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Intimate Partner Violence, Colorism, and Stress Coping in Barbados

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May 2020

Master of Public Health

Chronic Disease Epidemiology

Yale School of Public Health

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Abstract

Persons who experience intimate partner violence (IPV) have higher rates of chronic disease. This is thought to be due, in part, to the adoption of health risk coping behaviors, as well as the detrimental biological response to chronic stress associated with violence. The role of colorism (perceived skin tone discrimination) in the experiences of victims of IPV, their stress and stress coping behaviors has not previously been examined. The objective of this study was to explore the intersecting experience of black skin, coping strategies and stress among women with IPV histories in Barbados. Women above the age of 18, who self-identified as having a history of IPV were recruited at the Queen Elizabeth Hospital psychiatry unit and Barbados Professional Women (BPW) shelter for abused women (N=54). There were no significant demographic differences between participants who self-reported as having lighter versus darker skin tones, yet variations in stress coping, skin tone attitudes, and perceived risk of chronic disease arose. Specifically, compared with darker participants, lighter participants had higher colorism perception and engaged in more frequent coping strategies, but there was no difference in proportion reporting high versus moderate stress; however, participants with darker skin tones perceived themselves to be at higher risk for heart attacks and strokes. A multiple regression analysis further revealed a significant interaction between maladaptive coping and colorism, such that the effect modification demonstrated leads us to conclude that the effect of colorism on stress is shaped by how individuals choose to cope. Through a series of individual, semi structured interviews (N=11) with a purposeful sample we identified challenges to trust formation, institutional suspicions, and explored managing constraints. Additionally through an inductive grounded theory framework, respondents highlighted a sense of antagonism driving colorism while suggesting larger systems at play. This perception commonly was associated with early childhood self conceptualization arcs that are reinforced throughout the lifespan. Results from this study will serve as guidance for further inquiry about the experiences of black women navigating society globally.

Introduction

Objective 1: Understand the role of colorism as an additive stressor in IPV survivors and reveal possible implications on overall health.

This aim intends to increase knowledge of IPV victimization in black women to inform care protocols and support services.

Hypothesis 1 (quantitative): Perceived colorism perception increases stress
(qualitative): N/A

Objective 2: Assess the uptake of stress coping behaviours in women with intimate partner violence histories.

This aim can identify targets for primary intervention among the high risk group.

Hypothesis 2 (quantitative): Those with greater stress levels will partake in more negative coping behaviours
(qualitative): N/A

The questions posed in this investigation consider the ways in which the value of skin color intersects with stress coping strategies among women who have experienced intimate partner violence. The multiplicative role of stigma in this research question will be examined through various social contexts. The shared IPV history across all participants is crucial to understanding survivor social identity, decision making processes and value systems. Tests of moderation will indicate how coping moderates the impact of colorism on perceived stress. The existing stress literature explores physiological, cognitive, emotional and behavioral responses (Holohan, Moos, & Schaefer, 1996) but is yet to integrate skin appraisals. This study overarchingly conceptualizes stress coping in a Barbadian context that is unique to black women.

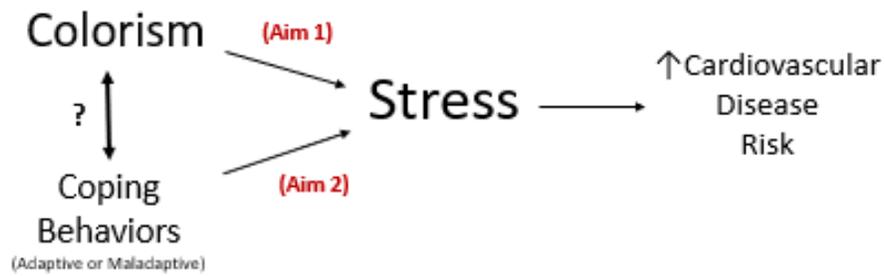


Figure 1. Proposed conceptual framework

Background

Women who report IPV victimization during their lifetime are more likely to experience a range of chronic diseases, including cardiovascular disease and stroke, that are known to be among the leading causes of death around the world. Theories as to why IPV victims have an increased risk of chronic disease, include the adoption of health risk coping behaviors, as well as the detrimental biological response to the chronic stress associated with violent experiences. However, few targeted interventions address the indirect effects of stress and negative coping behaviors. Evidence indicates low- and middle-income countries have a higher rate of IPV and aggression, yet most existing models and frameworks have been developed in North Atlantic countries. There is no clear model to explain the occurrence of IPV, but there appears to be a trend of black women globally experiencing a greater proportion of violence (UNODC, 2018). Information from this study can be suited for ‘south to south’ knowledge transfer (Willan, 2016). It is a very valuable time for people in developing nations to share decolonized knowledge in this way to better understand realities. According to the international NGO Freedom House, violence against women remains “widespread despite domestic violence laws” in Barbados. Due to under-reporting, administrative incapacity, and a lack of data driven

policy formulation and monitoring cycles, IPV is difficult to stop instantaneously. A 2016 study by the Caribbean Development Research Services found that 36% of Bajan respondents had someone close to them experience domestic violence by a spouse/partner. In light of this reality, multisectoral action is necessary to best support victims' health.

One unique yet under-studied stressor for Barbadian women, and women in other predominantly Black countries more generally, is colorism (allocation of privilege and disadvantage according to the lightness or darkness of one's skin) (King, 2016). The meaning ascribed to skin tone impacts subjective wellbeing (self-esteem) and influences how individuals navigate within the world (Harvey, 2017). The main difference between colorism and racism is that racism is an intergroup phenomenon involving social comparison. Intragroup phenotype discrimination in majority black communities has understudied deleterious effects and is the result of internalized white supremacy that favors proximity to whiteness. It is important to address colorism because the "decrease or even annihilation of racism does not automatically preclude the existence of a colorism problem since colorism can exist independent of an intergroup context" (Harvey, 2017). Colorism has been mainly addressed on a societal scale but understanding the individual effects is timely due to its global occurrence (Norwood, 2014). It is a multidimensional construct that needs to be analyzed in its different contexts. How individuals perceive their place in society alters their social network and activities significantly. Affiliation and self-concept are dually threatened by colorism and IPV history but the effect on stress coping behaviors is unknown.

While little research has examined how individuals respond to experiences of colorism, evidence from the broader stigma literature suggests that people cope with stigma-related stressors by engaging in a wide range of cognitive and behavioral strategies, some of which are more adaptive than others. Adaptive coping involves engagement behaviors that broadly include acceptance, planning, and the utilisation of emotional and instrumental support. Comparatively, maladaptive coping is known to develop as a response to disconnection and involves withdrawing from the stressor and related emotions (Carver & Vargas, 2011). Maladaptive coping strategies can emerge as forms of avoidance such as cognitive disengagement (ie, blocking out thoughts), behavioral disengagement (ie, social withdrawal), denial, or use of substances (Ullman, 2015). Traumatic situations can disrupt cognitive schemas about individuals and the world around them, subsequently altering responses to daily stressors.

Literature suggests a strong connection between health disparities in black women and adverse stress experiences. This study fills in a gap that connects maladaptive coping, colorism and overall stress in a non-American context. By examining the role of coping strategies in the context of colorism and stress, the information generated by this study can inform future interventions and serve as a theoretical perspective for future research.

Research Design

We utilized a concurrent mixed methods study design. All respondents completed a multi instrument survey pertaining to stress coping, perceived stress and the endorsement of colorism beliefs (see appendix). Additionally, a purposeful sample was invited to engage in a qualitative interview comprising open-ended questions to probe colorism attitudes and experiences as well as coping behaviours. This study design was selected to use multiple ways to explore colorism in IPV survivors and fill in pre existing literature gaps. The design strategy is concurrent because the qualitative results were used to assist the interpretation of the quantitative portion. Both the survey instrument and interview guide was created in consultation with medical staff at The University of the West Indies for clarity and cultural reference. Pilot cognitive testing was completed on trainee nurses within the clinic prior to actual research launch to collect valid feedback. All participants provided verbal consent for the survey interview and audio recording portions of this study.

Quantitative

Women above the age of 18, who self-identified as having a history of IPV were recruited at the Queen Elizabeth Hospital psychiatry unit and Barbados Professional Women (BPW) shelter for abused women by clinician referral. Persons identified by staff as “under severe mental distress” were excluded. All other women were consented prior to the administration of a 30-minute survey. A multiple regression model was used to assess effect modification between colorism perception and coping style on the response variable of perceived stress.

N= 54

Survey with select measures concerning (see full instrument in Appendix):

- Health status and demographics
- Coping strategies- The COPE (Carver, Scheier, & Weintraub, 1989) a multidimensional inventory giving scores on 13 conceptually distinct types of coping that fall under emotion oriented, task focused or avoidance
- Stress- The degree to which situations in one's life are appraised as stressful- Perceived Stress Scale (PSS)
- Colorism Attitudes- Self-concept (the degree to which someone finds their skin color important), mobility (the degree to which someone associates skin color with shaping life choices), Impression Formation (how the participant develops ideas about groups) and Affiliation/ Attraction (measuring favorable social companionships) - from In Group Colorism Scale.
- Utilization of resources to deal with an abusive partner
- Skin Tone- Self Identification using the Fitzpatrick Phototyping Scale (see below)



Figure 2. Fitzpatrick Scale

Qualitative

Purposive sampling procedures were used to diversify the sample according to theoretically important factors -- skin tone and age (see Table 1). Using the Fitzpatrick Scale: light is Type I-III and dark is Type IV-VI. 6 self-identified dark skinned and 5

self-identified light skinned women were interviewed with a 5-question interview guide with probe subquestions. Interviewing light and dark-skinned women provided an opportunity to assess if skin phenotype correlates with self-identity. Interviewing women with a range of ages provides an opportunity to examine potential differences in outlook towards services as well. Interviews were conducted in secluded private offices at the BPW Shelter and within the psychiatry clinic because these served as familiar spaces.

The interviews were transcribed verbatim and analyzed using a grounded theory inductive framework. Using open coding the transcripts were analysed line by line. The extended list of codes and themes that emerged were distilled into a final codebook (see appendix) within Dedoose software using an iterative process.

Theoretical sampling for interviews with women experiencing IPV		
Axis of Diversity	Operationalized selection criteria	Rationale
Skin tone	Self-identified dark or light skinned	The Matthews 2013 paper posits “The high confidence perceived in women of light complexions is likely associated with the belief that women with light skin are privileged, in that they hold a more elevated status in society”
Age	Self-reported age stratified as young or old	Colorism attitudes are dynamic and have evolved over time therefore interviewing across different age groups would be insightful.

Results

Quantitative

Objective 1:

There were no demographic differences across the participants sampled (Table 1). In spite of this finding, darker participants had a greater perceived risk of having a heart attack and stroke in upcoming years (Table 2.) Additionally there was no linear relationship between colorism and perceived stress (Table 3). All participants scored within the moderate- high stress category of the perceived stress scale but no difference was seen across the skin complexion categories.

The Ingroup Colorism scale (IGS) analysis in Table 8 reveals that lighter participants had higher internalized colorism attitudes and outlooks across the domains of: self concept, impression formation, affiliation, and attraction. There was no statistical significant difference across the groups in terms of mobility in relation to colorism.

Objective 2:

Only maladaptive coping behaviors were found to be significant modifiers of the relationship between colorism and stress. The multiple regression analysis revealed a significant interaction between maladaptive coping and colorism ($\beta_{\text{interact}} = 0.0228$ $p = 0.0130$) (Figure 5) but not for adaptive coping.

Universally lighter participants engaged more frequently with coping strategies than their darker skinned counterparts. There were recorded differences in utilization across the following adaptive coping categories: active coping, planning and acceptance. In parallel lighter participants also utilised the following maladaptive strategies in greater

proportions: self distraction, venting and self blame. Even though lighter participants engaged in more coping behaviors there was no effect reflected in overall stress score.

Table 1. Description of the sample according to self identified skin color

Characteristic	Skin Color		p ^c	
	Dark (N = 26) ^b	Light (N = 28) ^b		
Age (years)			0.239	
	18-24	2 (7.7)	8 (28.6)	
	25-34	7 (26.9)	9 (32.1)	
	35-44	7 (26.9)	5 (17.9)	
	45-54	5 (19.2)	2 (7.1)	
	55+	5 (19.2)	4 (14.3)	
Education			0.132	
	No Schooling	0	0	
	Primary Elementary School	0	2 (7.1)	
	Composite School	0	0	
	Secondary School (Forms 1 to Upper 5, no CXC'S)	5 (19.2)	3 (10.7)	
	Secondary School (Forms 1 to Upper 5, with CXC qualifications)	2 (7.7)	5 (17.9)	
	Secondary School (Form 6, no CAPE or 'A' levels)	0	0	
	Secondary School (Form 6, with CAPE or 'A' level qualifications)	0	3 (10.7)	
	Community College (Assoc. Degree)	9 (34.6)	4 (14.3)	
	Technical/ vocational/ teachers training college	4 (15.4)	1 (3.6)	
	University of college (Bsc, BA, B.Ed, MBBS, LLB)	3 (11.5)	8 (28.6)	
	Master's degree (MA, MSc, Mphil, MPH, LLM)	1 (3.9)	1 (3.6)	
	Professional degree (DM, MDDS, JD)	1 (3.9)	1 (3.6)	
	Doctoral degree (PhD, EdD)	1 (3.9)	0	
Income			0.7583	
	Less than \$866	5 (19.2)	10 (35.7)	
	\$866 to \$2,166	8 (30.8)	7 (25.0)	
	\$2,167 to \$4333	6 (23.1))	5 (17.9)	
	\$4,334 to \$5,633	4 (15.4)	2 (7.1)	
	Over \$5,633	2 (7.7)	3 (10.7)	
Perceived Stress Score		21.8 ± 4.58	21.5 ± 5.4	0.83

^a Table values are mean ± SD for age and n (column %) for categorical variables.

^b Percentages may not sum to 100% due to rounding.

^c P-value is for t-test or χ^2 test as appropriate for continuous and categorical variables, respectively

Table 2. Self Reported Health

	Skin Color		p ^c
	Dark (N = 26) ^a	Light (N = 28) ^a	
Physical Health	2.79 ± 0.8	3.15 ± 1.1	0.725
Mental Health	2.79 ± 0.9	2.88 ± 1.3	0.096
Heart Attack	3.33 ± 1.2	2.52 ± 1.3	0.026
Stroke	3.08 ± 1.2	2.26 ± 1.4	0.050
HBP	3.63 ± 1.6	3.11 ± 1.5	0.500
Diabetes	2.58 ± 1.3	2.41 ± 1.2	0.148
Quality of care	2.29 ± 1.0	3.04 ± 0.8	0.132

^a Table values are mean ± SD for age and n (column %) for categorical variables.

Table 3. Linear regression with Perceived stress score as the response variable

Explanatory variable	Regression plot equation	R ² (adjusted)	F statistic	P value
Colorism	29+ 0.08 x	-0.0007	0.9638	0.3312

Table 4. Linear regression with colorism experience as the response variable

Explanatory variable	Regression plot equation	R ² (adjusted)	F statistic	P value
Adaptive	87 + 0.04 x	-0.0211	0.0898	0.7659
Maladaptive	85 + 0.12 x	0.0097	0.4211	0.5199

Table 5. Multiple Regression with response variable: PSS Score

Explanatory variable	Regression Coefficient	P value
Colorism	-0.2132	0.548
Adaptive	-0.0926	0.903
Colorism*Adaptive	0.0032	0.703

Table 6: Multiple regression with response variable: PSS Score

Explanatory variable	Regression Coefficient	P value
Colorism	-0.5699	0.0104
Maldaptive	-1.5099	0.0602
Colorism*Maladaptive	0.0228	0.0130

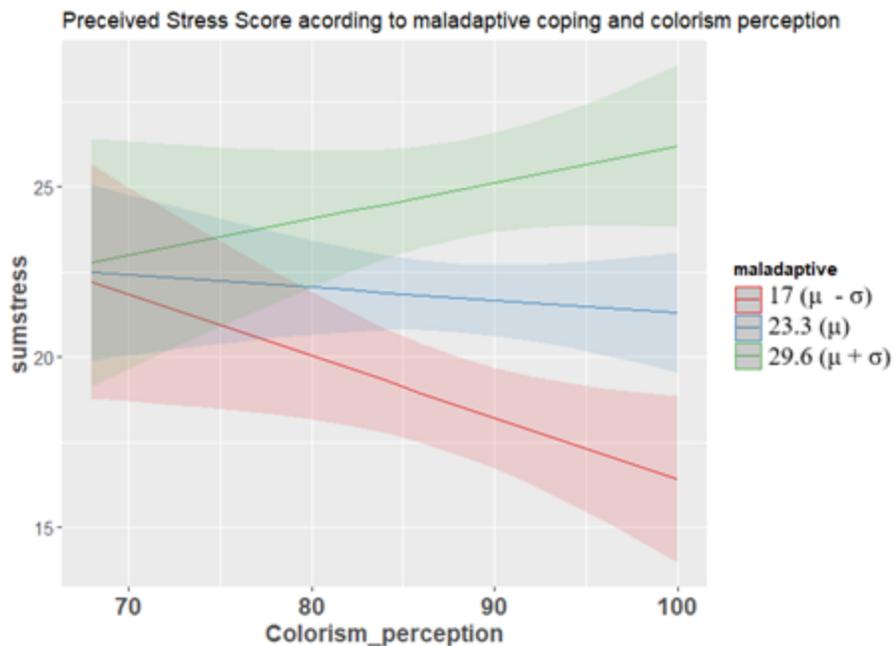


Figure 3. Model built to show how maladaptive coping modifies the relationship between colorism perception and perceived stress. Legend displays collected mean +/- 1 SD.
 Beta significance: pcolorism=0.01, pmaladaptive=0.06, pinteraction=0.01 R Squared= 0.4916 p <0.001

Table 7. Coping according to self identified skin color^a

Brief coping style	Skin Color		p ^c
	Dark (N = 26) ^b	Light (N = 28) ^b	
Maladaptive	23.1 ± 6.4	29.0 ± 4.1	0.025
Self Distraction	5.1 ± 1.7	6.0 ± 0.7	0.049
Venting	4.4 ± 2.1	6.8 ± 1.3	0.010
Self-blame	4.3 ± 2.0	6.0 ± 1.2	0.031
Denial	3.8 ± 1.9	3.6 ± 2.2	0.847
Behavioral disengagement	3.4 ± 1.9	4.2 ± 1.9	0.432
Substance abuse	2.3 ± 0.6	2.6 ± 0.9	0.464
Adaptive	39.8 ± 10.3	53.0 ± 2.6	<0.001
Active Coping	5.2 ± 1.7	6.7 ± 0.6	0.020
Planning	5.4 ± 1.8	7.4 ± 0.5	<0.001
Acceptance	5.3 ± 1.9	7.0 ± 1	0.015
Use of instrumental Support	4.8 ± 1.9	6.2 ± 1.5	0.109
Use of emotional support	5.0 ± 1.9	6.2 ± 0.8	0.229
Positive Reframing	5.0 ± 2.0	6.0 ± 2.3	0.404
Humor	3.4 ± 1.6	5.0 ± 2.2	0.239

Table 8. In Group Colorism Scale

Characteristic	Skin Color		p ^c
	Dark (N = 26) ^b	Light (N = 28) ^b	
In Group Overall	88.0 ± 8.5	95.5 ± 2.6	0.002
Self-concept	17.1 ± 2.5	18.6 ± 1.9	0.017
Impression Formation	17.4 ± 2.5	18.8 ± 1.1	0.042
Affiliation	17.8 ± 2.2	19.3 ± 1.0	0.043
Attraction	18.1 ± 2.4	19.4 ± 0.9	0.027
Mobility	17.8 ± 2.2	18 ± 1.4	0.756

Rounding notes: Round means, SD and percentage to 1 SD
 OR and 95% CI to 2 SD
 Beta, SE and p values to 3 decimal places

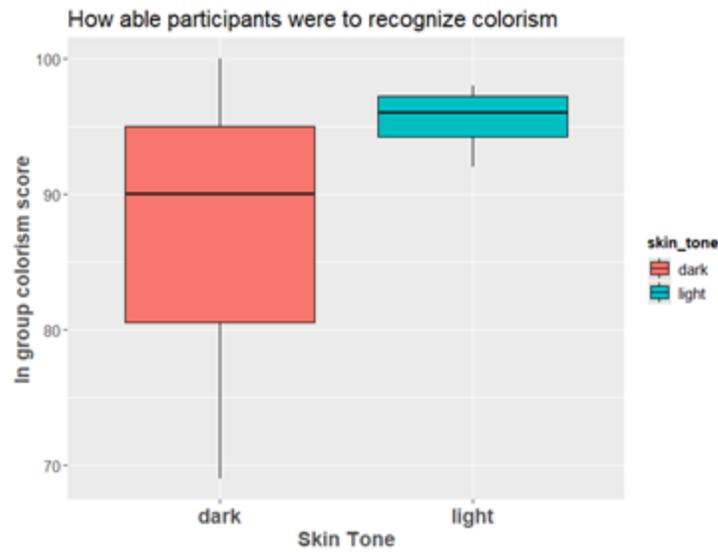


Figure 4. Standard box plot of the In Group Colorism Scale (ICS) across skin tone categories.

Qualitative

Objective 1: Colorism's place

The wealth of anecdotes collected in this study present the case that colorism has manifested at multiple points across Barbadian womens' timelines; however, the lack of language or acknowledgement make articulation and explanation of patterns of colorism difficult. Participants acknowledge the existence of colorism through multiple means. The existence of a "pigmentocracy" had a strong class association and was amorphous. The qualitative findings mesh with the quantitative statistics of lighter individuals having higher in group colorism scores, as their articulation of a latent system were more frequent. Lighter respondents more frequently spoke of antagonism and a sense of being othered (both positively and negatively), and this heightened awareness of skin color and place was reflected in the IGS score. A prevalent trend across interviews was the othering language when describing trends in Barbados: participants across the board were initially resistant to use "I" statements but through the duration of interviews spoke more candidly and took ownerships over views.

Deep societal instillation complicated by latency

"Well aint nobody be studying this or like you know all about racism. Aint nobody be studying it."

"I don't think my grandmother knew the word colorism. My mother, even though she is young, she's 60 something, she doesn't know what colorism is. I think she thinks it's racism. Because she doesn't even see it, she thinks it's normal."

"I think that people at least got accustomed to hearing that, so we think it's just jokes. And really in my mind, I think it's just a joke. So, they are like, "Oh, you real black" and if, nobody will never tell you, "You're too red-skinned, you're too brown-skinned." Everybody will say, "You're all black, you're too black." So I just think that it best be a joke."

“it's just like a laughing sport. It's just a joke, but not really conversations like that. They might just say like, "Oh ..." Well not to me. They tell my sister because she's dark, really dark. They might say, "You're real black," or, "You're real black and ugly." Or "Your nose, real big. You come from Africa. You're real black." Like that. “

Systematic overlaps with race and class

“Persons in Barbados, according to where you see yourself in society, what you think you have, and some people do depend on skin color and it's inculcated into them because there's a certain section, they're not black, they're not white, they're black of course, but they think they are more towards that end because they have the money to live in certain areas. So therefore they will tend to look down on the persons who are darker skin and may not have as much as them.”

Suspicion of antagonism

“But, I find that men deal with me better than women... And you know how females tend to deal with other females. I find that dark skin females are ... Females in general just want to look at people and judge them “

“I don't wish to be lighter or darker. I would not like to be darker, that's the honest to god truth. Because, I like my skin complexion. Yeah, I like it. I just don't want to be two-toned. I just want to be one complexion but ... A lot of people would not be attracted to me in relationships. Because I hear guys told me before, "If you was darker, I would not talk to you." I'm like, "Yeah." They must tell you, like as at last week my boyfriend tell me, "If you was darker, I won't date you.”

Profound skin realization arcs from childhood

“Yeah, very different. Even up to this day, she's 28 and I am 21 and we still don't see eye to eye, and I feel it's because of that. Because my mom treat me different from her, honestly. I do see it. I do see it. Yeah, so things that I may get away with, she may not. Understand? My mother might be more strict on her than me. So, she'd feel a bit angry about that. She might treat me different, which ain't got nothing to do with the situation. You see?”

“And I was dark I never got picked, never had no prefect badge or form captain badge. It is a thing, the girls with the longer hair and the prettier, clearer skin ones will be the ones that get picked. To do stuff to represent the school, and this starts in primary school”

“As I said in years and experience, in the younger years, I felt panic and fear complex about it, because I did not have the experience. Through my younger years of where we hear people speaking, “Oh black people this, black people that, black people that.” Of being in a low order them black people and you did not have the experience or the knowledge of knowing anything. You always think of yourself as very negative... I was walking the street, and, well I was walking in the street, I was going to through the city. “Oh my gosh, she’s so black.” So it had me with the inferior. Instead of walking the front row as I would always want to find a back alley or back way to get home or not to be in a crowd. But after I’d got a certain age of like 20, 21 and they understand the beauty that I had, and shit that I have.”

Objective 2 - Uptake of Coping strategies

Participants described multiple challenges in outward community engagement and withdrawal was a common coping pattern. They described the complexity of challenges to connect and build trusting partnerships. Several participants described the solace and immense place of religion in their world outlook. In terms of coping there were intense modes of calculation and risk assessment when figuring how to best manage stress. Most of the practicality algorithms crafted by participants revolved around time constraints, familial obligation and financial resources as deciding factors. There was a recurring disdain for control or feeling obliged to undertake certain strategies emphasising a desire for autonomy and agency. In summary, participants described the search for appropriate stress relief with an intense complexity and consistent patterns of isolation prevailed.

Yearning for similarity

“I just wish that somebody understand how it feel. I guess the only people that understand how you feel is somebody that had went through it. You understand?”

“I just get frustrated and don't talk and just talk to god. Because, ain't nobody else to talk to really. Yeah, and if sometimes, you might share part of the story with somebody, like my best friend. You might not share all. You're not ready to share that part.”

Difficulty disrupting patterns of isolation/ trust formation skepticism

“No it's not easy at all because sometimes you don't want to confuse people with your own problems. Because everybody have problems. Then sometimes you don't know who to trust. then sometimes you might think some people will look at you, like if you're stupid. Yeah.”

“I sink into a shell. I will stop speaking to you. I will try to look for a way to pause communication. Even if it is to like change my cellphone number. I just run from the situation. I don't like handle it. I either do that, or I get really angry and say the wrong thing, that then put me in trouble. So if I know the situation going to be stressful, I just avoid it. And that is probably why I am like antisocial life. I don't talk to people. So I just run”

“If you say you love somebody and this body know you aint got no where to go. And your family aint want nothing to do with you. Then you now go see this as an an opportunity to take advantage of you. Because “ you know what i take advantage of she because i can do anything to she, cause she aint got no where to go. So if i beat she today, she gon be back ;ate cause she aint got no place to go. If she get a man, I stil gon find she is. Tell her what she do. No matter cause she cant turn to she family. Her family dont want nun to do cause of me. So then basically I make up at square one. With nothing”

Suspicious about institutions

“I just do me. I know any doctor are now quite afraid to give medication. But if I'm the patient and I tell you what going on with me. You aren't even hearing me. Because you don't got any respect for me”

“It's a public service. And they have to see a certain amount of people by a certain time. So you don't really get to sit down and talk. And then the questions are repetitive. I can answer them before they ask me. I just go to get the medication. I don't sit down and do the interaction again. Tablets now. But I was on the injection. But I could tell you, they ask, "You hearing voices? You eating? You sleeping? You feel in danger? You think anybody can harm you?" So my medical clinic, no way. I don't stand a long time. I answer questions before they ask me. Get my prescription. And come along. Because it ain't really helpful. And I say that they aren't helpful, what I'm saying to you is by talking to so much different people, everybody you meet, you getting a new story over and over again. And then these people that you talk to, they will see you in the hallway and they will pass you. Even though you come and you share your most personal information with them.”

Discussion

This study illustrates that conventional understandings of racial stigma may not be transposed onto colorism. From the wide array of language uncovered in the qualitative portion of this study, it appears that Barbadians have a more nuanced way of understanding the value of skin color with heavy variation and context specificity. The quantitative finding of lighter individuals upholding coloristic values more strongly supports previous evidence of their structural beneficence. However the domain of mobility was not consistent, meaning that today there is a perceived equal possibility for both light and dark participants to be visibly mobile in society. This was a promising divergence and complements the qualitative conceptual code of skin realization arcs. The majority of participants recounted understanding the value of skin color during childhood either at school or from their maternal figures; those cycles are then repeated or painfully challenged throughout their womanhood. Educators and caregivers can implement results of this study in early childhood development programming. However, in order to capture the value of skin color precisely, a set of context-specific qualitative questions should be explored in future.

Stigmatized persons are previously cited as experiencing ego defenses and external locus of control (Crocker & Major, 1989). Therefore it is important for care protocols to be centered in the creation of self autonomy and constant rearticulation. The conceptual theme relating to institutional suspicion can be directly linked to this loss of center. The selected study setting of the women's shelter may limit the amount of choice participants felt and contributed to this finding.

Only maladaptive coping behaviors were found to be significant modifiers of the relationship between colorism and stress. This finding aligns with modern psychopathology knowledge and cements the need to reform intimate partner violence support strategies (Aldao, 2011). From the data collected no linear relationship exists between colorism perception and stress. However maladaptive coping behaviors alter the association between colorism perception and stress ($\beta_{\text{interact}} = 0.0228$ $p = 0.0130$) (Figure 5). This interaction brings novel evidence to epistemological understandings of skin color. The way individuals process the world around them is therefore a highly dynamic interplay between concepts of skin color and behavior.

In previous abnormal psychology work it was suggested that coping strategies be observed at multiple time points and regardless of study design maladaptive coping is most predictive of psychopathology symptoms. This explains our finding of lighter participants enlisting a greater volume of both adaptive and maladaptive coping strategies. A growing line of research asserts that the application of duality frameworks (ie maladaptive vs adaptive) in how women cope with IPV underestimates situational complexity, and resource availability (Hamby, 2007). The application of relevant coping strategies therefore should be assessed longitudinally.

Women who self-reported having lighter skin tones, had higher internalised colorism scores (88 vs 95 $p = 0.002$) but no difference in proportion reporting high versus moderate stress ($p = 0.83$). From this we can infer that the relationship initially proposed in Figure 1 is more complex than our utilized scales could capture cross sectionally. Darker participants reported greater risk perception of heart attacks and stroke in the near future. Subjective health assessments such as these have confirmed predictive value and are cause for early

intervention (Miilunpalo, 1997). Cumulatively, this intra-racial disparity serves as a future direction of epidemiological research.

Conclusion

There were no significant demographic differences between the light and dark respondents yet variations in stress coping, perceived risk of chronic disease and skin tone attitudes were found. A multiple regression analysis further revealed a significant interaction between maladaptive coping and colorism, such that the effect modification seen in this study leads us to conclude that the colorism and stress relationship is shaped by how individuals choose to cope. Further conclusions on this topic would require a larger sample size and an updated colorism scale to encapsulate the nuance that emerged from the qualitative segment. The interviews were rich with information but universally highlighted that youth, primarily maternal relationships and childhood remain strong locations for how women understand the world. The unspoken but lived experiences of colorism complicates the existence of black Barbadian women in ways that, although paralleled in different colonized spaces, are distinct.

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Appendix

Qualitative Analysis Code Book

Colorism related (Objective 1) Coping related (Objective 2)

Broad Category	Subcode	Example
Differentiation/ othering		
	Language shortcoming	<i>Red skin, you're light skin, or whatever. But, being light skin or brown skin doesn't mean that you're not black.</i>
	Self definition	<i>I would describe myself as being brown skin</i>
Dismissing colorism		<i>Barbados doesn't have the resources to help people get where they want to be. On the aspiration point of view, they don't help enough. So I don't think it's got anything to do with color, I do</i>
Global comparison		<i>And it is very prevalent in Barbados and it is also prevalent in Jamaica, where I studied. In Trinidad, there was more racism because it is multiracial</i>
Latency		<i>Well aint nobody be studying this or like you know all about racism. Aint nobody be studying it.</i>
Overlap with race		<i>They don't want to be sitting... white wannabees. They don't identify themselves with black people.</i>
Recognition		<i>Colorism is very real, especially in Barbados</i>
	Childhood realisation	<i>The teachers would treat students that are lighter-skinned better</i>
	Class association	<i>With lighter skin.. You were perceived as being richer or being brighter</i>
	Deeper importance	<i>we in a world where we don't accept ourselves</i>
	Desirability	<i>A lot of people would not be attracted to me in relationships. Because I hear guys told me before, "If you was darker, I would not talk to you."</i>
	Finance	<i>And when you got a certain standing in society too you be more important to people,</i>
	Gender roles	<i>If a women feel, you look better than her, she will treat you different. But men, I just think that most men treat each other really equally</i>
	Historical basis	<i>I see a lot of our people, especially black people has learn to hate from slavery</i>
	Media	<i>I just think that it keep being put in your face more. People with lighter complexions just keep in your face all the time. Like the website Fashion Nova, right</i>
	Consideration	<i>I feel if I was dark-skinned too, I wouldn't be comfortable in my own skin.</i>
	Social	<i>People is think when you have a lighter color, you're just get through</i>

	Mobility	<i>in life. You may get a better job and stuff like that</i>
Light Experience		
	Disdain	<i>. Pertaining to women, when women see me in government or if I go to an office or just anywhere in general, I will get a like a stink face or a bad look.</i>
	Lighter benefit	<i>prestigious stores in Bridgetown where they used to employ persons based on their skin color</i>
	Negative attention	<i>I feel that Barbadians think that light skinned persons are unmannerly</i>
Dark Experience		
	Punishment	<i>They tell my sister because she's dark, really dark. They might say, "You're real black," or, "You're real black and ugly." Or "Your nose, real big. You come from Africa. You're real black."</i>
	Suspicion	<i>She was dark skinned. She was searched and no one else was searched. So the only thing I could come to was the skin color, what they said they were just doing random check</i>
Challenge		
	Control	<i>I like to have the ability to choose. I don't like when my choices are taken away from me.</i>
	Isolation	<i>I feel I've got so much to offer. But because of the stigma associated with it, nobody don't really listen, because, to me, it'll be like, "She's mental." Or, "She's a madman."</i>
	Limited community	<i>So i have no one to turn to, no one as a friend. You understand. So i end up here. So when its my turn to left, am i gonna go. I aint got no job i aint got no finacnials no nothing. How am i going tot be able to... live</i>
	Feelings of disregard	<i>Some person that make you feel that you are inferior, or you're this or that. You are not capable or whatever. Some person that always would put you down</i>
	Rejection cycles	<i>When you explain to them, you got hurt before, and then come on saying things, it's like them don't care</i>
Future Orientation/ Outlook		
	Motivations	<i>Like, when you got a good amount of money in hand, you just feel- I just feel good, like people say, "You don't want love, you don't want this," I could do without them things. I want money. Money would make me happy to be honest</i>
	positive framing	<i>Of course, disappointed if things not going my way. But, I always say that a major setback ... A minor setback is a major comeback.</i>
	Value judgement	<i>Its better than going back to the perpetrator. And now he kill me now for sure and I cant live to see my children grow</i>
Recognition		
	Bigger systems	<i>Dealing with stress is real hard. It takes a lot from you.</i>

	Self criticism	<i>I made a lot of mistakes. Because, I really don't like to face a problem. I just do wrong things.</i>
Strategy		
	Calculation	<i>I could either completely snap and let you have it verbally. Or I retreat to a shell and just be on the phone and tell everybody what happened. And quarreling about it. So it depends.</i>
	Imagination	<i>. Yes you're distancing yourself, but that is my way of coping, because I'm thinking that if I think about things that are close.</i>
	Outward engagement	<i>helping one another, directing one another, show you what is your purpose and who you are and what you are</i>
Responses		
	Anger	<i>I get very irritable and uhm I would sometimes I would verbally abuse people</i>
	Withdrawal	<i>I'm not always the best person to be around. I get depressed, I get miserable. I get frustrated with things. Sometimes I get to a place where I'm like " right I don't want anyone around me. Leave me alone. Go away</i>
Tools		
	Support Network	<i>I have a son so I generally like to do things with him. So. Every time I'm off every opportunity I get.</i>
	Religion	<i>I just get frustrated and don't talk and just talk to god. Because, ain't nobody else to talk to really.</i>
	Arts	<i>you may be hearing this song for many years and not paying any mind, but as you sit and listen to the words it makes you smile and bring back something, pleasant memories</i>
	Nature	<i>The beach is divine. That breezy feeling and that sand underneath you</i>

Survey- An investigation of colorism and stress coping behaviors in Bajan women

Record ID _____

Where were you born?

Barbados Other

Age

- 18 - 24 years old
- 25 - 34 years old
- 35 - 44 years old
- 45- 54 years old
- 55+ years old

What is the highest year of school that you COMPLETED?

- No schooling
- Primary/ Elementary School
- Composite School
- Secondary School (Forms 1 to Upper 5, no CXC'S)
- Secondary School (Forms 1 to Upper 5, with CXC qualifications)
- Secondary School (Form 6, no CAPE or 'A' levels)
- Secondary School (Form 6, with CAPE or 'A' level qualifications)
- Community College (Assoc. Degree)
- Technical/ vocational/ teachers training college
- University of college (Bsc, BA, B.Ed, MBBS, LLB)
- Master's degree (MA, MSc, Mphil, MPH, LLM)
- Professional degree (DM, MDDS, JD)
- Doctoral degree (PhD, EdD)

What is your monthly income from all sources (in Barbados dollars)?

- Less than \$866
- \$866 to \$2,166
- \$2,167 to \$4333
- \$4,334 to \$5,633
- Over \$5,633

In general, how would you rate your physical health?

- Poor
- Fair
- Good
- Very good
- Excellent

In general, how would you rate your mental health, including your mood and your ability to think?

- Poor
- Fair
- Good
- Very good
- Excellent

What would you say is your current risk of heart attack:

- No risk
- Very low risk
- Low risk
- Moderate risk
- High risk
- Very high risk

What would you say is your current risk of stroke:

- No risk
 Very low risk
 Low risk
 Moderate risk
 High risk
 Very high risk

What would you say is your current risk of high blood pressure:

- No risk
 Very low risk
 Low risk
 Moderate risk
 High risk
 Very high risk

What would you say is your current risk of diabetes:

- No risk
 Very low risk
 Low risk
 Moderate risk
 High risk
 Very high risk

Have you EVER been told by a doctor or other health professional that you had any of the following heart conditions? (Check all that apply)

- Coronary heart disease (blockages of vessels in the heart)
 Angina, also called angina pectoris
 An abnormal heart rhythm (for example atrial fibrillation)
 A heart attack (also called myocardial infarction)
 (Congestive) heart failure
 High Blood pressure or hypertension
 Pre-Hypertension
 Coronary Heart disease (blockages of vessels in the heart)
 Abnormal heart rhythm (for example atrial fibrillation)
 Congestive heart failure
 Diabetes
 End-stage renal disease
 None of the above

In the past 12 months, how many times have you visited a place for routine care?

How many times in the past 12 months, have you visited an emergency room care?

Overall, how would you rate the quality of care that you received at your main health center?

- Poor
 Fair
 Good
 Excellent

Do you smoke cigarettes, cigars, or tobacco pipe regularly?

No Yes

How many cigarettes have you smoked in the past month?

Do you currently use marijuana (ganja) or hashish or hash oil?

No Yes

Do you currently drink alcohol?

No Yes

Considering all types of alcoholic beverages, how many times during the past 30 days did you have four or more drinks on an occasion? _____

The next questions will ask about your feelings and thoughts during the last month. In each case, you will be asked to indicate by selecting how often you felt or thought a certain way.

	Never	Almost never	Sometimes	Fairly often	Very often
In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>				
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>				
In the last month, how often have you felt nervous and "stressed"?	<input type="radio"/>				
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>				
In the last month, how often have you felt that things were going your way?	<input type="radio"/>				
In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>				
In the last month, how often have you been able to control irritations in your life?	<input type="radio"/>				
In the last month, how often have you felt that you were on top of things?	<input type="radio"/>				

In the last month, how often have you been angered because of things that were outside of your control?

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

We want to know to what extent you've been doing the following. How much or how frequently. Don't answer on the basis of whether it seems to be working or not-just whether or not you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

***These prompts refer to the circumstance or relationship that lead you to this organization**

	I haven't been doing this at all	I've been doing this a little bit	I've been doing this a medium amount	I've been doing this a lot
I've been turning to work or other activities to take my mind off things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been concentrating my efforts on doing something about the situation I'm in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been saying to myself "this isn't real."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been using alcohol or other drugs to make myself feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been getting emotional support from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been giving up trying to deal with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been taking action to try to make the situation better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been refusing to believe that it has happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been saying things to let my unpleasant feelings escape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been getting help and advice from other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been using alcohol or other drugs to help me get through it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been trying to see it in a different light, to make it seem more positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been criticizing myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been trying to come up with a strategy about what to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been getting comfort and understanding from someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been giving up the attempt to cope.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I've been looking for something good in what is happening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been making jokes about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been doing something to think about it less, such as watching TV, reading, daydreaming, sleeping, or shopping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been accepting the reality of the fact that it has happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been expressing my negative feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been trying to find comfort in my religion or spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been trying to get advice or help from other people about what to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been learning to live with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking hard about what steps to take.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been blaming myself for things that happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been praying or meditating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been making fun of the situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use the type numbers listed on the following chart to answer the next questions.



	Type I	Type II	Type III	Type IV	Type V	Type VI
What would you categorize your skin color?	<input type="radio"/>					
What skin color would the majority of people in your nuclear family be (ie parents and siblings)?	<input type="radio"/>					
	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree	
My skin tone is an important part of my self-concept	<input type="radio"/>					
My skin tone is an important component of who I am.	<input type="radio"/>					
My skin tone affects my self-esteem	<input type="radio"/>					
My skin tone is a big part of my identity	<input type="radio"/>					
You can tell a lot about a person by their skin tone	<input type="radio"/>					
People with lighter skin tone tend to be more pleasant people to deal with	<input type="radio"/>					
Dark-skinned people are more difficult to work with	<input type="radio"/>					
There are real differences between light skin and dark skinned people	<input type="radio"/>					
I'm usually uncomfortable being around people who are a certain skin tone	<input type="radio"/>					
Most of my friends tend to be the same skin tone	<input type="radio"/>					
I usually choose who I'm going to be friends with by their skin tone	<input type="radio"/>					
The majority of my current friends are the same skin tone as me	<input type="radio"/>					
I'm primarily attracted to people of a certain skin tone	<input type="radio"/>					
I prefer light skin over dark complexion skin when choosing romantic interests	<input type="radio"/>					
I prefer a romantic partner who has the same skin tone as me	<input type="radio"/>					

Lighter skin tone makes others more attractive	<input type="radio"/>				
Even if you work really hard, your skin tone matters most	<input type="radio"/>				
Skin tone plays a big part in determining how far you can make it	<input type="radio"/>				
Skin tone effects how much money you can make	<input type="radio"/>				
If you want to get ahead, you have to be the right skin tone	<input type="radio"/>				

How often have any of the following things happened to you as a result of skin tone?

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy or respect than other people.	<input type="radio"/>					
You receive poorer service than other people at restaurants or stores.	<input type="radio"/>					
People act as if they think you are not smart.	<input type="radio"/>					
People act as if they are afraid of you.	<input type="radio"/>					
You are threatened or harassed	<input type="radio"/>					

Reflecting on the previous experiences, how often do you think the treatment is related to your complexion?

- Never
- Seldom
- Sometimes
- Often
- Always

To which racial or ethnic group or groups would you say you belong? (Check all that apply)

- White
- Black or African
- Caribbean
- Asian (e.g. Japanese, Chinese, Laotian, Thai, Pakistani, Cambodian)
- East Indian
- Hispanic or Latino
- Mixed or multi-racial
- Other