



The Effect of Perceived Racial Discrimination on Aggression

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ABSTRACT

Racial discrimination is back as a hot topic. Although studies documented that racial inequality negatively influences racial minorities, the relationship between perceived racial discrimination and aggression is unclear. Therefore, this study aims to explore the impact of perceived racial discrimination on aggression in Malaysia. A total of 136 adults responded to an online survey consisting of the Brief Perceived Ethnic Discrimination Questionnaire-Community Version (Brief PEDQ-CV) and Aggression Questionnaire 12 (AQ-12). Correlation analysis found positive relationships between subscales of perceived racial discrimination (Exclusion, Workplace Discrimination/Discrimination at school, Stigmatisation, Threat and Harassment, & Police) as well as aggression (Physical Aggression, Verbal Aggression, Anger, & Hostility). The Police subscale, however, was only associated with Physical Aggression. Gender differences were found in Physical Aggression, with males scoring higher than females. Multiple regression analyses showed that Exclusion has impact on both Anger and Hostility. The findings of this study contribute to relevant literature by showing that people become angry and hostile when they are being racially excluded. The results also highlight the importance of racial equality in individual well-beings in addition to creating awareness of racial discrimination in Malaysia.

Keywords: Racial discrimination, aggression, exclusion, gender differences, Malaysia

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INTRODUCTION

Racial discrimination includes making false accusations on members of races perceived to be inferior, limiting the access and quantity of resources for minorities, and dismissing contributions by minorities (Sanson et al., 1998).

Despite efforts to understand perceived racial discrimination (PRD), most of the studies emphasized the negative impact of PRD on physical health (e.g., Borrell, Kiefe, Diez-Roux, Williams, & Gordon-Larsen, 2013) and mental health (e.g., Carter, 2007; Coker et al., 2009; Lowe, Okubo, & Reilly, 2012). Little attention has been given to the relationship between PRD and aggression (Beal, O'Neal, Ong, Ruscher, 2000). Hence, the relation between PRD and aggression is not clear, though racial discrimination manifests itself in physically aggressive manners (e.g., taunt) and verbally aggressive manners (e.g., racial slurs) (Sangalang, Chen, Kulis, & Yabiku, 2015).

This study investigated the effect of PRD on aggression in Malaysia, a multiracial country that consists of Malays, Chinese, Indians, and other indigenous people (e.g., Iban, Kadazan). Unlike past studies, we examined the impact of each facet of PRD (e.g., Exclusion, Workplace Discrimination/Discrimination at school) on various aspects of aggression (e.g., Physical Aggression, Hostility). It is expected that the results can provide greater knowledge of the influence of PRD on aggression. Specifically, the results may clarify whether both young and working adults who experienced racial discrimination behave aggressively in a specific dimension. The findings highlight the negative impact of PRD and encourage more studies to be done on PRD.

Perceived Racial Discrimination

PRD refers to one's experiences of receiving negative attitudes, judgment, or unfair treatments by others due to one's racial identity or skin colour (Pascoe & Smart Richman, 2009). These experiences are manifested in quotidian situations, such as being ignored while queuing up or being mistaken as a server (Banks, Wood, & Spencer, 2006). PRD is crucial to be discussed because it is wholly based on one's perception towards an incident and it might not reflect the actual event or the intention of the perceived perpetrators.

Past studies have shown that PRD is positively associated with traumatic stress (Carter, 2007; Lowe et al., 2012), anxiety (Carter & Forsyth, 2010; Gibbons et al., 2014), depression (Cheng & Mallinckrodt, 2015; Triana, Jayasinghe, & Pieper, 2015), hostility/anger (Gibbons et al., 2014), and substance abuse (Brodish et al., 2011; Otiniano Verissimo, Grella, Amaro, & Gee, 2014). A meta-analysis study (Pascoe & Smart Richman, 2009) on the impact of PRD indicated that PRD has negative effects on physical health (e.g., cardiovascular disease, diabetes, nausea, pain, & headaches), mental health (e.g., depression, anxiety, psychosis or paranoia, stress, & post-traumatic stress) and general well-being (e.g., lower self-esteem, lower life satisfaction, quality of life, & low happiness). Taken together, PRD has a negative impact on mental health (Coker et al., 2009). Furthermore, mental health (e.g., depression) was found to have an impact on aggression (Özdemir, Kuzucu, & Koruklu,

2013). Therefore, it is reasonable to assume that there is a positive relationship between PRD and aggression.

Aggression

Researchers (e.g., Bushman & Huesmann, 2010; Geen, 2001; Krahe, 2013) generally agreed that aggression is a cluster of behaviours that are conducted with the intention of harming and injuring others who evade such treatments (Baron & Richardson, 1994). Aggression should not be confused with violence. Violence is a type of aggression with the intention of causing extreme harm such as death/murder (Anderson & Bushman, 2002; Anderson & Huesmann, 2003). Other researchers (Buss & Perry, 1992; Baron & Richardson, 1994; Geen, 2001; Anderson & Huesmann, 2003) emphasised that aggression involves a cluster of components, such as physical, verbal, affective/anger, hostile, instrumental, proactive, and reactive aggression.

Buss and Perry (1992) developed the Aggression Questionnaire - 29 items to measure the physical, verbal, emotional (i.e., anger), and cognitive (i.e., hostility) aspects of aggression. In regards to Physical Aggression and Verbal Aggression, the behavioural components of aggression comprise of direct (e.g., physical assault onto others or fights, scolding or insulting others) and indirect methods (e.g., talking behind one's back) of harming, injuring, or hurting others (Buss & Perry, 1992; Bryant & Smith, 2001). Anger, which is the emotional/affective component

of aggression explains the preparation/intention to harm another in the midst of provocation (Bryant & Smith, 2001; Anderson & Huesmann, 2003). The cognitive component of aggression, Hostility, constitutes perceived unfairness and feelings of bitterness (Bryant & Smith, 2001).

Perceived Racial Discrimination and Aggression

Many studies found a positive correlation between PRD and aggression (Nyborg & Curry, 2003; Flores, Tschann, Dimas, Pasch, & De Groat, 2010; Borrell et al., 2013).

Brody and colleagues (2006) conducted a longitudinal study to examine the relationship between PRD, physical well-being, and mental well-being among adolescents. The researchers found a positive relationship between PRD, conduct problems (e.g., physical assault, cruelty to animals), and depressive symptoms. Similarly, Nyborg and Curry (2003) found a positive relationship between PRD and externalising (e.g., fighting) and internalising symptoms (e.g., hopelessness, low self-confidence) among African-American children and adolescents. Another study, Flores et al. (2010) examined the impact of PRD on health risk behaviours among Mexican-American adolescents and they found that PRD predicted engagement in fights, alcohol abuse, and post-traumatic stress.

Studies have also found that PRD has a negative effect on the emotional

and cognitive components of aggression. Mills (1990) conducted an experiment to investigate the emotional reactions of African-Americans and White Americans after watching videos that contain racist incidents. Results showed that both African and White participants reported high anger and anxiety after watching the video. The findings implied that participants of both races equally experienced anger when they rated the video as PRD. Likewise, Swim, Hyers, Cohen, Fitzgerald, and Bylsma (2003) examined quotidian discrimination events experienced by African-Americans in a predominantly European-American university using a daily diary format. The undergraduates reported feelings of anger and being threatened when they experienced racial discrimination. Pittman (2011) examined the role of anger in racial discrimination among African-Americans. Male African-Americans were reportedly using active anger (e.g., confrontation) as a coping strategy in order to cope with daily stressful racism-related incidents.

Gibbons et al. (2010) examined the impact of PRD on substance abuse. The researchers found that PRD indirectly influenced substance abuse through hostility. Therefore, people tend to be hostile when experiencing racial discrimination. A hostile feeling, in turn, increases substance usage. In a follow up study, Gibbons et al. (2014) found that PRD increased internalising reactions (i.e., anxiety and depression) as well as externalising reactions (i.e., hostility). These two types of affective reactions, in

turn, predicted substance use and physical health status. Taken together, PRD is associated with aggression in the midst of perceived racial discrimination. Therefore, aggression (e.g., Anger, Hostility) may be the channel for individuals to relieve the discomfort of experiences of racial discrimination (Chao, Mallinckrodt, & Wei, 2012).

A recent study by Umaña-Taylor (2016) reviews past empirical works on protective factors and negative consequences of racial discrimination among racial minority individuals. The study reported that individuals who experienced perceived racial discrimination events are more likely to have behavioural problems, such as aggressive behaviours and substance abuse. Additionally, Unnever, Cullen, and Barnes (2016) examined the longitudinal changes induced by perceived racial discrimination experiences amidst African-Americans youths. Results showed that perceived racial discrimination experiences were associated with violent behaviours, skipping schools, and weakening teacher-student relationships.

Gender Differences in Aggression

The literature suggests that there could be gender differences in aggression. For instance, Brody et al. (2006) found that male adolescents were more likely to engage in inappropriate behavioural conducts (e.g., physical assault) than females. The researchers reasoned that the observed gender difference could be due to the belief that physical aggressive

behaviour is a proper and effective coping method for males to channel their anger and distress. Gender differences in aggression were also supported by the study conducted by Chao et al. (2012). They found that African-American men reported higher levels of anger and irritability compared to women. This might be due to the social expectation and perception that aggression is an adaptive coping method for males whereas it is deemed improper for females (Bushman & Huesmann, 2010). However, it is crucial to highlight that females also engage in aggressive behaviours. Indeed, females are more likely to engage in indirect and nonphysical forms of aggression (Baron & Richardson, 1994; Anderson & Huesmann, 2003; Bushman & Huesmann, 2010) than males.

The Present Study

Although the relationship between PRD and aggression is documented, it is interesting to know their significance in Malaysia. More importantly, we extended previous studies in order to examine the effects of each facet of PRD (e.g., Exclusion, Workplace Discrimination/Discrimination at school, Stigmatisation, Threat and Harassment, and Police) on different dimensions of aggression (e.g., Physical Aggression, Verbal Aggression, Anger, and Hostility). In addition, gender differences in aggression were examined and controlled in the present study in order to examine the impact of PRD on aggression. It was hypothesised that racial

discriminatory experiences have a positive impact on engagement in aggressive behaviours.

METHODOLOGY

Participants

The sample consisted of 136 Malaysian adults and undergraduate students who were recruited via the snowball sampling method. Half of them identified themselves as female and the majority of the participants were Chinese (83.1%), followed by Indian (15.4%), and Malay (1.5%). Individuals below 21 years old were required to submit a parental consent form in order to participate in our study. Participants aged from 19 to 59 years old ($M = 24.39$, $SD = 7.77$). Adults voluntarily participated in the study whereas undergraduates received one (1) mark for their coursework as a token of appreciation.

Measures

Brief perceived ethnic discrimination questionnaire - Community version (Brief PEDQ-CV; Brondolo et al., 2005).

The Brief PEDQ-CV is a self-report inventory that consists of 17 items and it is a shorter version of the 85-item PEDQ-CV (Brondolo et al., 2005). It has five subscales: Exclusion (4 items), Workplace discrimination/Discrimination at school (4 items), Stigmatisation (4 items), Threat and Harassment (4 items), and Police (1 item). Participants respond to the items on a 5-point scale, ranging from 1 (*Never*) to 5 (*Very Often*). A higher score indicates

that participants have more experiences of facing PRD. The Brief PEDQ-CV showed good internal consistency: $\alpha = .80$ for Exclusion, $.71$ for Workplace Discrimination/Discrimination at school, $.81$ for Stigmatisation, $.84$ for Threat and Harassment, and scoring $.92$ for the overall scale). Moreover, the Brief PEDQ-CV was found to have construct validity (Brondolo et al., 2005).

Aggression Questionnaire-12 (AQ-12; Bryant & Smith, 2001). The AQ-12 is a simplified version of the 29-item Aggression Questionnaire (Buss & Perry, 1992) and was used to measure the general aggression level. The four subscales reflect the a) behavioural (Physical Aggression, Verbal Aggression), b) emotional (Anger), and c) cognitive (Hostility) aspects of aggression (Buss & Perry, 1992). Participants rated their response on a 5-point Likert scale that ranged from 1 (*Not at all like me*) to 5 (*Completely like me*). A higher score indicates more involvement in aggressive behaviours. The AQ-12 was found to have good internal consistency: $\alpha = .88$ for the overall scale, while $.79$ for Physical Aggression, $.73$ for Verbal Aggression, $.85$ for Anger, $.82$ for Hostility. Past studies showed that the AQ-12 has good construct and discriminant validity (Bryant & Smith, 2001).

Procedure

An online questionnaire was created and the link to the questionnaire was distributed by the authors to participants. Adults

who voluntarily participated in the study responded to the survey at their convenience. Undergraduate students recruited from a private university in Malaysia answered the questionnaire in a group of 3 to 20 in a computer lab. Individuals below 21 years old were required to submit a parental consent form in order to participate in our study. Upon being giving informed consent, participants were directed to answer a battery of questionnaire that consisted of the Brief PEDQ-CV, AQ-12, as well as demographic background (e.g., age, gender, occupational status, and race). On average, participants took 20 minutes to complete the online survey.

RESULTS

Pearson correlation analysis was used to examine the relationship between perceived ethnic discrimination and aggression. Table 1 shows the inter-correlation among the factors and the descriptive statistics. All the facets of the Brief PEDQ-CV and AQ-12 were positively correlated. However, the relationships between Police and Verbal Aggression, Police and Anger, and Police and Hostility were not statistically significant.

Subsequently, several multiple hierarchical regression analyses were conducted to investigate the effect of PRD on the facets of aggression. Specifically, we examined the effect of gender on aggression in the first step and the effects of facets of PRD on aggression in the second step. The Police factor was not included in the analyses of Verbal Aggression,

Anger, and Hostility because no significant relationship was found between these factors.

For Physical Aggression, the model significantly predicted 25% of the total variance, $\text{adj } R^2 = .22$, $F(6, 129) = 7.16$, $p < .001$. It was also found that only gender, but not the facets of PRD significantly predicted Physical Aggression, $\beta = .25$, $t(135) = 2.96$, $p = .04$. Specifically, males ($M = 6.94$, $SD = 3.01$) reported more aggressive behaviours than females ($M = 5.52$, $SD = 2.50$). For Verbal Aggression, the model explained 19.1% of the total variance, $\text{adj } R^2 = .16$, $F(6, 129) = 5.09$, $p < .001$. However, none of the predictors showed a significant effect on Verbal Aggression.

Analysis on Anger showed that the model predicted 22.8% of the total variance, $\text{adj } R^2 = .20$, $F(6, 129) = 6.36$, $p < .001$. Exclusion was found to significantly predict Anger, $\beta = .49$, $t(135) = 4.04$, $p < .001$. No other effect was found. For Hostility, the model predicted 26.1% of the total variance, $\text{adj } R^2 = .23$, $F(6, 129) = 7.58$, $p < .001$. Similarly, only Exclusion significantly predicted Anger ($\beta = .53$, $t(135) = 4.43$, $p < .001$). Table 2 summarises the results of the regression analyses.

DISCUSSION

This study examined the impact of perceived discrimination on aggression. In line with the literature, our findings show that PRD (i.e., Exclusion, Workplace Discrimination/Discrimination at school,

Stigmatisation, and Threat and Harassment) were positively correlated with the four dimensions of aggression (i.e., Physical Aggression, Verbal Aggression, Anger, and Hostility), respectively. However, the Police factor (of the PRD) was only positively associated with Physical Aggression. In general, our results show that people tend to be aggressive when they are racially discriminated.

Gender differences were observed in Physical Aggression. Specifically, male participants reported more engagement in physical aggressive behaviours than females (Brody et al., 2006; Chao et al., 2012). The result is consistent with previous studies and the approach that aggressive behaviours are more accepted for males than females.

In line with previous studies (Swim et al., 2003; Gibbons et al., 2010; Chao et al., 2012; Gibbons et al., 2014), our results show that Exclusion has an impact on both Anger and Hostility, which are the emotional and cognitive component of aggression. Therefore, individuals who experienced racial discrimination tend to have higher levels of anger and hostility. The finding suggests that participants cope and respond to perceived racial discrimination incidents by expressing Anger and Hostility instead of behavioural actions. More studies, however, are needed to replicate the findings of the impact of perceived racial discrimination on Anger and Hostility as well as to understand the underlying mechanism of the relationships.

There is a possible reason for the contradiction between our study and previous studies. We hypothesised that participants express their distress or anger elicited by racial discrimination through other pathways (e.g., social media). Studies (Niu, Liu, Sheng, He, & Shao, 2011; Park, Song, & Lee, 2014) found that the usage of social network sites increases participants' psychological well-being and decreases the negative effect of stress. Therefore, it is possible that individuals who experienced racial discrimination resort to social media to relieve their perceived racial distress instead of resorting to aggression.

The findings narrate racial discrimination incidents in Malaysia. Racial minorities face discrimination in economy policies, educational, and employment opportunities. For example, a banner that urges realtors to refrain renting their condominium units to African tenants was publicly placed at a condominium in Cheras during June 2016. The perceived racial discrimination on accommodation services might then be absorbed into emotion (Anger) and they might perceive the racial injustice in a hostile (Hostility) manner.

Our findings expand the understanding of the relationship between perceived racial discrimination and aggression. Specifically, the present study contributes to the body of knowledge by showing that individuals who are racially excluded tend to resolve their negative feelings through emotional and cognitive, but not physical and verbal aggression.

CONCLUSION

Our findings suggest that PRD may impact on aggression. Specifically, Exclusion may have an impact on Anger and Hostility, the emotional and cognitive components of aggression. Future studies are suggested to further explore the underlying mechanism of the relationship between PRD and aggression, and to introduce coping strategies for victims of racism.

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