



# A longitudinal examination of maternal, family, and area-level experiences of racism on children's socioemotional development: Patterns and possible explanations



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## ABSTRACT

The association between experienced racial discrimination and poor health is now well documented, particularly among adult populations. However, longitudinal studies of the association between racism and child health are limited, and evidence on how racial discrimination experienced by members of children's immediate environment impact on child development, and the mechanisms by which this occurs, is scarce. We examined the longitudinal association between maternal, family, and area-level experiences of racial discrimination, and children's socioemotional development. We proposed that exposure to racial discrimination would be detrimental to children's socioemotional development via two mother-centred stress pathways: a worsening in maternal mental health, and an increase in harsh parenting practices. Data on ethnic minority mothers and their children were drawn from waves 3 to 5 (2006–2012) of the UK Millennium Cohort Study. Results of longitudinal path analyses show a strong association between maternal and family experiences of racial discrimination in wave 3, and a worsening in mother's mental health in wave 4. Maternal and family experiences of racial discrimination at wave 3 had an indirect effect on children's socioemotional development at wave 5. This occurred mainly via a worsening in mother's mental health, although some events of racial discrimination experienced by the mother and other family members also impacted negatively on children's socioemotional development via an increase in harsh parenting practices. We found a direct effect of maternal and family experiences of racial discrimination on children's socioemotional development. Our findings document the harm of growing up in a racist environment on the socioemotional development of children, and provide some evidence for the role of mother-centred stress mechanisms in linking vicarious exposure to racial discrimination to children's socioemotional development.

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## 1. Introduction

A central theme in life course theory is that of linked lives (Elder, 1994), which emphasises the interdependence of individual lives within a social network, such as a family, so that changes, events, and stressors occurring in one person's life also have consequences for the lives of others around them. The concept of linked lives provides a useful angle to understand the accumulation and continuity of ethnic inequalities, where systemic, interpersonal, and embodied racially motivated stressors not only affect the health

and life chances of one isolated individual, but permeate to other family members, maintaining and reproducing social and health inequalities across and within generations (Gee et al., 2012). Despite the well-documented existence of ethnic inequalities (Bradby and Chandola, 2007; Harris et al., 2006; Nazroo, 1997; Williams and Collins, 1995), the linked lives-related processes leading to the intergenerational transmissions of these inequalities remain poorly understood. Although upward intergenerational socioeconomic mobility has been documented among some ethnic minority groups in the United Kingdom (UK) (Platt, 2005), this increased mobility is not accompanied by an expected improvement in health (Smith et al., 2009). In fact, not only do ethnic health inequalities persist across generations, but second generations require greater levels of social advantage than their predecessors to

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achieve the same level of health (Smith et al., 2009). Exploring the pathways that perpetuate inequalities in health across ethnic groups exposes the extent and consequences of wider social inequalities, which reflect complex social structures and processes including interactions between ethnic status and migration history, long-term effects of exposure to social and economic adversity during the life course, and the independent contribution of institutional and individual racism on health (Bécares et al., 2009; Nazroo, 2001; Williams, 1999).

Racism, an ideology of inferiority used to justify unequal treatment by individuals and institutions of members of groups considered inferior (Williams, 1999), is a fundamental determinant of ethnic inequalities in health (Karlsen and Nazroo, 2002; Williams, 1999), impacting on the health of ethnic minority people through differential exposure to socio-economic, environmental, psychosocial, and health care-related pathways (Karlsen and Nazroo, 2002; Krieger, 2000, 2003; Williams, 1999). Although racism and racial discrimination operate at various levels, including institutionally, internalised, and personally mediated, this last form of racial discrimination – at the interpersonal level – has received the most empirical attention. It is now well established that interpersonal racial discrimination is detrimental to the health of individuals who experience it either directly (Paradies, 2006; Williams and Mohammed, 2009), or vicariously (Caughy et al., 2004; Ford et al., 2013; Kelly et al., 2013; Priest et al., 2012; Tran, 2014). Several studies of directly experienced racial discrimination show that exposure to racial discrimination predates poor health (Barnes et al., 2008; Brody et al., 2006b; Gee and Walsemann, 2009; Jackson et al., 1996; Luo et al., 2012; Seaton et al., 2011), but longitudinal evidence is still limited for vicarious experiences. A few studies have nonetheless reported an association between maternal experiences of racial discrimination and poor birth outcomes (Collins et al., 2004; Parker Dominguez et al., 2008), and have documented the longitudinal association between caregiver experiences of racial discrimination and decreased adolescents' psychological functioning over time (Ford et al., 2013). However, the mechanisms by which vicarious experiences of racial discrimination are detrimental to children and young people's health and development are poorly understood and merit further examination (Priest et al., 2012). In addition, all these studies have been conducted in the United States (US), which has very different contextual characteristics to countries where ethnic diversity is mainly migration-driven, such as the UK. Additional longitudinal studies in countries other than the US are thus needed in order to understand how vicarious experiences of racism impact on health across different life course stages.

This study aims to contribute to the literature by applying a linked lives approach to the study of racial discrimination and health in order to understand whether, and how, the racial environment in which children grow up in the UK influences their health and development. Our conceptualisation of the racial environment captures racial discrimination experienced in the proximal household (i.e., maternal experiences of racial discrimination), by family members, as well as racial discrimination experienced within the wider neighbourhood, by using a self-report measure of how common racist attacks are in the area where children live (hereon area-level racism). Using complete data from the ethnic minority sample of three waves of the UK Millennium Cohort Study (2006–2012; N = 1608), we examine whether maternal, family, and area-level experiences of racial discrimination are associated with children's socioemotional development. Following a linked lives approach, we hypothesise that children's vicarious exposure to interpersonal racism, experienced by either the mother, other family members, or in the neighbourhood where children live, impact on children's socioemotional development directly, and via maternal

mechanisms. Stressors experienced by the mother have been shown to impact on young people's health and development indirectly, through maternal mental health and harsher discipline tactics (Simons et al., 2002). We extend this work to explore two pathways, resulting from stress manifestations following experienced racial discrimination, which we hypothesise have an indirect effect on children's socioemotional development: a decrease in maternal mental health, and an increase in harsh parenting practices.

### 1.1. Pathway 1: maternal mental health

The longstanding association between poor maternal mental health and adverse child outcomes is now well established, with maternal depression linked to children's socioemotional, cognitive, and physical health, through mechanisms including slower responses to children's verbal or physical interactions, reduced quantity and quality of physical and verbal interactions and stimulations, and difficulty asserting authority (Cummings and Davies, 1994; Downey and Coyne, 1990; S. Goodman and Gotlib, 1990). We build on this evidence, and on the literature documenting a longitudinal association between experienced racial discrimination and poor mental health (Brody et al., 2006a; Brown et al., 2000; Jackson et al., 1996; Schulz et al., 2006), to propose that a worsening in maternal mental health following mother's experiences of racial discrimination either directly, or vicariously (via experiences of family members, and by living in a neighbourhood where racist incidents are common), will have an indirect effect on socioemotional development among children.

Although longitudinal evidence on the association between vicarious experiences of racism and maternal mental health is limited, results from mostly cross-sectional studies show detrimental associations with a wide range of health outcomes, including mental health and behavioural outcomes (Jackson et al., 1996; Leventhal and Brooks-Gunn, 2000; Pinderhughes et al., 2001; Sanders-Phillips et al., 2009). We hypothesise that the detriment caused by these more distal experiences of racial discrimination will also be linked to a worsening of maternal mental health over time, which in turn will impact negatively on children's socioemotional development as they age. A recent study using cross-sectional data from the US Survey of the Health of All the Population and the Environment (SHAPE) found a mediating effect of parental mental health on the association between parental experiences of racial discrimination and child mental health (Tran, 2014), highlighting the importance of caregiver's mental health in the intergenerational harm of racial discrimination. In the present study we examine whether the associations between parental experiences of racial discrimination and children's mental health hold using longitudinal data and broader conceptualisations of the children's environment, which incorporate racial discrimination experienced by other family members, and by living in a neighbourhood where racist events are common.

### 1.2. Pathway 2: parenting practices

Children's vicarious experiences of racial discrimination may also be indirectly associated with their socioemotional development through an increase in harsh parenting practices. Stress has been previously associated with increased punitive parenting (Simons et al., 2002), which has been linked to adverse child outcomes, including externalising behaviours and poor mental health (Brooks-Gunn et al., 1993). We hypothesise that the stress caused by the mother's direct and vicarious experiences of racial discrimination will increase maternal harsh parenting practices over time, impacting negatively on children's socioemotional development. Given that both hypothesised pathways are stress-

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