

Ethnic-Racial Socialization & Child Mental Health as a Function of Parental Stress

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Abstract

Black Canadians experience racial discrimination and race related stress frequently. However, there are few studies to date elaborating on these common experiences of Black Canadians and on ways to promote resilience. Existing research suggests that a sense of meaning, or meaning mindset (agency over thoughts and behaviour, hope for the future, positive self-concept, and openness to experience), is a protective factor for mental health. Further, parental stress in general is predictive of child well-being challenges. No research has examined parental racial stress in relationship to Black ethnic-racial socialization and child well-being. The relationships between parental racial stress, ethnic-racial socialization, meaning mindset in parents and children, and mental health in children need to be explored before potential interventions can be recommended. Ethnic-racial socialization involves the messages that children receive about their race and ethnicity. This pilot study examined the predictive relationship between parental racial stress and ethnic-racial socialization. This study also investigated the relationship between racial stress in Black Canadian parents, the ethnic-racial socialization Black Canadian children have been exposed to, meaning in parents and children, and the mental wellbeing of Black Canadian children. Participants were 35 Black Canadian parents and their children. Participants were sent links to an online survey which included demographic questions and measures of ethnic-racial socialization, racial stress and meaning mindset for parents. The survey sent for the children included measures of meaning mindset and mental wellbeing. This study also examined the experiences of five Black parents raising their Black children in Canada.

For this study, in a regression analysis, parental racial stress predicted parent messaging to children about their race and identity as Black. Further, in a hierarchical regression analysis,

parental racial stress predicted child meaning mindset, which further predicted child mental health ($p \leq .05$). Ethnic-racial socialization and parental meaning mindset were not included in the hierarchical model, as they were not significantly associated with child well-being. Overall, the results of this study suggest that parents who experience racial stress may feel driven to foster Black identity in their children. Further, similar to research on general parental stress and child well-being, parental racial stress predicted child meaning mindset and child mental health. Directions for future research and potential implications for clinical practice or public mental health promotion are presented.

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CHAPTER 1

Ethnic-Racial Socialization & Child Mental Health as a Function of Parental Racial Stress

Individuals identifying as ethnic minorities are at higher risk of living with various mental and physical health concerns resulting from stress-related minority status (Reynolds & Gonzales-Backen, 2017; Martinez, Suyemoto, Abdullah, Burnett-Zeigler, Roemer, 2022). For example, among African Americans, perceived racism related to minority status is associated with psychological, spiritual, and physical distress (American Psychological Association; Pieterse et al., 2012). Compounding this, there are significant racial discrepancies in the utilization of mental health services (Agency for Healthcare Research and Quality, 2022). Specifically, among BIPOC (Black Indigenous People of Colour) cultures and communities, there is less access to mental health care, stigmatization of mental illness, few people of colour employed in the field of mental health, and lower likelihood to utilize community mental health services (Reynolds & Gonzales-Backen, 2017; Major & Cooper, 2022). These discrepancies may be explained by the historical maltreatment of racialized individuals in the North American health services industry (Agency for Healthcare Research and Quality, 2022; Samnaliev, McGovern, & Clark, 2008; Wang et al., 2005; Reynolds & Gonzales-Backen, 2017). This historical maltreatment has resulted in distrust of mental health services among racial minority groups (Agency for Healthcare Research and Quality, 2022; Wang et al., 2005; Reynolds & Gonzales-Backen, 2017). Researchers have sought to explore and identify various approaches to reduce the mental health risks of minority individuals.

One avenue through which mental health promotion and mental illness prevention may occur is through understanding and intervening in the pathways that may lead to poorer mental health outcomes. Specifically, psychological and physical distress from perceived racism in

parents may potentially shape the ethnic-racial socialization (ERS) and mental health of children and youth, as parenting stress, in general, is associated with child mental health concerns (Crum & Moreland, 2017).

What is Ethnic-Racial Socialization?

Parents of ethnically underrepresented children are often tasked with raising their children with culturally appropriate principles and values and teaching them how to navigate and survive a society that may give messages that indignant them (Gaskin, 2015). Research suggests that children whose parents are supportive, emotionally available, and educate healthy coping and emotion regulation strategies are less likely to experience negative emotions and behaviours in social settings (Anthony et al., 2005; Smith et al., 2001). This may explain why the practice of positive ERS by caregivers is so significant in ethnic and racial minority households. ERS is the process through which caregivers educate their children about their race and ethnicity, navigate the paradoxical message they get from broader society, and cope in a racialized society (Neblett et al., 2013; Gaskin, 2015). Such education can be intentional or happenstance. The multidimensional nature of ERS includes complex racial assessment messages ranging from supportive to ambiguous to diminishing depending on who is relaying the message and the intention behind the socialization (Bentley-Edwards & Stevenson, 2013). ERS that ethnic minority youth receive from their caregivers (and others) plays a critical role in their ability to successfully develop a positive and robust ethnic-racial identity, positive self-perceptions, academic motivation and achievements, and navigating social relationships (Hughes et al., 2009). Strong racial identity amongst racialized and stigmatized groups are consistent with potentially self-protective properties of stigma and against poor mental health outcomes (Crocker & Major, 1989; Esie & Bates, 2023). Specifically, attributing one's group's negative outcomes to prejudiced attitudes of others, such as attributing

adverse outcomes instigated by discrimination and racism, rather than personal shortcomings, maybe a successful coping strategy (Crocker & Major, 1989; Crocker et al., 1991; Esie & Bates, 2023). Such racial attributions could be a function of strong ethnic-racial socialization concerning one's racial identity. Keyes (2009) implied that the "Black-White depression paradox" observed in the United States may be supported by attributing Black racial identity as a source of mental health resiliency.

Over the past two decades, there has been an emergence of literature on ERS practices. Historically, research on ERS in the United States among Black individuals originated from efforts to better understand how parenting strategies shaped Black children to uphold high self-esteem, given barriers related to racism and discrimination (Hughes et al., 2006). The emergence of literature in this area is mostly attributed to the projected "browning of America" (Hughes et al., 2006). In fact, in 2016, 22.3 % of Canada's population was comprised of visible minorities (Statistics Canada, 2019), whereas only 13.4% were visible minorities in the year 2001 (Statistics Canada, 2002). Among visible minorities, according to the 2016 Census of Population, 3.5% of Canada's total population and 15.6% of the population defined as a visible minority in Canada self-identified as Black (Statistics Canada, 2019). Between 2011 and 2016, the number of individuals who identified as racialized in Canada significantly increased (Mental Health Commission of Canada, 2019). According to the 2016 census, Saskatchewan, Nunavut, and Newfoundland and Labrador saw the largest percentage increases at 83%, 77%, and 70% respectively, while Ontario, Alberta, and British Columbia saw the largest increase in terms of the number of racialized residents (Statistics Canada, 2019; Mental Health Commission of Canada, 2019). In a recent Black Canadian National Survey, 91% of Black Canadians reported believing that racism is a problem within the Canadian health care system, while 96% identified racism as a

problem in the workplace (Foster et al., 2022). According to Statistics Canada (2019), 4 in 10 people identified as Black during the 2016 Census of Population were born in Canada, while 623,195 Black Canadians were immigrants, including landed immigrants/permanent residents and Canadian citizens by naturalization (Statistics Canada, 2019). According to statistics Canada (2019), the population of Black people in Canada doubled in size within 20 years (from 573,860 people in 1996 to 1,198,540 people in 2016). Approximately 70% of Black Canadians reported experiencing racism regularly or periodically, 91% of Black Canadians believe racism is a real problem in Canada, and 80% of Canadians believe racism is a problem where they live (Foster et al., 2022). Statistic Canada (2019) projects that the Black population will continue to increase and could represent between 5.0% and 5.6% of Canada's population by 2036. Given the growing population of Black Canadians and cultural movements such as Black Lives Matter, ERS and its relationships with parenting racial stress and child and youth wellbeing have become a particularly timely issue to explore.

Due to the complex and multidimensional process of ERS in most Black households, most authors offer their unique definitions of ERS in their literature. The conceptualization of ERS in most studies explicitly focuses on racial messages communicated from parents to their children via cultural socialization, preparation for bias, promotion of mistrust, and egalitarianism (Hughes et al., 2006; Hughes & Chen, 1997; Hughes & Johnson, 2001). Specifically, cultural socialization emphasizes the teaching of one's history, culture, and heritage (Hughes & Chen, 1997). Preparation for bias involves parental practices intended to prepare children for racial microaggressions and overt racism (Hughes & Chen, 1997). Promotion of mistrust includes teachings that will likely encourage distancing from and wariness of white people for Black children (Hughes & Johnson, 2001). By contrast, egalitarianism is observed when parents

explicitly encourage their children to value individual qualities over racial group membership by encouraging interracial equality and coexistence (Hughes et al., 2006, p. 757; Boykin & Ellison, 1995).

Bentley-Edwards and Stevenson (2013) proposed that ERS could be divided into five main categories: Racial Protection, Cultural Insight, Racial Stereotyping, Bicultural Coping, and Old School Cultural Thinking. Racial protection involves strategies to deal with racism, racial buffering through affirmations, and recognizing racism (Bentley-Edwards & Stevenson, 2013). Cultural insight provides traditional knowledge about Black ways of being, which includes family support, heritage, spirituality, practical knowledge, and cultural practices and beliefs (Boykin & Toms, 1985). Messages obtained through cultural insight inform children and youth about acceptable within-group behaviours and beliefs (Bentley-Edwards & Stevenson, 2013). Racial stereotyping is a newer construct in the field of ERS, and it goes beyond Hughes et al. (2006)'s concept of cultural mistrust. Racial stereotyping includes messages that convey firm and distrustful intra- and inter-racial judgements of motives, relationships, and capabilities (Bentley-Edwards & Stevenson, 2013). While cultural mistrust (Hughes et al., 2006) focused on the apprehension of the motives of White people, racial stereotyping incorporates messages that communicate the distrust in the intention of other Black people based on social class, colorism stereotypes, and gender (Bentley-Edwards & Stevenson, 2013). Bicultural coping offers specific and indirect strategies within mainstream society (e.g., multicultural worldviews, conflict management, code-switching, and assimilation) (Bentley-Edwards & Stevenson, 2013). Bicultural coping is often based on the personal experiences of the family members, and it is often utilized as a tool to avoid racial conflict (i.e., learning to remain discreet or suppressing one's anger to get along) (Bentley-Edwards & Stevenson, 2013). More traditional ways of cultural thinking include items

representing racial and cultural clichés (Bentley-Edwards & Stevenson, 2013). These include traditional notions of negotiating racial politics, which have depleted meaning today due to their outdated and overused nature (Bentley-Edwards & Stevenson, 2013). Given this updated definition of ERS, quantitative ERS research should be conducted using the five categories identified by Bentley-Edwards and Stevenson (2013) noted above due to its more current representation of ERS in North America.

Qualitative studies reveal differences in the content of ERS between Black Americans with and without immigrant origins (Esie & Bates, 2023). This implies that there are differences in the importance of race and ethnicity to one's identity. Some works of literature infer Black immigrants may socialize messages to their children, situating non-immigrant Black Americans/African Americans as out-group members (Hilaire, 2006; Thelamour & Mwangi, 2021; Joseph & Hunter, 2010), consequently promoting social distancing from and racial stereotype and mistrust towards African Americans. According to Joseph and Hunter (2010), Black immigrant parents may also socialize fewer messages promoting racial pride to their children; conversely, they may champion messages that promote ethnic and cultural pride. The differences in ERS between African American parents and Black immigrant parents in the United States may be credited to immigrant parents not valuing race as central to their identity from being from and socialized in majority Black countries, where one's identity was more central to their ethnic group, culture, gender, or religious belief (Joseph & Hunter, 2010). This may explain why immigrant parents from the previously mentioned studies do not socialize their children around race as African American parents would. Due to the added complexity of immigration to the process of racial identity, "being Black" seemingly means different things to Black immigrant Americans and African Americans

(Esie & Bates, 2023). To date, research has yet to explore this phenomenon with second or more generation Black Canadian parents and Black immigrant parents in Canada.

Parental Stress

Parenting itself can be a stressor (Anthony et al., 2005). Parenting stress is presumed to encompass the characteristics of the child, the parent, and their environment (Bloomfield & Kendall, 2012). Anthony et al., 2005, defined parenting stress as the difficulties one encounters from the demands of being a parent. While Deater-Deckard (2004) defined parenting stress as “a set of processes that lead to adverse psychological and physiological reactions arising from attempts to adapt to the demands of parenthood.” Despite the various conceptualizations and definitions used in literature to describe parenting stress, the defining characteristics of parenting stress are similar. Stress is associated with parenting behaviours, parental efficacy, and social competence that interferes with parenting practice (Anthony et al., 2005). Stress plays a prominent role in explaining why parents parent the way they do (Crnic & Ross, 2017). Moreover, parenting stress is often associated with problems in parental functioning (Chang et al., 2004). This trend is present in Steele et al. (2016)’s research, where a relationship between parenting distress and parents exposed to adverse childhood experiences was observed. Research also suggests that parenting stress negatively influences parenting behaviour, and negative parenting behaviour is linked to higher parental stress and more externalizing problem behaviour in children (Deater-Deckard & Scarr, 1996; Bloomfield & Kendall, 2012). Jackson and Huang (2000) and Bloomfield and Kendall (2012) also discerned that high parenting stress was related to low self-efficacy.

Attachment theory suggests that children’s attachment to their caregivers plays a key role in linking social interactions to their cognitive understanding of the world, themselves, and others (Murry et al., 2021; Bowlby, 1956; 1997). Attachment theory also implies that healthy attachment

to caregivers enhances children's emotional awareness and self-control or dexterity (Murry et al., 2021; Doyle, Lawford, & Markiewicz, 2009). There is a complex relationship between the psychological wellbeing of parents and the development of child mental health problems (Birmaher et al., 2009; Gopalan et al., 2010). Numerous research suggests that parenting stress negatively impacts the development of a child (Anthony et al., 2005; Crnic & Ross, 2017; Crum & Moreland, 2017; Bloomfield & Kendall, 2012; Murry et al., 2021; Smith et al., 2001). Parental stress is a well-known risk factor for adverse child outcomes. Adverse parenting associated with parenting stress is predictive of the development of aggression, externalizing behaviour problems, anxiety, depression, compromised emotional coping, impaired social cognition, other poor mental health and social behaviours, and diminished treatment response in children (Crum & Moreland, 2017; Anthony et al., 2005; Baker, Heller, & Henker, 2000; Cappa et al., 2011). Hastings (2002) proposed a transactional relationship between parental stress, child social and behavioural difficulties, and child abuse. Externalizing behaviour problems in children may heighten parental stress, which in turn, strengthens the relationship between parenting stress, adverse child outcomes, and child abuse (Hastings, 2002; Crum & Moreland, 2017). Cumulative studies have recognized that effective strategies to support parents may be the most efficient way to improve children's health, wellbeing, and overall development (World Health Organization, 2002; Bloomfield & Kendall, 2012). Studies also suggest that adverse parenting is a significant risk factor for developing a range of health problems in childhood and eventually adulthood (World Health Organization, 2002; Bloomfield & Kendall, 2012).

Among the various determinants of parenting, the relationship between stress and parenting is the most extensively studied in literature. Stress helps explain why certain parents parent the way they do (Crnic & Ross, 2017). To date, parental racial stress in Black Canadians

has not been explored in relation to child mental health outcomes. However, since parental stress in general is associated with child mental health concern risk, it is possible that parental racial stress will also be associated with child mental health concerns. More specifically, it is expected that racially related stress in Black Canadian parents may be associated with child and youth mental health outcomes in Black Canadian children.

Racially Related Parenting Stress

Race is an intricate societal issue (Bentley-Edwards & Stevenson, 2013). Parental socialization aims to convey values, beliefs, and lifestyles that ensure the child's appropriate functioning in society (Thomas, Speight, & Witherspoon, 2010). For Black parents in North America, parental socialization also includes ethnic-racial socialization. African American caregivers are entrusted to help their children foster positive self-concept and identity as visible minorities via socialization around issues of race, prejudice, and racism (Thomas et al., 2010). What differentiates general parenting stress from racially related parenting stress is that racially related parenting is a form of parenting that prepares racial and ethnic minority children to develop a positive self-concept in an oppressive society.

One related concept includes protective parenting: Protective parenting looks different for Black families than for Whites families. Protective parenting in African American families evolved to protect Black children in an unequal and harsh environment (Lei et al., 2021). Protective parenting has also been observed to help prevent depression symptoms and substance use in Black youth (Zapolski et al., 2016). Brody et al. (2014) observed that the potential effect of perceived racial discrimination, which has been linked to mental health distress and conduct problems in Black youth, may be buffered by supportive parenting. These findings emphasize the significance of protective and supportive parenting practices in Black households in the

context of discriminatory environments to prevent the potential adverse effects of racism and prejudice on the mental health and overall wellbeing of Black children.

Racism exists in the cultural-symbolic realm, the media, the judicial system, the educational and health system, the sociopolitical level, and everyday interactions (Harrell, 2000). Experiences of racial discrimination may occur vicariously, systematically, via verbal or nonverbal interpersonal interactions, and overtly or covertly because of one's racial identity and racial group membership (Osborne et al., 2021; Holloway & Varner, 2021). Interpersonal and institutionalized racial discrimination may increase the stress and strain experienced by Black caregivers, which may lead to poorer outcomes for their children (Osborne et al., 2021). The research proposes that most African American adults experience some racial oppression, which may lead to physical and psychological consequences that varies depending on the level of threat involved, perceptions of the racist behaviour, and the presence of internalized oppression (Esie & Bates, 2023; Reynolds & Gonzales-Backen, 2017; Lesane-Brown et al., 2005; Pieteres et al., 2012; Thomas et al., 2010). According to Murry et al. (2018)'s sociohistorical integrative model for studying stress in Black families, sociocultural contextual stressors lead to Black families experiencing environmental stressors like daily race-related hassles. Daily race-related hassles that Black individuals experience in North America include, but are not limited to, personal experience of racial discrimination, vicarious experience of racial injustice (e.g., watching the video and news coverage of the George Floyd murder in 2020, witnessing or hearing about a loved one's racial discrimination experience, etc.), and anticipated racial discrimination. These daily stressors may undermine family functioning and interactions (Varner et al., 2020). Holloway & Varner (2021) suggest that African American families may engage in culturally specific coping behaviours to buffer the impacts of race-related stressors. Some studies have also

presented the idea of a connection between racial identity and race-related stress (Johnson & Arbona, 2006; Holloway & Varner, 2021). This suggests that the more a Black individual values their racial identity, the more perceived racial stress will be present in their life. A Black parent who values their racial identity and passes their value to their child may also experience more perceived race-related parenting stress as a racial minority and the parent of a child who is also a racial minority in their society. Parents' beliefs about race may also relate to how they interpret and respond to race-related stress (Holloway & Varner, 2021). Parents with positive private regard for their racial identity and have race-related stress may be more likely to convey racial socialization messages to their children (Thomas et al., 2010). Thomas et al. (2010) suggest that these parents' positive racial identity helps create some resiliency by buffering some potentially negative consequences of racism, which lead them to believe that ERS may protect their children from the negative consequences of racism. While ERS is conceptualized as a frequently occurring cultural-specific parenting behaviour in most Black families, similar to families of different racial and ethnic identities, parental monitoring, discipline, and the parent-child relationship are central to parenting in Black households (Richmond & Pittman, 2016).

A fundamental principle of self-efficacy theory is that an individual's belief in their competence to execute behaviours required to generate specific performance in any domain will be developed through performance proficiency, vicarious experience, and learning through role modelling (Bandura, 1997; 1989; Bloomfield & Kendall, 2012). This phenomenon may explain why Black parents who have experienced racial discrimination or prejudice in North America are more likely to consciously educate their children through an ERS lens (Hughes & Chen, 1997; Hughes & Johnson, 2001). It also implies that children may learn how to interact and act in social settings by observing patterns in their own families (Murry et al., 2021). Thomas et al.

(2010) observed that parents who have experienced race-related stress and recognize the importance of buffering children from acts of racism serve as the best predictors of racial socialization. Thus, they are more likely to engage their children in racial socialization. Parental ERS practices play a significant role in developing a resilient ethnic-racial identity in Black children, which may contribute to positive mental health, social, and academic outcomes (Huguley et al., 2019). Parents' messages about race are influenced by their own experiences with racial discrimination and their observations and fears of racial discrimination their children may encounter (Holloway & Varner, 2021). Varner & Mandara (2013) found a relationship between anticipated racial discrimination and African American responsive parenting. This finding proposes a relationship between anticipated racial discrimination and other parenting approaches in Black families, including ERS messages, since parents' expectations and fears shape the message they give their children (Holloway & Varner, 2021). African American mothers and fathers react differently to vicarious racial discrimination experiences based on their individual beliefs about race and the gender of their child (Holloway & Varner, 2021). Vicarious racial discrimination experience is a significant racially related parenting stress for Black parents. For Black parents in North America, this may include witnessing the injustice and discrimination experienced by a child close in age or the same gender as their child (Holloway & Varner, 2021); some recent examples include the murders of Trayvon Martin, Tamir Rice, Michael Brown, Daunte Wright, and Stephon Clark. This may inspire parents to engage in ERS as a protective measure, as they may believe that their children may also be vulnerable to unfair treatment and adverse consequences of racial discrimination (Thomas & Blackmom, 2015). Research has observed that engaging in low levels of ERS may be harmful to the development of Black youth, particularly for those actively experiencing racial discrimination in their

environment (Osborne et al., 2022; Richardson et al., 2015), as this may lead to a lack of real-world preparation. Low engaged levels of ERS may also be associated with symptoms of depression and a decreased sense of racial-ethnic identity and belonging in children (Osborne et al., 2022). A stressful internal parental conflict that most Black parents struggle with in today's cultural climate is addressing a police encounter with their Black children, especially Black boys (Osborne et al., 2022). This is because caregivers are tasked with weighing the cost of protecting their children's innocence and their perceptions of their environment as a kind, fair, and safe place to grow versus protecting their children's lives (Osborne et al., 2022). Parents must find ways to balance practicing ERS (teaching their children about race-related issues to promote positive self-concept and resiliency) without overwhelming their children or making them hypersensitive to racial issues (Osborne et al., 2022). Basically, Black caregivers cannot over-prepare or under-prepare their children for the racial discrimination and prejudice they will personally or vicariously experience without stressful outcomes.

Most studies on ERS focus on how ethnic-racial socialization is associated with African American youth's social, academic, and psychological development and wellbeing (Lei et al., 2021; Neblett et al., 2013; Bynum et al., 2007). In Canada, there are few studies on ERS and virtually no literature concerning ERS-related parental stress in Black Canadians. Recognizing the benefits of ERS on the overall wellbeing of visible minority children and youth is indispensable in a racially and ethnically diverse country like Canada. It is also valuable to recognize how the ethnic-racial practices of visible minority parents may help to build mental health resilience against racial discrimination. Therefore, research is needed to explore the relationship between ethnic-racial socialization messages and parental racial stress in Black parents residing in Canada.

Potential Effects of Racism on Child Mental Health

Most Black youth will experience some form of racial discrimination as they enter adolescence (Green et al., 2006). This could be experienced personally (Brody et al., 2014) or vicariously (Osborne et al., 2022; Lei et al., 2021), blatantly (Paradies et al., 2015; Bynum et al., 2007), as racial microaggressions (English et al., 2020), prejudice (Osborne et al., 2021) or ignorance (Neblett et al., 2008). Consequently, experiences of racial discrimination endow adverse developmental contexts for Black youth (Lei et al., 2021). A vast number of literature propose that experiences of racism hurt the academic achievement, motivation, mental health, and overall wellbeing of Black youth (Varner et al., 2018; Lei et al., 2021; Green et al., 2006; Osborne et al., 2021; Thomas et al., 2010), with profound racial discrimination predicting notably greater anxiety and depression symptoms, low self-esteem, perceived stress, and behavioural problems (Howard et al., 2013; Martinez et al., 2022; Thomas et al., 2010; Neblett et al., 2008). Brody et al. (2006) 's longitudinal study suggests that perceived racial discrimination predicts an increase in depression symptoms over time. Racism has severe consequences for the physical and psychological wellbeing of Black youth across their lifespan (Lei et al., 2021). Disproportionate systems of power place ethnic-racial minority children on the receptive end of ethnic-racial prejudice, which may lead to the early development of ethnic-racial awareness (Osborne et al., 2021). The relationship between racism and the mental health of Black youth may be exacerbated when the individuals who have experienced racial discrimination start to believe and internalize the messages of negativity and inferiority about their race or community (David et al., 2019). Lie et al. (2021) suggest that the potential effects of racial discrimination on the mental health of Black youth may be more adverse than on the mental health of adults. This finding could potentially be attributed to the fact that youth may have fewer coping strategies

against racial discrimination than adults and depend on their caregivers to provide them with the most appropriate coping skills (Lie et al., 2021). Given racism's harmful effects on Black youth, there is a great need for protective parenting via ERS in Black households to better protect youth.

Not all Black youth who experience racial discrimination experience adverse consequences. The integrative model of minority children's competencies (Coll et al., 1996) suggests that ethnic and racial minority children grow in unique contexts due to interpersonal and systematic racism (Varner et al., 2018). While racial stress can have damaging effects on the development of racialized children, there are adaptive practices performed by their caregivers and other adults in their life to protect ethnic and racial minority youth and contribute to a positive and healthy development of their behavioural and psychological wellbeing. Culturally specific parenting (including ERS) and general parenting practices are related to the development of racialized children (Coll et al., 1996). Research by Thomas et al. (2010) suggests that ethnic-racial socialization practices increase self-esteem, lowers depression and anxiety symptoms, enhance anger management, and boost educational efficacy and achievement in children and adolescents. On average, racialized youth who experience high positive patterns of ERS display healthy psychological adjustments (Neblett et al., 2008). This suggests that positive ethnic-racial socialization practices may buffer the adverse effects of racism and build resilience in Black youth.

Second Wave Positive Psychology: Potential Promotion of Resilience to Racially Related Parenting Stress

Positive psychology focuses on an individual's positive psychological qualities and state (Lomas & Ivtzan, 2015). Positive psychology studies human thoughts, feelings, and behaviours that contribute to the optimal functioning of people, groups, and institutions (Gable & Haidt,

2005). In other words, positive psychology focuses on people's strengths and emphasizes the positive influences in people's lives. Critics of the framework of positive psychology criticized classifying human phenomena as either positive or negative (Lomas & Ivtzan, 2015). As a result of the highlighted various problems inherent in the positive psychology framework, second wave positive psychology (SWPP) emerged. Building on positive psychology, SWPP with its embedded Logotherapy/Existential framework incorporates the challenging life experiences that can lead to significant meaning (Wong, 2017a; Lomas & Ivtzan, 2015). Existentialism includes concepts such as vulnerability, suffering, and the human struggle for happiness (Wong, 2017a). SWPP explores the philosophical and conceptual complexities of the idea of the "positive" (Lomas & Ivtzan, 2015). SWPP incorporates meaning, resilience, human development, mortality, change, suffering, and spirituality (Ivtzan et al., 2015). The path of personal development may involve experiences that challenge a person but still lead to growth, insight, healing, and transformation (Ivtzan et al., 2015). Through meaning-making, SWPP helps individuals better understand themselves and thrive in a world full of uncertainties, absurdity, and suffering (Wong, 2016). SWPP explores a more refined understanding of the dialectical nature of thriving by examining the vibrant and complex interplay of one's positive and negative experiences (Lomas & Ivtzan, 2015; Lomas, 2016). SWPP is still driven by concerns for people's wellbeing and positive qualities; however, it also challenges the idea that a person's wellbeing should be concurrent with constructs like 'happiness' (Lomas, 2016; Lomas & Ivtzan, 2015). The ambivalent nature of the good life is recognized in SWPP's understanding of wellbeing. This extended term includes negative emotions like pragmatic anxiety that serve some broader sense of 'being/doing well' (Lomas, 2016).

As part of the “good life”, SWPP focuses on social connectedness, values, meaningful living, and ideals (Parrott et al., 2021; Wong, 2013). “Meaning” is a core concept in SWPP related to positive mental health (Wong, 2013). Building on this further, “meaning mindset” is an important concept in SWPP (Armstrong & Parrott, 2023). As SWPP has extensive foundations in Logotherapy (Frankl, 1986; Wong, 2017), the concept of meaning mindset maps onto Logotherapy pathways to meaning. Specifically, meaning mindset includes (Armstrong & Potter, 2023):

- 1) *Agency over thoughts and behaviours*: If one has a sense of agency, they believe they can choose their attitudes and actions under almost any circumstance (Frankl, 1986).
- 2) *Positive self-concept*: This includes the belief that one is a person of worth, capable of achieving goals, and seeking help when needed (Dweck, 2015). Perceiving meaning in everyday life is dependent on a positive self-concept that allows one to move beyond simply surviving (Van Tongeren & Green, 2010).
- 3) *Openness to experience*: Openness allows for meaning to be perceived in emotional connection with others, in an attitude full of curiosity to learning and trying new things, in an awareness of one’s own feelings, in learning and in creative pursuits, and through the appreciation of experiencing moments of awe, flow, or gratitude (Frankl, 1986; Shantall, 1989; Stoddard et al., 2011).
- 4) *Hope for the future*: In spite of current circumstances, hope for the future involves anticipating a future that is good and a sense of the possible:

Having a 'why' or 'what for' to live for allows for a person to bear almost any 'now' (Frankl, 1986; Stoddard et al., 2011; Nietzsche & Large, 1999).

Research to date has found that a sense of meaning, and meaning mindset, is a known protective factor for mental illness (Wong, 2013; Wong & Wong, 2013; Armstrong et al., 2018; Armstrong & Potter, 2023). A healthy meaning mindset helps at-risk children understand the challenges they may be faced with and allows them to cope and thrive, irrespective of their challenges, leading to long-term wellbeing (Parrott et al., 2021; Wong, 2017). Research to date has not explored ERS and parental racial stress from a SWPP framework. Understanding these issues from a SWPP framework may aid in recommendations for the potential promotion of resilience in Black Canadian children exposed to racially related parenting stress and racial discrimination.

Prevalence of Mental Health Concerns in Canadian Children and Youth

Unfortunately, child and youth mental health problems are common. There has been a steady increase in the prevalence of mental health concerns in Canadian children and youth in the past six years (Canadian Institute for Health Information, 2022). Approximately 1.2 million children and youth in Canada live with emotional, behavioural, and psychosocial problems severe enough to disrupt their development and functioning, yet fewer than 20% receive appropriate treatment (Canadian Paediatric Society, 2022). In 2020, nearly 1 in 4 hospitalizations for Canadian children and youth between the ages of 5 and 24 were for mental health concerns (Canadian Institute for Health Information, 2022). Kids Help Phone reported twice as many interactions across Canada as in 2019 (Canadian Institute for Health Information, 2022). Since the 2019 global pandemic, Children's hospitals across the country have reported a significant increase in youth presenting with anxiety, depression, suicidal thoughts, substance misuse, and eating disorders (Canadian Paediatric Society, 2022). A 2021 survey by UNICEF Canada

conveyed a significant worsening in children's mental health, with 48% of the surveyed parents reporting new mental health challenges experienced by their child since the onset of the pandemic (Canadian Paediatric Society, 2022). Currently, in 2023, research suggests that almost 60% of adolescents report feelings of persistent sadness or hopelessness, with 30% seriously considering suicide (Centres for Disease Control & Prevention [CDC], 2023). These concerns were even greater in minority youth (CDC, 2023).

In general, youth (ages 15 to 24) are more likely to experience mental health concerns and substance use disorders than any other age group (Centre for Addiction and Mental Health, 2022). Approximately 70% of individuals with mental health challenges have their onset in childhood or youth (Canadian Mental Health Association, 2022). Children and youth in Canada often face long wait lists and limited access to quality mental health care (Canadian Paediatric Society, 2022). This predicament was evident before the pandemic and made worse by the global pandemic (Canadian Paediatric Society, 2022). The mental health effects of the pandemic experienced by children and youth will likely be felt for some time (Canadian Paediatric Society, 2022). This is why early identification of risk factors and resilience in children and intervention is critical and can improve overall wellbeing in children and youth. Timely and appropriate mental health care decreases symptom severity, hospitalizations, and can positively impact the health and wellbeing of children and youth in the long run (Mental Health Commission of Canada, 2019; Canadian Paediatric Society, 2022). The relationship between Black Canadian racial stress and child mental health, with potential protective factors, has yet to be explored.

Mental Health Concerns in Racialized Canadian Children and Youth

Black people have lived in Canada for over 400 years – from the arrival of the Mathieu Da Costa (the first recorded free Black person to arrive in Canada) in the 17th century, the Black

Empire Loyalists through the Underground Railroad from 1783 to 1785, to the current immigration waves (Foster et al., 2022). While the population of Black people in Canada doubled in 25 years – going from less than 600 thousand in 1996 to more than 1.2 million in 2021 – the unemployment rate of Black people in Canada is twice the rate of their White counterparts (Foster et al., 2022). Black Canadians make up 3.5% of the national population, but as of 2017, 8.6% of the federally incarcerated population were Black inmates (Foster et al., 2022). The prevalence of unemployment and incarceration of Black Canadian influences the social economic status of Black families, which potentially negatively affects their way of living and overall wellbeing. Low income plays a significant role in the involvement of child welfare for Indigenous and Black children (Ontario Human Rights Commission, 2018). In Canada, Black children are more likely to be in foster care or enrolled in lower academic streams than their White counterparts (Foster et al., 2022). Racial discrimination is and has always been a renowned and vital matter in the lives of Black Canadians. Racial identity is a significant determining factor in how people engage with themselves, each other, with systems and systemic operations, and how they participate in society (Ospina & Foldy, 2009). Salami et al. (2022) identified racial discrimination, the intergenerational gap in families, microaggression, stigma, academic expectations, financial stress, lack of identity, previous traumatic events, and religion as the dominant factors contributing to the mental health problems of Black youth in Canada.

There is a low healthcare use rate among racialized people with mental health problems or illnesses (Mental Health Commission of Canada, 2019). Between 2010 and 2013, 14.2% of Black Canadians over the age of 18 reported having poor or fair health, while 64% of Black adolescents aged 12 to 17 reported having excellent or very good mental health compared to 77.2% reported by their White counterparts (Public Health Agency of Canada, 2020). BIPOC,

recent immigrants, or refugee Canadian children and youth are less likely than their peers to receive appropriate mental health care and are more likely to utilize emergency services when in crisis (Canadian Paediatric Society, 2022). In research conducted by Mental Health Research Canada from 2021 to 2022, 26.9% of visible minority Canadians reported not accessing mental health support because they did not know where or how to get help, while 19.2% reported not accessing mental health support out of fear of what others might think (Major & Cooper, 2022).

SWPP advocates that challenges can be converted or directed into positive motivation and meaningful growth (Armstrong, Desson, St. John, & Watt, 2018). Research has found that meaning is a resiliency factor aimed at positive mental health in young people (Armstrong et al., 2018; Masten & Reed, 2002).

Meaning Mindset and Resiliency in Racialized Children and Youth

According to Frankl et al. (2006), a clear sense of meaning and purpose in an individual's life can provide something positive and significant, irrespective of their circumstance and health conditions. Meaning is necessary for healing (Wong, 2010a), resilience (Wong & Wong, 2013), optimism (Wong, 2009a), and wellbeing (Wong, 2013). For humans, living a meaningful life depends on meeting the needs for faith in a higher being, hope for a meaningful life, and love for others (Wong, 2013). Wong (in press) proposes that people feel lost when these needs are unmet, and their mental health is affected. Resiliency is observed when children succeed despite adversities (Watt, 2020).

Research has observed that meaning mindset is a reliable indicator of children and youth risk factors, resilience, and mental wellbeing (Armstrong & Potter, 2023; Armstrong, Watt, St. John, & Desson, 2020). Racialized youth who endeavour to advance regardless of the adversities they may encounter, such as racism and poverty, are resilient (Doan et al., 2022). Many children

who grow up in less an ideal environmental context (poverty, violence, incarceration of a family member, substance abuse, family discord, racial discrimination, high early stress, or family or personal illness) may acquire inhibited intellectual, social, and emotional development as a result of their environment and upbringing interfering with them reaching their full potential as adults (Zolkoski & Bullock, 2012). Nevertheless, many racial and ethnic minority children experience such adversities and do pretty well regardless of the challenges, making them resilient (Zolkoski & Bullock, 2012). Masten (2001) suggested that children with high resilience levels sustain this protective factor into adulthood.

Resilience theory (Luthar, 2015) implies that not all Black youth encountering adverse situations will experience negative outcomes (Lei et al., 2021). Constructed family resilience proposes that family practices associated with resilience (i.e., promoting racial and ethnic pride, promoting positive self-concept, suggesting that Black people are valuable and worth protecting) can reduce the negative impact of adverse community conditions (Lei et al., 2021). Like research on the positive outcomes of ERS, positive self-worth and self-acceptance are also vital components of meaning in children.

The concept of SWPP may help provide an avenue for child resilience promotion when encountering the potentially ongoing experience of racism, but this has yet to be explored in research. Woolverton (1999) examined the socialization practices Black Canadian mothers employ to improve their children's resilience to situations involving racism. Specifically, Woolverton (1999) observed that the mothers' own negative racial experiences helped form their philosophies and worldview on racism and the efforts they made to mediate the effect of racism by protecting and improving their children's self-esteem, cultural identity, and self-identity. The participants in Woolverton (1999) 's study also reported the context of their child's social

situation; that is, if the negative racial experience happened within the child's institutional domain (e.g., school) or within their private domain (e.g., neighbourhood), influences their socialization strategy. Woolverton (1999) 's study spotlights the prevalence and desensitization of racially related parenting stress in Black Canadian households.

Meaning, a vital mental health indicator, exhibits a linear relationship between children and youth's mental wellbeing (Armstrong & Manion, 2015; Masten & Reed, 2002; St. John, 2017). As noted, the presence of meaning in children (i.e., meaning mindset – agency, self-concept, hope, and openness) has been found to be a marker of resilience (Armstrong & Potter, 2023; Masten & Reed, 2002), while its lack thereof appears to imply an early risk for child symptoms of mental illness (St. John, 2017; Armstrong et al., 2020). Further, parental meaning mindset is predictive of child mental health (Watt, 2020). This means that parent and child meaning mindset may mediate potential relationships between parental racial stress and child mental health. Thus, these concepts may be relevant for mental health promotion from a SWPP framework.

Ultimately, since SWPP literature discusses the growth and meaning that can emerge from darker experiences (Wong, 2017a), this suggests that an SWPP framework or approach could potentially be used to promote resilience in Black Canadian parents, as well as their children, whose ethnic-racial socialization (ERS) may be influenced by their experience of racial discrimination and their caregiver's racially related parenting. However, before recommending potential interventions, the relationships between parental stress, ERS, meaning in parents and children, and mental health in children should be explored. Further, no research has explored the relationships between parents' perception of the ERS their children have been exposed to and parental meaning in predicting child meaning and wellbeing.

CHAPTER 2

Current Study

In the literature, as noted, there are significant gaps in the areas of studies exploring the relationship between parental racial stress, ERS, and mental well-being in Black Canadian families. The current study looked at a determinant of parenting that only affects racial minorities, in this case, Black parents in Canada. Given past research outcomes implying that parenting stress is associated to adverse parenting and child mental health outcomes (Crum & Moreland, 2017; Anthony et al., 2005; Baker, Heller, & Henker, 2000; Cappa et al., 2011), racially related stress in Black Canadian parents was explored in relation to child and youth mental health outcomes in Black Canadian children in the present research. The current study also explored the parenting experiences of Black parents in Canada.

Hypotheses and Research Questions

The aim of the current study was to investigate the relationship between parental racial stress and ethnic-racial socialization (ERS) messages, as well as the role that ERS and parental racial stress play in shaping meaning and the mental health of children. Grounded in the previous research noted above, there were two key quantitative questions in this study:

- 1) Is parental racial stress in Black Canadian caregivers predictive of parents' perception of the ERS their children have been exposed to?
- 2) Are parental racial stress and parents' perception of the ERS their children have been exposed to potentially mitigated by parental meaning mindset, in turn promoting child meaning mindset and, ultimately, child mental health?

Based on findings from previous studies (Woolverton, 1999; Thomas & Blackmom, 2015; Thomas et al., 2010; Holloway & Varner, 2021; Hughes & Chen, 1997; Hughes & Johnson, 2001; Crum & Moreland, 2017), it was hypothesized that parental racial stress would predict parents' perception of the ethnic-racial socialization messages their children have been exposed to. Further, given the literature that parental stress in general is related to child mental health concerns (Deater-Deckard & Scarr, 1996; Bloomfield & Kendall, 2012; Murry et al., 2021; Birmaher et al., 2009; Gopalan et al., 2010; Anthony et al., 2005; Crnic & Ross, 2017; Crum & Moreland, 2017; Smith et al., 2001; Baker, Heller, & Henker, 2000; Cappa et al., 2011) and that parent and child meaning mindset promote child mental health (Armstrong & Potter, 2023; Watt, 2020), it was expected that parental racial stress and ERS would be mediated by parental meaning mindset to predict child meaning mindset and then better self-reported mental health in children. Specifically, the relationship between parental racial stress and ERS with child mental illness is expected to be mediated by parental meaning mindset and then child meaning mindset. Precisely, in the presence of racial stress and ERS, the higher the meaning mindset in parents, the better the child meaning and mental health; the lower the meaning mindset in parents, the poorer the meaning and mental health were expected to be in children.

To further explore this new topic in the literature, and to provide some explanation for quantitative data, as this was a new area of research for Black Canadians this study also included qualitative data. The goal of the qualitative part of the study was to understand the experiences of Black parents in raising their children within Canada. Specifically, the main qualitative research question was: What are the experiences of Black parents raising their Black children in Canada?

Ultimately, it was hoped that the current research would inform interventions for parents dealing with racial stress in order to lead to positive parenting and child outcomes.

Methodology

This project was a mixed methods study investigating the relationships between ERS, parental stress of Black Canadian parents, meaning, and the mental wellbeing of their children. Quantitative findings were further explained by quantitative data.

Measures

Demographic Questions (Appendix A). Parent participants were asked demographic questions about themselves and their children participating in this study. The questions asked about their age, gender identity, level of education, parent's relationship with the child, parental relationship status, if parent and/or child presents as a light-skinned or dark-skinned Black person, parental employment status, and the family's income.

The IRRS-B (Appendix D). The index of race-related stress – brief version (IRRS-B) (Utsey, 1999) is a 22-item, multidimensional measure of race-related stress experienced by African Americans because of their chronic encounter with racism. Items were scored on a 5-point scale with 0 = This never happened to me to 4 = This event happened & I was extremely upset. The IRRS-B consists of 1 global assessment of racism related stress and 3 subscales: Cultural Racism, Institutional Racism, and Individual Racism. Cultural Racism assessed for the experience of an individual's culture has been defamed. Institutional Racism assessed for experiences of racism related to institutional practices and policies. Individual Racism assessed for experiences of interpersonal racism. Though this measure was originally developed for African Americans, it can be adapted and used by Black Canadians due to similar shared experiences. Since negative life events and other circumstantial factors affect a parent's psychological wellbeing and increases parental stress (Anthony et al., 2005; Webster-Stratton, 1989; Elder et al., 1985), the current study evaluated parental stress in Black Canadian parents by

utilizing this measure. The Cronbach's alphas for the IRRS-B were .78 for the Cultural Racism subscale, .69 for the Institutional Racism subscale, and .78 for the Individual Racism subscale. Items were keyed in a positive direction, therefore, a high total score on IRRS-B indicated a high rate of racial stress in participants.

CARES (Appendix B). The Cultural and Racial Experiences of Socialization Scale (CARES) (Bentley-Edwards & Stevenson, 2013) is a 35-item multidimensional measure consisting of 5 subscales: the Racial Protection subscale (10 items; $\alpha = .82$), the Cultural Insights subscale (4 items; $\alpha = .64$), the Racial Stereotyping subscale (10 items; $\alpha = .79$), the Bicultural Coping subscale (5 items; $\alpha = .66$), and the Old School Basics subscale (6 items; $\alpha = .68$). A unique aspect of the CARES is the comprehension and incorporation of Black idiom in the construction of many items to capture daily conversations about Black life, and the inclusion of negative socialization messages (e.g., racial stereotyping). The CARES consists of two instruments: the CARES-Frequency (CARES-F) and the optional CARES-Informant (CARES-I). The CARES-F was administered to explore and measure the depth of participants' perception of the racial socialization experience their child have been exposed to and the frequency of the exposed messages. The CARES-I explores the source of race-related socialization messages. Since this study explores the ERS children have been exposed to from a parental point of view, the CARES-I was not utilized. CARES was developed for Black American children, youth, or adults who have experienced ERS, but for this study, the CARES-F was altered and reworded for Black Canadian caregivers who raise their children through the worldview of ERS. CARES-F has a high internal consistency reliability with a Cronbach's alpha of .89. Parents rated on a 3-point response scale (never, a few times, and lots of times), how often they believe that their child was exposed to certain ethnic and race-related messages. To determine the frequency of

ERS, all the items were added together to create a CARES total score. The scores for each subscale were also added (e.g., CaresRP, CaresRS, CaresOSCT, CaresBC, and CaresCI). Score of all corresponding items in each subscale were added to create a total subscale score. Items were keyed in a positive direction, therefore, a high total score on CARES indicated a high frequency of ERS.

The Ch.I.P.-I (Appendix C). The Child Identity and Purpose Questionnaire -Interactive (short form) (Ch.I.P.-I) (Armstrong, Watt, St. John, & Desson, 2020) is a 12-item interactive self-report measure of meaning in children and youth including: choice and responsibility over thoughts, feelings, and behavior; self-concept, hope for the future, and openness to feelings; and learning, social connection, creativity, and engagement in pursuits. Children watched video clips visually demonstrating each item. Following each video clip, still images of the characters (Caucasian 6-year-old girl named Ceira or Indian 12-year-old boy named Chip) appear on screen with a button slider underneath. Scores for each item range from 0 to 10, wherein children could “click” their agreement level under a particular character for each item. If a child was completely like Chip for this item, this child was verbally instructed in the video clip to move the slider to the far end under Chip (score of 10). If a child was a bit like Chip this week for this item, then this child would click part way down the line under the picture of Chip (score of 5). If they were more like Ceira, then they would be instructed to move the slider under Ceira instead (score of 0). For youth and children who can read, the item text was also provided under each video recording so that, especially for repeated measures use, children may choose to read the text to respond to the items, rather than rewatch the videos. The Ch.I.P.-I exhibited good internal consistency reliability with a Cronbach’s alpha of .81. Good criterion related validity was also exhibited, as the Ch.I.P.-I significantly correlated with other measures of agency, self-esteem,

hope, and openness to experience ($p < .05$). Regarding predictive validity, the Ch.I.P.-I significantly predicted mental health scores ($p < .05$).

The AIMS (Appendix F). The Adult Identity and Meaning Scale (AIMS) (Armstrong, *unpublished data*) is a 12-item self-report measure developed for adults. This text-based measure containing slightly re-worded Ch.I.P.-I contents for better application to adults, utilized the same sliding scale and scoring system as the Ch.I.P.-I. The AIMS exhibited convergent validity as it was correlated with a related concept (overall meaning in life): $r = .84$, $p < .001$, as assessed by the Purpose in Life Test ([PIL] Crumbaugh & Maholick, 1964).

The I.S.A (Appendix E). The Interactive System Assessment– short form (I.S.A) (Armstrong, Watt, St. John, & Desson, 2020) is a 12-item interactive self-report measure of mental health and wellbeing functioning across a wide variety of internalizing and externalizing domains for children and youth. Items were scored from 0 to 10, wherein children could “click” under a particular character (Caucasian 6-year-old girl named ISA or Indian 12-year-old boy named EIBE) with a slider button, regarding how much their own experience fits with that character. For example, “EIBE was nice to everyone this week. // ISA said mean things to someone this week.” The I.S.A (short form) demonstrated good internal consistency reliability with a Cronbach’s alpha of .83. It also demonstrated good criterion-related validity, as it was significantly associated with self-esteem (Single Item Self-Esteem Scale) and mental wellness (ONS Personal Wellbeing Scale; Short Warwick-Edinburgh Mental Wellbeing Scale), $p < .05$, and good test-retest reliability ($r = .86$, $p < .001$).

Qualitative Questions (Appendix G). The qualitative questions were based on parents’ racial and ethnic identity and understanding; and parenting related questions. The following questions were asked:

- What do you identify as ethnically?
- What does being “Black” mean to you?
- What is it like being “Black” in Canada?
- What country were you and your child born in?
 - When did you and your child immigrate to Canada?
- How would you describe yourself as a parent?
- How do you think your parenting may be influenced by your identity as “Black” in Canada?
- How do you think your parenting may be influenced by having a Black child in Canada?

Participants and Procedure

Black Canadian participants were recruited through social media, word of mouth, advertisement posters, and distributing posters via emails to racialized community organizations. Black Canadians in this study refers to any Canadian resident of African ancestry that self-identifies as Black. Study participants identified as Black Canadians who were also the primary caregiver of a Black child (ages 6 to 18) and reside in the same residence with their child. This study was reviewed and approved by the Office of Research and Ethics at Saint Paul University, and participants were recruited during the Fall 2022/Winter 2023 semester. Due to the specific phenomenon being explored in this study, Black Canadian participants were selected, given the purpose of this research.

Prior to beginning the online survey, participants were briefly given an overview and purpose of the study, reminded that participation is voluntary, informed that any identifying information will be kept confidential, and parents were asked if they were interested in doing a brief follow-up interview with the principal researcher after the completing the survey. Parents

and children were sent SurveyMonkey links. Parents and children 14 years and older were required to sign an informed consent form before beginning the survey, while parents were asked to also consent for their child if the child was less than 14 years old. Once the consents were signed, parent and children were directed to complete several questionnaires. Parents' questionnaires included: (a) demographic questions, (b) the index of race-related stress – brief version scale (IRRS-B), (c) the Cultural and Racial Experience of Socialization Scale (CARES), and the Adult Identity and Meaning Scale (AIMS). Children's questionnaires included: (a) the Child Identity and Purpose Questionnaire -Interactive (short form) scale (Ch.I.P.-I), and (b) the Interactive System Assessment– short form scale (I.S.A). At the end of the survey, a list of relevant mental health and community organizations resources were provided for parents and children. The questionnaires were randomized to minimize sequence effect. On average, the total survey time for parents ranged from 10 to 20 minutes and from 3 to 8 minutes for children. As an incentive, high school students who participated in the study with their parent were compensated a volunteer hour towards their requirement for graduation.

A sample of 35 parents and 21 children completed the online questionnaires. The first six parents who agreed to a follow-up interview were contacted, but only five responded and were interviewed for the qualitative portion of this study.

The average age of the parent participants was 43.34 (SD=7.83; range 18 to 55) while the average age for children's participants was 12.61 (SD=3.31; range 6 to 18). 71.4% ($n=25$) of the parent participants identified as mothers, 17.1% ($n=6$) identified as fathers, 2.9% ($n=1$) identified as a grandmother, and 8.6% ($n=3$) did not identify their relationship with their child participating in the study. 91.4% ($n=32$) of parent participants reported that their child participating in this study was not adopted and 8.6% ($n=3$) chose not to answer. 45.7% ($n=16$) of parent participants reported

that their child participating in this study presented as male, 45.7% ($n = 16$) also reported their child presenting as female, and 8.6% ($n = 3$) did not denote the gender of their child. 71.4% ($n = 25$) of parent participants identified as dark-skinned Black individuals, 14.3% ($n = 5$) presented as light-skinned, and 14.3% ($n = 5$) chose not to answer. 57.1% ($n = 20$) of parent participants reported that their child participating in this study presented as dark-skinned, 22.9% ($n = 8$) presented as light-skinned, and 20% ($n = 7$) of parent participants chose not to answer. All participants indicated that they were residents of Canada and resided in the same house as their child who participated in the study.

Table 1
Participant Characteristics

Category	Frequency	Percentage
Parent Gender		
Female	27	77.1%
Male	7	20.0%
No response	1	2.9%
Child Gender		
Female	16	45.7%
Male	16	45.7%
No response	3	8.6%
Parent relationship with child		
Mother	25	71.4%
Father	6	17.1%
Grandmother	1	2.9%
No response	3	8.6%
Parent highest level of education		
Elementary school	1	2.9%
High school	1	2.9%
Post-secondary education	10	28.5%
Post-graduate education	22	62.8%
No response	1	2.9%
Was your child participating in this study adopted?		
No	32	91.4%
Yes	0	0.0%
No response	3	8.6%
Parent relationship status (select all that apply)		
Married to the child's other parent.	20	57.1%
Living as married with the child's other parent.	9	25.7%
Separated from the child's other parent.	3	8.6%
Co-parenting with the child's other parent.	4	11.4%

Has always been a single parent.	1	2.9%
Became a single parent to the child.	1	2.9%
In a relationship with an adult that is not the child's other parent.	2	5.7%
Prefer not to answer.	5	14.3%
Parent skin-tone presentation		
Dark-skinned	25	71.4%
Light-skinned	5	12.3%
Prefer not to answer.	4	11.4%
No response	1	2.9%
Child skin-tone presentation		
Dark-skinned	20	57.1%
Light-skinned	8	22.9%
Prefer not to answer.	5	14.3%
No response	2	5.7%
Household income		
Less than \$50,197	2	5.7%
\$50,197 to \$100,392	10	28.6%
\$100,392 to \$155,625	5	14.3%
\$155,625 to \$221,708	6	17.1%
More than \$221,708	4	11.4%
Prefer not to answer.	7	20.0%
No response	1	2.9%

Note. $N=35$

Data Analysis

Quantitative Analyses

To test the hypothesis that parental racial stress predicted ERS, a regression analysis was conducted with parental racial stress (measured by the IRRS) as the predictor variable and ERS (measured by the CARES) as the outcome variable. The CARES yielded a total score and five subscale scores, Racial Protection, Racial Stereotyping, Old School Cultural Thinking, Bicultural Coping, and Cultural Insight. Therefore, five additional regression analyses were conducted with each of the ERS (CARES) subscales as the outcome variable and parental racial stress as the predictor variable. For the second hypothesis that the relationship between parental racial stress and ERS may be mediated by parental meaning mindset and then child meaning mindset, a hierarchical regression analysis was conducted, with child mental health as the outcome variable.

Qualitative Analyses

Theoretical Framework. The qualitative interviews were analysed using grounded theory and thematic analysis (Hays & Woods, 2011). Thematic analysis involves deduction through exploring emerging patterns from the data (Vaismoradi, Turunen, & Bondas, 2013). Vaismoradi et al., 2013 defined themes as different parts of the data rationally grouped to uncover new information about the research question. In the case of this analysis, the main themes reflected the parent's self and racial identity and ways they incorporate ERS in their parenting, were aligning with the interview questions asked. Thematic analysis is a fluid integration of both manifest and latent content (Vaismoradi et al., 2013). Manifest content are patterns that are obvious in a data, whereas latent content illustrates meaning derived from the patterns in the data (Vaismoradi et al., 2013). Thematic analysis was chosen for this study due to its capacity to integrate the meaning of the context as well as the analysis of the content.

Grounded theory is a deductive process with roots in symbolic interactionism, meaning that an interpretation of the data occurs, and the researcher's philosophical and societal bias is embedded into the results (Ralph, Birks, & Chapman, 2015). Due to the interaction between the researcher and the data, various ways to address this have been developed (Parrott, 2020). Berger and Kellner (1981) suggested that researchers and reviewers should be aware of their reactions and biases to the data and should try to put their biases aside. Some researchers have suggested that the interaction between the researcher and the data creates socially relevant results within the grounded theory (Stern, 1994). Cutcliffe (2000) argued for the integration of researchers' biases, supporting the awareness of values, previous knowledge, and ideas to interact with the data, constructing a creative approach. The grounded theory methodology, which happens when emerging ideas are confirmed in parallel data sources, validated the results (Cutcliffe, 2000). The

grounded theory approach is complimentary to thematic analysis since both approaches incorporate the context and environment in which the data exists (Parrott, 2020). The integration of both thematic analysis and grounded theory approach is supported by Stern (1994), Wilson and Hutchinson (1991), and Cutcliffe (2000) due to the wider and deeper exploration of data made possible by the combination of both methodologies.

Coding Procedure. Data analysis was conducted by two researchers to ensure validity of the themes. To avoid compromising precision of the data, the research carefully followed the integrated procedures outlined by Braun and Clarke (2006) and invited a second reviewer to also analyze the data. Since the main part of grounded theory is the interpretation of the data, the best standards of practice are for the socio-cultural context of the researchers analyzing the data to be described. The lead researcher is a Counselling Masters student, identifies as a Black female, immigrated to Canada from Nigeria 13 years ago, and lives in a Canadian metropolitan city. The second researcher to analyze the data was a global health Ph.D. candidate at a university in a Canadian metropolitan city, who identifies as racialized and immigrated to Canada at a young age. Her area of work focuses on racialization and settlement experiences of immigrants; thus she has relevant knowledge.

Triangulation has been viewed as an additional assurance on validity for qualitative research which involves the convergence of information from different sources (Finfgeld-Connett, 2010). Triangulation is demonstrated in this project by the use of a questionnaire and in-depth individual interviews. The assessment of the interrater agreement and the steps mentioned previously, aimed to prevent bias from the researchers, supporting the validity and reliability of the analyses. An inter-rater agreement of 90% was considered acceptable (Statistics How To, 2016).

CHAPTER 3

Results

Analyses were conducted with the Statistical Package for the Social Sciences (SPSS) version 29.0. Data screening and cleaning were carried out. There were 14 missing children's data. Outliers were assessed using Tukey method (Tukey, 1977) on SPSS to examine whether any value for each scale's total score were outlying at a $p < .05$. One true outlier was identified in the AIMS. Since the AIMS was not employed for the linear and partial hierarchical multiple regression used in measuring for both hypotheses, the outlier was not deleted. Thus, the sample size was not affected. Normality was assessed using skewness and kurtosis values in SPSS. Skewness and kurtosis between -2 and +2 are considered acceptable to suggest normal distribution (George & Mallery, 2010). All variables were found to be normally distributed. Descriptive analyses, including mean, standard deviations, bivariate correlations, ranges, and frequencies were conducted and results were significant at $p \leq .05$.

Means, Standard Deviations & Correlations

Means and standard deviations for all variables can be found in Table 2. Further, correlations are presented in Table 3. Regarding significant correlations, Parental Racial Stress was correlated with ERS ($r = .43, p \leq .05$), Parent Meaning Mindset was correlated with Child Meaning Mindset ($r = .53, p \leq .05$), Parental Racial Stress was correlated with Child Meaning Mindset ($r = -.47, p \leq .05$), Child Meaning Mindset was correlated with Child Mental Wellbeing ($r = -.46, p \leq .05$), and Parental Racial Stress was correlated with Child Mental Wellbeing ($r = .45, p \leq .05$). All other correlations were non-significant ($p > .05$).

Table 2*Means and Standard Deviations*

Variables	N	Mean	Std. Deviation
CaresTotal	35	65.1714	14.22815
CaresRP	35	22.3714	4.69095
CaresRS	35	15.4286	4.79758
CaresOSCT	35	12.6857	2.95825
CaresBC	35	7.4000	2.41564
CaresCI	35	7.2857	2.14985
AimsTotal	35	98.6286	16.38523
IRRSTotal	35	59.5429	23.45878
CHTotal	21	75.8095	19.79045
ISATotal	21	52.1905	17.85670
Valid N (listwise)	21		

Note. N = total number of individuals or observations in the sample, CaresTotal = Cultural and Racial Experience of Socialization Scale, CaresRP = Cultural and Racial Experience of Socialization Scale subscale: Racial Protection, CaresRS = Cultural and Racial Experience of Socialization Scale subscale: Racial Stereotyping, CaresOSCT = Cultural and Racial Experience of Socialization Scale subscale: Old School Cultural Thinking, CaresBC = Cultural and Racial Experience of Socialization Scale subscale: Bicultural Coping, CaresCI = Cultural and Racial Experience of Socialization Scale subscale: Cultural Insight, AimsTotal = Adult Identity and Meaning Scale, IRRSTotal = The Index of Race-Related Stress – Brief version, CHTotal = The Child Identity and Purpose Questionnaire, ISATotal = The Interactive Symptom Assessment

Table 3*Bivariate Correlations Among All Variables*

		CaresTotal	CaresRP	CaresRS	CaresOSCT	CaresBC	CaresCI	AimsTotal	IRRSTotal	CHTotal	ISATotal
CaresTotal	Pearson Correlation	1									
	N	35									
CaresRP	Pearson Correlation	.854	1								
	Sig. (2-tailed)	<.001									
	N	35	35								
CaresRS	Pearson Correlation	.872	.549	1							
	Sig. (2-tailed)	<.001	<.001								
	N	35	35	35							
CaresOSCT	Pearson Correlation	.841	.706	.642	1						
	Sig. (2-tailed)	<.001	<.001	<.001							
	N	35	35	35	35						
CaresBC	Pearson Correlation	.770	.446	.853	.491	1					
	Sig. (2-tailed)	<.001	.007	<.001	.003						
	N	35	35	35	35	35					
CaresCI	Pearson Correlation	.785	.774	.501	.667	.419	1				
	Sig. (2-tailed)	<.001	<.001	.002	<.001	.012					
	N	35	35	35	35	35	35				
AimsTotal	Pearson Correlation	.018	.052	-.051	.155	-.137	.061	1			
	Sig. (2-tailed)	.919	.768	.771	.375	.434	.729				
	N	35	35	35	35	35	35	35			
IRRSTotal	Pearson Correlation	.433	.351	.399	.381	.265	.388	-.160	1		
	Sig. (2-tailed)	.009	.039	.018	.024	.124	.021	.359			
	N	35	35	35	35	35	35	35	35		
CHTotal	Pearson Correlation	-.001	-.160	.135	.025	.117	-.223	.526	-.474	1	
	Sig. (2-tailed)	.996	.488	.560	.914	.615	.331	.014	.030		
	N	21	21	21	21	21	21	21	21	21	
ISATotal	Pearson Correlation	.205	.230	.149	.041	.066	.395	-.291	.449	-.459	1
	Sig. (2-tailed)	.373	.315	.519	.860	.776	.077	.200	.041	.036	
	N	21	21	21	21	21	21	21	21	21	21

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Is Parental Racial Stress in Black Canadian Caregivers Predictive of Parents' Perception of The ERS Their Children Have Been Exposed To?

A linear regression analysis was used to test if there was a statistically significant relationship between parental racial stress and parent's perception of the ERS they exposed their

children to. Parental racial stress was entered as the predictor variable, while ERS (total score) was entered as the outcome variable, $R^2 = .19$, $F(1, 33) = 7.61$, $p = .009$, $\chi^2 = .43$, $\beta = .43$. A linear regression analysis was also used to test the statistically significant relationships between parental racial stress and the five ERS subscales. Parental racial stress significantly predicted each of the ERS subscales, with the exception of bicultural coping ($p > .05$; $R^2 = .07$, $F(1, 33) = 2.49$, $p = .124$, $\chi^2 = .27$, $\beta = .27$). Specifically, parental racial stress predicted Racial Protection, $R^2 = .12$, $F(1, 33) = 4.63$, $p = .039$, $\chi^2 = .35$, $\beta = .35$; parental racial stress predicted Racial Stereotyping, $R^2 = .16$, $F(1, 33) = 6.25$, $p = .018$, $\chi^2 = .40$, $\beta = .40$; parental racial stress predicted Old School Cultural Thinking, $R^2 = .15$, $F(1, 33) = 5.59$, $p = .024$, $\chi^2 = .38$, $\beta = .38$; parental racial stress predicted Cultural Insight, $R^2 = .15$, $F(1, 33) = 5.85$, $p = .021$, $\chi^2 = .39$, $\beta = .39$.

Is Parental Racial Stress in Black Canadian Caregivers and The ERS Their Children Have Been Exposed To Potentially Mitigated By Parental Meaning Mindset, In Turn Promoting Child Meaning Mindset and Mental Wellbeing in Children?

Before carrying out the hierarchical regression, Pearson correlation coefficients were conducted (Table 3) to assess the relationships between parental racial stress, ERS, parental meaning mindset, child self-reported meaning mindset, and child self-reported mental health functioning.

As noted in Table 3, there were significant correlations between meaning mindset in (a) parents and children ($r(19) = .53$, $p = .014$), (b) ERS (total score) and parental racial stress ($r(33) = .43$, $p = .009$), (c) parental racial stress and child self-reported mental illness symptoms ($r(19) = .45$, $p = .036$), (d) negative correlation between parental racial stress with child meaning mindset ($r(19) = -.47$, $p = .030$), (e) as well as negative correlation between meaning in children

and child self-reported mental health functioning ($r(19) = -.46, p = .036$). A full hierarchical multiple regression model with child self-reported mental illness symptoms as the outcome variable, and parental racial stress, and ERS as Step 1 predictor variables, parental meaning mindset (Step 2), and child meaning mindset (Step 3) could not be carried out due to non-significant correlations between ERS, parent meaning mindset, and child self-reported mental health functioning. Further, parental racial stress was not related to parental meaning mindset. Therefore, a partial hierarchical model was conducted for parental racial stress (Step 1), child meaning mindset (Step 2), and child self-reported mental health functioning (outcome variable). As noted previously, results were considered to be significant if $p \leq .05$.

Results were as follows: Step 1 (parental racial stress) $R^2 = .20, F(1, 19) = 4.79, p = .041, \chi^2 = .45, \beta = .45$; Step 2 (child meaning mindset) $R^2 = .28, F(1, 18) = 3.49, p = .052, \chi^2 = -.28, \beta = -.32$. In Step 2, parental racial stress was rendered non-significant, $R^2 = .28, F(1, 19) = 4.79, p = .041, \chi^2 = .45, \beta = .45$, meaning that meaning mindset fully mediated the relationship between parental racial stress and child mental illness symptoms. As $\beta = .45$ for parental racial stress (at Step 1), this means that, as parental racial stress increases by a factor of .45, child mental illness symptoms increase by a factor of 1. For Step 2, $\beta = -.32$ for child meaning mindset. This means that, as child meaning mindset increases by a factor of .32, child mental illness symptoms decrease by a factor of 1.

What Are the Experiences of Black Parents Raising Their Black Children in Canada?

All interviews were transcribed verbatim, and data were thematically analyzed. As noted previously, two independent researchers analyzed the transcripts and themes to minimize potential bias. The summary of qualitative item responses to each question were broken down

into themes that revealed similar content from most participants. Inter rater reliability was 100%.

The main themes that were identified in each question included the following:

1) What do you identify as ethnically?

- The five Black mothers interviewed for this study identified ethnically as African, regardless of their nationality.
 - “I identify as an African, specifically Cameroonian woman.”
 - “I am African Canadian.”

2) What does being “Black” mean to you?

- Most participants reported not seeing themselves as their race and related “Blackness” to their skin tone and melanin.
 - “I never really look at myself as a race, except that I’m a person and part of who I am means that my melanin is black.”
 - “It doesn't mean you're any different...the difference is melanin”.
- Positive ideas of Blackness for most participants were internal.
 - “Being Black is 100% pride. Being black is, it's cliché but being black I feel the most beautiful that I've ever felt in my life.”
 - “I feel like it's a superpower.”

3) What is it like being “Black” in Canada?

- Some participants described negative assumptions from Canadian society about Black people being pushed upon them.
 - “You need to prove yourself in anything you do because nobody will give you that chance in the first place, except you prove yourself, except you knock the door down more than once.”

- “You have to deal with people's bias and their misconceptions or preconceived notions about who you are even before you do anything. It often means that you have to prove yourself far and above everyone else”.
- Some participant stated that they have to work harder than their other race counterparts.
 - “I know that being Black in Canada means that you have to work twice or even more than your other race counterparts”.
- They view themselves as minorities.
 - “Being Black back home wherever we are from... you don't see the difference and you don't think ‘Oh, I'm Black’, but you're Black here in your adopted country, so I'm a minority”.
- A participant specified what being Black in Canada now means to them since the intensified focus of the Black Lives Matter movement in 2020.
 - “So being Black in Canada...especially after 2020, is very anxiety provoking, it's exhausting, it's all those beautiful things as I did mention that I feel within myself, but being Black in Canada, externally outside of myself, it's a lot of weight to carry.”
- Also, interesting to note that of the 5 participants, the parent who most recently immigrated to Canada was the only one who only had positive things to say about being Black in Canada.
 - “So far, it's been so good. I have not yet experienced any act of discrimination or racism. People here in Canada they are so polite so for me they have been so friendly, and you meet people they greet you...I'm

so happy, so far for being Black in Canada it's been a good experience, yeah”.

4) What country were you and your child born in? When did you and your child immigrate to Canada?

- Four out of the five participants were born in an African country and among the five parents, only one had a child who participated in the quantitative portion of this study born in an African country.

5) How would you describe yourself as a parent?

- All participants reported their approach to parenting to be Gentle and involved.
 - “I’m a fun-loving parent. I love discipline, but I like giving a child a sense of independence so that when I’m not there he can interact, he can make decisions, he can take actions.”
 - “I describe myself as a parent who is trying to do the best for her children and also, for the society that I find myself in.”
 - “I know how to be strict, but I just choose to gentle parenting most times.”
- A parent who recently immigrated to Canada reported adjusting her parenting style to fit western norms before immigrating.
- “Before coming over I know western world that they believe in more dialogue. So, even before I came over, I also made sure that I tried to dialogue and reason with my child.”

6) How do you think your parenting may be influenced by your identity as “Black” in Canada?

- Gender differences in parenting was observed. Participants spoke about being more aware of their son's "Blackness" than their daughters' when it comes to parenting, because they perceived that society would view their sons differently for being Black boys.
 - "They are accountable to themselves and wherever especially my boys go, I remind them that they have three strikes against them – one is that they are black, two is that they are male, and three is that they are a minority in a country or in a place where the majority may not see their Blackness and maleness in a positive light."
 - "Well, my husband and I are pretty upfront about, especially with teaching my son about racial inequalities and how he needs to move about life in a different manner and how expectations are higher for him. So, he needs to try put in more effort than his white counterparts. So, my husband and I are pretty upfront with him about that kind of stuff".
 - "I'm on more alert. And it's weird that my son is mixed, and my daughter is fully Black, but I'm more alert for my son and how he's going to be perceived."
- Participants reported educating racial awareness and positive racial identity to their children
 - "When I was in grade five, I didn't know I was black, so like that's progress you know, like he's able to know these things and like we're not sheltering him from this kind of information".

7) How do you think your parenting may be influenced by having a Black child in Canada?

- Participants reported employing strategies to protect their Black children from discrimination and other forms of negative experiences. E.g., reminding them they're not like their white friends, giving softer names to their girls to combat sexualization, telling them to be mindful and respectful (having the "Talk"), relaying positive messages about who they are as human beings, their race, heritage, and ethnicity to increase their self-esteem (not just focusing on slavery stories).
 - "...you do carry a burden because people would look at you to judge your race. But I think it also provides an opportunity, an opportunity to educate and opportunity to give an alternative, to tell an alternative story. And that opportunity should never be taken lightly. Not everyone is able to carry that burden because it can be a heavy one."
 - "Here we are Black, I accept that that is the reality, but for me doesn't affect the child, it doesn't affect my parenting one way or the other. I just want him to know, I don't want slavery mentality that he's inferior, I don't want him to believe that he's inferior to anybody, and I don't want him in case he comes across bullying as a Black or being discriminated, it won't affect him. It won't change the narrative."
 - "To be honest, I'm alert on how my daughter is going to be perceived because I have to even think about it like I named my daughter, [the name of a flower]. When I think of [the name of a flower], I think of a flower, I think of a delicate plant, I think of something soft, and I named her [the name of a flower] because she's not always going to be a baby, she's going

to grow up and the world's going to see her as a Black woman. And how does the world see a Black woman? The angry Black woman – outspoken, rebellious, you know? Overly sexualized. I named her [the name of a flower] because I knew she was going to be growing up in Canada. So that influenced it, and I wanted her to be perceived as something soft. It all influences things, you know the people, and on the resume and stuff like that.”

Qualitative Summary

The results from the individual interviews show the perceived parental racial stress Black Canadian Caregivers experience daily, and how they incorporate ERS in their parenting as a protective factor and to how they try to build resilience in their Black Canadian children. The data also spotlights how parental racial stress informs the ERS parents expose their children to.

CHAPTER 4

Discussion

The overarching purpose of this study was to explore the predictive nature of parental stress, specifically racial stress in Black Canadian parents, on ethnic-racial socialization (ERS). A second purpose of this study was to investigate a potential means of mental health promotion in Black Canadian children whose parent or parents may have experienced racial stress. And the final purpose of this study was to investigate some of the experiences of Black parents raising their Black children in Canada, using these results to explain the earlier findings. Ultimately, two hypotheses were tested, and the findings provided mixed support. The first hypothesis, that parental racial stress would predict parents' perception of the ethnic-racial socialization messages they expose their children to was full supported. Specifically, overall, racial stress predicted general ERS. Further, specific components of ERS were also predicted by parental racial stress. The second hypothesis, that the relationship between parental racial stress and ERS with child mental illness would be mediated by parental meaning mindset and then child meaning mindset, was partially supported. Specifically, the relationship between parental racial stress and child mental illness symptoms was mediated by child meaning mindset.

Parental Racial Stress is Predictive of ERS in Children

The findings of the current research indicated racial stress in parents is predictive of perceived ethnic-racial socialization experienced by their children. This was expected due to theoretical suggestions from past research (Woolverton, 1999; Thomas & Blackmom, 2015; Thomas et al., 2010; Holloway & Varner, 2021; Hughes & Chen, 1997; Hughes & Johnson, 2001; Crum & Moreland, 2017). It has been suggested that, while most ERS from parents may

be positive and protective in nature (Hughes et al., 2006, p. 757; Boykin & Ellison, 1995, Hughes & Chen, 1997, Lei et al., 2021), children can still be exposed to negative ERS in the form of racial discrimination, racial injustice, racial stereotype, microaggressions, gaslighting, and ignorance via the media, institutions, the judicial system, politics, and everyday interactions (Bentley-Edwards & Stevenson, 2013; Harrell, 2000; Osborne et al., 2021; Holloway & Varner, 2021). Bentley-Edwards and Stevenson (2013)'s cultural and racial experience of socialization perspective on ERS suggests that it has five facets (a) racial protection, which focuses on messages promoting an awareness of racism, coping strategies, and racial affirmations, (b) racial stereotyping, which focuses on messages conveying negative stereotypes about Black and white people, (c) old school cultural thinking, which promotes racial clichés and post-racial views of the 1960's, (d) bicultural coping, which focuses on messages intended to provide strategies for interacting with the mainstream society, and (e) cultural insight, which promotes messages about family support, spirituality, one's heritage, and practical knowledge. In the current study, findings indicated that parental racial stress was predictive of parent's perception of the racial protection, racial stereotyping, old school cultural thinking, and cultural insight messages their child may have been exposed to, but not predictive of the bicultural coping socialization their children may have been exposed to. A potential explanation for this result may be the small sample size used in this study or that ERS that children have been exposed to was measured from a parental point of view and not self-reported by the children. Bicultural coping messages can be received directly or indirectly. They provide explicit and implicit tactics to navigate the mainstream society via assimilation and conflict management by remaining inconspicuous or "swallowing anger" in order to get along (Bentley-Edwards & Stevenson, 2013). Self-report may be relevant for the concept of bicultural coping since the messages received are often based

on personal experiences (Bentley-Edwards & Stevenson, 2013). Further, in applying qualitative findings to potentially explain these results, many of the sample respondents in the present study were immigrant-Canadians, rather than born in Canada. Thus, instead of identifying primarily as Black Canadians, they identified more with their culture of origin (e.g., “Igbo”). As many of the participants noted growing up in countries where the majority of people were Black, and thus did not grow up with a keen awareness of skin colour, they may potentially not have developed messaging to teach their children how to “interact with mainstream society” as Black Canadians. Given the current findings, it would be important for future research to examine the predictive relationship between parental racial stress and bicultural coping, and ERS in general, with a larger sample size of Black immigrants verses those born in Canada.

Potential Promotion of Resilience in Black Canadian Parents and Children

The second objective of this study was to investigate if parental racial stress and ERS may be mitigated by meaning in parents, which in turn, can foster resilience by promoting meaning and mental wellbeing in children. It was hypothesized that, in the presence of racial stress and active ERS, the higher the meaning mindset in parents, the better the meaning and mental health functioning in children. Parent and children meaning mindset were measured by a sense of agency over thoughts and behaviours, self-esteem, hope, and openness to experience (Armstrong et al., 2018; Armstrong & Manion, 2013; Armstrong et al., 2020). Findings showed that meaning in parents was associated with meaning in children, meaning in children was associated with positive self-reported mental health functioning in children, and that parental racial stress was associated with meaning and mental health functioning in children. Finding also revealed no significant relationship between parents’ perception of the ERS their children have been exposed to, meaning in parents, and mental health functioning in children. Therefore, the

results were not consistent with the hypothesis that parental meaning mindset would potentially mitigate the relationship between parental racial stress and ERS and meaning mindset and mental health in children. However, child meaning mindset appeared to potentially mitigate the relationship between parental racial stress and child mental illness symptoms.

Overall, the result indicated that meaning mindset in children may help foster resilience to parental racial stress, which in turn can promote both internalizing and externalizing mental health in children. This outcome supports previous findings that meaning may be an essential component of mental wellbeing (Frankl, 2006; Wong, 2017; Wong & Wong, 2013; Armstrong & Manion, 2013, Armstrong et al., 2018). No research studies to date have explored meaning mindset as a potential means of resilience promotion in Black Canadian families against the parental lived experience of racism. Future research studies should be conducted with a larger sample size and ERS experiences observed by Black Canadian children should also be self-reported by the children themselves.

Experiences of Black Parents Raising Their Black Children in Canada

Five out of the 35 parents who participated in this study were interviewed on their experiences as Black parents raising Black children in Canada. It is important to note that all participants were first generation Canadians and that four out of the five participants immigrated to Canada in the last 20 years. The participants each indicated that their ethnicity plays a bigger role in their self-identity than their race, but that Canadian society puts more emphasis on their race as essential to their identity. Although they reported not associating their self-identity to their race (“I’m a person and part of who I am is that my melanin is black”), they also reported positive and negative attributes of their “Blackness” that are very real to them. Participants described both positive internal ideas of being Black (a superpower, feeling beautiful, having

pride, being strong, being determined, being independent, having the ability to problem solve at any given situation) and negative external ideas of being Black (a minority, not seen for my uniqueness) when asked what being Black meant to them. They shared that their reality as a Black individual in Canada meant they felt like they always have to prove themselves to people. They also noted that they work extra hard to disprove any negative stereotype people may have against Black people, which also plays a role in their parenting. It is important to note that for some participants, their racial identity acts as a protective and risk factor (“...very anxiety provoking, it's exhausting, it's all those beautiful things as I did mention that I feel within myself, but being Black in Canada, externally outside of myself, it's a lot of weight to carry.”). This finding supports Osborne et al., (2021)’s observation that racial discrimination may increase the stress experienced by Black caregivers. Each participant described how they incorporate ERS in their parenting, specifically with their sons, in particular. They described practising racial protection, bicultural coping, and cultural insight as a form of protective parenting. Since the five participants were first generation Canadian immigrants, the difference in the self-identity, racial identity, racial experience, and ERS exposed to children between second or more generation Black Canadian parents and first generation Black Canadian parents were not observed. Future research should explore the differences in the experiences of Black parents raising their Black children in Canada between first generation Black caregivers and second or earlier-generation Black caregivers.

In general, this study suggests that Black Canadian parents experience racial stress, and their experience predicts the ERS they believe their children are exposed to. Findings from this study also indicate that meaning mindset in children may negate the potential negative effects of parental racial stress and promote mental health in racialized children. Parents were observed

promoting resilience in their children by practicing protective parenting via the incorporation of ethnic-racial socialization.

Limitations and Future Research

As with any research, the current study had several limitations. One limitation was the sample size. This study had a small sample size, specifically for the sample of child participants. The sample used for this study only represented English speaking Black Canadian, due to the researcher's limited language diversity. Anglophone Black Canadians are not generalizable of all Black Canadians. Future research should consider replicating these finding with a larger sample size and more diverse lingual surveys. Studies show that the larger and more diverse a sample size, the more generalizable the results (Anthoine et al., 2014; Bar & Neville, 2008). Bar and Neville (2008) propose that environmental factors are relevant to ERS, therefore, finding from this study may not be generalizable to non-English speaking Black Canadians and to those living in non-English geographical areas in Canada.

Another limitation pertains to the fact that Black culture is very diverse and cannot be accurately represented in a one-size-fit-all kind of survey. Variations in the participants cultural beliefs, religion, ethnicity, racial experience, and historical background were not considered in the surveys. African descendants who identify with certain African, Caribbean, South American, Oceania, Asian, or European countries and are Canadian residents but do not identify as Black Canadians may not have been represented in this study. Treating Black Canadians as a monolithic group masks the difference in the prevalence of stress and other mental health concerns. It also implies that mechanisms causing parental stress and other mental health concerns in Canada, are the same across subgroups defined by their race.

An additional limitation pertains to the questionnaires used in this study. The questionnaires used to measure parental racial stress and ERS were designed by American researchers for Black Americans, therefore, it may not have been culturally relevant and accurate in measuring the experiences of Black Canadians. Valid and reliable scales measures of the relevant experiences of Black Canadians need to be developed and peer-reviewed for future research.

Finally, since the data were self-reported, there are possibilities of inaccuracy in the data due to recall bias which may have influenced the reported findings. Parents self-report of the ERS their children may have been exposed to may not reflect the ERS their children have actually been exposed to.

Implications For Practice

Black Canadian parents may consciously and/or subconsciously educate their children through the framework of ERS. Therefore, it is critical that they are properly equipped and supported with evidence-based information. However, such information provision is only possible if there is an understanding of the needs, experiences, risks, and resiliency outcomes in response to racial stress. This study was among the first in Canada to fill this gap in the literature and in practice.

From this research, if findings are replicated with a larger sample, counsellors may be able to help parents critically examine their own experiences of racism, assess their stress level, and develop positive and proactive forms of addressing their racial stress and practicing protective parenting, incorporating ERS. Clinical settings, school-based, community, and parenting programs or resources may help families explore and develop ethnic-racial

socialization practices that will benefit their children's overall mental wellbeing. Results from this study suggest that meaning mindset in children is not only predictive of child mental health, but that it also can act as a mediator between parental racial stress and mental illness symptoms in Black children. Given this, Meaning therapy (Wong, 2010) could be implemented in clinical, school-based, community, and parenting programs for Black Canadian children and parents, to demonstrate how meaning augments mental wellbeing and may act as a protective factor against the effects of racism.

In addition to the potential benefits of Meaning therapy, The D.R.E.A.M. Program developed by Dr. Laura Armstrong (Armstrong et al., 2018), helps promote meaning mindset in children and youth, through teaching skills to foster agency, positive self-concept, hope for the future, and openness to experience, and meaningful activity engagement. This program could be incorporated in clinical, school-based, community, and parenting programs for Black Canadian children and parents to help enhance meaning, in turn, mental health in Black children and youths. To date, the program, which has a SWPP framework, has been found to enhance meaning mindset and mental health in diverse samples of young people in school and community settings (Armstrong et al., 2018). By utilizing a SWPP theoretical framework, specifically aimed at enhancing meaning mindset in children, early identification of risk factors and resilience may be detected in children. Once detected, appropriate intervention or mental health promotion strategies can be carried out by parents, teachers, community members, and clinicians to equip the child with some skills and tools that may improve their overall wellbeing.

To improve well-being, mental health promotion programming tends to be most effective when it engages both the school and the home (Weissberg & O'Brien, 2004). To date, there is little research surrounding digital interventions for parents to enhance child mental health

(Peyton, Goods, & Hisock, 2022). However, there is a growing demand for online mental health resources and programming, due to the ease of implementation, consistent implementation, and accessibility of online programs (Barak, Hen, Nissim, & Shapira, 2013; Donkin et al., 2011). Potentially, findings from the present research, along with follow-on research with a larger sample, could be used as a foundation to begin co-creating with Black Canadian families an online resource for such families. If further research supports the findings of the current study, parents could be provided with information regarding helpful ways to manage racial stress and general stress. As noted previously, since ERS can be both positive or negative, providing information on healthy ERS promotion strategies for parents following the five domains presented by Bentley-Edwards and Stevenson (2013) may also be helpful. For children, in addition to school-based work, promoting meaning mindset at home may also be beneficial. Specifically, developing a meaning mindset is strongly associated with lower levels of mental illness and greater levels of well-being in children in general (Armstrong & Potter, 2023; Armstrong et al., 2018), and was associated with greater levels of well-being in Black children in the current study. Meaning mindset—agency, self-concept, openness, and hope—can be cultivated through C.H.A.N.G.E. principles (Armstrong & Potter, 2023). The following are the ways that the C.H.A.N.G.E. principles could be adapted for Black Canadians, and presented in an online resource, based on the current qualitative and quantitative findings:

- *Challenge unhelpful thoughts*: Build agency over thoughts. One example that emerged from the current research and literature is that, when children and parents are faced with microaggressions and overt racism, they may internalize this messaging to form a negative self-concept (David et al., 2019). Children and parents could be taught strategies to evaluate the unhelpful thoughts that may

have stemmed from this messaging: Is my thought true (evidence for and against)? Can I ask someone for more information or otherwise find more information? For example, an interview participant shared a negative internalized message about Black women - “And how does the world see a Black woman? The angry Black woman – outspoken, rebellious, you know? Overly sexualized.” A challenge for this message could be: is my thought true? Does everyone really see Black women as angry, outspoken, rebellious, and overly sexualized? What about the people in my life? Can I name some people who care about me and do not see me as angry, outspoken, rebellious, and do not overly sexualize me? Such thinking may also serve to enhance positive self-concept through countering unhelpful, internalized messaging.

- *Healthy actions*: Help children and parents schedule meaningful or health-promoting activities, set goals, and create action plans. Are there any systemic barriers to engaging in such activities? Does racial stress take energy away from being able to engage in self-care? Are there resources for families to help mitigate these potential barriers? Teaching problem-solving skills to address the challenges, as well as providing helpful resources to suggest where opportunities might exist, despite common barriers for Black Canadians, could be beneficial.
- *Accept circumstance*: Accept that there is a problem in order to recognize that something needs to change. Is there even some small thing that can be done to make a change to a difficult situation (moving from disempowerment to empowerment)? For example, an interview participant shared “When I go into any room, typically, depending on where it is, especially if it is in areas where

there are high achievers or a lot of great things going on. Chances are as a Black person, you're likely to be in a minority of that group. It beholds on you to...you do carry a burden because people would look at you to judge your race. But I think it also provides an opportunity, an opportunity to educate and opportunity to give an alternative, to tell an alternative story. And that opportunity should never be taken lightly. Not everyone is able to carry that burden because it can be a heavy one. And that's where having a strong community comes to play and why it is important that we help each other along.” A resource to help people explore specific existing problems that create racial stress, with a step-by-step protocol to create an action plan to make even a small difference, may be meaningful and helpful for well-being.

- *Need for belonging and self-compassion:* Relationships are crucial to defining positive self-concept concerning one’s self-identity and sense of worth and are important in experiencing meaning. Self-compassion and communication exercises and strategies, as well as some strategies to strengthen parent-child bonds may be helpful in promoting parent and child mental health (Lei et al., 2021). Richmond and Pittman (2016) indicated that the parent-child relationship is central to parenting in Black households. An example of this was reported during the interview with a participant: “ I try not to yell too much, especially with my older son, he's 10 years old, I'm making it a point to talk to him about his day and like the interactions and now people in his class in grade five are dating. So, I try not to be judgmental and just ask questions about his day and about the friends he's making and what's going on. So, I try to be involved in his social life

just and he asked me the other, he's like, well, he's like it's so weird how you're so involved in my social life and I'm and I just said oh it's because I give good advice and I want to be there if you ever need advice or something like that. So, I try to be involved, but I have to say right now I feel that my parenting style will always change.”

- *Gratitude*: Having negative thoughts that may escalate from “something is bad” to “everything is bad”, especially during difficult situations, may lead to hopelessness (Armstrong & Potter, 2023). Developing awareness of positive or meaningful things in one’s life while practicing gratitude exercises may interrupt and cease the “everything is bad” attitude and build hope for the future. This could potentially aid in promoting resilience in Black Canadian children exposed to racial injustice.
- *Emotional language*: It is importance to enhance the emotional literacy of children and adults through awareness and acknowledgement of feelings and emotions (Armstrong & Potter, 2023). Feelings may represent potential indicators of the experience of meaning (Wong, 2010). All feelings (pleasant or unpleasant) are essential for our survival, because they act as helpful alarm bells for action (safety or questioning thoughts) (Armstrong et al., 2018; Ivtzan et al., 2015). Emotional literacy is, therefore, essential for the development of openness to experience or one’s ability to recognize that a moment may have commenced for challenging unhelpful thoughts.

In conclusion, due to historical, systematic, and cultural accounts, Black people are less likely to access mental health services (Reynolds & Gonzales-Backen, 2017; Major & Cooper,

2022), ultimately making reliable and valid web resources ideal (Barak, Hen, Nissim, & Shapira, 2013; Donkin et al., 2011). Programs that promote healthy parent-child attachment, enhance meaning mindset in parents and children, foster positive self-worth, and promote child mental health may help build resilience against racial stress (Woolverton, 1999; Lei et al., 2021; Luthar, 2015; Zolkoski & Bullock, 2012; Masten, 2001). More literature on the experiences and the mental health of Black Canadians are, however, needed. Education institutions, clinical practices, and community resources should be informed and educated to provide culturally appropriate assistance to Black individuals. Ultimately, it is hoped that Black Canadians will have access to valid and reliable resources that may help mediate the historical, systematic, societal, cultural, and everyday effects of racism.

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Table 1
Participant Characteristics

Category	Frequency	Percentage
Parent Gender		
Female	27	77.1%
Male	7	20.0%
No response	1	2.9%
Child Gender		
Female	16	45.7%
Male	16	45.7%
No response	3	8.6%
Parent relationship with child		
Mother	25	71.4%
Father	6	17.1%
Grandmother	1	2.9%
No response	3	8.6%
Parent highest level of education		
Elementary school	1	2.9%
High school	1	2.9%
Post-secondary education	10	28.5%
Post-graduate education	22	62.8%
No response	1	2.9%
Was your child participating in this study adopted?		
No	32	91.4%
Yes	0	0.0%
No response	3	8.6%
Parent relationship status (select all that apply)		
Married to the child's other parent.	20	57.1%
Living as married with the child's other parent.	9	25.7%
Separated from the child's other parent.	3	8.6%
Co-parenting with the child's other parent.	4	11.4%
Has always been a single parent.	1	2.9%
Became a single parent to the child.	1	2.9%
In a relationship with an adult that is not the child's other parent.	2	5.7%
Prefer not to answer.	5	14.3%
Parent skin-tone presentation		
Dark-skinned	25	71.4%
Light-skinned	5	12.3%
Prefer not to answer.	4	11.4%
No response	1	2.9%
Child skin-tone presentation		
Dark-skinned	20	57.1%
Light-skinned	8	22.9%
Prefer not to answer.	5	14.3%
No response	2	5.7%
Household income		
Less than \$50,197	2	5.7%
\$50,197 to \$100,392	10	28.6%
\$100,392 to \$155,625	5	14.3%

\$155,625 to \$221,708	6	17.1%
More than \$221,708	4	11.4%
Prefer not to answer.	7	20.0%
No response	1	2.9%

Note. $N=35$

Table 2*Means and Standard Deviations*

Variables	N	Mean	Std. Deviation
CaresTotal	35	65.1714	14.22815
CaresRP	35	22.3714	4.69095
CaresRS	35	15.4286	4.79758
CaresOSCT	35	12.6857	2.95825
CaresBC	35	7.4000	2.41564
CaresCI	35	7.2857	2.14985
AimsTotal	35	98.6286	16.38523
IRRSTotal	35	59.5429	23.45878
CHTotal	21	75.8095	19.79045
ISATotal	21	52.1905	17.85670
Valid N (listwise)	21		

Note. N = total number of individuals or observations in the sample, CaresTotal = Cultural and Racial Experience of Socialization Scale, CaresRP = Cultural and Racial Experience of Socialization Scale subscale: Racial Protection, CaresRS = Cultural and Racial Experience of Socialization Scale subscale: Racial Stereotyping, CaresOSCT = Cultural and Racial Experience of Socialization Scale subscale: Old School Cultural Thinking, CaresBC = Cultural and Racial Experience of Socialization Scale subscale: Bicultural Coping, CaresCI = Cultural and Racial Experience of Socialization Scale subscale: Cultural Insight, AimsTotal = Adult Identity and Meaning Scale, IRRSTotal = The Index of Race-Related Stress – Brief version, CHTotal = The Child Identity and Purpose Questionnaire, ISATotal = The Interactive Symptom Assessment

Table 3*Bivariate Correlations Among All Variables*

		CaresTotal	CaresRP	CaresRS	CaresOSCT	CaresBC	CaresCI	AimsTotal	IRRSTotal	CHTotal	ISATotal
CaresTotal	Pearson Correlation	1									
	N	35									
CaresRP	Pearson Correlation	.854	1								
	Sig. (2-tailed)	<.001									
	N	35	35								
CaresRS	Pearson Correlation	.872	.549	1							
	Sig. (2-tailed)	<.001	<.001								
	N	35	35	35							
CaresOSCT	Pearson Correlation	.841	.706	.642	1						
	Sig. (2-tailed)	<.001	<.001	<.001							
	N	35	35	35	35						
CaresBC	Pearson Correlation	.770	.446	.853	.491	1					
	Sig. (2-tailed)	<.001	.007	<.001	.003						
	N	35	35	35	35	35					
CaresCI	Pearson Correlation	.785	.774	.501	.667	.419	1				
	Sig. (2-tailed)	<.001	<.001	.002	<.001	.012					
	N	35	35	35	35	35	35				
AimsTotal	Pearson Correlation	.018	.052	-.051	.155	-.137	.061	1			
	Sig. (2-tailed)	.919	.768	.771	.375	.434	.729				
	N	35	35	35	35	35	35	35			
IRRSTotal	Pearson Correlation	.433	.351	.399	.381	.265	.388	-.160	1		
	Sig. (2-tailed)	.009	.039	.018	.024	.124	.021	.359			
	N	35	35	35	35	35	35	35	35		
CHTotal	Pearson Correlation	-.001	-.160	.135	.025	.117	-.223	.526	-.474	1	
	Sig. (2-tailed)	.996	.488	.560	.914	.615	.331	.014	.030		
	N	21	21	21	21	21	21	21	21	21	
ISATotal	Pearson Correlation	.205	.230	.149	.041	.066	.395	-.291	.449	-.459	1
	Sig. (2-tailed)	.373	.315	.519	.860	.776	.077	.200	.041	.036	
	N	21	21	21	21	21	21	21	21	21	21

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Appendix A – Pertinent Demographic Questions

- How old are you?
- How old is your child that will be participating in this study?
- How many children do you have?
- What gender do you identify with?
- What gender does your child that will be participating in this study identify with?
- What is your highest level of education?
- Was your child that will be participating in this study adopted?
 - If so, how old was the child at adoption?
- What is your relationship with the child participating in this study?
 - Mother?
 - Father?
 - Sibling?
 - Grandfather?
 - Grandmother?
 - Uncle?
 - Aunt?
 - Legal guardian?
- What is your relationship status? Select all that apply
 - Married to the child's other parent
 - Living as married with the child's other parent
 - Separated from the child's other parent
 - Co-parenting with the child's other parent

- Has always been a single parent to the child.
 - Became a single parent to the child.
 - In a relationship with an adult that is not the child's other parent
- Do you present as a light-skinned or dark-skinned Black individual?
 - Light skinned
 - Dark Skinned
- Does your child who will be participating in this study present as a light-skinned or dark-skinned Black individual?
 - Light skinned
 - Dark Skinned
- What do you do for a living?
- Which of the following represents your household income?
 - Less than \$50,197
 - \$50,197 to \$100,392
 - \$100,392 to \$155,625
 - \$155,625 to \$221,708
 - More than \$221,708

Appendix B – Cultural and Racial Experiences of Socialization Scale (CARES)

Bentley-Edwards and Stevenson (2013)

Have you, your partner, relatives, friends, peers, the media, other adults, or children ever directly or indirectly exposed any of the following messages to your child throughout their lifetime?

1. You should be proud to be Black.

- Never
- A Few Times
- Lots of Times

2. Schools should be required to teach all children about Black history.

- Never
- A Few Times
- Lots of Times

3. It's important to remember the experience of Black slavery.

- Never
- A Few Times
- Lots of Times

4. Living in an all-Black neighborhood is no way to show that you are successful.

- Never
- A Few Times
- Lots of Times

5. African and Caribbean people think they are better than Black Canadians

- Never

- A Few Times
 - Lots of Times
6. You really can't trust most White people.
- Never
 - A Few Times
 - Lots of Times
7. Poor Black people are always looking for a handout.
- Never
 - A Few Times
 - Lots of Times
8. Fitting into school or work means swallowing your anger when you see racism.
- Never
 - A Few Times
 - Lots of Times
9. Spiritual battles that people fight are more important than the physical battles.
- Never
 - A Few Times
 - Lots of Times
10. Whites make it hard for people to get ahead in this world.
- Never
 - A Few Times
 - Lots of Times
11. Life is easier for light-skinned Black people than it is for dark-skinned Black people.

- Never
- A Few Times
- Lots of Times

12. Since the world has become so multicultural, it's wrong to only focus on Black issues.

- Never
- A Few Times
- Lots of Times

13. Black children should be taught early that God can protect them from racial hatred.

- Never
- A Few Times
- Lots of Times

14. Sports are the only way for Black kids to get out of the hood.

- Never
- A Few Times
- Lots of Times

15. Black men just want sex.

- Never
- A Few Times
- Lots of Times

16. Black women keep the family strong.

- Never
- A Few Times
- Lots of Times

17. Africans and Caribbean people get along with Black Canadians

- Never
- A Few Times
- Lots of Times

18. When Black people make money, they try to forget they are Black.

- Never
- A Few Times
- Lots of Times

19. You can't trust Black people who act too friendly with White people.

- Never
- A Few Times
- Lots of Times

20. "Don't forget who your people are because you may need them someday."

- Never
- A Few Times
- Lots of Times

21. You should learn more about Black history so that you can prevent people from treating you unfairly.

- Never
- A Few Times
- Lots of Times

22. Black children will learn more if they go to a mostly White school.

- Never

- A Few Times
- Lots of Times

23. You have to work twice as hard as Whites in order to get ahead in this world.

- Never
- A Few Times
- Lots of Times

24. Knowing your African heritage is important for the survival of Black people.

- Never
- A Few Times
- Lots of Times

25. Sometimes you have to correct White people when they make racist statements about Black people.

- Never
- A Few Times
- Lots of Times

26. You can learn a lot from being around important White people.

- Never
- A Few Times
- Lots of Times

27. Racism is not as bad today as it used to be.

- Never
- A Few Times
- Lots of Times

28. "Train up a child in the way he should go, and he will not turn away from it."

- Never
- A Few Times
- Lots of Times

29. Black people have to work together in order to get ahead.

- Never
- A Few Times
- Lots of Times

30. More jobs would be open to Black Canadians if employers were not racist.

- Never
- A Few Times
- Lots of Times

31. Sometimes you have to make yourself less threatening to make White people around you comfortable.

- Never
- A Few Times
- Lots of Times

32. Light-skinned Blacks think they are better than dark-skinned Black people.

- Never
- A Few Times
- Lots of Times

33. Racism is real, and you have to understand it, or it will hurt you.

- Never

- A Few Times
- Lots of Times

34. Good Black men are the backbone of a strong family.

- Never
- A Few Times
- Lots of Times

35. Black women just want money.

- Never
- A Few Times
- Lots of Times.

Which is accompanied by an audio & video recording, as well as a slider that corresponds to scores of 0 to 10 for each item):

1. When Chip has a difficult feeling like sadness, fear, or anger, he finds it easy to think about things to feel a bit better / When Ceira has a difficult feeling like sadness, fear, or anger, she finds it hard to think about something to feel a bit better.
2. When Ceira has a difficult feeling like sadness, fear, or anger, she talks to someone or plays with someone / When Chip has a difficult feeling like sadness, fear, or anger, he doesn't talk to someone or play with someone.
3. When Chip has a difficult feeling like sadness, fear, or anger, he chooses to relax, have fun, or create something / When Ceira has a difficult feeling like sadness, fear, or anger, she chooses not to do much of anything.
4. Chip is happy to be Chip / Ceira wishes that she were a different person.
5. Chip thinks that he is important to other people / Ceira thinks that he is not important to other people.
6. Ceira thinks that she has done many things to be proud of / Chip thinks that he has not done many things to be proud of.
7. Ceira knows that good things will happen in her life as she grows up / Chip doesn't know if good things will happen in his life as he grows up.
8. Chip believes that his life is important / Ceira believes that her life doesn't matter.
9. Ceira knows that she can find ways to get something that is important to her / Chip doesn't know if he can find ways to get things that are important to him.
10. Ceira is interested in watching her feelings as well as other people's feelings / Chip is more interested in what he can see, feel, hear, taste, and touch, rather than feelings.

11. Chip likes to try new things and learn new things / Ceira likes to stick with things that she knows.
12. Ceira often participates in a very fun activity with other children and one or more adult leaders /
Chip does not often participate in a very fun activity with other children and one or more adult
leaders.

Appendix D – The Index of Race-Related Stress – Brief version (IRRS-B)

This survey questionnaire is intended to sample some of the experiences that Black people have in this country because of their "blackness." There are many experiences that a Black person can have in this country because of his/her race. Some events happen just once, some more often, while others may happen frequently. Below you will find listed some of these experiences, for which you are to indicate those that have happened to you or someone very close to you (i.e., a family member or loved one). It is important to note that a person can be affected by those events that happen to people close to them; this is why you are asked to consider such events as applying to your experiences when you complete this questionnaire. Please select the option that indicates the reaction you had to the event at the time it happened. Do not leave any items blank. If an event has happened more than once, refer to the first time it happened. If an event did not happen select "This never happened to me" and go on to the next item.

1. You notice that crimes committed by White people tend to be romanticized, whereas the same crime committed by a Black person is portrayed as savagery, and the Black person who committed it, as an animal.
 - This never happened to me.
 - This event happened, but did not bother me.
 - This event happened & I was slightly upset.
 - This event happened & I was upset.
 - This event happened & I was extremely upset.
2. Salespeople/clerks did not say thank you or show other forms of courtesy and respect (e.g., put your things in a bag) when you shopped at some White/non-Black owned businesses.

- This never happened to me.
 - This event happened, but did not bother me.
 - This event happened & I was slightly upset.
 - This event happened & I was upset.
 - This event happened & I was extremely upset.
3. You notice that when Black people are killed by the police, the media informs the public of the victims criminal record or negative information in their background, suggesting they got what they deserved.
- This never happened to me.
 - This event happened, but did not bother me.
 - This event happened & I was slightly upset.
 - This event happened & I was upset.
 - This event happened & I was extremely upset.
4. You have been threatened with physical violence by an individual or group of White/non-Blacks
- This never happened to me.
 - This event happened, but did not bother me.
 - This event happened & I was slightly upset.
 - This event happened & I was upset.
 - This event happened & I was extremely upset.
5. You have observed that White kids who commit violent crimes are portrayed as "boys being boys," while Black kids who commit similar crimes are wild animals.
- This never happened to me.

- This event happened, but did not bother me.
 - This event happened & I was slightly upset.
 - This event happened & I was upset.
 - This event happened & I was extremely upset.
6. You seldom hear or read anything positive about Black people on radio, TV, in newspapers, or history books.
- This never happened to me.
 - This event happened, but did not bother me.
 - This event happened & I was slightly upset.
 - This event happened & I was upset.
 - This event happened & I was extremely upset.
7. While shopping at a store the salesclerk assumed that you couldn't afford certain items (e.g., you were directed toward the items on sale).
- This never happened to me.
 - This event happened, but did not bother me.
 - This event happened & I was slightly upset.
 - This event happened & I was upset.
 - This event happened & I was extremely upset.
8. You were the victim of a crime, and the police treated you as if you should just accept it as part of being Black.
- This never happened to me.
 - This event happened, but did not bother me.
 - This event happened & I was slightly upset.

- This event happened & I was upset.
 - This event happened & I was extremely upset.
9. You were treated with less respect and courtesy than Whites and other non-Blacks while in a store, restaurant, or other business establishment.
- This never happened to me.
 - This event happened, but did not bother me.
 - This event happened & I was slightly upset.
 - This event happened & I was upset.
 - This event happened & I was extremely upset.
10. You were passed over for an important project although you were more qualified and competent than the White/non-Black person given the task.
- This never happened to me.
 - This event happened, but did not bother me.
 - This event happened & I was slightly upset.
 - This event happened & I was upset.
 - This event happened & I was extremely upset.
11. Whites/non-Blacks have stared at you as if you didn't belong in the same place with them; whether it was a restaurant, theater, or other place of business.
- This never happened to me.
 - This event happened, but did not bother me.
 - This event happened & I was slightly upset.
 - This event happened & I was upset.
 - This event happened & I was extremely upset.

12. You have observed the police treat White/non-Blacks with more respect and dignity than they do Blacks.

- This never happened to me.
- This event happened, but did not bother me.
- This event happened & I was slightly upset.
- This event happened & I was upset.
- This event happened & I was extremely upset.

13. You have been subjected to racist jokes by Whites/non-Blacks in position of authority and you did not protest for fear they might have held it against you.

- This never happened to me.
- This event happened, but did not bother me.
- This event happened & I was slightly upset.
- This event happened & I was upset.
- This event happened & I was extremely upset.

14. While shopping at a store, or when attempting to make a purchase, you were ignored as if you were not a serious customer or didn't have any money.

- This never happened to me.
- This event happened, but did not bother me.
- This event happened & I was slightly upset.
- This event happened & I was upset.
- This event happened & I was extremely upset.

15. You have observed situations where other Blacks were treated harshly or unfairly by Whites/non-Blacks due to their race.

- This never happened to me.
- This event happened, but did not bother me.
- This event happened & I was slightly upset.
- This event happened & I was upset.
- This event happened & I was extremely upset.

16. You have heard reports of White people/non-Blacks who have committed crimes, and in an effort to cover up their deeds falsely reported that a Black man was responsible for the crime.

- This never happened to me.
- This event happened, but did not bother me.
- This event happened & I was slightly upset.
- This event happened & I was upset.
- This event happened & I was extremely upset.

17. You notice that the media plays up those stories that cast Blacks in negative ways (child abusers, rapists, muggers, etc.), usually accompanied by a large picture of a Black person looking angry or disturbed.

- This never happened to me.
- This event happened, but did not bother me.
- This event happened & I was slightly upset.
- This event happened & I was upset.
- This event happened & I was extremely upset.

18. You have heard racist remarks or comments about Black people spoken with impunity by White public officials or other influential White people.

- This never happened to me.
- This event happened, but did not bother me.
- This event happened & I was slightly upset.
- This event happened & I was upset.
- This event happened & I was extremely upset.

19. You have been given more work, or the most undesirable jobs at your place of employment while the White/ non-Black of equal or less seniority and credentials is given less work, and more desirable tasks.

- This never happened to me.
- This event happened, but did not bother me.
- This event happened & I was slightly upset.
- This event happened & I was upset.
- This event happened & I was extremely upset.

20. You have heard or seen other Black people express a desire to be White or to have White physical characteristics because they disliked being Black or thought it was ugly.

- This never happened to me.
- This event happened, but did not bother me.
- This event happened & I was slightly upset.
- This event happened & I was upset.
- This event happened & I was extremely upset.

21. White people or other non-Blacks have treated you as if you were unintelligent and needed things explained to you slowly or numerous times.

- This never happened to me.

- This event happened, but did not bother me.
- This event happened & I was slightly upset.
- This event happened & I was upset.
- This event happened & I was extremely upset.

22. You were refused an apartment or other housing; you suspect it was because you're Black.

- This never happened to me.
- This event happened, but did not bother me.
- This event happened & I was slightly upset.
- This event happened & I was upset.
- This event happened & I was extremely upset.

Appendix E – The Interactive System Assessment (ISA) – short form

(Which is accompanied by an audio & video recording, and visual slider that corresponds to scores of 0 to 10):


1. Isa felt good about the friends in her life this week / Eibe didn't feel good about the friends in his life this week.
2. Eibe felt that he did many things well this week / Isa felt that she didn't do anything well this week.
3. Eibe is feeling happy. Over the past week, he has been feeling happy most of the time / Isa is feeling sad. Over the past week, she has been feeling sad most of the time.
4. This week, Isa wanted to do many fun things / Eibe did not feel like doing much this week.
5. Isa didn't lie to anyone this week / Eibe told many lies this week.
6. Isa was cheerful this week / Eibe was grouchy this week.
7. Isa did not have arguments or fights with her family or friends this week / Eibe often had arguments with his family or friends this week.
8. Eibe was not worried this week / Isa was feeling worried a lot this week.
9. Eibe didn't worry about dirt, germs or getting sick this week / Isa was worried about dirt, germs, or getting sick this week.
10. Eibe was nice to everyone this week / Isa said mean things to someone this week.
11. Isa found it easy to sit still in class this week / Eibe found it hard to sit still in class this week.
12. Eibe looked in the mirror this week and felt good about what he saw / Isa looked in the mirror and did not feel good about what she saw.

Appendix F – The Adult Identity and Meaning Scale (AIMS)


(Which is accompanied by a slider that corresponds to scores of 0 to 10 for each item):

On a scale of 1-10 please indicate how much you agree or disagree with the following statement.


* 1. Please move the slider to indicate your level of agreement:

When I experience difficult feelings like sadness, fear, or anger, I am NOT able to change my attitude toward the situation	When I experience difficult feelings like sadness, fear, or anger, I am able to change my attitude toward the situation so I feel a bit better		<input style="width: 50px; height: 30px;" type="text"/>
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* 2. Please move the slider:

When I have a difficult feeling like sadness, fear, or anger, I DON'T tend to talk to anyone	When I have a difficult feeling like sadness, fear, or anger, I have a meaningful person in my life who I like to talk to		<input style="width: 50px; height: 30px;" type="text"/>
--	---	--	---

* 3. Please move the slider:

When I have a difficult feeling like sadness, fear, or anger, I often choose not to do much of anything	When I have a difficult feeling like sadness, fear, or anger, I often choose to relax, have fun, or create something to feel a bit better		<input type="checkbox"/>
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* 4. Please move the slider:

I wish that I was a different person	I am happy to be me		<input type="checkbox"/>
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* 5. Please move the slider:

I DON'T think that I am valued by other people	I think that I am valued by other people		<input type="checkbox"/>
--	--	--	--------------------------

* 6. Please move the slider:

I DON'T think that I do many things to be proud of

I think that I do many things to be proud of



* 7. Please move the slider:

I do NOT expect good things to happen in my life

I know that good things will happen in my life



* 8. Please move the slider:

I believe my life is hopeless


I believe my life is meaningful



* 9. Please move the slider:

I DON'T know if I can find ways to get things that are important to me

I know that I can find ways to get something that is important to me



* 10. Please move the slider:

I am more interested
in what I can see, feel,
hear, taste, and
touch, rather than
noticing feelings

I am interested in
noticing my own
feelings as well as
other people's
feelings



* 11. Please move the slider:

I prefer to stick with
things that I know

I like to try new things
and learn new things



* 12. Please move the slider:

I DON'T participate in
regular, meaningful
leisure activities

I participate in
regular, meaningful
leisure activities



Appendix G – Interview Questions

Interview Questions

- What do you identify as ethnically?
- What does being “Black” mean to you?
- What is it like being “Black” in Canada?
- What country were you and your child born in?
 - When did you and your child immigrate to Canada?
- How would you describe yourself as a parent?
- How do you think your parenting may be influenced by your identity as “Black” in Canada?
- How do you think your parenting may be influenced by having a Black child in Canada?

Appendix H – Questionnaires Consent Form

Consent to participate in research

Title of the study: Ethnic-Racial Socialization and Child Mental Health as a function of Parental Stress.

Primary Student Researcher: Odera Odenigbo

Master of Art student, Counseling and Spirituality, Faculty of Human Sciences, Saint Paul University

poden005@uottawa.ca

Research Supervisor: Dr. Laura Armstrong Ph.D, Clinical Psychologist.

*Associate Professor, School of Counseling, Psychotherapy, & Spirituality, Saint Paul University
613-236-1393 ext 2341*

larmstrong@ustpaul.ca

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by *Odera Odenigbo and Laura Armstrong (supervisor)*

Purpose of the Study: The purpose of the study is to investigate the relationship between parental stress and ethnic-racial socialization (ERS), as well as the role that ERS and parental stress play in shaping meaning and the mental health of children. Results from this study may be implemented in clinical, school-based, and parenting programs for Black Canadian children and parents. Findings from this study will may assist counsellors in assisting parents critically

examine their own experiences of racism, assess their stress level, and develop positive and proactive forms of practicing ERS.

Participation: My child and I's participation will consist essentially of an online survey that will last for approximately 30 minutes.

Risks: My participation in this study will entail that I reflect on some difficult situations and volunteer some personal information based on my experiences with racism, stress, and mental health. This may cause me to feel uncomfortable and emotional. I may also feel anxious when confronted with questions about my cultural, ethnic, and racial experiences. I have received assurance from the researcher that any discomfort that may occur during the duration of this study is expected to be mild and temporary. If I feel uncomfortable answering any question, I can choose not to answer that question. I may also withdraw from this study at any time. A list of resources will be made available to me at the end of the study or if I withdraw at any time.

Benefits: By participating in this study, I will be contributing to research that will help educate the needs, experiences, risks, and resiliency outcomes in response to racial stress in Canada. This research is necessary to support the needs of Black parents and their children in Canada. From this research, counsellors may be able to help parents critically examine their own experiences of racism, assess their stress level, and develop positive and proactive forms of practicing ERS. The findings from this study will aim to inform clinical, school-based, and parenting programs for Black parents and children in Canada.

Compensation: High school students will receive one hour of volunteer hour towards their graduation requirement.

Confidentiality and anonymity: I understand that the information I will share will remain strictly confidential and will only be used for the purpose of this research and the development of future research and initiatives. I understand that my confidentiality will be protected except as required by law, such as suspected abuse or neglect of a child, threat of harm to self or others, and/or if information is subpoenaed by a court of law. As this is an online study, I will be sending some personal information through the Internet, and this can increase the risk of lack or loss of privacy. However, my data will be sent through a secure connection and stored on the secure server, SurveyMonkey. To minimize the risk of security breaches and to help ensure my confidentiality, I will use standard safety measures such as signing out of my account, closing my browser, and locking my screen or device when I am no longer using them / when I have completed the study. When downloaded from the system, each participant's information will be kept on a password-protected USB. Any personally identifying data will be linked temporarily with your responses until January 31, 2023. After January 31, 2023, all email correspondence will be permanently deleted, and any other identifying information will be kept for 5 years after the study is published. After the 5 years, this information will be destroyed; electronic information will be purged, and paper documents will be shredded. The separation of the personally identifying information will ensure that no connection will be made between me and my responses in this study, thus reducing the risk of lack or loss of privacy. Information from this study may be published at a later date, but only group information will be discussed.

Anonymity will be protected in the following manner: I will be given a participation number, rather than asking for my name. During data analyses participant numbers will be separated from the responses. any of the other focus groups.

Participation and withdrawal: I can choose whether to be in this study or not. If I volunteer to be in this study, I may withdraw at any time without consequences of any kind. I may also refuse to answer any questions I do not want to answer and still remain in the study. The principal investigator may withdraw me from this research if circumstances arise which warrant doing so. I have the option of removing my data from the study until January 31, 2023. I will e-mail poden005@uottawa.ca if I would like to remove my data from the study. After January 31, 2023, all identifying information will be removed from the data file. At this point my data cannot be withdrawn as it cannot be identified as mine.

Conservation of data: The data collected will be kept in a secure manner. They will be kept on a password protected USB and can only be accessed by the researchers on a password protected computer. Additionally, all files that can be password-protected will be locked. Lastly, all data collected will be kept for 5 years after the study is published. After the 5 years, the information will be destroyed; electronic information will be purged and paper documents will be shredded.

Feedback of the results of this study to the subjects: Findings from this study will be made accessible to participants online, after the research has been finalized, at Saint Paul University's School of Counselling, Psychotherapy, and Spirituality website. Information from this study may be published at a later date, but only group information will be discussed.

Subsequent use of data: These data may be used in subsequent studies and will be used in aggregate only.

This research has been reviewed by Saint Paul University's Research Ethics Committee. This committee helps ensure and protect the rights and welfare of those participating in research.

If I have any questions about the study, I may contact the researcher or her supervisor.

If I have any questions regarding my rights as a research participant and/or the ethical conduct of this study, I may contact the Office of Research and Ethics, Saint Paul University, 223 Main Street, Ottawa, ON K1S 1C4

Tel.: (613) 236-1393

If needed, here are psychological resources you can access:

Saint Paul University's Counselling and Psychotherapy centre https://ustpaul.ca/en/counselling-and-psychotherapy-centre-home_360_697.htm

Good2Talk, 24 hrs/7 day. Tel. 1-866-925-5454 <https://good2talk.ca>

LGBTQ+ Youth line. Tel. 1-800-268-9688 <https://www.youthline.ca/>

211 Ontario. Tel. 211 <https://211ontario.ca/>

Women's Health in Women's Hands. Tel. 416-593-7655 <https://www.whiwh.com/>

rites for Black and African Canadian Youth. Tel. 416-924-2100

<https://ctys.org/program/groups/rites-forafrican-canadian-youth/>

CAMH SAPACCY (Substance Use Program for African-Canadian Caribbean Youth)

<https://www.camh.ca/en/your-care/programs-and-services/substance-use-program-for-african-canadian-caribbean-youth>

Caribbean African Canadian Social Services. Tel. 416-740-1056 <https://cafcan.org/>

Black Youth Helpline: 1-833-294-8650 or <https://blackyouth.ca/>(External link)

[Counselling connect](#)(External link) (same or next day mental health appointments)

Jaku Konbit: (Black youth support group): 613-567-0600

KidsHelp phone (available 24/7): 1-800-668-6868 or text CONNECT to 686868(External link)

[Mental Health Resource Guide, Ottawa Public Health](#)(External link)

OCISO (staff working remotely): 613-725-5671x316 or [email](#)(External link)

Ottawa Distress Centre: 613-238-3311

Somali Centre for Family Services: 613-526-2075

Youth Services Bureau (YSB) crisis line available 24/7: 613-260-2360 or chat.ysb.ca

I understand the information provided for the *Ethnic-Racial Socialization and Child Mental Health as a function of Parental Stress* as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given access to print a copy of this form.

- For participants over the age of 14 (including parents and children over the age of 14):
- I consent to be in this study (click here)
- I do not wish to participate in this study (click here)
- For participants 14 years of age and under:

- I consent for my child to be in this study ([click here](#))
- I do not wish for my child to participate this study ([click here](#))

Appendix I – Interview Consent Form

Title of the study: Ethnic-Racial Socialization and Child Mental Health as a function of Parental Stress.

Primary Student Researcher: Odera Odenigbo

Master of Art student, Counseling and Spirituality, Faculty of Human Sciences, Saint Paul University

poden005@uottawa.ca

Research Supervisor: Dr. Laura Armstrong Ph.D, Clinical Psychologist.

Associate Professor, School of Counseling, Psychotherapy, & Spirituality, Saint Paul University

613-236-1393 ext 2341

larmstrong@ustpaul.ca

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by *Odera Odenigbo and Laura Armstrong (supervisor)*

Purpose of the Study: The purpose of the study is to investigate the relationship between parental stress and ethnic-racial socialization (ERS), as well as the role that ERS and parental stress play in shaping meaning and the mental health of children. Results from this study may be implemented in clinical, school-based, and parenting programs for Black Canadian children and parents. Findings from this study will may assist counsellors in assisting parents critically examine their own experiences of racism, assess their stress level, and develop positive and proactive forms of practicing ERS.

Participation: If I agree to take part in this study, I will be asked to participate in a brief interview via Zoom at my convenience, where I will be presented with a series of questions. This interview will be audio recorded and transcribed but my identity will be protected (see confidentiality and anonymity). My participation will consist essentially of answering 7 questions based on my racial and ethnic identity and understanding; and parenting related questions. The duration of the interview is approximated to be between 5 to 10 minutes.

Risks: My participation in this study will entail that I volunteer some personal information and reflect on some difficult situations. This may cause me to feel uncomfortable and emotional. I have received assurance from the researcher that every effort will be made to minimize these risks. If I feel uncomfortable answering any question, I can choose not to answer that question. I may also wish to withdraw from this study at any time.

Benefits: By participating in this study, I will be contributing to research that will help educate the needs, experiences, risks, and resiliency outcomes in response to racial stress in Canada. This research is necessary to support the needs of Black parents and their children in Canada. From this research, counsellors may be able to help parents critically examine their own experiences of racism, assess their stress level, and develop positive and proactive forms of practicing ERS. The findings from this study will aim to inform clinical, school-based, and parenting programs for Black parents and children in Canada.

Confidentiality and anonymity: I understand that the information I will share will remain strictly confidential and will only be used for the purpose of this research and the development of future research and initiatives. I understand that my confidentiality will be protected except as required by law, such as suspected abuse or neglect of a child, threat of harm to self or others, and/or if information is subpoenaed by a court of law. Interview transcripts and audio recordings will be kept on a password protected USB. My participation number will be the same as the one given to me for the online survey. My participation number will be used during the interview, rather than my name. During data analyses my participation number will also be separated from my responses. The interview will only be audio recorded, regardless of the means of communication.

Conservation of data: The data collected (audio recording of the interview and transcript) will be kept in a secure manner. They will be kept on a password protected USB and can only be accessed by the researchers on a password protected computer. Additionally, all files that can be password-protected will be password-protected. Lastly, all recordings and identifying data will be kept for 5 years after the study is published. After the 5 years, this information will be destroyed; electronic information will be purged and paper documents will be shredded.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal might still be used. If I choose to withdraw during the interview, the researcher will check in with me to ensure that I am okay.

This research has been reviewed by Saint Paul University's Research Ethics Committee. This committee helps ensure and protect the rights and welfare of those participating in research.

If I have any questions about the study, I may contact the researcher or her supervisor.

If I have any questions regarding my rights as a research participant and/or the ethical conduct of this study, I may contact the Office of Research and Ethics, Saint Paul University, 223 Main Street, Ottawa, ON K1S 1C4

Tel.: (613) 236-1393

If needed, here are psychological resources you can access:

Saint Paul University's Counselling and Psychotherapy centre https://ustpaul.ca/en/counselling-and-psychotherapy-centre-home_360_697.htm

Good2Talk, 24 hrs/7 day. Tel. 1-866-925-5454 <https://good2talk.ca>

LGBTQ+ Youth line. Tel. 1-800-268-9688 <https://www.youthline.ca/>

211 Ontario. Tel. 211 <https://211ontario.ca/>

Women's Health in Women's Hands. Tel. 416-593-7655 <https://www.whiwh.com/>

RITES for Black and African Canadian Youth. Tel. 416-924-2100

<https://ctys.org/program/groups/rites-forafrican-canadian-youth/>

CAMH SAPACCY (Substance Use Program for African-Canadian Caribbean Youth)

<https://www.camh.ca/en/your-care/programs-and-services/substance-use-program-for-african-canadian-caribbean-youth>

Caribbean African Canadian Social Services. Tel. 416-740-1056 <https://cafcan.org/>

Black Youth Helpline: 1-833-294-8650 or <https://blackyouth.ca/>(External link)

[Counselling connect](#)(External link) (same or next day mental health appointments)

Jaku Konbit: (Black youth support group): 613-567-0600

KidsHelp phone (available 24/7): 1-800-668-6868 or text CONNECT to 686868([External link](#))

[Mental Health Resource Guide, Ottawa Public Health](#)(External link)

OCISO (staff working remotely): 613-725-5671x316 or [email](#)(External link)

Ottawa Distress Centre: 613-238-3311

Somali Centre for Family Services: 613-526-2075

Youth Services Bureau (YSB) crisis line available 24/7: 613-260-2360 or chat.ysb.ca

I understand the information provided for the *Ethnic-Racial Socialization and Child Mental Health as a function of Parental Stress* as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given access to print a copy of this form.

- I consent to be in this study ([click here](#))
- I do not wish to participate in this study ([click here](#))

Appendix J – Study Poster



PARENTING WHILE BLACK

WHY IS THIS RESEARCH IMPORTANT?

To understand the needs, experiences, risks, and resiliency outcomes in response to racial stress.

Findings from this study may be implemented in clinical, school-based, and parenting programs for Black children and parents in Canada.

ABOUT THE STUDY:

Investigating the relationship between parental stress and raising your children in today's world.

Exploring the impact of parental stress and specific racial experiences on children's mental wellbeing.

WHAT IS IT?

30-minute anonymous survey online

EMAIL US



poden005@uottawa.ca

Principal investigator

Odera Odenigbo
MA student

Research advisor:

Dr. Laura Armstrong,
Ph.D.
Clinical Psychologist

WHO CAN PARTICIPATE?

Black Primary caregivers who are residents of Canada and have a child (ages 6-18) and their child.



Appendix K – Recruitment Letter



PARENTING WHILE BLACK



EMAIL US



poden005@uottawa.ca

Principal investigator

Odera Odenigbo
MA student
Counseling,
Psychotherapy &
Spirituality

Research advisor:

Dr. Laura Armstrong,
Ph.D.
Clinical Psychologist

This research is necessary to support the needs of Black parents and their children in Canada. The findings from this study will aim to inform clinical, school-based, and parenting programs for Black parents and children in Canada.

- Do you identify as a Black individual?
- Have you resided in Canada for more than one year?
- Are you the primary caregiver to a 6 to 18 years old Black child?
- Have you been your child's primary caregiver for more than one year?
- Do you live in the same house as your child?

If you answered yes to all 5 criteria then you are invited to participate in the research above.

This project is led by a Psychotherapy, Counseling, and Spirituality MA student, Odera Odenigbo of Saint Paul University, and will be supervised by Dr. Laura Armstrong of Saint Paul University. Your voluntary participation could contribute to the underrepresented field of research centered on race-related parenting stress and how it affects the mental well-being of Black children in Canada.

Your participation will consist of a 30-minute online survey completed by you and your child. The survey will explore your race-related stress, cultural and racial experiences, and meaning mindset. It will also measure for meaning mindset and overall mental well-being of your child. High school students who participate in this study may get a volunteer hour towards their required hours for graduation.

If you have any questions or are interested please contact the primary investigator, Odera Odenigbo, at poden005@uottawa.ca. During the initial contact, more information will be provided to you and your questions will be answered.

Thank you in advance for your interest and participation.

Appendix L – Telephone Screening and Information Script

If there is no answer, leave a message (only contacting parents)

First call:

Hi, my name is Odera Odenigbo. I am calling from Saint Paul University. You had requested to be contacted at this time for the Ethnic-Racial Socialization & Child Mental Health as a Function of Parental Stress study and I am calling to give you more information about this study. I will try calling you back in an hour. Thank you for listening.

Second call:

Hi, my name is Odera Odenigbo. I am calling from Saint Paul University. You had requested to be contacted at this time for the Ethnic-Racial Socialization & Child Mental Health as a Function of Parental Stress study and I am calling to give you more information about this study. If you are interested in participating in this study, please email us back at poden005@uottawa.ca. If we don't hear from you, we will assume you are no longer interested. Thank you for listening!

Main Script

You are being invited to participate in the Ethnic-Racial Socialization & Child Mental Health as a Function of Parental Stress study by Odera Odenigbo and Dr. Laura Armstrong. We hope to learn how to better support Black parents and children in Canada by understanding the relationships between ERS, parental stress, and child mental health. To participate in the study, you and your child are being asked to complete about 30 minutes of online questionnaires.

Questionnaires will include questions asking about family demographic information, your cultural and racial experiences of socialization, your meaning mindset, and any race-related stress that you may have experienced. Your child will be asked to completed questionnaires about their meaning mindset (choice and responsibility over thoughts, feelings, and behavior; self-concept, hope for the future, and openness to feelings; and learning, social connection, creativity, and engagement in pursuits), their mental health, and overall wellbeing. Your participation is voluntary, and you are free to skip any demographic questions you do not feel comfortable answering. If your child is a high school student, they may receive a letter saying that they have earned a volunteer hour towards their required volunteer hours to graduate.

Does this sound like something you might be interested in?

(If no) Thank you anyway for your interest.

(if yes, continue)

Great! I will need to ask some questions to ensure that you meet our study criteria.

1. Do you Identify as a Black individual?

2. Have you lived in Canada for more than one year?
3. Are you the primary caregiver to a 6 to 18 years old Black child?
4. Have you been your child's primary caregiver for more than one year?

(if no, read Exclusionary Script)

5. Have you lived with your child for at least the past year?

(if yes) Are you their legal guardian?

(if no, read Exclusionary Script)

8. Do you have any difficulty reading and understanding English?

(if you suspect parent or child has problems with English, ask the following question): how long have you been speaking English?

(if more than one year, proceed)

(if under one year, read Exclusionary Script)

Exclusionary Script

Thank you for your time. Unfortunately, we are unable to have you participate in this study because you do not meet our study criteria.

Acceptance Script

You are eligible for this study. Your participation in this study is strictly voluntary and you are free to withdraw at any time.

Now, I'm going to go over the study consent form in more detail.

You and your child will encounter some questionnaires that ask about thoughts or feelings that may make either or both of you feel distressed.

We hope to learn how to support Black parents and their children who experience race-related stress in Canada, by understanding the links between race-related parental stress, ERS, meaning mindset in both parent and child, and child mental wellbeing. If parent participants are interested in being contacted for a follow-up interview with the researcher, you will be asked at the end of the survey to select if you wish to be contacted. Information from this study may be published at a later date, but only group information will be discussed.

Information collected as part of this study will be kept confidential and no information will be released without participants' consent except as required by law, such as suspected abuse or neglect of a child, threat of harm to self or others, and/or if information is subpoenaed by a court

of law. In order to minimize the risk of security breaches and to help ensure your confidentiality, we recommend that you use standard safety measures such as signing out of your account, closing your browser, and locking your screen or device when you are no longer using them. In regards to anonymity, all questionnaires will be identified by a participant number and separated from identifying information. All information will be kept in a password protected USB, and will only be accessed by the researchers on a password protected computer. All identifying information will be kept for 5 years after the study is published. After the 5 years, this information will be destroyed; electronic information will be purged, and paper documents will be shredded. Only the researchers will have access to your information. The research team will analyze the information collected, and the overall results of this study may be presented in future research articles and presentations. These study results will be reported in ways that ensure complete confidentiality.

You are under no obligation to participate and if you choose to participate, you can withdraw from the study and/or refuse to answer any questions without giving a reason and without adverse consequences. You can contact Odera Odenigbo to withdraw your data from the study database, at which point we will destroy all data that you have provided from our study database, which involves purging electronic information and shredding paper documents.

If you have any questions regarding this study, please do not hesitate to contact the Principal Investigator, Odera Odenigbo at poden005@uottawa.ca. If you have any questions regarding the ethical conduct of this study, you may contact the Office of Research and Ethics, Saint Paul University, 223 Main Street, Ottawa, Ontario, K1S 1C4, telephone: 613-236-1393.

Do you have any questions?

You will encounter an online consent form that has this same information. You and your child will be given the option to consent to the study if you both wish or not.

After this phone call, I will send you an email with the link to the consent form and questionnaires to be completed.

Appendix M – Email Templates

Email #1 (for Questionnaires).

Dear _____,

Thank you for your interest in the Ethnic-Racial Socialization and Child Mental Health as a function of Parental Stress study!

Below, you will find the links to the study consent form, and online questionnaires.

For questionnaires that ask you about your child, please think of your child that will be participating in this research.

This is the Link to Parent's survey

This is the link to Child's survey

Thank you and please feel free to contact me if you have any questions,

Odera Odenigbo

Email #2 (for follow up Interview).

Dear _____,

Thank you for your interest in the Ethnic-Racial Socialization and Child Mental Health as a function of Parental Stress study!

You have agreed to a follow up Phone/Google meets interview by the researcher.

Date and Time:

Duration: 5 to 10 minutes

See the link below:

Please remember that the interview will be audio recorded. If you have not signed the consent form for this interview, please do so by _____.

Thank you and please feel free to contact me if you have any questions or run into any technical difficulties.

Odera Odenigbo.

Appendix N – Verbal Consent Form Before Interview

Welcome!

My name is Odera Odenigbo. I am conducting this interview to understand the experiences of Black parents in raising their children within Canada. This study is part of my Masters studies at Saint Paul University. I'm working under the supervision of Dr Laura Armstrong here at Saint Paul University, within the school of Counseling, Psychotherapy and Spirituality.

Thank you for your interest in participating in my research.

Have you had time to read the consent form I sent you? Any questions so far?

Great, then I will just quickly go over some main points from the consent form.

Could you please confirm that you understand and are okay with the following:

- The audio from this interview will be recorded and transcribed. Both will be kept in a password-protected USB only accessible by myself and Dr. Laura Armstrong.
- Your participation in this study is voluntary.
 - If you do not want to answer some of the questions you do not have to, but you can still be in the study.
 - You can decide to stop at any time, even part-way through the interview for whatever reason. You do not need to provide an explanation.
 - If you decide to stop during the interview, I will ensure that you are okay and will debrief you with available resources.

- If you decide to stop during the interview, I will also ask you how you would like us to handle the data collected up to that point, whether destroying it or using the data collected up to that point.
- The interview questions will be based on your racial and ethnic identity and understanding; and parenting-related questions.
- This study has been reviewed and cleared by the Saint Paul Ethics Board.
- Do you have any questions or want me to go over any study details again?

Do you have any questions before we begin?

Appendix O – Debriefing Script After Interview

Debriefing script after interview

Thank you for participating. Do you have any questions or concerns that you would like to share?

If you think of any please feel free to reach out at poden005@uottawa.ca

Before you go, I want to ask how you are feeling following this interview.

A list of resources available to you, will be sent to your email shortly after we end this call. If you find that you need extra support following this interview, I encourage you to reach out to one of the supports listed in the resources.

If you would like to learn about this research, please contact me at poden005@uottawa.ca

Are there any questions before we disconnect?

Thank you so much for your contribution.

Take care.

Appendix P – Resources

Mental health supports

Saint Paul University's Counselling and Psychotherapy centre https://ustpaul.ca/en/counselling-and-psychotherapy-centre-home_360_697.htm

Good2Talk, 24 hrs/7 day. Tel. 1-866-925-5454 <https://good2talk.ca>

LGBTQ+ Youth line. Tel. 1-800-268-9688 <https://www.youthline.ca/>

211 Ontario. Tel. 211 <https://211ontario.ca/>

Women's Health in Women's Hands. Tel. 416-593-7655 <https://www.whiwh.com/>

rites for Black and African Canadian Youth. Tel. 416-924-2100

<https://ctys.org/program/groups/rites-forafrican-canadian-youth/>

CAMH SAPACCY (Substance Use Program for African-Canadian Caribbean Youth)

<https://www.camh.ca/en/your-care/programs-and-services/substance-use-program-for-african-canadian-caribbean-youth>

Caribbean African Canadian Social Services. Tel. 416-740-1056 <https://cafcan.org/>

Black Youth Helpline: 1-833-294-8650 or <https://blackyouth.ca/> (External link)

[Counselling connect](#) (External link) (same or next day mental health appointments)

Jaku Konbit: (Black youth support group): 613-567-0600

KidsHelp phone (available 24/7): 1-800-668-6868 or text CONNECT to 686868 (External link)

[Mental Health Resource Guide, Ottawa Public Health\(External link\)](#)

OCISO (staff working remotely): 613-725-5671x316 or [email\(External link\)](#)

Ottawa Distress Centre: 613-238-3311

Somali Centre for Family Services: 613-526-2075

Youth Services Bureau (YSB) crisis line available 24/7: 613-260-2360 or chat.ysb.ca

Other Resources

[United for All\(External link\)](#)

[African Canadian Association of Ottawa\(External link\)](#)

[Black History Ottawa\(External link\)](#)

[Black Organizations and Anti-Racist Groups. Melanie Woods, Huffington Post\(External link\)](#)

[Black Ottawa Scene\(External link\)](#)

[Catholic Centre for Immigrants\(External link\)](#)

[Family Services Ottawa\(External link\)](#)

[Immigrant Women Services Ottawa\(External link\)](#)

[Jewish Family Services\(External link\)](#)

[Kombite Outaouais\(External link\)](#)

[Newcomer Information Centre, YMCA\(External link\)](#)

[Ottawa Muslim Association\(External link\)](#)

Racism, Health & What You Can Do About <https://www.wellesleyinstitute.com/health/racism-health-what-you-can-do-about-it/>

Violence, Racism and Mental Health: Where do we go from here <https://www.camh.ca/en/camh-news-and-stories/violence-racism-mental-health-where-do-we-go-from-here>

It's a traumatic moment': How everyday racism can impact mental, physical health
<https://globalnews.ca/news/4119857/racism-mental-health/>

Workplace strategies for mental health: Inclusivity & Mental Health
<https://www.workplacestrategiesformentalhealth.com/psychological-health-and-safety/inclusivity-and-discrimination>

Toolkit on Race and Mental Health at Work <https://www.enar-eu.org/Toolkit-on-race-and-mental-health-at-work>

[Anti-Racism for Kids: An Age-by-Age Guide to Fighting Hate. Katie Arnold-Ratliff,](#)

[Parents\(External link\)](#)

['No reader is too young to start': anti-racist books for all children and teens. Aimée Felone, The Guardian\(External link\)](#)

[Talking to Kids About Racism, Early and Often. Jessica Grose, NY Times](#)(External link)

[Your Kids Aren't Too Young to Talk About Race: Resource Roundup. Katrina Michie](#)

[Anti-Black Racism and Anti-Racism Resources. United Steelworkers](#)(External link)

[Black Lives Matter movement, social justice, and #OwnVoices titles related to Black History.](#)

[Ottawa Public Library list of e-books and audiobooks that can be borrowed](#)(External link)

[COVID-19 related resources. Network for the Advancement of Black Communities. 2020](#)

Appendix Q – Ethic Approval



UNIVERSITÉ
SAINT-PAUL
UNIVERSITY



**CERTIFICAT D'ÉTHIQUE
ETHICS CERTIFICATE**

1360.16/22 - Odera Odenigbo

M.A. Candidate

Student number: 300217000

**Ethnic-Racial Socialization & Child Mental Health as a
Function of Parental Stress.**



November 25, 2022

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<https://ustpaul.ca>



CERTIFICAT D'ÉTHIQUE | ETHICS CERTIFICATE

SPU-REB Protocol 1360.16/22

Last name	Name	Affiliation	Role
Odenigbo	Odera	Faculty of Human Sciences	Student-Principal Investigator
Armstrong	Laura	Faculty of Human Sciences	Thesis Supervisor

Type of project M.A. Thesis

Title Ethnic-Racial Socialization & Child Mental Health as a Function of Parental Stress.

Approval date dd-mm-yyyy	Expiry Date dd-mm-yyyy	Decision (*)
25-11-2022	24-11-2023	1 (Approved)

(*) Approved:

The Research Ethics Board (REB) approved the project. Recruitment and data collection may begin as outlined in the application. Please use the **REB Protocol 1360.16/22**.

The ethics approval applies for one year. However, any [modification to the project](#) must first be approved by the REB before the changes can be implemented. The REB must be notified of all changes or unanticipated circumstances ([Unanticipated issues / adverse events report](#)) that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety. An [annual renewal report](#) for ongoing projects must be submitted. The researcher must provide a [final report](#) for projects that have been approved by the Research Ethics Board (REB) in order to close all REB-approved files.

In accordance with the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2](#) and other applicable laws and regulations, the Saint Paul University Research Ethics Board (REB) has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completed four weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).


 Louis Perron, Ph.D.
 Chair
 SPU Research Ethics Board (REB)

