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Los Angeles

Racial Discrimination, Ethnic Identity, and Depression
among Cambodian American Adolescents

A dissertation submitted in partial satisfaction of the
requirements for the degree Doctor of Philosophy
in Social Welfare

by

Cindy Cruz Sangalang

2012

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ABSTRACT OF THE DISSERTATION

Racial Discrimination, Ethnic Identity, and Depression
among Cambodian American Adolescents

by

Cindy Cruz Sangalang

Doctor of Philosophy in Social Welfare

University of California, Los Angeles, 2012

Professor Todd M. Franke, Chair

Racial discrimination has emerged as a risk factor for poor health and well-being, and recent evidence has highlighted racial discrimination's effects on adolescent adjustment. Still, little is known about the nature of race-based discriminatory experiences for various ethnic groups and their respective mental health consequences. Research suggests that identification with one's racial or ethnic community can potentially buffer racial discrimination's negative consequences and serves as an important factor in the development of children and youth of color.

The present study investigates racial discrimination and ethnic identity as they relate to mental health for Cambodian American adolescents. Guided by theoretical perspectives that include the integrative model, stress process, and risk and resilience theory, this research had

four primary research aims: (1) to examine the relationship between racial discrimination in multiple contexts and depression, (2) to investigate whether ethnic identity protects against the influence of racial discrimination on depression, (3) to explore factors associated with racial discrimination, and (4) to analyze factors associated with ethnic identity.

The analyses examined cross-sectional data from a survey of 418 Cambodian American adolescents residing in Southern California. The survey data derive from a larger research project using a community-based participatory research (CBPR) framework, wherein Cambodian American youth and adult community members helped shape the purpose, process, and dissemination of the research. Secondary data analyses included multiple imputation to address missing data and multivariate analyses examining direct and indirect effects of primary study variables.

The results indicated that Cambodian American adolescents experience racial discrimination in multiple contexts—from peers, in school, and in the community—and further, that these discriminatory experiences were associated with depression. However, neither ethnic identity nor centrality and public regard subfactors moderated the association between racial discrimination and depression using post-imputation data. Furthermore, being male, having greater ethnic identification, and lower perceived socioeconomic status were associated with racial discrimination in various contexts. In addition, proficiency in Khmer (Cambodian) language was linked to elevated levels of both centrality and ethnic identity as a whole. In contrast, being older was associated with less centrality of ethnic identity.

The findings suggest that experiences with racial discrimination are multidimensional in nature and detract from mental health for Cambodian American adolescents. The study findings have implications for future interventions and prevention efforts by targeting specific settings

that may expose adolescents to discrimination. Furthermore, the findings underscore the need to examine individuals' own perceptions of racial discrimination and how they may relate to mental health.

The dissertation of Cindy Cruz Sangalang is approved.

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2012

DEDICATION

For my grandfather, Brigido Torres Cruz.

TABLE OF CONTENTS

	Page
ABSTRACT	ii
CHAPTER ONE: Introduction	1
Statement of the Problem	1
Purpose of the Study.....	3
Significance of the Study.....	3
CHAPTER TWO: Literature Review	5
Racism and Discrimination	5
Discrimination and Adolescent Development.....	8
Ethnic and Racial Identity	14
Adolescent Depression	22
Cambodian American Adolescents	25
Summary of Gaps in the Literature	31
Theoretical Frameworks	32
Conceptual Model	38
Research Questions and Hypotheses	39
CHAPTER THREE: Methodology	44
Design.....	44
Overview and Background of the Khmer Youth Study (KYS).....	44
Participants	46
Sampling Procedures	46
Inclusion and Exclusion Criteria for Dissertation Study Sample	47
Measures.....	48

Multiple Imputation of Missing Values	51
Analysis Plan	52
CHAPTER 4: Results	54
Descriptive Statistics	54
Correlations	55
Regression Models	56
CHAPTER 5: Discussion.....	67
Racial Discrimination and Depression	67
Ethnic Identity as a Buffer Against Discrimination Distress	72
Factors Associated with Racial Discrimination	75
Factors Associated with Ethnic Identity	78
Limitations.....	80
Research Contributions	82
Future Research	83
Implications for Social Work Practice and Policy	85
Conclusion.....	86
TABLES.....	88
APPENDICES.....	102
APPENDIX A. Exploratory Factor Analyses	102
APPENDIX B. Survey Instrument	104
REFERENCES.....	111

LIST OF TABLES

		Page
Table 1	Sample Characteristics	88
Table 2	Bivariate Correlations	90
Table 3	Unadjusted Bivariate Analyses of Predictor Variables on Depression	91
Table 4	Hierarchical Regression Analysis Predicting Depression on Racial Discrimination, Ethnic Identity, and Demographics	92
Table 5	Interaction of Racial Discrimination and Ethnic Identity on Depression	93
Table 6	Hierarchical Regression Analysis Predicting Depression on Discrimination Subfactors, Ethnic Identity Subfactors, and Demographics	94
Table 7	Interaction of Discrimination Subfactors and Ethnic Identity Subfactors on Depression	95
Table 8	Unadjusted Bivariate Regression Analyses of Ethnic Identity and Demographic Characteristics Predicting Racial Discrimination and Discrimination Subfactors	96
Table 9	Adjusted Regression Analyses of Ethnic Identity and Demographics Predicting Racial Discrimination and Discrimination Subfactors	97
Table 10	Adjusted Regression Analyses of Ethnic Identity Subfactors and Demographics Predicting Racial Discrimination and Discrimination Subfactors	98
Table 11	Unadjusted Bivariate Regression Analyses Racial Discrimination, Discrimination Subfactors, and Demographics Predicting Ethnic Identity, Centrality, and Public Regard	99
Table 12	Adjusted Regression Analyses of Racial Discrimination and Demographics Predicting Ethnic Identity, Centrality, and Public Regard	100

		Page
Table 13	Adjusted Regression Analyses of Racial Discrimination Subfactors and Demographics Predicting Ethnic Identity, Centrality, and Public Regard	101
Table A1	Factor Structure for Peer Discrimination, School Discrimination, and Police Discrimination Subscales	102
Table A2	Factor Structure for Centrality and Public Regard Subscales	103

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CHAPTER ONE

INTRODUCTION

On Thursday, December 3, 2009, South Philadelphia High School drew national media attention when more than twenty of its students, all of Asian descent, were attacked by a group of nearly a hundred of their peers on their way home from school. As a result of the incident, seven students were hospitalized, nineteen were suspended and fourteen transferred to alternative schools (Thompson, 2010). Clues of escalating violence occurred in a prior episode, in which Asian American students boycotted attending school for a week after they were attacked in the school lunchroom, later demanding that school officials ensure their safety upon their return. Asian American civil rights groups have criticized school administration and the school district for failing to recognize the larger problem of racially charged violence aimed at Asian American students. Sadly, this incident is not isolated, as other headlines and cover stories have called attention to ways that Asian American youth have been targets of violence (Thompson, 2010; Altafer, 2005). These stories capture only a fraction of the actual experience of racialized harassment and abuse that Asian American youth face. In fact, it is argued that these occurrences are symptomatic of larger patterns of racial discrimination that can occur in multiple social and community contexts.

Statement of the Problem

A growing body of literature asserts that racial discrimination influences the development and psychological adjustment of adolescents. Yet despite research documenting that the perception of racial discrimination is common among adolescents of color, relatively few studies have examined how discriminatory experiences affect their mental health. Fewer studies have examined factors that can potentially buffer racial discrimination's negative consequences,

although research suggests a strong identification with one's racial or ethnic community may be protective.

Of the available research linking discrimination and mental health among adolescents, little is known about the experiences of Asian American youth. This is related in part to the model minority myth, which casts Asian Americans as high achievers that academically outperform other racial and ethnic minority groups. Among its many negative consequences, the model minority stereotype portrays Asian American youth as impervious to unjust treatment, and has further obscured recognition of mental health issues among this population. In fact, many studies suggest that Asian American adolescents report high levels of depressive symptoms and suicidal ideation as well as poor social adjustment (Centers for Disease Control [CDC], 1995; Lorenzo, Pakiz, Reinherz, & Frost, 1995; Lee & Zhan, 1998; Austin & Chorpita, 2004). Despite such evidence, the mental health needs of Asian American youth are often ignored. In addition, the notion of Asian Americans as model minorities serves to homogenize a population with diverse ethnic origins, modes of migration, and histories of settlement in the United States, as well as varied patterns in social, economic, and health-related outcomes.

Cambodian American youth are a population that challenges the model minority stereotype in many ways. For example, Cambodian Americans have faced numerous barriers to academic attainment and economic mobility. A survey of the literature reveals that Cambodian American adolescents are at risk of outcomes that include gang involvement, delinquency, high school drop-out, and teenage pregnancy (Go & Le, 2005; Kim, 2002; Le, Monfared, & Stockdale, 2005; Lim et al., 1999; Smith-Hefner, 1993; Weitz, Harper, & Mohllajee, 2001). Furthermore, research indicates that the first generation of Cambodians who arrived as refugees in the U.S. continues to experience serious physical and mental health problems years after

resettlement, yet fewer studies have examined the well-being of their American-born children (Marshall, Schell, Elliot, Berthold, & Chun, 2005).

Cambodian American youth face multiple barriers due to factors at the individual, family, community, cultural, and societal levels. According to Garcia Coll et al. (1994), racism and discrimination are forces that influence the development and well-being of children of color. Such forces may be factors that account for racial disparities in the areas of education, health, juvenile justice, social services, and opportunities for economic mobility for youth of color and their families. At the individual level, race-based discrimination can manifest as physical and verbal violence and social exclusion in school and community settings. But to what extent do Cambodian American youth themselves report racial discrimination? And what relationship does the perception of racial discrimination have with their psychological adjustment? Furthermore, what might help to minimize the negative effects of racial discrimination?

Purpose of the Study

The present study investigates racial discrimination and ethnic identity as they relate to mental health for Cambodian American adolescents. Guided by theoretical perspectives that include the integrative model, stress process, and risk and resilience theory, this research had four primary research aims: (1) to examine the relationship between racial discrimination in multiple contexts and depression, (2) to investigate whether ethnic identity protects against the influence of racial discrimination on depression, (3) to explore factors associated with racial discrimination, and (4) to analyze factors associated with ethnic identity.

Significance of the Study

This study has important ramifications for the study of perceived racial discrimination on the well-being of adolescents. The findings contribute to existing literature by examining the

multidimensional nature of racial discrimination for adolescents and by focusing on a subgroup of Asian American adolescents—Cambodian Americans Little is known about the nature of racial discrimination for Asian American adolescents as a whole and for specific subgroups such as Cambodian Americans, who are subject to both positive model minority expectations and negative stereotyping. The examination of Cambodian American adolescents is also significant given previous research documenting their risk of various negative outcomes. Thus, findings contribute to ethnic-specific research on an Asian subgroup that can help target appropriate prevention and intervention strategies.

With the number of children born to racial and ethnic minorities now outnumbering those of whites in the United States (US Census Bureau, 2012), continued research is imperative to examine race and ethnicity-related factors that contribute to the mental health and development of young people. As such, issues of racial discrimination and ethnic identity will continue to have salience and relevance in our increasingly diverse society.

CHAPTER TWO

LITERATURE REVIEW

Racism and Discrimination

Racism is a complex system of advantage based on race (Tatum, 1997, p. 7) that is comprised of negative attitudes or beliefs (*prejudice*) and actions (*discrimination*) rooted in institutional structures and patterns of power that subordinate racial and ethnic minority groups (Jackson, Brown, & Kirby, 1998; Cooper, McLoyd, Wood, & Hardaway, 2008). Racism operates on socially constructed boundaries of race that include skin color, language, and religion, that create a system of privilege reinforced by ideologies of racial supremacy (Omi & Winant, 1994)¹. Shelly Harrell (2000) provides the following definition of racism:

A system of dominance, power, and privilege based on racial-group designations; rooted in the historical oppression of a group defined or perceived by dominant-group members as inferior, deviant, or undesirable; and occurring in circumstances where members of the dominant group create or accept their societal privilege by maintaining structures, ideology, values, and behavior that have the intent or effect of leaving non-dominant-group members relatively excluded from power, esteem, status, and/or equal access to societal resources. (p. 43)

Racism's ubiquity permeates individuals' lives on multiple, interrelated levels. To illustrate this point, Camara Phyllis Jones (2000) describes three levels of racism: institutional, personally mediated, and internalized. First, institutional racism pertains to differential access to resources and opportunities in society for racial and ethnic minority groups. In race-conscious societies such as the United States, institutional racism is "normative, sometimes legalized, and often manifests as inherited disadvantage" (Jones, 2000, p. 1212). Second, personally mediated racism refers to prejudice and discrimination that occurs interpersonally or at the individual

¹ Historically, race and racism have been based on socially constructed categories derived from physical attributes, such as skin color and facial features. Because race is a social construction, the boundaries of racial categories dynamically evolve over time. More recently, racism has also operated along features that have been characterized as *ethnic*, such as language and religion. The conceptual distinctions between *race* and *ethnicity* are discussed in greater depth on p. 21.

level, and can appear intentional and unintentional. Finally, internalized racism is “acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth” (Jones, 1999, p. 1213). It often entails doubt, devaluation, and/or rejection of one’s self and cultural heritage. The purpose of identifying these levels of racism is to highlight how racism can occur at the individual level but is ultimately structural in nature.

Racial discrimination. Studies examining the consequences of racism on individual outcomes, particularly health status and psychological adjustment, have turned attention to the behavioral component of racism – *discrimination*. In particular, scholars have begun to highlight discrimination as a means for understanding racial/ethnic disparities in physical and mental health. In a review of theoretical and empirical advances in the study of discrimination on health, Nancy Kreiger (1999) indicates that discrimination does not occur at random, but “is a socially structured and sanctioned phenomenon, justified by ideology and expressed in interactions, among and between individuals and institutions, intended to maintain privileges for members of dominant groups at the cost of deprivation to others” (p. 301).

Racial discrimination can be overt (blatant) and covert (subtle) in form (Operario & Fiske, 2001; Noh, Beiser, Kaspar, Hou & Rummens, 1999). In fact, contemporary forms of racism are often insidious in nature and can be enacted intentionally or unintentionally, as in the case with racial microaggressions (racially insensitive slights or insults) and forms of institutional discrimination (Sue et al., 2007; Jones, 2000). In fact, these contemporary forms contrast sharply with more blatant forms of violence and oppression that characterized “old fashioned,” pre-civil rights racism (Sue et al., 2007). The experience of racial discrimination can be characterized in terms of its frequency, intensity, duration, and developmental timing of its occurrence (i.e. childhood, adolescence, adulthood). Although other forms of discrimination can

serve to injure other dimensions of social identity and status (e.g. gender, class, age), or interact with multiple social identities (e.g. women of color), a vast majority of the discrimination research has focused on racial discrimination.

Perceived discrimination. Although the early studies of racism investigated prejudiced views toward racial minorities, more recent studies have examined the direct impact of racial discrimination from the perspective of its targets (Hein, 2006). *Perceived discrimination* refers to the awareness of personally mediated discrimination. Individual-level, self-reported measures have been able to capture one of several ways that discrimination affects people's lives. Although perceptions of discrimination conceptually differ from actual discriminatory events or experiences (Dion and Kawakami, 1996), experimental research has shown that an individual's attributions of discrimination in response to ambiguous situations tend to be accurate (Ruggiero and Taylor, 1995). In addition, due to concerns about "losing face" and issues of social desirability among various communities of color, experiences of discrimination may go underreported for fear of being perceived as lower status (Gong, Gage, & Tacata, 2003). Furthermore, for individuals who experience chronic interpersonal discrimination, the anticipation of discrimination alone can have negative effects (Kessler, Mickelson, & Williams, 1999).

For the purposes of this study, perceived discrimination will refer to the subjective experience of interpersonal, individual-level discrimination. I use the term "racial discrimination" to describe experiences of racial discrimination that are *interpersonally mediated* in order to stay consistent with other studies that examine similar relationships. However, in discussing the extant literature pertaining to racial discrimination among children and adolescents for this study, I use the terms the original authors used in their studies (e.g.

discrimination distress, racial/ethnic discrimination). The present study will examine the experiences of Cambodian American youth. In reviewing the literature I provide an overview of each topic and also focus on literature pertaining to Asian American youth generally or Cambodian American youth specifically when possible.

Discrimination and Adolescent Development

Although considerable research has investigated the effects of discrimination among adults (Finch, Kolody, & Vega, 2000; Noh, Kaspar, & Wickrama, 2007; Noh et al., 1999; Mossakowski, 2003; Gee, Spencer, Chen, Yip, & Takeuchi, 2007; Kessler et al., 1999), research regarding discrimination's effects on children and adolescents is still growing. Emerging theory and empirical evidence suggest that experiences related to race and ethnicity shape individual development, and specifically, that discrimination is a risk factor in the development of children of color (Garcia Coll et al., 1994). Expanding on Bronfenbrenner's (1994) ecological model, Garcia Coll and colleagues (1994) discuss how experiences of racism and discrimination account for developmental outcomes in racial and ethnic minority youth at multiple spheres of influence (i.e. distal and proximal). In addition, developmental research has shown that children develop early conceptualizations of racial stereotypes as early as age 5 or 6, and that by age 10 children have the cognitive capacity to perceive discrimination (Brown and Bigler, 2005; McKown, 2004). In fact, many children of racial and ethnic groups report being targets of discrimination by middle school (Simons et al., 2002; Quintana, 1998), and several studies have documented that discriminatory experiences among adolescents in high school are common (Fisher, Wallace, & Fenton, 2000; Rosenbloom & Way, 2004; Wong, Eccles, & Sameroff, 2003; Greene, Way, & Pahl, 2006; Rumbaut, 1994; Grossman & Liang, 2008). Furthermore, longitudinal research provides greater evidence to suggest that experiences with discrimination during adolescence

predict negative psychosocial and mental health outcomes (Greene et al., 2006; Brody et al., 2006).

Several studies have examined how pervasive discriminatory experiences are among adolescents. For example, a study in this line of research by Fisher, Wallace, and Fenton (2000) examined the group differences in psychological distress related to perceived discrimination in a multiethnic sample of 177 adolescents from a New York urban public school. Using a measure developed by the authors, the study assessed distress derived from experiences of racial discrimination in institutional, educational, and peer contexts. Sample items included whether participants were hassled by a store clerk or store guard (institutional discrimination), wrongly disciplined or given after-school detention (school discrimination), or were called racially insulting names (peer discrimination). The authors found that, although all groups experienced discrimination distress, non-Hispanic white youth reported significantly less discriminatory distress in institutional and educational contexts compared to African American, Hispanic, and East or South Asian youth. Among youth of color overall, African American and Latino youth experienced more institutional forms of discrimination compared to Asian American youth, yet Asian American youth experienced greater peer discrimination compared to other groups.

Others have observed the complexity of this problem. In a qualitative study by Rosenbloom and Way (2004), the authors examined the nature of discriminatory experiences in a multiethnic sample of adolescents from a New York City high school. The authors used two waves of data, in-depth interviews and participant observation to examine adolescents' perceptions of discriminatory treatment to members of their own group as well as other groups. The study's sample was comprised of 60 adolescents, with equal numbers of Asian American, Latino, and African American participants. The results indicated that Asian American youth

experienced frequent verbal and physical harassment by their non-Asian American peers. In contrast, African American and Latino youth described hostility and lower academic expectations from teachers and school authorities, as well as harassment from police at school and in their neighborhoods. Rosenbloom and Way (2004) also caution against viewing racial and ethnic groups as homogeneous entities whose experiences of discrimination are the same; in fact, differences in class, language, degree of assimilation, and generation level contribute to variations in the experience of discrimination. These dimensions of social status and identity affect the perception of discrimination between as well as within racial and ethnic groups.

Furthermore, longitudinal studies examining discrimination among adolescents have shown how perceptions of discrimination can change over time. For example, a study by Greene, Way, & Pahl (2006) examined perceived racial discrimination in relation to psychological adjustment over time in a multiethnic sample of 106 New York City high school students. The sample was comprised of diverse students, including a large proportion of Chinese American students and those of other Asian descent. The results indicated that Asian American and non-Puerto Rican Latino students reported significantly greater levels of peer discrimination over time compared to Puerto Rican youth, whereas Black youth reported significantly greater levels of adult discrimination over time. In addition, a 5-year longitudinal study of African American adolescents found a positive association between perceived racial discrimination and both conduct problems and depressive symptoms (Brody et al., 2006).

Outcomes associated with adolescent discrimination. A growing body of literature has documented negative consequences of perceived discrimination among youth. A majority of this literature has demonstrated that perceived discrimination is linked to various academic, psychosocial, and mental health outcomes, including depressive symptoms (Rumbaut, 1994;

Umaña-Taylor & Updegraff, 2007; Simon et al., 2002), problems with peer formation, (Brown & Bigler, 2005), poor academic adjustment (Wong, et al., 2003), compromised psychological functioning (Wong, et al., 2003; Simons, et al., 2002; Greene et al., 2006), and substance abuse (Gibbons et al., 2004; Whitbeck et al., 2004). In addition to directly influencing outcomes, experiences with discrimination can affect an individual's sense of self-worth and self-esteem; this is especially relevant during adolescence, when identity development and formation typically take place (Greene et al., 2006). The research documenting the effects of discrimination on child and adolescent adjustment have primarily focused on African Americans, although studies on Latino and Asian American youth have grown (e.g. Sellers & Shelton, 2005; Romero & Roberts, 2003; Grossman & Liang, 2008).

Sociodemographic factors associated with adolescent discrimination. There is some basis to suggest that perceived discrimination may be influenced by age, gender, and socioeconomic status.

Age. Research has shown that perceived discrimination is positively associated with age (Greene et al., 2006; Szalacha, et al., 2003; Fisher et al., 2000; Romero & Roberts, 1998). That is, older adolescents tend to report more experiences with discrimination than children and younger adolescents. This can be attributed, in part, to greater exposure to more experiences that may be interpreted as discriminatory as well as growing awareness about discrimination.

Gender. Evidence also suggests that males report more racial discrimination than females (Sellers & Shelton, 2003; Lopez, 1995). This may relate to males having greater mobility outside of the home and exposure to contexts that may increase their chances of experiencing discrimination. Males, particularly males of color, are often perceived as threats, and may thus

experience greater surveillance and distrust by authority figures in school and community contexts (Bronson, 2007).

Socioeconomic status. Socioeconomic status and racial discrimination are linked, and often conflated, in the literature. It is widely accepted that race and socioeconomic status often combine in complex ways to affect mental health. And yet despite arguments that socioeconomic status accounts for racial disparities observed in physical and mental health, studies show that disparities continue to exist after controlling for socioeconomic status (Williams, 1999). The literature provides mixed findings with regards to the ways socioeconomic status is associated with perceived discrimination. For example, individuals with higher levels of education and income are more likely to report discrimination, in part because they work in settings where they compete with higher-status individuals (e.g. Cardarelli, K. M. Cardarelli, & Chiapa, 2007; Alfaro, Umaña-Taylor, Gonzales-Backen, Bámaca, & Zeiders, 2009). However, individuals of lower socioeconomic status may encounter more experiences with discrimination because their status confers greater disadvantage on multiple levels (Garcia Coll et al., 1996), and because the affiliation with a lower status group engenders stigma (Rosenbloom & Way, 2004; Link & Phelan, 2001). Still, developmental theory suggests adolescents become increasingly aware of social status and their place in the larger societal structure (Brown & Bigler, 2005), and evidence suggests that the perception of one's social status alone is linked with physical and mental health outcomes (Leu et al., 2008; de Castro, Gee, & Takeuchi, 2010).

Forms of discrimination affecting adolescents of color. Extant research has primarily focused on discrimination committed by peers and adults in academic contexts, as adolescents' social realities outside the family mostly revolve around school settings. A substantial body of

evidence also suggests that adolescents of color, particularly in urban communities, also contend with discrimination from police.

Peer discrimination. Peer discrimination often occurs in the form of physical and verbal violence that manifests as racially charged taunts, slurs and other forms of harassment. Studies have found that Asian American adolescents experience greater peer discrimination than other ethnic groups (Rosenbloom & Way, 2004; Greene, et al., 2006). Alvarez, Juang, and Liang (2006) found that 98% of the Asian American college students in their sample reported frequent experiences with racial microaggressions (e.g. being treated rudely). Prior research has suggested that the stereotyping of Asian American students as “model minorities” contributed to others’ negative affect toward them by their peers (Qin, Way, & Rana, 2008; Maddux, Galinsky, Cuddy, & Polifroni, 2008). Immigrant status and smaller physical size may also contribute to the “othering” of Asian American youth (Niwa, Way, Qin, & Okazaki, 2011).

School discrimination. Most adolescents spend the majority of their social lives in school, which can serve as a setting of various social hierarchies and dynamics at play. Studies have investigated school discrimination, or discrimination enacted by teachers and other school authorities. Examples of school discrimination in the literature include perceived unfair treatment in the form of poor grades, unwarranted detention or suspension, and negative interactions and treatment in the classroom. Although research has shown that these forms of discrimination are most frequent among Black and Latino youth, Asian American youth may have unfair high expectations placed on them due to stereotypes of Asian students as model minorities (Fisher et al., 2000; Greene, et al., 2006).

Police discrimination. Qualitative studies have documented the ways in which youth of color often experience police discrimination, or harassment and hostility from the police.

Rosenbloom and Way (2004) describe how many Black and Latino youth commonly experience being stopped by the police on the way to school or hanging out with friends in their neighborhood. In a study examining group differences in perceptions of police, Waddington and Braddock (1991) found that Black youth viewed police as “bullies in uniform ” who misuse their power, whereas White and Asian youth perceived police as both bullies and impartial guardians. Youth of color living in high-poverty, urban neighborhoods are particularly vulnerable to police surveillance and racial profiling (Bronson, 2007). Although the author was not able to find studies examining the prevalence of police discrimination among adolescents, one nationwide study examining discrimination among adults in the general population found that 11% of men reported being hassled by the police (Kessler et al., 1999). To date, little is known about the experiences of police discrimination among Asian American youth and its potential impact on mental health.

Ethnic and Racial Identity

Despite experiences of racial discrimination, how are some adolescents able to remain resilient in light of its effects? In addition to examining racial discrimination’s influence on psychological and emotional adjustment, scholars have sought to understand the moderating factors that buffer the influence of racial discrimination (by testing interaction effects). Studies examining racial and ethnic identity, or one’s sense of belonging to one’s racial or ethnic group, suggest it serves as a protective factor that mitigates the negative effects of discrimination.

Ethnic identity. *Ethnic identity* is one aspect of an individual’s self-concept based on ties to ancestry or cultural heritage. Research on ethnic identity derives largely from theories of social identity and self-categorization (Phinney, 1990). Tajfel (1981) defines social identity as “that part of an individual’s self-concept which derives from knowledge of membership to a

social group (or groups) together with the value and emotional significance attached to that membership” (p. 255). According to social identity theory, individuals ascribe significance to the groups to which they belong and feel emotionally connected. Furthermore, social identity is a salient aspect of one’s identity that promotes a positive self-concept and contributes to well-being (Phinney, 1990).

Based on Erikson’s (1968) stage model of ego identity development, Jean Phinney (1992) developed a measure of ethnic identity comprised of components related to *commitment* and *exploration* of one’s ethnic heritage. This measure referenced the strength of one’s sense of belonging or attachment to one’s group, and the process of engaging in experiences related to one’s ethnic background. Thus, ethnic identity as a social psychological construct is affective and cognitive in nature. Furthermore, studying the commonalities between various ethnic groups provides a broader understanding of the nature of ethnic identity across groups. As implied by the name, ethnic identity is informed by cultural factors and the salience of ethnicity to one’s identity.

Racial identity. In contrast to ethnic identity, *racial identity* is rooted in identity based on socially constructed racial categories derived from physical characteristics that influence how others respond to an individual (Phinney, 1996). Sellers and colleagues’ conceptualization of racial identity is based on the significance of race in the historical and cultural experiences of African Americans in the United States and argues that racial identity can be both stable and dynamic (Sellers, Rowley, Chavous, Shelton, & Smith 1997). Although Sellers and colleagues developed a multidimensional measure of racial identity to be used among African Americans,

its dimensions can be applied to groups that have been *racialized*, or grouped together based on perceived similarities and common histories of oppression.²

The Multidimensional Inventory of Black Identity (MIBI) assesses three situationally stable dimensions of racial identity: centrality, ideology, and regard (Sellers et al., 1997; Sellers, Smith, Shelton, Rowley, & Chavous, 1998). *Centrality* refers to the extent to which a person defines him or herself with regards to race, which implies that individuals have various identities available to choose from given a particular situational context. In contrast, the dimensions of ideology and regard refer to the component of racial identity that assesses the meanings one ascribes to racial group membership. *Ideology* is concerned with an individual's political beliefs about one's group in relation to other groups. Sellers et al., (1997) describe four subcategories among African Americans (a) nationalist, which emphasizes the distinctness of the African American historical and cultural experience in the U.S., (b) oppressed, which stresses the similarities between African Americans and other people of color, (c) assimilationist, which highlights the commonalities between African Americans and other racial groups, and (d) humanist, which underscores the connections among all groups and minimizes racial differences. *Regard* refers to the positive or negative feelings about one's racial group. Regard is further divided along two subscales – private regard, which involves how an individual feels toward his or her own racial group, and public regard, which refers to how an individual feels *others* view his or her own racial group.

A major contribution of the conceptualization of the racial identity measure is its incorporation of the *regard* subscale and the distinctions drawn between one's inner feelings toward one's group versus others' perceptions. In particular, public regard has been associated

² For example, the experience of racial discrimination for distinct Asian ethnic groups in the U.S. is, in some ways, what unites them as "Asians" – simply because they have been *racialized* or grouped in the same way. Individuals who are racialized as "Asian" have been treated as homogenous, despite tremendous diversity (Omi & Winant, 1994). This relates to perceptions external to the individual or group (i.e. these are views that are imposed, rather than embraced by an individual or group).

with psychological adjustment, although results have varied across different populations. In a study of African American older adolescents, Sellers, Caldwell, Schmeelk-Cone, and Zimmerman (2003) found that public beliefs about African Americans was not directly associated with psychological well-being. In contrast, Rivas-Drake, Hughes, and Way (2008) found that negative public perceptions of Chinese Americans was associated with depressive symptoms among Chinese American middle school students. As private and public regard may be highly correlated among Asian American but not white or black college students (Crocker, Luhtanen, Blaine, & Broadnax, 1994), assaults to public regard may be particularly harmful for Asian Americans.

Despite the usefulness of the MIBI, it has been primarily used with college students and adults and its appropriateness with younger adolescents has been questioned. To address this gap, Scottham and colleagues (Scottham, Sellers, & Nguyen, 2008) developed the Multidimensional Inventory of Black Identity – Teen version (MIBI-T) in order to account for differences in development and social ecologies for early to middle-adolescents versus those in late adolescence or young adulthood. In constructing the MIBI-t, Scottham et al. took into account the social and cognitive capacities of younger adolescents to ensure the instrument was developmental appropriate. In testing the psychometric properties of the MIBI-T, the authors found it to be a valid measure among African American adolescents. The MIBI-T has been applied to studies with multiethnic samples (Rivas-Drake, et al., 2008)

Racial identity versus ethnic identity. The conceptual distinctions between race and ethnicity are widely accepted, yet as terms applied to forms of discrimination and identity, they are often conflated. Generally, scholars have criticized the ways in which these terms have been used inconsistently and often interchangeably. Quintana (2007) describes race and racial

differences rooted in the social distance between different racial groups, measured by characteristics such as segregation and interracial attitudes. By examining features of social distance, one can account for underlying social processes creating difference between groups. Similarly, definitions of ethnicity have evolved from markers of sociocultural characteristics (e.g. language, religion) to include the social distance between different ethnic groups. Furthermore, studies have yet to show that the psychological impact of racial prejudice is different from ethnic prejudice (e.g. Pahl & Way, 2006).

To complicate the issue further, studies examining the salience of racial identity or ethnic identity among minority groups tend to rely on demographic labels. On one hand, racial identity is typically used when the criteria for selecting participants or for studying difference between groups is based on race, such as studies that include African Americans. On the other hand, ethnic identity is commonly used when research is specific to particular ethnic groups (e.g. Chinese Americans), or when ethnic markers such as language account for group differences (e.g. Latinos). Still, studies that include multiple racial or ethnic groups (e.g. African American, Asian, Latino) can use terms interchangeably/loosely, describing “racial discrimination” and the role of “ethnic identity” in buffering its effects on psychological adjustment (Greene et al., 2006). When it comes to identity, does it matter whether the term racial identity is used versus ethnic identity? Quintana (2007) suggests what is possibly more at stake is the actual psychological investment or meanings these labels seem to have, and the underlying psychological processes related to these meanings. Despite the inconsistent use of terms, there is agreement that individuals vary with regards to the extent that ethnic and racial identity plays a role in one’s overall identity, as some individuals place greater significance on racial and ethnic membership, where others may not (Shelton et al., 2005). In addition, research has found that the

strength of one's identification to ethnic or cultural heritage was more important than specific labels adolescents chose tied to ethnicity or national origin (Fuligni, Witkow, and Garcia, 2005). In the present study, I apply the concept of *racial identity* to Cambodian American adolescents; however I use the term "ethnic identity" to describe the salience of belonging to one's ethnic group or "being Cambodian".

Demographic correlates of ethnic identity. Despite the large body of literature conceptualizing and testing the components of ethnic identity, relatively fewer studies have looked at variations in ethnic identity across demographic characteristics. Developmental frameworks suggest that social categories have bearing on development (Garcia Coll et al., 1996), and there is reason to believe group differences in ethnic identity may exist by dimensions such as age and language proficiency.

Age. Although it is believed that the salience of ethnic identity evolves over the lifecourse (Yip, Seaton, and Sellers, 2006), major changes in identity development are expected to occur during adolescence (Wakefield & Hudley, 2007). In an exploratory longitudinal study by Phinney and Chavira (1992), adolescents of Asian American, Black and Hispanic descent demonstrated a trend toward a more established ethnic identity three years later. However, a five-year longitudinal study of Black and Latino youth, Pahl and Way (2006) found an increase of ethnic identity exploration followed by a decrease after 10th grade. Kiang and colleagues found these fluctuations in ethnic identity are associated with variations in level of family cohesion and ethnic centrality and proportion of same-ethnic peers (Kiang, Witkow, Baldelomar, & Fuligni, 2010), which can coincide with developmental milestones.

Language proficiency. Studies have found that knowledge of one's ethnic language is an important aspect of socialization in ethnic families and promotes ethnic identification. For

example, in a multiethnic sample of adolescent, Phinney, Romero, Nava, and Huang (2001) found that ethnic language proficiency predicted higher levels of ethnic identity. Studies have found that language is closely tied to the formation and maintenance of ethnic identity (Phinney, 1990; 1991).

Relationship of ethnic identity and discrimination. Recent research exploring the relationship between ethnic identity and perceived discrimination has shown mixed results. For example, several studies have found that adults who highly identify with their ethnic or racial group report higher levels of perceived discrimination compared to those who did not highly identify with their ethnic or racial group (Operario & Fiske, 2001). Studies on adolescents have reflected a similar pattern. For example, Sellers, et al. (2003) found that a positive association between racial centrality and reports of perceived discrimination among African American youth. However, other studies of adolescents have shown the converse. In a study of Mexican American youth, Romero and Roberts (2003) found youth who reported greater levels of discrimination also scored lower on scales of ethnic exploration and affirmation. Post-hoc interaction analyses also found that youth who reported more discrimination and higher ethnic affirmation still reported higher self-esteem. Some of these inconsistent findings relate to the use of different measures of ethnic identity and their underlying components emphasized in each as well as examination of different youth populations.

Relationship of ethnic identity and mental health. A strong identification with one's racial and ethnic background has been directly associated with many positive psychosocial outcomes. For example, greater levels of ethnic identity have been tied to psychological well-being (Yip & Fuligni, 2002; Sellers, et al., 2003), academic adjustment (Fuligni, Witkow, & Garcia, 2005), and self-esteem (Phinney, Cantu, & Kurtz, 1997). As social identity theory

suggests, pride in one's group identity, particularly for marginalized groups such as racial and ethnic minorities in the U.S., may provide psychological benefits that counter potential negative effects rooted in the group's lower societal status. Consequently, investigations of the positive and protect effects of ethnic identity have proliferated. In particular, many studies have explored ethnic identity as a buffer in the association between racial discrimination on mental health.

The moderating role of ethnic identity. The extant literature offers competing perspectives on ethnic identity's moderating role in the psychological impact of racial discrimination (Yip, Gee, & Takeuchi, 2008; Pascoe & Richman, 2009). On one hand, ethnic identity may serve to buffer the influence of racial discrimination on one's psychological state. For those belonging to stigmatized groups, such as racial/ethnic minority groups, ethnic identity may protect against the effects of racial discrimination by reinforcing positive aspects of belonging to a particular group. The components of ethnic identity may offer psychological resources that allow individuals to cope with racial discrimination. For example, in a study of Chinese American youth, Rivas-Drake et al. (2008) found that greater levels of ethnic public regard reduced the influence of ethnic discrimination on depressive symptoms. Ethnic identity also moderated the association between discrimination and both self-esteem and depressive symptoms in a 3-year longitudinal study, in which 39% of the sample was Chinese American and 3% non-Chinese Asian American (Greene et al., 2006). Furthermore, Sellers, et al. (2003) found racial centrality was positively associated with perceived discrimination but also served to buffer the negative effect of perceived discrimination on psychological distress.

Ethnic identity may be protective for Cambodian American adolescents for several reasons. For instance, ethnic identity may provide forms of social support that can help diminish negative feelings tied to experiences with racial discrimination. That is, the ability to discuss

discriminatory experiences with others can diffuse negative feelings or help reappraise negative treatment in the context of discrimination toward one's group (Meyer, 2003). In addition, ethnic identity can serve to enhance one's sense of belonging to a community, attenuating feelings of isolation and otherness (Phinney, 1990). Finally, individuals living in communities with a large concentration of co-ethnics, such as participants in the current study, may have access to cultural resources that strengthen one's ability to cope with distress, such as religious institutions or traditional and complementary medicine (Pascoe & Richman, 2009; Berthold et al., 2007). I return to the topic of ethnic identity as a protective factor for Cambodian American adolescents.

On the other hand, ethnic identity may strengthen attention to racial discrimination, leading to poorer psychological adjustment. High identification with one's ethnic group may also lead to greater sensitivity to or heightened salience of racial discrimination, in turn diminishing one's capacity to deal with pervasive forms of discrimination. In a sample of Asian American college students, ethnic identity moderated the association between racial discrimination and situational well-being, in which individuals who highly identified with their ethnic group scored lower on the measure of situational well-being (Yoo & Lee, 2008). Among Southeast Asian refugees in Canada, Noh et al. (1999) found individuals reporting higher levels of ethnic identification as more vulnerable to the impact of discrimination, which may relate to greater exposure or heightened sensitivity to unfair treatment. However, very few of these studies have included Asian American youth or specific Asian ethnic groups.

Adolescent Depression

Prevalence in the U.S. population. Major depression, a serious psychological condition that involves impairment in multiple psychosocial domains and can contribute to considerable disability, often begins during adolescence. As defined by the Diagnostic and Statistical Manual

([DSM-IV-TR], American Psychological Association, 2000), major depression is characterized by depressed mood or the loss of interest in activities, and the presence of at least four of the following characteristics: changes in eating or sleeping patterns; declining energy; decreased psychomotor activity, difficulties thinking, concentrating, or making decisions; feelings of guilt and worthlessness; and suicidal ideation. Irritable mood, rather than depressed mood, can be more common among children and adolescents. Still, the primary symptoms of depression in adolescence mirror those in adulthood.

Population studies have shown that depression affects many adolescents, ranging from 0.4% and 8.3% for current depressive episodes and between 15% and 20% for lifetime prevalence for adolescents between the ages of 11 and 19 (Birmaher et al., 1996; Kessler, Avenevoli, & Merikangas, 2001). Although rates of depression among children are equivalent among boys and girls, the rate of depression doubles with the onset of puberty among adolescent girls compared to boys, corresponding to gender differences in depression among adults (Wichstrom, 1999). Additionally, studies have shown that 40-70% of adolescents have comorbid psychiatric disorders, with the most common disorders including anxiety, disruptive behavior disorders, and substance abuse. Depressed adolescents are also at risk of suicide, a leading cause of death among 15 to 19-year olds (CDC, 1993). One of the major concerns about adolescent depression is that it poses significant risk for depression later in life. Yet despite its prevalence, less than half of adolescents with depression receive any treatment before they reach adulthood (Kessler et al., 2001).

Depression among Asian American adolescents. Compared to research on adolescent depression in the general population, relatively little information is available that focuses specifically on depression and other mental health concerns among Asian American adolescents.

Progress in this area of research has been hindered by several methodological issues, including exclusion from comparative studies due to insufficient sample size, aggregated sampling of diverse Asian ethnic groups, and competing perspectives about the appropriate assessment of mental health among Asian ethnic groups (Land & Levy, 1992; Serafica, 1997). In addition, the common stereotype as “model minorities” has served to homogenize ethnic groups despite significant differences and further minimizes recognition of the psychosocial, academic, and mental health needs of Asian American youth (Lee & Zhan, 1998; Ngo & Lee, 2007; Yang, 2004).

Still, a mounting body of evidence suggests Asian American youth are at risk for depression and poor psychological adjustment. For example, data from the Center for Disease Control (1995) indicate that Asian American females aged 15-24 have the highest rates of depressive symptoms of all racial groups. In addition, Greene et al. (2006) found that Asian American adolescent boys reported the highest levels of depression and the lowest levels of self-esteem compared to the Black and Latino counterparts. Using standardized measures of social, academic, and emotional functioning on a sample of students in the Northeastern region of the U.S., Lorenzo, et al. (1995) found that compared to Caucasian students, Asian American students reported greater isolation, depression, anxiety, internalized their social problems and were less likely to seek help them. In addition, Kubik et al. (2003) found that 47% of the Asian American adolescents in their sample reported elevated depressive symptomology, falling closely behind Native American adolescents (52%) with the highest prevalence.

A preponderance of the available literature on the psychological adjustment of Asian American youth focuses on college-aged students, many of which are comparative studies. In an early study by Kinzie, Ryals, Cottingham, McDermott (1973), the authors found that Chinese and

Japanese students had higher levels of depressive symptoms compared to White students. Several studies have found greater rates of depressive symptoms among Asian American college students compared to White students (Chang, 1996; Greenberger & Chen, 1996; Okazaki, 1997). Furthermore, there has been growing attention to rising rates of suicide among Asian American college students (McFadden, 2010; Qin, Way, & Mukherjee, 2008). Despite insights gained from comparative studies, other scholars have stressed the importance of looking at within-group differences to allow for inferences about distress, disorder, and resilience within a specific population that can be tested in future research (Serafica, 1997). This is particularly important for research and practical intervention in Asian American communities, particularly groups that are understudied yet face significant risks, such as Cambodian Americans.

Cambodian American Adolescents

More than 1.8 million Southeast Asian Americans reside in the United States, and approximately 217,000 are of Cambodian descent. In 2000, more than 25% of Cambodian Americans were below the age of 18, with nearly 30% of all individuals under age 18 living in poverty (U.S Census Bureau, 2005). Research has suggested that Cambodian American adolescents are at risk for various psychological, social, and academic outcomes. In the present study, a review of the sociohistorical context of the Cambodian American community can shed light on factors such as racial discrimination and ethnic identity that influence the adjustment of Cambodian American adolescents.

Historical background of Cambodians in the United States. Cambodian Americans have faced tremendous challenges as survivors of the Khmer Rouge and as refugees transitioning to life in the United States. The Khmer Rouge (1975-1979) – referring to both the *communist regime* of the same name and its policies of the *historical period* in which this group was in

power in Cambodia – is remembered as a dark shadow in the nation’s history, in which an estimated 2 million Cambodians died from starvation, disease, and execution (Chan, 2004). The Khmer Rouge came to power in reaction to conflict and violence in the region, as well as intense U.S. bombing of Cambodia from 1969 to 1973 that led to the death of over a half million people (Lay, 2004). Under its leader, Pol Pot, the Khmer Rouge implemented a radical program that transformed Cambodia into a classless, agrarian society closed off from foreign influence. Millions of people were relocated from urban areas to collective farms in the countryside and were subjected to harsh work and living conditions in forced labor camps, where many suffered from starvation and disease and lived under the daily threat of death. Minority groups that threatened this new regime were executed, including intellectuals, professionals, ethnic Vietnamese, and Cambodian Christians. Many tried to escape to refugee camps in neighboring Thailand, although only a few were able to flee while the Khmer Rouge remained in power.

Two waves of migration account for the influx of Cambodian refugees in the United States. The first wave of refugees from Cambodia arrived in the U.S. after 1975 with the fall of the U.S.-supported government to the Khmer Rouge. This first wave was comprised of upper- and middle-class intellectuals and professionals who had previous connections to the United States, and many possessed some knowledge of the English language. This was a relatively small group that was not exposed to the horrors of the Khmer Rouge regime. In contrast, the second wave was much larger and occurred after the demise of the Khmer Rouge in 1979, in which many of the refugees lacked formal education, came from rural settings, and were exposed to the atrocities of the Khmer Rouge.

Cambodian Americans in Long Beach, California. As a result of the Refugee Act of 1980, a large influx of Cambodian refugees entered the United States until 1987, with many

settling in California. Today, Long Beach, California is currently home to the largest Cambodian community outside of Cambodia, with estimates of approximately 50,000 now residing in the area (Chan, 2004; Tran, 2009). Historically, a small group of Cambodians had previously settled in the area as students at California State University, Long Beach. This first group of Cambodian émigrés attracted many other Cambodian refugees to follow (Needham & Quintiliani, 2007). The majority of individuals of Cambodian descent in Long Beach live in a densely populated urban enclave located near the city's downtown area. Although the neighborhood is economically depressed, community leaders have worked to revitalize various commercial areas as well as designate the enclave as "Cambodia Town" (Jang, 2006). Several Cambodian-owned businesses thrive in the area, such as restaurants, markets, jewelry stores, and donut shops.

Mental illness among Cambodian Americans. Considerable research has demonstrated that the first generation of Cambodian Americans who came to the United States as refugees suffers from chronic mental health problems. In a psychiatric epidemiological survey of Cambodian refugees age 35 to 75 in Long Beach, California, Marshall and colleagues (Marshall, et al., 2005) found that more than 90% experienced various forms of pre-migration trauma, including near-death due to starvation, forced labor, and having a family member or friend murdered. With regards to psychiatric disorders, 62% met criteria for 12-month DSM-IV post-traumatic stress disorder (PTSD) and 51% met criteria for 12-month DSM-IV major depressive disorder. In addition, 71% of respondents met criteria for both PTSD and major depressive disorder. Only 30% of the sample was free of any of the disorders assessed. In the two decades prior to Marshall et al.'s (2005) study, earlier studies found PTSD and depression to be common among Cambodian refugees in the United States (Kroll et al., 1989; Sack et al., 1993, 1994;

Berthold, 1999), as well as other psychosocial and cognitive difficulties (Mollica, Poole, Son, Murray, & Tor, 1997).

Some studies have examined the risk of PTSD and depression among the generation of refugee children and adolescents who survived war in Southeast Asia (Berthold, 1999, 2000; Mollica, et al., 1997; Sack et al., 1993). In particular, Cambodian refugees have demonstrated the greatest degree of trauma among Southeast Asian groups due to prolonged war, genocide, displacement, forced migration, and other resettlement stressors (Go & Le, 2005). Research has shown that lifetime exposure to trauma predicted psychological, behavioral, and academic problems among Cambodian American adolescents (Berthold, 2000), although relationships between depression and PTSD were more strongly related to exposure to more recent stressors years after resettlement in the U.S. (Berthold, 1999; Sack, Clarke, & Seeley, 1996).

However, there is a paucity of evidence centered on the experiences and well-being of Cambodian American youth who were not directly exposed to the trauma that uprooted their parents' generation. Given the significance of mental health problems in the Cambodian American community, as well as additional factors affecting their adjustment in the U.S., a current examination of Cambodian American youth warrants further attention.

Racial discrimination and ethnic identity among Cambodian American adolescents.

Very little research exists specific to the experiences of Cambodian American children and adolescents. An initial survey of literature pertinent to this group relates in large part to delinquency (Go & Le, 2005; Le, et al., 2005; Lim, Levinson, & Go, 1999). Many Cambodian American adolescents and their families live in economically depressed neighborhoods that are vulnerable to community violence (Berthold, 1999). A large body of the existing literature that includes Southeast Asian adolescents in general or Cambodian youth specifically examines

juvenile delinquency. Most of these studies are quantitative and assess patterns of problem behavior and their correlates. For example, in a study of Southeast Asian youth in Oakland, California, Spencer and Le (2006) found that Cambodian youth reported significantly higher levels of violence and peer delinquency compared to Lao/Mien, Vietnamese, and Chinese youth. Across all ethnic groups, peer delinquency predicted violent behavior, which included engagement in assault, robbery, rape, and gang fights. Lim, Levenson, and Go (1999) found that among Cambodian male adolescents, those who entered the U.S. at a younger age and came from single-parent households were more likely to engage in delinquent behavior. In a study exploring gender differences in delinquency, Go and Le (2005) found that a strong sense of ethnic identity predicted delinquency among males; in contrast, greater parental discipline predicted delinquency among females.

However, studies examining the larger sociohistorical context of Southeast Asian gangs suggest that gang involvement served as means of protection from racial discrimination and victimization by non-Cambodian youth. Asian American gang violence reached national attention in the late 1980s and early 1990s (Hong, 2010). Racism and anti-refugee hostility contributed to conflict and tensions between Cambodians and other racial and ethnic groups, leading many Cambodian youth living in inner-city, urban areas to join gangs. Founders of Cambodian American gangs were initially targets of verbal and physical abuse due to their appearance, language, and culture (Lay, 2004). Early gang culture provided opportunities for protection as well as retaliation.

Racial discrimination. Despite qualitative studies that indicate Cambodian American youth's ties to gang culture relates to experiences related to racial discrimination and exclusion, few studies have examined the correlates of racial discrimination among Cambodian American

youth. In one exception, Rumbaut (1994) found that perceptions and experiences with discrimination accounted for depression as well as parent-child conflict in a large study of children of immigrants. Specifically, having been discriminated in the past as well as the expectation of discrimination in the future predicted negative outcomes. The sample consisted of more than 5,000 eighth and ninth graders of Asian, Latin American, and Caribbean descent in San Diego and Miami counties, including 96 Cambodian children, most of whom were immigrants themselves. Furthermore, Portes and Zhou (1993) have suggested that factors such as experiences with racial discrimination, settlement in inner-city urban areas, and the presence of a strong co-ethnic community are factors that affect contemporary immigrant second generation youth.

Ethnic identity. Exploratory qualitative studies have aimed to examine ethnic identity among Cambodian American adolescents. For example, McGinnis (2007) explored ethnic identity as it relates to forms of cultural production in a sample of Cambodian American youth in Philadelphia that participated in a migrant education program. Through her interviews with Cambodian adolescents and community figures and through participant observation over five years, McGinnis (2007) found Cambodian American youth participated in traditional dance, martial arts, and embraced the Khmer language. In addition, youth often discussed their “Khmer pride,” or pride in Cambodian culture, as evident in discussions and through artistic expressions (e.g. graffiti, clothing). This notion of pride in particular, although in some ways tied to gang culture, is also an expression of cultural identity, community solidarity, and a desire to be distinct from Chinese Americans, whom they are typically perceived as by non-Cambodians (McGinnis, 2007).

As previously stated, Long Beach, California has the largest population of Cambodian Americans in the United States. The large concentration of co-ethnics may provide a unique context for ethnic identity and experiences with discrimination. It may be that the presence of a strong ethnic community can instill a sense of pride, self-worth, and empowerment in light of minority status, and that positive affect tied to ethnic identity helps to counter the internalization of negative discriminatory experiences (Sellers & Shelton, 2003). Ethnic identity can also provide a sense of belonging, reducing isolation and other negative feelings that can result from experiences with discrimination. Ethnic group identification may also lead to greater social support, validation of one's feelings and experiences, and reappraisal of discriminatory treatment (Meyer, 2003).

Summary of Gaps in the Literature

Because of the dearth of research available on Cambodian Americans, the above body of research serves as a critical foundation from which to further examine racial discrimination and ethnic identity as risk and protective factors that influence the well-being of Cambodian American adolescents. Although research examining the effects of racial discrimination on mental health is growing, few studies have included Asian American groups and even fewer have focused specifically on at-risk groups such as Cambodian American youth. Furthermore, the author was unable to find any empirical studies that examine ethnic identity as a potential buffer in the relationships between racial discrimination and mental health in this population. The following study attempts to bridge these gaps in the literature.

Theoretical Frameworks

The conceptual model for this study is guided by the following theoretical frameworks: 1) the integrative model for the development of minority children, 2) the stress process, and 3) the resilience framework.

The Integrative Model. The integrative model, developed by Garcia Coll and colleagues (1996), provides a conceptual framework for understanding the social and psychological development of racial and ethnic minority children. In contrast to more dominant paradigms of human development, such as Bronfenbrenner's (1994) ecological systems theory, this model explicitly implicates social position factors such as racism, discrimination, prejudice, and oppression as key elements in the social and emotional development of children of color.

Initially proposed by Bronfenbrenner (1994), this framework discusses the ways in which various systems interact to influence human development and experiences. This perspective posits that the biological make-up of an individual is nested within structures in the ecological environment, ranging from most immediate structures (e.g. family, peer groups) to broader sociocultural structures (e.g. cultural values, societal norms). In addition to providing a generalized developmental perspective, this framework provides a means to incorporate an analysis of race, ethnicity, and culture in the lived experiences of adolescents. Although the traditional ecological systems theory of development provides a general understanding of the ways in which distal (macro) and proximal (micro) ecologies interact to influence individual characteristics, this perspective does not fully capture how social inequities impact the development of children and youth of color.

In contrast, according to the integrative model, society is stratified at the macro level through factors such as race, ethnicity, class, and gender. These social position factors then

operate through mechanisms involving racism, discrimination, prejudice, and oppression. Such mechanisms of social inequity, in turn, affect childhood trajectories and outcomes indirectly (through the creation of segregated environments and institutions) and directly at the micro level (through social interactions). Specifically, racism affects child development by creating segregated residential, economic, and social contexts, which then affect more proximal social and cultural systems (i.e. neighborhoods, schools, family) that operate to frame direct influences on children's social, cognitive, and emotional outcomes and competencies. The current study examines the influence of discriminatory treatment from peers and adults in the adolescent's proximal social environments.

The integrative model builds upon previous conceptualizations of ecological frameworks by highlighting the ways in which structural factors, alongside social and cultural factors, can bear additional stressors on individual development. Thus, the integrative model recognizes that racism is a normative and common circumstance in the lives of racial and ethnic minority children. Although this model does not argue that children of color are fundamentally different from Caucasian children, it does illustrate that children of color contend with the effects of racial oppression. Indeed, this model offers an expanded perspective of youth development by indicating that racial inequities impart differential access to resources and opportunities for social and emotional development, as well as additional factors that can confer risk for a variety of stressors and challenges related to racial discrimination and prejudice.

The Stress Process. Stress process theory is commonly used as a conceptual framework for the growing body of literature examining the effects of discrimination on physical and mental health. Rooted in a sociological perspective to understanding the etiology of pathology and well-being, stress theorists are typically concerned with patterns of stress that reveal differences

between disparate groups. Specifically, the social structures in which individuals are embedded establish the stressors that individuals encounter, their subjective experience of stress, and ways of coping (Pearlin, 1989). An underlying assumption is that socially and economically disadvantaged groups are particularly vulnerable to stress (Krieger, 1999). In contrast to sociomedical models that focus on disorder and its antecedents, stress theory as a sociological approach to mental health emphasizes social arrangements or conditions and its consequences.

Previous studies have conceptualized racism and discrimination as “stressors” or stress-inducing life conditions with consequences for individual adjustment and functioning. Stressors can include demands, conflicts, threats, and structural constraints and can be characterized by their duration, chronicity, and intensity. While individuals with appropriate social and psychological resources may be protected from particular stressors, those without the capacity to adequately cope with stressors may be vulnerable to illness.

It is important to recognize that stressors may not necessarily lead to specific outcomes – focusing on a single outcome can lead to misleading conclusions about a particular stressor affecting one group but not another group. In fact, variability in the impact of stress may relate to the different ways that social and economic groups channel and manifest stress (Pearlin, 1989; Aneshensel, Rutter, & Lachenbruch, 1991). Thus, it is ideal to consider multiple physical or mental health outcomes when examining the stress-adjustment link in order to fully account for the effect of the stressor.

Several pathways have been proposed to explain the role of stress in the relationship between racial discrimination and mental health outcomes (Williams & Williams-Morris, 2000). One pathway relates to structural constraints in economic mobility and access to resources due to racism that, in turn, create stress by diminishing one’s sense of self-efficacy and sense of control.

Another pathway involves a sequence of adverse physiological and psychological reactions to persistent racism-related stress. Finally, the third pathway entails a process by which internalizing racially invalidating experiences causes stress, leading to diminished self-esteem and ego identity. Although the vast majority of research has examined the effect of the stress racial discrimination on adults, there is reason to believe that similar processes occur for children and adolescents.

Resilience Framework. Resilience theory provides an additional framework with which to understand factors influencing the trajectories of adolescent development. Resilience refers to a process of positive adaptation in light of the presence of risk and adversity. This can include overcoming and coping with negative experiences through the use of assets (individual characteristics or internal qualities) and resources (external or environmental supports). Thus, a caveat to this theory is that resilience must not necessarily rely on an individual trait or capacity, but includes contextual factors that mitigate risk exposure. As Fergus and Zimmerman (2005) assert, resilience differs conceptually from coping and positive adjustment, which are considered outcomes, as well as psychosocial competence, which is one of many forms of resilience. While the presence of risk is assumed, the emphasis of this theory resides in the factors that inhibit their associated negative consequences.

Although terminology has evolved over time, the work of resilience scholars has provided clarity in structuring the various dimensions of resilience. According to Wright and Masten (2005), *risk* refers to increased vulnerability to a negative outcome, and a *risk factor* refers to a measurable characteristic that predicts a negative outcome. However, the effect of risk factors can be counteracted by the presence of promotive and protective factors. A *promotive factor* is directly related to an outcome and allows for positive adaptation in the context of elevated risk

exposure. A *protective factor* influences the relationship between a risk factor and outcome, thereby buffering the potential impact of risk.

Three general models of resilience have been proposed to describe how factors alter the influence of risk on negative outcomes; they also illustrate the distinction between promotive and protective factors (Fergus and Zimmerman, 2005). The first model, the compensatory model, occurs in the presence of a risk and promotive factor, in which both factors exert independent effects on an outcome. This model posits that a promotive factor offsets the effect that risk exerts in producing a negative outcome. Here, a promotive factor exists independently and alongside an associated risk. In contrast, in the protective model, an asset or resource (protective factor) moderates the association between risk and a negative outcome, thereby suppressing vulnerability to risk (Figure 1). The protective model predominates in the literature on risk and resilience in adolescent outcomes. A third model, the challenge model, occurs when a factor can theoretically serve as both risk and protective factor. The association between risk and negative outcomes is curvilinear, in which moderate levels of risk are related to less negative (or positive) outcomes, while the absence or overabundance of risk can lead to negative outcomes. In such examples, a degree of adversity is required to mobilize coping mechanisms and competence. With regards to all resilience models, it is important to note that in reality the presence of multiple risk and protective factors interact dynamically to affect developmental outcomes.

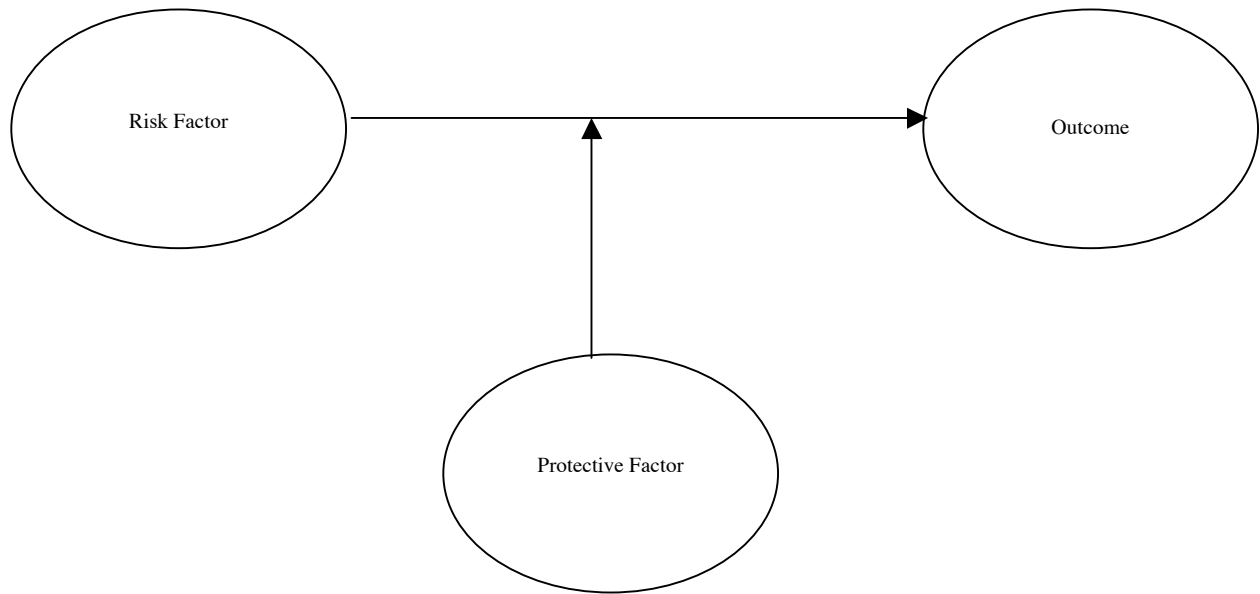


Figure 1. Protective Model of Resilience (Fergus & Zimmerman, 2005)

Conceptual Model

The purpose of the current study is to explore the relationship between racial discrimination and mental health among Cambodian American adolescents and to clarify ethnic identity as a moderating variable in this relationship (Figure 2). Theoretically relevant controls are also included in the overall model and how they are operationalized are explained in greater depth elsewhere (see Methodology section).

The dependent variable, depression, reflects the larger construct of adverse psychological and emotional well-being. Depression is conceptualized as depressed mood, loss of interest and pleasure, and changes in weight or sleeping patterns (APA, 2000). Depression in this analysis is operationalized as depressive symptoms as measured by the CES-D (Radloff, 1977; Andersen, Malmgren, Carter, & Patrick, 1994).

The focal independent variable is perceived racial discrimination, referring to perceptions of differential treatment and dislike based on factors specific to one's racial background. Racial discrimination is conceptualized as a risk factor for depression. Hence, the conceptual model describes a direct relationship between racial discrimination and depression, such that racial discrimination predicts depression.

The other independent variable of interest, ethnic identity, assesses the significance of one's ethnic background in the context of one's overall identity. Through tests of interaction effects, the present study examines the moderating role of ethnic identity in the relationship between racial discrimination and ethnic identity. Ethnic identity is conceptualized as a protective factor that serves to buffer the influence of racial discrimination on mental health.

The analysis controls for the following demographic characteristics: Age, gender, subjective social status, family economic status, and adolescents' Khmer language proficiency.

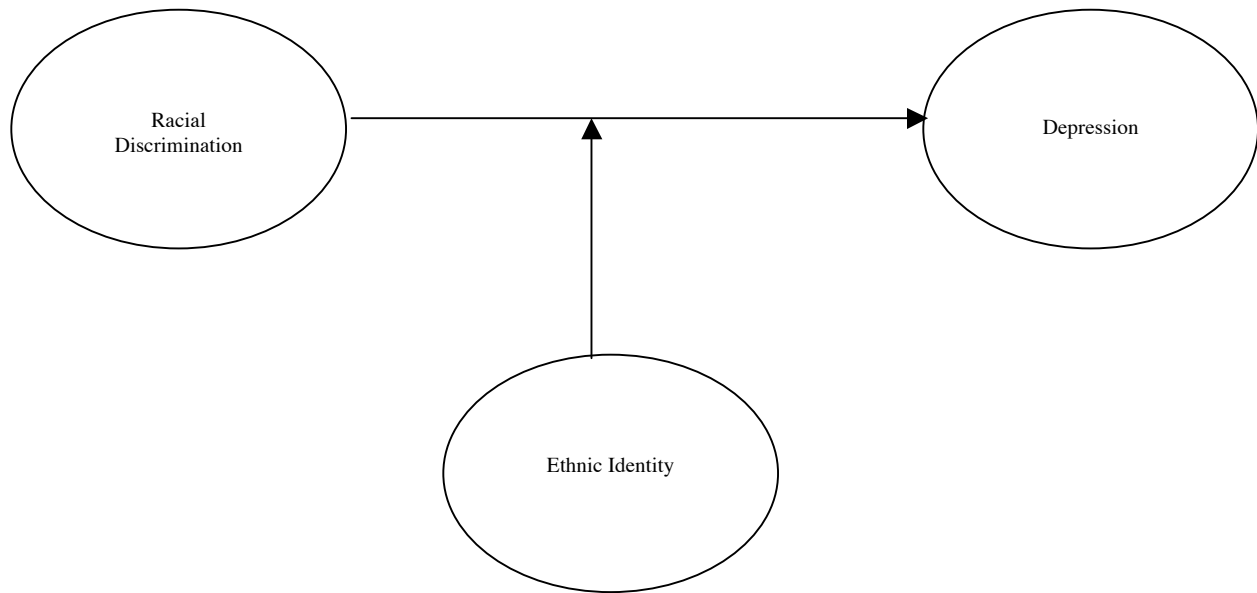


Figure 2. Conceptual Framework of the Current Study

Research Questions and Hypotheses

The present study examines the following research questions and corollary hypotheses regarding the influence of racial discrimination and ethnic identity on depression, factors associated with racial discrimination, and factors associated with ethnic identity.

1) What is the relationship between racial discrimination, ethnic identity, and depression, controlling for demographic characteristics?

H1. Racial discrimination will be positively associated with depression, controlling for demographic characteristics.

2) Does ethnic identity moderate the relationship between racial discrimination and depression?

H2. Controlling for demographic characteristics, ethnic identity will moderate the association between racial discrimination and depressive symptoms, such that ethnic identity will buffer the negative influence of racial discrimination.

3) What is the relationship between discrimination subfactors (peer, school, and police discrimination), ethnic identity subfactors (centrality and public regard), controlling for demographic characteristics?

H3a. Peer discrimination will be positively associated with depression, controlling for school discrimination, police discrimination, and demographic characteristics.

H3b. School discrimination will be positively associated with depression, controlling for peer discrimination, police discrimination, and demographic characteristics.

H3c. Police discrimination will be positively associated with depression, controlling for peer discrimination, school discrimination, and demographic characteristics.

4) Do ethnic identity subfactors (centrality and public regard) moderate the relationship between racial discrimination subfactors (peer, school, and police discrimination) and depression?

H4a. Centrality will buffer the influence of peer discrimination on depressive symptoms, controlling for demographic characteristics.

H4b. Public regard will buffer the influence of peer discrimination on depressive symptoms, controlling for demographic characteristics.

H4c. Centrality will buffer the influence of school discrimination on depressive symptoms, controlling for demographic characteristics.

H4d. Public regard will buffer the influence of school discrimination on depressive symptoms, controlling for demographic characteristics.

H4e. Centrality will buffer the influence of police discrimination on depressive symptoms, controlling for demographic characteristics.

H4f. Public regard will buffer the influence of police discrimination on depressive symptoms, controlling for demographic characteristics.

5) What demographic characteristics relate to racial discrimination and discrimination subfactors (peer, school, and police)?

H5a. Compared to younger adolescents, older adolescents will report greater levels of racial discrimination, school discrimination, and police discrimination. No age group differences are expected for peer discrimination.

H5b. Compared to female adolescents, male adolescents will report greater levels of racial discrimination, school discrimination, and police discrimination. No gender differences are expected for peer discrimination.

H5c. Compared to adolescents with higher levels of socioeconomic status (as measured by subjective social status and family economic status), adolescents with lower levels of socioeconomic status will report greater levels of racial discrimination, peer discrimination, school discrimination, and police discrimination.

6) What factors relate to ethnic identity, centrality, and public regard?

H6a. Compared to younger adolescents, older adolescent will report higher levels of ethnic identity, centrality, and public regard.

H6b. Compared to adolescents with less Khmer language proficiency, adolescents with greater Khmer language proficiency will report higher levels of ethnic identity and centrality.

No group differences between adolescents with less and greater Khmer language proficiency are expected.

H6c. Adolescents who report greater racial discrimination, peer discrimination, school discrimination, and police discrimination will report greater levels of ethnic identity, centrality, and public regard.

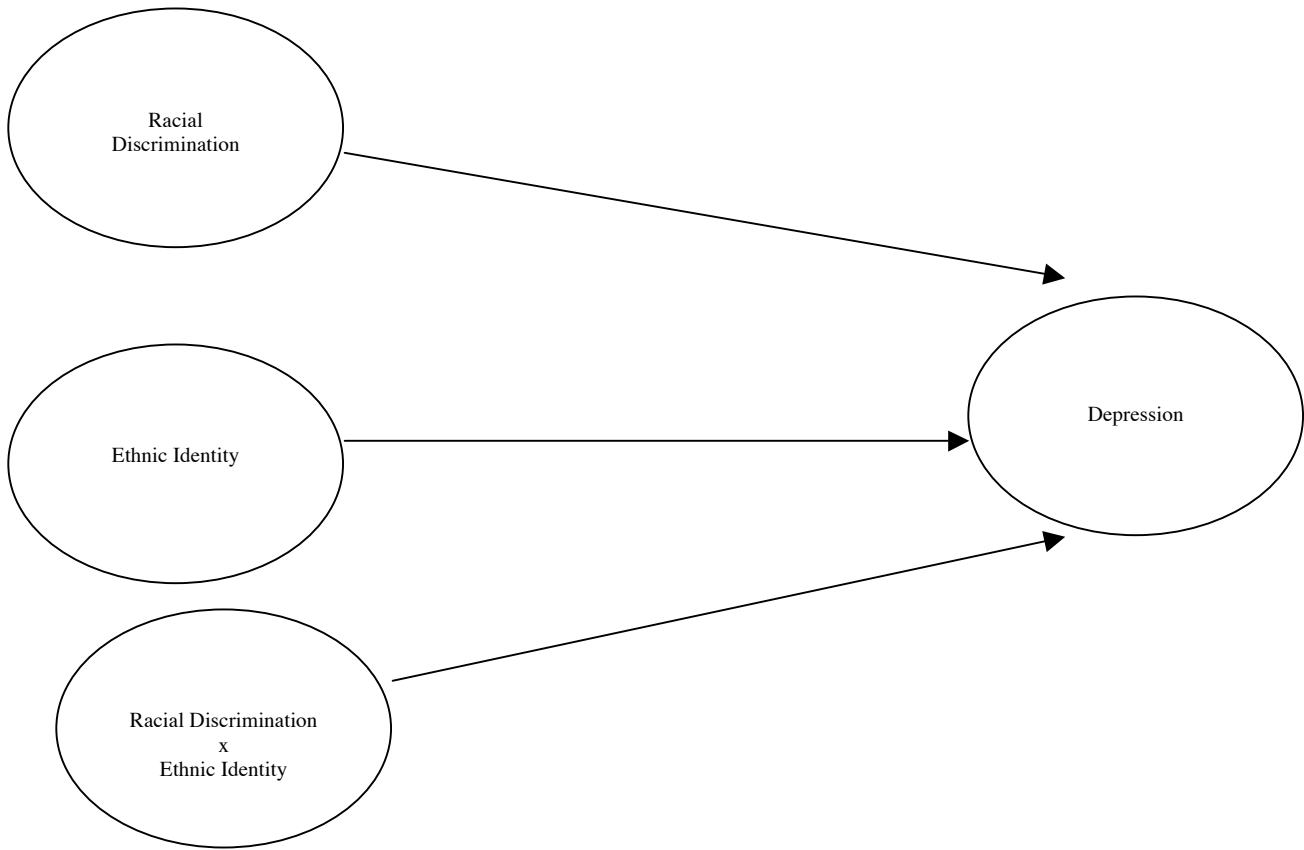


Figure 3. Graphic Representation of the Current Study's Primary Statistical Analyses

CHAPTER THREE

METHODOLOGY

Design

This study is a secondary analysis of data from the Khmer Youth Study (KYS), a survey of Cambodian American adolescents that was conducted in Long Beach, California. The KYS was part of a larger research project involving a partnership between a community-based organization and UCLA, whose Institutional Review Board approved the project. Data was collected in 2010 over a period of three months.

Overview and Background of the Khmer Youth Study (KYS)

The KYS was guided by a community-based participatory research (CBPR) framework, which entails involving of community partners in shaping the purpose, process, and dissemination of the research. CBPR is guided by principles that underscore equity in all aspects and phases of the research process between academic and community partners. CBPR is not a methodology, but rather an orientation to research, with the goal is to combining scientific inquiry and community knowledge to enact change and improve the health of individuals and communities. Core principles include acknowledging the community as a unit of identity, building upon the strengths and resources within communities, focusing on problems of importance to the community, disseminating knowledge to enact change and acknowledging ownership of knowledge among all partners involved (Minkler, 2004).

The KYS used a mixed-methods design, drawing on focus group data to inform the development of an anonymous survey instrument (Creswell & Clark, 2007). The research team conducted a total of four focus groups were conducted, two all-female and two all-male, with an average of eight participants in each group. From the focus group data, salient themes regarding

Cambodian American identity, the family, school experiences, and community dynamics. The research team presented these focus group themes to members of the community partner organization, who then prioritized the themes for inclusion in a survey instrument.

Instrument development. Youth and staff members of the community partner organization developed survey questions based on the identified themes. The UCLA research team examined focus group themes and community-devised questions and then compared them with existing measures for constructs of interest. Through collaborative discussions, the research team and community partner organization made changes to the wording of questions and response categories, retaining most of the original wording of the community-driven questions in order to maintain a CBPR framework throughout the process. They used items from existing measures were used for questions conceptually similar to established constructs such as depression, ethnic identity, and perceived discrimination.

The academic and community partners decided to make the survey anonymous so that youth members of the community partner could be actively involved in the data collection phase of the study. The research project team favored a relatively short survey instrument to account for the relatively shorter attention spans of adolescents compared to adults and to facilitate youth-led distribution of the survey.

The community partner organization pilot-tested the instrument to identify potential issues with comprehension and survey distribution among several Cambodian American youth. Based on this feedback, the survey was revised and submitted for approval with the UCLA Institutional Review Board.

Participants

Population and sampling. An overall convenience sample for this study was obtained from two subsamples of Cambodian American youth: one recruited from community organizations and the other from high schools in Long Beach, California ($n=502$).

Eligibility criteria. In order to be eligible to participate in the study, a participant needed to meet the following criteria: (a) have at least one parent/guardian of Cambodian descent (i.e. the parent/guardian is ethnically Cambodian or had emigrated from Cambodia), and (b) be between the ages of 13 and 19.

Sampling Procedures

Participant recruitment. Aligned with the CBPR framework, the research project involved community youth members throughout its various phases. In order to participate in survey dissemination efforts, organizational staff and the UCLA research team trained twenty youth during the summer of 2009 in research ethics, procedures, and recruitment methods. The training sessions involved lecture, discussion, and role-playing to ensure that community youth members understood issues related to confidentiality, consent/assent, and protocols for distribution and retrieval of the surveys.

Each of the 20 community youth members received approximately 30 – 35 surveys to distribute to peers along with a recruitment script inviting eligible participants. Youth members disseminated study packets containing an information sheet, survey, raffle ticket, instructions about inclusion criteria, and instructions for completing and returning the survey and raffle ticket. These procedures produced a sample of 502 youth participants out of approximately 649 eligible participants., yielding a response rate of 77.3%. Each youth participant that returned a survey was entered in a raffle to win a laptop computer.

Informed assent/consent. The survey instrument was anonymous and did not require participants to provide formal consent/assent forms. Instead, participants were provided with an information sheet describing the study's goals, procedures, and investigator contact information.

The invitation script and procedures ensured that potential participants understood that involvement in the study was voluntary and not related to commitments at school or other community establishments. An additional measure was taken to verify that youth were not being sampled more than once at schools or other settings: the raffle entry forms, which required participants' names and contact information, were collected separately from the survey forms and then inspected to ensure that participants did not take the survey more than once. No participants duplicated the survey.

Inclusion and Exclusion Criteria for Dissertation Study Sample

The sample in this study included 475 participants derived from the KYS sample who identified their ethnic background as Khmer. "Khmer" refers to the largest ethnic group in Cambodia and is typically used among Cambodians to refer to others with cultural roots in Cambodia (Chan, 2004). In addition to participants who solely marked Khmer to indicate their ethnic heritage, the study also included multiethnic participants who marked Khmer along with other ethnic groups. Previous research has indicated that many individuals of Cambodian descent embrace their multiethnic history due to its long history involving trade, invasions, land disputes, and war with neighbors and other nations (Hein, 2006). In light of this sociohistorical context, the majority of Cambodians continue to identify as "Khmer," reflecting the largest ethnic group in Cambodia and incorporating other cultural influences in the conception of Khmer (Hein, 2006). This dissertation examines Cambodian American adolescents who identified

“Khmer” cultural roots, which is consistent with the “emic” perspective of the inclusive nature of ethnic identification.

Measures

Depressive symptoms. The KYS used a 10-item measure of depression based on the Center for Epidemiologic Studies Short Depression Scale (CES-D 10) (Radloff, 1977; Andresen, et al., 1994). Respondents reported the frequency of feelings and behaviors related to depression within the last week (e.g. “I felt lonely”; “I had trouble keeping my mind on what I was doing”). Responses range from 0 (*rarely or none of the time*) to 3 (*most of the time*), with higher scores indicating increased depressive symptoms. Two items were reverse coded (i.e. “I was happy” and “I felt hopeful about the future”). A cutoff score of 10 or greater with no more than two items missing indicates the presence of depression, or severe depressive symptomology (Andresen, et al., 1994). Short forms of the CES-D containing as few as nine items share similar results in predicting suicidality and hopelessness as the full version and has been cross-validated in various ethnic groups (Cheung, Liu, & Yip, 2007). Chronbach’s alpha = .78.

Racial discrimination. An 18-item measure of racial discrimination assessed respondents’ perception of the frequency of negative attitudes and unfair treatment attributed to being Cambodian in the past year. Exploratory factor analysis revealed a 3-factor structure, representing three distinct subscales: (1) the *peer discrimination* subscale, comprised of five items; (2) the *school discrimination* subscale, comprised of seven items; and (3) the *police discrimination* subscale, comprised of six items (see Appendix, Table A1). Respondents were asked, “In the past year, how often did you experience the following... because you are Cambodian?” Sample items include “[From your peers], name calling/racial slurs and comments”; “[At school], people assumed your English was poor”; “[From the police], pulled

over”. Responses range from 1 (*never*) to 5 (*always*), with higher scores indicating more frequent discriminatory encounters. Cronbach’s alpha for each scale is as follows: peer discrimination (.89), school discrimination (.86), police discrimination (.93), and racial discrimination for all subscales combined (.91). Most measures of racial discrimination rely on self-reporting, which is a common approach in assessing stress and trauma (Sander-Phillips, 2009), despite the tendency to underestimate actual levels of racial discrimination experienced by individuals due to its stigmatizing nature (Ruggiero & Taylor, 1995).

Ethnic identity. Principal-component factor analyses of the 13-item measure of ethnic identity revealed a factor structure forming two subscales: (1) *centrality/private regard* comprised six items; and (2) *public regard* comprised two items. First, the measure estimated the centrality of the respondent’s ethnicity to his or her overall self-concept as well as positive feelings about being Cambodian (see Appendix, Table A2). Sample items include, “I feel a strong sense of belonging to others in the Cambodian community” and “I am proud to be Cambodian.” Second, the measure assessed beliefs about the positive or negative perceptions of non-Cambodians about the Cambodian American community (e.g. “People from other races think that Cambodians are as smart as people of other ethnic/racial groups”). The dimensions of centrality/private regard and public regard were adapted from the MIBI-t (Scottham, et al., 2008). Cronbach’s alpha for each scale is as follows: centrality and private regard (.87), public regard (.71), and ethnic identity overall (.86). Centrality/public regard will henceforth be referred to as *centrality*.

Demographic characteristics. The following demographic and background variables were examined as covariates: age, gender, subjective social status, family economic status, and Khmer language proficiency.

Age. *Adolescence* typically refers to the developmental transition period between childhood and adulthood and its age range can vary over sociohistorical and cultural contexts. This study included only participants between the ages of 13 and 19 who also met other eligibility criteria.

Gender. Participants were able to indicate whether they identified as male, female, or transgender. Transgender participants were excluded from the analysis due to their small number (n=3). Gender was coded as 0=*male*, 1=*female*.

Subjective social status. Stress theory positively links stress to morbidity and finds that it disproportionately affects individuals of lower socioeconomic standing. Researchers have examined the subjective perception of one's relative position in the larger social hierarchy has been examined as one indicator of true socioeconomic status. For instance, de Castro et al. (2010) link subjective social status to physical and mental health outcomes among Asian Americans adults, particularly when traditional measures of socioeconomic status such as income and educational level have not been so linked. Leu et al. (2008) operationalize subjective social status using the visual of a ladder that represents American society, in which participants rate their relative status on the ladder. Responses range from 1-10, wherein 1 represents the "bottom" and 10 the "top" of society.

Family economic status. Participants were asked to rate the following question: "My family has enough money to afford things we need." Responses range from 1 (*strongly disagree*) to 5 (*strongly agree*). Family economic status serves as a measure of perceived socioeconomic status.

Khmer language proficiency. Khmer is the primary language spoken in Cambodia, although literacy in Khmer remains limited to members of the elite class. In this study

participants reported how well they understand and speak Khmer (1=*not at all*, 2=*just a little bit*, 3=*okay*, 4=*fluently*). Cronbach's alpha = .83.

Multiple Imputation of Missing Values

Multiple imputation techniques have become a common method for handling missing data (McKnight, McKnight, Sidani, & Figueredo, 2007). Missing values can occur when participants choose not to respond to or do not know the response to specific items. The use of multiple imputation operates under the assumption that data are missing at random (MAR), in which missingness on a variable can be predicted by other variables (McKnight et al., 2007). Procedures for multiple imputation entail specifying variables to include in the analysis and creating transformations of those variables (Van Buuren, Boshuizen, & Knook, 1999). Multiple copies of the original data are computed based on these transformations, with each dataset containing different imputed values (Rubin, 1987). The analysis is then carried out on the multiple datasets to test specific models of interest in the study.

In this study, preliminary analyses deemed multiple imputation appropriate. Analysis of cases with missing versus non-missing data indicates that cases with missing data have significantly higher scores on key variables, including depressive symptoms, school discrimination, police discrimination, and subjective social status. Univariate descriptive analysis identified the frequency of missing values and patterns of missing data, the largest frequency of missing item (subjective social status) being six percent. However, using casewise deletion for the proposed analytic models would have resulted in elimination of nearly 23% of the cumulative cases with missing data.

The imputation model was created by selecting independent and dependent variables of the proposed analytic models as well as auxiliary variables. Auxiliary variables included

variables related to missingness on analytic model variables, identified via correlational analyses (van Buuren et al., 1999). The final imputation model included independent, dependent, and auxiliary variables and auxiliary variables were included in the final imputation model, although to protect against biased estimates the final analysis did not include the dependent variable and auxiliary variables (von Hippel, 2007).

This study used the multivariate normal approach to impute values for missing values. This approach operates under the assumption that data is normally distributed; it is typically used to generate values for missing data on continuous variables. Although the assumption of normality is not plausible in light of bivariate or categorical data, researchers have applied the multivariate normal approach to data that is not normally distributed (Schafer & Olsen, 1998; Lee & Carlin, 2010). Advancement in statistical software allows for large numbers of imputations has contributed to the comparability of various approaches to multiple imputation. Consistent with the recommendations in previous literature, twenty copies of the multiply imputed data were created for this model (Graham, Olchowski, & Gilreath, 2007). Scales and interaction terms were created based on imputed variables. Finally, post-imputation descriptive statistics did not depart dramatically from pre-imputation values and were therefore deemed appropriate for subsequent analyses.

Analysis Plan

Preliminary analyses. Univariate analysis consisted of frequencies for categorical variables, as well as measures of central tendency and assessment of skewness and kurtosis for continuous variables. Pearson's correlation was performed for continuous-continuous variable combinations.

Regression analyses. This study conducted hierarchical regression analysis to examine groups of predictor variables on depression. The first step in the model examined demographic control variables. The second step included racial discrimination variables. The third step inserted ethnic identity variables. The fourth step examined the interaction of racial discrimination and ethnic identity. Main effects and interaction effects of racial discrimination and ethnic identity on depression were analyzed in the aggregate (racial discrimination x ethnic identity) as well as for each subscale (e.g. peer discrimination x centrality, peer discrimination x public regard, etc.). Furthermore, unadjusted and adjusted regression analyses were conducted to investigate factors associated with racial discrimination variables and ethnic identity variables.

CHAPTER 4

RESULTS

The following chapter includes descriptive statistics, correlations, and regression models that address the study's primary research questions and hypotheses. All analyses, except bivariate correlations of continuous variables, used post-imputation data (n=418)³. Racial discrimination in this study was examined as an aggregate measure as well as in terms of its constituent subfactors; namely, peer discrimination, school discrimination, and police discrimination. The broader construct of ethnic identity, or notion of one's identity based on ethnic ties, was examined, as well as the underlying constructs of centrality and public regard. Multivariate analyses of the aforementioned variables included either racial discrimination and ethnic identity (aggregate) or discrimination subfactors and ethnic identity subfactors (disaggregate). For each primary research question, hypotheses are reviewed and followed by an overview and summary of results.

Descriptive Statistics

Table 1 presents descriptive statistics for all study variables. The sample was 54.77 percent female with a mean age of 15.87 years (SE = .06). The vast majority of participants were born in the United States (96.19%). Similarly, 94.28 percent of participants attended high school compared to 5.72 percent who had graduated high school, were in college, home schooled, not attending school. On average participants could speak and understand a fair amount of Khmer (M = 2.78, SE = .03). With regards to subjective social status, the mean was 5.86 (SE = .09), suggesting that on average participants viewed their social status as midway between extremes of being at "the top" or "the bottom" of society. The mean score for family economic status was

³ Limitation in statistical software did not permit bivariate correlations on post-imputation data.

3.47 (SE = .05), suggesting that on average participants were neutral about their family being able to fulfill basic needs.

With regards to discrimination, the mean score for racial discrimination was 1.63 (SE = .03). Values for peer discrimination (M = 1.68, SE = .04), school discrimination (M = 1.83, SE = .04) and police discrimination (M = 1.37, SE = .04) suggest that these forms of discrimination occurred between none to rarely. The mean score for ethnic identity was 3.84 (SE = .03), indicating, on average, respondents approximated agreement that ethnicity was an important part of their identity. The average score for centrality was 4.02 (SE = .04) implying agreement that being Cambodian was central to respondents' identities. In terms of public regard, a mean score of 3.29 (SE = .04) suggests that respondents overall were neutral with regards to other groups' positive perceptions of Cambodians. The average score for depression was 10.10 (SE = .24). This score exceeding the cutoff score (10) for the presence of depression in the CES-D short form. Half of the sample (50.72%) fell above the depression cutoff score.

Correlations

Using pre-imputation data, bivariate correlations between depressive symptoms, racial discrimination, ethnic identity, and continuous demographic characteristics are presented in Table 2. Racial discrimination, peer discrimination, school discrimination, and police discrimination were positively correlated with depressive symptoms. In contrast, subjective social status and family economic status were negatively correlated with depressive symptoms. Depression was not correlated with ethnic identity, centrality, or public regard.

Racial discrimination was positively correlated with peer, school, and police discrimination, as well as ethnic identity and centrality but not public regard. Ethnic identity was positively correlated with racial discrimination, peer discrimination, and police discrimination.

Ethnic identity was also positively correlated with centrality and public regard as well as Khmer language proficiency, subjective social status, and family economic status. Centrality was also positively correlated with racial discrimination, peer discrimination, and the aforementioned demographic characteristics. Public regard was positively correlated with peer discrimination, ethnic identity, centrality, subjective social status and family economic status.

Regression Models

Research Question 1. Unadjusted bivariate and adjusted regression analysis based on post-imputation addressed the first research question: What is the relationship between racial discrimination, ethnic identity, and depression, controlling for demographic characteristics?

Research Hypothesis 1: Racial discrimination will be positively associated with depression, controlling for demographic characteristics.

Results. Table 3 presents bivariate associations between demographic characteristics, racial discrimination variables, and ethnic identity variables on depression. Unadjusted bivariate regression analyses indicated that measures of socioeconomic status and racial discrimination variables were significantly associated with depression. Specifically, subjective social status was negatively associated with depression ($B = -.49$, $SE = .13$) as was family economic status ($B = -.72$, $SE = .23$). Racial discrimination was positively associated with depression, such that a one-unit increase in racial discrimination resulted in a 3.12-increase in depression ($SE = .36$). There was no significant association between ethnic identity and depression.

Table 4 presents a hierarchical regression analysis of racial discrimination, ethnic identity, and demographic characteristics on depression. Model 1 includes demographic characteristics and shows that subjective social status ($B = -.42$, $SE = .14$) and family economic status ($B = -.63$, $SE = .24$) are negatively associated with depression. In Model 2, a one-unit

increase in racial discrimination is associated with a 3.50-unit increase in depression. In addition, being younger ($B = -.34$, $SE = .17$), female ($B = 1.87$, $SE = .45$), having lower subjective status ($B = -.40$, $SE = .12$) and family economic status ($B = -.50$, $SE = .21$) are significantly linked to depression. With the inclusion of ethnic identity in Model 3, age, subjective social status, and family economic status demonstrate a pattern of relations similar to Model 2. However, there is no association between ethnic identity and depression after adjusting for the aforementioned variables. In Model 4, racial discrimination remains positively associated with depression, net of demographic correlates and ethnic identity ($B = 3.50$, $SE = .37$).

Summary of Results for Research Question 1. The findings supported Hypothesis 1, which stated that racial discrimination will be positively associated with depression net of ethnic identity and demographic characteristics. That is, increased experiences with racial discrimination are linked to greater levels of depression. Furthermore, as expected, there was no direct association between ethnic identity and depression.

Research Question 2. Adjusted regression analysis based on post-imputation data addressed the second research question: Does ethnic identity moderate the relationship between racial discrimination and depression?

Research Hypothesis 2. Ethnic identity will moderate the association between perceived racial discrimination and depression, such that ethnic identity will serve to buffer the negative influence of racial discrimination.

Results. As a continuation of the hierarchical regression analysis presented in Table 4, the interaction of racial discrimination and ethnic identity on depression is presented in Table 5. Racial discrimination continues to be positively associated with depression ($B = 7.85$, $SE = 3.13$); however, the interaction between racial discrimination and ethnic identity is not

significant. In terms of demographic characteristics, being younger, female, and of relatively lower socioeconomic status were significantly associated with depression.

Summary of Results for Research Question 2. The findings could not reject the null hypothesis for Hypothesis 2. That is, ethnic identity did not moderate, or buffer against, the association between racial discrimination between racial discrimination and depression.

Research Question 3. Unadjusted bivariate and adjusted regression analysis based on post-imputation addressed the third research question: What is the relationship between discrimination subfactors (peer, school, and police discrimination) and ethnic identity subfactors (centrality and public regard), controlling for demographic characteristics?

Research Hypotheses 3:

H3a. Peer discrimination will be positively associated with depression, controlling for school discrimination, police discrimination, and demographic characteristics.

H3b. School discrimination will be positively associated with depression, controlling for peer discrimination, police discrimination, and demographic characteristics.

H3c. Police discrimination will be positively associated with depression, controlling for peer discrimination, school discrimination, and demographic characteristics.

Results. Unadjusted bivariate analyses indicated a positive association between all discrimination subfactors and depression (Table 3). Specifically, a one-unit increase in peer discrimination was associated with a 1.97-point increase in depression (SE = .27), a one-unit increase in school discrimination was linked to a 2.08-point increase in depression (SE = .30), and a one-unit increase in police discrimination was tied to a 1.76-point increase in depression (SE .31).

Table 6 displays the adjusted hierarchical regression analyses of discrimination subfactors, ethnic identity subfactors, and demographic characteristics on depression. In Model 1, increased socioeconomic status was negatively associated with depression. In Model 2, greater reports of peer discrimination, school discrimination, and police discrimination were associated with greater depression, net of demographic characteristics. Model 3 includes centrality and public regard with the aforementioned variables, which were not associated with depression. However, all forms of discrimination maintained similar relations as in the previous model. With the inclusion of all discrimination subfactors and ethnic identity subfactors, Model 4 continues to show a similar pattern of relations as previous models. That is, depression remains associated with increased peer ($B = 1.16$, $SE = .33$), school ($B = 1.07$, $SE = .34$), and police ($B = 1.30$, $SE = .34$) discrimination. Furthermore, being female ($B = 1.94$, $SE = .46$), and having lower subjective social status ($B = -.40$, $SE = .13$) and lower family economic status ($B = -.53$, $SE = .22$), were associated with depression.

Summary of Results for Research Question 3. The findings affirmed Hypothesis 3, which stated that all discrimination subfactors would be associated with depression.

Research Question 4. Do ethnic identity subfactors (centrality and public regard) moderate the relationship between racial discrimination subfactors (peer, school, and police discrimination) and depression?

Research Hypotheses 4:

H4a. Centrality will buffer the influence of peer discrimination on depressive symptoms, controlling for demographic characteristics.

H4b. Public regard will buffer the influence of peer discrimination on depressive symptoms, controlling for demographic characteristics.

H4c. Centrality will buffer the influence of school discrimination on depressive symptoms, controlling for demographic characteristics.

H4d. Public regard will buffer the influence of school discrimination on depressive symptoms, controlling for demographic characteristics.

H4e. Centrality will buffer the influence of police discrimination on depressive symptoms, controlling for demographic characteristics.

H4f. Public regard will buffer the influence of police discrimination on depressive symptoms, controlling for demographic characteristics.

Results. The above hypotheses are addressed in Table 7, which displays the interaction of discrimination subfactors and ethnic identity subfactors as a continuation of the hierarchical regression presented in Table 6. Increased peer, school, and police discrimination were associated with greater levels of depression. However, the interaction terms of discrimination subfactors and ethnic identity subfactors were not associated with depression. In this model, being female and of lower socioeconomic status were associated with increased depression.

Summary of Results for Research Question 4. The hypotheses under Research Question 4 tested whether subfactors of ethnic identity moderated the influence of peer, school, and police discrimination. As a whole, neither centrality nor public regard were protective in light of various forms of discrimination.

Research Question 5. What demographic characteristics relate to racial discrimination and discrimination subfactors (peer, school, and police)?

Research Hypotheses 5.

H5a. Compared to younger adolescents, older adolescents will report greater levels of racial discrimination, school discrimination, and police discrimination. No age group differences are expected for peer discrimination.

H5b. Compared to female adolescents, male adolescents will report greater levels of racial discrimination, school discrimination, and police discrimination. No gender differences are expected for peer discrimination.

H5c. Compared to adolescents with higher levels of socioeconomic status (as measured by subjective social status and family economic status), adolescents with lower levels of socioeconomic status will report greater levels of racial discrimination, peer discrimination, school discrimination, and police discrimination.

Results. Table 8 displays bivariate associations of demographic characteristics and ethnic identity variables on racial discrimination in aggregate and discrimination subfactors. Unadjusted analyses show that age was positively associated with police discrimination ($B = 10$, $SE = .03$), such that an increase in one year in age was linked to a .10-point increase in perceived discriminatory encounters with police. There were no associations between age and other forms of discrimination. In addition, gender was significantly associated with racial discrimination ($B = -.37$, $SE = .06$), peer discrimination ($B = -.40$, $SE = .08$), school discrimination ($B = -.25$, $SE = .07$), and police discrimination ($B = -.47$, $SE = .07$). Specifically, males reported significantly higher levels of racial discrimination across all contexts compared to females. Furthermore, increased ethnic identity was significantly associated with greater reports of racial discrimination ($B = .17$, $SE = .04$), peer discrimination ($B = .23$, $SE = .06$), school discrimination ($B = .12$, $SE = .06$), and police discrimination ($B = .17$, $SE = .05$). Similarly, centrality was positively linked to racial discrimination ($B = .13$, $SE = .04$) and discrimination subfactors (peer [$B = .19$, $SE = .05$],

school, [B = .11, SE = .05], police [B = .12, SE = .05]). Although greater levels of public regard were associated with elevated reports of racial discrimination (B = .22, SE = .04), peer discrimination (B = .15, SE = .05), and police discrimination (B = .14, SE = .04), public regard was not associated with school discrimination. Finally, neither measure of socioeconomic status (subjective social status and family economic status) had an association across all forms of discrimination.

Adjusted regression analyses of ethnic identity and demographic characteristics on racial discrimination and discrimination subfactors are presented in Table 9. Results indicated that increased age was significantly associated with less peer discrimination (B = -.06, SE = .03) but greater police discrimination (B = .08, SE = .03); however, there was no association between age and racial discrimination overall and school discrimination in particular. In addition, being male was positively associated with greater levels of racial discrimination (B = -.34, SE = .06), peer discrimination (B = -.39, SE = .08), school discrimination (B = -.23, SE = .08), and police discrimination (B = -.43, SE = .07). Furthermore, stronger adherence to ethnic identity was associated with increased reporting of racial discrimination (B = .15, SE = .04), peer discrimination (B = .20, SE = .06), and police discrimination (B = .15, SE = .05), but not school discrimination.

Table 10 presents adjusted regression analyses of demographic characteristics and ethnic identity subfactors on racial discrimination and discrimination subfactors. With the inclusion of ethnic identity subfactors, being male was associated with increased racial discrimination (B = -.34, SE = .06), peer discrimination (B = -.39, SE = .08), and school discrimination (B = -.23, SE = .08), and police discrimination (B = -.42, SE = .08). In addition, a greater sense that one's family could provide for basic needs was associated with less reporting of school discrimination

($B = -.08$, $SE = .04$). With regards to ethnic identity subfactors, adjusted analyses indicate that greater levels of centrality were associated with a slight increase in racial discrimination ($B = .09$, $SE = .04$).

Summary of Results for Research Question 5. Hypothesis 5a indicated that older adolescents report greater racial discrimination, school discrimination, and police discrimination. Contrary to these hypothesized relations, older participants did not report greater racial discrimination nor school discrimination. However, in line with the Hypothesis 5a older participants reported significantly higher levels of police discrimination. Furthermore, younger participants experienced greater levels of peer discrimination compared to older participants.

Hypothesis 5b stated that males report greater levels of racial discrimination, school discrimination, and police discrimination. The findings affirmed these hypotheses for all forms of discrimination. Although not initially hypothesized, males also reported higher levels of peer discrimination compared to females.

Finally, Hypothesis 5c posited that adolescents with lower levels of socioeconomic status (captured by subjective social status and family economic status) will report greater levels of racial discrimination as a whole in and peer, school, and police contexts than those who report higher levels of socioeconomic status. As the results indicated no association between measures of socioeconomic status and discrimination variables, the null hypothesis could not be rejected.

Research Question 6. What factors relate to ethnic identity, centrality, and public regard?

Research Hypotheses 6:

H6a. Compared to younger adolescents, older adolescent will report higher levels of ethnic identity, centrality, and public regard.

H6b. Compared to adolescents with less Khmer language proficiency, adolescents with greater Khmer language proficiency will report higher levels of ethnic identity and centrality. No group differences between adolescents with less and greater Khmer language proficiency are expected.

H6c. Adolescents who report greater racial discrimination, peer discrimination, school discrimination, and police discrimination will report greater levels of ethnic identity, centrality, and public regard.

Results. Table 11 displays bivariate associations of demographic characteristics, racial discrimination, and discrimination subfactors on ethnic identity and ethnic identity subfactors. Unadjusted analyses indicate that greater Khmer language proficiency was associated with higher reported levels of ethnic identity ($B = .20$, $SE = .05$), centrality ($B = .23$, $SE = .05$), and public regard ($B = .12$, $SE = .06$). In addition, racial discrimination was positively associated across ethnic identity ($B = .20$, $SE = .05$) and its subfactors (centrality [$B = .19$, $SE = .06$] and public regard [$B = .21$, $SE = .07$]). Peer discrimination was positively associated across ethnic identity variables (ethnic identity [$B = .14$, $SE = .04$], centrality [$B = .14$, $SE = .04$], and public regard [$B = .15$, $SE = .05$]). Greater school discrimination was linked to greater levels of ethnic identity ($B = .09$, $SE = .04$) and centrality ($B = .10$, $SE = .05$) but not public regard. Police discrimination was positively associated with ethnic identity ($B = .13$, $SE = .04$), centrality ($B = .12$, $SE = .04$), and public regard ($B = .18$, $SE = .06$).

Adjusted analyses of racial discrimination, age, and Khmer language proficiency are presented in Table 12. Across these models, age was negatively associated with centrality ($B = -.05$, $SE = .03$) but not associated with ethnic identity nor public regard. In addition, greater Khmer language proficiency was associated with increased reporting of ethnic identity ($B = .20$,

SE = .05) and centrality (B = .23, SE = .05), but not public regard. Finally, there was a positive association between racial discrimination and ethnic identity (B = .18, SE = .05), centrality (B = .17, SE = .06), and public regard (B = .20, SE = .07).

Table 13 presents adjusted regression analyses of racial discrimination subfactors and demographic characteristics on ethnic identity variables. Age was negatively associated with ethnic identity (B = -.05, SE = .03) and centrality (B = -.06, SE = .03). Khmer language proficiency was positively associated with ethnic identity (B = .20, SE = .05) and centrality (B = .23, SE = .05). Furthermore, police discrimination was positively associated with ethnic identity (B = .11, SE = .05) and public regard (B = .16, SE = .06). There were no significant associations between peer and school discrimination on ethnic identity variables.

Summary of Results for Research Question 6. Hypothesis 6a posited that older adolescents report higher levels of ethnic identity, centrality, and public regard than younger adolescents. The findings did not support this hypothesis. Instead, some findings supported an inverse relationship. For example, age was negatively associated with centrality when adjusting for Khmer language proficiency and racial discrimination. In addition, age was negatively associated with ethnic identity when adjusting for language proficiency and discrimination in peer, school, and police contexts. Similarly, in adjusted models age was negatively associated with centrality but not with public regard.

Hypothesis 6b stated that adolescents with greater Khmer language proficiency report greater levels of ethnic identity and centrality than those with less proficiency. The findings across adjusted models affirmed this hypothesis, in which greater Khmer language proficiency was significantly linked to greater ethnic identification and centrality but not with public regard.

Hypothesis 6c proposed that adolescents who report greater levels of racial discrimination as a whole and in peer, school, and police contexts report greater levels of ethnic identity, centrality, and public regard. The results across analyses for ethnic identity, centrality, and public regard were mixed. Still, significant results indicated that greater experiences with discrimination strengthened ethnic identification. For example, racial discrimination was positively linked to ethnic identity as a whole; however, in analysis of subfactors only police discrimination was positively associated with ethnic identity and public regard. In addition, racial discrimination in aggregate was positively associated with centrality but no subfactors of discrimination were associated with centrality. Finally, racial discrimination was positively associated with public regard, yet in analysis of subfactors only police discrimination positively associated with public regard. Overall the findings suggest that racial discrimination, and specifically police discrimination, are linked to greater ethnic identity generally and public regard in particular.

CHAPTER 5

DISCUSSION

This study examines the role of racial discrimination and ethnic identity in the adjustment of Cambodian American adolescents. A primary aim of this study was to investigate experiences of racial discrimination and whether these experiences contribute to depression. This research analyzed ethnic identity as a potential moderator in the relation between racial discrimination and depression, in addition to exploring the factors associated with racial discrimination and ethnic identity. The analyses included racial discrimination as an aggregate measure and in terms of its constituent subfactors (peer discrimination, school discrimination, and police discrimination). Similarly, the analyses involved the broader construct of ethnic identity, or the notion of one's identity based on ethnic ties, as well as the underlying constructs of centrality and public regard.

Racial Discrimination and Depression

The findings supported the relationship between racial discrimination and depression, suggesting that racial discrimination adversely affects psychological adjustment. These results align with prior empirical research indicating that racial discrimination contributes to poorer psychological and developmental outcomes for adolescents (Edwards & Romero, 2008; Greene et al., 2006; Umaña-Taylor & Updegraff, 2007). The findings also contribute to a growing literature examining the consequences of discrimination for Asian American adolescents. Indeed, other studies have linked experiences of racial discrimination to depression among Chinese American adolescents in the New York region (e.g. Grossman & Liang, 2008; Rivas-Drake, et al., 2008). However, with some exceptions (e.g. Rumbaut, 1994), few studies have examined

racial discrimination in relation to specific outcomes for Southeast Asian adolescents generally or Cambodian American adolescents specifically. Nevertheless, prior research indicates that Southeast Asian students report discriminatory experiences in school (Chhuon & Hudley, 2010; Yang, 2004; Um, 2003; Davis & McDaid, 1992; Kiang & Kaplan, 1994). Furthermore, community advocates have also called attention to deportation policies that in their view affect Cambodians in the United States unjustly (Cheng, 2005; Hing, 2005).

The results also support theoretical and conceptual research that specifically implicates racial discrimination and prejudice as risk factors affecting psychosocial and developmental outcomes for children and adolescents of color (Garcia Coll et al., 1996; Garcia Coll & Marks, 2011). In the context of stress theory, experiences of discrimination can be seen as stressors that diminish well-being and can threaten adaptive coping (Pearlin, 1989). The observed relationship between racial discrimination and depression aligns with the idea that discriminatory experiences not only influence negative adjustment and development generally but can also contribute to specific forms of psychological distress, such as depression (Aneshensel, 1991). Although the present analysis did not include other psychological or behavioral outcomes, these theoretical and conceptual bases warrant examination of direct effects of racial discrimination on additional academic, behavioral, and socioemotional outcomes.

This study uniquely examines of specific subfactors of racial discrimination in peer, school, and police contexts. This analysis is consistent with studies that recognize the multidimensional nature of race-based discriminatory experiences for young people that occur in different contexts and are perpetrated by peer and adult sources (e.g. Seaton & Yip, 2009; Wang et al., 2011). Peer discrimination, school discrimination, and police discrimination similarly

exerted direct effects on depression. Thus, different settings may be expose adolescents to different forms of discrimination, suggesting implications for future intervention.

The findings regarding peer discrimination are consistent with other studies that have underscored the effects of peer victimization on psychosocial adjustment for Asian American adolescents (Niwa et al., 2011; Qin, et al., 2008; Rivas-Drake et al., 2008; Greene et al., 2006; Fisher et al., 2000; Rosenbloom & Way, 2000). Scholars have suggested that peer discrimination can have a more detrimental effect on psychological and emotional well being compared to behavioral outcomes (e.g. academic, delinquency). Because pressure for peer acceptance is heightened during adolescence, victimization from peers may be particularly stressful (Wang et al., 2011; Greene et al., 2006; Simons et al., 2002; Rosenbloom & Way, 2000; Fisher et al., 2000). Qualitative research on peer harassment among Chinese American students in New York found that avoidance strategies (e.g. ignoring harassment, “letting it go,” not responding, “distancing” from Chinese peers) in response to peer discrimination were common (Niwa et al., 2011). These avoidant coping strategies may serve to exacerbate peer discrimination’s negative effect on mental health (Noh & Kaspar, 2003).

In addition, Asian American students are often perceived as model minority students favored by teachers, and can therefore become targets of harassment from non-Asian peers (Hume & Takeuchi, 2008; Rosenbloom & Way, 2000). Although recent research has highlighted the high prevalence of peer discrimination and bullying among Asian American youth (U.S. Department of Education, 2011; Fisher et al., 2000), few existing studies have linked these experiences empirically to specific outcomes.

In addition, the findings suggest that discrimination in the broader school context influences Cambodian American adolescents’ well-being. This finding extends prior research

showing that Cambodian American students report negative treatment and discouragement from teachers (Chhoun et al., 2010; Ngo & Lee, 2007; Um, 2003; Yang, 2004). Contrary to the model minority stereotype often projected onto Asian American students, adults often perceive Southeast Asian youth as gang members and low-achieving students (Hume & Takeuchi, 2008; Ngo & Lee, 2007). The observed findings tap into Cambodian American adolescents' own perceptions of discrimination at school and indicate that these experiences are associated with depressive symptoms. Outcomes among Cambodian American youth as a group suggest that they generally elude the model minority stereotype. However, Cambodian American youth are often still subjected to the stereotype's expectations and often feel internally pressured to fulfill them (Chhoun & Hudley, 2010). In turn, these external pressures can trigger internalized stress that leads to outcomes such as depression (Clark et al., 1999). Additional research is needed to verify potential mediating processes in these relations.

Furthermore, outside of the home, school is a primary socializing environment for adolescents and can influence a myriad of developmental processes and outcomes. Although prior work has suggested that discrimination from adults in academic contexts may have more detrimental effects on adolescents' academic goals and achievement than on their well-being (Greene et al., 2006), the current study does not account for academic variables. Future research should examine these relations in both psychological and academic outcomes among Cambodian American adolescents.

A particularly noteworthy aspect of this study was the analysis of police-based discrimination. Prior studies have examined perceptions of racial profiling by the police for African American and Latino youth (Bronson, 2007; Rosenbloom & Way, 2000). However, few studies have documented reports of police discrimination for Asian American youth, let alone for

specific subgroups such as Cambodian Americans. Previous research has examined delinquency and problem-behavior among Cambodian American adolescents (Choi et al., 2008; Spencer & Le, 2006; Le & Wallen, 2006; Go & Le, 2005; Le et al., 2005). Yet to the author's knowledge, no prior studies have examined whether negative interactions with police and other authorities were perceived as discriminatory by Cambodian American adolescents themselves.

Research with African American young men has described their experience of police harassment and racial profiling, which includes aggressive surveillance, police misconduct and violence, and negative encounters experienced by family members and friends (Bronson, 2007). As stress theory suggests, such experiences of race-based discrimination can lead to various stress responses—demoralization, helplessness, and other adverse psychological reactions—that can then lead to depression (Clark et al., 1999). Urban youth of color are more likely to live in high-crime, poverty-stricken neighborhoods, which increases their chances of exposure to and negative experience with police (Simon et al., 2002). The current study's findings call attention to the direct negative effects that police discrimination can have on the well-being of adolescents of color.

It is worth noting that the study participants on average demonstrated high levels of depression. In fact, approximately half of the sample exceeded the cutoff score for the presence of depression. This finding is line with research indicating high rates of depression for Asian American adolescents compared to other ethnic groups (Kubik et al., 2003). The results also echo previous research showing high levels of depressive symptoms and suicidal ideation as well as poor social adjustment among Asian American youth (Kubik et al., 2003; Centers for Disease Control [CDC], 1995; Lorenzo, Pakiz, Reinherz, & Frost, 1995; Lee & Zhan, 1998; Austin & Chorpita, 2004). These results regarding the prevalence of depression among mostly second-

generation adolescents are especially alarming given high rates of mental illness among first-generation Cambodian refugees in the U.S. (Marshall et al., 2005). Additional research is needed to explore the range of individual, social, and cultural factors that contribute to depressive symptoms for Cambodian American adolescents as well as youth in other Asian American communities.

Finally, ethnic identity did not have a direct influence on depression. Many studies have focused on the indirect, moderating effect of ethnic identity on psychosocial outcomes (Liebkind et al., 2004; Yip & Fuligni, 2002; Sellers et al., 2003; Phinney et al., 1997). The following section discusses whether ethnic identity buffered the effect of stress on psychological adjustment (Mossakowski, 2003).

Ethnic Identity as a Buffer Against Discrimination Distress

This study also aimed to examine whether ethnic identity served to protect against the negative influence of racial discrimination. A theme underlying this aim was to understand individual variation in the response to stress-related discrimination experiences. Competing perspectives in the literature have described the shielding effect of ethnic identity against racial discrimination (Yip et al., 2008; Mossakowski, 2003; Rivas-Drake et al., 2008) and its amplifying effect on the link between racial discrimination and psychological adjustment (Yoo & Lee, 2008; Noh et al., 1999). The current study's findings fail to reject the null hypothesis, showing no differences in the effect of discrimination on depression based on varying levels of ethnic identification. That is, ethnic identity did not protect against the influence of racial discrimination on depression.

The study also tested whether subfactors of ethnic identity (centrality and public regard) buffered the influence of peer, school, and police discrimination. Prior to the study's primary

analyses, a preliminary exploratory factor analysis identified centrality and public regard as ethnic identity subfactors; these have been examined in other research (Sellers et al., 2003). Earlier research has provided evidence that these subfactors of ethnic identity may differentially moderate the effect of racial discrimination on various psychosocial outcomes (Rivas-Drake et al., 2008; Lee, 2005; Sellers & Shelton, 2003). The findings of the current study, however, cannot support the hypotheses regarding the influence of ethnic identity subfactors; neither centrality nor public regard were protective in light of various forms of discrimination. Other studies with multiethnic youth samples have found that ethnic identity does not moderate the association between discrimination and well-being (Huynh & Fuligni, 2010).

One explanation for this lack of significance may relate to examination of Cambodian ethnic identity versus pan-Asian ethnic identity. Research by Chhuon (Chhuon et al., 2010; Chhuon & Hudley, 2010) found that high-achieving Cambodian American students embraced pan-Asian identity rather than Cambodian-specific ethnic identity, suggesting that the ties of pan-Asian affiliation to model minority perceptions support positive academic and social identities. Academically inclined students often distanced themselves from fellow Cambodian American students who conformed to their group's negative stereotypes. In contrast, low-achieving students had stronger ties to their Cambodian ethnic identity but not to pan-Asian identity (Chhuon et al., 2010). This line of research suggests that dual, conflicting identities are often placed on Cambodian American adolescents. Despite methodological and practical limitations associated with treating Asian Americans as a homogenous population, individuals and groups are still subjected to stereotypes and discriminatory experiences placed on Asian Americans as a whole. Thus, it may be that, explicitly, Cambodian ethnic identity is not protective, whereas pan-Asian ethnic identity is (Espiritu, 1992), meaning that this study's

specific focus excluded a possible protective factor from consideration. This possibility warrants further research attending to both ethnic-specific and pan-ethnic identities for Asian American groups.

Additionally, it is plausible that factors outside of ethnic identity are more effective at protecting against racial discrimination. For example, other studies have found that factors such as social support and racial socialization can act as buffers that protect against discriminatory stress. Social supports that can mitigate distress include emotional, informational, and instrumental resources derived from family and friends (Berkman & Glass, 2000). Racial-ethnic socialization refers to a process by which parents teach children about race and ethnicity, including preparation for racial bias and discrimination (Hughes et al., 2006; Harris-Britt et al., 2007).

The aforementioned factors involve social aspects that may work in various ways on racial discrimination. For example, social support and racial-ethnic socialization may de-individualize and de-internalize the experience of discrimination by recognizing that the experience of racial discrimination results from group identification (rather than singular individual attributes). In addition, they may help diffuse the stress of discrimination by sharing it with others, thereby making the effects of discrimination less potent (Grossman & Liang, 2008). In other words, the actual social support often obtained from group affiliation may be more effective than the social-psychological group-affiliation alone represented by ethnic identity (Meyer, 2003).

Finally, measurement offers another possible explanation for the failure of ethnic identity to demonstrate a moderation effect. The ethnic identity measure as used in this study was adapted from a multidimensional measure of racial identity for African American adolescents

(Scottham, et al., 2008; Sellers & Shelton, 2003). The original version of the measure included subscales of centrality, regard, as well as ideological orientation (i.e. philosophy regarding the political and social integration of one's group to other racial or ethnic groups). There is a possibility that, although this measure has been applied to other groups, this operationalization of ethnic identity is not appropriate for Cambodian American adolescents.

Factors Associated with Racial Discrimination

With respect to factors associated with racial discrimination, this study examines ethnic identity variables, as well as demographic characteristics related to gender, age, and measures of socioeconomic status measures. The study also explores this pattern of relations for peer discrimination, school discrimination, and police discrimination. Overall, the findings support viewing gender, age, perceived socioeconomic status, and ethnic identity as significant factors associated with racial discrimination.

Males reported greater racial discriminatory experiences in general and peer discrimination experiences in particular than did females. This finding is consistent with previous research that has shown that men of color are more likely to report racial discrimination than women of color (Sellers & Shelton, 2003; Finch et al., 2000; Lopez, 1995). The findings also provided partial support for hypotheses positing that males experience more school and police discrimination than females.

Findings demonstrating greater levels of peer discrimination among males align with other studies that have shown that boys often experience overt forms of peer victimization more frequently than girls (Crick & Bigbee, 1998). One possible explanation is that expressions of peer harassment that involve aggressive behavior (e.g. name calling, fights) are more prevalent

among boys, whereas insidious, relationally-mediated forms of aggression are more common among girls (Crick & Grotpeter, 1995).

The tendency for males to report greater school discrimination is consistent with prior studies that have described perceived challenges in educational contexts for young men of color. For example, Lopez (1995) found that Latino male college students were more likely to report academic discouragement and racial discrimination than their female counterparts. Although research has discussed barriers to academic achievement and access to higher education among African American and Latino American youth (Noguera, 2003; Lopez, 1995), few studies have discussed these relations for Asian American youth (Greene et al., 2006). With a few exceptions that have focused on Southeast Asian youth, Asian American youth have typically been stereotyped as being favored by teachers (Ngo & Lee, 2007). In addition, this finding may also be a reflection of a broader pattern of reporting greater discrimination across multiple domains. For example, Greene and colleagues (2006) found that Asian American adolescents perceived greater adult discrimination than Puerto Rican (but not Black) adolescents.

The greater likelihood of males reporting police discrimination is consonant with literature that describes negative experiences with police among urban young men of color (Bronson, 2007; Noguera, 2003). Although few studies have focused on youth's own perspectives about police discrimination, the delinquency literature generally shows that the frequency and severity of externalizing and problem behaviors increase in age for boys (Nagin & Tremblay, 1999), which can translate to actual or perceived negative encounters with authorities for older adolescents.

The findings also highlighted patterns with regards to age and discrimination. The data showed that younger adolescents in this study were more likely to experience peer

discrimination. These results contrast with previous work indicating that the relationship between age and peer victimization does not show a linear trend (Boulton, Trueman, & Flemington, 2008). It may be that younger adolescents experience greater peer discrimination than older adolescents, due in part to physical characteristics and social hierarchies in which physically smaller, younger adolescents are more vulnerable. Younger adolescents may be more vulnerable to racialized peer discrimination because of less experience with racial socialization (Hughes, et al., 2006).

In addition, older adolescents were more likely to report police discrimination. This finding may be related to increases in exposure and mobility as older adolescents age, consistent with research showing that perceived discrimination is positively associated with age (Greene et al., 2006; Szalacha, et al., 2003; Fisher et al., 2000; Romero & Roberts, 1998). Because adolescents develop greater social awareness and experience over time, older adolescents may be more aware of societal discrimination and may therefore be more likely to interpret encounters with authorities as discriminatory (Brown & Bigler, 2005). In general, these results related to age suggest that the reporting of various forms of discrimination may be related to different developmental stages.

The findings provided some support for the idea that greater family economic stability is related to decreased discrimination in the broader school context. That is, adolescents with greater family economic stability were less likely to experience school discrimination. Overall, however, the data did not support the hypothesized claim that lower socioeconomic status was related to racial discrimination. In other words, participants' reported racial discrimination did not vary across levels of perceived socioeconomic status. These findings contrast with previous studies that have shown that individuals with lower economic status tend to perceive greater

discrimination (Clark et al., 1999). However, in the final model analyzing depression, both subjective social status and family economic status were negatively associated with depression after adjusting for additional variables. In other words, greater socioeconomic status was tied to fewer depressive symptoms. This suggests that socioeconomic status exerts an independent and direct effect on depression rather than operating through racial discrimination.

Ethnic identity was positively related to racial discrimination. This finding is consistent with research that has shown that demonstrates links between group identification and awareness of group bias (Brown et al., 2011). In this study, greater centrality was a risk factor for greater perceived racial discrimination; research with African American young adults has exhibited parallel findings (Sellers et al., 2003). The next section further addresses the positive relationship between ethnic identity and racial discrimination.

Factors Associated with Ethnic Identity

Overall, the findings are mixed with regards to factors associated with ethnic identity and its constituent subfactors. Khmer language proficiency is associated with ethnic identity as a whole, and with centrality in particular. This finding is consistent with other studies showing that proficiency in the language of one's family of origin strengthens identification with cultural and ethnic ties (Phinney et al., 2001). The notion of centrality, or the value of one's ethnicity as central to defining oneself, was one of two subfactors identified within the larger construct of ethnic identity. Use and comprehension of the Khmer language can have the effect of making one's ethnicity a salient aspect of one's lived experience. Moreover, language is often a marker of ethnic ties, and the use of language functions as a component of one's self-identification (Phinney et al., 2001). There was no association between language proficiency and public regard, or the perception of others' feelings or attitudes toward one's ethnic group. This finding implies

that public regard is not likely to be influenced by adherence to cultural behaviors or norms as much as by interactions with other groups.

The data demonstrated a link between increased age and decreased levels of ethnic identity, especially centrality. In adjusted analyses that examined age, Khmer language proficiency, and racial discrimination in aggregate, age was associated with centrality. A parallel analysis that included subfactors of discrimination (peer, school, and police discrimination) found that age was negatively associated with centrality and ethnic identity. That is, an increase in age was related to a decrease in the importance of ethnicity to one's identity. Overall, this study's sample showed a decrease of ethnic centrality over time.

Several interpretations of these findings are possible. For example, one possibility is that socialization within the home exerts greater influence on younger adolescents (Harris-Britt et al., 2007). As adolescents grow older and become more exposed to other socializing forces, ethnicity may become less prominent. Similarly, as adolescents progress developmentally their notions of self become more complex. Older adolescents may also be contending with the development of additional identities (e.g. gender, sexual orientation), thereby making ethnic identification one of many intersecting identities (Phinney, 2008). It is important to note that an increase in age by one year was associated with a very minimal decrease in ethnic identity. Thus, the findings may also reflect potential sampling error. If these findings regarding age and ethnic identity are correct, additional research is needed to verify the stability of these relations.

The data supported an association between racial discrimination and ethnic identity as a whole, suggesting that greater experiences with racial discrimination are linked to greater levels of ethnic identity. Prior research has demonstrated that discriminatory experiences can strengthen one's ethnic identification (Operario & Fiske, 2001). Discrimination may encourage individuals

to seek out others who are experiencing similar race- or ethnicity-based treatment (Tatum, 1997). Similarly, discriminatory experiences rooted in negative race-based perceptions and stereotypes can be countered by the pride and positive affect that ethnic identity promotes (Phinney & Ong, 2007). The study's findings contrast, however, with other work specific to Cambodian American adolescents that has found that students' awareness of negative perceptions about their ethnic group was related to a distancing from both ethnic identity and ties to school (Chhoun & Hudley, 2010; Chhuon et al., 2010).

The results of this study indicate a positive association between police discrimination and ethnic identity generally, and public regard specifically. It may be that discriminatory experiences with police strengthen one's ethnic identification. One expression of this has been through involvement in ethnic-based gangs (Go & Le, 2005). In the case of public regard, the perception of positive views toward one's ethnic group may serve to combat negative experiences with police, the consequences of which are often public in nature (Phinney & Ong, 2007). These findings contribute to the literature by suggesting potential links between discrimination in specific contexts and components of ethnic identity. Additional research is needed to examine these linkages further.

Limitations

Several limitations of this study should be acknowledged. First, due to the cross-sectional nature of the data, it is plausible that the hypothesized relations also operate in the reverse order. That is, greater depression and poorer mental health in general may be linked to increased awareness, sensitivity, or reporting of racial discrimination. Garber (2006) showed that more depressed adolescents were more isolated and therefore more likely non-depressed adolescents to report discriminatory experiences. Social isolation may also relate to a lack of social skills,

which may increase the likelihood of negative treatment from peers. Therefore, panel studies to derive longitudinal data are needed to understand the causal relationship between the examined variables.

Second, the results may not be generalizable to all Cambodian American adolescents. The use of convenience sampling drawn from two high schools and several community centers serving Cambodian American adolescents in Los Angeles County enabled broad access to a difficult-to-reach population. However, more stringent sampling techniques should be used in the future to minimize sampling bias. In addition, Los Angeles County is unique in that it is home to the largest community of Cambodians in the United States and is also racially and ethnically diverse. Therefore, the findings may not generalize to Cambodians American adolescents who live in communities that are less diverse and have smaller concentrations of Cambodian co-ethnics. The external validity of results should be interpreted with caution, particularly with regards to their applicability to Cambodian American adolescents in other regions.

Third, the measure of racial discrimination used did not assess whether the source of discrimination was from out-group or in-group members. Although the racial discrimination measures in this study are modeled after previously validated discrimination measures (Fisher et al., 2000; Vega, Zimmerman, Gil, Warheit, & Apospori, 1993), knowing the source of discriminatory experiences may provide more information about the context and nature of discrimination among adolescents in multiracial and multiethnic communities. Some research has highlighted intra-ethnic discrimination based on immigrant status (Pyke & Dang, 2003). Consideration of these factors would provide additional nuance to our understanding of discriminatory experiences for Cambodian American adolescents.

Fourth, future research should include additional potential moderating factors in the relationship between racial discrimination and mental health. In addition to ethnic identity, existing research has shown that social support, racial-ethnic socialization, and forms of coping protect against the stress of racial discrimination (Grossman & Liang, 2008; Hughes et al., 2006; Harris-Britt et al., 2007).

Research Contributions

In light of the aforementioned limitations, this study advances the literature on Cambodian American adolescents in several ways. First, the current study adds to the limited research on racial discrimination, ethnic identity, and mental health among Cambodian American adolescents. The examination of these variables contributes to what has been very limited empirical research on this population despite evidence of need. Early studies on Asian American adolescents have excluded Southeast Asian groups, such as Cambodians, or have failed to disaggregate data by ethnic group. These omissions in data collection and analysis have created a substantial gap in information regarding mental health and health behaviors of Cambodian Americans. Extant research on this population focuses on the substantial mental health needs of first-generation Cambodians. Relatively less work has been done to understand the issues and needs of subsequent generations of Cambodian American adolescents, many of whom are second-generation and navigating complex social and cultural contexts. The findings contribute to ethnic-specific research on an Asian subgroup that can help target appropriate prevention and intervention strategies.

Second, the findings support previous research indicating that racial discrimination is a risk factor for the mental health of adolescents. In addition, the study specifies how discrimination from peers, in school, and by the police directly influences depression. The

multidimensional analysis of racial discrimination in various contexts has implications for minimizing discriminatory experiences that occur in multiple contexts. Although existing studies have supported the notion that Asian American adolescents are primarily affected by peer discrimination compared to that from other groups, this study contributes to the literature by demonstrating the negative effects of discrimination in school and community (police) contexts. Furthermore, the findings also underscore the need to take notice of individuals' own perceptions of racial discrimination and how these may relate to mental health.

Third, the study provides evidence for factors that contribute to racial discrimination and ethnic identity among Cambodian American adolescents. In particular, Cambodian American males may be vulnerable to racial discrimination. Young males of color may be vulnerable to negative interactions that are race-based. Although prior research acknowledges the needs of young African American and Latino American young men, the findings indicate that greater attention to discrimination for young Cambodian American young men is warranted.

Future Research

The present study provides a basis for future research in several areas. First, this study examines individual-level, perceived racial discrimination. As racism and discrimination occur at multiple levels, future research should explore the effects of institutional and neighborhood-level discrimination, as well as potential effects of internalized racial discrimination (Seaton & Yip, 2009; Gee, 2002; Jones, 2000). Incorporating additional levels of racial discrimination can provide a greater understanding of the contexts in which racial discrimination is enacted, factors related to perception of racial discrimination, and potential resources for diminishing the frequency and impact of racial discrimination.

Second, future research should continue to examine moderating and mediating variables in the relationship between discrimination and well being. Although previous research has identified ethnic identity as a protective factor against racial discrimination for youth of color, the findings of the current study cannot lend support to this claim. Prior work has shown that pan-Asian ethnic identification, associated with positive model minority stereotypes, may be protective for Cambodian American youth instead of ethnic-specific identification (Chhuon & Hudley, 2011). Future research should examine this claim, as well as include other factors such as cultural socialization, social support, and potential coping mechanisms (Grossman & Liang, 2008; Hughes et al., 2006; Harris-Britt et al., 2007; Yoo & Lee, 2005).

Third, future research could include panel studies to examine the relations between racial discrimination and mental health over time and over various phases of adolescent development. Experiences with racial discrimination can have differential effects and consequences on development for early, middle, and late adolescence (Greene et al., 2006). In addition, longitudinal studies will strengthen understanding of causal links between racial discrimination and psychological and social adjustment during adolescence and early adulthood.

Fourth, future research would benefit from the mixed-methods research that includes both quantitative and qualitative findings. Little is known about the nature of racial discrimination for Asian American adolescents as a whole and for specific subgroups such as Cambodian Americans, who are subject to both positive model minority expectations and negative stereotyping as low-achievers and gang members (Chhuon & Hudley, 2011). Qualitative research could complement quantitative findings by illuminating with greater depth the complex and often contradictory ways in which Cambodian American adolescents experience racial discrimination.

Implications for Social Work Practice and Policy

The current study's findings have several implications for social work practice and policy. For example, practitioners working with Cambodian American adolescents may consider exploring experiences with racial discrimination across multiple contexts as a means of understanding race and ethnicity-related variables that potentially influence mental health outcomes such as depression. For many children and adolescents of color, experiences with racial discrimination are common and normative. This study demonstrated that Cambodian American males might be particularly vulnerable to racial discrimination.

Depending on internal and external resources available to young people, the extent to which racial discrimination undermines well being varies. Social work practitioners should be aware of experiences of racial discrimination in multiple contexts as a risk factor for poorer mental health alongside stressors that are typically associated with Asian American adolescents (e.g. intergenerational conflict, academic pressure). As such, social workers can help Cambodian American adolescents acknowledge and validate their experiences with racial discrimination (e.g. macro- and microaggressions in various contexts) and explore strategies for coping with future race-based discriminatory experiences (Sue, 2010; Gildersleeve, Croom, & Vasquez, 2011; Donovan, Galban, Grace, Bennett, & Felicie, in press).

In addition to providing therapeutic and educational resources to support individual coping and resilience in light of racial discrimination, community stakeholders, elected officials, and school administrators should consider enacting institutional policies to diminish inequalities and oppression in which racial discrimination is rooted. Policies that work to actively prohibit structural discrimination and cultivate diversity may be promising avenues. As part of the American Psychological Association's Presidential Task Force on reducing and preventing

discrimination, policy recommendations such as developing curricula, training, and workshops that support the inclusion of more diverse and informed service providers with regards to issues of prejudice and discrimination were included (Jones et al., 2012). Such recommendations for greater resources and education in social work and other areas such as housing, health, and education may help to transform social structures that allow racial inequalities to persist.

Conclusion

In sum, the current study's findings indicate that Cambodian American adolescents experience racial discrimination in multiple contexts and that these discriminatory experiences furthermore have consequences for their mental health. Aligned with theoretical work such as the integrative model, stress process, and risk and resilience theory, the data suggest that racial discrimination serves as a risk factor for psychological distress, and for particular outcomes such as depression. These findings contribute to existing literature by examining the multidimensional nature of racial discrimination for adolescents and by focusing on a subgroup of Asian American adolescents—Cambodian Americans—which provides greater specificity in light of literature that often homogenizes Asian American groups. The examination of Cambodian American adolescents is also significant given previous research documenting their risk of various negative outcomes. Cambodian American adolescents also provide an interesting case for which to explore the consequences of the dual projection of both pan-Asian model minority and Cambodian-specific stigmatized ethnic identities. With the number of children born to racial and ethnic minorities now outnumbering those of whites in the United States (U.S. Census Bureau, 2012), continued research is imperative to examine race and ethnicity-related factors that contribute to the mental health and development of young people. As such, issues of racial

discrimination and ethnic identity will continue to have salience and relevance in our increasingly diverse society.

TABLES

Table 1. *Sample Characteristics (n=418)*

Variable	Range	Mean (SE)	%
<i>Demographics</i>			
Gender			
Male			45.69
Female			54.31
Age	13-19	15.87 (.06)	
13			1.44
14			14.35
15			25.60
16			23.68
17			24.16
18			10.53
19			2.39
Education			
In High School			92.28
Not in High School			7.71
Nativity			
U.S. Born			95.69
Foreign Born			4.31
Khmer Language Proficiency	1-4	2.78 (.03)	
Subjective Social Status	1-10	5.86 (.09)	
Family Economic Status	1-5	3.47 (.05)	
<i>Table continued on next page</i>			

Table 1. (continued) Sample Characteristics (n=418)

Variable	Range	Mean (SE)	%
<i>Racial Discrimination</i>			
Racial Discrimination	1-5	1.63 (.03)	
No Discrimination			75.60
Any Discrimination			24.40
Peer Discrimination	1-5	1.68 (.04)	
No Peer Discrimination			67.70
Any Peer Discrimination			32.29
School Discrimination	1-5	1.83 (.04)	
No School Discrimination			58.85
Any School Discrimination			41.14
Police Discrimination	1-5	1.37 (.04)	
No Police Discrimination			82.76
Any Police Discrimination			17.22
<i>Ethnic Identity</i>			
Ethnic Identity	1-5	3.84 (.03)	
Centrality		4.02 (.04)	
Public Regard		3.29 (.04)	
<i>Depression</i>			
Depression	0-30	10.10 (.24)	
Below clinical cutoff (<10)			49.28
Above clinical cutoff (>10)			50.72

Table 2. *Bivariate Correlations*

Variable	1	2	3	4	5	6	7	8	9	10	11
1. Depression	--										
2. Racial Discrimination	.37***	--									
3. Peer Discrimination	.31***	.80***	--								
4. School Discrimination	.32***	.83***	.55***	--							
5. Police Discrimination	.23***	.71***	.37***	.33***	--						
6. Ethnic Identity	.03	.13**	.13*	.08	.10*	--					
7. Centrality	.05	.12**	.12*	.08	.09	.96***	--				
8. Public Regard	-.02	0.10	.10*	.04	.10	.67***	.43***	--			
9. Age	-.08	0.04	-.10	.02	.16**	-.05	-.05	-.02	--		
10. Khmer Language Proficiency	.02	0.06	.08	.10	-.05	.14**	.15**	.05	0.10	--	
11. Subjective Social Status	-.22***	-.03	-.04	-.50	.01	.17***	.14**	.19***	-.06	.11*	--
12. Family Economic Status	-.17**	-.08	-.03	-.10	-.06	.16**	.12*	.18***	-.09	.16**	.30***

Note: (n=370) * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Table 3. *Unadjusted Bivariate Analyses of Predictor Variables on Depression*

	B	(SE)	B	(SE)
Age	-.28	(.19)		
Gender	.76	(.48)		
Khmer Language Proficiency	.21	(.34)		
Subjective Social Status	-.49***	(.13)		
Family Economic Status	-.72***	(.23)		
Racial Discrimination	3.12***	(.36)		
Peer Discrimination			1.97***	(.27)
School Discrimination			2.08***	(.30)
Police Discrimination			1.76***	(.31)
Ethnic Identity	.36	(.31)		
Centrality			.37	(.33)
Public Regard			.08	(.28)

Note: * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Table 4. Hierarchical Regression Analysis Predicting Depression on Racial Discrimination, Ethnic Identity, and Demographics

	Model 1		Model 2		Model 3		Model 4	
	B	(SE)	B	(SE)	B	(SE)	B	(SE)
Age	-.36	(.19)	-.34*	(.17)	-.33*	(.19)	-.34*	(.17)
Gender	.55	(.48)	1.87***	(.45)	.66	(.48)	1.88***	(.45)
Khmer Language Proficiency	.50	(.34)	.15	(.31)	.38	(.35)	.12	(.32)
Subjective Social Status	-.42**	(.14)	-.40**	(.12)	-.44**	(.14)	-.40**	(.13)
Family Economic Status	-.63**	(.24)	-.50*	(.21)	-.68**	(.24)	-.51*	(.21)
Racial Discrimination			3.50***	(.36)			3.50***	(.37)
Ethnic Identity					.65	(.37)	.17	(.34)
<i>F (df)</i>	5.28***		21.37***		5.05***		18.32***	
	(5, 410)		(6, 409)		(6, 409)		(7, 407)	

Note: * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Table 5. *Interaction of Racial Discrimination and Ethnic Identity on Depression*

	B	(SE)
Age	-.34*	(.17)
Gender	1.88***	(.45)
Khmer Language Proficiency	.13	(.32)
Subjective Social Status	-.41**	(.13)
Family Economic Status	-.50*	(.21)
Racial Discrimination	7.85*	(3.13)
Ethnic Identity	-1.42	(1.19)
Racial Discrimination X Ethnic Identity	-.70	(.50)
	16.24***	
	(8, 407)	
<i>F (df)</i>		

Note: * $p \leq .05$; ** $p \leq .01$; *** $p \leq .00$

Table 6. Hierarchical Regression Analysis Predicting Depression on Discrimination Subfactors, Ethnic Identity Subfactors, and Demographics

	Model 1		Model 2		Model 3		Model 4	
	B	(SE)	B	(SE)	B	(SE)	B	(SE)
Age	-.35	(0.19)	-.34*	(0.17)	-.33	(.19)	-.34	(.18)
Gender	.55	(0.48)	1.93***	(0.46)	.66	(.48)	1.94***	(.46)
Khmer Language Proficiency	.50	(0.34)	.15	(0.31)	.39	(.35)	.12	(.32)
Subjective Social Status	-.42**	(0.14)	-.40**	(0.12)	-.44**	(.14)	-.40**	(.13)
Family Economic Status	-.63**	(0.24)	-.52*	(0.21)	-.69**	(.24)	-.53**	(.22)
<i>Racial Discrimination</i>								
Peer Discrimination			1.16***	(0.33)			1.16***	(.33)
School Discrimination			1.07**	(0.34)			1.07**	(.34)
Police Discrimination			1.30***	(0.34)			1.29***	(.34)
<i>Ethnic Identity</i>								
Centrality					.42	(.36)	.17	(0.33)
Public Regard					.25	(.32)	-.03	(0.29)
<i>F (df)</i>	5.39***		16.06***		4.31***		12.82***	
	(5, 410)		(8, 407)		(7, 408)		(10, 405)	

Note: * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Table 7. *Interaction of Discrimination Subfactors and Ethnic Identity Subfactors on Depression*

	B	(SE)
Age	-0.33	(0.18)
Gender	1.95***	(0.46)
Khmer Language Proficiency	0.18	(0.32)
Subjective Social Status	-0.40**	(0.13)
Family Economic Status	-0.55*	(0.22)
<i>Racial Discrimination</i>		
Peer Discrimination	1.16**	(.34)
School Discrimination	1.22***	(.34)
Police Discrimination	1.23***	(3.96)
<i>Ethnic Identity</i>		
Centrality	.12	(2.75)
Public Regard	-.01	(2.11)
Peer Discrimination X Centrality	-0.18	(0.50)
Peer Discrimination X Public Regard	0.37	(0.45)
School Discrimination X Centrality	-0.40	(0.55)
School Discrimination X Public Regard	-0.46	(0.44)
Police Discrimination X Centrality	-0.04	(0.52)
Police Discrimination X Public Regard	-0.12	(0.42)
<i>F (df)</i>	8.02***	(16, 398)

Note: * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Table 8. *Unadjusted Bivariate Regression Analyses of Ethnic Identity and Demographic Characteristics Predicting Racial Discrimination and Discrimination Subfactors*

	Unadjusted											
	Racial Discrimination		Peer Discrimination		School Discrimination		Police Discrimination					
	B	(SE)	B	(SE)	B	(SE)	B	(SE)	B	(SE)	B	(SE)
Age	.02	(.02)	-.05	(.03)	.004	(.03)	.10***	(.03)				
Gender	-.37***	(.06)	-.40***	(.08)	-.25***	(.07)	-.47***	(.07)				
Subjective Social Status	-.001	(.02)	-.004	(.02)	-.01	(.02)	0.01	(.02)				
Family Economic Status	-.03	(.03)	.02	(.04)	-.07*	(.04)	-.03	(.03)				
Ethnic Identity	.17***	(.04)	.23***	(.06)	.12*	(.06)	.17**	(.05)				
Centrality	.13***	(.04)	.19***	(.05)	.11*	(.05)	.12*	(.05)				
Public Regard	.11**	(.04)	.15**	(.05)	.06	(.04)	.14***	(.04)				

Note: * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Table 9. *Adjusted Regression Analyses of Ethnic Identity and Demographics Predicting Racial Discrimination and Discrimination Subfactors*

	Adjusted											
	Racial Discrimination			Peer Discrimination			School Discrimination			Police Discrimination		
	B	(SE)		B	(SE)		B	(SE)		B	(SE)	
Age	.006	(.02)		-.06*	(.03)		-.009	(.03)		.08**	(.03)	
Gender	-.34***	(.06)		-.39***	(.08)		-.23***	(.08)		-.43***	(.07)	
Subjective Social Status	-.009	(.02)		-.03	(.03)		-.008*	(.02)		.004	(.02)	
Family Economic Status	-.04	(.03)		.002	(.04)		-.08	(.04)		-.03	(.03)	
Ethnic Identity	.15***	(.04)		.20**	(.06)		.13	(.05)		.15**	(.05)	
<i>F(df)</i>	<i>10.58***</i>			<i>8.02***</i>			<i>4.00***</i>			<i>12.55***</i>		
	<i>(5, 409)</i>			<i>(5, 408)</i>			<i>(5, 409)</i>			<i>(5, 410)</i>		

Note: * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Table 10. *Adjusted Regression Analyses of Ethnic Identity Subfactors and Demographics Predicting Racial Discrimination and Discrimination Subfactors*

	Adjusted											
	Racial Discrimination		Peer Discrimination		School Discrimination		Police Discrimination					
	B	(SE)	B	(SE)	B	(SE)	B	(SE)				
Age	.01	(.02)	-.06*	(.03)	-.009	(.03)	.08**	(.03)				
Gender	-.34***	(.06)	-.39***	(.08)	-.23**	(.08)	-.42***	(.08)				
Subjective Social Status	-.01	(.02)	-.03	(.02)	-.01	(.02)	.001	(.02)				
Family Economic Status	-.04	(.03)	-.001	(.04)	-.08*	(.04)	-.04	(.03)				
<i>Ethnic Identity</i>												
Centrality	.09*	(.04)	.11	(.06)	.10	(.06)	.06	(.05)				
Public Regard	.07	(.04)	.09	(.06)	.03	(.05)	.11*	(.04)				
<i>F(df)</i>	8.93***		6.74***		3.33***		10.78***					
	(6, 408)		(6, 406)		(6, 408)		(6, 408)					

Note: * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Table 11. *Unadjusted Bivariate Regression Analyses Racial Discrimination, Discrimination Subfactors, and Demographics Predicting Ethnic Identity, Centrality, and Public Regard*

	Unadjusted					
	Ethnic Identity		Centrality		Public Regard	
	B	(SE)	B	(SE)	B	(SE)
Age	-.03	(.03)	-.04	(.03)	-.02	(.03)
Khmer Language Proficiency	.20***	(.05)	.23***	(.05)	.12*	(.06)
Racial Discrimination	.20***	(.05)	.19**	(.06)	.21**	(.07)
Peer Discrimination	.14***	(.04)	.14**	(.04)	.15**	(.05)
School Discrimination	.09*	(.04)	.10*	(.05)	.07	(.05)
Police Discrimination	.13**	(.04)	.12**	(.04)	.18**	(.06)

Note: * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Table 12. *Adjusted Regression Analyses of Racial Discrimination and Demographics Predicting Ethnic Identity, Centrality, and Public Regard*

	Adjusted		
	Ethnic Identity	Centrality	Public Regard
	B (SE)	B (SE)	B (SE)
Age	-.05 (.02)	-.05* (.03)	-.03 (.03)
Khmer Language Proficiency	.20*** (.05)	.23*** (.05)	.11 (.06)
Racial Discrimination	.18*** (.05)	.17** (.06)	.20** (.07)
F(df)	11.89*** (3, 412)	11.52*** (3, 412)	4.71*** (3, 410)

Note: * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Table 13. *Adjusted Regression Analyses of Racial Discrimination Subfactors and Demographics Predicting Ethnic Identity, Centrality, and Public Regard*

	Ethnic Identity		Centrality		Public Regard	
	B	(SE)	B	(SE)	B	(SE)
Age	-.05*	(.03)	-.06*	(.03)	-.04	(.03)
Khmer Language Proficiency	.20***	(.05)	.23***	(.05)	.11	(.06)
<i>Racial Discrimination</i>						
Peer Discrimination	.08	(.05)	.07	(.05)	.10	(.07)
School Discrimination	-.005	(.05)	.01	(.05)	-.05	(.07)
Police Discrimination	.11*	(.05)	.10	(.05)	.16*	(.06)
F(df)	7.62***	(5, 408)	7.13***	(5, 409)	3.76***	(5, 403)

Note: * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

APPENDICES

APPENDIX A. EXPLORATORY FACTOR ANALYSES

Table A1. *Factor Structure for Peer Discrimination, School Discrimination, and Police Discrimination Subscales*

	Factor 1	Factor 2	Factor 3
<i>Peer Discrimination Subscale</i>			
Teasing	0.12	0.24	0.8
Isolation/ Exclusion	0.22	0.21	0.79
Name Calling / Racial Slurs & Comments	0.11	0.21	0.83
Threats	0.28	0.19	0.81
Physical Abuse/ Violence	0.31	0.2	0.75
<i>School Discrimination Subscale</i>			
People assumed your English was poor.	0.1	0.67	0.11
People didn't like you.	0.17	0.76	0.28
People treated your friends unfairly.	0.08	0.79	0.27
People treated you unfairly.	0.14	0.8	0.25
You were wrongly disciplined (i.e. detention, suspension)	0.24	0.72	0.2
You were given a lower grade than you deserved.	0.22	0.65	0.15
People expected more of you than others your age.	0.004	0.62	0.19
<i>Police Discrimination Subscale</i>			
Stopped	0.87	0.1	0.18
Harassed	0.91	0.12	0.13
Pulled Over	0.87	0.11	0.14
Arrested	0.88	0.09	0.14
Taken to the Police Station	0.88	0.13	0.12
Hurt Physically	0.79	0.08	0.26

Table A2. *Factor Structure for Centrality/Private Regard and Public Regard Subscales*

	Factor 1	Factor 2
<i>Centrality/Private Regard Subscale</i>		
It is important for me to feel connected to Cambodian culture.	0.79	0.11
I feel close to other Cambodian people.	0.78	0.19
I feel a strong sense of belonging to others in the Cambodian community.	0.79	0.23
If I were to describe myself to someone, one of the first things I would say is that I'm Cambodian.	0.79	0.19
I am proud to be Cambodian.	0.76	0.21
I feel good about Cambodian people.	0.71	0.38
<i>Public Regard Subscale</i>		
People from other races think that Cambodians are as smart as people of other ethnic/racial groups.	0.2	0.85
People from other races think that Cambodians have made important contributions.	0.15	0.87

APPENDIX B. SURVEY INSTRUMENT

KHMER YOUTH SURVEY

1. **How old are you?** _____ (years)
2. **Are you**
 Female Male Transgender
3. **What is your racial/ethnic background? (CHECK ALL THAT APPLY)**
 Cambodian Korean White
 Thai Japanese Latino
 Vietnamese Filipino Native American
 Laotian Pacific Islander Other: _____
 Chinese Black/African American
4. **Were you born in the United States?**
 YES NO

 If No, Where were you born? _____ How old were you when you came? _____ years
5. **Please check where you are at in your level of education.**
 in High School High School Graduate Home School in College Currently not attending school
 What high school do you or did you attend? _____
6. **What zip code do you live in?** _____
7. **How many people live in your home? (including yourself)** _____
8. **Of the total number of people who live in your home, how many of them work and earn an income?**

9. **Who do you live with? (CHECK ALL THAT APPLY)**
 Mother On My Own
 Father Boyfriend/Girlfriend
 Grandparent(s) Foster Parent(s)
 Sibling(s) Step-parent
 Aunts/Uncles Other (please specify) _____
10. **How comfortable are you sharing information with the following people about yourself or issues that you are going through: (CIRCLE ONE IN EACH ROW)**

	Not Comfortable		Somewhat Comfortable		Very Comfortable
Mother	1	2	3	4	5
Father	1	2	3	4	5
Grandparent(s)	1	2	3	4	5
Brother(s)	1	2	3	4	5
Sister(s)	1	2	3	4	5
Other Relatives	1	2	3	4	5

11. **Rate your agreement with the following statements: (CIRCLE ONE IN EACH ROW)**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My parents expect me to take care of my family, house and siblings.	1	2	3	4	5
My parents expect me to get good grades in school.	1	2	3	4	5
My parents expect me to go to college.	1	2	3	4	5
My parents expect me to support them financially in the future.	1	2	3	4	5
My family has enough money to afford things we need.	1	2	3	4	5

12. **How important is it for you to...**

	Not Important		Somewhat Important		Very Important
Respect your elders	1	2	3	4	5
Honor your family	1	2	3	4	5
Make your own choices	1	2	3	4	5
Stand up for yourself	1	2	3	4	5
Other:	1	2	3	4	5

13. **Please prioritize the following from 1 to 5 what is most important to YOU right now: (1 = most important, 5 = least important)**

- _____ Making a lot of money
- _____ Having a lot of friends
- _____ Finding/Keeping a boyfriend/girlfriend
- _____ Being able to go to college
- _____ Being close to your family
- _____ Other: _____

14. **Think of this ladder as representing where people stand in the United States.**

At the TOP of the ladder are people who are best off – those who have the most money, the most education, and the most respected jobs. At the BOTTOM are the people who are the worst off – who have the least money, least education, and least respected jobs or no jobs. The more you have, the closer you are to the people at the top, the less you have, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

Please circle the number where you think you stand at this time in your life.

CULTURE & IDENTITY

15. **What language do you primarily speak at home? (CHOOSE ONE)**

- a. English
- b. Khmer
- c. Other(s): _____

16. **Please rate the following statements: (CIRCLE ONE IN EACH ROW)**

	Not at all	Just a little bit	Okay	Fluently
How well do your parents understand	1	2	3	4
How well do your parents speak	1	2	3	4
How well do your parents read and	1	2	3	4
How well do your parents understand	1	2	3	4
How well do your parents speak	1	2	3	4
How well do your parents read and write Khmer	1	2	3	4

17. **Please rate the following statements: (CIRCLE ONE IN EACH ROW)**

	Not at all	Just a little bit	Okay	Fluently
How well do you understand Khmer	1	2	3	4
How well do you speak Khmer	1	2	3	4
How well do you read and write in	1	2	3	4
How well do you understand English	1	2	3	4
How well do you speak English	1	2	3	4
How well do you read and write English	1	2	3	4

18. **Use the numbers below to indicate how much you agree with each statement (CIRCLE ONE IN EACH ROW)**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It is important for me to feel connected to Cambodian culture.	1	2	3	4	5
I feel close to other Cambodian people.	1	2	3	4	5
I feel a strong sense of belonging to others in the Cambodian community.	1	2	3	4	5
If I were to describe myself to someone, one of the first things I would say is that I'm Cambodian.	1	2	3	4	5
I am proud to be Cambodian.	1	2	3	4	5
I feel good about Cambodian people.	1	2	3	4	5
People from other races think that Cambodians are as smart as people of other ethnic/racial groups.	1	2	3	4	5
People from other races think that Cambodians have made important contributions.	1	2	3	4	5

19. **How important is it for you to know the different parts of Cambodian culture:**

	Not Important	2	Somewhat Important	3	4	Very Important	5
Food	1	2	3	4	5		
History	1	2	3	4	5		
Dance	1	2	3	4	5		
Traditional Religious Practices	1	2	3	4	5		
Traditional Healing Methods	1	2	3	4	5		
Other: _____	1	2	3	4	5		

20. **How much do you know about your family history and why they came to the United States?**
(*CHOOSE ONE*)

- a. Nothing at all
- b. Just a little bit
- c. A fair amount
- d. I know the whole story

21. **Have you ever asked your parent(s)/elder(s) about your family history?**

- YES NO

If Yes, how willing were they to talk with you about it (*CHOOSE ONE*)

- a. Refused to talk to me about it
- b. Avoided or changed the subject
- c. Shared some details but it was hard for them
- d. Told me general information, but not a lot of details
- e. Freely shared information and details
- f. Other: _____

22. **Where have you primarily learned about your Cambodian culture?** (*CHOOSE ONE*)

- a. Family
- b. Peers
- c. Community
- d. School
- e. Other: _____

23. **What are you interested in learning more about your culture?** (*CHECK ALL THAT APPLY*)

- Speaking Khmer
- Reading Khmer
- Writing Khmer
- Traditional Khmer Dance
- Cooking Khmer Dishes
- Traditional Clothing
- Religion
- Traditional Healing Practices
- History
- Other: _____
- Not interested

School & Community

24. **In the past year, how often did you experience the following AT SCHOOL because you are Cambodian?**

	Never	Rarely	Sometimes	Often	Always
People assumed your English was poor.	1	2	3	4	5
People didn't like you.	1	2	3	4	5
People treated you unfairly.	1	2	3	4	5
People treated your friends unfairly.	1	2	3	4	5

You were wrongly disciplined (i.e. detention, suspension)	1	2	3	4	5
You were given a lower grade than you deserved.	1	2	3	4	5
People expected more of you than they expected of others your age.	1	2	3	4	5

Did any of the experiences above occur within the last 30 days? YES NO

If so, please list which one(s):

25. Do you know your A-G requirements? YES NO

26. Have your counselors talked to you about going to college? YES NO

27. In the past year, how often did you experience the following FROM YOUR PEERS because you are Cambodian?

	Never	Rarely	Sometimes	Often	Always
Teasing	1	2	3	4	5
Isolation / Exclusion	1	2	3	4	5
Name Calling / Racial Slurs & Comments	1	2	3	4	5
Threats	1	2	3	4	5
Physical Abuse/Violence	1	2	3	4	5
Other:	1	2	3	4	5

Did any of the experiences above occur within the last 30 days? YES NO

If so, please list which one(s):

28. In the past year, how often did you experience the following FROM THE POLICE because you are Cambodian?

	Never	Rarely	Sometimes	Often	Always
Stopped	1	2	3	4	5
Harassed	1	2	3	4	5
Pulled Over	1	2	3	4	5
Arrested	1	2	3	4	5
Taken to the Police Station	1	2	3	4	5
Hurt Physically	1	2	3	4	5
Other:	1	2	3	4	5

Did any of the experiences above occur within the last 30 days? YES NO

If so, please list which one(s):

29. Do you feel that the Cambodian community faces discrimination?
 YES NO

If Yes, in what ways (CHECK ALL THAT APPLY)

- Language Access
- Educational Attainment
- Job Opportunities/Security
- Housing
- Racial Profiling by the Police
- Access to Health & Social Services
- Other: _____

HEALTH & SAFETY

30. Please answer the following questions: (CIRCLE YES OR NO)

	Yes	No
Do you know where to get access to sex and health education?	Y	N
Do you believe that the only way to prevent pregnancy is to not have sex?	Y	N
Do you know where you can get access to protection? (i.e. condoms or birth control)	Y	N
Do you know how to prevent pregnancy, STI, STD, or HIV & AIDS?	Y	N
Do you know where to get tested for pregnancy, STI, STD, or HIV & AIDS?	Y	N
Are there any community clinics in the area that you live?	Y	N

31. Does your school offer sex education?

- YES NO DON'T KNOW

32. Do you smoke cigarettes, or have you ever smoked?

- YES NO I TRIED A FEW TIMES

33. Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by circling a number in each row.

	Rarely or none of the	Some of the time	Occasionally (3-4 days)	Most of the time
I was bothered by things that usually	1	2	3	4
I had trouble keeping my mind on what I	1	2	3	4
I felt depressed.	1	2	3	4
I felt that everything I did was an effort.	1	2	3	4
I felt hopeful about the future.	1	2	3	4
I felt fearful.	1	2	3	4
My sleep was restless.	1	2	3	4
I was happy.	1	2	3	4
I felt lonely.	1	2	3	4
I could not "get going".	1	2	3	4

34. How safe do you feel in your home, school and neighborhood?

	Not safe at all	Somewhat safe	Ok /Neutral	Safe	Extremely Safe
Home	1	2	3	4	5
School	1	2	3	4	5
Neighborhood	1	2	3	4	5
Other:	1	2	3	4	5

35. How often have you experienced violence at home, in school, or in your neighborhood?

	Never	Rarely	Sometimes	Often	Always
Home	1	2	3	4	5
School	1	2	3	4	5
Neighborhood	1	2	3	4	5
Other:	1	2	3	4	5

36. **Who makes you feel MOST Safe? (CHOOSE ONE)**

- a. Family
- b. Friends
- c. Police
- d. Teachers
- e. Others: _____

37. **What would make you feel safer and healthier at home, school, or in your neighborhood? (CHECK ALL THAT APPLY)**

- | | |
|--|--|
| <input type="checkbox"/> Street Lights | <input type="checkbox"/> Community Gardens |
| <input type="checkbox"/> Clean Streets/ Better Roads | <input type="checkbox"/> Work Availability/ Job Training |
| <input type="checkbox"/> Clean Air | <input type="checkbox"/> Access to Healthy Food |
| <input type="checkbox"/> After School Programs/Extra Curricular Activities | <input type="checkbox"/> Family Counseling |
| <input type="checkbox"/> School Clinics | <input type="checkbox"/> Internet Access |
| <input type="checkbox"/> Ethnic Studies in School | <input type="checkbox"/> Free & Safe Places to Hang Out |
| <input type="checkbox"/> College Prep Programs | <input type="checkbox"/> Other: _____ |

****THANK YOU FOR TAKING OUR SURVEY****

Your answers will remain anonymous

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