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Perceived Racism as a Predictor of Depression and Cultural Mistrust

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We examined the role of perceived racism as a predictor of depression and cultural mistrust in African American, Hispanic American, Asian American, and Caucasian students. Design: 65 university students of varying racial and ethnic backgrounds completed the Perceived Racism Scale, Beck Depression Inventory second edition, and Cultural Mistrust Inventory-Revised. Results: African Americans experienced the highest levels of perceived racism, followed by Hispanic Americans, Asian Americans, and Caucasians. Higher levels of perceived racism were associated with increased cultural mistrust, while depression and mistrust varied with ethnic background. Further, high perceived racism was associated with increased cultural mistrust for African American and Caucasian participants, and decreased mistrust for Hispanic American and Asian American participants. Finally, minority males reported higher depression and mistrust than minority females, while Caucasian females reported higher depression and mistrust than Caucasian males. Conclusion: Perceptions of racism differed by ethnic group, and interacted with ethnicity and gender to predict reported depression and cultural mistrust.

Racism is a historical precedent in America, and is defined as a discriminatory attitude, which, when acted upon, limits the power, privilege, and resources accessible to racial minorities (Barbee, 2002). Racism is a historical precedent in America, and is defined as a discriminatory attitude, which, when acted upon, limits the power, privilege, and resources accessible to racial minorities (Barbee, 2002).

Perceived racism is defined as a person’s subjective experience with racial discrimination, and is a construct which includes not only objective racist experiences, but also a person’s perception of others’ feelings and intentions (Combs et al., 2006).

Perceived racism is exceedingly prevalent, and is often a daily struggle for racial minorities. Landrine and Klonoff (1996) showed that 98% of African American adults and 100% of African American adolescents reported experiencing racial discrimination within the preceding year. Several studies have demonstrated the link between PR and physiological well-being. This research has primarily concerned cardiovascular health in racial minorities, and has shown that PR is a significant predictor of high blood pressure and heart attacks in African Americans (Griffin, 2006; Lepore, Revenson, & Weinberger, 2006; Merritt, Bennett, & Williams, 2006). Although these physiological ailments have serious implications for a person’s health, psychological outcomes also have a pervasive impact on the lives of those who suffer from them. Presently, little research has been conducted in order to examine the
limited body of existing research reveals evidence of a strong relationship between the perception of racism and mental health (Landrine & Klonoff, 1996; Klonoff, Landrine, & Ullman, 1999; Terrell & Terrell, 1996).

**Psychological Outcomes of Perceived Racism**

**Depression.**

One form of psychological distress often associated with PR is depression. Depression is prevalent among minority populations, and is characterized by symptoms such as chronic sadness, loss of interest in previously enjoyable activities, feelings of worthlessness, and recurrent thoughts of death and suicide (American Psychiatric Association, 1994). Racial minorities have been found to experience these symptoms more often than nonminority populations, with upwards of a three-times greater risk for depression found in participants of African descent (Karlsen & Nazroo, 2002). In a study of middle school students, children of African American and Mexican American descent exhibited significantly higher rates of depression than their Caucasian counterparts (Nyborg & Curry, 2003), and research has shown that African Americans experience clinical depression symptoms at a rate much higher than that of any other population (Dwight-Johnson, Unutzer, Sherbourne, Tary, & Wells, 2001). These racial disparities have been attributed to the increased perception of racism by minority populations. A very strong relationship between perceived racial discrimination and depression persists, even after controlling for extraneous variables such as socioeconomic status, age, and gender (Klonoff et al., 1999). Additional research also demonstrates that, regardless of social class, African Americans who reported more incidences of racism also exhibited more severe symptoms of depression (Landrine & Klonoff, 1996). The research cited above suggests that PR may increase not only the likelihood of the development of depression, but may also be related to the severity of depressive symptomology.

**Cultural Mistrust.**

In addition to depression, cultural mistrust (CM) may also be related to perceptions of racism, and may specifically serve as a coping strategy for dealing with discrimination. According to Terrell and Terrell (1996), African Americans learn to be suspicious of Caucasians and their intentions through interracial interactions. The paranoid thinking characteristic of CM has been shown to act as a protective mechanism, which helps people to cope with the depression often attributed to racism (Whaley, 2001; Chakraborty & McKenzie, 2002; Ridley, 1984). By perpetually mistrusting Caucasians, African Americans are able to avoid the internalization of PR, and are thereby able to avoid its psychological backlash.

Despite some research indicating that CM is a coping strategy which may help prevent the psychological distress of racism, it has also been postulated that CM simply masks underlying depression in African Americans. If true, this has serious implications for the treatment of depression, as a lack of trust in Caucasian therapists may result in an avoidance of counseling (Whaley, 2001). Though researchers may not agree about the function of CM, it has been positively correlated with PR (Combs et al., 2006).

**Other Psychological Outcomes.**

It is clear through the findings of previous research that perceived acts of racism may increase the risk for psychological distress. The depression that may result from PR has been correlated with the incidence of suicide (Spaights & Simpson, 1986), homicide (Kirk, 1986), and substance abuse (Gibbons, Gerrard, Cleveland, Wills, & Brody, 2004). However, research concerning the consequences of racism has primarily focused on the African American population, and little research has been conducted in order to determine whether these tendencies are universal for minority populations.

**Outcomes for Other Ethnic Groups.**

As Clark, Anderson, Clark, and Williams, (1999) explain, racism in America has historically been more severe and pervasive for African Americans than for any other racial group, and therefore may have a different psychological impact on this population. The existing body of literature, though limited, has suggested that this may be the case. For example, racism perceived by Asian Americans has been shown to be predictive of decreased self-esteem, but not of depression (Liang, 2006).
Additionally, a positive correlation between PR and CM has been found in African American samples, while people of Hispanic American and Asian American descent do not seem to develop the same paranoid tendencies (Ahluwalia, 1991).

The purpose of the present study is to further investigate the ethnic differences in psychological distress following PR. We will measure PR, depression, and CM in a sample of African American, Hispanic American, Asian American, and Caucasian students. We expect that the present research will expand upon previous knowledge concerning the consequences of PR, and will aid in the understanding of ethnic and gender differences in the internalization of racial discrimination.

**Hypotheses**

**Ethnic Differences.** We expect that African Americans will report the highest levels of PR, followed by Hispanic Americans, Asian Americans, and finally by Caucasians (Hypothesis 1). Due to these higher levels of PR, we expect African Americans to report the highest levels of depression, followed by Hispanic Americans, and Caucasians (Hypothesis 2). Further, we hypothesize that higher levels of PR will be associated with stronger CM in African American and Caucasian participants, but not in Hispanic American or Asian American participants (Hypothesis 3).

**Gender Differences.** In addition to the ethnic differences posited above, there may also be gender-related differences in the internalization of PR. Little research has been done to examine these tendencies as applied to studies of racism, however general research has shown that women are more likely than men to experience depressive symptoms (Compas et al., 1997). Additionally, previous research concerning racism has shown that African American women are more likely than their male counterparts to develop physical ailments, such as cardiovascular disease, as a result of PR (Griffin, 2006). Therefore, we expect that women may be more vulnerable to negative psychological outcomes following incidences of PR than men. Consequently, we hypothesize that regardless of ethnic identification, female participants will score higher on measures of depression than will males (Hypothesis 4).

Also, because of their more frequent experiences with racism, we hypothesize that African American females will score higher on the measure of depression than will any other group, whereas Caucasian males are predicted to score lower on the measure of depression than all other groups due to the general lack of discrimination towards this population (Hypothesis 5). Although no previous research has investigated the role of gender in the development of CM, female participants are expected to experience more internalization of PR, and are therefore hypothesized to score higher on the measure of CM than men (Hypothesis 6).

**Method**

**Participants**

Sixty-five students from a small public liberal arts university in the Northeastern United States participated for a payment of ten dollars. Participants ranged in age from 18 to 26, with a mean age of 18.97 (SD = 1.56). Participants were recruited through an online participant pool, by attending student club and organization meetings, and in public locations on the university campus. We recruited 20 African American participants, 18 Hispanic American participants, 8 Asian American participants, and 19 Caucasian participants. Thirty-six participants were female and 29 were male. Nine females identified themselves as Caucasian, 12 as African American, 12 as Hispanic American, and 3 as Asian American. Similarly, 10 males identified as Caucasian, 8 as African American, 6 as Hispanic American, and 5 as Asian American.

**Materials**

**Perceived Racism.** Perceived racism was measured through the use of the Perceived Racism Scale (PRS; McNeilly et al., 1996). The PRS is a 51 item self-report measure which evaluates a participant's perceptions of discrimination against his or her race. The PRS measures frequency of exposure to racism, within academic, occupational, and institutional environments. Additionally, the PRS measures emotional and behavioral coping responses to racist acts. Participants review items such as "my academic achievement has suffered because of my race," and then rate the frequency of such experiences on a five point scale, ranging from the anchors 0 (not applicable) to 5.
Depression. Depression was measured through the use of the Beck Depression Inventory, second edition (BDI-II; Beck, Steer, & Brown, 1996). The BDI-II is a 21-item self-report measure; participants rate the extent to which they have experienced depressive symptoms, such as sadness or crying, within the past two weeks. These items are measured on a 0 to 3 scale; 0 indicates the absence of the symptom, and 3 indicates severe symptoms. This scale is based on the DSM-IV diagnostic criteria for depression. Psychometric analyses have determined the BDI-II to have strong validity and internal consistency (Steer, Ball, Ranieri, & Beck, 1999).

Cultural Mistrust. Cultural mistrust was measured through the use of the Cultural Mistrust Inventory-Revised (CMI-R; Terrell & Terrell, 1996). The CMI-R is a self-report scale consisting of 48 items developed to measure the four primary domains of CM—educational, political and legal, business, and interpersonal interactions. Participants respond to statements, such as “Caucasians are usually fair to all people, regardless of race” on a seven-point scale, ranging from “strongly disagree” to “strongly agree.” This scale has strong construct validity and test-retest reliability, as well as convergent validity (Terrell & Terrell, 1996).

Procedure
Upon arrival, participants completed an informed consent form. Participants completed the PRS, followed by the BDI-II, the CMI-R and a demographic questionnaire. Participants were then debriefed and thanked for their participation.

Results
In order to test the hypotheses, several statistical analyses were performed. First, bivariate correlations were conducted in order to explore the relationships among the three dependent variables. Results of these analyses showed statistically significant positive relationships between depression and CM \((r = .58, n = 65, p < .001)\) and PR and CM \((r = .69, n = 65, p < .001)\). However, no significant correlation between PR and depression was demonstrated \((r = .13, n = 65, p > .05)\). Hypothesis 1 stated that levels of PR would differ by ethnic group identification, with African American participants reporting the highest levels of PR, followed by Hispanic Americans, then by Asian Americans, and finally by Caucasians. The results of a one-way between subjects ANOVA supported this hypothesis, indicating a significant difference in the level of reported PR among participants of different ethnic backgrounds \((F(3, 61) = 16.63, p < .001, c^2 = .45)\). A post-hoc Tukey test indicated that African Americans had significantly higher levels of PR than all other ethnic groups. Hispanic Americans’ levels of PR were significantly higher than those of Caucasian participants, but statistically equal to those of Asian American participants. Finally, levels of PR for Asian Americans and Caucasians were statistically equal to one another.

A median split was performed on the variable of frequency of PR; participants were separated into one of two categories, either high or low frequency of PR. As expected, the high PR group \((N = 33)\) consisted predominately of African American \((N = 17)\) and Hispanic American participants \((N = 11)\). Only three Caucasian and two Asian American participants fell into the high PR category. The low PR group \((N = 32)\) was comprised mostly of Caucasian \((N = 16)\), Hispanic American \((N = 7)\), and Asian American participants \((N = 6)\), with only three African Americans in this condition.

To test the interactions between ethnicity, level of PR, and gender, a 4 (African American, Hispanic American, Asian American, Caucasian) x 2 (men vs. women) between subjects MANOVA was conducted using depression and CM as dependent variables. Contrary to Hypothesis 2, there was no main effect of PR on depression \((F(1, 49) = 1.89, p > .15)\).

Consistent with Hypothesis 3, we found a significant interaction between PR and ethnicity on CM \((F(3, 49) = 4.86, p < .005, c^2 = .23)\). High PR was associated with increased levels of CM for Caucasian and African American participants, but decreased levels of CM for Asian American and Hispanic American participants (see Figure 1).
We also found a significant main effect of PR on CM ($F(1,49) = 4.40, p < .05, \eta^2 = .08$) such that high PR was indicative of higher CM ($M = 158.42, SD = 59.43$), and low PR indicative of lower CM ($M = 99.09, SD = 51.29$).

Furthermore, we found a significant main effect of ethnicity on cultural mistrust, such that African Americans ($M = 171.40, SD = 65.10$) exhibited the highest levels of cultural mistrust, followed by Hispanic Americans ($M = 123.38, SD = 43.61$), and Caucasians ($M = 71.05, SD = 33.35$), $F(3,49) = 4.26, p < .01, \eta^2 = .21$. A post-hoc Tukey test indicated that African Americans had significantly higher levels of CM than Asian Americans and Caucasians, and both Hispanic Americans and Asian Americans had significantly higher levels of CM than Caucasians.

Contrary to Hypothesis 4, which predicted that women, regardless of ethnicity, would report higher levels of depression than would men, results of the MANOVA revealed no main effect for gender on depression ($F(1,49) < 1.0, n.s.$).

Because of the limited number of Asian American participants recruited, a $3 \times 2 \times 2$ between subjects MANOVA was also performed, excluding Asian American participants. Specifically, these participants were excluded because the Asian American sample was too small to be further divided by gender. This decision to exclude Asian American participants was further justified by the fact that no specific hypotheses regarding a gender by ethnicity interaction were proposed for this sample. Consistent with the previous analysis, there was a significant main effect of PR on cultural mistrust, in which high PR was indicative of higher CM ($M = 162.48, SD = 59.02$), and low PR indicative of lower CM ($M = 91.35, SD = 49.82$), $F(1,45) = 13.93, p < .001, \eta^2 = .24$. Similarly, a main effect of ethnicity on CM was demonstrated, such that African American participants experienced the highest levels of cultural mistrust, followed by Hispanic Americans, and Caucasians ($F(2,45) = 6.05, p < .005, \eta^2 = .21$). Lastly, a significant interaction between PR, ethnicity, and CM was demonstrated, such that high PR was related to increased CM for African American and Caucasian participants, and decreased CM for Hispanic American participants, ($F(2,45) = 4.89, p < .05, \eta^2 = .18$).

Contrary to the results of the previous analysis, however, were results concerning depression. When Asian American participants were excluded, we found a significant main effect of ethnic identification on depression. Consistent with Hypothesis 2, African Americans reported the highest levels of depression ($M = 11.50, SD = 7.81$), followed by Hispanic Americans ($M = 10.94, SD = 6.77$), and finally by Caucasians ($M = 5.11, SD = 4.77, F(2,45) = 3.27, p < .05, \eta^2 = .13$). A post-hoc Tukey test indicated that African American and Hispanic American participants had higher levels of depression than Caucasian participants.

Contrary to Hypothesis 5, which proposed that African American females would experience the highest levels of depression and Caucasian males would experience the lowest levels of depression, no significant interactions between gender and ethnicity on depression were found ($F(2,45) = 2.69, p < .08, \eta^2 = .11$), though data suggests that while Caucasian males did report the lowest levels of depression ($M = 4.10, SD = 3.54$), African American males actually reported the highest levels of depression of all groups ($M = 14.75, SD = 6.88$).

In addition to this finding, results of the $3 \times 2 \times 2$ between subjects MANOVA also revealed a significant interaction between ethnicity and gender on CM ($F(2,45) = 3.38, p < .05, \eta^2 = .13$), such that minority males reported higher levels of CM than minority females, and Caucasian females reported higher CM than Caucasian males. These results showed that African American males experienced the most cultural mistrust, followed by Hispanic American males, Hispanic American females, African American females, Caucasian females, and finally by Caucasian males (see Figure 2). This finding refutes Hypothesis 6, which predicted a main effect of gender on cultural mistrust.
Discussion

In conjunction with the findings of previous research (Landrine & Klonoff, 1996), the present study showed African American participants reported the highest levels of PR of all ethnic groups. Hispanic Americans, as expected, reported the second highest PR levels, followed by Asian American participants, and finally by Caucasian participants. These differences between groups in perceived racist experiences supported our first hypothesis.

Based on previous research (Klonoff et al., 1999), our second hypothesis was that PR would be predictive of depression, with higher levels of PR related to increased depression. Contrary to Hypothesis 2, however, PR was not significantly related to depression for any ethnic group. Interestingly when Asian American participants were excluded from statistical analyses, ethnic group identification was associated with depression. This finding is consistent with past literature concerning Asian Americans (Liang, 2006) which suggests that PR experienced by Asians is unrelated to depressive symptomology. Because ethnicity was predictive of depression in African American, Hispanic American, and Caucasian participants, ethnicity seems to be a stronger predictor of depression than PR in the current research. However, the relationship between ethnicity and PR makes it difficult to distinguish which variable, or combination of variables, is in fact predictive of depression.

The lack of significant findings regarding PR and depression may also be the result of the present sample demographics. Though the body of existing literature is limited, the current sample differs in composition from those used in previous studies in several ways. First, the majority of previous samples were comprised solely of African American participants (Landrine & Klonoff, 1996; Klonoff et al., 1999; Terrell & Terrell, 1996; Combs et al., 2006). Of studies that did consider other ethnic groups, none investigated PR within the four ethnic backgrounds examined in the present study. In addition to ethnic composition, the current sample differs from previous research in its gender distribution. Several of the aforementioned studies examined only male participants (Nyborg & Curry, 2003; Terrell & Terrell, 1996), and those that did include female participants (Landrine & Klonoff, 1996; Klonoff et al., 1999) generally did not account for gender as a potential variable, instead examining only ethnic trends. The current sample also differs from past research with regard to the age of the participants. Although several studies have investigated the impacts of PR within samples of high school (Nyborg & Curry, 2003) or college students (Combs et al., 2006), most have evaluated such trends as applied to large scale, community samples, in which a wide range of participant ages were examined (Landrine & Klonoff, 1996; Klonoff et al., 1999; Karlsen & Nazroo, 2002). The atypical composition of the present study may have biased the current findings, resulting in the differences between this and previous research when depression was examined. Consistent with our third hypothesis, we found that high PR was associated with increased levels of CM for both Caucasian and African American participants, but decreased CM for Asian American and Hispanic American participants. This finding is consistent with previous research demonstrating that PR is positively correlated with CM when examined in samples of African American participants (Terrell & Terrell, 1996), but not Hispanic American and Asian American participants (Ahluwalia, 1991).

Some previous research has suggested that CM may be a protective mechanism developed in order to prevent the negative outcomes of PR, such as depression (Chakraborty & McKenzie, 2002). According to these authors, by anticipating racism the psychological backlash of racist treatment may be minimized or prevented. This hypothesis was not supported in the current research, as positive correlations between depression and CM were demonstrated. Consistent with Whaley (2001), our results suggest that, instead of serving as a coping mechanism, CM may simply mask underlying depression. However, because PR was not found related to depression in the current investigation, further research is necessary in order to establish whether the two constructs develop independently, or whether depression truly precedes CM. Because of the limited number of Asian American participants recruited, Asian Americans were excluded from the latter portion of statistical analysis. The limited recruitment of
First, the Asian American population at the sampled university is small, representing only about 2% of the total student population. Additionally, because of the influence of the traditional values emphasized in Asian cultures, participation in research concerning psychological conditions such as depression may be more stigmatized than in other samples.

When Asian American participants were excluded from the analysis a significant interaction between ethnicity, gender, and CM was demonstrated. In these interactions, gender and ethnicity were predictive of depression and cultural mistrust, with African American males reporting the highest depression and mistrust scores, followed by Hispanic American males, Hispanic American females, African American females, Caucasian females, and lastly by Caucasian males. These findings refute both Hypotheses 4 and 6, which predicted that females would report the greatest psychological distress, regardless of ethnicity. Interestingly, the only sample in which females reported more psychological distress than males was in the Caucasian sample.

Hypothesis 5 was partially supported in that Caucasian males were predicted to score lowest on measures of psychological distress. The findings supported this part of the hypothesis, suggesting that Caucasian males have historically experienced less discrimination, and therefore less psychological distress, than all other ethnic or gender groups. However, contrary to our fifth hypothesis, the results also indicated that minority males experienced higher levels of psychological distress than minority females. It is possible that minority men reported higher depression and CM than minority women because the current research was conducted at an academic institution in which female students are the majority. Because these male participants are not only members of an ethnic minority, but also members of a gender minority at this particular university, they may experience stronger psychological distress in this environment than has been previously estimated, possibly accounting for the higher levels of CM reported in the present study.

Although discrepancies were found in interactions between the depression and CM for minority and Caucasian males, the psychological outcome levels reported by female participants of all ethnic groups were similar. This, again, suggests that the existence of a female majority at the university may have impacted the results of the current research. Because females are disproportionately represented in the examined environment, it is possible that this group has experienced less discrimination than was anticipated.

Limitations and Future Directions

This research is limited by its relatively small sample size. A total of only sixty-five participants were recruited, and this sample was then subdivided by ethnicity, gender, and frequency of PR (high versus low). Although the breakdown of PR resulted in small base sizes, analyses did yield interesting findings on the relationship between PR frequency and cultural mistrust by ethnicity. However despite significant findings, results of these analyses must be interpreted cautiously due to the small base size in each cell.

Additionally, this research was conducted at a Northeastern, public liberal-arts university, and therefore may not be generalizable to populations found in more conservative regions or environments. Because of the liberal nature of this demographic, it is possible that PR is either less prevalent in this sample than in other regions of the country, or is internalized differently by those who experience it. Because of the nature of the sample, the external validity of the current findings may be limited.

Further, it is possible that the instruments used to assess some variables lacked validity for the present research. While each measure has been found to be psychometrically sound, both the PRS (McNeilly et al., 1996) and the CMI-R (Terrell & Terrell, 1981) were normed on African American samples, and may consequently be less valid for other ethnic groups, especially Caucasian participants. In order to address these limitations and better understand the role of PR in the development of depression and cultural mistrust, further research is necessary.
To increase external validity and determine the stability of the present findings, similar research should be conducted in other regions of the country, as well as with different age groups. It is possible that either cohort or cultural disparities exist, and therefore further research would be valuable in determining whether these factors may account for the discrepancies between the findings of this and previous research. For example, previous research has examined adult participants (Klonoff et al., 1999), as well as participants from differing geographic locations, such as the Southeastern and Midwestern United States (Gibbons et al., 2004). It is possible that the participation of Northeastern college students may have influenced the current results.

Replications of this research, using a variety of methodologies and instruments, is necessary in order to accurately determine whether PR is indeed predictive of depression and CM in African American, Hispanic American, Asian American, and Caucasian populations. Specifically, future research should seek to more effectively differentiate between PR and ethnicity. Because of the inconsistencies between the results of the present study and previous research regarding the impact of perceived racist experiences, it would be beneficial to develop a method of measuring PR which would eliminate the confound of ethnic group identification. Finally, it is important to explore why higher levels of PR result in more CM for African American samples but not for Hispanic and Asian American samples. Do Hispanic and Asian Americans perceive their cultures as more integrated with Caucasian culture and therefore members of these ethnic groups are less likely to distrust Caucasians? Are African American participants manifesting more CM because of the severity of the discrimination targeted towards African Americans vs. other ethnic groups? The reasons for increased mistrust in African American samples must be elucidated through future research.

Despite the limitations of the present research, the current study has implications for the improvement of procedures designed for the treatment of depression and CM. Perceived racism is not only associated with these serious psychological outcomes, but has also been correlated with suicide (Spaights & Simpson, 1986), homicide (Kirk, 1986), and substance abuse (Gibbons et al., 2004), and therefore the results of this research are socially relevant in that they may help to prevent the future occurrence of such incidents through the improved understanding of PR. This research provides further insight into the etiology of depression and CM, and could additionally be applied to the development of programs designed to combat racism, as well as programs focusing on healthy coping strategies for dealing with racism. Through such application, the current findings may influence both the occurrence and consequences of PR.

This research addresses the frequency of perceived racism as well as the psychological outcomes of depression and cultural mistrust in a diverse sample of African American, Hispanic American, Asian American, and Caucasian students. African Americans were found to experience the highest levels of perceived racism, followed by Hispanic Americans, Asian Americans, and Caucasians. Further, depression and cultural mistrust varied with ethnic background, and ethnic background and perceived racism interacted such that high perceived racism was associated with increased cultural mistrust for African American and Caucasian participants, and decreased mistrust for Hispanic American and Asian American participants. Finally, ethnic background and gender also interacted such that minority males reported higher depression and mistrust than minority females, while Caucasian females reported higher depression and mistrust than Caucasian males.

References


Figure 1. Interaction between ethnicity and perceived racism on mean cultural mistrust.
Figure 2. Interaction between ethnicity and gender on mean cultural mistrust.