International Journal of Adolescence and Youth

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/rady20

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To cite this article: Vartika Sharma, Rodrigo Ramalho, Rachel Simon-Kumar, Shanthi Ameratunga, Kristy Kang, Renee Liang, Arier Lee & Roshini Peiris-John (2025) Confronting stereotypes: the dual narratives of ethnic minority youth in Aotearoa New Zealand, International Journal of Adolescence and Youth, 30:1, 2456600, DOI: 10.1080/02673843.2025.2456600

To link to this article: https://doi.org/10.1080/02673843.2025.2456600

Published online: 21 Jan 2025.

INTERNATIONAL JOURNAL OF ADOLESCENCE AND YOUTH
2025, VOL. 30, NO. 1, 2456600
https://doi.org/10.1080/02673843.2025.2456600

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Confronting stereotypes: the dual narratives of ethnic minority youth in Aotearoa New Zealand

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ABSTRACT

Ethnic Minority Youth (EMY, i.e. Asian, Middle Eastern, Latin American, and African ethnic origins) constitute 20% of the youth population in Aotearoa New Zealand (NZ) and yet their experiences remain invisible in the mainstream discourses. Interviews with 17 EMY with additional marginalized identities (EMYi) indicated significant diversity and fluidity in their lived experience. Participants felt 'othered' by the wider NZ society for their ethnic identity, and thus adapted themselves to be perceived as less different from the majority ethnic group (New Zealand European). In contrast, EMYi felt more marginalized within their ethnic communities and less so by the wider society when navigating their additional minoritised identities. Overall, experiences of marginalization appeared to have a stronger effect on girls, and religious minorities. This is the first study in NZ to explore how confronting stereotypes from both the wider NZ society and ethnic minority communities impacts the lived realities of EMYi.

ARTICLE HISTORY
Received 25 July 2024
Accepted 16 January 2025

KEYWORDS
Ethnic minority; youth; wellbeing; intersectionality; interpretive phenomenology

Introduction

Psychosocial theory posits adolescence as the key time for developing one's identity (Erikson, 1950), which is understood to be a fluid process as young people navigate different identities before embracing one or a few of them. Young people identify with multiple social markers such as race and ethnicity, diverse gender identities and sexualities, abilities and disabilities, and socio-economic status, among other social axes. Irrespective of the way young people synthesize their identities, having a positive identity is key for psychological wellbeing and resilience, as it provides people with a sense of autonomy, self-acceptance, agency, and purpose in life (Erikson, 1950; Noble-Carr & Woodman, 2018). The complexities of different social markers are accentuated for ethnic minority youth (EMY, defined here as youth of Asian, Middle Eastern, Latin American, and African background living in Western/migrant receiving countries) who undergo acculturative tasks alongside normative developmental tasks. This implies that they have to consider more and often contradictory alternatives to find satisfying identity commitments (Crocetti et al., 2008).

Immigration has changed the ethnic composition of Western societies, particularly the high migrant-receiving countries. As a consequence, the changing demography and the cultural

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heterogeneity represent an irrevocable reality for all children living in these societies (Jonsson et al., 2018). Identity development, which is both a dynamic and a continual process, has distinct challenges for EMY as they navigate their unique socio-cultural situation, which is challenging and resourceful at the same time (Crone & Dahl, 2012). EMY have opportunities their parents or they would not have had in their countries of origin. However, they also face challenges in navigating a cultural landscape where their home values and beliefs may differ from those of the majority of their peers (Jonsson et al., 2018). Therefore, it is not surprising to see growing research and evidence suggesting an association between intensive identity crisis and higher internalizing and externalizing difficulties (Erentaitė et al., 2018).

Ethnic minority status has been identified as a salient marker of social disadvantage among youth in almost all European countries (European Union, 2015) as evidence shows that foreign-born young people have higher social exclusion rates than native-born youth, with a similar situation for second-generation migrants (European Union, 2015). Experiences of racism are a constant adverse experience in the lives of migrant and racialized youth, to the point that racism operates as a factor that predisposes, triggers, and to a certain extent, sustains the association between chronic stress/trauma and mental health outcomes such as post-traumatic stress disorder, depression and anxiety (Bernard et al., 2021). Several studies have demonstrated that trauma related to racism has been associated with emotional dysregulation in childhood and adolescence and thus decreased wellbeing in racialized youth (Priest et al., 2013, 2014, 2021; Roach et al., 2023). The pathways by which direct, vicarious and group experiences of racial discrimination influence health and wellbeing outcomes for children and young people not only differ, but also vary within and between population groups, different ages, and types and duration of exposure to racial discrimination (Sanders-Phillips et al., 2009).

Health and wellbeing experiences typically have been discussed as an outcome of ethnicity; however, a singular social dimension, viz., ethnicity, does not impact populations in isolation. Health and wellbeing experiences are rather an outcome of an intersection of multiple social identities including being an ethnic minority. Originating in black feminist scholarship (Crenshaw, 2013), intersectionality offers a unique approach that attends to multiple disadvantages experienced by individuals affiliated with several under-served population groups (Kapilashrami & Hankivsky, 2018). Where evidence exists, research consistently points to populations with multiple intersecting identities as being more susceptible to numerous social obstacles and faring much worse than what single-axis disparities indicate (Chiang et al., 2017, 2019; Rasanathan et al., 2006; R. Simon-Kumar et al., 2022). Thus, it presents the potential to help develop interventions that address ongoing and emerging inequities (Bauer, 2014; Kapilashrami & Hankivsky, 2018).

Most of the literature about the experiences of EMY is drawn from North America and Europe and is focused on specific minoritised identities such as poor socioeconomic status, rainbow youth, refugees, etc. (d'Abreu et al., 2019; Le et al., 2022; Lo, 2023; Logie & Rwigema, 2021; Safi Keykaleh et al., 2017). In Australasia, a recent study with African refugee youth provided empirical data regarding the pervasive culture of racial othering (through media identifications with criminality and gang violence) and illustrates impacts on young people's wellbeing, particularly relational wellbeing, i.e. what it means 'not to belong' and implications of stigmatization of 'different' – visibly different minorities – on societal wellbeing and cohesion (Molla, 2023).

In NZ, the (limited) understanding of the lived experience of EMY has largely been drawn from large population-based surveys focussed on the effect of racism on health outcomes. Findings from a recent cross-sectional study indicated that for Asian youth (aged 15–24 years), racism was negatively associated with mental health as well as identity measures (Harris et al., 2024). Specific subgroups including ethnic girls, ethnic sexual and gender minority youth, and ethnic youth from poorer socio-economic backgrounds have also been found to be at greater risk of significant depressive symptoms, overall poor wellbeing, and attempted suicide or self-harm. Second or later-generation ethnic youth were more likely to report attempted suicide or self-harm compared to 1.5-generation ethnic youth (N. Simon-Kumar, 2023). In contrast, the data from a longitudinal survey

in four European countries (Germany, the Netherlands, Sweden and England) challenges the 'dystopian view of hopelessness and exclusion' – and shows that while there may be pockets of despair, the overall living conditions and well-being of children of immigrant origin are, in many important respects, on par with those of majority youth (Jonsson et al., 2018). Similarly, a small qualitative study with refugee ethnic youth contested the dominant narrative of marginalization and positioned themselves as valuable members of local communities and change agents for a more egalitarian society (Ryu & Tuvilla, 2018). Overall, however, the dominant narrative has been around the effect of poor experiences related to ethnic identity on mental health and other wellbeing factors such as belonging and social connectedness.

A recent publication using self-reported survey data from secondary school students in NZ, highlighted that visibly racialized migrants Pacific Peoples and EMY with other minoritised identities experienced more health inequities compared to those who belonged to just one minority group (R. Simon-Kumar et al., 2022). Similarly, a 2019 study noted that a quarter of ethnic minority adolescents in NZ reported depressive symptoms (Fleming et al., 2020); however, EMY who were also sexual/gender minorities had even poorer mental health outcomes compared to sexual/gender majority students from ethnic minority backgrounds (Chiang et al., 2017; N. Simon-Kumar, 2023). Thus, using an intersectionality approach can help decipher the intricacies of individuals' life experiences when they simultaneously embody multiple identities as well as their impact on health, well-being and other important outcomes such as academic achievements (Wijeyesinghe & Jones, 2014).

In summary, existing studies on EMY in NZ have primarily focused on the impact of racism on mental health and wellbeing. Most of the available evidence is derived from survey data, examining racist incidents within the past 12 months. Yet, this data provides little insight into the nature of experiences of racism, the contexts in which they occur, or the deeper histories of such incidents. These limitations underscore the broader constraints of quantitative, positivist approaches. Furthermore, these studies fail to comprehensively reflect the complexity of lived realities of EMY. This knowledge is particularly vital for EMY with additional minority identities such as gender minority, disability, etc. (EMYi), having to confront multiple stereotypes including from within the context of their own ethnic communities. This is critical to gain a better understanding of the unique risk and protective factors for EMYi. Thus, this study aimed to address this critical gap, offering a deeper understanding of the experiences of racism and discrimination among EMYi in Aotearoa New Zealand.

Methods

Study context

In NZ, ethnic minorities are one of the fastest-growing population groups and are expected to grow to 22% by 2038 and 26% of the total NZ population by 2043 (Stats, 2020). As per Census 2018, 20% of NZ's youth population is made up of ethnic minorities, who substantially differ in their levels of socialization, migration histories, and connectedness to mainstream society (Rasanathan et al., 2006; Stuart & Ward, 2011). The current study gives voice to the lived experience of youth in NZ who self-identify with an ethnic minority group alongside another minoritised identity. More specifically, the study explored the (i) experience of intersectional identity/ies; (ii) processes of negotiating one's identity/ies and flourishing; and (iii) experiences of navigating social institutions.

Study design

The study findings presented here are part of a multi-disciplinary multi-method research study (Thriving at Crossroads[1]). Details about the overall study are published elsewhere (Ramalho et al., 2023) but briefly the overall study aimed to examine Ethnic Minority Youth's (EMY, i.e. young people who self-identified with Asian, Middle Eastern, Latin American or African origins) lived experiences in

the intersections of multiple minoritised identities, their experiences of inclusion as well as exclusion and the role of public discourse, the implications for their wellbeing, and possibilities for transformations of their lived experiences to flourish in their multiple identities. At the commencement of the study, a Youth Advisory Group was set up with young people who self-identified as EMYi. The group was involved in promoting participant recruitment and development of the interview guide and provided feedback on the preliminary findings of this phase to ensure the findings remained close to the voices and experiences of young people. The findings reported in this article are drawn from one phase of the study focused on understanding the lived experience of this population in NZ.

Data collection

Purposive sampling was used to recruit participants aged 16–24 years, who self-identified as EMY as well as one other minoritised identity (e.g. gender, chronic illness, disability) (from here on referred to as EMYi). Study recruitment was promoted via various institutions' email lists, including social clubs, schools, and community groups, as well as social media platforms, including Instagram, Facebook, and Twitter. Recruitment was discontinued once data sufficiency was achieved (Dey, 1999; LaDonna et al., 2021). Written informed consent was obtained from all participants. All participants were given an opportunity to ask questions about the research before taking part in it. Participants were informed that participation in the study is entirely voluntary, and they can withdraw from the study at any time without giving a reason. All interviews were conducted in English by the lead author (VS) online (via Zoom) or in-person depending on the participant's preference.

Interview guide

A semi-structured interview guide was used to explore a diverse range of topics including their experience of living with their marginalized identities (both ethnicity as well as non-ethnicity related) and how they negotiate these in different spaces, including within and outside their ethnic communities. The interviews were audio-recorded and then transcribed for analysis.

Analysis

Informed by an intersectional lens, we used an interpretive phenomenological approach (Eatough & Smith, 2017) to gain an in-depth understanding of participants' everyday experiences – an experienced world of meanings, which included a sense of lived time, space, and embodied relationships with self and others, lived situations of intersectional identity, and what these experiences meant to them (Finlay, 2009). Using an intersectional lens also allowed us to acknowledge that identities are multiple, layered, and dynamic, and can lead to varying degrees of oppression and resilience that shape lived experiences. We describe the lived experience (both in its density and richness) highlighting these layers of complexity and exploring the inherent ambiguity and contradictions present in all experiences.

Research focusing on lived experience, with its roots in social science/social policy, is increasingly being used to frame user involvement in service improvement and for engaging closely with 'consumers or those affected' to design effective or compassionate policies that respond to the needs of those affected. The term 'lived experience' is often used without clarification of what it means (McIntosh & Wright, 2019) but is broadly understood as subjective, 'insider' meanings and what lived experience feels like for individuals. More specifically, it looks at the world as directly and subjectively experienced in everyday life, as distinguished from the objective physical world of natural sciences. It points to people's lived situations (where we do things and relate to others in the world) rather than some inner world of subjective feelings (Finlay, 2009). It thus offers a rich and meaningful understanding of the lives of those involved, as well as an innovative perspective on 'shared typical' aspects (McIntosh & Wright, 2019). An

understanding of the lived experience thus positively augments research, engagement, and services for a population. Evidence shows that lived experience has been investigated in the context of specific health conditions such as anxiety (Woodgate et al., 2020), HIV (Chenneville et al., 2023), facial burn injury, rehabilitation medicine (Finlay, 2009) or receiving out-of-home care (Smales et al., 2020) to better understand how these conditions affect interactions and the quality of day-to-day life events. In this study, we highlight the lived experience of EMYi; however, it heavily hinged on how well or how much participants were able to express it in a way that was closest to what they meant and wanted to share. Thus, there is an unknown risk that there could be other potentially better ways of expressing it, or perhaps were needed to describe their lived experience (Lindseth & Norberg, 2022). Additionally, as pointed out by Finaly et al. (2009) in offering this analysis, the authors may have unintentionally reduced it to 'essential structures of experience' to ensure it is relevant to other people and settings (Finlay, 2009).

Authors' positionalities

All the study team members, and co-authors on this paper, identify as female except one who identifies as male (RR), are from diverse ethnic origins (Sri Lankan, Paraguayan, Chinese, Indian, and Korean), and have different migration histories (born in NZ, born in another country and arrived as a migrant in NZ as an adult or a young person). Further, the research team also has experience across several disciplines, including social science, public health, epidemiology, medicine, and creative arts. Collectively, these attributes informed the methodological approach as well as our interpretations of the data, especially when considering the need for this research. Our positionality as ethnic minority migrants in New Zealand – cultural insiders and legitimate members of the community – was central to our work, far more so than our roles as older adults in academic settings.

Being cultural insiders allowed us to build trust and create a safe space for discussions without making ethnic minority youth (EMY) feel further marginalized. Our shared experiences made us more sensitive and responsive to the challenges these young people face, which in turn facilitated rapport building. Additionally, our disciplinary perspectives shaped how we collaboratively situated, co-constructed, and socially located the data. We acknowledge the fluidity of our insider-outsider status, which shifted throughout both the interactions and the data analysis. This dynamic ambivalence enriched our ability to engage with the participants and their stories in a more nuanced and empathetic way

Ethical considerations

This phase of the study was approved by the Auckland Health Research Ethics Committee (AH24474), the University of Auckland, New Zealand.

Results

Profile of the participants

Seventeen participants were interviewed. Table 1 provides an overview of the profile of participants interviewed. Most of the participants identified with an Asian ($n = 14$) ethnicity with fewer identifying, as Latin American ($n = 2$) and Middle Eastern ($n = 1$). Few participants also identified as Pākehā ($n = 3$) or Māori ($n = 1$) in addition to being EMY. Other minoritised identities or associations that participants self-identified with included, minority religion ($n = 4$), gender or sexually diverse ($n = 5$), mental health condition ($n = 4$), former refugee ($n = 2$), chronic physical illness ($n = 2$), women (as a disadvantaged gender, $n = 2$), international student ($n = 1$), experienced foster care ($n = 2$), from rural and less culturally diverse settings ($n = 2$), single teen parent ($n = 1$), and physical disability ($n = 1$). Details regarding the profile of individual participants are presented in Table 1.

Table 1. Profile of participants by self-identified minoritised identities.

	Self-identified ethnic identity/ies	Self-identified additional minoritised identity/ies
Participant 1 (P1)	Sri Lankan	Former refugee
Participant 2 (P2)	Japanese- Pākeha*	Woman
Participant 3 (P3)	Indian-Chinese	Gender or sexually diverse
Participant 4 (P4)	Fiji-Indian	Chronic physical illness, religious minority (Christianity)
Participant 5 (P5)	Middle-Eastern	Gender or sexually diverse, religious minority (Islam), woman
Participant 6 (P6)	Filipino	Woman
Participant 7 (P7)	Latin American	Former refugee
Participant 8 (P8)	Chinese	Gender or sexually diverse
Participant 9 (P9)	Indian- Pākeha	Gender or sexually diverse, physical disability, foster care, mental health condition
Participant 10 (P10)	Indian	Religious minority (Hindu)
Participant 11 (P11)	Chinese	International student
Participant 12 (P12)	Fiji-Indian	Religious minority (Hindu)
Participant 13 (P13)	Latin American	Rural location, mental health condition
Participant 14 (P14)	South Asian-Māori	Foster care, religious minority, mental health condition
Participant 15 (P15)	Indian	Single teen mum, mental health condition
Participant 16 (P16)	Indian- Pākeha	Chronic physical illness
Participant 17 (P17)	Latin American	Gender or sexually diverse, rural location

*A Māori term for New Zealanders of European descent.

Findings

Three major themes were identified from the interviews with young people: 1) Young people's lived experience of being 'ethnic' in the wider NZ society 2) Institutional responses to experiences of 'othering' 3) Lived experience within the ethnic communities as a result of 'other' minoritised identities. Within these major themes, several sub-themes and supporting quotes were identified and are elaborated below.

Lived experience in the wider NZ society

Overall, the lived experience of participants as EMYi indicated significant diversity and fluidity. These experiences lacked fixed contours, and uniquely evolved for each participant, fluctuating across different points in their lives. Still, participants' accounts hinted at a dichotomy in their lived experience, as if navigating two different realities – one, as an ethnic minority in NZ and the other, related to their additional minoritised identity. Placed below are some of the experiences described by participants:

a. *Experiences of being 'othered'*

Most participants recalled experiences of being made to feel 'different' from the dominant White/Pākehā group because of a range of beliefs and practices that were commonly associated with ethnic minority groups. For some young people, these experiences of stereotyping and racialization resulted in a feeling of social isolation as they felt excluded from the dominant group. While physical appearance was one reason, some of the other experiences were related to the exoticisation of routine social or cultural practices or norms that are unique to ethnic communities but may not be practiced by all ethnic families. Overall, some of the factors that significantly contributed to the 'otherness' (Thomas-Olalde & Velho, 2011) are elaborated below:

i) Physical appearance

Physical appearance here refers to body features and grooming practices that made particularly female participants, feel 'different'. For example, one participant described being constantly challenged about her proficiency in English based on her physical appearance. Participants described themselves as victims of 'pointed comments' (P2) that called them out for their distinct skin colour, curly hair, choice of clothes, or not engaging in grooming practices that were common among the dominant group (such as waxing body hair at a young age). In the participants' words:

'*Someone in a high school production pointed out that I have hooded eyelids which is common in Asian cultures and I remember being so insecure about it, it was something I have never noticed before myself.' P2*

'*Always felt out of place. Always felt too fat. Always felt too brown. Always felt too hairy. Always just wanted to fit in. What a perfect [girl] should be was like these girls, it wasn't me.' P4*

Despite their young age at the time of such incidents, participants described these remarks as racist – 'racism packed in one comment' (P1), 'they were racist and mean' (P10) and 'racial slurs pointing to their Asianness' (P7). Participants expressed feelings of embarrassment, anger, hopelessness ('there is no way around it' (P5)), perplexity ('oh, I'm not fully European?' (P2)), insecurity, and sheer sadness (tearful during the interview) as they narrated these incidents. Similarly, some participants, particularly female participants with a visible element of their minoritised identity (such as religion), described how they were often the target of 'curiosity' in a negative way (P10), experiencing it as harassment, in places where they thought they were safe (such as the school), for example, when being questioned about religious practices such as wearing a headscarf. Many participants reported continuing to struggle with body image issues as a result of these experiences while growing up.

Such incidents seemed to be a turning point for many as participants expressed internalizing these feelings, accepting them as their truth and feeling the need to 'change and fit better' (P1), as well as increasing self-doubt to the extent that they avoided non-ethnic spaces, avoided going to school and in one case, changed the school in hope of a better environment.

Only one participant mentioned confronting a stranger who commented on their religious practices in a patronizing way.

'"You would look more beautiful without it (hijab)." I just looked at her. At the time my English was okay, so I could actually debate with her. I was like, "I don't understand what you mean because this is who I am. If it bothers you, then don't look this way."' P5

While the male participants indicated no pressure to look different, female participants highlighted the need to keep up with the fashion trends, such as body piercing, clothing fashion, hairstyles, and tattoos, even if it meant defying their parents' wishes.

'I would not go out of my way but make the extra effort to not look like I was different. When a lot of the girls were getting piercings and stuff, I would want to do the same thing as well . . . ' P15

Thus, there was an additional challenge that female EMYi had to navigate to better fit into the wider NZ society.

Food choices

Food packed in school lunch boxes was highlighted as another point of being made to feel different as participants described 'being judged' (P12) for their food, or being 'talked about', or 'looked at' because of the food they were eating. Participants also recollected receiving dismissive comments such as being called 'curry munchers' (P12) and 'what's that smell' (P10) when consuming ethnic food. As one participant shared:

'My mother would always cook me culture-based food for lunch but then they would go "oh it smells"' P10

One participant commented about the difficulty of attempting to counter these experiences or comments by sharing some insights about how important their 'culture-based food' was to them (or anything related to culture), and thus, finally resorting to 'ignore and forget' (P10) when such negative incidents happened. To avoid derogatory remarks, participants switched to bringing what they called a 'kiwi lunch', described as a small meal of sandwiches, which for many didn't feel adequate. However, this wasn't an option for everyone, in which case they preferred to purchase and consume unhealthy snacks rather than bringing home-cooked meals or preferred to go hungry.

'I used to get very hungry, and I lost a lot of weight. When you're that hungry you can't really focus on study or whatever you are doing' P11

The quotes above highlight the extent of hurt the comments about their home-made meals caused them, and at the same time, the desire to fit in.

Language

Some participants, especially those who were born overseas and arrived in New Zealand as young adults or those who were born in New Zealand and were proficient in their ethnic language before learning to speak English often felt targeted for not speaking 'Kiwi English' or speaking English 'with an accent', even if they were able to communicate proficiently. Such participants felt excluded and seen as less able, sometimes also assumed to need academic support, and even 'almost held back' (P10). Irrespective of their proficiency in English, participants who migrated from non-native English-speaking countries were enrolled in ESOL (English as Second Language) programmes. There were mixed views about this support as it was helpful to cope with the academic performance; however, it also affected their self-worth as they felt 'ashamed' and 'less confident about themselves' (P11) which made integrating with their peers further difficult.

> *'Once you are a new kid you're always a new kid, and once you don't speak the language, you just don't speak the language' P11*

Participants who migrated from overseas indicated the need to put on a 'kiwi accent' to be perceived as a New Zealander and get a sense of belonging in social settings. Despite this, physical appearance continued to inform assumptions about their proficiency in English, which was 'upsetting' (P5). On the contrary, people found it 'surprising' (P7) that a young migrant could speak English proficiently.

The negative/discouraging response to speaking their non-English language by the wider society had grave implications as young people made decisions to not speak it again or were protective of their siblings by forbidding them from even learning it. But then, as one participant explained:

> *'Not being able to speak the (ethnic) language is a big barrier for me . . . I think it would have been a good entry point into the culture because then you'd be able to more easily observe the cultural practices and talk to people.' P3*

In other words, losing proficiency in their non-English language had long-term implications, as without the language, they struggled to have meaningful connection with their families and cultural heritage.

iv. Socio-cultural norms

Participants talked about often feeling the pressure to explain some of the social norms that were common among their ethnic communities. This included having to explain themselves regarding the responsibility of looking after one's younger siblings, restrictions on socializing with people of another gender (particularly for girls) and prioritizing academic pursuits over other social engagements. This often led to awkward situations with peers, which added to their feelings of isolation.

> *'There was the way I spoke and the way I acted as well because in our religion (Islam) for example, we don't touch the opposite gender . . . and that's why I got a lot of criticism for that. Everybody just looked at me, they're like, "Who do you think you are?"' P5*

Participants also felt 'scrutinized' by their peers regarding their religious beliefs and practices, particularly those identifying with minoritised religions (like Hinduism – 'do you worship cows?', P10) which further contributed to a sense of being different. The burden of explanation was often too much, so some participants preferred to 'brush (it) off' (P6) as even if they were to try to explain themselves, their explanations were not easily understood.

The pressure to achieve academic and professional excellence was such a well-established stereotype, that people were amused if migrant EMY were seen excelling in any other areas like sports or music, as one participant who was a member of a musical theatre group described, 'people didn't expect me to be from somewhere else', P7).

b. Protective factors against being 'othered.'

A few participants reported that they were rarely, if ever, made to feel different. Participants with a parent of European heritage, who did not look 'ethnic' or could be seen as a 'white-

passing'[2] often had fewer of these experiences growing up compared to their peers with mono-ethnic identities. Their experiences were more related to people being 'intrigued' and 'curious' (P2) to know about their roots, but these experiences did not make them feel different in a negative way. Furthermore, these participants indicated that they benefitted from having a relatively easier way to access and integrate into the Pākeha way of life as they had extended family members to help them navigate it.

Participants who were born in NZ raised in a household that did not overtly dictate aspects like academic expectations, social behaviours, and to a certain extent, food choices – at least in public spaces, and used English as the primary means of communication, reported few or no experiences of being made to feel different. As one participant explained:

> *'My parents, when they pick me up from school, they don't speak to me in Chinese, and I feel like people who do speak the language and are connected to their culture in that way . . . maybe be perceived as more Asian than me' P8*

These participants reported having been able to find a middle ground, drawn from the best of the ethnic cultural as well as Pākeha worldviews.

Lived experience of additional minoritised identity/ies

The interviews highlighted that the experience of living with an additional minoritised identity was equally fraught with challenges. However, the dynamics of experiencing otherness from the wider NZ society tended to reverse, as participants found greater acceptance and support related to their additional minoritised identity/ies from the wider society but were confronted by the lack of it from their own ethnic communities.

While the experiences varied between participants and were quite diverse, the social hierarchy of marginalization associated with each minoritised identity was evident. For instance, despite consensual homosexuality being legal in NZ (Homosexual Law Reform Act, 1986), participants talked about its limited acceptance in their ethnic communities. Participants who self-identified as gender or sexually diverse expressed their struggles as they avoided 'engaging' with that aspect of their identity or avoided disclosure as they worried about causing hurt or bringing shame to their families. Not disclosing because of the fear of the unknown was noted but for one participant it was 'irrational' (P3) as they received acceptance and support from their immediate family. Language was also a key barrier to discussing sexual identities with family members or because of the nature of their relationships (e.g. dad-daughter) which made it 'awkward' (P8). This was all the more challenging for those who identified as women, and belonged to a religious minority as they 'resented' themselves for exploring their sexuality, and experienced intense emotions such as 'crashing down and feeling very low' even at the thought of disclosing it to their families:

'I am also attracted to females sometimes. I just came to accept it because I tried multiple times, and I just couldn't stop that. So, that's why I was like I can't change it. Because [according to my culture and religion], we shouldn't be acting upon homosexual behaviours' P5

Similarly, one participant (P15) talked about how being a single mum was a big taboo and led to ostracization and being 'disowned' by their immediate family. On the contrary, this participant (P15) felt well supported by her friends and their families as well as the authorities who helped her navigate her parenthood journey as a single mum.

> *'It was just my mum and my brother who had a problem with me being a teen parent. I never felt outcasted otherwise. Even my brother's friends would tell him, "What's wrong with you?" because they also had their sisters that had kids as well (without being married).' P15*

Participants with chronic physical illness or mental health conditions also felt isolated as discussing it was challenging due to limited health literacy, which led to stigma and, at times, a distorted interpretation of what it means to have the disease. For instance, female participants had to cope with others speculating about the impact of their health conditions on their fertility and,

consequently, their prospects of marriage. For those who were able to discuss these within their communities, conversations were often unhelpful and stressful, thus impacting how they chose to disclose, or rather withhold, information about their health conditions from their families. On the other hand, participants found it much easier to talk about their diagnosis and treatment with people from outside the ethnic community, as they were more aware of such conditions and refrained from intrusive questioning.

> *'The expectation is having a family and having children, and I don't think my family back home understands the toll of what my illness has had on me, and that even the process of trying to have children would have on me', P9*

Participants who arrived as refugees acknowledged the government support and assistance to settle down in NZ. However, they indicated how often they worried about being perceived as 'needy' (P1), especially if they were socially and economically well-off in their home countries. Thus, they harboured many internalized forms of distress and not only avoided disclosing their refugee background but also strongly discouraged any form of alliance with other families with a similar background. While none of the participants experienced any discrimination on revealing their refugee status, they had heard stories from other friends who felt cut off once others knew of their refugee background.

> *'When I first met my friends' families, they'd ring me for dinner and we got to know everybody … Then when we would eat, this would happen like clockwork. Tell us about yourself. I would say, this time and everyone would ask me, you came from Sri Lanka? In this time period? Were the parents refugees? I was surprised why they asked me in the first place. I suddenly felt the spotlight is on me' P1*

Still, even within the wider New Zealand context, there were a few identities for which participants felt less supported than others – e.g. practicing Islam, as one participant talked about having experienced a lot of discrimination and, at times, unwanted attention (particularly, post-Christchurch Mosque attacks[3]) for being a Muslim.

Institutional responses to experiences of 'othering'

The experiences described above occurred mostly in public spaces, particularly in schools, which were often one of the first social spaces that participants navigated independently. Participants, in their interviews, frequently reflected on the efforts made by the school staff or the school as an institution to be more inclusive of those who were constantly seen as 'others'.

Celebrations of cultural days at school were common. These were days when students were encouraged to showcase and celebrate their cultural dance, language, food, or any other facet that was unique to their cultures. While these events were acknowledged, participants felt they did little to change their acceptance in the school community. This was reinforced by their experiences of receiving varying degrees of support if they complained of experiences of discrimination. Participants were often left disappointed as their complaints were either dismissed, were given false reassurance of a disciplinary action, had a 'light response' (P5), or were themselves then burdened with the expectation of creating awareness about their culture.

> *'So, at that point, even when I went to (school) counsellors, they didn't quite understand me either and said, "They (other students) probably just don't know about your culture. You need to teach them about it."' P5*

It was only in severe cases of confronting behaviour such as planning to pull a student's headscarf that triggered a serious response from the school. Such experiences extended to other institutions, like religious places (P4) or sports academies (P12) where roles and opportunities were not 'open' to EMY. One participant who had experienced foster care had no different experience as limited effort was made to meet any of their cultural or religious needs.

'It (Oranga Tamariki records) had recorded my ethnicity as Middle Eastern, which I'm not, and had spelled my name wrong and like there were lots of inaccuracies. So for me that was just really like a stark example of my needs, like my identity not even being seen . . . I mean like how can anyone hope to have their cultural or religious needs met when the system doesn't even recognise what your identity is or what your ethnicity is' P14

Thus, participants in our study were often left disappointed by the system that is expected to support their unique journeys in NZ.

Discussion

Focusing on a singular social dimension is inadequate to understand lived realities, which are an outcome of an intersection of varying social identities (Kapilashrami & Hankivsky, 2018). Understanding the lived experience of young people involves what some may metaphorically describe as 'peeling an onion' (Miles et al., 2015). Therefore, aiming to understand the lived experiences of ethnic minority people as an outcome of ethnicity alone may lead to oversimplifying conclusions. While the scholarship on ethnic minority communities may be more advanced in other migrant-receiving countries, New Zealand has a unique context as it identifies as politically bicultural predicated on the 1840 Te Tiriti o Waitangi between Indigenous Māori and the British Crown. Despite Te Tiriti, however, Māori continue to experience significant health inequities requiring a political obligation to prioritize addressing these. Further, compared to other migrant-receiving countries, immigration to NZ from non-English speaking countries is very recent (1986 onwards), and hence the scholarship is far less advanced. While Europeans remain the largest ethnic group (67%), NZ's ethnic minority population has increased recently to 19% of the total population. Despite the growth in ethnic diversity in NZ, evidence on health and wellbeing of the ethnic minority community is understudied and poorly understood.

To the best of our knowledge, this is the first study in NZ that aimed to explore how the multiplicity of minoritised identities with ethnic minority as the key anchor point shapes the lived realities of young people. Our findings highlight that EMYi are experiencing distress as they navigate their ethnic identity within the broader NZ context, along with facing challenges related to their additional minoritised identities when engaging with their respective ethnic communities.

Young people highlighted how multiple experiences of being discriminated made them feel different in a very negative way, or 'othered'. Such experiences made participants feel excluded, had a poor sense of belonging, and made it difficult for them to connect with their majority-dominant peers and other significant adults in a positive and uplifting way. Furthermore, they occasionally refrained from responding to negative comments, particularly those concerning their cultural practices. This reluctance might have resulted in feelings of inadequately dealing with a negative situation, potentially leading to psychological distress (Forrest-Bank & Cuellar, 2018, Nadal, Griffin, et al., 2014). This is not surprising as previous authors have found that racial microaggressions can negatively affect young people both academically and psychologically – poor self-esteem, less general happiness, feeling worried about their employment (Banks & Landau, 2019; Keels et al., 2017; Nadal, Wong, et al., 2014; Parsons, 2017; Salami et al., 2021). Adolescence is a sensitive window of development, where there is increased sensitivity to social environment, in particular susceptibility to social risks and peer rejection (Sisk & Gee, 2022). Thus, a lack of constructive narratives during this phase, as in the case of EMYi, can negatively affect their identity formation and impede functioning in multiple domains (Branje, 2022). Therefore, those involved in the lives of these young people (parents, extended family members, school staff, work colleagues, etc.) must understand these rich narratives of lived experience and help create enabling spaces that EMYi find safe and uplifting.

Lack of validation of experiences as reflected in inadequate institutional responses to young people's experiences of being 'othered' can also impact how they see themselves – low self-worth and helplessness and their ability to develop positive and supportive friendships (Erikson, 1994).

Thus, for many EMY, the pressure to fit in made them see and understand their cultures with a very deficit lens and in a way that discouraged them from adopting their cultural heritage which in turn created a sense of disconnect with their own cultures. Thus, despite the ongoing rhetoric about connecting with one' own communities and having a sense of belonging, the way the larger social environment responds when those connections are being made and people engage with their native culture and value systems is quite contradictory.

It was noteworthy that many of these experiences were gendered as issues related to body image were more likely to be reported by females. The disadvantage of being a woman also extended to other minority identities as women and girls see themselves, live their lives, and make decisions within the remit of patriarchal values and norms common to ethnic minority communities despite living in Western countries (Gu, 2012; Patil, 2013). We are uncertain about the implications of 'othering' on young boys. It is unclear whether they were not exposed to derogatory comments about their physical appearance or felt uncomfortable discussing it (especially with an ethnic female interviewer) or were less affected by it. The latter could also be due to dominant masculine norms, coupled with patriarchal value systems, that together discourage boys from expressing emotions that show them as weak or vulnerable (De Boise & Hearn, 2017; Vogel et al., 2011). It, however, appears that men enjoyed the impunity for digressing from cultural norms as the adverse effect of additional minority identities appeared to be more severe for women who struggled to seek support from their family members.

The findings from this study add to the existing evidence as it explores the lived experiences of ethnic minority youth both in the context of mainstream society as well as their own ethnic communities. They underscore the significant influence of parental migration experiences and the distinct worldviews and value systems that shape parents' understanding of their young person's lived experience. This dynamic can unintentionally reinforce risks, increase feelings of isolation, and exacerbate poor mental health outcomes among these young people. Significantly, the study provides evidence of how EMYi living in Western societies need to navigate multiple stereotypes and othering from both mainstream society as well as within their own ethnic community. The consequent compounding impacts of acculturative and familial tasks hinder positive identity development and psychological wellbeing. Thus, there is a need to look for meaningful solutions not just from the mainstream but also within the community, and not limited for EMYi but also for their parents to enable them to better support their young person. Furthermore, our study examines a diverse range of participants, and that clearly highlights that the disadvantages are not limited to the traditionally identified minority groups in NZ, such as Chinese or Indian, but are pervasive across multiple minority ethnicities and identities. Without clear evidence demonstrating how these groups are affected, their specific concerns risk being marginalized or ignored.

Beyond the NZ context, the study also provides evidence of EMYi living in Western societies needing to navigate multiple stereotypes and othering from both mainstream society as well as within their own ethnic community. The consequent compounding impacts of acculturative and familial tasks are likely to hinder positive identity development and psychological wellbeing.

This study is not without limitations. First, even though the goal of purposive sampling is to maximize diversity, the majority of our participants were females, identified as Asians, and lived in Auckland, thereby limiting our explorations to certain social and cultural contexts. Second, while this research study is anchored in the ethnic minority identity, having a broad definition of 'other minoritised identity', could have limited the possibility of developing an enriched understanding of certain groups. The lived experience of EMY is often a highly contested and emotionally charged debate. The tone of this debate is often pessimistic – as some tend to see children of migrants as victims with reduced opportunities, and structural discrimination with limited support (Jonsson et al., 2018). Although the study interviews aimed at having an overall understanding (both good and bad) of the lived experience of EMYi, participants focussed more on their negative experiences of being ethnic. There could be several reasons for this including having limited opportunities to do so in a safe space but also potentially the 'unspoken

expectation' to align with the dominant narrative of being a 'disadvantaged population group', particularly in the context of the socio-political situation for racialized migrants in NZ. It could also be because adolescence is a critical developmental phase when young people are more sensitive to responses from peers, and EMYi are more likely to be confronted with conflicting ideas about their identity, beliefs, and value systems. To ensure that the richness of the data is not compromised, we have provided a rich description of how ordinary and routine day-to-day experiences (racial microaggressions) can affect EMYi. The intention is thus not to present a 'marginalised view' of ethnic youth but an opportunity to better understand experiences that determine who they are and their lived experience in NZ. The authors acknowledge the focus on explaining difficulties rather than successful adaptation, a positive youth development approach by researchers, practitioners, and the wider society, may help to switch the focus (Erentaitė et al., 2018).

Despite these shortfalls, the phenomenological accounts by EMY living at the intersections of their ethnic identity as well as other marginalized identities provide deep insights into the complexity of their lives. With its focus on diversity and inclusion, the study findings point to the need for culturally and gender-responsive solutions developed in partnership with EMYi, ethnic communities, and wider society to prevent further marginalization and promote the wellbeing of EMYi. Specifically, there is a need to increase awareness of the impacts of discrimination and to improve cultural intelligence within society. Educational campaigns and training programmes that highlight the effects of discrimination and how it affects the wellbeing and the overall lived experience of EMYi can potentially be a way forward. These insights can further inform training curricula that will enable educators, healthcare providers, and policymakers to better understand and respond to the lived experiences of EMYi, thereby making programmes and services more effective and relevant. This is not limited to mainstream health services but also for issue-based services such as those for disability communities and gender and sexually diverse communities.

To conclude, EMYi in NZ continue to walk a tightrope to find value in their identity both in ethnic and non-ethnic spaces. Providing culturally and gender-responsive scaffolding is critical for young people to transition from surviving to thriving. By addressing these needs, we can create a more inclusive society that supports the diverse experiences and wellbeing of all its members.

Notes

1. https://www.thriving.auckland.ac.nz/
2. Person of colour perceived as that of White/European heritage.
3. Terrorist attack on two mosques in South Island, New Zealand resulting in 51 people dead and several wounded. https://www.parliament.nz/mi/get-involved/features/the-christchurch-mosque-attacks-how-parliament-responded/

Acknowledgments

We would like to thank the young people who volunteered to participate in the study interviews and shared valuable insights about their personal lives.

Funding

This work was supported by the Health Research Council of New Zealand Project Grant (#21-425). The funding agency had no role in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Data availability statement

Individual participant data collected for this study will not be made available as per the conditions of consent received from participants of the study, including that data will be accessed only by the research team.

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