Bring “human libraries” into schools: a proposed early intervention for reducing prejudice and discrimination against children of immigrant families of color

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Center for Community Health Equity

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Foreword

We are pleased to present the winner of our 2017 Center for Community Health Equity Student Paper Competition – an innovative proposal from Kris (Pui Kwan) Ma, a third-year doctoral student in the clinical-community psychology program at DePaul University. Kris originally wrote the paper as part of coursework in PSY568 Advanced Community Psychology – Seminar in Prevention and Intervention. It is an ambitious proposal: “theory-driven, highlighting the importance of early intervention, building upon community and school efforts, and empowering the individual narratives of children.” The paper focuses on racial/ethnic discrimination as a social determinant of health, and puts forth an interesting idea to bring ‘human libraries’ into schools.

Kris, congratulations on winning this competition, and for writing this very interesting paper.

Fernando De Maio, PhD

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Introduction*
Millions of children in the United States are facing unprecedented waves of anti-immigrant sentiment and racism in recent years. These negative experiences are exacerbated by the racist remarks and humiliation towards immigrants in this year’s presidential campaign. A report found that in a sample of 2,000 K-12th grade teachers, over two-thirds (67 percent) reported their students – most often immigrants, children of immigrants, Muslims, African Americans and other students of color – had expressed fear and anxiety regarding the inflaming racial and ethnic tensions in the classroom (Costello, 2016). Teachers also noted an increase in bullying, harassment, and intimidation of students of color. To address these issues, interventions for reducing discrimination against children of immigrant families at schools are needed.

Prejudice and Discrimination against Children of Immigrant Families of Color
Currently, there are more than 17 million children under age 18 living with at least one immigrant parent in the U.S.; this is more than a quarter of the total children population (Migration Policy Institute, 2015). Racial prejudice and discrimination are reported and commonly faced by children of immigrant families at school (Adair, 2015; Brown, 2015). They occur at individual and institutional levels, ranging from children being called names and isolated by peers, to school segregation and low engagement between schools and parents (Adair, 2015). A double disadvantage for children of immigrant families of color is that they experience discrimination due to their immigrant status in addition to their race and ethnicity. Research shows that in general, Americans are more favorable to White immigrant groups than groups of color (Deaux, 2006). American adults hold more negative stereotypes toward Hispanic/Mexican immigrants than Asian immigrants (Lee & Fiske 2006) or English immigrants (Short 2004). Similar findings were observed in children regarding their differing stereotypes based on immigrant’s country of origin.

Racial/ethnic Discrimination as a Social Determinant of Child Health Disparities
Racial discrimination has contributed significantly to the persistent health disparities in communities of color. The documented link between racism and poorer physical and mental health in these communities suggests that racism is a major risk factor for negative health outcomes (Paradies et al., 2015). Among children of color whose sense of control over life, health outcomes, and perceptions of
the world are shaped by their social experiences and environment; racial prejudice and discrimination develop perceptions of powerlessness, inequality and injustice, which in turn contribute to adverse child health outcomes and disparities (Sanders-Phillips et al., 2009). Research showed prejudice and discrimination have detrimental effects on children’s development in all domains (Brown, 2015). Psychologically, discrimination from peers is associated with greater anxiety, depressive symptoms, loneliness, lower self-worth and self-esteem among children of immigrant families (Brown, 2015). It is also particularly harmful to children’s development of a sense of self and social identity in their early years. A recent study conducted with Mexican American students found that experiences of discrimination produce stress responses similar to post-traumatic stress disorder (Flores et al., 2010). These physiological reactions are associated with worse mental and physical health outcomes. Academically, students who receive negative messages about themselves at school are more likely to disengage, perform worse academically, and be at a greater risk of dropping out. Negative social outcomes such as risk behaviors and affiliation with deviant peers are linked with perceived discrimination. These consequences underscore the importance of a safe, discrimination-free and healthy learning environment for children of immigrant families of color.

A Developmental Model
Brown and Bigler (2005) proposed a developmental model to understand perceptions of prejudice and discrimination in early childhood. The model explained children’s cognitive abilities to perceive discrimination directed at themselves and others. They acknowledged that as early as age 5, children have knowledge of basic, concrete racial stereotypes. At age 6, children start to apply stereotypes to other outgroups members and understand that people have unique beliefs that affect behaviors. At age 7, they become more logical about concrete and specific concepts, and acquire social categorization skills. At ages 8 and 9, they consider ability, efforts, and intentions when making judgments about fairness. They also assess themselves and their own ability based on their peers’ performance. Starting from age 9, children begin to develop their ethnic identity. Thus, the age period between 6 and 9 are a critical window for intervening children’s understanding of discrimination. The authors added that all the major cognitive development milestones regarding children’s perception of discrimination are also influenced by individual and situational factors such as the role of socialization and social support.

The Intergroup Contact Theory
The intergroup contact theory is a prominent theoretical concept proposing that contact between members of different social groups leads to less prejudiced attitudes and generally promotes positive
intergroup relations (Allport, 1954). A number of studies found that the intergroup contact effect observed in contact-based programs were independent of age, type of attitudes, cultures and social conditions (Pettigrew & Tropp, 2006). Examples of contact-based interventions for younger participants in early childhood years (aged 3-8) include naturally occurring friendships in integrated settings, story reading about intergroup friendships, playing games, group activities about children’s orientation towards others, multicultural education, and social and cognitive skills training (Aboud et al., 2012; Beelmann & Heinemann, 2014; Cameron et al., 2006; Houlette et al., 2004). Research showed that interventions nurturing direct contact experiences combined with social cognitive training produce the strongest effects in improving intergroup attitudes among children, as compared to information based interventions or social cognitive skills training workshop only (Beelmann & Heinemann, 2014). It is noted, however, the effectiveness of contact based interventions targeting children aged 8 or below has not always been consistent (Aboud et al., 2012). These mixed findings could be attributed to the context of exposure (naturally occurring or experimental manipulation) and insufficient understanding of the processes in interaction.

To enhance relationship building and engagement across differences in intergroup contact, subsequent research found that a structured interaction involving some dialogic learning processes is needed (Nagda & Zúñiga, 2003). One example is the intergroup dialogue, which “entails an intentional, sustained, and reciprocal process of intergroup interaction to examine group differences in the context of systems of oppression and privilege, and explore ways to challenge the effects of such systems on intergroup relationships” (Zúñiga, Nagda, & Sevig, 2002). Intergroup dialogues bring together members of two or more social identity groups that have a history of conflict or potential conflict. Through facilitated face-to-face meetings that sustained over weeks or months, participants are encouraged to explore the role and experience of social identity group memberships, challenge the misconceptions and stereotypes, and develop constructive skills for engaging and bridging differences. Intergroup dialogues draw upon many conditions that favor positive intergroup contact—equal status, acquaintance potential, and interdependency (Allport, 1954). Voicing and sharing of experiences, listening to others and being listened to, and asking difficult questions facilitated learning in intergroup dialogues. Existing research showed participants who engaged in intergroup dialogues, reported an increased centrality of race, perspective taking ability, comfort in communicating differences, and interest in bridging difference (Dessel & Rogge, 2008; Nagda & Zúñiga, 2003).
**Rationale**

Taken together, there is still a gap between research and practice in which the conditions or interventions known to reduce racial prejudice and enhance intergroup attitudes are not always implemented with effects in community and school settings (Aboud et al., 2012). There is also limited understanding regarding the mechanisms associated with the interacting processes in intergroup contact interventions, particularly for younger children. Since school is where most children’s cognitive and social skills development take place, and children demonstrate increasing consciousness of racial stereotypes and ethnic identity during their early childhood; it is thus important to develop novel interventions that occur in natural settings like schools, to reduce racism against children of immigrant families and promoting positive intergroup attitudes and relationships. The current study proposes a novel school-based intervention that uses intergroup dialogue to facilitate relationship and learning among elementary school aged children of immigrant families and of majority ethnicity, and discusses ways to evaluate its effectiveness on reducing racial prejudice and improving intergroup relationships.

**Proposed Intervention**

**Goals**

The Human Library Project is proposed to achieve three goals: (1) to enhance intergroup contact and attitudes among children of immigrant families and of majority ethnicities; (2) to promote dialogic learning and facilitate intergroup relationships; (3) to reduce racial prejudice and discrimination at school.

**General Description**

The concept of ‘Human Library’ was originated from Denmark in 2000 where a local anti-violence youth organization designed to challenge people’s stereotypes and prejudices through dialogue. The idea was to gather a collection of people from all walks of life; some individuals serve as human ‘books’ and others can ‘read’ the book by engaging in a conversation with the book on loan. It aims to “establish a safe conversational space where difficult questions are expected, appreciated and hopefully answered” (The Origin of the Human Library, n.d.). Over the past years, an increasing number of human libraries has occurred in universities, high schools, public libraries and other community settings around the world.

The current study proposes to adapt a modified version of Human Library into an elementary school setting to target children aged 7 to 9, who experiences a critical social-cognitive development stage. It is
a universal intervention targeting all school children within this age period to intervene early for preventing and hindering the development of prejudice and stereotypes starting in early childhood. In this Human Library, children of immigrant families and of majority ethnicity will take turns to be human ‘book’ as well as “book” readers. Through participating in these two roles, children will have a chance to learn from each other and engage across differences. Currently, it is an individual-centered intervention that targets changes within individuals, including their attitudes, belief systems and knowledge of outgroups.

The intervention will incorporate intergroup dialogue techniques (Nagda & Zúñiga, 2003) in forming and building relationships where students are involved in exploring issues of safety and trust in a cross-race/ethnic context, differences between ‘dialogue’ and ‘debate’, and setting guidelines for engagement. Students will also be exploring differences and commonalities of experience by using structured activities to share life histories and dialogue about growing up as persons of their racial/ethnic background and the socializing influence of family, peers, and media. Students will examine these biographies in social context and discuss the advantages as well as disadvantages of their racial/ethnic group membership by exploring dynamics of inclusion-exclusion, and privilege-oppression at school and in society.

It is proposed that the intervention will comprise of ten sessions. The sessions occur on a weekly basis and each session will last for an hour. The first two sessions are training sessions that devotes to (1) forming and building relationships, (2) establishing ground rules and common language; (3) introducing some basic concepts such as race, ethnicity, fairness and oppression; and (4) helping students understand and articulate difference, and to the extent possible, power and privilege. The remaining eight sessions will focus on students actively taking part in the human library experience. The sessions will begin with teacher facilitators identifying students who participate as human books and as book readers. Each human book will be represented with a book title that they create to illustrate their race and ethnicity. Then, within three 15-minute intervals, student readers can ‘read’ and engage in one-on-one conversations with one human book at a time. Student readers may ‘read’ up to a maximum of three human books. Student readers and student books can use question cards and other materials provided to help facilitate their conversations. Before the end of each session, teacher facilitators will debrief with students in terms of checking in with their feelings and thoughts about the experience, sharing observations and recommendations to improve the dialogic learning process. Unlike other school-based interventions, interested students aged 7 to 9 will be participating in the intervention
together, given that race and ethnicity rather than age or grade is the issue of interest in the study. Depending on the school’s schedule, the intervention can take place during lunch, in free periods, or after school.

Adaptations based on Community-School-Academia Collaborative Efforts
To successfully adapt this intervention from a community setting to an elementary school setting specifically for younger age groups, multiple developmental and cultural adaptations will be made with the collaborative efforts from school teachers, researchers and trained community volunteers from the Human Library Chicago Chapter. First, all parties will collaboratively create a semi-structured protocol to guide the intervention. Researchers provide expertise on racism and cultural competency; teachers provide information on the characteristics of their student body; and community volunteers provide their experience in conducting Human Library. The protocol may include potential topics, stories, guided activities and questions for students to discuss and facilitate their conversations. Focus groups will also be conducted with students to collect their feedback on the protocol and gain their buy-in. Students will be asked to evaluate the interest, relevance and appropriateness of the content. The protocol will then be revised accordingly and used to facilitate as well as monitor the intervention.

Second, additional learning materials and tools are designed to accommodate with the children’s cognitive and socioemotional development. These materials may include using artwork, self-portraits and feelings chart to help students articulate their ideas, thoughts and emotions. Storytelling can be used to help students understand abstract concepts such as race and ethnicity, power and privilege. More time are also given for students to be familiar with the structure, processes and content of the human library experience.

Third, teachers will be trained by community volunteers to run the Human Library. As a facilitator, teachers will monitor the intervention to be implemented as closely as to the protocol. These include giving equal chances for students of majority and of immigrant families to be human books and readers, providing fair and transparent procedures in allowing students to choose to interact with their preferred ‘books’, providing adequate time to ‘read’ the “book”, ensuring students are engaging in conversations related to the topic, observing behaviors and interactions, recording misbehaviors or fights (if any), and answering students’ questions (if any). However, teachers will not be involved in the conversations themselves. The main objective is to create a warm, supportive and safe environment for participants to engage in conversations.
Fourth, on-site school counsellors will provide support and resources in case there are disagreements, conflicts, and emotionally distressing moments for students.

Fifth, given some students of immigrant families may face language barriers when communicating their stories and engaging in the intervention, visualization tools such as diagrams and worksheets will be used. If available, bilingual teachers can also help students to prepare for their materials before each session.

**Example of a Proposed Evaluation Plan**

**Design**

To evaluate the effects of human library project in elementary school students, an effectiveness trial is proposed. An effectiveness trial refers to controlled studies conducted in real-world settings to determine if an efficacious intervention works for more general populations and if it can be administered by those who would sustain it if found to be effective. In this case, the aim of the evaluation study is to examine whether contact-based programs using the concept of human library will reduce racial prejudice and improve intergroup attitudes as well as relationships in elementary school settings.

Our assessment procedure will utilize a pre-test, post-test design involving both the student books and readers. Students will be randomly assigned into intervention group or the wait-list control group. The waitlist control group will be receiving the intervention after intervention groups have completed trials.

**Sample Characteristics**

In its pilot stage, the Human Library Project will be implemented and tested in a medium-size inner city elementary school in Chicago, where there is a relatively racially and ethnically diverse student body. We will recruit two hundred students to participate in the Human Library Project, with 100 students in the intervention and control groups respectively. All students in the intervention group will have an equal amount of chances to be human books and readers. Students who are eligible for the study must be between ages 7 and 9, have both their own assent and parental consent, and come from either a majority ethnicity or immigrant families of color.
Procedures
Recruitment. A multi-component partnership-based approach will be adopted to recruit participants for the study. It is believed that this approach will help facilitate a deeper understanding of the research process among researchers, children, parents and teachers, resulting in higher rates of parental permission (Blom-hoffman, Leff, Franko, Weinstein, & Power, 2009). Recruitment begins with establishing partnership and a need for the intervention at school. This can be conducted through a series of meetings with school personnel, administrative staff and parents, listening to their concerns, and explaining how the intervention may be able to meet some of their needs. When approval of the project is granted, multiple ways are needed to promote the intervention to the student body. These include teachers raising awareness of racial diversity in classroom and playing a video clip of an example of human library project in class; parents showing support and encouragement to their children’s involvement at school; and researchers developing relationships with the student body as well as explaining the research study. The school will also be sending out notice to inform parents that the human library project is going to be implemented at school.

Interested students will approach their classroom teacher and be referred to the teacher-in-charge for the project. After collecting their names and contact, researchers will mail to them a package of information related to the study, two conditions, and consent forms. Students and their parents will be reached by researchers on phone to go through the consent process and documents. Once they agree to enroll in the study, they will be randomly assigned to either the intervention or control groups using computerized random codes.

Data collection
The pre-test will be administered approximately one week prior to the first human library session and the post-test will be administered approximately within one week following the last session. In the Waitlist Control condition, participants will also complete the measures two times following the time frame similar to their counterparts in the intervention condition. Teachers and staff who are blind to the group assignment will administer the measures. Each participant will be given a booklet that includes all measures. The teacher will read aloud to the participants each question along with the response alternatives using a standardized script. When necessary, bilingual teachers can provide guidance for participants who face language barriers in completing the measures.
**Outcome Measures**

Intergroup attitude. The Multi-Response Racial Attitude measure (MRA; Doyle & Aboud, 1995) will be used to assess participants’ positive and negative evaluations of different racial groups. Participants assign 20 evaluations, 10 positive and 10 negative, to one or more groups. For example, one positive item reads: Some children are friendly; they have lots of friends. A negative item reads: Some children are mean; they poke and tease other children. A composite prejudice score reflects how much more positive the participant is toward the majority ethnicity than other minority ethnicities, and is calculated as the difference between evaluations on majority ethnicity (positive minus negative) and that on minority ethnicities. This measure demonstrated a high internal consistency ranging from .79 to .90 in whites and African American children (Tredoux, Noor & Paulo, 2009).

Intended behavior measure. This is a measure of how participants intended to behave, in a hypothetical situation, toward other children of immigrant families. Participants will be presented with two hypothetical scenarios; in which they are asked to imagine they were at a park and met a child they knew from school. The two scenarios are identical, but in one scenario the child in the story is from an immigrant family. For each scenario, participants will be asked to indicate how much they would like to play with the target, how much they would like the target, and how much they would like to have them over to their house for a meal and to stay overnight. Participants will indicate the extent to which they would like to engage in that behavior with the target on a 5-point scale ranging from “not at all” to “very much so”. This measure had a Cronbach alpha of .89 and .90 for English children and for children of refugees background (Cameron et al., 2006).

Intergroup relations. The Inclusion of the Other in the Self Scale (IOS Scale; Aron, Aron & Smollan, 1992) evaluates how closely participants perceived their “self” and “collective self” to children of immigrant families. Participants are presented with three pairs of circles with a stick figure in each to represent themselves and the child of immigrant family. The three pairs of circles differ in degrees of overlap between the circles: 0 = no overlap which indicate low IOS; 1= partial overlap which indicate intermediate IOS; 2 = complete overlap which indicated high IOS. Participants will be asked to indicate the pair of circles that best represent their closeness to the child of immigrant family. The IOS scale has been proved to be a psychologically meaningful and highly reliable measure of subjective closeness of relationships (Gachter, Starmer, & Tufano, 2015).
Process measures. To measure participants’ experience of the learning process, nine items that were specific to intergroup dialogues are assessed (Nagda & Zúñiga, 2003). These nine items include peer facilitation, structured activities, being able to disagree, sharing my views and experiences, asking questions that I felt I was not able to ask before, addressing difficult questions, working through disagreements and conflicts, talking about ways to take action on social issues, and exploring ways to take action with people who belong to groups different from my own. Participants will be asked to rate how important each item have been in facilitating their learning process in the human library experience. The response scale ranges from 1 (not at all important) to 4 (extremely important). This question will be included only in the post-test for the intervention group.

Satisfaction. Participants’ satisfaction with the Human Library Project is added as a secondary outcome to determine the receptivity for disseminating the project at a larger scale. Participants will be asked to indicate to what extent do they enjoy the conversations, like the program, and would continue to participate in the program on a 5-point scale.

It is hypothesized that there will be greater improvements in intergroup attitude, intended behavior and intergroup relations among participants in the intervention group, as compared to their counterparts in the control group.

**Monitoring of Iatrogenic Effects**

Iatrogenic effects may be an increased risk of intergroup disagreements and conflicts due to an increased intergroup contact between students of majority ethnicity and students from immigrant families of color. One way to reduce the risk is by providing intergroup dialogue skills to participants in the training sessions so they can be prepared to listen to different opinions and respectfully share their views. Teacher facilitators can monitor the conversations and provide on-site support to maintain a safe conversational space. Also, potential emotional distress due to self-disclosure and peer invalidation may occur among participants. Though our study protocol do not expect students to share very personal stories, we acknowledge that each student has different levels of disclosure that they feel comfortable with. Thus, it is important for teacher facilitators to provide a time and space for students to share their feelings and experiences by the end of each session. When necessary, students may be referred to school counsellors for further treatment. It is equally important to let students know they can choose what they would feel comfortable to share, and their participation in this intervention is voluntary. They can withdraw from the intervention at any time. Additionally, it is noted that complete confidentiality...
cannot be guaranteed in the study even though participants are asked not to share others’ information or stories outside of the sessions. To minimize the risk of negative ramifications, participants will receive an orientation prior to the intervention that explains the instructions on how to handle confidential information, and the limits of confidentiality. Students then can decide how much information they would like to share during the human library experience.

Limitations
Three limitations of this intervention are acknowledged. First, it limits to learning, without follow-up action at this stage. Intergroup dialogue aims to promote social justice by facilitating learning across groups and there is the understanding that with learning comes action (Zúñiga, Nagda, & Sevig, 2002). Given the primary goal of this study (to evaluate the effectiveness of Human Library in improving intergroup attitudes and relations), the length of the intervention (10 weeks), and the participants’ age (7-9 years old); other components of the intergroup dialogue such as action planning and alliance building, are not available for the current intervention. Second, the Human Library is not built on a foundation of understanding systems of oppression and privilege, instead it specifically focuses on increasing intergroup contact. Hence, it remains on individual-level changes without transforming systems. Third, our study sample will be comprised of students who voluntarily choose to join the intervention. Findings from this self-motivated group of children in a relatively diverse setting may have limited generalizability to the broader school populations in Chicago who are not aware or interested in improving intergroup relations and reducing racial prejudice (Aboud et al., 2012). Nevertheless, the potential benefits of the Human Library Project in facilitating learning and intergroup understanding among children of different backgrounds outweigh its limitations.

Conclusion
The Human Library Project is urgently needed more than ever in our country when anti-immigrant sentiment and racism are prevalent in this day and age. Given racial discrimination is a major social determinant of health inequity and poses chronic risks to the development of children of immigrant families, innovative interventions are required to prevent and reduce racial prejudice and discrimination among children at an early age in order to develop a healthier as well as safer school environment for better health outcomes and development. The Human Library Project could be a feasible, cost-effective and empowering intervention for reducing health disparities related to racial discrimination among children of immigrant families of color.
To our knowledge, this will be the first study examining the effectiveness of the Human Library Project and adapting it to elementary school children. The strengths of the project include being theory-driven, highlighting the importance of early intervention, building upon community and school efforts, and empowering the individual narratives of children of both backgrounds who reflect on their own racial/ethnic identity and experiences. Intergroup dialogue techniques are added to allow learning of differences and commonalities between children of majority ethnicity and immigrant families of color on an equal basis. Findings of the study will help researchers, educators and policymakers better understand how health disparities in immigrant communities, especially children of immigrant families of color, might be reduced by addressing discrimination as a social determinant of health and promoting intergroup relationships. Evidence on the effectiveness of the intervention will lend support to larger-scale dissemination studies at multiple levels, in which the Human Library Project can potentially become a stepping stone calling for a grassroots movement towards structural and sociopolitical changes to safeguard the development and future of children of immigrant families of color.
References


