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## Racial Identity Within the Indo-Caribbean Community: A Proposed Model

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Racial Identity Within the Indo-Caribbean Community: A Proposed Model

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A Clinical Research Project submitted to the Faculty of the Florida School of Professional Psychology at National Louis University in partial fulfillment of the requirements for the degree of Doctor of Psychology in Clinical Psychology.

Tampa, Florida  
May 30, 2023

The Doctorate Program in Clinical Psychology  
Florida School of Professional Psychology  
at National Louis University

CERTIFICATE OF APPROVAL

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Clinical Research Project

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This is to certify that the Clinical Research Project of

Alyssa Ramdihal, MA

has been approved by the  
CRP Committee on May 30, 2023  
as satisfactory for the CRP requirement  
for the Doctorate of Psychology degree  
with a major in Clinical Psychology

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## **Abstract**

Part of the South Asian diaspora, the Indo-Caribbean community is a particularly marginalized minority community as a result of colonialism. Indo-Caribbeans are only considered the majority ethnic group in the country of Guyana, where there is a high rate of suicide mostly among Indo-Caribbean men who view it as a behavioral expression of emotional distress. From the research available, the Indo-Caribbean experience of mental health access in the Caribbean is limited due to improper collection and reporting of demographic information. Indo-Caribbeans who were raised from a young age or born outside of the Caribbean community region, often experience discrimination and a sense of confusion because of nonacceptance of their ethnic, racial or cultural identity. The objective of this clinical research project is to evaluate the impact of colonial rule on the identity and culture of Indo-Caribbeans, investigate the historical and current climate regarding mental health practices impacting Indo-Caribbeans, and analyze how racial identity models can be applied to the Indo-Caribbean community living outside of the Caribbean community. The Indo-Caribbean hybrid racial identity model is proposed to address the unique cultural struggles that impact Indo-Caribbean mental health and racial identity. The Indo-Caribbean hybrid racial identity model includes seven stages of identity development: ethnic awareness, ethnogenesis racialization, dissonance, redirection, awakening, reconciliation, and fusion. This review adds to a growing body of investigation of the Indo-Caribbean experience from members of the community involved in research, academia, and advocacy.

**RACIAL IDENTITY WITHIN THE INDO-CARIBBEAN  
COMMUNITY: A PROPOSED MODEL**

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## **DEDICATION**

Khamta “Joe” and Bibi Fazeela, we did it. A thank you will never be able to fully capture the amount of gratitude I have toward you both for never giving up on me. I am so blessed to have you as my parents. Your love and support have never wavered. You have reminded me how strong I am and where I have inherited that from. Just as you have watched me grow, I have seen you two transform as well. No matter what, you both have always been amazing to me.

To my ancestors whose names I do not know, whose genes I carry on and whose culture I continue to honor, this work is to remember that your leaving India was not as simple as history would like it to seem.

I dedicate this to the people I have lost during these last six years; all of them were integral to my journey. I dedicate this project to the current and future generation of Indo-Caribbean children living in the diaspora; this is for you as much as it is for me. Our voices will be heard, our stories will be recognized, and our hybrid identities will be seen.

## ACKNOWLEDGEMENTS

I have been incredibly lucky to have had all four of my grandparents in my life growing up and throughout most of my adult life. To Reerowtie “Steve,” Mini, Enaiat “Roy” (RIP) and Ameena, I thank you all for choosing to leave Guyana so we would have a chance at being something greater than ourselves. I do not know if you ever imagined your children and grandchildren doing what we are doing now when you first came to America and Canada in the 1970s and 1980s, but I hope we are living the dream that you all worked for and imagined for us.

Sophia and Karina, having you two as sisters has been an amazing blessing. You both have offered love and comfort at my most trying times. As your older sister, I hope you find use in what I have written. I hope it speaks to the struggles we share and provides insight into what you may go through as you journey through life.

To my amazing loved ones who have been there every step of the way and have watched me in my journey to become a clinical psychologist, I thank you for never leaving my side. For all the phone calls and messages to the random visits and time spent with me to check in, it has meant the absolute world. Sometimes, the process can get extremely lonely; thankfully, I had you all to remind me I have never been alone.

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## CHAPTER I: INTRODUCTION

Indo-Caribbeans are the descendants of Asian Indians who decided to stay after their servitude to colonial rule across the Caribbean, Central America, and South America. Individuals who identify as Indo-Caribbean hold a robust identification with their Indian heritage and hold onto cultural distinctions (Samuel & Wilson, 2009). Ethnically, Indo-Caribbeans may describe themselves as being “West Indian of Indian descent” (Warikoo, 2005, p. 803) or “East Indian from the Caribbean” (Roopnarine et al., 2009, p. 179). Many Indo-Caribbeans continue to practice religions and customs that their South Asian ancestors followed (Roopnarine et al., 2009). The most common religion practiced among Indo-Caribbeans is Hinduism (Rao et al., 2008). While under colonial rule, Indians living in the Caribbean were encouraged to learn the language of the ruling power. Linguistically, those who identified with their Indian culture strongly preferred using the English language for communication (Rao et al., 2008).

From 1838 through 1917, Indians were brought as indentured servants from South Asia by the colonial governments of the British, French, Dutch, and Spanish to alleviate the shortage of labor on sugar plantations and rice fields in the Caribbean and Americas after slavery was abolished in 1833 (Abel et al., 2012; Ramdin, 2000; Rao et al., 2008; Roopnarine, 2006; Roopnarine et al., 2009). The majority of the Indians were brought by ship from India to Guyana (formerly known as British Guiana) and Trinidad and Tobago by the British (Roopnarine et al., 2009). As compensation for five years of their work, East Indians were given the option of returning to India or receiving land (Rao et al., 2008). The majority of indentured servants chose the option of owning land. As a result, East Indians became essential stakeholders in Guyana and Trinidad and Tobago as workers, landowners, and farmers.

Countries that are part of the Caribbean Community (CARICOM) are Antigua and Barbuda, Bahamas, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and Grenadines, Suriname, and Trinidad and Tobago (Samuel & Wilson, 2009). Guyana, Suriname, and Belize are the only countries of CARICOM that are continental. Guyana and Suriname are located in the northeastern part of South America, and Belize is in the western part of Central America. CARICOM countries are considered small states with similar histories, political climates, and sociodemographic profiles (Abel et al., 2012; Samuel & Wilson, 2009). Overall, Indo-Caribbeans are considered a minority within the Caribbean, numerically and culturally, except in Guyana, where they are the majority (Samuel & Wilson, 2009).

In the 1960s and 1970s, CARICOM countries began to see a change in politics, and racial tensions between ethnic groups began to increase (Rao et al., 2008). Simultaneously, the United States passed the Immigration and Naturalization Act in 1965, which allowed many Indo-Caribbeans to immigrate to the United States (Rao et al., 2008). As a result of the new immigration policy, many Indo-Caribbeans from Guyana and Trinidad have moved to North America and established large communities in New York City and Toronto.

Based on census data in the United States from 2000 and the American Community Survey, which collected multiracial data from 2005-2009, it was estimated that around 65,000 Indo-Caribbeans lived in the United States in 2009 (South Asian Americans Leading Together [SAALT], 2015). However, this has been updated by SAALT (2019) to state, "Data is not readily available for South Asian diaspora communities, specifically the Indo-Caribbean, and Indo-African communities" (p. 1). The U.S. Census Bureau does not account for the misclassification of responses. Misclassification of one's ethnicity can occur due to individuals

being unaware of how to list their ethnicity due to the limited options offered by the Census Bureau and other forms of data collection. Warikoo (2005) studied the cultural impact on gender roles in second-generation Indo-Caribbeans who lived in New York and found that many adolescents are unsure of the correct ethnicity they should list. Additionally, some adolescents reported they were sometimes told to misidentify their ethnicity. In one interview, a teacher told a participant that she needed to list herself as Hispanic/Latinx since her family was from Guyana. This teacher deduced that since Guyana is located in South America, it must mean anyone from there falls into the Hispanic/Latinx cultural box (Warikoo, 2005). Due to the lack of awareness about the Indo-Caribbean community and their history, it is easy for an individual to become engulfed under different racial category umbrellas often under the direction of an individual in power as described above.

Historically, as a cultural group, Indo-Caribbeans have emigrated twice (Roopnarine et al., 2009). First, they moved from India and other parts of South Asia to the Caribbean and South America, and then moved to more developed countries such as the United States, Canada, and England. Adjusting to a new land is not entirely foreign to a group of people whose elders engaged in a similar journey only 100 years prior. Indo-Caribbean immigrants who moved outside CARICOM countries “continue to construct their lives within the social, political, and cultural institutions and value systems of their new cultural communities” (Roopnarine et al., 2009, p. 179). As Warikoo (2005) observed, in situations where a student is unable to have the ability to choose their correct ethnicity or racial identity, they are forced to choose an option that does not belong to them. As Indo-Caribbeans are considered a twice migrated group (Roopnarine et al., 2009), the loss of one’s status has already been witnessed in generations before and appears the history of losing one’s identity is further occurring upon their second migration.

## **Mental Health**

The cultural aspects of Indo-Caribbeans closely relate to those of their Indian ancestry. However, regarding mental health, there is a higher rate of suicide among Indo-Caribbeans in Guyana, Suriname, and Trinidad and Tobago compared to the rest of CARICOM (Shako, 2020). According to the most recent report released by the WHO (2019) on suicide rates, Guyana and Suriname have a proportion of suicide rates that are significantly higher than the global average. Specifically, Guyana has one of the highest rates of death by suicide per 100,000 in the world. Data to determine risk factors contributing to the higher suicide rates that impact the Indo-Caribbean community are not entirely credible or lack sufficient data reporting, indicating a significant gap in the literature. It is crucial to consider the Indo-Caribbean community living outside CARICOM to determine if the same risk factors apply. CARICOM countries are currently implementing mental health reform strategies set by WHO to establish funding for mental health services and gather data regarding the prevalence rates of mental illness within the Caribbean.

## **Racial Identity**

As mentioned previously, Indo-Caribbeans are considered the minority in most CARICOM countries. Samuel and Wilson (2009) evaluated whether Indo-Caribbeans meet the criteria of a Creole culture, which is defined as an integration of various cultures, and concluded that since there is such a significant tie to the cultural roots from India, Indo-Caribbeans cannot be defined as a Creole culture. However, there is evidence of Indo-Caribbeans fusing aspects of their heritage with aspects from other cultures to shape the food, music, and education in Caribbean countries (Samuel & Wilson, 2009). It is important to note that Indo-Caribbeans hold a unique identity that separates the community from its Indian heritage. The differences can be

seen in the language, customs, and social hierarchy influenced by the migration to colonial lands and their rulers.

The first racial identity model developed to address Asian cultures and racial disparities within the United States was introduced by Jean Kim (1981). Kim's Asian American identity model was based on third-generation Japanese American women living in the United States. The Asian American identity model identified five stages that encompassed unique Asian American experiences related to ethnicity and heritage that were not found in other racial identity models (Kim, 1981). The stages include ethnic awareness, White identification, awakening to social/political awareness, redirection, and incorporation. These stages have since been applied to the South Asian community and are considered an all-encompassing Asian/South Asian racial identity model. A specific racial identity model developed by Ibrahim and colleagues (1997) for South Asian Americans led to the development of the Asian American identity model by Iwamoto and colleagues (2013).

Phenotypically, Indo-Caribbeans do not have a distinct look that separates them from other Indian or South Asian individuals. The Indo-Caribbean community, living within the United States, has experienced hate crimes and prejudice in equal amounts compared to Middle Eastern individuals who identify as Muslim, especially after the attacks on the Twin Towers in New York on September 11, 2001 (Mishra, 2013). The state of past racial tensions within the Caribbean, the current mistreatment of Black and Brown individuals within the United States, and the distinction in the geographic location of the Indo-Caribbean culture when compared to the South Asian region, begs the question of whether Kim's racial identity model can be used as a tool to conceptualize and address the racial disparities experienced by Indo-Caribbeans.

## **Statement of Problem**

Second-generation South Asians living in the United States likely identify with a race other than their own (Morning, 2001; Warikoo, 2005). However, there is a lack of empirical research dedicated to the racial identity of the Indo-Caribbean community. The application of Kim's model provides limited conceptualization because not identifying with one's race is not consistent with the first stage of ethnic awareness for Asian Americans. A model of racial identity that captures the cultural nuances, the fusion of heritage, and realities of racial injustice experienced by Indo-Caribbeans living in the United States is needed to better understand the mental health risk factors of this particularly marginalized minority group.

## **Purpose of Literature Review**

This critical literature review evaluates the existing literature on Indo-Caribbeans in an effort to explore the current data and highlight the limitations of the current research available to provide a more efficient framework for future research. The purpose of this literature review was to evaluate past and current literature of first-hand accounts of the Indo-Caribbean experience, propose the development of a racial identity model for Indo-Caribbeans living outside of the Caribbean, and provide information to mental health clinicians to help build stronger conceptualizations of Indo-Caribbean clients.

## **Literature Review Questions**

To thoroughly investigate the experiences and current mental health practices within the Indo-Caribbean community and how these correlate to racial identity within this community, three questions guided this critical review. The following research questions were the focus of the review:

1. How did the colonial rule of Caribbean countries impact the identity and culture of Indo-Caribbeans?
2. What is the current climate regarding mental health practices impacting Indo-Caribbeans?
3. How are existing racial identity models applied to the Indo-Caribbean community?

### **Research Procedure**

The research in this literature review included the in-depth review of peer-reviewed articles and books accessed through the EBSCO database, Google Scholar, and original sources located within articles. Key terms used in the search process included *racial identity models*, *Indo-Caribbean*, *West Indian*, *South Asian*, *South Asian diaspora*, *postcolonial theory*, *Caribbean mental health*, *South Asian mental health*, and *minority mental health*. Original search parameters limited results to include articles from 2010 through 2023. However, the return of viable articles had to be expanded to include articles before 2010, which provided essential information on Indo-Caribbean racial identity. Furthermore, books and articles that include qualitative research were abundant and included in this review to better understand Indo-Caribbean identity from a first-hand perspective.



## **CHAPTER II: IMPACT OF COLONIAL RULE ON THE IDENTITY AND CULTURE OF INDO-CARIBBEANS**

Upon navigating the impact of the identity and culture of Indo-Caribbeans, it would be very remiss to ignore the impact of the controlling powers over the region where colonization occurred. Europe's expansion slighted native cultures, traditions, and religions while impacting economies, politics, and societies worldwide for hundreds of years (Muck, 2010, p. 55). As a result, there is a correlation regarding the impact on mental health in diasporic communities of South Asian descent during the colonial period (Bergkamp et al., 2023). Bergkamp and colleagues (2023) highlighted Nath's (1970) findings that suicide rates among indentured laborers were higher in the Fijian and Caribbean islands among East Indian laborers compared to farmers in India to illustrate the struggle occurring to East Indian laborers that occurred in the diaspora.

### **Effects of Western Colonialism**

Go (2018) indicated that a majority of the world's critical societies were at one point "either a former colony of another society or a former imperial power" (p. 2). The imperialist powers of Europe gave way to colonization, which is well-documented throughout history. As defined by Licata (2012), colonization is a practice inspired by the "motives and ideology" (p. 1) of former imperial powers. However, the term "colonialism" was introduced centuries after these powers relinquished control. Colonialism was a concept first introduced by Edward Said in his book *Orientalism* (1979) and was later revised in 1985. The concept of colonialism marks the noticeable economic, political, and societal impact on the people of former colonies after they gained control (Licata, 2012; Young, 2001). Muck (2010) acknowledged the convenient role colonies served to the European markets while dismissing the native and indigenous groups of

the lands occupied for financial gain. One notable example was in India, where they used workers to diminish the labor demands impounded on the British after the abolishment of slavery. Unfortunately, the consequence of journeying across the seas came with the cost of losing one's social status or caste (Bahadur, 2016; Vertovec 1992; Warikoo, 2005).

Indentured servants during the colonial era were met with a vast social change that caused intense levels of stress, and at points, the only option deemed available to escape was death by suicide (Bergkamp et al., 2023). Suicide was a revolt against colonizers. Bahadur (2016) highlighted men often became violent toward women as a means of dealing with minimization of their status that resulted from the colonial hierarchy of power. Additionally, the hierarchy was primarily based upon the colonizing powers placing their religious and cultural tenets as more superior (Bhatia, 2002). Then, upon the release of Charles Darwin and Kebler's (1859) work on natural selection, there was a biological reason used as a means to prove superiority of colonization.

### **Postcolonial Theory and Race**

Before imperialist powers formally relinquished control over their colonies, a wave of "anti-colonial" propaganda made its appearance through the works of Amilcar Cabral, Aimé Césaire, W. E. B. DuBois, C. L. R. James, and Frantz Fanon, to name a few (Go, 2018, p. 2). These writers set the first wave of postcolonial thought. In the education sector, specifically the English departments of North American academia, a second wave of postcolonial thought arose and was more formally known as postcolonial theory. Go (2018) highlighted that the most noticeable writers on the subject include but are not limited to Edward Said, Gayatri Spivak, Homi Bhabha, and Dipesh Chakrabarty.

According to Go (2018), postcolonial theory describes how the entirety of colonialism, in cultural contexts, translates to the distinct development formed by the colonies, capitals, and city centers. Former rulers created a power binary that made a lasting mark on those they colonized (Go, 2018; Muck, 2010). The power binary established by former colonial powers included the establishment of dependency from the people to the governing authority for financial support and societal acceptance (Go, 2018). As a result, the concepts of race and ethnicity were established to maintain control over those colonized (Go, 2018; Muck, 2010). Colonialism is not to be interpreted as the only implication of the development of race and ethnicity as a context, as argued by Muck (2010). It is imperative to acknowledge “the historical record indicates that colonialism stands as a critical paradigmatic moment in shaping the contemporary context of race and ethnicity” (Muck, 2010, p. 56). Upon the emergence of new political climates in former colonies, the elevated tension between groups was hypothesized to diminish over time. Muck (2010) determined “these identities continue to be a source of conflict, as well as economic and political underdevelopment, around the world” (p. 55). This conflict can be seen in Guyana, where the two main political parties are divided primarily along racial lines (Palmer, 2010). However, Meer (2018) argued that race presents distinctive categories, such as one’s phenotypes, social behavior, and cultural identity, that create variable change throughout sociopolitical climates.

Within the concept of race, there is a “hierarchy, which meant some such were inherently superior to others” (Meer, 2018, p. 1172). As previously indicated, an example of a hierarchy can be seen in castes. The caste system within Indian society determines one’s status from birth and is influenced by religious ideology and cultural reinforcement. According to Bahadur (2016), one’s status can be lost if they are to cross the seas on a non-pilgrimage journey. For the

hundreds of thousands of Indians who left their native lands as indentured servants, there was now a loss of one's home, cultural identity, and social status. Meer (2018) contrasted this to the idea of citizenship, considering the losses and gains individuals had to endure upon migrating to foreign lands. However, academia tends to minimize the effects of postcolonialism on race and neglects the truth and reality these communities face by reducing it to them just being removed from their homes and having trouble obtaining citizenship (Meer, 2018).

The Windrush scandal in the United Kingdom is a clear example of the difficulties caused by colonization on immigration. In 1948, a passenger ship from Jamaica docked in the United Kingdom (Ferguson, 2018). In 1973, nearly 25 years later, an immigration act was passed calling on immigrants to prove they were a resident of the United Kingdom. In the case of the Jamaican passengers, the documents to prove their immigration status was in the form of the landing documents they received upon entering the United Kingdom. However, in 2010, policymakers decided to destroy the landing documents proving the legitimacy of the arrival of Caribbean passengers into the country and allowing for the de-legalization of Jamaican residents who have lived in the United Kingdom for over 60 years (Ferguson, 2018). David Lammy, a Black Labor MP born in northern England, called out the government and received hate mail for his stance on the matter (Ferguson, 2018). In her article on the DailyMail.com website, Ferguson (2018) highlighted the comments against Lammy, including, "Be grateful that we have taken you in as a Black man and given you a life here, as we have done for all those black people who came to live here," "Be grateful man for the country that gave you a life and stop knocking it," and "If you cannot say good about us, then go back, it's as simple as that." The public's interpretation of Lammy's address to the scandal highlights how one's race is affected by physical characteristics, cultural identity, the hierarchy of status, and neglect of one's origin.

While occurring in the United Kingdom in the last several years, this incident was not isolated to just one former imperialist country (Go, 2018). Dentice (2011) highlighted how, in the United States, the White nationalists hold similar ideals, in the sense that the Whites created the infrastructure of the United States. Therefore, all other groups of minorities are not allowed to claim ownership of the land.

### **Psychological Impact of Colonialism**

Colonialism had an emotional and psychological impact on the colonized people, which was carried across generational lines and passed on to their descendants. Some of the effects are still impacting this community today. Licata (2012) concluded that one impact felt by communities once colonized is negative feelings that include anger, resentment, and collective guilt. Contrary to negative feelings, there is also a sense of motivation and willingness to engage and advocate for “reparative behaviors and adopt more positive attitudes towards the formerly colonized populations” (Licata, 2012, p. 4).

Frantz Fanon, a psychiatrist in French Algeria during the mid-1900s, studied the impact of colonialism on the natives who were colonized by the French (1952). Fanon proposed in his book *Black Faces, White Masks* that psychology was influenced under a White mask due to powers of politics, racialization, control over colonized peoples through violence, and placing a cultural superiority over others. Fanon (1952) proposed that a person would lose their cultural strengths upon the repetition of being reminded of inferiority as a minority in a hostile manner. Licata (2012) further elaborated on Fanon’s work by highlighting the colonial pressure to eliminate cultural resources from those colonized can be a source of one’s psychological issues, which was not accounted for in the theory of psychoanalysis at the time. Hook (2005) furthered Fanon’s original work by amplifying the discordance between one’s ego and cultural background

as well as self and society, where the colonial person experiences themselves as a “phobic object” that contributes to deeply felt inferiority, a confused or conflicted identity, and a lack of control.

Australian and New Zealand authors who conducted research related to colonialism “suggest the postcolonial perspective [is a] relatively marginal theoretical resource within the fields of Social Psychology and its adjacent disciplines” (Tomicic & Berardi, 2018, p. 153). In their study, Tomicic and Berardi (2018) highlighted that authors of colonialism often attempted to place postcolonial theory into a psychosocial framework and proposed that the effects of colonialism on the native groups in Australia and New Zealand are similar to those seen in the Western world. However, there was the realization of a need for further assessment of emotional responses among outgroup members regarding their treatment from the majority population and societal norms (Tomicic & Berardi, 2018).

Throughout the discourse of colonialism, postcolonialism, and race theory, it is commonly well known that the colonial powers were thought to be more advanced and civilized than all others (Alatas, 2006; Bhatia, 2002; Go, 2018; Wolfe, 2016). This problematic mindset is very much alive today, as discussed earlier with the example of the Windrush scandal in the United Kingdom. As described by Tomicic and Berardi (2018), the sense of being an outcast has been addressed by postcolonial scholars. Therefore, it has been posited that cultures of the powers in charge and the colonized be intertwined to combat precolonial ideology. This “hybridity,” coined by Homi Bhabha (1994), attempts to take power away from the colonizing governments and allows for desensitization, leading to a transformed sense of autonomy experienced by the colonized people (Licata, 2012).

## **Colonial Impact on Indo-Caribbean Culture**

The Indo-Caribbean community has maintained and upheld much of their native ancestors' culture, religion, and traditions. The Indo-Caribbean people are considered descendants of the South Asian region, specifically the Indo Valley. They are included in the South Asian diaspora, which consists of individuals and their descendants from these countries who have emigrated and settled in varied regions across Asia, Africa, Europe, North America, Oceania islands, and South America. Countries that form the South Asian community consist of India, Pakistan, Sri Lanka, Afghanistan, Bangladesh, Bhutan, Maldives, and Nepal. From the colonization of India by the British, many Indians were brought by the British on cargo ships to the Caribbean as indentured servants after the end of slavery to work on sugar plantations (Bahadur, 2016; Vertovec, 1992; Warikoo, 2005).

Historically, an imperial power ruled the 15 independent CARICOM countries (Samuel & Wilson, 2009). The cultural landscape of each of these countries was blended from the colonizing and colonized traditions. However, British colonization had one of the strongest holds on many islands and regions. Due to its colonial rule, British culture influenced the government, language, and religious practices of a vast majority of these countries (Dookhan, 1971; Samuel & Wilson, 2009). The majority of CARICOM countries in the Caribbean are Anglophone due to their British influence. A few countries that incorporate the British-European, West African, and East Indian cultures are Guyana, Suriname, and Trinidad and Tobago, countries that also hold a larger population of Indo-Caribbeans.

The Caribbean region was iconic for colonization, like other parts of the world ruled by the Spanish, Dutch, English, French, and Portuguese (Dookhan, 1971). The Caribbean was met with an influx of people from all over Europe, Africa, and Asia. This created the complex

blending of very rich and diverse cultures, languages, religions, and traditions as they settled together in a foreign land.

For the East Indians who decided to stay after their five-year indentureship, a shift in identity was experienced with castes and the labels used by colonizers to refer to them. East Indians who participated in the voyage were considered casteless, meaning they no longer had a social status in a society formulated and functioning around such a hierarchy (Bahadur, 2016). Losing one's caste, in this instance, was based on the teachings of the Hindu religion that proclaimed a voyage across the seas makes one spiritually unfit due to the events that take place onboard a ship, such as the "uncoupled regularly [becoming] coupled . . . without ceremony or priestly sanction, across caste and religion" (Bahadur, 2016, p. 45). Colonizers also contributed to the identity of East Indians before they even set sail. In the late 16th century, Portuguese sailors and merchants referred to the Indians they recruited as "coolies" and shared the term with their European competitors (Tinker, 1992, as cited in Bahadur, 2016). This term originated from the Tamil word "kuli," which refers to wages or hire. A coolie was an individual paid to do work considered tedious (Bahadur, 2016). This term has since been used in a derogatory manner to refer to Indo-Caribbeans, as the colonial powers initially intended, leaving them with feelings of degradation after being mislabeled and unable to identify themselves.

In Guyana and Trinidad and Tobago, the colonial powers segregated Blacks and Indians strategically to destabilize the increase in the need for Black workers and limit the potential of solidarity between the two groups (Kale, 1995; Prashad, 2002; Roopnarine, 2006; Roopnarine et al., 2009; Warikoo, 2005). As a result, Black communities were located in more urban areas, and Indian communities were in rural areas, where most of the plantation fields were located. Consequentially, the tension between the two racial groups would be felt for years to come



(Prashad, 2002; Warikoo, 2005). It is well known that the British established laws and ruled from a Christian framework. Part of this framework represented White and lightness of one's skin as equivalent to purity, whereas Black and darkness were viewed as impure (Meer, 2018). The religious powers and colonial regimes also applied this misconstrued logic to the people of its governing body. However, religious solidarity was evidenced in Trinidad, beginning in the late 19th century, when Black Trinidadians and East Indians, who were Muslim and Hindu (Warikoo, 2005), celebrated the Hosay festival, primarily an Islamic religious holiday. However, the British attempted to dismantle this allyship. The British invited Hindu and Muslim leaders to Trinidad who were more traditional in their practice and teachings to perpetuate their religious ideals and uphold superiority.

The Indo-Caribbean culture is an example of Homi Bhabha's concept of hybridity (1994). The Indo-Caribbean people proved that they could preserve their ancestral teachings, re-establish social standing, and develop a distinct culture (Vertovec 1992; Warikoo, 2005) in a society created for them to fail. The Indo-Caribbeans in Trinidad and Tobago are credited with two significant contributions to the Indo-Caribbean identity. First is the establishment of Indian Arrival Day to commemorate the journey, sacrifice, and impact of indentured servitude experienced by the East Indians coming to the Americas (Jayaram, 2003; Verma, 2000; Warikoo, 2005). The second contribution is music. Within the Indo-Caribbean culture, music is a distinct way to display the variety of influences of cultures. When thinking about the Caribbean and music, one may automatically refer to the genres that are popular and associated with the country of Jamaica, reggae and dancehall. However, Indo-Caribbeans in Trinidad founded Chutney music (Warikoo, 2005), which includes songs primarily sung in the Hindi language and embraced by many individuals in the Indo-Caribbean community. The genre of Calypso is

distinct to the Caribbean overall. However, it led to another hybrid genre founded in Trinidad. Soca blends the Calypso genre with East Indian rhythms and is credited to Ras Shorty I, also known as Lord Shorty (Dreisinger, 2011). Soca music was established to build a bridge of acceptance and solidarity between the Indo-Caribbean and Afro-Caribbean communities. Other genres of music embraced by the Indo-Caribbean community include soundtracks from Bollywood movies across the last century, other genres from the West Indies, and the musical climate of the United States (Warikoo, 2005).

### **“Twice Removed”**

CARICOM countries individually were not supposed to succeed on their own. These countries were once ruled by powers still considered significant powerhouses in the global, political, and economic system (Go, 2018). However, domestic and international relationships continue to be impacted by colonialism. Much of the research on the psychological impact of colonization suggests that residual feelings of guilt, shame, resentment, and anger are felt among communities of descendants who were formerly colonized (Go, 2018). There is also a renowned sense of autonomy and the ability to create a distinct identity through a hybrid model. However, it begs the question of how this applies to the Indo-Caribbeans outside CARICOM countries.

In the last several decades, many Indo-Caribbeans have migrated to countries outside CARICOM to flee political strife and crime, obtain more financial stability, or seek better education opportunities (Rao et al., 2008). As a result, Indo-Caribbeans living outside CARICOM countries are considered twice removed (Roopnarine et al., 2009). The majority of Indo-Caribbeans are reported to reside in the United States, Canada, and England. One of these countries was a former imperial power, while all three are considered developed countries that offer many opportunities.

In reference to the Windrush scandal, David Lammy is an English political leader of Afro-Caribbean descent (Ferguson, 2018). He was told to be grateful to the country that gave him life as he advocated for people within the Caribbean community in the United Kingdom who would be taken advantage of by the same government that has already done so repeatedly throughout history. While it is unclear if any Indo-Caribbeans were part of the Windrush scandal, Jamaica is a CARICOM country where East Indians were also brought during indentured servitude, and Indo-Caribbeans are part of the minority population today. Indo-Caribbeans who have emigrated to the United Kingdom now live in the country that colonized their immediate and distant relatives' homeland.

The impact of colonization has been felt for centuries, leading people to feel a lack of safety, hypervigilance, the inability to speak out, and the pressure of acceptance by the majority (Bhabha, 1994; Fanon, 1952; Go, 2018; Hook, 2005; Licata, 2012). As a direct result of colonialism, a few aspects of the East Indian culture were lost, such as language and caste system (Bahadur, 2016). However, due to identity preservation, Indo-Caribbeans within CARICOM sought to maintain certain aspects of tradition and religion. Furthermore, the Indo-Caribbean culture is unique in aspects of cultural identity, where there is a blend of East Indian, African, and European influences (Warikoo, 2005). Based on the information presented on the effects of colonialism, postcolonial theory, and the impact experienced by those who have been colonized, it is worth considering how Indo-Caribbeans residing outside CARICOM may experience the need to create a unique identity through a communal effort. The first, second, and potentially third generations of Indo-Caribbeans living in areas part of the South Asian diaspora are also among those who have emigrated from a South Asian country directly or may also be twice removed but from a region outside of CARICOM. This may create a sense of confusion or a split

between which culture they should align with. As individuals work through struggles with their racial identity, these crossroads pose a potential internal struggle that can reject their cultural and racial roots or further delve into acceptance of their origins. Some of the ways that a unique identity may be created among Indo-Caribbean individuals can be through living in areas with a higher population of Indo-Caribbeans, practicing religion common among the community, attending events hosted by community members, and participating in organizations where there is a mission of providing services to the community through catering, music, and dance (Balaram, 2018; Brettell & Nibbs, 2009; Khan, 2022).

### **CHAPTER III: CURRENT CLIMATE REGARDING MENTAL HEALTH PRACTICES IN THE INDO-CARIBBEAN COMMUNITY**

It is essential to recognize the model of care that is applied when examining the mental health climate in the West Indies. The Caribbean followed the British psychiatric and mental health care model, which saw the establishment of “mad houses,” or psychiatric hospitals, from the 1850s through the 1900s (WHO, 2011). As mental health treatment moved away from large institutions into community-based care, CARICOM countries did not follow the same plan quickly due to limited resources, ineffective policy reform, and social stigma. This lag in progress set the tone for current challenges seen among Indo-Caribbean clients. In 2011, WHO released an Assessment Instrument for Mental Health Systems (AIMS) report that highlighted the gap in mental health systems in the Caribbean.

#### **Current Mental Health Climate**

Within the WHO AIMS report released in 2011, six domains of mental health care in the Caribbean region were examined. These domains included policy and legislative framework, mental health services, mental health in primary care, human resources, public education, and monitoring and research. The report evaluated 16 CARICOM countries based on the 6 aforementioned domains. The countries were assessed from 2006-2010. They included Anguilla, Antigua and Barbuda, Barbados, Belize, British Virgin Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos. Before 2006, five countries had a mental health policy, six countries had a mental health plan, three countries had both a policy and a plan (i.e., Jamaica, Suriname, and Turks and Caicos), and six countries did not have a single mental health hospital. According to the WHO AIMS report (2011), approximately 4% of the government

health budget was dedicated to mental health in these countries, with a small number of countries placing it entirely toward mental health hospitals (i.e., Barbados and St. Vincent and the Grenadines). Seven countries offered insurance programs that cover the entire costs of mental health treatments, and all countries offered “free access to essential psychotropic medicines” (p. 14).

The WHO AIMS report (2011) also informed that the average stay in a mental health hospital was 10.6 days, with more than 50% of patients admitted via involuntary hospitalization in the Caribbean. The most common disorders treated in mental health hospitals included schizophrenia and substance misuse. It was found that Barbados, Guyana, St Lucia, and St. Vincent and the Grenadines did not offer community follow-up treatments after an inpatient hospitalization stay. In outpatient settings, individuals were primarily treated for schizophrenia and mood disorders. Most outpatient treatment recipients were female (56.7%), compared to a community-based inpatient facility (41.5%). The WHO AIMS report acknowledged limitations in the information and data presented as not all countries provided all the required information. Barbados did not include data from their community-based inpatient unit. Trinidad and Tobago did not provide data from their mental health hospital. Additionally, Guyana only partially provided data for inpatient treatment.

Before the publication of the WHO (2011) AIMS report, there were no identified psychologists in Anguilla, Dominica, Grenada, Guyana, Montserrat, and St. Vincent and the Grenadines. Psychiatrists were the primary mental health providers in cities, and therapists mainly were in outpatient facilities, if available (WHO, 2011). Mental health professionals were available to work with students in approximately 15% of schools throughout the West Indies. Jamaica and Belize had more mental health professionals in their schools than the other 14

countries. In Trinidad and Tobago, mental health services were offered in more than half of their prisons and jails. Additionally, around 1% to 20% of prisons in Guyana had at least one inmate in treatment with a mental health professional (WHO, 2011).

### *Suicide*

According to WHO, suicide is the fourth leading cause of death worldwide for 15- to 29-year-olds, and more than 700,000 people die by suicide each year (2021). WHO indicated that the most common forms of suicide include the consumption of poison, hanging, and firearms. The currently available statistics indicate most of the regions recognized by WHO (2019) have seen a decrease in rates of suicide since 2010. The global average of suicides decreased from 10.6 deaths per 100,000 to 9.0 per 100,000. The region of the Americas experienced a slight increase in death by suicide from 2000 through 2019, which is home to the CARICOM countries as well. Guyana has the highest rate of death by suicide in its region and the second highest rate of suicide in the world (WHO, 2019). This is an increase from reports in 2016 by WHO that listed Guyana as having the third highest rate of suicide mortality. Guyana's suicide mortality rate increased from 29.2 per 100,000 in 2016 to 40.3 deaths by suicide per 100,000 in 2019. Suriname witnessed its suicide mortality rate increase from 22.8 deaths per 100,000 to 25.4 deaths per 100,000. Trinidad and Tobago's death by suicide rate decreased from 13.6 to 8.7 per 100,000 by 2019. All other CARICOM countries' death by suicide rates fell below the global average of 9.0 per 100,000. However, it is unknown why Guyana and Suriname had increases in suicide rates, as the data investigating the cause of the increase are limited. Shaw and colleagues (2022) conducted a systematic review of the literature on suicidal behavior and ideation in Guyana. The review specifically called out the lack of research into this area, given the intensity and seriousness for many years. The review identified 24 of 318 articles specific to suicide in

Guyana. However, the studies do not consistently report key variables such as gender, race, ethnicity, and other key demographic information.

Shaw and colleagues (2022) identified a study conducted in 1965 by Frederick McCandless, an American psychiatrist, who investigated the attempts at suicide by 36 individuals in Guyana. The cross-cultural case study revealed that most individuals were East Indian (McCandless, 1968, as cited in Shaw et al., 2022). McCandless' psychoanalytic hypothesis stated there was an emotional inhibition due to the East Indian culture that arose during intense familial conflict where feelings of shame and injured ego were experienced, leading individuals to use suicide as a form of communication. Van Spijker et al. (2009) supported McCandless' theory with data examining suicide, among South Asians living in Suriname, due to pesticide consumption. Specifically, men of East Indian descent between the ages of 23-48 were at a higher risk for suicide (Abel et al., 2012; Shako, 2020). Additionally, they were three times more likely to die by suicide than females and more likely to hang themselves than women who would drink poison to end their lives (Shako, 2020).

Familial conflict, interpersonal issues, depression, physical abuse, and sexual assaults are major risk factors for suicide among individuals living in the Caribbean (Maharaj et al., 2009). Additional risk factors for Guyanese adolescents, apart from age and ethnicity, include living in rural areas, negative caregiver responses, high academic expectations, adherence to family religious customs, romantic pressures, limitations to coping with adverse experiences, and being exposed to cases of suicide (Arora & Persaud, 2019). The risk of suicide was found to be heightened in males when there was an increase in the experience of "devastation, displacement, and hopelessness" (Abel et al., 2012, p. 41). In their qualitative research, Arora and Persaud (2019) interviewed adults and students in Guyana to determine risk factors for suicide in



Guyanese youth. Their research findings support McCandless's original hypothesis. Females struggling with their mental health, specifically within the Indian community of Guyana, often experience feelings of shame for having thoughts of suicide, which prevents them from reaching out for help, resorting to completing suicide as a way of letting out their emotional distress.

### ***Intimate Partner Violence (IPV)***

According to the American Psychological Association, IPV occurs worldwide and affects one in three women but does not discriminate based on age, ethnicity, gender, economic status, disability, sexual orientation, or relationship status (2012). The U.N. Women organization is committed to empowering women and establishing standards to support gender equality in their member states (Haarr et al., 2020). The U.N. Women organization assists the governments of U.N. member states in advancing gender equality through policy, law-making, and assessing the services needed to carry out the standards. In 2020, U.N. Women released a research brief that evaluated IPV and violence against women and girls (VAWG) in five CARICOM countries. VAWG is defined as "Any act of gender-based violence that results in or is likely to result in physical, sexual, or psychological harm or suffering to women and girls. Including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life" (Haarr et al., 2020, p. 8). The countries included in the study were Grenada, Guyana, Jamaica, Suriname, and Trinidad and Tobago. Between 2016 and 2019, Women's health surveys were "administered to representative samples of women and girls," (Haarr et al., 2020, p. 12), between the ages of 15 through 64. Data were collected from Jamaica in 2016, Trinidad and Tobago in 2017, and Grenada, Guyana, and Suriname in 2018. In children, higher levels of depression and behavioral impacts were noted in students who witnessed domestic violence in

their parents' relationships. However, adolescents were less likely to experience symptoms of depression in similar cases (Maharaj et al., 2009).

VAWG "is a pervasive violation of human rights, a global health problem, and a challenge for sustainable development" (p. 8) and is considered to have the highest prevalence rate in the Caribbean (Haarr et al., 2020). The study was developed "to pilot a CARICOM model of national prevalence surveys on VAWG . . . pioneered by WHO, [and] adapted for the Caribbean" (p. 9). There is legislation in Jamaica, Suriname, and Grenada to reduce and potentially prevent the experience of violence by children and women. This type of violence has been addressed in Guyana as a "priority issue" (p. 25). The government has enacted legislation to align with international recommendations to reduce violence against women and children. However, they fall short specifically regarding workforce participation and equality in wages. In Trinidad and Tobago, VAWG is addressed via "legal architecture" (Haarr et al., 2020, p. 33). Many cultural stereotypes limit the progression of laws and policies for mental health and domestic violence within Trinidad's legal system (Baboolall, 2016). Meaningful change still needs to be seen in training law enforcement officers, the court system in processing cases for survivors, high monetary fees charged by attorneys and legal counsel, and the reliability of witnesses.

According to the U.N. Women research brief, approximately 46% of the women surveyed who have been in a relationship experienced at least one form of IPV (i.e., physical, sexual, psychological, and/or economic violence; Haarr et al., 2020). Guyana had the highest rate of lifetime IPV prevalence rates. Grenada and Jamaica had the lowest rates of lifetime IPV experiences. Additionally, Guyana has the highest current rate of IPV, and Grenada has the lowest rate of current IPV. The results indicate that Guyana had the highest rates both lifetime

and currently in each specific IPV category of physical, sexual, psychological, and economic violence compared to Grenada, Jamaica, Suriname, and Trinidad and Tobago (Haarr et al., 2020).

The results from the U.N. Women research brief indicate “women whose husbands/partners drank alcohol at least once a week were more likely to have experienced lifetime IPV, and nearly two times more likely to have experienced current IPV” (Haarr et al., 2020, p. 21). Additional risk factors for IPV among Caribbean women included being subservient to male dominance or being in a relationship with a male who has male dominance beliefs; increased arguing; not being able to discuss concerns or emotional state; having an arranged marriage or formalized union from a young age, and experiencing or witnessing domestic violence with IPV in childhood. Baboolall (2016) highlighted that women from Trinidad acknowledge the extreme difficulty in receiving services for being victims of abuse, leading to a significant underreporting of IPV experiences to the police.

### ***Depression***

Women are more likely to experience depression than men in the Caribbean, with higher rates of depression found in women who have poor familial and religious affiliations, which are considered protective factors (Maharaj et al., 2009). Additionally, among adolescent females, risk factors for depression included exposure to alcohol misuse at home and attending a school with poor academic performance ratings. Between countries, results indicated that participants in Guyana had lower rates of depressive symptoms than Jamaican participants (Lacey et al., 2016). However, the research results could not evaluate the common mental health disorders (CMDs) experienced by Indians in Jamaica in the same manner as the Guyanese participants due to the demographic categories of race and ethnicity not being distributed similarly.

### ***Substance Abuse***

Guyanese participants experienced higher rates of alcohol abuse, drug abuse, substance abuse, and mania. This is also supported by a study that revealed no significant difference between high levels of life dissatisfaction and the lack of reported symptoms of depression among more than half of Indo-Guyanese respondents (Wilson et al., 2010). Furthermore, in a study comparing the mental health rates among Guyanese and Jamaicans, Indo-Guyanese participants were found to have higher rates of alcohol abuse, drug abuse, and substance abuse (Lacey et al., 2016). A noted limitation of this study was the lack of understanding of what was contributing to higher rates of suicide.

### ***Severe Psychopathology***

The most common diagnosis reported by outpatient clinics was schizophrenia with a potential genetic predisposition in conjunction with environmental factors (Hutchinson & Haasen, 2004; Roopnarine et al., 2022; WHO, 2011). In severe psychopathology child cases in the Caribbean, there was a higher rate of schizophrenia symptoms in male adolescents living in the Caribbean due to the experience of psychosexual problems, parental conflict, and hostility (Maharaj et al., 2009).

### ***Impact of COVID-19 on CARICOM Mental Health Outreach***

During the COVID-19 pandemic, the development of mental health services was still underway in CARICOM countries, and little information was able to be gathered on rates of suicide at that time (Seon et al., 2023). However, given the available knowledge of the mental health impact from epidemics and the current state of mental health treatment necessities in CARICOM countries, action was taken to help prepare the public (Pan American Health Association [PAHO], 2021, 2023; Seon et al., 2023). In Guyana, Suriname, and Trinidad and

Tobago, actions were taken to train healthcare workers for mental health support, expanding access to resources, and hosting radio programs and panel discussions focused on the geriatric community to increase awareness (PAHO, 2023). Additionally, news journalists were trained to provide honest and reliable information about the pandemic due to the increase in false information (PAHO, 2021). They were also trained in how to report on effective self-care strategies, domestic violence concerns, and on how to avoid stigma surrounding mental health care.

### ***Limitations in CARICOM Mental Health Research***

While the main risk factors for the community have been highlighted for years, investigating the nature of the problematic areas seems to be an area of focus that very few have addressed (Roopnarine et al., 2022). Steps were taken to inform the public of mental health concerns during the quarantine period of COVID-19 through a health communication lens by informing journalists on how to report on the facts regarding the pandemic to minimize the spread of false information, providing additional resources, and hosting radio programs to help update individuals (PAHO, 2021, 2023). Only within the last couple of years is research finally being published that specifically explores risk and protective factors for mental health issues among Indo-Caribbeans (Arora et al., 2019). Often, researchers highlight the attributes of the dysfunctional family unit as a main risk factor while ignoring resiliency and other components of the culture, such as religion, that add to the protection of one's emotional and mental health functioning. Furthermore, most research cannot be cross-analyzed due to the severe lack of race, ethnicity, and gender data collection.

## **South Asian American Experiences**

Due to the limited information in mental health research for Indo-Caribbeans, studies regarding South Asian mental health in first-world countries were also examined to determine if the results included South Asian subgroups. For example, in 2014, WHO reported that 39% of suicides worldwide stemmed from regions within Southeast Asia. However, this is a cause for concern as the Southeast Asian area accounts for about one-third of the world's population (WHO, 2014). CMDs, such as anxiety and depression, were studied in different ethnicities in England (Welch et al., 2004). The results indicated that men from Pakistan, ages 35-54, and women from Pakistan and India, ages 55-74, experienced high levels of CMD compared to the majority ethnic group. The study also indicated no significant difference in CMD rates in Black Caribbeans. Rout and Rout (2010) evaluated the mental health and stress manifestation of young South Asian women living in Great Britain. Their results show that women ages 16 to 29 displayed stress psychologically, behaviorally, and physically through symptoms of depression and engaging in self-harm practices. However, it is not evident if depression included thoughts of suicide or if the acts of self-harm were lethal. The clinical implications from Rout and Rout's (2010) study suggest that British South Asian women should be provided with culturally appropriate access to mental health care, including individual and group therapy, to help manage psychological and emotional stressors.

Park and colleagues (2013) examined antisocial behaviors (i.e., physical aggression, rule-breaking, and social aggression) among Asian American college students. Their results positively correlated with perceived discrimination and antisocial behaviors, specifically among males. A negative correlation was also noted between a strong ethnic identity and antisocial behaviors. Likewise, having a more robust identification with American society could predict

more antisocial tendencies. Furthermore, higher levels of reported antisocial behaviors impacted by discrimination were found among South Asian individuals with a more substantial level of American identity, suggesting a potential experience of rejection impacts one's psychosocial functioning (Park et al., 2013)

Multiple studies evaluated mental health outcomes among South Asian survivors of sexual violence in the United States. The experience of IPV, such as domestic violence and sexual abuse, was reported in about 20-30% of participants who identified as South Asian (Hurwitz et al., 2006; Leung & Cheung, 2008; Raj & Silverman, 2003). Sixty-five percent of survivors indicated their perpetrator was South Asian, with 25% reporting their assailant as a family member and 27% as a romantic/sexual partner (Lim et al., 2022). However, in an investigation of domestic violence in Asian families in the United States, 26% of perpetrators with known ethnicities were South Asian, and 19% of victims were South Asian (Dabby et al., 2010). Around 30% of survivors reported that the assault occurred in their home or a family member's/friend's home (Lim et al., 2022). Compared to older South Asian women who moved to the United States as adults, pre-adolescent South Asian women were at a greater risk of experiencing physical violence, sexual assault, and stalking (Yoshihama et al., 2011). Specific recommendations were created to help assist organizations serving the Asian/South Asian community in dealing with IPV cases, such as training organizations to develop a response model, identify high-risk and under-served communities, create and develop interventions tailored to the community, training on stalking assessment, establishing policies that include societal and cultural customs, training on how abusers use immigration status as a power of

control, establishing a referral program for outreach and advocacy, and understanding how organizations reaching out to help can affect survivors (Yoshihama et al., 2011).

South Asian survivors of sexual assault experienced mental health symptoms related to depression and posttraumatic stress disorder (Lim et al., 2022). Specifically, those considered second-generation South Asian American who experienced sexual violence within the home and faced stigma related to disclosure of sexual assaults were observed with more pronounced PTSD symptoms (Lim et al., 2022). Furthermore, higher rates of depression were observed in South Asian survivors of IPV, also identified as LGB+ (Lim et al., 2022).

Religion, harmony within the family unit, and other culturally specific South Asian factors were “associated with lower odds of [help-seeking behaviors] and disclosure of sexual assault due to stigma” (Lim et al., 2022, p. 7). Studies indicated that only 11% of South Asian women who survived IPV sought counseling; approximately 3 to 33% filed a restraining order against their abusive partner (Raj & Silverman, 2003; Yoshioka et al., 2000).

South Asians who are “foreign-born” were more likely to view mental illness from a socio-familial perspective (Ekanayake et al., 2012; Jacob et al., 1998; Karasz, 2005; Karasz et al., 2019; Kermode et al., 2010) and viewed the lack of social support as the onset of depression (Karasz et al., 2019). However, if a South Asian individual has adopted a Western viewpoint, they may prioritize a more individualistic and biological mental illness framework rather than a collectivistic one (Karasz et al., 2019). Alternatively, in another study that compared social support of South Asian, African American, and Hispanic women who survived abuse, more South Asian women reported having sought out the help of family members only to be told to stay in the relationship or marriage (Yoshioka et al., 2003).



Minimal studies that examined South Asian mental health and IPV among South Asian participants in the United Kingdom or the United States reported demographic analysis of specific South Asian subgroups, and only one study acknowledged this limitation (Lim et al., 2022). However, it is essential to review the statistics of mental health experiences among South Asians living in other areas outside of the Asian continent due to the preservation of the culture within the Indo-Caribbean community. For example, Misra and colleagues (2020) highlighted that Indo-Caribbeans are 2 to 10 times more likely to be at risk for depression yet are not included in the research investigating Asian American Health.

### **Mental Health Among Indo-Caribbeans Living Outside of CARICOM Countries**

Since the Indo-Caribbean population belongs to the South Asian diaspora within the Caribbean region, migrating to countries with both hubs can create an interesting dilemma. There are immigrant communities of the Caribbean and South Asian minority groups throughout Canada, the United States, and the United Kingdom. “Caribbean” can be an all-encompassing term for a specific region. However, the region encompasses various ethnic communities, including marginalized communities, making it essential for further research. It is argued that since there is an additional layer of the twice-removed migration challenges, racial discord in some CARICOM countries, and loss of one’s caste from the homeland leading to a new racial identity, data should be explicitly collected for the Indo-Caribbean community. In this section, mental health statistics among Indo-Caribbean living in the United Kingdom, Canada, and the United States are explored, and any limitations are addressed.

In England, different minority groups, including South Asians and Black Caribbeans, were evaluated to determine if they experienced CMDs, such as anxiety and depression, at a higher rate than Whites (Welsh, 2004). South Asian women revealed higher rates of CMDs, and

no significance was revealed among Black Caribbeans. Lacey and colleagues (2016) evaluated mental health disorders between Guyana and Jamaica, indicating that Afro-Jamaicans and Afro-Guyanese did not experience mental health issues at the same rate as the Indo-Guyanese participants. However, in both Lacey and colleagues' and Welch's studies, Indo-Caribbeans were not evaluated the same way South Asians or Black Caribbeans were. This was due to the inability to redistribute data to gauge ethnic differences, as mentioned previously. While this research provides important information, it lacks the data and practicality needed to provide considerations for clinical treatment, especially for treatment regarding severe psychopathology. While the research comparing Caribbean migrants' experience of psychosis highlights that the rates are similar to White natives, very little data investigate the racial subgroups of the participants who identify as Caribbean (Hutchinson & Haasen, 2004). Only one study conducted in the Netherlands reported a higher rate of schizophrenia diagnoses among Indo-Caribbeans from Suriname (Selten & Sijben, 1994).

In a Canadian study evaluating potential mental health factors for Caribbean immigrants, the represented communities comprised Caribbean Canadians, Jamaican Canadians, Guyanese Canadians, Caribbean Guyanese, and Caribbean Jamaicans (Lacey et al., 2022). About 35% of the Guyanese participants identified as East Indian, with a total sample size equaling over 1,200 interviews conducted for the study. However, an analysis regarding the prevalence of mood disorders could not be conducted on Guyanese Canadian participants due to the small sample size and a response rate of 82%. The study interviewed immigrants who were first-generation Canadians. Their analyses indicated that immigrants from the Caribbean region who moved within 10 years were at a higher risk of experiencing a mood disorder than Caribbean immigrants who lived in Canada for more than 10 years.

Queens, New York, is home to one of the largest foreign-born Indo-Caribbean populations outside of the CARICOM, specifically of Guyanese descent (Baboolall, 2016). The most recent data indicate that in Queens, there are over 80,000 Guyanese immigrants and over 26,000 Trinidadian immigrants (Lobo & Salvo, 2013, as cited in Baboolall, 2016). Commonly known neighborhoods within Queens where Indo-Caribbeans reside include Richmond Hill, Ozone Park, and Jamaica Avenue.

Data from qualitative IPV research among first- and second-generation Indo-Caribbean women living in Richmond Hill were similar to other South Asian women's IPV studies (Baboolall, 2016). Participants acknowledged that IPV was normalized within the Indo-Caribbean community due to values and beliefs within the culture and feelings of hopelessness from situational stressors (Baboolall, 2016). Isolation from one's family, stigma from being divorced, having their legal status at risk, and seeing the community feel sympathy for abusers rather than the abused are some of the factors that most Indo-Caribbean women face when experiencing IPV. However, Indo-Caribbean participants acknowledged alcoholism, which is significantly correlated with abusers of IPV across many domains, as a separate issue masked under the pretense of justifying their abuse. Factors related to IPV, according to participants, included holding on to values related to a patriarchal society and a lack of insight regarding abusive behaviors (Baboolall, 2016).

Misra and colleagues (2020) reported that Indo-Caribbeans were at a higher risk for depression symptoms than Asian Indians in their analysis of over 1500 Asian Americans living in New York City. Major factors that impacted depression were the experiences of perceived discrimination, having a medical care provider who did not speak the same language, and reporting one's own health. Ali and colleagues (2021) measured mental health outcomes and

feelings of loneliness among South Asians who lived in the United States. Their results indicated that Indo-Caribbeans felt lonelier, experienced higher levels of emotional distress, and experienced a disparate level of burden compared to respondents that were Indian, Pakistani, or Bangladeshi. This was also significant with Indo-Caribbean older adults who participated in the study. Kanhai and Chang's (2022) study identifying predictors for depression among West Indian Americans included stress related to acculturation, finances, socioeconomic status, and discrimination. These findings highlight the limitations in access to mental health resources (Misra et al., 2020) by highlighting the increased likelihood for an individual to reach out to family about their mental health struggles to experience an invalidation of their experience based on cultural or religious values (Ali et al., 2021).

### **Synthesis of South Asian and Indo-Caribbean Diaspora Mental Health Experiences**

With the limited available data, the applicability of the research from South Asian mental health studies to Indo-Caribbeans living in other countries is not supported due to improper sample sizing or insufficient participant responses. However, some data have been published with information regarding racial differences between ethnic groups within the South Asian diaspora, specifically regarding depression and IPV (Ali et al., 2021; Kanhai & Chang, 2022; Misra et al., 2020).

Data regarding depression indicate that Indo-Caribbeans in other nations experience a higher level of risk for developing symptoms of depression compared to other South Asian American subgroups (Ali et al., 2021; Misra et al., 2020). One factor leading to depression among Indo-Caribbeans living in the United States includes stress with acculturation and finances (Kanhai & Chang, 2022).

Among the South Asian American community and Indo-Caribbean American community, there is a similarity in the experience of IPV among both communities through the importance placed on preserving the family unit, denial of recognizing IPV-related issues occurring within the community, and lack of acknowledgment of the seriousness of the issues related to IPV because of social stigma (Baboolall, 2016; Haarr et al., 2020; Hurwitz et al., 2006; Leung & Cheung, 2008; Raj & Silverman, 2003). In an interview with Indica News, Anita Bhatia, a donor to Sakhi toward a youth domestic violence prevention program, stated, “domestic violence in our community is highly underreported, and it is because culturally we are told not to speak about it” (Jha, 2022, paragraph 12). Additionally, there is an inclusion of Indo-Caribbeans in more recent reports that allow for the visibility and inclusivity of the whole diaspora since there are many common experiences of IPV that are culture-specific (South Asian SOAR, 2022). The development of specific IPV interventions is still underway for the community (Tripathi & Azhar, 2022). Currently, most interventions are culture-specific, and it is encouraged to incorporate the financial abuse IPV survivors experience to align with current IPV education and treatment.

### **Limitations**

Information regarding South Asian American mental health has been researched for many years, yet only recently is a distinction made in demographic factors to account for various South Asian subgroups (Kanhai & Chang, 2022). Kanhai and Chang (2022) highlighted the invisibility of the Indo-Caribbean community among earlier South Asian diasporic research as a disservice to the development of mental health resources needed to serve the community.

CARICOM’s mental health climate indicates a high rate of suicidality in Indo-Caribbean men, and treatments are provided for those suffering from schizophrenia, mood disorders, and

substance misuse (Roopnarine et al., 2022). Identified risk factors include the perceived pressure of an individual's socio-familial expectations to maintain high academic and financial success, compliance with familial standards regarding romantic relationships, not receiving support from close relatives, lack of resources and education regarding mental health, and exposure to incidents of suicide (Arora et al., 2020; Hutchinson et al., 1999). The research or information on the mental health conditions of Indo-Caribbeans living in the United States, United Kingdom, and Canada is unclear concerning whether they also suffer from the same mental health issues regarding psychosis or mood disorders found in CARICOM. However, the risk factors identified also have been experienced by Indo-Caribbean descendants living outside the CARICOM region (Plaza, 2006).

It is understood that there is a high stigma related to seeking help outside the family unit, rejecting Western culture, and having a strong desire to preserve the Indian culture. As a result, individuals of Indo-Caribbean descent can be faced with a dilemma when contemplating ways to seek out care for mental health concerns. Religion is often used as the main way to process mental health hardships (Roopnarine et al., 2022). Spirituality is often the only means accepted by individuals from CARICOM countries to heal oneself from mental illness, similar to findings from research among South Asian countries. This knowledge is passed down to generations living abroad even where there is a means and access to mental health care. By having an understanding of the cultural values related to emotional or psychological distress, Indo-Caribbean individuals may face a dilemma with their needs surrounding their identity.

## **CHAPTER IV: APPLICATION OF EXISTING RACIAL IDENTITY MODELS WITH INDO-CARIBBEANS**

Historically, biases among therapeutic providers toward minority clients and patients receiving mental health care led them to receive substandard treatment (Sue et al., 2019). Providers' inability to recognize differences among minority cultures and stereotypes often led to early termination of mental health treatment. Racial identity models became prevalent within the social science community in the latter half of the 20th century to highlight the impact of racism, oppression, discrimination, and prejudice on one's identity development. Throughout the last 50 years, the research surrounding racial identity models has expanded to include a variety of marginalized communities to assist mental health clinicians' conceptualization of their clients' and patients' cultural diversity, attitudes, experiences, and behaviors (Sue et al., 2019). However, as the field continues to grow, more communities emerge as it is recognized that the current models do not capture their total experience. This applies to the Indo-Caribbean community where a specific racial identity model has not yet been developed.

### **Racial and Cultural Identity Models**

Sue and Sue (1990, 1999) have expanded the work of racial identity models. Their racial and cultural identity development model (R/CID) includes five stages held as the golden standard within the field. Stage one, conformity, highlights that a person identified as a minority has a lifestyle similar to that of the majority (i.e., White) society. Stage two, dissonance, acknowledges the existence of racism, examines one's cultural and racial group's strengths and weaknesses, and questions stereotypes of other groups. Resistance and immersion compose stage three, which signifies the experience of guilt, shame, and anger resulting from understanding society's impact. Stage four, introspection, allows the recognition of emotional depletion due to

guilt, shame, and anger. Last, stage five, integrative awareness, is where an individual appreciates their culture's unique qualities and develops an intrapersonal sense of security.

Salazar and Abrams (2005) argued that budding counselors should learn and build competency in one racial identity model before learning additional models. They propose that clinicians should understand that the majority of racial identity models follow a standard that an individual begins to view themselves negatively, which leads to criticizing and questioning their beliefs, allowing them to immerse themselves within their culture and resulting in a positive view of themselves. However, this is an oversimplification of racial identity models that dismisses the experiences of particularly marginalized groups and the specific challenges they face and can lead new practitioners to overlook critical details of their patients and client care.

Numerous racial, cultural, and minority identity models have been developed in the United States since its inception. However, the construct that encompasses race and ethnicity is argued to be distinct and should be able to be applied to minority groups outside of the United States through the concept of ethnic-racial identity (ERI; Verkuyten, 2016). ERI provides a connection from one's sociocultural identification to their individual identity development, essentially establishing a sense of belonging (Verkuyten, 2016). Having a better understanding of ERI allows for an individual's social acceptance as a part of racial identity models to be considered in greater depth, especially in terms of development.

### **South-Asian American Identity**

The standard for Asian and South Asian racial identity has been the work of Jean Kim's (1981) model. Kim's five-stage model incorporates ethnic awareness, White identification, awakening to social/political awareness, redirection, and incorporation. The first stage, ethnic awareness, starts around ages three to four, where the individual observes the family unit as their



model leading to the establishment of attitudes toward their ethnicity. Stage two, White awakening, begins during school as the individual is then exposed to racism and prejudice from others outside their ethnicity and race, which can lead to feelings of social isolation, self-blame, and wanting to identify with the majority (i.e., White) culture. Stage three, awakening to social/political awareness, occurs upon one's exposure to learning about political strife against minorities, which leads to an abandonment of the majority culture and connection to those oppressed. Stage four, redirection, occurs once there is a reconnection to one's Asian ethnicity, culture, and identity. In addition, there is the experience of anger toward the majority for causing oppression. Last, in stage five, incorporation, there is a balance in one's identity where they experience positivity toward themselves and others.

Upon its publication, Kim's body of research in the field of racial identity was profound. However, Kim's (1981) sample size included only 10 participants who were third-generation Japanese American women. Whether the results of this study should be applied to the Asian community as a whole should be called into question given the sample size being limited in number and gender and specific to one Asian subgroup. The Japanese and American relationship is convoluted due to the impact of World War II and the U.S. government's treatment of Japanese residents at the time. This experience is unique to the Japanese American community and is an example of the limits in the applicability of Kim's model to other Asian and South Asian racial groups.

Upon further research of Asian American identity, Alvarez and Helms (2001) provided support for Kim's model by finding that one's identity and appraisal of their race was correlated to their self-esteem. Tran and Curtin's (2017) research highlighted that Asian Americans involved in activism for their community were more strongly connected to their racial identity.

However, Asian Americans may seek the support of community members to improve their worldview (Alvarez & Helms, 2001) and second-generation South Asians living in America were more likely to identify with a race other than their own (Morning, 2001).

Wilson and Leaper's (2016) study indicated a higher sense of pressure to conform based on gender among Asian Americans than among White European Americans in a college setting. Inman (2006) investigated second-generation South Asian women and their racial/ethnic identity effects on conflict in intimate relationships and expectations of their gender/sex role. Results showed that higher scores in the dissonance stage indicated a more significant conflict in expectations for a women's sex role. However, more positive intimacy in relationships was found in those strongly identifying with their ethnicity. Inman (2006) suggested that providers consider the impact of a South Asian woman's personal view on their ethnic and racial identity as the first might develop secondary to the latter and impact their view on intimacy and gender-based roles.

A South Asian identity model was introduced by Ibrahim et al. (1997, as cited in Iwamoto et al., 2013) advocating that Indians do not experience situations necessitating the conformity stage due to the vast diversity found in the South Asian region. Ibrahim and colleagues (1997) argued that the South Asian American client's cultural identity is influenced by their generational status, highest level of education, social class, self-identity to one's culture, and experience of racism and discrimination. Ibrahim and colleagues highlighted the similarities in beliefs and values within South Asian cultures, such as self-respect, dignity, and self-control; respect for family; respect for age; awareness and respect toward community; fatalism; and humility. Ten recommendations were provided for clinicians to consider when working with South Asian clients. First, a sense of autonomy and rapport must be established. Second, the

clinician needs to consider a client's level of acculturation and how connected they are to their racial identity. Third, the clinician should identify the level of religious devotion or spirituality their client practices. Fourth, the clinician should consider which interventions would be the most useful but consider an approach incorporating self-autonomy and interpersonal relations. Fifth, the clinician should consider the developmental stage, age of the client, and gender. Sixth, the clinician should not assume the client cannot identify nonverbal cues or attitudes. Next, the clinician should understand that their client may incorporate humility into their identity. Additionally, clinicians need to show respect toward their South Asian clients. Furthermore, the provider should allow for flexibility in allowing the client to educate them on the specifics of their culture. Last, the provider should incorporate a relational style in their therapeutic approach.

In 2013, Iwamoto and colleagues published an Asian Indian American racial and ethnic identity model to capture the unique characteristics of the largest South Asian subgroup. Iwamoto and colleagues' model separated the stage in terms of development. The childhood stage signified that there would be an identification with the majority group due to a sense of being different, causing them to hide being Indian, being minimally involved with the community, and having no cultural pride due to potential discrimination. The early adolescence stage states that there is more conscientiousness of one's appearance and wanting to fit in. The individual may relate to the dominant group and be reluctant to speak Hindi, Urdu, or another language that is prominent in their cultural background. They may also have misconceptions and stereotypes about their cultural group. Next, in the adolescence stage, one starts to deconstruct and become more aware of their cultural identity. They may feel pressure from family and community. Within the late adolescence age group, there is more comfortability in their sense of

self and a willingness to explore Indian culture via friends and peers raised similarly. They may also experience a sense of defensiveness and have to justify their religion or culture to peers.

Additionally, there is more awareness of racism directed toward the Indian community than before. In emerging adulthood, there is a sense of ethnic pride, willingness to educate others, ability to reconcile and balance two cultures, to become involved in the community, to be fully aware of racism, and to be self-reflective about injustices brought to their Indian community, such as the impact of 9/11 where South Asian individuals were met with overt acts of racism and prejudice. The last stage, early adulthood, includes the experience of conflict. The person continues to engage and is involved within their cultural community. However, they may experience conflicts with the idea of marriage, the race and ethnicity of the person they should be married to, and potential parenting issues concerning which cultural traditions they may want to instill in their children. At this stage, the individual may be able to combine their identities. However, they may struggle in the workplace due to job discrimination and the workplace culture not being congruent with their cultural identity. Iwamoto and colleagues' (2013) model could encapsulate the Indo-Caribbean experience, but it would not be able to explore the part of identity that was taken away from the Indo-Caribbean individual through colonialism and indentured servitude where there was a loss of one's status and an effort to preserve the Indian culture as a result. In addition, this model would not be able to consider the discrimination that an Indo-Caribbean individual might meet from an individual who identifies from another part of the South Asian diaspora, creating potential distress in identity.

### **Racial Identity and Distress**

According to the classification of census data and politics, the Asian American community encapsulates all regions of Asia one might ethnically identify with, including India,

despite significant differences in the geographic locations of countries, religions, history, and physical characteristics (Schachter, 2014). As a result, researchers investigating Asian Americans' experiences contribute to a larger discourse of grouping the Asian community as one minority group, including the distress caused by discrimination. Specifically, South Asians who identify as Muslim are suspected to be discriminated against and face stigma of their religion due to the effects of the 9/11 bombings on the Twin Towers in New York City (Bijlani, 2005; Maxwell, 2009; Mishra, 2013; South Asian SOAR, 2022). In addition to being placed in the category of a model minority (Bijlani, 2005), the phenotype similarities between various South Asian and Middle Eastern ethnic groups have contributed to the stereotyped association of all South Asians being terrorists (Mishra, 2013; South Asian SOAR, 2022).

Compared to their Caribbean counterparts in British society, South Asians were less likely to expect discrimination and more likely to identify positively as British (Maxwell, 2009). The increased expectation of discrimination by Caribbean residents in the United Kingdom may be due to identification with and feelings of connectedness to British culture without the pressure of survival compared to their South Asian counterparts.

The Indo-Caribbean community exists within a larger culture of the countries where they reside, creating a double diaspora (Min, 2013; Sankar, 2020). West Indians living in America may experience a time when they crave recognition of their cultural background, times when they reject their ethnicity, experience discrimination and racism, or times reconciling the confusion experienced with their cultural identity (Hintzen, 2001).

Specifically, Min (2013) highlighted that Caribbean immigrants of Indian descent who migrated to another country are more likely to identify with their country of origin rather than their descendants who will identify with their Indian ethnicity. The main factor that limits the

accuracy of cultural identification among the younger Indo-Caribbean generations is the children of Indo-Caribbean immigrants have a higher likelihood of choosing the Asian Indian racial category (Min, 2013). This research displays the influence of one's racial and ethnic identification being impacted by the twice migration experience unique to the Indo-Caribbean community (Min, 2013).

Ramsawak (2020) incorporated the idea that generational trauma is a result of twice migration within the Indo-Caribbean community outside of CARICOM and impacts one's identity. In a study analyzing the formation of identity among Indo-Caribbean and Afro-Caribbean individuals living in Canada, Plaza (2006) explored the impact of socio-familial factors that contribute to the hybridity experienced by the "one-and-a-half" and second-generation cohorts (p. 207). While Plaza's (2006) study did not contribute to the racial identity model discourse, the information presented addressed Indo-Caribbean Canadians creating a hybrid identity to assist in synthesizing one's duality of cultures. The research found that all participants experienced the feeling of conflict between two environments. The Indo-Caribbean participants reported that their experience in Canada often led them to identify with the Indian ethnicity due to the physical similarities in appearance. However, they were often met with resistance from the Indian community due to their Caribbean influences.

Additionally, Indo-Caribbeans were not accepted by the majority of Canadian society and faced discrimination by being called "Paki," which was used as a racial slur toward all people who looked South Asian (Plaza, 2006, p. 226). Plaza's (2006) research highlighted that a lack in sense of belonging caused by discrimination can lead to identity confusion and potentially provides support toward a generational trauma experienced in identity. Incorporating generational trauma is an idea distinct from many other racial identity models, which only

incorporates and factors in the process of discrimination. Without a racial identity model to embrace these constructs and explore the potential impact of the double diaspora and twice migration on mental health, the unique cultural challenges faced by this particularly marginalized community cannot be fully captured.

In a personal essay, Mohabir (2017) attempted to utilize Sue and Sue's (1999) R/CID model to highlight and explore their Indo-Caribbean identity experience, being one of the first to do so. Mohabir started by describing their experience as a young child questioning their identity and wanting to be like the majority. The essay moves through the rest of the R/CID model, fitting their experiences into the five stages. However, some concepts excluded from their application may apply to the larger Indo-Caribbean community living outside of CARICOM, such as accepting one's cultural identity before questioning their ethnic and racial identity and sense of belonging being impacted by an adverse event.

## CHAPTER V: DISCUSSION AND PROPOSED MODEL

Indo-Caribbeans are considered a subgroup of South-Asian identity since the origins of Indo-Caribbean ethnicity are Asian Indian. Although it has been more than a century since the migration of Indians to the Caribbean region, strong cultural ties to the Indian heritage remain for this population. Then, as immigration to other developed nations began, such as the United States, United Kingdom, and Canada, Indo-Caribbeans began to meet with other communities of South Asian descent. The preservation of the Indian culture, along with the difficulties faced by the Indo-Caribbean community regarding prejudice and discrimination, led to the following questions that guided this critical review of the literature:

1. How did the colonial rule of Caribbean countries impact the identity and culture of Indo-Caribbeans?
2. What is the current climate regarding mental health practices impacting Indo-Caribbeans?
3. How are existing racial identity models applied to the Indo-Caribbean community?

### **Discussion**

Regarding the first question, the psychological effects of colonization on the Indo-Caribbean community have not been studied explicitly. However, the research can be applied to the group as it has to other minority groups that were once under colonial rule. The profound effects of colonialism on the Indo-Caribbean community can be seen in the loss of language, racial discord among other ethnicities throughout CARICOM, religious conversion, and politics. During colonial times and the period of indentured servitude, East Indians were engaging in suicidal behaviors at a higher rate compared to suicide rates occurring in India at that time (Hook, 2005). Generations later, after the end of colonialism, suicide rates within the Indo-Caribbean community continue to maintain high levels. The impact of colonization includes



hypervigilance, feelings of inferiority, lack of safety, inability to advocate for oneself or others, and feeling pressured to acculturate to gain acceptance from mainstream society (Bhabha, 1994; Fanon, 1952; Go, 2018; Hook, 2005; Licata, 2012). This process is an example of institutional gaslighting and a manipulation tactic to avoid responsibility for the grievances colonial powers have caused across centuries. In contrast, Indo-Caribbeans living in the United States and Canada are among other colonized groups but have created their own hybrid culture respective to the racial community and the divide placed on them by their predecessors.

The second question focused on the status of current mental health practices for Indo-Caribbeans. The literature reviewed in this area suggests that within CARICOM, mental health risk factors for Indo-Caribbeans indicate that men are at higher risk for suicide; specifically, men between young adulthood and adulthood stages who identify as Hindu and East Indian (Abel et al., 2012; Arora et al., 2020; Maharaj et al., 2009). Indo-Caribbean women experience higher rates of depression (Maharaj et al., 2009). Additionally, women in CARICOM countries experience higher prevalence rates of IPV (Haar et al., 2020). Risk factors for children who experience depression and behavioral issues include witnessing domestic violence, familial conflict, pressure from parental expectations, and living in a rural area (Arora & Persaud, 2019). Additionally, substance abuse and symptoms of mania are experienced at a higher rate in Indo-Caribbeans living in some CARICOM countries (Hutchinson & Haasen, 2004; Lacey et al., 2016; Roopnarine et al., 2022; WHO, 2011; Wilson et al., 2010). Shaw and associates (2022) identified what many in the Indo-Caribbean community have known for decades: suicide appears to be the main way Indo-Caribbeans cope emotionally with mental health stressors.

The research and mental health statistics for Indo-Caribbeans living in the United States, United Kingdom, and Canada are limited. From the data available, symptoms of anxiety and

depression are noted in immigrants from the Caribbean. Additionally, IPV rates were noted to be similar among Indo-Caribbean communities and the larger South Asian living in New York, where women also felt unable to reach out for help due to familial pressures to stay in a marriage to avoid cultural shame related to separation (Baboolall, 2016). A stigma was noted regarding mental health treatment; however, it was not strongly evident across the studies reviewed. One prominent Indo-Caribbean community in New York was located in an area with few resources due to strong cultural values, lack of acculturation, and experience of racial discrimination after the 9/11 terrorist attacks (South Asian SOAR, 2022). Ultimately, these studies showed a significant impact on their mental health.

Finally, question three focused on the racial identity models being used with this population. The Indo-Caribbean American and Canadian communities were identified as marginalized groups due to a lack of acculturation and assimilation. The racial identity of this community cannot be placed into the existing models. Critical aspects of the culture would not be captured due to being twice removed as a community and living in a double diaspora.

Phenotypically, Indo-Caribbeans do not look different than their Asian Indian counterparts. This similarity in physical features, along with the preservation of culture and religion, has also allowed the Indo-Caribbean community to experience discrimination similar to Asian Indians. South Asians in America experienced a higher rate of hate crimes post-9/11 and are seen as terrorists by the majority population (Mishra, 2013; South Asian SOAR, 2022). Studies have shown that Asian Americans, including South Asians, expect a higher discrimination rate, which has contributed to a positive correlation between the perception of discrimination and the exhibition of antisocial behaviors (Park et al., 2013).

Similar to the other minority groups, initial racial identity models applied to the group did not provide the recognition of Indo-Caribbean racial identity before the 21st century, such as Kim's (1981) model. Regarding the acculturation and assimilation aspects of identity development for this population, Upadhyia (2011) acknowledged a strong faithfulness to culture, customs, and values within the Indo-Caribbean community. Min (2013) highlighted that first-generation Indo-Caribbeans in New York, for example, are more likely to identify as Asian Indian on census data sheets than Indo-Caribbeans born in the Caribbean, which does not allow for accurate data collection. However, in both cases, there is still a robust identification with one's culture belonging to the twice-migrant community (Min, 2013).

Assimilation is noted among Indo-Guyanese families in the Caribbean regarding some aspects of family structure (Warikoo, 2005). The family dynamic shifted from a nuclear family model to extended families upon their settlement in the region. Indo-Caribbeans are not considered a Creole culture due to a lack of acculturation regarding the rest of the family unit (Roopnarine et al., 2009; Warikoo, 2005). The areas of Richmond Hill and South Ozone Park in Queens, New York provide a hub for Indo-Caribbeans despite being a secluded and marginalized community (Baboolall, 2016). These communities emulate the feeling of connection to countries of the Caribbean they have emigrated from, creating a sense of familiarity and avoiding the need to acculturate or erase the need to change their identity to the majority society, especially regarding religion, culture, and tradition (Baboolall, 2016; Dhruvarajan, 2007; Hussain, 2005; Kilgannon, 2009).

Due to the limitations of proper racial identification within existing research, a sense of invisibility has been placed among Indo-Caribbeans living abroad (Kanhai & Chang, 2022), which could be attributed to feelings of oppression, discrimination, or being stereotyped.

Additionally, the impact of language, stigma related to mental health, and lack of education surrounding access to resources to mental health care can all have an impact on ones' needs for psychological treatment. Given the lack of research and thoroughly inclusive models, a proposed model would help clinicians better conceptualize and understand cultural nuances of Indo-Caribbean clients.

### **Limitations of Existing Research**

The research on mental health within the Caribbean region, specifically the English-speaking countries, is relatively new. Before 2000, minimal data were collected until the WHO stepped in to enforce its global mental health initiatives. However, significant research has not been conducted to signify a potential link between risk factors for Indo-Caribbeans and rates of suicide outside of CARICOM. Within the available research that has explored mental health concerns within the Indo-Caribbean community, investigators highlighted the main risk factors of mental health concerns resulting from a dysfunctional family and failed to evaluate other components such as culture and religion. Additionally, factors regarding the protection or resiliency of one's emotional and mental health functioning are hardly explored when trying to understand the inconsistency between the rates of suicide among Indo-Caribbeans living outside of CARICOM compared to those living in the region. Furthermore, most research exploring mental health within the larger South Asian community cannot be cross-analyzed due to the severe lack of race, ethnicity, and gender data collection. This is significant, especially due to the physical similarities experienced among the diaspora, which allows for a collective grouping of a large panethnic group with various culturally specific experiences and erasure of identity.

## **Proposed Racial Identity Model**

Even though several authors have proposed the idea of a specific Indo-Caribbean American and Canadian identity through qualitative research (Mohabir, 2017; Plaza, 2006; Ramsawak, 2020; Sankar, 2020), a more accurate model is still lacking. As a result of the limited utility of existing racial identity development models, that merely provide an indirect understanding of the dynamic identities of a complex population of people, a proposed ICHRIM that intends to understand and provide clinicians with a more relevant model is included, based on this critical literature review (see Appendix A). This ICRIHM model is inspired by Kim's (1981) model of Asian American identity development and Sue and Sue's (1990, 1999) R/CID model. The concept of hybridity, first coined by Homi Bhabha (1994), has been growing in psychosocial research of the Indo-Caribbean community through social identity constructs and community involvement (Balaram, 2018; Brettell & Nibbs, 2009; Khan, 2022). The proposed model's stages are discussed and clarified below and specifically provide context to the identities of Indo-Caribbeans at various points of their identity and immigration status. The objective of this model is to encompass the unique characteristics of identity held by the Indo-Caribbean descendants residing outside of CARICOM countries, emphasizing first and second generation Indo-Caribbean individuals' racial identity development. The proposed model includes seven stages of development: ethnic awareness, ethnogenesis racialization, dissonance, redirection, awakening, reconciliation, and fusion.

### ***Ethnic Awareness***

The first proposed stage is ethnic awareness, and this stage encapsulates first generation Indo-Caribbeans who lived in CARICOM countries before their immigration to another country with a predominantly White majority culture. Those individuals in this stage would strongly

identify cultural identity, religious practices, and gender role expectations of the Indo-Caribbean group. This is the stage at which Indo-Caribbeans could pass down their beliefs and values about identity and culture to their children, growing up in a society where the majority of the population does not identify with this group in the same manner. Clinically, there may not be a strong need for therapeutic intervention at this stage.

For example, at this stage, a five-year old Indian boy named Raj was born in rural Guyana and immigrated to the United States during the middle of his school year. His parents wanted to escape political strife and provide a better opportunity for future employment and education for him and his infant sister. Upon moving to the United States, Raj and his family settled in a neighborhood that was predominantly Indo-Caribbean. Raj continued to strongly identify with his parents' culture and maintain a sense of community that was almost identical to the close relationships he made with his village neighbors in Guyana. Raj established himself in school as a top student, attended *mandir* (Hindu temple) regularly with his parents, and emulated the gender-based cultural values being taught to him by his parents and community, such as to be strong and protect his baby sister.

### ***Ethnogenesis-Racialization***

The second stage is referred to as ethnogenesis-racialization. In this stage and all those following, it would apply to first- and second-generation Indo-Caribbeans growing up in American, Canadian, and potentially British societies. It is inspired by Min (2013), who highlighted the impact of twice migration within the Indo-Caribbean community and the process of being engulfed by the leading racial group where they reside. Within this stage, Indo-Caribbean immigrants will potentially reject the attempt at acculturation and assimilation in their new countries or territories. Contrary to their elders, Indo-Caribbean hybrids, or the generational

cohort of first- and second-generation Indo-Caribbeans, will try to fit in with the majority group by acculturating to the majority societal norms. This stage should determine whether there is a rejection of their familial and cultural identity or an acceptance based on developmental age and the generation to which each individual belongs.

In the example above, the boy's parents moved to a city with a large community of other Indo-Caribbeans and where they had some extended family members close by. The parents specifically would have chosen the area to have social support, feel a sense of community, and avoid feeling like outsiders in a new country. The boy would begin attending a school where the majority of students are White, and a handful of students identify as Black or Latinx. He would begin to be bullied in subtle ways based on his name, clothes, and accent. As Raj wants to connect with his peers in the same manner he did with his neighbors from his original village, he observes the differences between him and his new peers. As he progresses in school, he decides he may want to be called a different version of his name that fits with the new society. When telling his parents that he wants to go by "Ray," they become upset and tell him they will not refer to him by a different name, as that is not the name they gave him, and it does not reflect his culture. He then begins to reject his cultural identity, and tension starts to build with his parents. Raj's teachers notice a change in his behavior in school as his grades begin to drop and advise his parents to speak with the school psychologist. However, his parents may not reach out for help therapeutically due to social stigma related receiving mental health care. They will likely turn to their *pandit* (i.e., priest) for advice.

### ***Dissonance***

The third stage is dissonance, where the Indo-Caribbean hybrid individual may experience rejection by both family and society during this stage. Family and community

members may express that the hybrid individual is not from the Caribbean because they were not born there. Individuals belonging to the majority group may reject Indo-Caribbeans and express sentiments such as “You’re not Indian,” as experienced by Mohabir (2017). Additionally, this stage can be met with perceived and expected forms of discrimination by the larger society and their own community. This can create a sense of loss in identity, which may lead to anger, depression, or antisocial behaviors.

For instance, the boy in the example, who now goes by a more assimilated name, is now an adolescent. He begins to interact with more Indo-Caribbeans as he progressed to a larger school in his secondary education. At the beginning of one school year, he had an Indo-Caribbean mathematics teacher. Hearing his teacher’s accent, Ray picks up that the teacher is from Guyana as well and proceeds to ask him questions about where he is from. The teacher obliges Ray and then asks him where he is from. Ray responds that he was born in Guyana and moved to New York when he was five years old, to which the teacher responds, “So you’re American not really Guyanese. You lived here most of your life.” Later on, as the boy enters early adulthood, he begins to face discrimination from the public after the 9/11 bombings of the Twin Towers. Friends begin to call him a terrorist and will not hang out with him anymore, he receives threats from random passersby, which leads him to feel rejected by society. Ray feels intense anger but does not know how to express it. He engages in risky behaviors, such as partying and drinking, which lead him to having frequent arguments and not having a steady job due to frequent hangovers and poor work relationships. He also does not have a strong relationship with his parents, sister, or extended family and has stopped attending *mandir*. At this stage, Ray contemplates reaching out for help from a mental health professional. Ray may be at



the pre-contemplative or contemplative stage of change. Should Ray seek treatment, clinicians at this stage would have to work on rapport building and meeting Ray where he is at.

### ***Redirection***

The fourth stage is redirection, where the Indo-Caribbean hybrid individual may experience a need for belonging and social acceptance upon the experience of losing their status in both mainstream society and within the Indo-Caribbean sociocultural domain that occurred during the dissonance stage. They may try to identify with being purely Asian Indian and take steps to regain the culture they felt they lost, potentially recognizing the loss of culture occurring as a result of colonialization. They may begin to learn how to speak the Hindi or Urdu languages. They may become more involved in religious or community settings. Additionally, they may develop an interest in societal entertainment from India such as music or movies.

Continuing the example above, the boy has now entered middle adulthood and decides he has been disconnected from his culture after beginning to date a woman, Devi, who also identifies as Indo-Caribbean. She begins to ask why he goes by a different name, reminding him of the strong identity he held as a five-year-old and the experiences he went through. He begins to attend mandir again at her request to which he finds a reconnection with his faith. He realizes that Devi's experience of being an Indo-Caribbean hybrid is not that much different than his own. However, she expresses to him growing up she witnessed domestic violence between her parents and watched her father struggle with substance abuse. Devi expresses to him she sought out mental health treatment to process the generational trauma of substance abuse and intimate partner violence she was witness too that impacted her mental health functioning as an adolescent. Ray decides he will attend psychotherapy after realizing the benefit that can be obtained.

Clinicians at this stage can help their clients process the sense of belonging they are missing from their lives. In the example, the clinician works with Ray and helps him identify which name aligns with his identity more to which he realizes his name “Raj” holds more meaning for him. Raj and his counselor process the trauma of racism and discrimination he experiences and discuss the gender role differences he and his girlfriend Devi experience due to the Indo-Caribbean cultural expectations. The clinician highlights there may be similarities in him that could remind Devi of her father, specifically the potential alcohol abuse and anger. This helps Raj build insight into the traits of himself that need to be worked on, so he and Devi are not at risk of engaging in domestic violence.

### ***Awakening***

The fifth stage is awakening, which involves an awakening to sociopolitical awareness. In this stage, Indo-Caribbean hybrid individuals become more socially aware of cultural stereotypes and prejudices within and outside their community. They likely learn about political strife between Indians and other ethnic and racial groups in CARICOM countries and how that impacts the older generation’s Indo-Caribbean worldview of other cultures in the countries they now reside. The Indo-Caribbean hybrid individual may attempt to persuade their elders to change their views regarding racial prejudice toward other minority groups but potentially be met with resistance. The Indo-Caribbean hybrid may also face a questioning of gender-roles based on the Indo-Caribbean culture that influence familial expectations.

For example, Raj now has a vested interest in all the changes occurring in his birth country of Guyana. He remembers hearing stories of the political strife that occurred but does not recall the details. As, for example, the Black Lives Matter movement that occurred during 2019-2020 was at an all-time high, he would have felt compelled to become an ally to support his

African American and Afro-Caribbean friends and neighbors. He and Devi decide to participate in protests and advocate for political change. However, he is likely met with resistance in the form of verbal yelling and escalation in emotional responses from his parents and family members based on the racial tensions they experienced in Guyana. At the same time, Devi is struggling with her family's expectations of starting a family while also trying to reach her career goals of becoming a lawyer which she expresses to Raj. This can create frustration within Raj and lead to tension in his relationship with his family members, causing him to minimize communication.

At this stage, clinicians would process with their Indo-Caribbean clients' feelings of anger, frustration, and disappointment they have towards their elders. Clinicians should process their client's emotional reactions, discuss emotional regulation techniques, process the difficulties in communication among their family members, examine the difference in individual values compared to their family's cultural values, and address self-care and coping strategies.

### ***Reconciliation***

The sixth stage is reconciliation, where Indo-Caribbean hybrid individuals begin to acknowledge and incorporate cultural aspects of their own self-identity. They begin to relearn their cultural history, acknowledge generational traumas, and embrace the concept of being part of a people who has been twice removed. In this stage, the Indo-Caribbean individuals may become activists for their community. They may look for and find others who identify in a similar capacity as they do to build friendships and a sense of community. They may reconnect with being Indo-Caribbean in terms of cuisine, music, and holiday celebrations.

Continuing with the case example, Raj, now an adult, has become invested in learning about his Indo-Caribbean culture and history. He becomes empathetic toward his family's

viewpoints on differences they experienced in Guyana compared to living in the United States. He joins a local young professionals' group with members who also identify as Indo-Caribbean and South Asian. Additionally, he joins a non-profit that provides assistance in various forms to members of his temple and neighboring ones as well.

Clinically, Indo-Caribbean clients at this stage will have made significant progress. Their emotional distress would have decreased significantly, and session frequency can be reduced. Clinicians working with clients at this stage will have sessions to check in with their Indo-Caribbean clients and address situational concerns as they arise.

### ***Fusion***

The last stage is fusion. At this stage, an Indo-Caribbean hybrid individual acknowledges and embraces all the cultures they are part of and have been influential in their life. These cultures can include but are not limited to their South Asian, West Indian, and their country-of-origin identity. The fusion stage demonstrates they have defined and solidified their true sense of self and personal identity. There is less resistance and defensiveness felt in communicating with parents, elders, or other family members.

In the final stage example, Raj has now accepted the triad of cultures that have contributed to his identity formation. As he thinks about the next generation of Indo-Caribbeans who are not American enough, Indian enough, or Caribbean enough, he feels a sense of pride that he belongs to a community with a strong identity and cultural preservation.

Clients at this stage can be discharged from treatment should they need to be. Clinicians discharging clients at this stage would reflect with them on the progress they made in working on understanding the struggles that impacted their identity. Clinicians would highlight the coping

skills learned, address advocacy that they can engage in, and discuss ways that their clients can help end mental health stigma in the Indo-Caribbean community.

### **Clinical Implications**

The ICHRIM is a proposed model that would benefit greatly from further research among Indo-Caribbeans. This model attempts to encompass the unique characteristics of identity held by the Indo-Caribbean descendants residing outside of CARICOM countries. The ICHRIM model's purpose is to assist mental health professionals with treatment considerations as they work with Indo-Caribbean clients that are considered a part of the first and second generation. Clinicians working with Indo-Caribbean individuals need to have the understanding that the community has experienced discrimination and oppression through colonial power, indentured servitude, political and racial tensions, and through the blatant effects of racism after terrorist events such as 9/11.

As the field of mental health continues to grow, so does the need for more Indo-Caribbean identifying mental health clinicians. Advocacy and incentives should be encouraged by organizations to help train the next generation of counselors, psychologists, psychiatrists, and other mental health professionals that are Indo-Caribbean and can provide treatment in CARICOM and to those living in other regions. There can be an increase in outreach to expand awareness of services to the Indo-Caribbean community via personal references, schools, religious institutions, and community events. Indo-Caribbean mental health professionals can also work with parents in addressing concerns about family functioning, gender role expectations, interpersonal violence, psychoeducation on genetic predisposition to mental health issues, and processing generational trauma that the community experiences. Additionally, this

can assist in decreasing stigma and increasing credibility of mental health professionals within the Indo-Caribbean community.

### ***Conceptualization***

It can only be assumed, at this point in time, that the number of Indo-Caribbeans seeking mental health care is rising based on the initiatives for mental health treatment access being pushed by global health organizations such as WHO and PAHO. However, the data needed to corroborate that statement is still underway. As clinicians conceptualize their Indo-Caribbean clients and their struggles with mental health illnesses, it is important to remember that the process of becoming a part of indentured servitude is a major factor of the community's generational trauma. Immigration, experienced racism, genetic predisposition to mental health disorders, situational stressors, traumatic events, familial and cultural pressures, lack of awareness of resources, and stigma toward treatment are all reasons that can hinder an Indo-Caribbean client's progress. Through the ICHRIM framework, clinicians working with Indo-Caribbean individuals would be able to assist their conceptualization of their clients' issues through a fuller viewpoint of their generational struggles and individual and cultural concerns. Additionally, all mental health care providers would benefit from using this model to assist in better conceptualization of Indo-Caribbean clients.

### ***Treatment***

Mental health professionals are highly encouraged to ensure they are practicing using evidence-based approaches and always providing ethical care to their clients and patients. The ICHRIM framework is a tool to help aid in a provider's treatment toolbox to help analyze and conceptualize their Indo-Caribbean clients' individual struggles and lives within a larger community, if needed. This model can aid in diversity training for clinicians who would like to

incorporate multicultural frameworks into their practice. Additionally, clinicians should be aware of and screen for generational trauma factors, high prevalence of IPV, substance abuse, high expectations regarding cultural gender roles, and communication issues that can contribute to a dysfunctional family unit that impacts their Indo-Caribbean clients overall well-being.

### **Future Recommendations**

Through the proposal of a seven-stage racial identity model for Indo-Caribbeans, based on this critical review of the literature, further studies could be performed to determine the appropriateness of each stage from a qualitative or quantitative analysis viewpoint and the potential impact on mental health. It is hoped that the proposed model will generate research to validate the constructs of the model as well as its use and application in clinical settings. It is also hoped that the proposed model will generate research for additional revisions and for the creation of additional models that could accurately capture the reality of Indo-Caribbean individuals' cultural/racial identity development. It is recommended that this model be studied further among communities with a sizable Indo-Caribbean population in various settings and across all ages.

The stigma toward mental health care is being challenged worldwide and impacts Indo-Caribbeans' help-seeking behaviors. CARICOM has been highlighting the benefits of mental health care to those still living in those communities. However, for Indo-Caribbeans living outside of CARICOM that still hold those biases, stigma not only limits their access to assistance, but also prevents their children from accessing services because parents advise them against it. Outreach and advocacy should be considered as a means to provide psychoeducation to first generation Indo-Caribbeans to discuss the struggles with identity their children or grandchildren may experience.

Given the ease for an individual from this community to identify with a larger cultural group, misconceptions can be placed on Indo-Caribbean individuals. This is also a result of the small population of people who constitute being Indo-Caribbean, as well as confusion about their identity in Western societies. Clinicians should be aware that the ICHRIM model's first stage of Ethnic Awareness primarily applied to first generation Indo-Caribbean immigrants and applied to those living in the United States or areas where racism and discrimination is high amongst minority individuals. Providers are encouraged to assess each level of an Indo-Caribbean individual's experience and tailor their clinical mental health treatment accordingly. Future research is strongly encouraged in both aspects for the Indo-Caribbean community, as it is particularly marginalized in CARICOM countries and outside the region.



## References

- Abel, W. D., Baboolal, E., & Gibson, R. C. (2012). Chapter 5: The epidemiology of mental health issues in the Caribbean. In *Mental health and psychosocial support in disaster situations in the Caribbean*, (pp. 39-43). Pan American Health Association.
- Alatas, S. F. (2006). *Alternative discourses in Asian social science: Responses to Eurocentrism*. SAGE.
- Ali, S. H., Islam, T., Pillai, S., Kalasapudi, L., Mammen, S., Inala, S., Kalasapudi, V., Islam, N. S., & Gunness, H. (2021). Loneliness and mental health outcomes among South Asian older adult immigrants in the United States: A cross-sectional study. *International Journal of Geriatric Psychiatry*, 36(9), 1423-1435. <https://doi.org/10.1002/gps.5549>
- Alvarez, A. N., & Helms, J. E. (2001). Racial identity and reflected appraisals as influences on Asian Americans' racial adjustment. *Cultural Diversity and Ethnic Minority Psychology*, 7(3), 217-231. <https://doi.org/10.1037/1099-9809.7.3.217>
- American Psychological Association. (2012, October 29). *Intimate partner violence*. <https://www.apa.org/topics/physical-abuse-violence/intimate-partner>
- Arora, P. G., & Persaud, S. (2019). Suicide among Guyanese youth: Barriers to mental health help-seeking and recommendations for suicide prevention. *International Journal of School & Educational Psychology*, 1-13. 10.1080/21683603.2019.1578313
- Arora, P. G., Persaud, S., & Parr, K. (2020). Risk and protective factors for suicide among Guyanese youth: Youth and stakeholder perspectives. *International journal of psychology*, 55(4), 618-628. <https://doi.org/10.1002/ijop.12625>
- Baboolal, A. A. (2016). Indo-Caribbean Immigrant Perspectives on Intimate Partner Violence. *International Journal of Criminal Justice Sciences*, 11(2), 159-176.

- Bahadur, G. (2016). *Coolie woman: The odyssey of indenture*. Oxford University Press.
- Balaram, A. (2018). (Re)theorizing hybridity for the study of identity and difference. *Social and Personality Psychology Compass*, 12(10), 1-10. <https://doi.org/10.1111/spc3.12413>
- Bergkamp, J., Persaud, S., Lonikar, A., & Khan, A. (2023). South Asian American multiracial, multiheritage, and diaspora identities. In U. Thakore-Dunlap, D. Srivastava, & N. Tewari (Eds.), *Counseling and psychotherapy for South Asian Americans* (pp. 75-92). Routledge.
- Bhabha, H. K. (1994). *The location of culture*. Routledge.
- Bhatia, S. (2002). Orientalism in Euro-American and Indian psychology: Historical representation of “natives” in colonial and postcolonial contexts. *History of Psychology*, 5, 376-398. doi:10.1037/1093-4510.5.4.376
- Bijlani, J. J. (2005). Neither here nor there: Creating a legally and politically distinct South Asian racial identity. *Berkeley La Raza Law Journal*, 16(2), 53-69. doi:10.15779/Z38537S
- Brettell, C. B., & Nibbs, F. (2009). Lived hybridity: Second-generation identity construction through college festival. *Identities: Global Studies in Culture and Power*, 16(6), 678-699. <https://doi.org/10.1080/10702890903307142>
- Dabby, C., Patel, H., & Poore, G. (2010). *Shattered lives: Homicides, domestic violence, and Asian families* (No. 235404). United States Department of Health and Human Services, Office of Justice Programs. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/shattered-lives-homicides-domestic-violence-and-asian-families>
- Darwin, C., & Keble, L. (1859) *On the origin of species by means of natural selection, or, The preservation of favoured races in the struggle for life*. J. Murray. [PDF] Library of Congress. <https://www.loc.gov/item/06017473/>

Dentice, D. (2011). The Nationalist Party of America: Right-wing activism and Billy Roper's White revolution. *Social Movement Studies*, 10(01), 107-112.

<https://doi.org/10.1080/14742837.2011.545230>

Dookhan, I. (1971). *A pre-emancipation history of the West Indies*. Caribbean Universities Press.

Dhruvarajan, V. (2007). Review: Cultural Issues: Yasmin Hussain, Writing diaspora: South Asian women, culture and ethnicity. *International Sociology*, 22(5), 654–657.

<https://doi.org/10.1177/02685809070220051303>

Dreisinger, B. (2011). *Soca: The music of Trinidad's carnival*. NPR.

<https://www.npr.org/sections/therecord/2011/03/14/134264326/soca-the-music-of-trinidads-carnival>

Ekanayake, S., Ahmad, F., & McKenzie, K. (2012). Qualitative cross-sectional study of the perceived causes of depression in South Asian origin women in Toronto. *BMJ open*, 2(1), 1-7. doi:10.1136/bmjopen-2011-000641

Fanon, F. (1952). *Black skin, white masks*. Grove Press.

Ferguson, K. (2018). *Windrush scandal: Labour MP David Lammy told to "go back home."*

Daily Mail Online. <https://www.dailymail.co.uk/news/article-5647123/Labour-MP-Londoner-David-Lammy-told-home-speaking-Windrush.html>

Go, J. (2018). Postcolonial possibilities for the sociology of race. *Sociology of Race and Ethnicity*, 4(4), 439-451. <https://doi.org/10.1177/2332649218793982>

- Haarr, R., Contreras-Urbina, M., Bourassa, A., & Ovince, J. (2020). *Intimate partner violence in five CARICOM countries: Findings from national prevalence surveys on violence against women* [Research brief]. UN Women.  
<https://caribbean.unwomen.org/en/materials/publications/2021/7/research-brief---intimate-partner-violence-in-five-caricom-countries>
- Hintzen, P. C. (2001). *West Indian in the West: Self-representations in an immigrant community*. New York University Press.
- Hook, D. (2005). A critical psychology of the postcolonial. *Theory & Psychology*, 15(4), 475-503. <https://doi.org/10.1177/0959354305054748>
- Hurwitz, E. J., Gupta, J., Liu, R., Silverman, J. G., & Raj, A. (2006). Intimate partner violence associated with poor health outcomes in U.S. South Asian women. *Journal of Immigrant and Minority Health*, 8(3), 251-261. <https://doi.org/10.1007/s10903-006-9330-1>
- Hussain, Y. (2005). *Writing diaspora: South Asian women, culture and ethnicity (1st ed.)*. Routledge. <https://doi.org/10.4324/9781315233376>
- Hutchinson, G., Daisley, H., Simeon, D., Simmonds, V., Shetty, M., & Lynn, D. (1999). High rates of paraquat-induced suicide in Southern Trinidad. *Suicide and Life-Threatening Behavior*, 29(2), 186-191. 10.1111/j.1943-278X.1999.tb01055.x
- Hutchinson, G., & Haasen, C. (2004). Migration and schizophrenia: The challenges for European psychiatry and implications for the future. *Social Psychiatry and Psychiatric Epidemiology*, 39, 350-357. <https://doi.org/10.1007/s00127-004-0766-0>
- Ibrahim, F. A., Ohinishi, H., & Sandhu, D. (1997). Asian American identity development: A culture-specific model for South Asian Americans. *Journal of Multicultural Counseling and Development*, (25), 34-50. <https://doi.org/10.1002/j.2161-1912.1997.tb00314.x>

- Inman, A. G. (2006). South Asian women: Identities and conflicts. *Cultural Diversity and Ethnic Minority Psychology, 12*(2), 306-319. <https://doi.org/10.1037/1099-9809.12.2.306>
- Iwamoto, D. K., Negi, N. J., Partiali, R. N., & Creswell, J. W. (2013). The racial and ethnic identity formation process of second-generation Asian Indian Americans: A phenomenological study. *Journal of Multicultural Counseling and Development, 41*(4), 224-239. <https://doi.org/10.1002/j.2161-1912.2013.00038.x>
- Jacob, K. S., Bhugra, D., Lloyd, K. R., & Mann, A. H. (1998). Common mental disorders, explanatory models and consultation behaviour among Indian women living in the UK. *Journal of the Royal Society of Medicine, 91*(2), 66–71. <https://doi.org/10.1177/014107689809100204>
- Jayaram, N. (2003). The politics of “cultural renaissance” among Indo-Trinidadians. In B. Parekh, G. Singh, & S. Vertovec (Eds), *Culture and economy in the Indian diaspora* (pp. 135-153). Routledge.
- Jha, R. (2022, October 27). *Let's talk about domestic violence: Anita Bhatia*. indica News. Retrieved May 4, 2023, from <https://indicanews.com/2022/10/27/lets-talk-about-domestic-violence-anita-bhatia/>
- Kale, M. (1995). 3. “Projecting Identities: Empire and Indentured Labor Migration from India to Trinidad and British Guiana, 1836-1885”. In P. van der Veer (Ed.), *Nation and Migration: The Politics of Space in the South Asian Diaspora* (pp. 73–92). Philadelphia, PA: University of Pennsylvania.
- Kanhai, G. A., & Chang, D. F. (2022). Factors contributing to West Indian American depression. *Journal of Immigrant and Minority Health, 1-11*.

- Karasz, A. (2005). Cultural differences in conceptual models of depression. *Social Science & Medicine*, 60(7), 1625-1635. <https://doi.org/10.1016/j.socscimed.2004.08.011>
- Karasz, A., Gany, F., Escobar, J., Flores, C., Prasad, L., Inman, A., Kalasapudi, V., Kosi, R., Murthy, M., Leng, J., & Diwan, S. (2019). Mental health and stress among South Asians. *Journal of Immigrant and Minority Health*, 21(Suppl 1), 7-14. <https://doi.org/10.1007/s10903-016-0501-4>
- Kermode, M., Bowen, K., Arole, S., Joag, K., & Jorm, A. F. (2010). Community beliefs about causes and risks for mental disorders: a mental health literacy survey in a rural area of Maharashtra, India. *The International journal of social psychiatry*, 56(6), 606–622. <https://doi.org/10.1177/0020764009345058>
- Khan, C. (2022). Searching for boxes to check: Constructing boundaries of second-generation Indo-Caribbean identity through community initiatives. *Social Identities*, 1-17.
- Kim, J. (1981). Processes of Asian American identity development: A study of Japanese American women's perceptions of their struggle to achieve positive identities as Americans of Asian ancestry. *Dissertation Abstracts International*, 42(4-A), 1-219
- Kilgannon, C. (2009). India in Queens with a Caribbean accent. *The New York Times*. Retrieved from: <http://www.nytimes.com/2009/05/24/nyregion/24richmond.html>.
- Lacey, K. K., Park, J., Briggs, A. Q., & Jackson, J. S. (2022). National origins, social context, timing of migration and the physical and mental health of Caribbeans living in and outside of Canada. *Ethnicity & Health*, 27(1), 223-246. <https://doi.org/10.1080/13557858.2019.1634183>

- Lacey, K. K., Powell Sears, K., Crawford, T. V., Matusko, N., & Jackson, J. S. (2016). Relationship of social and economic factors to mental disorders among population-based samples of Jamaicans and Guyanese. *BMJ open*, *6*(12), e012870. <https://doi.org/10.1136/bmjopen-2016-012870>
- Leung, P., & Cheung, M. (2008). A prevalence study on partner abuse in six Asian American ethnic groups in the USA. *International Social Work*, *51*(5), 635-649. <https://doi-org.nl.idm.oclc.org/10.1177/0020872808093342>
- Licata, L. (2012). Colonialism and post-colonialism: Psychological dimensions. *The Encyclopedia of Peace Psychology*, *1*, 159-163. <https://doi.org/10.1002/9780470672532.wbepp040>
- Lim, S., Ali, S. H., Mohaimin, S., Dhar, R., Dhar, M., Rahman, F., Roychowdhury, L., Islam, T., & Islam, N. (2022). Help-seeking and mental health outcomes among South Asian young adult survivors of sexual violence in the New York State Region. *BMC Public Health*, *22*(1147), 1-10. <https://doi.org/10.1186/s12889-022-13489-y>
- Maharaj, R. G., Nunes, P., & Renwick, S. (2009). Health risk behaviours among adolescents in the English-speaking Caribbean: A review. *Child and Adolescent Psychiatry and Mental Health*, *3*(1), 1-12. <https://doi.org/10.1186/1753-2000-3-10>
- Maxwell, R. (2009). Caribbean and South Asian identification with British society: The importance of perceived discrimination. *Ethnic and Racial Studies*, *32*(8), 1449-1469. <https://doi.org/10.1080/01419870802604024>
- Meer, N. (2018). "Race" and "post-colonialism": Should one come before the other? *Ethnic and Racial Studies*, *41*(6), 1163-1181. <https://doi.org/10.1080/01419870.2018.1417617>

- Min, P. G. (2013). The attachments of New York City Caribbean Indian immigrants to Indian culture, Indian immigrants and India. *Journal of Ethnic and Migration Studies*, 39(10), 1601-1616. <https://doi.org/10.1080/1369183X.2013.833688>
- Mishra, S. (2013). Race, religion, and political mobilization: South Asians in the Post-9/11 United States. *Studies in Ethnicity and Nationalism*, 13(2), 115-137. <https://doi.org/10.1111/sena.12034>
- Misra, S., Wyatt, L. C., Wong, J. A., Huang, C. Y., Ali, S. H., Trinh-Shevrin, C., Islam, N. S., Yi, S. S., & Kwon, S. C. (2020). Determinants of depression risk among three Asian American subgroups in New York City. *Ethnicity & Disease*, 30(4), 553-562. <https://doi.org/10.18865/ed.30.4.553>
- Mohabir, R. (2017, June 20). “Minority” identity development model for an Indo-Caribbean American in five stages. The Offing. <https://theoffingmag.com/enumerate/minority-identity-development-model-indo-caribbean-american-five-stages/>
- Morning, A. (2001). The racial self-identification of South Asians in the United States. *Journal of Ethnic and Migration Studies*, 27(1), 61-79. <https://doi.org/10.1080/13691830125692>
- Muck, W. (2010). Colonialism/postcolonialism In S. M. Caliendo & C. McIlwain (Eds.), *The Routledge companion to race and ethnicity*. Routledge. <https://doi.org/10.4324/9780429058608>
- McCandless, F. D. (1968). Suicide and the communication of rage: a cross-cultural case study. *American Journal of Psychiatry*, 125(2), 197-205. <https://doi.org/10.1176/ajp.125.2.197>
- Nath, D. (1970). *A history of Indians in Guyana*. Dwarka Nath.



- Pan American Health Organization. (2021, July 30). *Caribbean journalists and communicators prepare for challenges of reporting on mental health issues during the COVID-19 pandemic*. Author. <https://www.paho.org/en/news/30-7-2021-caribbean-journalists-and-communicators-prepare-challenges-reporting-mental-health>
- Pan American Health Organization. (2023, March 22). *Strengthening mental health response to COVID and other crises in three Caribbean countries: Guyana, Suriname and Trinidad and Tobago*. Author. <https://www.paho.org/en/news/22-3-2023-strengthening-mental-health-and-psychosocial-response-covid-and-other-crisis-three>
- Palmer, C. A. (2010). *Cheddi Jagan and the politics of power: British Guiana's struggle for independence*. University of North Carolina Press.  
[https://doi.org/10.5149/9780807899618\\_palmer](https://doi.org/10.5149/9780807899618_palmer)
- Park, I. J., Schwartz, S. J., Lee, R. M., Kim, M., & Rodriguez, L. (2013). Perceived racial/ethnic discrimination and antisocial behaviors among Asian American college students: Testing the moderating roles of ethnic and American identity. *Cultural Diversity and Ethnic Minority Psychology, 19*(2), 166-176. <https://doi.org/10.1037/a0028640>
- Plaza, D. (2006). The construction of a segmented hybrid identity among one-and-a-half-generation and second-generation Indo-Caribbean and African-Caribbean Canadians. *An International Journal of Theory and Research, 6*(3), 207-229.  
[https://doi.org/10.1207/s1532706xid0603\\_1](https://doi.org/10.1207/s1532706xid0603_1)
- Prashad, V. (2002). *Everybody was Kung Fu fighting: Afro-Asian connections and the myth of cultural purity*. Beacon Press.

- Raj, A., & Silverman, J. G. (2003). Immigrant South Asian women at greater risk for injury from intimate partner violence. *American Journal of Public Health, 93*(3), 435-437. <https://doi-org.nl.idm.oclc.org/10.2105/AJPH.93.3.435>
- Ramdin, R. (2000). *Arising from bondage: A history of the Indo-Caribbean people*. New York University Press.
- Ramsawak, J. (2020). *Twice migration and Indo-Caribbean American identity politics* [Honors thesis]. University at Albany, State University of New York. [https://scholarsarchive.library.albany.edu/cgi/viewcontent.cgi?article=1036&context=honorscollege\\_pos](https://scholarsarchive.library.albany.edu/cgi/viewcontent.cgi?article=1036&context=honorscollege_pos)
- Rao, A. S., Desphande, O. M., Jamoona, C., & Reid, M. C. (2008). Elderly Indo-Caribbean Hindus and end-of-life care: A community-based exploratory study. *Journal of the American Geriatrics Society, 56*(6), 1129-1133. <https://doi.org/10.1111/j.1532-5415.2008.01723.x>
- Roopnarine, J. L. (2006). *Indo-Caribbean indenture: Resistance and accommodation 1838-1920*. University of the West Indies Press.
- Roopnarine, J. L., Chadee, D., & Primus, M. A. (2022). Psychology in Guyana and Trinidad and Tobago. *Psychology in Oceania and the Caribbean, 259-270*. [https://doi.org/10.1007/978-3-030-87763-7\\_18](https://doi.org/10.1007/978-3-030-87763-7_18)
- Roopnarine, J. L., Krishnakumar, A., & Xu, Y. (2009). Beliefs about mothers' and fathers' roles and the division of child care and household labor in Indo-Caribbean immigrants with young children. *Cultural Diversity and Ethnic Minority Psychology, 15*(2), 173-182. <https://doi.org/10.1037/a0015322>

- Rout, U., & Rout, J. (2010). Psychological stress and mental health among South Asian women brought up in the UK. *European Psychiatry*, 25(S1), 1. [https://doi.org/10.1016/S0924-9338\(10\)71396-1](https://doi.org/10.1016/S0924-9338(10)71396-1)
- Said, E. W. (1979). *Orientalism*. Vintage.
- Said, E. W. (1985). Orientalism reconsidered. *Race & Class*, 27(2), 1-15.
- Salazar, C. F., & Abrams, L. P. (2005). Conceptualizing identity development in members of marginalized groups. *Journal of Professional Counseling: Practice, Theory & Research*, 33(1), 47-59. 10.1080/15566382.2005.12033812
- Samuel, P. S., & Wilson, L. C. (2009). Structural arrangements of Indo-Guyanese family: An assessment of the assimilation hypothesis. *Journal of Comparative Family Studies*, 40(3), 439-454. 10.3138/jcfs.40.3.439
- Sankar, T. (2020). "A creative process": Indo-Caribbean American identity as a diasporic consciousness. *Middle Atlantic Review of Latin American Studies*, 4(2), 127-143. <http://doi.org/10.23870/marlas.289>
- Schachter, A. (2014). Finding common ground? Indian immigrants and Asian American panethnicity. *Social Forces*, 92(4), 1487-1512. <https://doi.org/10.1093/sf/sou019>
- Selten, J.P. & Sjiben, A. E. S. (1994) First admission rates for schizophrenia immigrants to the Netherlands. *Social Psychiatry and Psychiatric Epidemiology*, 29, 71-77.
- Seon, Q., Maharaj, S., Dookeeram, D., Ali, K., & Seemungal, T. (2023). Leveraging research, community and collaboration towards robust COVID-19 mental health response in the Caribbean. *The Lancet Regional Health-Americas*, 19,1-4. <https://doi.org/10.1016/j.lana.2023.100440>

- Shako, K. (2020). *Sociodemographic factors, culture, and suicide in Guyana* [Doctoral dissertation, Walden University].
- Shaw, C., Stuart, J., Thomas, T., & Kõlves, K. (2022). Suicidal behaviour and ideation in Guyana: A systematic literature review. *The Lancet Regional Health-Americas, 11*, 100253. <https://doi.org/10.1016/j.lana.2022.100253>
- South Asian Americans Leading Together. (2015). *A demographic snapshot of South Asians in the United States: December 2015*. Author. [https://saalt.org/wp-content/uploads/2016/01/Demographic-Snapshot-updated\\_Dec-2015.pdf](https://saalt.org/wp-content/uploads/2016/01/Demographic-Snapshot-updated_Dec-2015.pdf)
- South Asian Americans Leading Together. (2019). *Demographic snapshot of South Asians in the United States: April 2019*. Author. <https://saalt.org/wp-content/uploads/2019/04/SAALT-Demographic-Snapshot-2019.pdf>
- South Asian SOAR. (2022). *Together we rise: Voices from the frontlines of South Asian gender-based violence work*. <https://www.togetherwerise.report>
- Sue, D. W., & Sue, D. (1990). *Counseling the culturally diverse: Theory and practice*. Wiley
- Sue, D. W., & Sue, D. (1999). *Counseling the culturally diverse: Theory and practice* (3rd ed.). Wiley
- Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2019). *Counseling the culturally diverse: Theory and practice*. John Wiley & Sons.
- Tomicic, A., & Berardi, F. (2018). Between past and present: The sociopsychological constructs of colonialism, coloniality, and postcolonialism. *Integrative Psychological and Behavioral Science, 52*(1), 152-175. <https://doi.org/10.1007/s12124-017-9407-5>

- Tran, J., & Curtin, N. (2017). Not your model minority: Own-group activism among Asian Americans. *Cultural Diversity and Ethnic Minority Psychology, 23*(4), 499-507. <https://doi.org/10.1037/cdp0000145>
- Tripathi, S., & Azhar, S. (2022). A systematic review of intimate partner violence interventions impacting South Asian women in the United States. *Trauma, Violence & Abuse, 23*(2), 523-540. <https://doi.org/10.1177/1524838020957987>
- Upadhyia, A. (2011). *Indo-Caribbean Canadian mental health service recipients: Processes of power and constructions of identity* [Doctoral dissertation, McMaster University].
- van Spijker, B. A., Graafsma, T., Dullaart, H. I., & Kerkhof, A. J. (2009). Impulsive but fatal self-poisoning with pesticides among South Asians in Nickerie, Suriname. *Crisis, 30*(2), 102-105. <https://doi.org/10.1027/0227-5910.30.2.102>
- Verkuyten, M. (2016). Further conceptualizing ethnic and racial identity research: The social identity approach and its dynamic model. *Child Development, 87*(6), 1796-1812. <https://doi.org/10.1111/cdev.12555>
- Verma, N. (2000). *Arrival, survival, and beyond survival, the Indo-Trinidadian journey to political and cultural ascendancy* [Doctoral dissertation, University of Toronto].
- Vertovec, S. (1992). *Hindu Trinidad: Religion, ethnicity and socio-economic change*. Macmillan Caribbean.
- Warikoo, N. (2005). Gender and ethnic identity among second-generation Indo-Caribbeans. *Ethnic and Racial Studies, 28*(5), 803-831. <https://doi.org/10.1080/01419870500158752>

- Welch, S., Nazroo, J., Sproston, K., McManus, S., Blanchard, M., Erens, B., Karlsen, S., King, M., Lloyd, K., Stansfeld, S., & Tyrer, P. (2004). Common mental disorders and ethnicity in England: The EMPIRIC Study. *Psychological Medicine*, *34*(8), 1543-1551. <https://doi-org.nl.idm.oclc.org/10.1017/S0033291704002715>
- Wilson, A. R., & Leaper, C. (2016). Bridging multidimensional models of ethnic-racial and gender identity among ethnically diverse emerging adults. *Journal of Youth and Adolescence*, *45*(8), 1614-1637. <https://doi.org/10.1007/s10964-015-0323-z>
- Wilson, L. C., Wilson, C. M., & Johnson, B. M. (2010). Race and health in Guyana: An empirical assessment from survey data. *Caribbean Studies*, 37-58.  
doi:10.1353/crb.2010.0035
- Wolfe, P. (2016). *Traces of history: Elementary structures of race*. Verso Books.
- World Health Organization. (2011). *WHO-AIMS report on mental health systems in the Caribbean region*. MiNDbank. <https://www.mindbank.info/item/2707>
- World Health Organization. (2014). *Preventing suicide: A global imperative*. Author.  
<https://www.who.int/publications/i/item/9789241564779>
- World Health Organization. (2019). *Suicide in the world: Global health estimates* (No. WHO/MSD/MER/19.3). Author. <https://www.who.int/publications/i/item/suicide-in-the-world>
- World Health Organization. (2021). *Suicide*. Author. <https://www.who.int/news-room/factsheets/detail/suicide>

- Yoshihama, M., Bybee, D., Dabby, C., & Blazeovski, J. (2011). Lifecourse experiences of intimate partner violence and help-seeking among Filipina, Indian, and Pakistani women: Implication for justice system responses. *National Institute of Justice*, 1-123.  
<https://doi.org/10.3886/ICPSR29682.v1>
- Yoshioka, M. R., Dang, Q., Shewmangal, N., Vhan, C., & Tan, C. I. (2000). *Asian family violence report: A study of the Cambodian, Chinese, Korean, South Asian, and Vietnamese communities in Massachusetts*. Asian Task Force Against Domestic Violence. <https://www.atask.org/site/publications/family-violence-report.html>
- Yoshioka, M. R., Gilbert, L., El-Bassel, N., & Baig-Amin, M. (2003). Social support and disclosure of abuse: Comparing South Asian, African American, and Hispanic battered women. *Journal of Family Violence*, 18(3), 171-180.  
<https://doi.org/10.1023/A:1023568505682>
- Young, R. J. (2016). *Postcolonialism: An historical introduction*. John Wiley & Sons.

**Appendix A**

**Proposed Model: Indo-Caribbean Hybrid Identity Model**

