



Discrimination, arrest history, and major depressive disorder in the U.S. Black population



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ABSTRACT

Everyday discrimination contributes negatively to depressive symptomatology among Blacks in the US and being arrested could add to this depression. Using data from the National Survey on American Life, the present study determined the association between an arrest history and major depressive disorder (MDD), while accounting for discrimination among African Americans, US-born Afro-Caribbeans and first-generation Black immigrants. Findings from logistic regression analyses adjusted for discrimination suggested an arrest history is associated with 12-month MDD (Adjusted OR=1.47; 95% CI=1.02–2.10) and lifetime MDD (Adjusted OR=1.56 CI=1.17–2.09). Accounting for drug and alcohol dependence attenuated the association between arrest history and 12-month MDD, but not lifetime MDD. The associations between arrest history and both 12-month and lifetime MDD, and discrimination and lifetime MDD varied by ethnic/immigrant group. Specifically, while the association between arrest history and MDD (both 12-month and lifetime) was strongest among US-born Afro-Caribbeans, evidence consistent with the immigrant paradox, the association between discrimination and lifetime MDD was particularly relevant for first-generation Black immigrants, suggesting discrimination may hinder the protection of first-generation status. Mental health prevention and treatment programs should target the stress associated with being arrested and experiencing discrimination among US Blacks.

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1. Introduction

Disproportionate exposure to race-related stress makes a significant negative contribution to mental health functioning among Blacks living in the US. Indeed, extant literature demonstrates a cross-sectional relationship between perceived discrimination and depression (e.g., Brown et al., 2000; Landrine and Klonoff, 1996; Gaylord-Harden and Cunningham, 2009; Hammond, 2012; Hudson et al., 2012), anxiety (e.g., Soto et al., 2011), and general psychological distress (e.g., Sellers et al., 2003; Chae et al., 2011; Krieger et al., 2011; Pieterse et al., 2012), as well as a prospective relationship between discrimination and depression (Jackson et al., 1996). The majority of these studies focus on everyday discriminatory acts such as being treated with less courtesy and

respect, and major events such as being unfairly fired or denied employment. Arguably, the nature of stressful life events for some Blacks in America includes exposure to the criminal justice system. Aggressive surveillance and policing practices such as “stop and frisk” in predominantly Black neighborhoods increase the likelihood that Black individuals will be targeted, regardless of actual wrongdoing, and potentially arrested. Having a history of arrest could be a type of stressful life event that increases stress and contributes to depression in the Black population. The present study will be the first to empirically examine the additive effects of arrest history and everyday discrimination on major depressive disorder (MDD) in an ethnically diverse nationally representative sample of Blacks living in US communities.

Perception of discrimination may factor prominently in the life experience of ethnic minorities, immigrants, and other socially disadvantaged groups, as experiences of micro-aggressions attributed specifically to race can exceed an individual's coping resources and trigger stress responses (Sue et al., 2009). In American society, where racial categories are based primarily on

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skin color, dark-skinned immigrants, regardless of national or ethnic background, are often categorized as part of the Black racial minority (Waters, 1994; Portes, 1995) and consequently subjected to racial discrimination. That said, the frequency and impact of such exposures might differ among Black ethnic groups. For example, Hall and Carter (2006) found second generation Afro-Caribbeans (i.e., first-generation to be born in the US) reported more perceived discrimination over their lifetime than first generation Afro-Caribbeans (i.e., born outside of the US). For Black immigrants, evidence suggests that the longer immigrants are in the U.S., the stronger the association between discrimination and poor health (Ryan et al., 2006). For example, among a population of working-class Blacks, discrimination was strongly associated with risk of psychological distress among both US-born and foreign-born Black Americans (Krieger et al., 2011), but less is known about its association with depression specifically.

Symptoms related to depression associated with the experience of discrimination are lowered self-esteem (Fernando, 1984), lowered levels of general happiness and life satisfaction (Jackson et al., 1996), and psychological distress (Pieterse et al., 2012). Ong et al. (2009) found that chronic exposure to racial discrimination among Black graduate students was related to depressive symptoms, in part because discrimination increased the likelihood of other secondary life stressors such as marital discord or a drop in family's resources. Thus, in addition to the psychological stress response triggered by discrimination itself, certain discriminatory acts can propagate a chain of secondary stressors, which also lead to depressive reactions. Being arrested could be one such stressor.

The likelihood of being arrested in the US substantially increases if one is a Black male (Bonczar and Beck, 1997; Blumstein and Nakamura, 2009; Freiburger, 2010) for several reasons, including racism, unemployment, and restrictions on social opportunities (Massoglia, 2008). Black involvement with the criminal justice system has also been considered within the context of current controversy surrounding policing strategies, which increases the likelihood of being arrested (Fine et al., 2003; Brunson and Miller, 2006; Jones-Brown et al., 2010). For example, the New York City policing strategy, “stop and frisk,” which involves aggressive stops and searches of pedestrians was first introduced in the 1990s (Eck and Maguire, 2000; Skogan and Frydl, 2004). Blacks represented 51% of the stops while representing only 26% of the New York City population (Gelman et al., 2007) and they disproportionately report getting hassled and experiencing a range of additional negative police actions as well (Brunson and Miller, 2006). Blacks are under heightened surveillance regardless of whether or not they have committed a crime and find it difficult to present themselves as law abiding (Smith et al., 2007; Brunson and Miller, 2006). The discrimination faced by those exposed to the criminal justice system has been referred to as “rational racism,” the profiling and expectations imposed by society given prior knowledge about the individual (Romei and Ruggieri, 2013). For example, an individual with a criminal record may face unspoken discrimination in finding housing and employment (Kurlychek et al., 2007).

In considering the relationship between arrest and mental health, Theriot and Segal (2005) found that almost half of an outpatient mental health clinic sample had at least one contact with the criminal justice system before arrival at the agency, highlighting the interaction between the community mental health system and the criminal justice system. In a sample of 205 suicide cases in Britain, 20% had documented contact with the police within 3 months prior to the suicide (Linsley et al., 2007). Webb et al. (2011), in their epidemiological study of the Danish population, found that one third of all male suicides in their sample had a criminal justice history, and found that having any criminal justice history was linked with a more than 2-fold higher

suicide risk in men and a 3-fold increase in women. Notably, the study found that the risk of suicide among those exposed to the criminal justice system was raised even among those who were only arrested and not sentenced or convicted (Webb et al., 2011). It is unclear whether other relevant psychiatric variables such as major depression may have contributed to this risk. These recent findings constitute a major public health concern that is particularly relevant to the US Black population, yet no study to date has examined the link between arrest, discrimination and MDD among the heterogenous Black populations in the US.

The main aim of this study was to determine the association between arrest history and MDD while taking into account the well-documented influence of discrimination on MDD, among African Americans, US-born Afro-Caribbeans and first generation Black immigrants. We hypothesized that having an arrest history would be associated with MDD, and that this relationship would be stronger for US-born African Americans and US-born Afro-Caribbeans compared to first-generation Black immigrants. We tested our hypotheses with both 12-month and lifetime MDD. Given the high prevalence of drug and alcohol-related arrests in the US (Snyder, 2012) and the relationship between substance use and MDD (Blanco et al., 2012), the analyses also adjust for the influence of lifetime alcohol and drug dependence.

2. Method

2.1. Data

Cross-sectional study used data from The National Survey of American Life (NSAL)—a publicly available nationally representative survey of the mental health of Americans of African descent (Jackson et al., 2004). The NSAL, which represents a multi-stage probability sample and is described in detail elsewhere (Heeringa et al., 2004; Jackson et al., 2004), assessed 6082 household resident adults (aged 18 and older) living in the 48 coterminous states in households with at least one adult resident. Face-to-face interviews were conducted on the sample, which consists of 3570 African Americans, 1621 Blacks of Caribbean descent (Caribbean blacks), and 891 non-Hispanic Whites. Data were collected between February 2001 and June 2003, with a response rate of 72.3%. Interviewers obtained written informed consent from all participants and the NSAL study was approved by The Institutional Review Board Committees of Cambridge Health Alliance, the University of Washington, and the University of Michigan. The present analyses focus on the African American and Afro-Caribbean respondents ($N=5008$).

2.2. Measures

2.2.1. Depression

Endorsement of MDD was determined using a modified World Mental Health Initiative version of the World Health Organization Composite International Diagnostic Interview (WMH-CIDI) (Haro et al., 2006; Kessler and Üstün, 2004). The WMH-CIDI is a structured diagnostic assessment administered through computer-assisted interviewing by highly trained lay interviewers that yields DSM-IV-TR psychiatric diagnoses. The depression module of the WMH-CIDI used in the NSAL was used to assess 12-month and lifetime MDD. The WMH-CIDI has been used in numerous epidemiological research studies and has demonstrated moderate to good concordance with the clinician administered Structured Clinical Interview for DSM-IV (Haro et al., 2006).

2.2.2. Arrest history

Arrest history was measured using a single item in the protocol. Respondents answered a “Yes/No” question about whether they have “ever been arrested.”

2.2.3. Everyday discrimination

Everyday discrimination was measured with a 10-item scale that asked respondents about the frequency to which they experienced everyday experiences of unfair treatment. For example, respondents were asked how often they experience situations such as being treated with less courtesy than other people; treated with less respect than other people; receiving poorer restaurant service; people acting as if you are less smart; people acting as if you are dishonest; people acting as if they are afraid of you; people acting like they are better than you; being followed in stores; being called derogatory names or insulted; and being threatened or harassed. These 10 items were developed by Williams et al. (1997). The responses ranged from (1) almost every day, (2) at least once a week, (3) a few

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