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The (In)Significance of Race and Discrimination among Latino Youth: The Case of Depressive Symptoms

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Abstract

Despite the growing population of Latinos in the United States, there is little research that explores how discrimination affects the mental health of Latino youth along racial lines. In this paper we ask two closely related questions. First, do black Latino youth have higher or lower symptoms of depression than nonblack Latinos? Second, is the relationship between race and depression among Latino youth buffered by discrimination stress? Results from the Transitions Study show that black Latino youth have significantly higher symptoms of depression than nonblack Latinos. The relationship between race and depression depends on daily—but not on lifetime—experiences of discrimination. The combined effect of race and discrimination holds in the face of a wide range of measures of stress, including major lifetime events, recent life events, and chronic stressors. These findings encourage future research that considers the mental health effects of racial variation among Latinos.

Latinos in the United States are diverse in terms of skin color and racial self-identification (e.g., black, white, Asian). Logan's (2003) analyses of 2000 U.S. Census data reveal that whereas 12.8 percent of Dominicans identify as black, the percentage of Latinos from other groups who identify as black drops to 8.2 for Puerto Ricans, 4.7 for Cubans, 4.1 among Central Americans, 1.6 among South Americans, and 1.1 percent for Mexicans. Unfortunately, limited research exists on the effect that race and discrimination may have on the psychological well-being of Latino youth. Some researchers who have focused on the effect of race on psychological well-being have found that darker-skinned and black Latinos tend to have worse mental health than their whiter Latino peers (Borrell et al. 2006; Ramos, Jaccard, and Guilamo-Ramos 2003; Szalacha et al. 2003). Another line of research has examined the relationship between discrimination and the mental health of Latino youth and found that discrimination is a powerful stressor, detrimental to the psychological well-being of this population (Borrell et al. 2006; Major et al. 2007; Rivera 2005). However, there is still a need for research that examines the interaction between race and discrimination and whether these two factors harm the mental health of Latino youth.

A key problem in race and ethnicity is, ironically enough, the issue of discrimination. In *Skin Deep: How Race and Complexion Matter in the "Color-Blind" Era*, Herring, Keith, and Horton (2004) note that while research on skin color stratification (i.e., colorism or the discriminatory treatment of individuals on the basis of skin color) has shown that racial stratification is a consequence of a legacy of slavery, colonialism, racial oppression, and segregation, relatively little is known about how both skin color and discrimination operate

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in limiting the life chances of racial minorities. In fact, two of the questions that motivate *Skin Deep* are whether stratification outcomes and the life chances of individuals are limited because individuals with darker skin experience more discrimination stress than their lighter-skinned peers, and whether color stratification processes operate similarly for African Americans, Asian Americans, and Hispanics (Herring, Keith, and Horton 2004).

To our knowledge, the simultaneous effects that these two factors have on depressive symptoms have yet to be examined among Latino youth. In this paper, we test whether there is a relationship between race and depressive symptoms among Latino youth, and whether such a relationship is contingent on daily and lifetime experiences with discrimination. The literature review that follows shows that two strands of research have been developed: one that examines the effects of race on Latino mental health and another that explores the effect of discrimination on Latino psychological well-being. In keeping with broader disciplinary concerns (see Herring, Keith, and Horton 2004), we argue that both race and discrimination are important and that their interaction needs to be considered when looking at the mental health of Latino youth.

BACKGROUND

Race and Latino Mental Health in the United States

In general, studies that examine the direct effect of race on Latino mental health reveal that race matters in this population. For instance, Codina (1990) examined the association between phenotype and self-esteem. He found that dark-skinned Chicanos who were born in the U.S. had lower self-esteem than light-skinned Chicanos. In a follow-up study of the National Chicano Study, Codina and Montalvo (1994) documented a significant relationship between phenotype and depression to the extent that darker U.S.-born Chicanos had higher symptoms of depression than lighter-skinned Chicanos. Similarly, Ramos et al. (2003) compared levels of depression between black Latino high school students to reports of depression among non-black Latinos, African Americans, and white students. They found higher levels of depression among black Latinos than for youth of the other racial and ethnic backgrounds. Black Latinos had significantly higher levels of negative affect, lower levels of positive affect, and higher levels of negative interpersonal feelings than youth from other backgrounds. The effect of race was strong to the extent that such differences in depressive symptoms remained even after adjusting for numerous risk factors. In short, black Latinos appear to have more mental health problems than their nonblack Latino peers (Borrell and Dallo 2008).

More research is needed since the relationship between race and mental health is arguably more complex than the direct effect of race on mental health captured by the studies cited above. As Manly (2006:S11) points out, a “person's racial classification reveals nothing about his or her cultural, socioeconomic, educational, or racial experiences.” Although scholars continue to document that exposure to discrimination stress is one of the most important experiences characterizing the lives of many racial and ethnic minorities in the U.S. (Paradies 2006), few scholars have examined whether the relationship between race and the mental health of Latino youth is contingent on their experiences with discrimination.

Discrimination Stress and Mental Health

Conceptually, perceived discrimination is considered a social stressor that gives rise to psychological distress—especially among marginalized populations such as racial/ethnic minorities and women (Jackson, Williams, and Torres 1997; Landrine et al. 2006). This relationship is robust given that individuals who experience more major life events, chronic strains, daily hassles, and other stressors are expected to have worse physical and mental health than individuals with lower levels of stress in their lives. As Kuo notes, the stress

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model "assumes that experiencing discrimination, or being treated unequally, causes psychological tensions and is expressed in anger, anxiety, feelings of frustration, disbelief, disappointment, or other psychological states" (1995:112). There is growing agreement that situating discrimination under the social stress model is analytically useful for understanding the limited life chances of African Americans and Latinos. Stress scholars also agree that subjective appraisals of stress, such as perceived discrimination, are sometimes better predictors of poor mental health than the absence or presence of stressful events (Clark, Coleman, and Novak 2004; Paradies and Cunningham 2008).

Medical sociologists have shown that black Americans experience higher levels of discrimination than white Americans and that there is a significant association between discrimination and numerous health problems (LaVeist 2005; Williams et al. 1997). Paradies's (2006) systematic review of empirical research on self-reported discrimination and health reveals that while the association between perceived discrimination and physical health is inconsistent, the effect of discrimination on poor mental health is much more consistent across different outcomes. Moreover, although evidence linking high levels of perceived and experienced discrimination to poor mental health continues to mount, research that examines how race may structure the relationship between discrimination and mental health among Latinos is limited—existing studies tend only to examine the direct effect of discrimination on Latino mental health or the direct effect of race, but not both.

Discrimination Stress and Latino Mental Health

Relative to the scholarly work on African Americans, the empirical evidence linking discrimination to Latino mental health is much more limited (Araújo and Borrell 2006). Still, a growing body of clinical and epidemiological work reveals that experiences of discrimination are also detrimental to the mental health of Latinos. For instance, Zayas (2001) observes that the most astute clinicians are able to recognize feelings of anger, resentment, frustration, helplessness-hopelessness, and paranoia that stem from such experiences (see also Tinsley-Jones 2003). Similar consequences have also been widely observed in survey research.

For instance, recent studies have demonstrated that Latinos, much like their African American peers, are also victimized by experiences with discrimination and must endure the resulting psychological indignities. In a New York City (NYC) school, Fisher, Wallace, and Fenton (2000) found that Asian, black, and Latino youth perceived higher levels of discrimination in institutional and educational contexts than white youth. About half of the youth of color reported being hassled in stores because of their race. In addition, a large proportion of black and Latino youth believed others were racially biased against them and thought of them as dangerous and not smart. Although some students complained of receiving poor service in restaurants, many reported having negative encounters with the police and teachers who were more likely to discipline students because of their race. Also in NYC, Stuber and her associates (2003) found that while Latinos reported fewer experiences with discrimination than African Americans, individuals who experienced racial discrimination had worse self-reported mental health than individuals who had not experienced discrimination. They also found that the relationship between racial discrimination and poor mental health was stronger for African Americans than Latinos. McCoy and Major's (2003) college campus experiment with young Latinos showed that discrimination that is directed at the group can have negative mental health consequences, even when it is not personally experienced. These studies underscore the importance of race in the discrimination–mental health dynamic.

Taken as a whole, the literature on race, discrimination, and mental health reveals several patterns. First, a limited body of work suggests that race is an important correlate of poor

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mental health among Latinos (Ramos, Jaccard, and Guilamo-Ramos 2003). Second, discrimination is detrimental to the mental health of Latinos from different backgrounds including Mexican Americans (Ryff, Keyes, and Hughes 2003; Stuber et al. 2003), Puerto Ricans (Greene, Way, and Pahl 2006; Szalacha et al. 2003), and other ethnic backgrounds (Umaña-Taylor and Updegraff 2007). Third, both African Americans and black and darker-skinned Latinos report higher levels of discrimination than their nonblack or lighter-skinned counterparts. Fourth, the effect of discrimination on poor mental health is expected to be more pronounced among black Americans, when compared to white, Latino, and Asian Americans (Gee et al. 2006; Greene, Way, and Pahl 2006; Tinsley-Jones 2003). Finally, although there is some inconsistency in terms of whether the relationship among race, discrimination, and many of these health outcomes is statistically significant, most studies show that perceived discrimination is an important stressor that is detrimental to mental health.

Consistent with studies on African Americans, which document an association between skin color and mental health outcomes (Robinson and Ward 1995; Thompson and Keith 2004), emerging research shows that Latinos in the U.S. also tend to internalize the negative images associated with blackness and dark skin color (Uhlmann et al. 2002). Thus, black Latinos are expected to have lower levels of psychological well-being than nonblack Latinos. In addition, one overarching tenet of the few studies that exist in this area is that because black Latinos are routinely mistaken as African Americans in the U.S., they share similar risks and protective factors with African Americans (Baptiste 1990; Borrell, Crespo, and Garcia-Palmieri 2007; Comas-Diaz 1996). Thus, discrimination most likely interacts with race in harming mental health.

In light of these insights, it is surprising that there has been little work examining these two processes together: the simultaneous effect that both race and perceived discrimination may have on the mental health of Latino youth. We, therefore, build on existing research and investigate whether discrimination interacts with race to increase the likelihood that black Latino youth have higher symptoms of depression than nonblack Latino youth. To gauge the robustness of these relationships, we use multi-item indexes of perceived lifetime and daily discrimination while controlling for other important measures of stress, including life events and chronic stressors.

METHOD

Data

The present investigation is based on a cross-section of data from the first wave of the Transitions Study, which is a follow-up project on stress and well-being in young adulthood collected by the Life Course and Health Research Center at Florida International University. These data are derived from a three-wave longitudinal study that was originally conducted between the years 1990 and 1993 in the Miami-Dade public school system, where questionnaires were initially administered to students in all 48 public middle schools, all 25 public high schools, and selected alternative schools (sampling details provided by Lloyd and Turner 2008). In the parent study (wave 1–wave 3), students in these schools completed a survey every year from 1990 to 1993, starting in grades six and seven and ending when participants were in grades eight and nine. Data were randomly collected from 7,386 youth during wave 1, from 6,646 youth in wave 2, and from 5,924 youth at wave 3. Vega and Gil's (1998) detailed analyses indicated that wave 1 to wave 3 participants were representative of the population from which they were drawn, even with 20 percent attrition across the three panels of this study.

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The current sample for the Transition Study, collected between the years 1998 to 2000, consists of all female participants in the first study (n = 410), a random sample of 1,273 male participants, and a supplementary sample of 888 females randomly drawn from the Miami-Dade County 1990 class-rosters to compensate for the small number of girls in the parent study (see Gil, Vega, and Turner 2002). In all, 1,803 youth, ranging in age from 18 to 23 years, were selected and successfully interviewed for the current Transitions Study, including 956 young men and 847 young women (response rate = 70.1 percent). As Lloyd and Turner (2008) indicate, a comparison of the final Transitions Study sample was compared with the original study population on a wide range of variables and no statistically significant differences were found. About half of the youth in this final sample were Latinos (approximately 25 percent Cuban, 25 percent Caribbean Basin Hispanic), 25 percent were African American, and 25 percent non-Hispanic white. Since the emphasis of the present study is on Latinos, only those who identified themselves as Latino were included in the present study, reducing the sample to 845 participants.

Measures

Dependent variable—Depressive symptoms were measured using a modified version of the Center for Epidemiological Studies Depression Scale (CES-D). Originally developed as a self-report scale to be administered to adults, this symptom scale has become the most widely used instrument in studies of race, ethnicity, and adolescent depression given its high reliability and validity among young populations (Burgos 2006; Edman et al. 1999; Radloff 1991). The CES-D asks respondents a series of questions about how they felt during the past month. For example, youth were asked whether they felt sad, could not shake off the blues, and/or felt depressed. To keep consistency with the original CES-D scoring scheme, responses to each of the questions were coded so that answers range from low (1 = "not at all") to high (4 = "almost all of the time") with higher numbers representing more depression. A confirmatory factor analysis showed that a 16-item scale fits the data best with this population (.86). Specifically, using quartimin rotation (see Muthén and Muthén 2007), we found that the 16-item scale had the highest average reliability and the strongest average loading on one factor across all ethnic groups. After removing four items (good, hopeful, happy, and enjoy), the depressive symptom scale was constructed by adding responses to the 16 remaining items. Table 1 shows descriptive statistics for this and all variables that appear in this study.

Independent variables—Following the close lead of Turner and Avison (2003), we include four dimensions of stress: discrimination stress (everyday and lifetime), lifetime major events, life traumas, and chronic stress (see Appendix in Turner and Avison 2003). The first measure of discrimination was developed by Williams et al. (1997) to capture instances of perceived discrimination in everyday life. Respondents were asked nine questions about how often, in their day-to-day lives, they were treated with less courtesy and respect, received poor service at restaurants/stores, were treated as not smart, were treated as though people were afraid of them, were thought of as dishonest, thought people acted if they were better than they, were called names and insulted, and threatened or harassed. Answers were coded so that they range from low to high discrimination (1 = never to 5 = almost always). These items were then added and divided by nine to generate a mean score of perceived daily discrimination (.84). *Lifetime discrimination* is a simple count of the times respondents reported having experienced discrimination over their lifetimes (e.g., denied a promotion, stopped, searched, or questioned by the police). As Turner and Avison (2003) note, these items are considered major, given that their occurrence affects other life chances beyond health.

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Recent life events consist of 33 events that had occurred to respondents during the last 12 months (e.g., accidents, serious illness, victims of robbery, divorce). According to Turner and Avison (2003), these events are derived from an item checklist of negative events that have been used in samples of pregnant youth, disabled, and nondisabled community adult samples, and with African American and Latino youth. We assessed *life traumas* with 26 items measuring respondents' experiences with several lifetime events including major events (e.g., hurricane, flood), traumatic events (e.g., rape), witnessed violence (e.g., seeing someone get beaten up), and bad news (e.g., suicide of a friend, death of a relative or close friend). Last, *chronic stressors* is a count of 36 items with life situations that are expected to cause strain in several areas of life including general strains, employment and unemployment strains, relationship strains, children strains, school strains, and parental/guardian relationship strains (Turner and Avison 2003). Our measures of recent major events, life traumas, and chronic stressors are simple counts of the reported number of events.

In addition to these stressors, multivariate models control for *age, sex* (1 = female), *education* (1 = 6th grade, 2 = 7th grade, 3 = 8th grade, 4 = 9th grade, 5 = 10th grade, 6 = 11th grade, 7 = 12th grade, and 8 = other beyond high school), *U.S.-born* (1 = born in the U.S.), *marital status* (1 = married, 0 = not married), and *financial situation*, which measures the respondent's family financial strain (1 = could not afford basics, 2 = can afford basics but not extras, and 3 = could afford many extras). Due to the small number of Latinos from different ethnic backgrounds, *ethnicity* was dichotomized (1 = Cuban, 0 = non-Cuban Latinos). The non-Cuban Latino category included individuals from Colombia, Mexico, Dominican Republic, Nicaragua, Puerto Rico, Guatemala, and El Salvador. *Race* was dichotomized into nonblack Latinos (0) and black Latinos (1), based on the respondent's self-reported racial identity. In the multivariate tests that follow, we control for these variables, since they are important correlates of depression and other mental health problems.

ANALYTIC PLAN

In Table 1, we begin the data analyses by showing descriptive statistics for all variables and by comparing mean differences between nonblack and black Latinos on depressive symptoms, stress, and background characteristics. Mean differences in these variables are evaluated with *t*-tests (see Ruxton 2006) with the general goal of testing whether black Latino youth have statistically a significantly higher rate of symptoms of depression and are also at greater risk of experiencing more stress in their lives than nonblack Latinos. In Table 2, we turn our attention to multivariate analyses where we use ordinary least square regression to evaluate both the robustness of the race effect and the interaction between race and discrimination with depressive symptoms. Table 2 is organized with two goals in mind. First, we examine the significance of the race effect on depressive symptoms (Model 1) by controlling for background characteristics (Model 2), lifetime major events, recent life events, and chronic stressors (Model 3). We also focus on the relationship between discrimination and depression while controlling for the effect of all other variables. We do this by introducing measures of lifetime discrimination (Model 4) and everyday discrimination (Model 5). Second, to evaluate the simultaneous effect of race and discrimination on depressive symptoms, we created a multiplicative interaction term between race and daily discrimination (Model 6). A statistically significant and positive interaction term suggests that the effect of discrimination on depression is stronger for black Latinos than it is for nonblack Latinos. Put differently, such an interaction term suggests that race buffers or moderates (Jaccard, Turrisi, and Wan 1990) the effect of discrimination on depression, as shown in Figure 1.

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RESULTS

Table 1 shows descriptive statistics of the variables by race. When asked to self-identify a racial category, only 6.6 percent of the youth identified as black. This finding is consistent with those from the U.S. Census (see Logan 2003). With respect to some of the background variables, Table 1 also shows that nonblack Latinos and black Latinos are similar in terms of age, sex, family financial situation, and marital status.

Bivariate Results

Table 1 provides mean differences between black and nonblack Latinos on depressive symptoms, various measures of stress, and other key correlates of depression. Race is significantly related to depression and most stressors ($p < .05$). For example, nonblack Latinos have lower levels of depression than black Latinos (25.95 vs. 28.45), which is similar in magnitude to the gender gap found in other studies (Hankin, Mermelstein, and Roesch 2007; Needham 2007; Turner and Avison 1989). The relationship between race and discrimination reveals that such experiences are highly racialized. Black Latinos are significantly more likely to experience discrimination on a daily basis (2.09 vs. 1.85, $p < .01$), and also more likely to encounter discrimination sometime during their lifetimes than nonblack Latinos (1.51 vs. 1.09, $p < .05$). A similar pattern appears with the other stressors, in that race is also significantly related to recent life events and lifetime major events ($p < .05$). Black Latinos are more likely than nonblack Latinos to have experienced a recent life event (4.42 vs. 3.57) and also a major event (7.77 vs. 5.49). On average then, and with the exception of chronic stressors, black Latino youth are more likely than their nonblack counterparts to have been victims of stressful experiences.

Multivariate Results

Race and control variables—Consistent with the bivariate findings, Model 1 in Table 2 reveals that black Latino youth report significantly higher symptoms of depression than their nonblack peers ($p < .01$). And although controls for age, sex, birthplace, education, marital status, and financial situation slightly reduce the relationship between race and depression (Model 2), black youth still have significantly higher symptoms of depression than their nonblack peers ($p < .01$).

Race, stress, and depressive symptoms—Turning to Model 3, the parameter for race is no longer significant once controls for lifetime major events, recent major events, and chronic stressors are introduced ($p > .05$, two-tailed test). Notice the decrease in magnitude for the black Latino coefficient in Model 3 with the introduction of these stressors. Compared to Model 1, we find that lifetime events, recent events, and chronic stressors, along with the demographic factors, account for 45 percent ([2.52 – 1.38]/2.52) of the initial relationship between race and depression. Overall, the patterns in Model 3 lend partial support to the argument that much of the relationship between race and depression can be attributed to stress (Turner and Avison 2003). Still, even after taking into account the strong effect of these significant stressors, racial differences in depressive symptoms remain marginally significant when the directionality of hypothesized relationship is considered ($p = .055$, one-tailed test).

Lifetime and everyday discrimination—Model 4 and Model 5 in Table 2 respectively assess the impact of both lifetime and everyday discrimination stress. As expected, both indexes of discrimination are significantly related to a higher number of reports of depression symptoms ($p < .05$). However, when we introduce the effect of everyday discrimination in Model 5, the effect of lifetime discrimination that was found in Model 4 is no longer significant. As can been seen in Model 5, individuals who report higher levels of

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everyday discrimination are also significantly more likely to have higher levels of depression, even after partialing out the effect of all the other key variables. In addition, by comparing the race coefficient in Model 4 with the race coefficient in Model 5, we find that everyday discrimination accounts for an additional 16 percent ([1.36 – 1.17]/1.36) of the race effect that was found in Model 4, and it also explains away the relationship between lifetime discrimination and depression. This pattern is consistent with other studies that find that chronic unfair treatment has a more powerful effect on poor mental health than acute experiences of racial/ethnic discrimination (see Mossakowski 2003).

The effect of everyday discrimination—Recall the argument that the effect of race on depression may depend on experiences with discrimination. Although both measures of discrimination account for the direct effect that race has on depressive symptoms (Model 5), it is still possible that the effect of race on depression is more pronounced for black Latinos, given their daily experiences with discrimination. In Model 6 of Table 2, we examine the interaction between race and everyday discrimination with depressive symptoms. As expected, Model 6 reveals a positive interaction between race and daily experiences of discrimination. The relationship between discrimination and depression is more pronounced among black Latino youth than nonblack Latino youth ($\beta = 2.99$, p .05). This interaction remains statistically significant even after controlling for other correlates of depression, including multiple measures of stress. In addition, the fit of Model 6 (R-Square Adjusted = .317) is better than both Model 3 (R-Square Adjusted = .279 with $F = 6.966$ and $p < .01$) and Model 4 (R-Square Adjusted = .282 with $F = 9.672$, $p < .01$), which suggests that the inclusion of both the main effects for race, discrimination, and the interaction of these two variables can explain more of the variance in depressive symptoms than some of the other stressors that are routinely used in the stress literature. Together, these variables account for over 33 percent of the variation in depressive symptoms.

To gain a better appreciation for the interaction effect, Figure 1 provides predicted values of depressive symptoms by race for reported levels of everyday discrimination—as estimated from Model 6 in Table 2. A number of interesting patterns are revealed by this graph. First, the effect of everyday discrimination is stronger for black Latinos (solid line) than for nonblack Latinos (dotted line). Second, the difference or gap in depressive symptoms gets larger with increasing levels of discrimination to the extent that there is a 10-point difference in depressive symptoms between the two groups when everyday discrimination is at its highest value. And third, among individuals with the fewest experiences of discrimination, black Latinos actually have lower symptoms of depression than nonblack Latinos. In this sense, we find empirical support for the argument that both race and discrimination need to be simultaneously considered when examining the life chances of people of color.

DISCUSSION

In this article we examined whether black Latino youth have significantly different levels of depressive symptoms from nonblack Latinos, and whether the relationship between race and depressive symptoms depended on perceived levels of discrimination stress. Our findings show that black Latino youth have a significantly higher rate of symptoms of depression than nonblack Latinos. This relationship was robust and remained marginally significant in the face of other strong correlates of depression including multiple indexes of social stress. Moreover, we found a significant interaction between race and daily experiences of discrimination to the extent that the association between race and depression was stronger among black Latino youth who had more experiences with discrimination on a daily basis. However, the association between lifetime discrimination and depressive symptoms was explained away by other measures of stress, including life events, chronic stressors, and everyday discrimination. We also found that lifetime experiences with discrimination, as

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opposed to daily experiences of discrimination, did not interact with race in relation to depressive symptoms.

Ascribed characteristics such as race lend themselves to social differentiation and categorization. These socially constructed boundaries reinforce existing group inequalities through a process of selective information processing regarding the negative attributes of members of these groups (Risman 2004; Tilly 1998). By exploring the links between race and depressive symptoms among Latino youth, and testing to see if the association between race and depression is contingent on experiences with discrimination, our work builds on this long line of sociological research and informs a number of contemporary issues in sociology. Our findings also inform a number of issues in the sociological study of stress and mental health.

Mental health stress researchers continue to show that differences in stress exposure are not only “rooted in and arise out of the social and structural contexts of people's lives” (Avison, Ali, and Walters 2007; Turner and Avison 2003:498) but that race and ethnicity constitute an important social status that structures stressful experiences. Unfortunately, little is known “about social status variations in lifetime exposure to major adversities or the experience of chronic stressors or discrimination stress” given that researchers have relied too heavily on life event checklists and have not included other measures of stress in their studies (Turner and Avison 2003:489). One of the key issues of stress research is that sole reliance on life events checklists underestimates the exposure of stress among minorities (Turner and Avison 2003). As a result, it remains difficult to ascertain whether tests of the *differential exposure to stress* hypothesis have misestimated the effect of stress on mental health among minority populations and individuals of lower status.

Until fairly recently, there has also been a dearth of readily available survey data that contain information on discrimination (Blank, Dabady, and Citro 2004). When such information is available, researchers have had very few options but to rely on single-item questions of discrimination. As Landrine and her colleagues (2006:80–81) note, this commonly used single-item approach has tended to underestimate the effect of discrimination on mental health and does not adequately capture the “appraisal of discriminatory events in a manner that is consistent with the stress-coping model.” There is a need for research that—while controlling for other measures of stress, such as recent life events, chronic stressors, and lifetime major events—examines whether the relationship between race and symptoms of depression is moderated by discrimination.

In this study, the Transition Study data allowed us to move beyond the life event checklist approach and to rely on multi-item indexes of lifetime and daily discrimination that have been reliably used with Latino youth (see Turner and Avison 2003). Few studies, if any, have tested to see if the interaction between race and discrimination among Latino youth remains significant while controlling for other measures of social stress. By including other measures of stress, such as chronic stressors and discrimination stress, we are able not only to provide a more adequate test of the *differential exposure to stress* hypothesis, but were also able to show that the insights of stress scholars are not restricted to African American populations. By including multiple indexes of stress, our findings account for a large proportion of the variance in depressive symptoms, when compared to other studies (Banks, Kohn-Wood, and Spencer 2006; Turner, Wheaton, and Lloyd 1995; Wheaton 1994). Black Latino youth are systematically exposed to more stress and disproportionately pay the negative mental health consequences of discrimination than their nonblack peers. Another closely related issue is that previous research on discrimination and mental health has overwhelmingly relied on single-item questions of discrimination. As Pavalko, Mossakowski, and Hamilton (2003) indicate, such approaches tend to underestimate the

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effect of discrimination on mental health. By using multi-item indexes of daily and lifetime discrimination, our results begin to address this limitation.

From a social justice perspective, our findings pose a number of policy challenges. First, mood disorders, such as depression, usually occur during adolescence and can have life-long consequences. According to the World Health Organization (2001), major depression is one of the leading causes of disability-adjusted life years. If racial minorities have a greater chance of being affected by depression (U.S. Surgeon General 1999) and if individuals with high levels of depressive symptoms have increased odds of experiencing a major depressive episode in their lives or living with bipolar depression (Akiskal and Benazzi 2008), then it is also likely that black Latinos are carrying a heavy disease burden. A second policy implication of our findings pertains to the delivery of mental health services. African American and Latino youth underutilize mental health services, and Latinos are more likely to drop out of treatment when they do use these services (La Roche 2002; Roberts et al. 2005). Rather than confronting racialized experiences head on, the tendency by some providers is to discount or minimize the effects that race and discrimination have on the mental health of their clients. Such avoidance can lead to premature termination and under-utilization of mental health services (Cardemil and Battle 2003; Thompson and Neville 1999; Zayas 2001). Our findings suggest that improving mental health services among Latinos requires that both discrimination and race be squarely addressed when the opportunity arises during the therapeutic session.

Following the lead of Bonilla-Silva (2008), our primary intention in this exploratory study is to stimulate more research in this area. Bonilla-Silva argues that a key mechanism that fuels existing racial inequalities is a “color-blind ideology” that is propelled by a “racial grammar” or a system of emotions and conviction that structures both discourse and conduct on racial matters. At the core of this ideology is an attempt to devalue blackness—as exemplified by a lack of media representation of people of color, and attempts to hide and/or deny both subtle and even the most blatant examples of institutional racism from the social consciousness and public spheres (Wright 2008). This ideology also celebrates an epistemology that views the experiences of whites, and even whiteness itself, as universal. We hope that, at the very minimum, our paper stimulates more research that challenges the prevailing racial grammar by examining how race shapes the life chances of Latinos.

We conclude by highlighting some avenues for future research that stem from the limitations of this paper. First, we consider our findings exploratory to the extent that they are not representative of Latinos in the United States. We simply do not have the necessary sample size to examine ethnic differences or how race may operate differently, among, say, Cubans, Mexicans, Dominicans, Puerto Ricans, Salvadorans, Colombians, and Latino youth from other ethnic backgrounds. A next step would be to examine ethnic differences on how race moderates the relationship between discrimination and numerous mental health problems—not just depressive symptoms— with nationally representative data.

Second, future research should examine if discrimination interacts with phenotype to limit the life chances of Latinos from different backgrounds (see Murguia and Telles 1996). Extant research does not allow a determination of whether the effect of discrimination on the mental health of Latino youth depends on phenotypic characteristics. We propose that future research assess how particular physical characteristics (e.g., skin tone, hair texture, facial features) relate to experiences of discrimination and mental health outcomes. In this way, we can begin to examine more nuanced models of discrimination. It is also important to place these findings in a multilevel context and examine if the impact of race and discrimination on mental health are contingent on structural racism, such as racial segregation and racial inequality at the neighborhood level.

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A third limitation of this study is that the data are cross-sectional. Future research should use longitudinal data to examine the temporal ordering of the variables and the mechanism that may link race and discrimination to psychological outcomes over time.

There are many more possibilities for research in this understudied area. As long as the significance of race continues to be denied, attempts to mount large-scale social and political mobilization against racism and attempts to rectify the consequences of discrimination will be hampered. Individuals at the darker end of the color spectrum will continue to be the systematic victims of the color-blind ideology.

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Biographies

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Fernando Rivera is Assistant Professor of Sociology at the University of Central Florida. He received his doctoral degree from the University of Nebraska–Lincoln and was a postdoctoral fellow at the Institute for Health, Health Care Policy and Aging Research at Rutgers. His research and teaching interests are the areas of mental health, family social support, and discrimination, with an emphasis on Latino groups. He is particularly interested in analyzing the impact of social support and discrimination on several mental health outcomes, such as depression, PTSD, substance use, and antisocial behavior.

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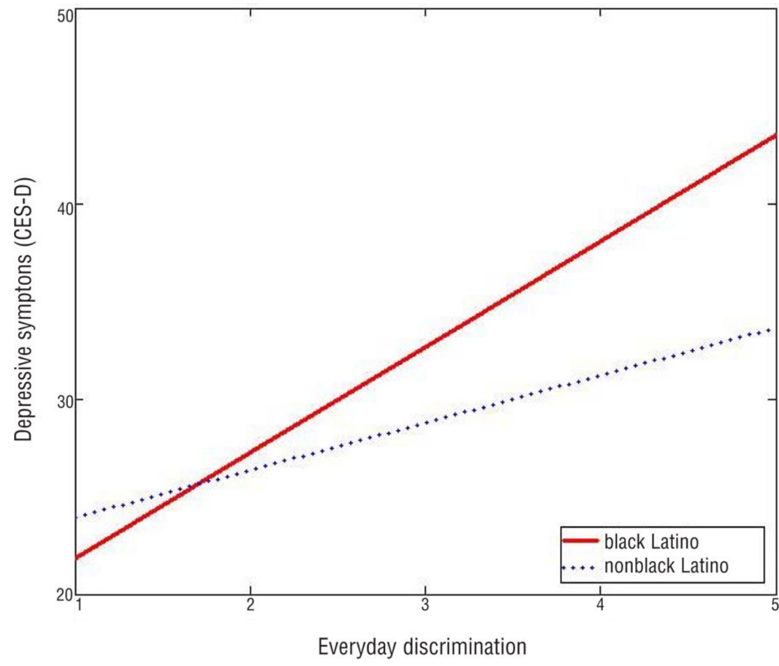

Figure 1.
The Impact of Discrimination on Depression by Race

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Table 1

Differences between Nonblack and Black Latinos on Selected Variables

	Nonblack Latinos (*n = 792*)		Black Latinos (*n = 53*)		
	Mean	**Range**	**Mean**	**Range**	**t-test**
Depression (CES-D)	*25.95* (6.91)	*16–56*	*28.45* (8.65)	*17–56*	*2.51**
Social stress					
Everyday discrimination	1.85 (.57)	1–4.44	2.09 (.57)	1.11–3.56	2.96**
Lifetime discrimination	1.09 (1.20)	0–6	1.51 (1.40)	0–5	2.12*
Recent life events	3.57 (2.85)	0–16	4.42 (3.27)	0–16	2.06*
Lifetime major events	5.49 (3.83)	0–20	7.77 (4.42)	0–18	4.15**
Chronic stressors	8.36 (4.60)	0–23	9.42 (4.81)	2–20	1.61
Background characteristics					
Age	20.09 (.94)	18–23	20.08 (0.93)	18–23	−0.083
Cuban (1 = Cuban, 0 = other Latino)[a]	.40 (.49)	0–1	.11 (.32)	0–1	−5.99**
Education	6.70 (1.13)	2–8	6.30 (1.23)	4–8	−2.29*
U.S.-born (1 = born in the United States)	0.56 (.50)	0–1	.51 (.51)	0–1	−0.675
Family financial situation	3.91 (.80)	1–5	3.74 (.76)	2–5	−1.54
Married (1 = married)	.11 (.32)	0–1	.15 (.36)	0–1	0.807
Female (1 = female)	0.51 (.50)	0–1	.47 (.50)	0–1	−0.478

Notes: Standard errors in parentheses;

* $p < .05$,

** $p < .01$ (two-tailed test)

[a] chi-square test.

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Table 2

Depression Symptoms Regressed on Selected Independent Variables (n = 845)

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Black Latinos	2.517** (.995)	2.261* (.960)	1.377 (.860)	1.357 (.859)	1.117 (.839)	−5.090 (3.176)
Age		−.318 (.264)	−.180 (.236)	−.184 (.235)	−.095 (.230)	−.062 (.230)
Female		3.391** (.484)	3.141** (.441)	3.289** (.446)	3.649** (.439)	3.556** (.441)
U.S.-born		.171 (.471)	.200 (.422)	.178 (.422)	.113 (.412)	.121 (.411)
Education		−.487 (.226)	−.311 (.203)	−.299 (.202)	−.287 (.198)	−.289 (.197)
Married		−.802 (.747)	−.749 (.664)	−.796 (.664)	−.734 (.648)	−.629 (.649)
Financial situation		−1.150** (.301)	−.394 (.272)	−.362 (.272)	−.215 (.267)	−.214 (.266)
Lifetime major events			.085 (.062)	.041 (.066)	−.025 (.065)	−.038 (.065)
Recent major events			.385** (.085)	.361** (.086)	.365** (.084)	.385** (.084)
Chronic stressors			.540** (.049)	.525** (.049)	.463** (.049)	.464** (.049)
Lifetime discrimination				.409* (.202)	.051 (.205)	.079 (.205)
Everyday discrimination					2.642** (.412)	2.431** (.424)
Race*everyday discrimination						2.988* (1.475)
Constant	25.936	38.382	25.207	25.031	18.807	18.539
R^2	.008**	.094**	.288**	.291**	.325**	.328**
Adjusted R^2	.006	.087	.279	.282	.315	.317

Notes: Standard errors in parentheses.

* *p* .05,

** *p* .01 (two-tailed test)