination Distress	021	.158	027		
Step 3				.090	.048
Centrality	928	2.456	090		
Private Regard	2.027	2.922	.228		
Public Regard	-1.334	1.729	153		
Step 4				.124	.034
Discrimination Distress x	164	.172	249		
Centrality					
Discrimination Distress x	.087	.207	.120		
Private Regard					
Discrimination Distress x	.076	.132	.120		
Public Regard					

^{*}p<.05. **p<.01

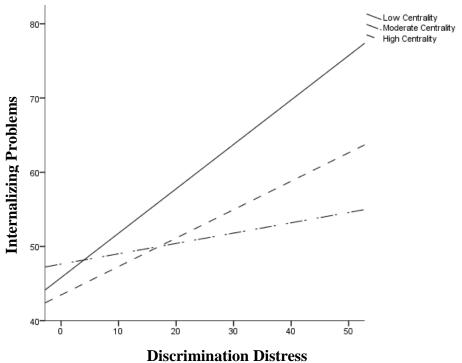
Table 14. Hierarchical Regression Analysis Summary for Discrimination Distress x Racial Identity Interaction as a Predictor of Internalizing Problems (with

Discrimination Distress, Racial Identity, and Interaction Variables Centered) (N=37)

Variable	В	SEB	В	R^2	ΔR^2
Step 1				.013	
Age	216	1.412	021		
Gender	1.829	3.574	.071		
Step 2				.238	.225**
Discrimination Distress	.299	.159	.284		
Step 3				.312	.073
Centrality	.748	2.456	.053		
Private Regard	-2.339	2.932	158		
Public Regard	633	1.735	054		
Step 4				.356	.205*
Discrimination Distress x	.354	.172	.397*		
Centrality					
Discrimination Distress x	690	.208	702**		
Private Regard					
Discrimination Distress x	.141	.133	.164		
Public Regard					
* OF ** O1					

^{*}p<.05. **p<.01

Figure 1. The Relationship between Discrimination Distress and Internalizing Problems by Level of Centrality



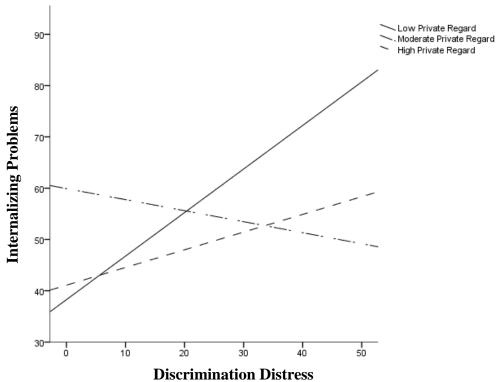


Figure 2. The Relationship between Discrimination Distress and Internalizing Problems by Level of Private Regard

Table 15. Hierarchical Regression Analysis Summary for Discrimination Distress x Racial Identity Interaction as a Predictor of Emotional Symptoms (with Discrimination Distress, Racial Identity, and Interaction Variables Centered) (N=37)

Variable	В	SEB	В	R^2	ΔR^2
Step 1				.014	
Age	208	.999	026		
Gender	1.786	2.530	.086		
Step 2				.343	.328**
Discrimination Distress	.319	.112	.376**		
Step 3				.469	.126
Centrality	.021	1.744	.002		
Private Regard	-2.926	2.075	246		
Public Regard	-1.239	1.228	130		
Step 4				.627	.158*
Discrimination Distress x	.290	.122	.405*		
Centrality					
Discrimination Distress x	491	.147	620**		
Private Regard					
Discrimination Distress x	.057	.094	.081		
Public Regard					

^{*}p<.05. **p<.01

Figure 3. The Relationship between Discrimination Distress and Emotional Symptoms by Level of Centrality

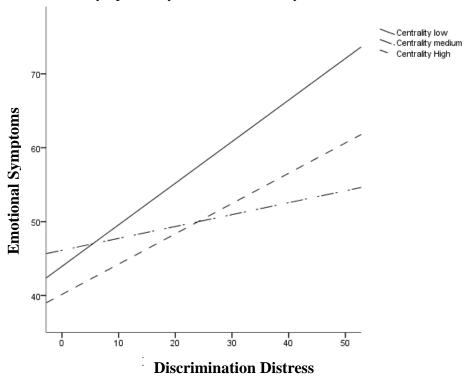
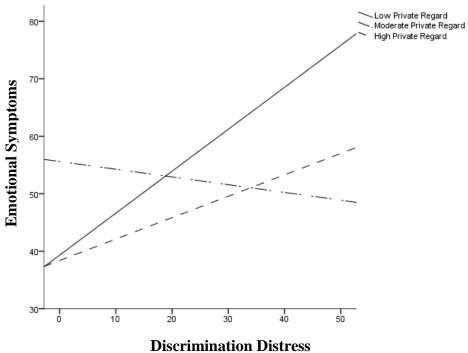


Figure 4. The Relationship between Discrimination Distress and Emotional Symptoms by Level of Private Regard



Logistic Regression Analyses

Risk and Resilience for Recidivism

The impact of internalized racism, racial socialization, discrimination distress, and racial identity on recidivism was not able to be analyzed utilizing hierarchical multiple regression because it was coded as a dichotomous versus continuous variable. Therefore, logistic regression analyses were more appropriate for this purpose. Two models were analyzed: the first utilized internalized racism, racial socialization, and their interaction terms; the second utilized discrimination distress, and their interaction terms. For each model, demographic information, risk factors, promotive factors, and the interactions between the risk and promotive factors were entered into separate blocks of the logistic regression. The first block contained only the demographic variables (age and gender); the second block contained the demographic variables and risk factors; the third block contained demographic variables, risk factors, and promotive factors; and the fourth and final block contained the demographic variables, risk factors, promotive factors, and the risk x promotive factor interactions. With each level, model significance was determined by the omnibus test of model coefficients.

The first model contained the following blocks: 1) age and gender, 2) age, gender, and internalized racism, 3) age, gender, internalized racism, and racial socialization, and 4) age, gender, internalized racism, racial socialization, and internalized racism x racial socialization. Block 1 was not significant based on the omnibus test of model coefficients. Age and gender were not significantly predictive of recidivism. Based on the Hosmer-Lemeshow Goodness-of-Fit Test, the model is not

significant in Block 1. Since p<.05, the decision is to accept the null that the model was statistically insignificant.

Block 2 was also not significant based on the omnibus test of model coefficients. Age and gender remained insignificant when adding internalized racism, which was also insignificant, to the block. However, based on the Hosmer-Lemeshow Goodness-of-Fit Test, the model is significant in Block 2, $\chi^2(8)$ =10.757, p=.216. Since p>.05, the decision is to reject the null that the model was statistically insignificant. The percentage accuracy in classification was 59% , an improvement over 56.4% that was found prior to entering the this block into the model. The sensitivity in Block 2 was 52.6% and the specificity was 65%.

Block 3 was also not significant based on the omnibus test of model coefficients. Age, gender, and internalized racism remained insignificant when adding racial socialization, which was also insignificant, to the block. Based on the Hosmer-Lemeshow Goodness-of-Fit Test, the model is not significant in Block 3. Since p<.05, the decision is to accept the null that the model was statistically insignificant.

Block 4 was also not significant based on the omnibus test of model coefficients. Age, gender, internalized racism, and racial socialization remained insignificant when adding the internalized racism x racial socialization interaction. However, based on the Hosmer-Lemeshow Goodness-of-Fit Test, the model is significant in Block 4, $\chi^2(8)$ = 9.140, p=.331. Since p>.05, the decision is to reject the null that the model was statistically insignificant. The percentage accuracy in classification was 66.7, an improvement over 56.4% that was found prior to entering this block into the model. The

sensitivity in Block 4 was 52.6% and the specificity was 80%. See Table 16 for logistic regression results utilizing internalized racism and racial socialization.

Table 16. Logistical Regression Analysis Summary for Internalized Racism, Racial Socialization, and Interaction Variables as Predictors of Recidivism

Variable Variable	β	SE β	e^{β}	Omnibus Test	H-L Test (χ^2)
	•	,		(χ^2)	, , , , , , , , , , , , , , , , , , ,
Block 1				.775	14.710*
Age	.100	.262	1.105		
Gender	.506	.649	1.658		
Block 2				.823	10.757
Age	.108	.264	1.114		
Gender	.523	.654	1.687		
Internalized Racism	002	.008	.998		
Block 3				.898	20.503**
Age	.104	.266	1.110		
Gender	.537	.657	1.711		
Internalized Racism	001	.008	.999		
Racial Socialization	007	.025	.993		
Block 4				4.494	9.140
Age	.227	.283	1.254		
Gender	.935	.735	2.548		
Internalized Racism	.001	.009	1.000		
Racial Socialization	.018	.032	1.018		
Internalized Racism x	.001	.001	1.001		
Racial Socialization					_

Note: e^B = exponentiated B or Odds Ratio, *p<.05. **p<.01. H-L= Hosmer & Lemeshow Test

The second model contained the following blocks: 1) age and gender, 2) age, gender, and discrimination distress, 3) age, gender, discrimination distress, centrality, private regard, and public regard, and 4) age, gender, discrimination distress, centrality, private regard, public regard, discrimination distress x centrality, discrimination distress x private regard, and discrimination distress x public regard. Block 1 was not significant based on the omnibus test of model coefficients. Once again, age and gender were not significantly predictive of recidivism. Based on the Hosmer-Lemeshow Goodness-of-Fit

Test, the model is not significant in Block 1. Since p<.05, the decision is to accept the null that the model was statistically insignificant.

Block 2 was also not significant based on the omnibus test of model coefficients. Age and gender remained insignificant when adding discrimination distress, which was also insignificant, to the block. However, based on the Hosmer-Lemeshow Goodness-of-Fit Test, the model is significant in Block 2, χ^2 (8) =8.554, p=.381. Since p>.05, the decision is to reject the null that the model was statistically insignificant. The percentage accuracy in classification was 52.5%. The sensitivity was 42.1% and the specificity was 61.9%.

Block 3 was also not significant based on the omnibus test of model coefficients. Age, gender, and discrimination distress remained insignificant when adding centrality, private regard, and public regard to the block. However, centrality (e^{β} = .243, p=.018) was significantly predictive of recidivism. Private regard and public regard were insignificant predictors of recidivism. Based on the Hosmer-Lemeshow Goodness-of-Fit Test, the model is significant in Block 3, χ^2 (8) =6.616, p=.579. Since p>.05, the decision is to reject the null that the model was statistically insignificant. The percentage accuracy in classification was 67.5%. The sensitivity was 63.2% and the specificity was 71.4%.

Block 4 was also not significant based on the omnibus test of model coefficients. Age, gender, discrimination distress, private regard, and public regard remained insignificant when adding discrimination distress x centrality, discrimination distress x private regard, and discrimination distress x public regard, which were each also insignificant, to Block 4. Centrality ($e^{\beta} = .219$, p=.017) remained a significant predictor of recidivism when the interaction variables were added to Block 4. Based on the

Hosmer-Lemeshow Goodness-of-Fit Test, the model is significant in Block 4, χ^2 (8) =5.074, p=.750. Since p>.05, the decision is to reject the null that the model was statistically insignificant. The percentage accuracy in classification was 65%. The sensitivity was 63.2% and the specificity was 66.7%. See Table 17 for logistic regression results utilizing discrimination distress and racial identity.

Table 17. Logistical Regression Analysis Summary for Discrimination Distress, Racial Identity, and Interaction Variables as Predictors of Recidivism

Variable	β	SE β	e^{β}	Omnibus Test	H-L Test (χ^2)
	•	•	-	(χ^2)	70
Block 1				.454	15.781*
Age	.069	.259	1.072		
Gender	.386	.638	1.471		
Block 2				.705	8.554
Age	.068	.260	1.071		
Gender	.357	.642	1.430		
Discrimination Distress	.013	.026	1.013		
Block 3				8.039	6.616
Age	.115	.284	1.122		
Gender	.540	.729	1.715		
Discrimination Distress	.040	.032	1.040		
Centrality	-1.414	.598	.243*		
Private Regard	1.185	.629	3.270		
Public Regard	.105	.347	1.111		
Block 4				8.701	5.074
Age	.078	.293	1.081		
Gender	.538	.739	1.712		
Discrimination Distress	.042	.034	1.043		
Centrality	-1.517	.633	.219		
Private Regard	1.368	.700	3.927		
Public Regard	.138	.381	1.148		
Discrimination Distress x	011	.042	.989		
Centrality					
Discrimination Distress x	006	.045	.994		
Private Regard					
Discrimination Distress x	.023	.030	1.024		
Public Regard					

Note: e^B = exponentiated B or Odds Ratio, *p<.05. **p<.01. H-L= Hosmer & Lemeshow Test

CHAPTER 5

DISCUSSION

The purpose of this study was to examine the relationships among several race-related variables and their utility in predicting various outcomes for a sample of African American juvenile offenders. Specifically, this study investigated two models that included racial identity, internalized racism, racial discrimination, and racial socialization as predictors of school problems, internalizing problems, emotional symptoms, and recidivism. The first model examined the risk, compensatory, and protective roles of internalized racism and racial socialization in predicting the four outcomes. The second model examined the risk, compensatory, and protective roles of discrimination distress and racial identity. While African Americans are overrepresented in the juvenile justice system (Harrison & Beck, 2005; Vaughn, Wallace, Davis, Fernandes, & Howard, 2008; King, 2004), there is a dearth of literature examining the relationship between race-related variables and mental health and behavioral outcomes among African American juvenile offenders.

The following research questions guided this study: 1) What is the relationship between race-related variables and a) school problems, b) internalizing problems, c) symptoms, and d) recidivism?; 2) What are the risk, compensatory, and protective roles of a) discrimination distress, b) internalized racism, c) racial identity, and d) racial socialization in predicting these outcomes?

The sample for this study consisted of 42 African American adolescents, ranging from age 13 to 18. The participant group included 22 females and 20 males. Twenty-three of the participants completed the research measures either during the Juvenile Counseling and Assessment Program's therapy intake process or in session with their individual clinician; the remaining 19 participants completed the research measures in a secure detention center setting. Thirty-eight of the participants indicated that they had experienced at least one type of racial discrimination.

Conclusions

Overview of Correlation Analyses

The correlation analyses revealed several significant relationships. Two of the promotive factors, racial socialization and private regard, were positively correlated with another. Racial socialization (promotive factor) and internalized racism (risk factor) were both positively related to school problems. Discrimination distress (risk factor) was positively correlated with internalizing problems and emotional symptoms, while private regard (promotive factor) was negatively correlated with internalizing problems and emotional symptoms.

These findings were generally consistent with both previous literature and the current study's hypotheses in that the risk factors were positively correlated with negative outcomes, the promotive factors were negatively correlated with the negative outcomes, and the promotive factors were positively correlated with one another. However, one finding was counterintuitive to past research findings: school problems were positively correlated with racial socialization (promotive factor). Past research supports parent racial socialization as a resilience factor (Brown, 2008), particularly in relation to

academic outcomes (Hughes et al., 2006). While the literature fails to address such a finding, there is a possible reason for it. Racial socialization involves messages about using religion to cope with racial struggles, instilling pride and knowledge of African American culture, and recognizing cultural heritage and history. Messages that fuel awareness of racism in society and even those that stress the irrelevance of race issues are also a part of racial socialization. Therefore, without further examination of the positive relationship between racial socialization and school problems, it is difficult to assess whether or not some of the messages, particularly discrimination alertness, related to more negative school attitudes and interactions with teachers and peers. For example, if a child's parent(s) frequently discusses the presence of racial discrimination in the school setting without equipping their child with positive coping strategies, the child may come to see the school environment as a negative place and begin to experience "school problems."

Overview of Hierarchical RegressionAnalyses

The hierarchical regression analyses revealed that discrimination distress predicted both internalizing problems and emotional symptoms, such that higher discrimination distress scores predicted higher scores for internalizing problems and emotional symptoms. This is consistent with previous literature, which linked discrimination to decreased mental well-being (Sellers et al., 2006; Williams, Yu, Jackson, & Anderson, 1997; Broman, Mavaddat, & Hsu, 2000). It is surprising that the relationship between discrimination and mental well-being has not been thoroughly explored with the African American juvenile offender population, given that they are disproportionately represented in the juvenile justice system. While the current study did

not examine the reasons for Disproportionate Minority Confinement (differential involvement versus differential selection and processing), past studies revealed that African Americans were more likely than non-Blacks to perceive that police were racially biased in their treatment of African Americans (Rice & Piquero, 2005) and to believe that racial profiling was a widespread issue (Reitzel & Piquero, 2006). Thus, racial discrimination experiences related to the justice system is likely very relevant to a sample of African American juvenile offenders. The current study highlighted the psychological impact that such experiences have on African American juvenile offenders and determined discrimination distress to be a risk factor.

An examination of the discrimination distress x racial identity interaction revealed that racial identity acted as a buffer against the effects of discrimination distress on both internalizing problems and emotional symptoms. Specifically, the centrality and private regard dimensions of racial identity served protective roles in the relationship between discrimination distress and internalizing problems, and the in the relationship between discrimination distress and emotional symptoms. Higher levels of discrimination distress predicted higher levels of internalizing problems. This relationship was stronger among those with low levels of centrality, weaker among those with high centrality, and weakest among those with moderate levels of centrality. Higher levels of discrimination distress predicted higher levels of internalizing problems for those with low levels of private regard. The relationship was weaker among those with high levels of private regard. Higher levels of discrimination distress predicted lower internalizing problems for those with moderate levels of private regard. Higher levels of discrimination distress predicted higher levels of emotional symptoms. This relationship was strongest for those

with high levels of centrality, weaker for those with high levels of centrality, and weakest for those with moderate levels of centrality. Higher levels of discrimination distress predicted higher levels of emotional symptoms among those with low levels of private regard. The relationship was weaker for those with high levels of private regard. Higher levels of discrimination distress predicted lower levels of emotional symptoms for those with moderate levels of private regard.

Each of these findings is consistent with previous research, which identified the moderating effects of racial identity (Sellers et al., 2001; Sellers et al., 2007). Thus, while racial identity did not directly predict any of the outcomes in the current study, it was able to predict internalizing problems and emotional symptoms in the face of discrimination distress. These findings offer support for culturally-relevant interventions that enhance racial identity and explore experiences of discrimination, such African American rites of passage programs.

Internalized racism and racial socialization failed to predict any of the outcomes, which may be due to flaws in establishing the overall model. For example, internalized racism as operationalized by *the Nadanolitization Scale- Racial Contents (NAD-RC)* has rarely been examined with the adolescent population. While the relationships between internalized racism and 1) racial identity, 2) discrimination, and 3) mental health outcomes have been documented (mostly among adult samples), an examination of the moderating effects of racial socialization (particularly with adolescents) on the relationship between internalized racism and various negative outcomes is nearly nonexistent. It may have been more appropriate to examine the buffering effects of racial socialization on the effects of discrimination distress, since that relationship is better

established in the literature. In other words, the pairing of internalized racism and racial socialization did not have the theoretical support that is recommended when utilizing hierarchical multiple regression analyses. In fact, internalized racism among African American juvenile offenders probably lacks the theoretical underpinnings to effectively fit with any proposed model since it is such a "newborn baby" in the field of Counseling Psychology (Watts-Jones, 2002).

Interestingly, none of the race-related variables predicted school problems, which is inconsistent with recent literature. Aside from sample size (see Limitations section below), another possible explanation is that the race-related variables are more predictive of internalizing symptoms than externalizing behavior. The school problems composite of the *BASC-2-SRP-A* is comprised of the following subscales: attitude to school, which often manifests itself in externalizing behaviors among adolescents with high scores; attitude to teachers, which may be influenced by conflicts (or special assistance) with teachers or other school personnel; and sensation seeking, which involves risk-taking behaviors. Perhaps, many African American adolescents process their feelings and attitudes about their race and experiences of discrimination internally, since the race-related variables predicted internalizing problems and emotional symptoms, and failed to predict school problems.

Overview of Logistic Regression Analyses

The first logistic regression analysis focused on internalized racism, racial socialization, and their interaction as predictors of 1-year recidivism. The results suggested that when combing all three terms, the overall accuracy percentage was 66.7% which was an improvement over 51.3% when none of the research variables were added

to the model. The sensitivity of the model was only about as good as chance (52.6%); however, the specificity was 80%.

The second logistic regression analysis focused on discrimination distress, racial identity, and their interactions as predictors of 1-year recidivism. The results suggested that when combining all of the terms, the overall accuracy percentage was 65% which was an improvement over 52.5% when none of the research variables were added to the model. The sensitivity of this model was 63.2% while the specificity was 66.7%. When looking at the individual research variables, the only variable that met statistical significance was centrality (racial identity dimension). Specifically, the higher the individual scored on centrality, the less likely they were to recidivate within one year.

Both models were better at predicting those African American adolescents that would not reoffend than it was at predicting those who would reoffend. It should be noted that although half of the participants recidivated within one year of intake, 73.8% of the same participants recidivated at some point after the one-year mark. This means that interventions and resources may be most effective in the first year after the initial crime.

Limitations

Inherent in all experimental research are limitations and imperfections. Gelso's (1979) bubble hypothesis asserts that when you attempt to control one threat to validity, another threat to validity is created. For example, isolating the participants from their environments and attempting to influence their mental-health outcomes by introducing discrimination experiences might eliminate certain confounds. However, such a situation is unrealistic in terms of how humans experience their race and racial events. While it is important to recognize the limitations of using self-report measures to capture certain

constructs, it is also important to recognize that other ways of measuring race-related variables may not as accurately depict human behavior and attitudes (since it is difficult to observe internal constructs such as racial identity).

Another limitation of the current study is the limited sample size. The anticipated sample size was 77 participants. However, due to difficulties during the data collection process, the final sample size was 42 participants. With such a small sample size, it was difficult to detect significant results for school problems. Racial topics continue to be taboo in society and must be approached in a sensitive manner. It requires a certain level of comfort for investigators to approach adolescents and their parents with questions about race. This discomfort may have been compounded in the current research by the fact that JCAP clinicians (who are mostly non-Black) were expected to approach African American adolescents with race-related questions. It is important to note that many of the items on the measures could have been interpreted as racially degrading or insensitive. For example, one item on the *NAD-RC* reads, "Whites are superior to Blacks."

Informal qualitative investigation of the data collection process revealed occasional negative reactions from the African American adolescents when approached by non-Black clinicians with such questions. Throughout the history, psychologists have used empirical research to create stereotypes and negative views of African Americans (Guthrie, 1976). Therefore, it is expected that African Americans would experience cultural mistrust (Terrell & Terrell, 1981) when being asked to participate in research. In turn, apprehension about receiving a negative reaction from the African American participants induced slight anxiety for some of the clinicians. The process of collecting the data could serve as a study of its own, as the results of the research (and the ability to

collect data) appeared to be influenced the abovementioned factors. If nothing else, the difficulties with broaching racial topics (as observed with the current study) provides a rationale for therapists and trainees to seek opportunities to increase their comfort level with discussing race and other cultural variables with clients.

Another limitation was the use of hierarchical regression analyses to test a model that had no previous empirical support (internalized racism, racial socialization, and internalized racism x racial socialization). As discussed previously, there is a dearth of research on internalized racism, less research on the psychological impact of internalized racism, and even less research on the psychological impact of internalized racism with the adolescent population (this type of research with adolescent offenders is nonexistent). The internalized racism measure was not normed on an adolescent population and was revised to reflect an appropriate reading level. The use of the *NAD-RC* may have been inappropriate for the purposes of the current study.

Also, this study collected limited demographic and background information for time-saving purposes. As a result, potentially important information, such as whether or not they were receiving mental health services through JCAP or another agency, was not assessed. Other details, such as grade level, socioeconomic status, and religious preference, would have painted a better picture of the sample and could have possibly been utilized in future studies.

Recommendations for Future Directions

Since race-related variable have rarely been explored with the African American juvenile offender population, suggestions for future research are nearly endless. In order to address some of the study's limitations, it is recommended that future research 1)

explores a larger sample of African American juvenile offenders; 2) collect more demographic information, specifically about treatment and other cultural information; 3) utilize or create a more appropriate measure of internalized racism for adolescents; 4) consider the use of another school outcome measure, and 5) account for the race of the investigator to parse out interpersonal effects.

Also, since most of the measures were adolescent self-report measures, it is recommended that future research incorporate data from multiple informants. The *TERS* has a parent-report measure of racial socialization which was originally a part of the current study. However, due to limited access to and participation from parents/guardians, it could not be utilized in this study. Similarly, teachers may be able to provided additional information about school functioning.

Hopefully, the current study will continue to be replicated (while addressing the limitations, of course). Even though internalized racism and racial socialization failed to predict any of the outcomes in the current study, it is recommended that these variables continue to be explored with different samples of African American juvenile offenders.

Lastly, the results of the current study highlight the unique challenges that are faced by African American juvenile offenders. One purpose of the current study was to provide a rationale for the need for culturally-relevant interventions with this population. Since the study effectively demonstrated that discrimination distress is a risk factor and that moderate levels of centrality and private regard buffers some of that risk, it follows that programs and interventions that address those two dimensions of racial identity should be established and then evaluated. One intervention that has been found to increase aspects of racial identity is African American rites of passage programs

(Warfield-Coppock, 1992). Perhaps, counseling psychologists can use some of the Afrocentric features of such programs to create specific individual, group, and family interventions for African American clients that allow for racial identity exploration and provides culture-specific ways of coping with the effects of racial discrimination. Race-related psychotherapy groups for African American adolescents can increase private regard through psychoeducation on African American history and culture, and increase racial centrality by encouraging identity exploration. These groups can also allow a forum for African American adolescents to discuss and process experiences of racial discrimination. Secondly, while parent racial socialization was not a significant predictor of mental well-being in the current study, it may be worthwhile to explore racial socialization messages in a family therapy setting. Lastly, individual psychotherapy should always provide a safe space for African American adolescents to express attitudes about their race and racial experiences.

Overall, the current study contributes to strength-based literature on African American adolescents, which is consistent with the current direction of the field of counseling psychology (Kaczmarek, 2006). This study also addresses issues of social justice and multiculturalism, which are both core values of counseling psychology (Packard, 2009). While the study falls short of explaining the reasons for minority overrepresentation in the justice system, it takes an important first step toward identifying the culture-specific needs of African American juvenile offenders who receive mental health treatment. While there is risk involved in addressing sensitive topics such as internalized racism, it is a necessary risk if the goal is to provide culturally-appropriate interventions to African American juvenile offenders.

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APPENDIX A

CONSENT FORM

- 1111	10.10	~
	JCAP	Team
(Juvenile C	ounseling &	Assessment Program)

PLEASE SIGN BOTH COPIES OF THIS FORM. KEEP ONE AND RETURN THE OTHER TO THE INVESTIGATOR.

PARENT/GUARDIAN PERMISSION/CONSENT FORM FOR PARTICIPATION IN RESEARCH

The following points have been explained to me and to my child:

- 1. The reasons for the research are to (a) determine and track the appropriate method of counseling for children served by the JCAP Team and (b) determine ways to assist children and families who are involved in juvenile justice systems. These collective data from the families served by the JCAP Team will help the researchers further their understanding of the personality and behavior of adolescents including possible drug and alcohol abuse and other dangerous and illegal behaviors. My child and I will not directly benefit from participation in the research. My child's ability to receive services and counseling through JCAP will not be affected if we do not participate in this research project.
- 2. The procedures are as follows: Information gathered from the standard clinical questionnaires and commonly used research instruments designed for adolescents and administered to my child and me as part of the initial assessment for clinical services and at the end of clinical services will be entered into a data base. Court records will be examined in some cases up to two years (but not beyond my child's 18th birthday) following termination of counseling services.
- 3. No risks, discomforts, or stresses are foreseen.
- 4. The results of this participation will be confidential, and will not be released in any individually identifiable form without my prior consent, unless otherwise required by law. The researcher will keep my child's identity confidential, unless otherwise required by law. My child's name will be removed from any instrument or assessment. She/he will be assigned a pseudonym and this will be used on any information collected about her/him. Any data that can be linked to her/him will be securely kept in a locked filing cabinet in the researcher's office.
- The investigator will answer any further questions about the research, now or during the course of the project. Brian A. Glaser, Ph.D. or Georgia B. Calhoun, Ph.D., Department of Counseling and Human Development Services, 402 Aderhold Hall, The University of Georgia, Athens, GA 30602 (706 542-1812).
- I understand the procedures described above. My questions have been answered to my satisfaction, and I agree for
 me and my child to participate in this study. I have been given a copy of this form.

Date	University of Georgia Institutional Review Board Approved: 7-13-12
Date	Expires 7-12-13

Please sign both copies, keep one and return one to the researcher.

Additional questions or problems regarding your and your child's rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

DATE:
Minor Assent Form for JCAP Team
Dear Participant,
You are invited to participate in a research project titled The Juvenile Counseling and Assessment Program. Through this project we hope to improve counseling services for youth in juvenile court.
If you decide to be part of this research project, you will allow us to enter into a data base your scores on the questionnaires (tests) that you take while you are working with us. You do not have to participate in order to get counseling services. We will not use your name on any papers that we write about this project.
If you want to stop participating in this research project, you are free to do so at any time. You can also choose not to answer questions that you don't want to answer.
If you have any questions or concerns, you can always ask me or call Dr. Brian A. Glaser or Dr. Georgia B. Calhoun at (706) 542-1812.
Sincerely,
Georgia B. Calhoun, Ph.D. Brian A. Glaser, Ph.D. 402 Aderhold Department of Counseling and Human Development Services The University of Georgia Athens, GA 30602 (706) 542 1812
I understand the project described above. My questions have been answered and I agree to participate in this project. I have received a copy of this form.
Signature of the Participant/Date JCAP Counselor/Date
Please sign both copies, keep one and return one to the researcher.
Additional questions or problems regarding your rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

University of Georgia
Institutional Review Board
Approved: 7-13-17
Expires 7-12-13

APPENDIX B

MULTIDIMENSIONAL INVENTORY OF BLACK IDENTITY FOR TEENS (MIBI-T)

Name:	Age:	Date:	Gender:	M	F

 $MIBI-T \ (Revised)$ How much do you agree with the following statements? Circle one number for each

statement.					
	Really Disagree	Kind of Disagree	Neutral	Kind of Agree	Really Agree
1. I feel close to other Black people.	1	2	3	4	5
2. I feel good about Black people.	1	2	3	4	5
3. I have a strong sense of belonging to other Black people.	1	2	3	4	5
4. If I were to describe myself, one of the first things I would say is that I'm black.	1	2	3	4	5
5. I am happy that I am Black.	1	2	3	4	5
6. I am proud to be Black.	1	2	3	4	5
7. Most people think Blacks are as smart as people of other races.	1	2	3	4	5
8. People think that Blacks are as good as people from other races.	1	2	3	4	5
9. People from other races think that Blacks have done important things.	1	2	3	4	5
10. Black parents should surround their children with Black art and Black books.	1	2	3	4	5
11. Whenever they can, Blacks should buy from Black companies.	1	2	3	4	5
12. Blacks should support Black movies and watch Black TV shows.	1	2	3	4	5
13. Being yourself is more important than being Black.	1	2	3	4	5
14. Blacks should think of themselves as individuals, not as Blacks.	1	2	3	4	5

^{1 |} Page

	Really Disagree	Kind of Disagree	Neutral	Kind of Agree	Really Agree
15. Black people should not think about race when choosing what movies to go see.	1	2	3	4	5
16. It is important that Blacks go to White schools so they can learn how to act around Whites.	1	2	3	4	5
17. Blacks should act more like Whites to be successful in this society.	1	2	3	4	5
18. People of all minority groups (Asian Americans, Latino/as, Native Americans, etc.) should stick together and fight discrimination.	1	2	3	4	5
19. There are other people who go through unfairness like Blacks.	1	2	3	4	5
20. Blacks should spend less time thinking about how we are different from other minority groups (Asian Americans, Latino/as, Native Americans, etc.) and more time thinking about how we are like people from other minority groups.	1	2	3	4	5
21. I think it is important for Blacks not to act Black around White people.	1	2	3	4	5

C=			
PuR=			
PrR=			
H=			
A=	35	3066 3066	
M=		_	
N=			

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APPENDIX C

NADANOLITIZATION SCALE-RACIAL CONTENTS (NAD-RC)

Name	u	A	Age:	Date:		Gene	der: M	F
	uctions: Pleas ree with each	se choose t	the numb	C Scale (R per that bes			ich you a	gree or
0 Not-a all Agr	-	2	3	4	5	6	7	8 Entirely Agree
1. Bl	ack people are	born with	more sex	ual desire th	an White	people.		
0	1	2	3	4	5	6	7	8
2. Ra	icial difference	es explain w	vhy Blacks	s don't live a	s long as l	Whites.		
0	1	2	3	4	5	6	7	8
3. Na	itural differen	ces are a bi	•			to stay sep	arated.	
0	1	2	3	4	5	6	7	8
	ack men have	a greater se	exual driv	e than White				
0	1	2	3	4	5	6	7	8
	acks are born	with more	physical s	trength and				0.00
0	1	2	3	4	5	6	7	8
	hen it comes to	numbers						
0	1	2	3	4	5	6	7	8
	hites are supe							
0	1	2	3	4	5	6	7	8
8. W	hites are bette	r with tech	nology th					
0	1	2	3	4	5	6	7	8
9. Ge	netic inferiori	ty explains		e Blacks tha			school.	
0	1	2	3	4	5	6	7	8
	acks have a sc	hool dropo	ut probler	n because th	ey do not	have the b	rain pow	erof
	hites.		2	- 2	923	3	2	
0	1	2	3	4	5	6	7	8
	acks are born							
0	1	2	3	4	5	6	7	8
	acks are not m	entally abl	e to add n	nore to the g				_
0	1	2	3	4	5	6	7	8
	acks are not m	entally abl	e to take o		150		_	
0	1	2	3	4	5	6	7	8
	acks are just a	s smart as \	wnites.		_		-	
0	1	2	3	4	5	6	7	
	ie high numbe							
0	1	2	3	4	5	6	7	8

0 Not-at- all Agree	1	2	3	4	5	6	7	8 Entirely Agree
16. Whites	are bette	r at reason	ing than B	lacks.				
0	1	2	3	4	5	6	7	8
17. Black p	eople are	born with	better rhy	thm than	White peop	ole.		
0	1	2	3	4	5	6	7	8
18. The inb	orn phys	ical ability	of Blacks	makes it ha	ird to beat	them in a	thletics.	
0	1	2	3	4	5	6	7	8
19. Race is	a big reas	on that W	hites have	succeeded	more than	Blacks.		
0	1	2	3	4	5	6	7	8
20. Blacks l	iave a hig	gh rate of c	rime beca	use of a ger	netic abno	rmality.		
0	1	2	3	4	5	6	7	8
21. Black m	en are be	etter at sex	than Whit	te men.				
0	1	2	3	4	5	6	7	8
22. The Bla	ck man's	body is mo	re skillful	than his n	ind.			
0	1	2	3	4	5	6	7	8
23. A lot of	Blacks ar	e hooked (on hard dr	ugs becaus	e of a natu	ral weakn	ess.	
0	1	2	3	4	5	6	7	8
24. The ide	as of Blac	ks are to b	e admired					
0	1	2	3	4	5	6	7	8

RC: _____

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APPENDIX D

TEENAGERS EXPERIENCE OF RACIAL SOCIALIZATION (TERS)

Name:	Age:	Date:	Gender:	M	F

TERS

Instructions: Do your parents or any of your caregivers say to you any of the following statements now or when you were younger? Circle the number depending on how often you remember hearing any of these messages. Circle only one number per question.

	Never	A Few Times	Lots of Times
1. American society is fair toward Black people.	1	2	3
2. Black children will feel better about themselves if they go to a school with mostly white children.	1	2	3
3. Families who go to a church or mosque will be close and stay together.	1	2	3
4. Black slavery is important never to forget.	1	2	3
5. Relatives can help Black parents raise their children.	1	2	3
6. Religion is an important part of a person's life.	1	2	3
7. Racism and discrimination are the hardest things a Black child has to face.	1	2	3
8. Having large families can help many Black families survive life struggles.	1	2	3
9. You should be proud to be Black.	1	2	3
10. All races are equal.	1	2	3
11. If you work hard then you can overcome barriers in life.	1	2	3
12. A belief in God can help a person deal with tough life struggles.	1	2	3
13. Black children will learn more if they go to a mostly white school.	1.	2	3
14. Knowing your African heritage is important for your survival.	1	2	3
15. Racism is real, and you have to understand it or it will hurt you.	1	2	3

	Never	A Few Times	Lots of Times
16. You are connected to a history that goes back to African royalty.	1,	2	3
17. Too much talk about racism will keep you from reaching your goals in life.	1	2	3
18. Schools should be required to teach all children about Black history.	1	2	3
19. Depending on religion and God will help you live a good life.	1	2	3
20. Families who talk openly about religion or God will help each other to grow.	1.	2	3
21. Teachers can help Black children grow by showing signs of Black culture in the classroom.	1	2	3
22. Only people who are blood-related to you should be called your "Family".	1	2	3
23. Getting a good education is still the best way for you to get ahead.	1	2	3
24. "Don't forget who your people are because you may need them someday."	1	2	3
25. Spiritual battles that people fight are more important than the physical battles.	1	2	3
26. You should know about Black history so that you will be a better person.	1,	2	3
27. "Train up a child in the way he should go, and he will not turn away from it."	1	2	3
28. You have to work twice as hard as whites in order to get ahead in this world.	1,	2	3
29. Whites make it hard for people to get ahead in this world.	1	2	3
30. Be proud of who you are.	1	2	3

	Never	A Few Times	Lots of Times
31. Going to a Black school will help Black children feel better about themselves.	1	2	3
32. You need to learn how to live in a White world and a Black world.	1	2	3
33. Never be ashamed of your color.	1	2	3
34. Whites have more opportunities than Blacks.	1	2	3
35. A Black child or teenager will be harassed just because s/he is Black.	1	2	3
36. More job opportunities would be open to African Americans if people were not racist.	1	2	3
37. Black children should be taught early that God can protect them from racial hatred.	1	2	3
38. Blacks don't always have the same opportunities as whites.	1	2	3
39. Black children don't have to know about Africa in order to survive life in America.	1	2	3
40. Racism is not as bad today as it used to be before the 1960's.	1	2	3

CCA:_____ CPR:____ CAL:____ CAD:____ CEM:____

APPENDIX E

ADOLESCENT DISCRIMINATION DISTRESS INDEX (ADDI)

Adolescent Discrimination Distress Index © 2000 Fisher, Wallsce, & Fenton

Gender: M F

Date:

Fisher, C. B., Wallace, S. & Fenton, R. (2000). Discrimination Distress in Adolescence. Journal of Touth & Adolescence, 29, 679-695.

After each statement, tell us how often you have experienced each of the following types of discrimination because of your race or ethnicity. Remember we are only interested in occasions when racial-ethnic discrimination was at least partly responsible for your experience.

	Have you exp	Have you experienced this?	If you had this experience, did it upset you?	I this ex	perience,	did it ups	et you?
		Yes/No	1	cı	8	4	10
			not at all	the help	moderately	moderately considerably extremely	extremely
-	You were discouraged from joining an advanced level class.	Yes / No	-	7	3	4	2
ci	You were wrongly disciplined or given after-school detention.	Yes/No	-	7	3	4	2
mi	You were given a lower grade than you deserved.	Yes/No	-	2	3	4	2
4	You were discouraged from joining a club.	Yes/No	-	7	3	4	5
vi	Others your age did not include you in their activities.	Yes/No		7	m	4	2
9	People expected more of you than they expected of others your age.	Yes/No	-	2	3	4	2
7	People expected less of you than they expected of others your age.	Yes/No	1	7	3	4	5
00	People assumed your English was poor.	Yes/No	-	7	3	4	2
6	You were hassled by police.	Yes/No	1	2	3	4	5
10	You were hassled by a store clerk or store guard.	Yes/No	-	7	3	4	2
=======================================	You were called racially insulting names.	Yes/No		7	3	寸	2
12	You received poor service at a restaurant or store.	Yes/No	-	7	co	4	2
13.	People acted as if they thought you were not smart.	Yes/No	-	7	3	4	2
14.	 People acted as if they were afraid of you. 	Yes/No	-	2	3	4	2
15.	You were threatened.	Yes / No	1	7	m	4	S

