

Discrimination, Coping, and Social Exclusion among African Immigrants in the United States: A Moderation Analysis

Sherinah K. Saasa

This cross-sectional study examined coping strategies as moderators of the relationship between perceived discrimination and social exclusion among African immigrants in the United States ($N = 409$). Moderation models using path analyses were conducted to examine the moderating effects of three coping strategies (active coping, use of instrumental support, and religious coping) on the relationship between discrimination and four dimensions of social exclusion: (1) material deprivation, (2) limited access to basic social rights, (3) limited social participation, and (4) insufficient cultural integration. Increases in perceived discrimination were associated with increased social exclusion on all four dimensions. Increased use of active coping was found to weaken the positive relationship between perceived discrimination and material deprivation and between discrimination and limited social participation. Use of instrumental support also buffered the negative effects of discrimination on limited social participation. Recommendations for practice and future research are presented.

KEY WORDS: *African immigrants; coping; discrimination; moderators; social exclusion*

African immigrants, like other racial minorities in the United States, often experience discrimination (Akinsulure-Smith, 2017; Showers, 2015; Thomas, 2014). Indeed, black Africans have been found to be at greater risk for indicators of discrimination such as skill devaluation, underemployment, and lower earnings despite high levels of human capital among this group (Batalova, Fix, & Bachmeier, 2016; Borch & Corra, 2010; Showers, 2015; Thomas, 2014; Zong & Batalova, 2017). In addition to immigrant-related vulnerabilities, black African immigrants experience racism and other indicators of disadvantage similar to those of U.S.-born black people (Showers, 2015; Thomas, 2014).

The sparse research examining the welfare of African immigrants suggests racially stratified socioeconomic constraints and adverse immigrant integration outcomes (Akinsulure-Smith, 2017; Showers, 2015; Thomas, 2014). The foreign and black duo status of black African immigrants, plus the negative media portrayal of black Africa, makes this group particularly vulnerable to discrimination and racism in a country with a long history of systemic exclusion for minority groups (Arthur,

2000; Thomas, 2014). In 2015, there were approximately 2.1 million African immigrants living in the United States (Anderson, 2017). About 1.7 million of these originated from sub-Saharan Africa, a dramatic and significant increase from 130,000 in 1980 (Zong & Batalova, 2017). Therefore, with increasing numbers of African immigrants in the United States, understanding the experiences of this population is vital in efforts to promote their well-being.

LITERATURE REVIEW

Despite significant growth on the literature examining negative effects of discrimination on immigrant well-being, discrimination research among African immigrants is sparse. In addition, most of the existing literature on the negative effects of discrimination on immigrants addresses the association between discrimination and psychological health (Leong, Park, & Kalibatseva, 2013; Schmitt, Branscombe, Postmes, & Garcia, 2014; Wei, Heppner, Ku, & Liao, 2010). The associations between discrimination and other aspects of immigrant well-being have been largely neglected in research, although a few studies examined the effects

of discrimination on social exclusion. In this study, social exclusion is conceptualized as multidimensional and dynamic processes driven by unequal power relationships that interact across social, economic, political, and cultural dimensions (World Health Organization, 2010).

In social exclusion literature, discrimination is proposed to be a risk factor for exclusion due to its ability to impede the full participation of marginalized groups in mainstream activities, which can lead to social disadvantage and deprivation (Jehoel-Gijsbers & Vrooman, 2007). To that effect, discrimination has been found to be a significant predictor of multiple dimensions of social exclusion among African immigrants in the United States (Saasa, 2018). Evidence of social mobility constraints and psychological distress among this immigrant group points to negative ramifications of discrimination across multiple sectors (Akinsulure-Smith, 2017; Showers, 2015). Therefore, identifying factors that might either buffer or exacerbate the relationship between discrimination and social exclusion among African immigrants is important. The present study hoped to build on this line of research and expand it to African immigrants.

The minority stress model proposes that coping strategies have moderating effects on the relationship between perceived discrimination and mental health outcomes (Meyer, 2003). Coping entails cognitive and behavioral responses individuals use to manage the external or internal demands exerted by stressful situations (Lazarus & Folkman, 1984). Thus, coping strategies can also mitigate the negative effects of discrimination on non-health-related outcomes. For example, Showers (2015) found that coping mechanisms that some African immigrant women used in response to discrimination in the workplace, such as distancing from specialties with higher likelihood of discrimination and active problem solving, improved their occupational outcomes.

Although coping strategies have been studied as moderators for other immigrant groups in the United States (Jung, Hecht, & Wadsworth, 2007; Wei et al., 2010), only a few qualitative studies were found that explore African immigrant coping (Akinsulure-Smith, 2017; Sellers, Ward, & Pate, 2006; Showers, 2015; Ting, 2010). Therefore, the purpose of this study was to examine the role of coping strategies on the association between

discrimination and social exclusion among African immigrants in the United States. Based on previous research, this study posited a moderation hypothesis proposing that active coping, use of instrumental support, and religious coping would buffer the effects of discrimination on social exclusion.

METHOD

Design

This study used a cross-sectional research design (Engel & Schutt, 2013). Data were collected using a self-administered online survey. Study and consent procedures were approved in accordance with the university institutional review board. Eligibility criteria included adult immigrants (age 18+) from African countries living in the United States temporarily or permanently, or who had at least one parent from Africa.

Data Collection

Participants were recruited using snowball sampling and Qualtrics research panels. Snowball sampling entailed the selection of participants based on referral from prior participants. Africans who came into contact with the researcher during the data collection period were invited (by phone, via e-mail, or in person) to participate in the study. These individuals were then asked to pass the online survey link along to friends, family, or acquaintances throughout the United States who were eligible for the study. Participants used their own method of choice to pass along the online survey link including text, e-mail, or social media platforms. This type of sampling procedure is useful in situations where the target population may be hard to reach, such as immigrant populations (Rubin & Babbie, 2016). A total of 109 participants completed the survey using snowball sampling.

Qualtrics research panel recruitment involved an e-mail invitation by Qualtrics with a link to the online consent form and questionnaire for eligible participants, of which 300 participants completed the online survey. Qualtrics online panels are generally designed to create nationally representative samples from which to randomly select survey participants. All study participants were compensated for their participation through pooling of online points for panel participants, and \$25 gift card weekly drawing for snowball participants. Data were collected between October and November 2017.

Sample

The final sample consisted of 409 participants representing at least 31 African countries and 42 of the 50 U.S. states. This included a distribution across all four U.S. Census Bureau regions: 15.9 percent Northeast, 14.7 percent Midwest, 47.5 percent South, and 21.9 percent West. Approximately 51 percent of the participants identified as first-generation immigrants (African foreign born) and 49 percent as second-generation (U.S. born). Immigration status at U.S. initial entry among first-generation immigrants included 66 percent on temporary visas (for example, student, visitor, work), 24 percent as green card holders, and 10 percent as refugees or asylum seekers. Among these, about 62 percent had attained U.S. citizenship at time of data collection.

Variables and Measurement

Social Exclusion. The Netherlands Institute for Social Research (SCP) developed a 15-item Social Exclusion Scale (Jehoel-Gijsbers & Vrooman, 2007; Vrooman & Hoff, 2013) that identified two forms of structural-economic exclusion: material deprivation and inadequate access to basic social rights, and two forms of social-cultural exclusion: limited social participation and insufficient cultural integration. This study used a 13-item modified version of this scale. Nine of the 13-items were derived from the original 15-item SCP Social Exclusion Scale and two items for each subscale were developed for the limited access to basic social rights and insufficient cultural integration domains after a study among African immigrants found that the original items on these subscales did not fit well among this population (Saasa, 2018). Sample scale items include, "There are people whom I can have a good conversation with" and "I have enough money to meet unexpected expenses." Responses were rated on a five-point Likert scale ranging from 0 = always to 4 = never. Responses were reverse coded such that high scores on all items indicated high levels of social exclusion. In this sample, the modified social exclusion scale demonstrated internal consistency ($\alpha = .84$), and for the subscales as follows: material deprivation ($\alpha = .84$), inadequate access to basic social rights ($\alpha = .78$), limited social participation ($\alpha = .68$), and insufficient cultural integration ($\alpha = .71$).

Discrimination. The five-item Everyday Discrimination Scale (EDS) was used to measure dis-

crimination (Williams, Yu, Jackson, & Anderson, 1997). Participants were asked questions about recent experiences with personal discrimination such as being treated with less courtesy or respect than other people or receiving poorer service than other people at restaurants or stores. Responses were rated on a four-point scale ranging from 0 = not at all to 3 = a lot. A mean score on these items was obtained, with higher scores indicating more experiences of discrimination. The EDS has demonstrated internal consistency ($\alpha = .77$) (Sterthal, Slopen, & Williams, 2011) and in the current sample ($\alpha = .87$).

Coping. The Brief COPE inventory was used to measure adaptive coping behaviors. The self-report scale consists of 14 coping subscales with two items each (Carver, 1997). Participants were asked how often they engage in certain behaviors and cognitions when coping with specific stressful situations (in this study, immigrant-related stressors). Sample items are as follows: "I've been getting help and advice from other people" (instrumental support) and "I've been taking action to try to make the situation better" (active coping). Responses range from 0 = I haven't been doing this at all to 4 = I have been doing this a lot. Carver (1997) reported internal reliability for the 14 subscales to range from $\alpha = .50$ to $\alpha = .90$. The few studies alluding to African immigrant coping in relation to immigrant-related stressors point to the use of community support, religious support, and active efforts to improve situations (Akinsulure-Smith, 2017; Sellers et al., 2006; Showers, 2015). Thus for this study, the following subscales were assessed: religious coping ($\alpha = 1.0$), active coping ($\alpha = .80$), and use of instrumental support ($\alpha = .67$), all of which indicated good internal consistency. High scores indicated greater use of the particular coping strategy.

Sociodemographic Variables

Additional sociodemographic variables that may influence social exclusion were analyzed. These included gender, age (in years), race (white, black, Middle Eastern/North African, and other), marital status (not married = 0, married = 1), education (no degree = 0, bachelor's degree or more = 1), and income (<\$15,000, \$15,000–\$35,000, \$35,001–\$55,000, and \$55,001+).

Data Analysis

Univariate and bivariate analyses were conducted via SPSS version 23.0. To examine the moderating effect of coping strategies on the relationship between discrimination and social exclusion, path analyses were performed using Mplus version 8.0 (Muthén & Muthén, 1998–2017). Model fit was evaluated using the root mean square error of approximation (RMSEA) and standardized root mean square residual (SRMR) values below .08 for acceptable fit, comparative fit index (CFI) and Tucker–Lewis Index (TLI) values greater than .90 for good fit (Hu & Bentler, 1999; Kline, 2011).

RESULTS

Descriptive Information of the Sample and Study Variables

Descriptive characteristics of the sample are shown in Table 1. At the bivariate level, income, age, and education were significantly associated with social exclusion ($p < .05$). Gender and race had no significant associations with the outcomes. Thus, only age, education, and income were retained as

confounders in the moderation analyses. Results showed that participants reported moderate levels of material deprivation ($M = 1.43$, $SD = 0.92$), limited social participation ($M = 1.47$, $SD = 0.76$), slightly higher levels of limited access to basic social rights ($M = 1.81$, $SD = 1.22$) and insufficient cultural integration ($M = 1.86$, $SD = 1.06$), and relatively low levels of discrimination ($M = 0.99$, $SD = 0.80$). Findings also revealed that participants were using moderate levels of the three coping strategies. Specifically, religious coping was most used ($M = 1.66$, $SD = 1.04$), followed by active coping ($M = 1.63$, $SD = 0.96$) and instrumental support ($M = 1.28$, $SD = 0.90$). Means, standard deviations, and zero-order correlations for the study variables are shown in Table 2. As expected, results showed that increased perceived discrimination was associated with an increase in social exclusion ($p < .001$).

Moderation Analyses

Moderated models of path analyses were conducted to test the hypothesis. The model included interaction terms, and thus the predictor and moderator variables were standardized to reduce multicollinearity and maximize interpretability (Aiken & West, 1991; Frazier, Tix, & Barron, 2004). Separate hierarchical sets of path analyses were conducted for each coping strategy. In step 1, social exclusion was regressed on discrimination and the coping strategy to observe their main effect on the outcomes. In step 2, interaction terms for discrimination and the coping strategy were entered in the model to observe the interaction–moderation effects. In step 3, age, education, and income were added as potential confounders to examine whether moderation effects persisted net of controls. A significant regression coefficient for the interaction term would indicate a significant moderation effect. A positive beta would suggest that the coping strategy amplifies the relationship between discrimination and social exclusion, whereas a negative beta would suggest that the coping strategy buffers the relationship (Aiken & West, 1991). All models showed good fit to the data as was indicated by nonsignificant chi squares, CFI ranged from .992 to .998, TLI from .924 to .967, RMSEA from .030 to .060, and SRMR from .006 to .019.

Table 3 provides the results of the path analyses. Perceived discrimination was found to significantly

Table 1: Sample Characteristics (N = 409)

Variable	%	M (SD)	Range
Gender			
Male	32.3		
Female	67.7		
Age		31.8 (9.2)	18–62
Race			
Black	84.1		
White	4.9		
Middle Eastern/North African	5.6		
Other	5.1		
Income			
Under \$15,000	23.5		
\$15,000–\$35,000	24.2		
\$35,001–\$55,000	19.1		
Over \$55,000	32		
Education			
Less than high school	5.4		
High school or more	22.0		
Technical college	15.2		
Bachelor's degree	38.9		
Master's or more	18.6		
Immigrant type			
First generation	50.6		
Second generation	49.4		
Marital status			
Not married	58.9		
Married	41.1		

Note: Percentages do not necessarily add up to 100 due to rounding error.

Table 2: Means, Standard Deviations, and Zero-Order Correlations of Study Variables

	1	2	3	4	5	6	7	8
1. Material deprivation	1.000	0.513**	0.338**	0.373**	0.245**	0.059	0.020	0.004
2. Social participation	0.513**	1.000	0.168**	0.438**	0.197**	0.022	-0.068	-0.005
3. Basic social rights	0.338**	0.168**	1.000	0.076	0.409**	0.071	0.098*	0.091
4. Cultural integration	0.373**	0.438**	0.076	1.000	0.179**	-0.022	-0.064	0.018
5. Discrimination	0.245**	0.197**	0.409**	0.179**	1.000	0.156**	0.192**	0.084
6. Religious coping	0.059	0.022	0.071	-0.022	0.156**	1.000	0.471**	0.460**
7. Instrumental support	0.020	-0.068	0.098*	-0.064	0.192**	0.471**	1.000	0.515**
8. Active coping	0.004	-0.005	0.091	0.018	0.084	0.460**	0.515**	1.000
<i>M</i>	1.430	1.470	1.810	1.860	0.990	1.660	1.280	1.630
<i>SD</i>	0.920	0.760	1.220	1.060	0.800	1.040	0.900	0.960

* $p < .05$. ** $p < .01$.

predict all four dimensions of social exclusion in all the models ($p < .05$). Instrumental support coping also showed significant effects on limited social participation and insufficient cultural integration ($p < .05$). Results showed three significant moderation effects of coping strategies on the relationship between discrimination and social exclusion. This included the interaction term for discrimination \times active coping and discrimination \times instrumental support coping. After controlling for the effects of age, gender, and income, only the interaction for discrimination \times active coping remained significant.

To examine the nature of the two-way interactions, simple effect analyses were conducted. The intercept and the unstandardized coefficients for the predictor and the moderator were entered to plot the interaction effects (Dawson, 2014). In Figure 1a, results indicate that low utilization of active coping strategies increased vulnerability for material deprivation and limited social participation, whereas high utilization of active coping was associated with less social-economic exclusion, even when perceived discrimination was high. In addition, increased utilization of instrumental support coping strategies despite high levels of discrimination decreased vulnerability for material deprivation (see Figure 1b). The interaction between active coping and discrimination accounted for an additional 1 percent of variance in material deprivation and limited social participation, and that of use of instrumental support and discrimination explained an additional 2 percent of variance in material deprivation. Despite the small effect size, these findings were significant and can be meaningful given the difficulties of detecting moderation effects in

nonexperimental studies (Yip, Rowlinson, & Siu, 2008).

DISCUSSION

The purpose of this study was to examine the moderation effects of coping strategies on the relationship between discrimination and social exclusion. First, the coping strategy of active coping was found to be a significant moderator. These findings suggest that frequent use of active coping weakened the negative effects of discrimination on the social exclusion dimensions of material deprivation and limited social participation. Conversely, less use of this coping strategy amplified this relationship. A meta-analysis by Pascoe and Smart Richman (2009) found that active or problem-solving coping, which entails directly dealing with stressors, was most effective in buffering negative effects of discrimination on health. For example, studies among Asian immigrants found that active or problem-solving coping lessened the association between discrimination and mental health (Noh & Kaspar, 2003; Yoo & Lee, 2005). Thus, this coping strategy appears to also have a buffering effect on the impact of perceived discrimination on socioeconomic outcomes.

The second significant moderator was the use of instrumental support, which entails seeking help or advice from others. This indicated that African immigrants who frequently sought instrumental support in the face of discrimination were able to significantly reduce their likelihood for social exclusion on the limited social participation domain. This result is consistent with logical interpretation and studies that have found the use of social support to be effective in dealing with discrimination (Pascoe & Smart Richman, 2009; Wei et al.,

Table 3: Moderation Analyses Results for Three Coping Strategies

Steps		Material Deprivation		Limited Access to Basic Social Rights		Limited Social Integration		Insufficient Cultural Integration	
		β	R^2	β	R^2	β	R^2	β	R^2
1	Discrimination (DS)	.248***	.06	.405***	.17	.199***	.04	.179***	.03
	Active coping	-.017		.057		-.022		.003	
2	DS	.259***	.07	.398***	.17	.212***	.05	.184***	.04
	Active coping	-.032		.067		-.040		-.005	
	DS \times active coping	-.098*		.061		-.117*		-.052	
3	Controls (age, income, education)		.21		.20		.11		.07
	DS	.223***		.385***		.189***		.180***	
	Active coping	-.044		.052		-.041		-.008	
	DS \times active coping	-.072		.078		-.099*		-.045	
1	DS	.252	.06	.406	.17	.219	.05	.199	.04
	Instrumental support coping	-.028		.020		-.110		-.102	
2	DS	.264***	.08	.407***	.17	.223***	.05	.203***	.04
	Instrumental support coping	-.034		.020		-.112*		-.105*	
	DS \times instrumental support	-.118*		-.010		-.041		-.048	
3	Controls (age, income, education)		.21		.20		.10		.07
	DS	.226***		.392***		.196***		.198***	
	Instrumental support coping	-.030		.021		-.096		-.097	
	DS \times instrumental support	-.079		.013		-.015		-.041	
1	DS	.243***	.06	.408***	.17	.199***	.04	.187***	.04
	Religious coping	.021		.007		-.009		-.051	
2	DS	.242***	.06	.401***	.17	.202***	.04	.184***	.04
	Religious coping	.025		.022		-.016		-.046	
	DS \times religious coping	.018		.072		-.033		.024	
3	Controls (age, income, education)		.20		.20		.10		.07
	DS	.210***		.393		.183		.184	
	Religious coping	.007		-.001		-.027		-.061	
	DS \times religious coping	.004		.069		-.040		.016	

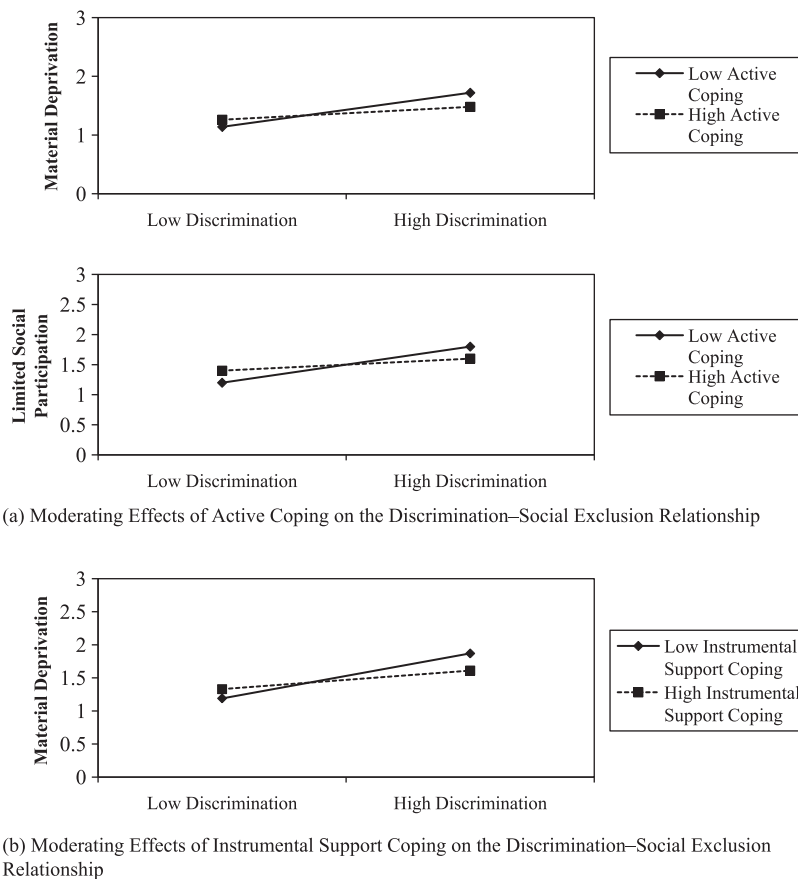
Notes: All coefficients shown are standardized. In step 3, coefficients for control variables not shown. Significant interactions denoted in boldface.

* $p < .05$. *** $p < .001$.

2010). In addition, most African cultures are collectivistic and value the use of social support from their families and community in dealing with challenges experienced as immigrants in the United States (Akinsulure-Smith, 2017; Sellers et al., 2006; Ting, 2010). Thus, the helpfulness of using instrumental support in dealing with discrimination reflects a culturally congruent coping strategy.

Although religious coping was found to be the most frequently used strategy among African immigrants in this sample, it did not show any significant moderating effects on the relationship between perceived discrimination and social exclusion. These findings warrant further investigation for individual meaning and application of religious coping as variations in these would likely

entail varied effects on outcomes. For example, Fabricatore, Handal, Rubio, and Gilner (2004) found that passive religious coping had exacerbating moderation effects. It is also possible that the persistent and chronic nature of discrimination may render religious coping unable to buffer its negative effects. Furthermore, it is important to speculate why all the coping strategies in this study failed to moderate the effects of discrimination on the social exclusion dimensions of insufficient cultural integration and limited access to basic social rights. These findings may suggest that the discrimination–social exclusion relationship on these dimensions may be complex and structural and thus not easily mitigated by individual coping strategies.

Figure 1: Moderating Effects of Coping Strategies on the Discrimination–Social Exclusion Relationship**Implications for Social Work Practice**

Findings from this study have several implications for social work practitioners. First, it is important for practitioners to increase their awareness of African immigrant experiences and assess the level of discrimination and its impact on their social–cultural and structural–economic participation. When clients present with discrimination-related issues, clinicians need to be sensitive to culturally congruent coping as they assess for the role of coping in the link between perceived discrimination and outcomes. Specifically, findings suggest that practitioners need to understand how active coping and use of instrumental support can help to mitigate the negative effects of discrimination on socioeconomic exclusion. Consequently, practitioners could promote active coping by exploring problem-solving options with clients

and linking them to needed services and resources. Practitioners can also help clients develop and use social support networks in dealing with discrimination. For instance, practitioners could connect more isolated clients with social support systems (such as community members, other immigrants, or members of their faith tradition) from which clients can receive additional support.

Practitioners should also consider variations in coping strategies among individuals across cultures and how these may affect the impacts of discrimination. An exploration of how immigrants cope can provide valuable knowledge to practitioners. Findings suggest that interventions that go beyond individual coping strategies are needed in alleviating negative effects of discrimination on social exclusion. Specifically, individual coping strategies failed to moderate the effects of discrimination on

limited access to basic social rights and insufficient cultural integration. This calls for social workers to assess for discrimination at individual and structural levels and advocate for policies and interventions that mitigate discriminatory practices facilitating decreased access to basic social rights and limiting cultural integration among African immigrants.

Consistent with the work of Akinsulure-Smith (2017), this study also found religion and spirituality to be important coping assets among African immigrants. Although findings showed that religious coping did not buffer the negative effects of discrimination on social exclusion, social workers might conduct spiritual assessments to determine the role that religion and spirituality play in the clients' lives (Hodge, 2006). An increased understanding of the value clients place on religion and spirituality could help practitioners better tailor their interventions to clients' needs. For example, supporting religious coping while facilitating additional coping mechanisms may help clients better address stressors associated with social exclusion.

Limitations, Research Implications, and Conclusion

Findings of this study should be viewed in the context of several limitations. First, the sample recruitment strategy entailed self-selection and referral, which leads to bias. Second, causal inference cannot be made due to the use of cross-sectional data. Third, measures of coping used in this study were developed from Western cultural perspectives, hence it is unknown whether coping strategies developed from a collectivist cultural perspective would demonstrate similar moderating effects. Last, findings cannot be generalized to other ethnic-minority immigrant groups without the replication of findings in those groups. Despite these limitations, this study expands our understanding about factors that may help reduce the negative effects of perceived discrimination on the social exclusion of African immigrants in the United States. Future research can examine the role of culture-specific coping strategies as moderators, as well as the role of maladaptive coping strategies that may be used among African immigrants, as this study did not examine the effects of unhealthy coping strategies.

This study is an important first step in quantitatively linking coping strategies as buffers in the relationship between perceived discrimination and

socioeconomic outcomes among African immigrants in the United States. Findings from this study add to the emerging literature on African immigrant research and expand the discussion to coping strategies, discrimination, and multidimensional social exclusion. Increased research in these areas can provide the foundation for the development of policies and interventions that can facilitate the well-being of African immigrants in the United States. **SW**

REFERENCES

- Aiken, L., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions*. Newbury Park, CA: Sage Publications.
- Akinsulure-Smith, A. M. (2017). Resilience in the face of adversity: African immigrants' mental health needs and the American transition. *Journal of Immigrant & Refugee Studies*, 15, 428–448.
- Anderson, M. (2017, February 14). *African immigrant population in US steadily climbs*. Retrieved from <http://www.pewresearch.org/fact-tank/2017/02/14/african-immigrant-population-in-u-s-steadily-climbs/>
- Arthur, J. A. (2000). *Invisible sojourners: African immigrant diaspora in the United States*. Westport, CT: Praeger.
- Batalova, J., Fix, M., & Bachmeier, J. D. (2016). *Untapped talent: The costs of brain waste among highly skilled immigrants in the United States*. Retrieved from <http://www.globaldetroit.com/wp-content/uploads/2016/12/BrainWaste-FULLREPORT-FINAL.pdf>
- Borch, C., & Corra, M. K. (2010). Differences in earnings among black and white African immigrants in the United States, 1980–2000: A cross-sectional and temporal analysis. *Sociological Perspectives*, 53, 573–592.
- Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the brief COPE. *International Journal of Behavioral Medicine*, 4(1), 92–100.
- Dawson, J. F. (2014). Moderation in management research: What, why, when and how. *Journal of Business and Psychology*, 29, 1–19.
- Engel, R. J., & Schutt, R. K. (2013). *The practice of research in social work* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Fabricatore, A. N., Handal, P. J., Rubio, D. M., & Gilner, F. H. (2004). Stress, religion, and mental health: Religious coping in mediating and moderating roles. *International Journal for the Psychology of Religion*, 14(2), 91–108.
- Frazier, P. A., Tix, A. P., & Barron, K. E. (2004). Testing moderator and mediator effects in counseling psychology research. *Journal of Counseling Psychology*, 51, 115–134. doi:10.1037/0022-0167.51.1.115
- Hodge, D. R. (2006). A template for spiritual assessment: A review of the JCAHO requirements and guidelines for implementation. *Social Work*, 51, 317–326.
- Hu, L. T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal*, 6(1), 1–55.
- Jehoel-Gijsbers, G., & Vrooman, C. (2007). *Explaining social exclusion: A theoretical model explaining social exclusion tested in the Netherlands*. The Hague: The Netherlands Institute for Social Research/SCP.

- Jung, E., Hecht, M. L., & Wadsworth, B. C. (2007). The role of identity in international students' psychological well-being in the United States: A model of depression level, identity gaps, discrimination, and acculturation. *International Journal of Intercultural Relations, 31*, 605–624.
- Kline, R. B. (2011). *Principles and practice of structural equation modeling* (3rd ed.). New York: Guilford Press.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Leong, F., Park, Y. S., & Kalibatseva, Z. (2013). Disentangling immigrant status in mental health: Psychological protective and risk factors among Latino and Asian American immigrants. *American Journal of Orthopsychiatry, 83*(2 Pt 3), 361–371.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations. *Psychological Bulletin, 129*, 674–697.
- Muthén, L. K., & Muthén, B. O. (1998–2017). *Mplus user's guide* (8th ed.). Los Angeles: Author.
- Noh, S., & Kaspar, V. (2003). Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support. *American Journal of Public Health, 93*, 232–238. doi:10.2105/AJPH.93.2.232
- Pascoe, A. E., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin, 135*, 531–554.
- Rubin, A., & Babbie, E. R. (2016). *Empowerment series: Research methods for social work* (9th ed.). Boston: Cengage Learning.
- Saasa, S. K. (2018). *Predictors of social exclusion among African immigrants in the United States*. Unpublished manuscript.
- Schmitt, M. T., Branscombe, N. R., Postmes, T., & Garcia, A. (2014). The consequences of perceived discrimination for psychological well-being: A meta-analytic review. *Psychological Bulletin, 140*, 921–948.
- Sellers, S. L., Ward, E. C., & Pate, D. (2006). Dimensions of depression: A qualitative study of wellbeing among black African immigrant women. *Qualitative Social Work, 5*(1), 45–66.
- Showers, F. (2015). Being black, foreign and woman: African immigrant identities in the United States. *Ethnic and Racial Studies, 38*, 1815–1830.
- Sternthal, M. J., Slopen, N., & Williams, D. R. (2011). Racial disparities in health: How much does stress really matter? *Du Bois Review: Social Science Research on Race, 8*(1), 95–113.
- Thomas, K.J.A. (2014). *Diverse pathways: Race and the incorporation of black, white, and Arab-origin Africans in the United States*. East Lansing: Michigan State University Press.
- Ting, L. (2010). Out of Africa: Coping strategies of African immigrant women survivors of intimate partner violence. *Health Care for Women International, 31*, 345–364.
- Vrooman, J. C., & Hoff, S. J. (2013). The disadvantaged among the Dutch: A survey approach to the multidimensional measurement of social exclusion. *Social Indicators Research, 113*, 1261–1287.
- Wei, M., Heppner, P. P., Ku, T. Y., & Liao, K.Y.H. (2010). Racial discrimination stress, coping, and depressive symptoms among Asian Americans: A moderation analysis. *Asian American Journal of Psychology, 1*(2), 136–150.
- Williams, D. R., Yu, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health: Socio-economic status, stress and discrimination. *Journal of Health Psychology, 2*, 335–351.
- World Health Organization. (2010). *Poverty, social exclusion and health systems in the WHO European Region* (p. 36). Copenhagen: WHO Regional Office for Europe.
- Yip, B., Rowlinson, S., & Siu, L. (2008). Coping strategies as moderators in the relationship between role overload and burnout. *Construction Management and Economics, 26*, 871–882.
- Yoo, H. C., & Lee, R. M. (2005). Ethnic identity and approach-type coping as moderators of the racial discrimination/well-being relation in Asian Americans. *Journal of Counseling Psychology, 52*, 497–506.
- Zong, J., & Batalova, J. (2017, May 3). Sub-Saharan African immigrants in the United States. *Migration Information Source: The Online Journal of the Migration Policy Institute*. Retrieved from <https://www.migrationpolicy.org/article/sub-saharan-african-immigrants-united-states>

Sherinah K. Saasa, PhD, LCSW, is assistant professor, School of Social Work, Brigham Young University, 2190 JFSB, Provo, UT 84602; e-mail: sherinah_saasa@byu.edu.

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