









## INSTRUMENT FOR IDENTIFYING RACIST BEHAVIORS AND CONDUCT IN ADOLESCENCE

### INSTRUMENTO DE IDENTIFICAÇÃO DE COMPORTAMENTOS E CONDUTAS RACISTAS NA ADOLESCÊNCIA

### INSTRUMENTO DE IDENTIFICACIÓN DE COMPORTAMIENTOS Y CONDUCTAS RACISTAS EN LA ADOLESCENCIA

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**Fomento:** No funding.

**Submitted on:** 07/15/2025

**Approved on:** 04/13/2026

#### Responsible Editors:

 Assis do Carmo Pereira Júnior  
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#### ABSTRACT

**Objective:** to develop and validate the content of an instrument for identifying racist behaviors and conduct among adolescents who self-identify as white. **Method:** this is a methodological study with a quantitative approach, grounded in psychometrics. A literature review was performed, followed by the development of indicators, a pilot study, content validation with 10 specialists in the fields of health and education, face validity with adolescents, and reliability analysis through internal consistency (Cronbach's alpha) and temporal stability (test-retest) with 104 high school adolescents, without construct validity analysis at this stage. **Results:** the instrument, composed of 13 indicators distributed across four dimensions (perception of privilege, implicit racist behaviors, explicit racist behaviors, and family influence), showed a mean content validity index of 92.76% for adequacy, 90.88% for clarity, and 92.47% for reliability. Internal consistency was satisfactory ( $\alpha = 0.75$ ) and temporal stability was excellent (92.47%). **Conclusion:** the instrument showed initial evidence of content validity and reliability, establishing itself as a tool for screening racist behaviors and conduct in adolescence within health and education settings.

**Keywords:** Adolescent; Racism; Education; Education, Primary and Secondary; Health; Psychometrics; Social Indicators; Socioeconomic Factors; Health Inequality Indicators; White People.

#### RESUMO

**Objetivo:** desenvolver e validar o conteúdo de um instrumento para identificação de comportamentos e condutas racistas entre adolescentes autodeclarados como brancos. **Método:** estudo metodológico, de abordagem quantitativa, fundamentado na psicometria. Realizou-se revisão da literatura, elaboração dos indicadores, aplicação piloto, validação de conteúdo com 10 especialistas das áreas de saúde e educação, validação aparente com adolescentes e análise da fidedignidade por meio da consistência interna (Alfa de Cronbach) e da estabilidade temporal (teste-reteste) com 104 adolescentes do Ensino Médio, sem a análise de validade de construto nesta etapa. **Resultados:** o instrumento, composto por 13 indicadores distribuídos em quatro dimensões (percepção do privilégio, comportamentos racistas implícitos, comportamentos racistas explícitos e influência familiar), apresentou índice médio de validade de conteúdo de 92,76 % para adequação, 90,88 % para clareza e 92,47 % para fidedignidade. A consistência interna foi satisfatória ( $\alpha = 0,75$ ) e a estabilidade temporal foi excelente (92,47%). **Conclusão:** o instrumento apresentou evidências iniciais de validade de conteúdo e fidedignidade, configurando-se como ferramenta para o rastreo de comportamentos e condutas racistas na adolescência, em contextos de saúde e educação.

**Palavras-chave:** Adolescente; Racismo; Educação; Ensino Fundamental e Médio; Saúde; Psicometria; Indicadores Sociais; Fatores Socioeconômicos; Indicadores de Desigualdade em Saúde; População Branca.

#### RESUMEN

**Objetivo:** desarrollar y validar el contenido de un instrumento para la identificación de comportamientos y conductas racistas en adolescentes autodeclarados como blancos. **Método:** estudio metodológico, de enfoque cuantitativo, fundamentado en la psicometría. Se realizó una revisión de la literatura, elaboración de los indicadores, aplicación piloto, validación de contenido con 10 especialistas en las áreas de salud y educación, validación aparente con adolescentes y análisis de la confiabilidad mediante la consistencia interna (alfa de Cronbach) y la estabilidad temporal (prueba-reprueba) con 104 adolescentes de Enseñanza Media, sin análisis de validez de constructo en esta etapa. **Resultados:** el instrumento, compuesto por 13 indicadores distribuidos en cuatro dimensiones (percepción del privilegio, comportamientos racistas implícitos, comportamientos racistas explícitos e influencia familiar), presentó un índice medio de validez de contenido de 92.76 % para adecuación, 90.88 % para claridad y 92.47 % para confiabilidad. La consistencia interna fue satisfactoria ( $\alpha = 0.75$ ) y la estabilidad temporal fue excelente (92.47 %). **Conclusión:** el instrumento presentó evidencias iniciais de validez de contenido y confiabilidad, constituyéndose como una herramienta para el rastreo de comportamientos y conductas racistas en la adolescencia, en contextos de salud y educación.

**Palabras clave:** Adolescente; Racismo; Educación; Educación Primaria y Secundaria; Salud; Psicometría; Indicadores Sociales; Factores Socioeconómicos; Indicadores de Desigualdad en Salud; Población Blanca.

#### How to cite this article:

Silva TF, Santos RGS, Moura VCS, Miranda RB, Almeida HP, Menezes NS, Rodrigues JM, Moreira BS. Instrument for identifying racist behaviors and conduct in adolescence. REME - Rev Min Enferm. 2026[cited \_\_\_\_\_];30:e-1592. Available from: <https://doi.org/10.35699/2316-9389.2026.60327>

## INTRODUCTION

Racial inequalities constitute one of the structural axes of social inequities in Brazil, having historically emerged from processes of colonization, enslavement, and the institutionalization of racial hierarchies that remain operative in contemporary times. These inequalities are not limited to the economic sphere but are expressed in daily life through symbolic, discursive, and behavioral practices that sustain power asymmetries among racialized groups, including the school environment. Adolescence, as a period of intense identity formation, socialization, and internalization of values, constitutes a particularly sensitive time for the incorporation of social norms related to race and the privileges associated with whiteness. In this context, racist attitudes and behaviors exhibited by white adolescents should not be understood merely as individual expressions, but as socially produced practices that contribute to the reproduction of unequal racial structures and the perpetuation of historical patterns of exclusion<sup>(1-3)</sup>.

The understanding of racism adopted in this study is grounded in a structural perspective, according to which racism is conceived as a historically and socially produced system that organizes, in an unequal manner, the distribution of resources, opportunities, and recognition among racial groups. In this approach, racism is not restricted to individual or episodic manifestations; it constitutes a logic that permeates institutions, social practices, and forms of interaction, operating simultaneously at the structural, institutional, and symbolic levels. This implies recognizing that racial inequalities are continuously produced and reproduced in social dynamics, regardless of the intentions of the individuals involved<sup>(3,4)</sup>.

Intertwined with this perspective, the concept of whiteness is understood as a historically constructed social position, characterized by the production and maintenance of material and symbolic privileges associated with white racial identity. These privileges tend to operate in a naturalized and invisible manner, often being perceived as universal or neutral, which makes it difficult to critically problematize them. In this sense, whiteness is not an individual characteristic, but rather a relational position that is constituted in contrast to other racialized groups, especially the black population, thereby producing and reproducing power asymmetries<sup>(5,6)</sup>.

The connection between structural racism and whiteness allows for an understanding that racism manifests itself not only through explicit acts of discrimination, but

also through subtle, implicit, and normalized practices that permeate daily social interactions, including forms of silence, denial, minimization, and the reproduction of stereotypes. In the context of adolescence, these expressions assume particular relevance, since this period is marked by the consolidation of values, beliefs, and social positions that can both reinforce and challenge such structures.

Scientific evidence suggests that white adolescents often tend to minimize or deny the existence of racism, attributing it to isolated incidents or individual behavior, while disregarding its structural and institutional dimensions<sup>(7,8)</sup>. This trend of denial contributes to the perpetuation of a logic of racial invisibility, in which white privilege is not recognized as such, thereby reinforcing the reproduction of inequalities. This process does not occur in isolation, as it is mediated by multiple spaces of socialization, especially the family and school, which play a key role in either perpetuating or challenging these practices by shaping perceptions, values, and stances regarding racial differences<sup>(9,10)</sup>.

The intersection between racism, school, and health becomes particularly relevant when considering the direct and indirect impacts of these dynamics on the well-being of adolescents, especially those belonging to racially vulnerable groups. Evidence indicates that exposure to experiences of racism in the school environment are associated with negative mental health outcomes, including depressive symptoms, anxiety, suicidal ideation, and substance use, highlighting that racism constitutes a significant social determinant of health<sup>(9,10)</sup>. In this sense, racist behaviors practiced or tolerated by white adolescents not only reflect individual stances, but also have concrete effects on the lives of black adolescents, contributing to processes of exclusion, psychological distress, and unequal opportunities.

Although educational strategies and public policies to address racism must be implemented in different contexts, regardless of the availability of specific instruments, the availability of adequate tools can significantly improve the identification of behavioral patterns, thereby supporting more targeted, measurable, and evidence-based interventions. On the other hand, the lack of psychometrically validated instruments specifically designed to identify racist behaviors and conduct among white adolescents does not preclude the implementation of educational initiatives, but it limits the ability to systematically measure this phenomenon, hindering the planning, evaluation, and refinement of intersectoral strategies in the fields of health and education.

The production of systematized knowledge on racist attitudes among white adolescents is part of a broader agenda to promote racial equity, in line with international commitments such as the Sustainable Development Goals, particularly Target 10.3, which proposes the reduction of inequalities, and Target 4.7, which emphasizes human rights education and the building of more equitable societies<sup>(11)</sup>. From this perspective, the development of valid and reliable tools expands diagnostic capabilities and strengthens the role of health, education, and nursing professionals in implementing intersectoral practices committed to social justice.

Despite the advances in scientific research on racism, a significant methodological gap remains regarding the systematic measurement of racist behaviors and conduct among white adolescents, particularly through instruments that simultaneously measure explicit, implicit, and contextual dimensions, such as family influence. The absence of tools with these characteristics limits a deeper understanding of the phenomenon and restricts the development of evidence-based interventions, reinforcing the need to construct psychometric instruments that operationalize this construct in a theoretically grounded and empirically verifiable manner.

In light of the above, and given that combating racism requires critical, interdisciplinary, and evidence-based approaches, this study aims to develop and validate the content of a tool designed to identify racist behaviors and conduct among adolescents who self-identify as white.

## METHOD

This is a methodological study using a quantitative approach, aimed at constructing and initially validating an instrument designed to identify racist behaviors and conduct in adolescence, specifically among adolescents who self-identify as white. This article is part of a broader research project entitled “Reception and Networks of Care Production for School-Aged Adolescents,” linked to the Program for the Incentive of Scientific, Technical, and Artistic Production at the State University of Rio de Janeiro (PROCIÊNCIA/UERJ).

The methodological framework used was Psychometrics, the science dedicated to measuring latent phenomena through observable indicators<sup>(12)</sup>. The sample was selected using a purposive sampling method, based on predefined criteria, including specialists in the field and adolescents at different stages of the study. The sample size was determined based on psychometric guidelines, which recommend six to ten judges for content validation

and five to ten respondents per item of the instrument in quantitative stages<sup>(13)</sup>.

Specific inclusion and exclusion criteria were adopted for each group participating in the study. For the specialist group, the study included health and/or education professionals with experience in adolescence, racism, or adolescent health care, who were actively involved in teaching, research, or clinical practice and held at least a master’s degree. Those who did not fully complete the instrument or did not meet the criteria for experience in the field were excluded.

In terms of participants, the study included adolescents who were high school students aged 15 to 18 who self-identified as white, were regularly enrolled at participating institutions, and submitted a consent form, in addition to obtaining consent from their legal guardians. Adolescents who did not complete the instruments, were absent from any stage of the study, or did not meet the established racial self-identification criterion were excluded.

The study was organized into the following stages: theoretical development and item construction, pilot testing, content validation, face validity, and reliability assessment<sup>(13-15)</sup>. The methodological description followed the principles of the Guidelines for Reporting Reliability and Validity Studies<sup>(16)</sup>.

It should be noted that this study represents an initial stage in the instrument validation process, and no construct validity analyses, such as exploratory or confirmatory factor analysis, nor any criterion validity analyses, were conducted, which limits inferences regarding the instrument’s internal structure and performance in varying contexts.

## Theoretical development and construction of indicators

The theoretical framework of the instrument was grounded on an integrative review of the national and international literature, guided by the following research question: “What behaviors, attitudes, and expressions of racism among white adolescents have been described in the scientific literature?” The search was conducted in the SciELO virtual library and the LILACS and MEDLINE/PubMed databases, using a combination of controlled descriptors related to adolescence, racism, racial discrimination, and social behaviors. The inclusion criteria encompassed articles published between 2013 and 2023, in Portuguese, English, and Spanish, that addressed manifestations of explicit, implicit, and structural racism and

microaggressions, as well as associated factors and coping strategies. The review was not previously registered on platforms such as PROSPERO or OSF as it was an exploratory stage aimed at establishing the theoretical foundation of the instrument. The first stage of the study entailed reviewing the national and international literature addressing racism in adolescence, including discussions on white privilege, microaggressions, implicit and explicit racism, as well as family influence. Authors such as Santos et al.<sup>(2)</sup>, Munanga<sup>(17)</sup>, Collins<sup>(18)</sup> and Ribeiro<sup>(19)</sup> highlight that the reproduction of racist behaviors can take place as early as childhood and adolescence, influenced by the family, school, and media environments. Studies point out that white teenagers do not always recognize the privilege associated with their skin color, which contributes to the trivialization of racism and hinders the construction of a culture of racial equality<sup>(2,20)</sup>.

Based on these studies, indicators were developed and organized into four dimensions: Perception of White Privilege, Implicit Racist Behaviors, Explicit Racist Behaviors, and Family Influence. The construction of the indicators was guided by the need to understand how white adolescents identify, deny, or reproduce discriminatory behaviors in their daily lives. The initial version of the instrument consisted of 13 indicators structured on a five-point Likert scale, with the following response options: strongly disagree (1 point), disagree (2 points), neither agree nor disagree (3 points), agree (4 points), and strongly agree (5 points). The conceptual model was grounded on guidelines for the development of psychometric scales, which include construct definition, item generation, choice of response format, and review grounded on theoretical criteria<sup>(12)</sup>.

### Pilot implementation

The pilot implementation was conducted with 32 adolescents who self-identified as white, were high school students at a public state school in the city of Rio de Janeiro, and were between the ages of 15 and 18, during the data collection period from March to June 2025. All participants signed the Informed Consent Form, and their legal guardians signed the Free and Informed Consent Form. The objective was to evaluate the clarity, comprehension, and applicability of the instrument. The adolescents rated each item on a three-point ordinal scale (1 = does not apply; 2 = partially applies; 3 = fully applies) and were invited to provide written suggestions. Then, a group discussion session, characterized as brainstorming, was conducted, which allowed for a deeper exploration and

discussion of the suggestions presented. Based on the contributions, semantic adjustments were made and the indicators were reformulated.

### Content validation

The revised version was submitted for evaluation to ten specialists, five of whom were from the health sector and five from the education sector, with expertise in the themes of adolescence, racism, education, or adolescent health care, including experience in teaching, research, or clinical practice, with a minimum qualification of specialist and proven experience in the field. The specialists analyzed the clarity, relevance, and comprehensiveness of the items using a four-point ordinal scale (1 = inadequate; 2 = adequate with revision; 3 = adequate with minor revision; 4 = fully adequate). The Content Validity Index (CVI) was calculated using the following formula:  $CVI = (\text{number of specialists who assigned a score of 3 or 4}) \div (\text{total number of specialists})$ , with a value of  $\geq 0.70$  considered satisfactory for each item<sup>(15)</sup>. The quantitative analyses were supplemented by a qualitative review of the suggestions made by the specialists, using criteria for grouping based on thematic convergence<sup>(21)</sup>. To ensure the consistency of the process, the revised version of the instrument was resubmitted to the specialists for final confirmation of its adequacy<sup>(22,23)</sup>.

### Apparent validation

The apparent validation was conducted with 20 adolescents, who were students at a state public school, with the aim of assessing the clarity and familiarity of the terms used. After the instrument was completed, a focus group discussion was held to gather general impressions, a strategy that allowed for the identification of terms that were difficult to understand and guided language adjustments. This process entailed the replacement of ambiguous expressions and the simplification of statements, aiming to ensure greater accessibility without compromising the theoretical coherence of the instrument<sup>(21)</sup>.

### Assessment of reliability

The reliability was assessed through an analysis of internal consistency and temporal stability (test-retest). The instrument was administered on two separate occasions, with a 14-day interval between administrations, to a sample of 104 adolescents distributed across three high

school classes. During the process, sample losses were recorded in line with the previously defined exclusion criteria, resulting from student absences at the time of the retest, refusals to participate in the second administration, and the exclusion of instruments with incomplete data, with only participants with complete data in both administrations being included in the analysis.

Internal consistency was verified using Cronbach's alpha, which is considered satisfactory when  $\geq 0.70$ <sup>(24)</sup>, acknowledging its limitations for multidimensional instruments. To analyze temporal stability, the intraclass correlation coefficient was used, with a two-way random-effects model and mean measures, considering values equal to or greater than 0.70. Additionally, the relative agreement rate between the responses obtained in the two administrations was calculated. The data were tabulated in Microsoft Excel® and analyzed using the Statistical Package for the Social Sciences, version 21.0. This platform was selected to ensure greater statistical robustness for the proposed psychometric analyses<sup>(23)</sup>. The study was approved by the Research Ethics Committee of the State University of Rio de Janeiro, in compliance with Resolution No. 466/2012 of the National Health Council<sup>(25)</sup>. All adolescents participated upon signing the Consent Form, and their legal guardians signed the Informed Consent Form.

## RESULTS

### Instrument development stage

The pilot application was conducted with 32 adolescents aged 15 to 18, who were high school students at a public state school in Rio de Janeiro, with the aim of assessing the clarity, comprehensibility, and applicability of the instrument. The adolescents rated the items for clarity on a three-point ordinal scale (1 = does not meet the criteria; 2 = partially meets the criteria; 3 = fully meets the criteria), yielding an overall mean of 2.79. This value, close to the maximum score, is considered very good, indicating that the participants understood the items satisfactorily and recognized their relevance to situations related to racism experienced in their daily school life.

The items related to the perception of racial privilege and social interactions were considered easier to understand as they reflected concrete experiences. Based on the suggestions received, linguistic adjustments were made by replacing potentially abstract terms with more accessible

expressions and restructuring sentences to better align with the language used by adolescents.

### Content validation stage

In the following stage, content validation was conducted with ten specialists in the fields of health and education who have expertise in the themes of adolescence and racism. The specialists evaluated the indicators for clarity, adequacy, and conceptual scope. Table 1 presents the results of the content validity analysis, considering the criteria of adequacy and clarity of the indicators, as well as the reliability indexes of the instrument developed.

Regarding the indicators' alignment with the proposed dimensions, the mean value was 92.76%, with all indicators scoring above 92.1%, eight of which exceeded 92.5%. This performance indicates a high level of consensus among the specialists regarding the relevance of the indicators for assessing the defined constructs. Regarding the clarity of the indicators, the overall mean was 90.88%, ranging from 89.8% to 92.2%, demonstrating that the wording was considered understandable and adequate for the target audience.

The analysis by dimension revealed consistency across the varying domains of the instrument. The Perception of Privilege dimension, comprised of indicators 1–3, showed fit indexes ranging from 92.1% to 93.1% and clarity indexes ranging from 90.3% to 91.1%, with reliability coefficients ranging from 91.4% to 92.2%. The Implicit Racist Behaviors dimension, comprising indicators 4–6, showed fit indexes between 92.5% and 93.5%, clarity indexes between 89.8% and 90.8%, and reliability coefficients between 90.8% and 92.7%, indicating high stability of the responses.

In the Explicit Racist Behaviors dimension, comprising indicators 7–9, the fit values ranged from 92.1% to 93.3%, while clarity ranged from 90.6% to 92.2%, with reliability indexes ranging from 93.0% to 93.4%, indicating consistency in the responses. In turn, the Family Influence dimension, comprising indicators 10–13, showed fit indexes between 92.1% and 93.5%, clarity between 90.5% and 91.2%, and reliability between 91.9% and 93.9%, indicating high agreement across applications.

### Face validation stage

The refined version was submitted for face validity testing with 20 adolescents aged 15 to 18. After completing the questionnaire, a focus group discussion was conducted, during which participants reported that they had

Table 1 – Evaluation of the content, clarity, and reliability of the instrument entitled “Racist behaviors and conduct among adolescents who self-identify as white”

Dimension	Indicator	CVI – Adequacy (%)*	CVI – Clarity (%)**	Reliability – Test-retest (%)***
Perception of privilege	1. I believe that all races/skin colors are treated equally.	92.1	90.9	92.2
	2. I have privileges because I am white.	92.7	91.1	91.4
	3. Most racial issues are very important to people.	93.1	90.3	91.4
Implicit racist behaviors	4. I feel uncomfortable when I see a lot of people of a different race or skin color in the same place.	92.5	90.8	92.3
	5. People should stick closer to people of their own race/skin color.	92.7	90.8	92.7
	6. I usually make jokes about the skin color, hair, mouth, and nose of people of other races/skin colors.	93.5	89.8	90.8
Explicit racist behavior	7. I have already excluded someone from an activity or group because of their race or skin color.	92.5	91.2	93.1
	8. I have witnessed people being offended because of their race or skin color, and I did nothing to stop it.	93.3	90.6	93.0
	9. I think some racial groups are more violent or dangerous than my own	92.1	92.2	93.4
Family influence	10. In my family, we rarely discuss issues related to racism.	92.3	91.2	93.9
	11. My family taught me that all people are equal, regardless of race or skin color.	93.5	90.5	93.5
	12. I've already heard members of my family making mean comments about people of other races or skin colors.	92.9	91.1	92.5
	13. My parents or guardians encourage me to treat everyone equally, regardless of race or skin color.	92.1	91.2	91.9
Overall mean		92,76	90,88	92,47

\*Percentage of specialists who considered the indicator to be very adequate or adequate in relation to the principle;

\*\*Percentage of specialists who considered the indicator to be very clear or clear; \*\*\*Percentage of specialists who agreed with the responses in the application replicas (test-retest).

Source: Prepared by the authors(2026).

found the items easy to read and understand. The adolescents acknowledged that the content addressed reflects situations experienced in the school environment and in social relationships, especially regarding racial interactions. Specific language adjustments were made, replacing less common terms with more accessible expressions, thereby enhancing the cultural adequacy and clarity of the instrument (Table 1).

### Psychometric validation stage

The final stage consisted of assessing the reliability of the instrument, which was conducted with 104 high school students from three classes at a state public school. The analysis of the instrument’s reliability, assessed through internal consistency, yielded a value of  $\alpha = 0.75$ , demonstrating acceptable internal consistency within the parameters established in the psychometric

literature for instruments in the initial validation stage. Temporal stability was assessed using the test-retest method, with a 14-day interval between administrations, revealing a mean agreement of 92.47%, which indicates excellent stability of responses over time.

Figure 1 presents the final version of the instrument developed, organized into four theoretical dimensions: Perception of Privilege, Implicit Racist Behaviors, Explicit Racist Behaviors, and Family Influence. Each dimension consists of indicators structured on a five-point Likert scale, allowing for the measurement of adolescents' level of agreement with the proposed statements. The organization of the items reflects the theoretical model adopted and consolidates the construction and validation process developed.

The results presented in Table 1 and the layout shown in Figure 1 complement each other by providing an integrated view of the psychometric performance obtained and the final structure of the instrument, in line with the conceptual model that guided its construction.

## DISCUSSION

The results obtained indicate that the developed instrument showed initial evidence of content validity, face validity, and reliability within psychometric parameters considered acceptable for early-stage methodological studies, conferring consistency to the construction process and indicating potential applicability for identifying racist behaviors and conduct among adolescents who self-identify as white. The mean scores for adequacy (92.76%), clarity (90.88%), and reliability (92.47%) demonstrate satisfactory performance, especially regarding item comprehension and the stability of responses over time. However, it is worth noting that these findings do not constitute a complete validation of the instrument, since no construct or criterion validity analyses were performed, which are essential steps for consolidating its internal structure and predictive capacity. The psychometric literature emphasizes that the development of instruments designed to measure complex phenomena must be conducted progressively, incorporating different forms of validity and reliability evidence, with content validity being only one of the initial steps in this process<sup>(26)</sup>. Studies in the fields of health and applied social sciences have shown that instruments in their early stages may exhibit good levels of consistency and clarity, although this alone does not ensure their structural stability or invariance across different contexts<sup>(27,28)</sup>. In this sense, the results of this study should be interpreted as preliminary evidence

of the instrument's suitability, indicating its initial feasibility and the need for further research in future studies.

When compared to existing instruments designed to assess discriminatory attitudes and racial prejudice, the literature still shows significant gaps regarding specific tools designed for white adolescents, particularly in school settings. Most available instruments focus on measuring implicit or explicit prejudice in general populations or among adults, such as racial attitude scales and indirect measures, such as the Implicit Association Test, which assess implicit biases but do not capture the contextual and relational dimensions of racism in adolescents' daily lives<sup>(29,30)</sup>. In this scenario, the instrument developed in this study represents a significant advance by incorporating interconnected dimensions, such as the perception of privilege, implicit and explicit behaviors, and family influence, which enable a more contextualized and relational approach to the phenomenon.

The findings are also consistent with studies showing that white adolescents tend to have difficulty identifying and recognizing racism, often resorting to denial or minimization, which contributes to the perpetuation of inequalities in the school environment<sup>(31,32)</sup>. In this sense, the high clarity of the indicators observed in this study suggests that the instrument was able to translate complex concepts into accessible language, facilitating the identification of attitudes that often remain naturalized in daily interactions.

It should be noted that this study focused on adolescents aged 15–18, a period corresponding to high school, characterized by a greater consolidation of values, social identity, and stances on issues such as race and inequality. Evidence indicates that, at this stage, adolescents demonstrate greater capacity for abstraction and critical reflection; however, they may also reproduce, in a more structured manner, discourses that deny or minimize racism, especially when embedded in social contexts that naturalize racial privileges<sup>(31,32)</sup>.

Recent studies indicate that adolescents in this age group already experience the social and institutional dynamics of racism in a more intense way, both as observers and as active participants in school interactions, which highlights the importance of instruments capable of identifying behavioral patterns in this specific group<sup>(9,32)</sup>. In this sense, the development of tools designed for high school students helps to expand diagnostic and intervention capabilities at a critical stage of social and moral development.

The relationship between racism, the school environment, and health, as evidenced by the results, is

Figure 1 – Instrument for identifying racist behaviors and conduct among adolescents who self-identify as white.

INSTRUMENT FOR THE IDENTIFICATION OF RACIST BEHAVIOR AND CONDUCT AMONG ADOLESCENTS WHO SELF-IDENTIFY AS WHITE		
INSTRUCTIONS		
<p>The purpose of this instrument is to assist in identifying racist behaviors and conduct among adolescents who self-identify as white. It should be administered to adolescents who self-identify as white, with the aim of supporting actions to prevent racism.</p> <p>To respond to the instrument, read each statement and select the option that best reflects how much you agree or disagree, using the following scale:</p> <p>1 - Strongly disagree, 2 - Disagree, 3 - Neither agree nor disagree, 4 - Agree, 5 - Strongly agree.</p>		
DIMENSION	INDICATOR	RESPONSE SCALE
Perception of privilege	1. I believe that all races/skin colors are treated equally.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2. I have privileges because I am white.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3. Most racial issues are very important to people.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Implicit racist behaviors	4. I feel uncomfortable when I see a lot of people of a different race/skin color in the same place.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	5. People should stay closer to people of their own race or skin color.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	6. I usually make jokes about the skin color, hair, mouth, and nose of people of other races/skin colors.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Explicit racist behaviors	7. I have already excluded someone from an activity or group because of their race or skin color.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	8. I have witnessed people being offended because of their race or skin color, and I did nothing to stop it.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	9. I think some racial groups are more violent or dangerous than my own.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Family influence	10. In my family, we rarely discuss issues related to racism.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	11. My family taught me that all people are equal, regardless of race or skin color.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	12. I've already heard members of my family making mean comments about people of other races or skin colors.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	13. My parents or guardians encourage me to treat everyone equally, regardless of race or skin color.	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Source: Prepared by the authors(2026).

corroborated by the literature, which indicates that experiences of racial discrimination are associated with significant negative mental health outcomes, including depressive symptoms, anxiety, and suicidal behavior<sup>(9,10)</sup>. These effects fall predominantly on black adolescents, demonstrating that racist behaviors, even when naturalized or not recognized as such, have concrete impacts on those who experience racism. Thus, identifying these behaviors among white adolescents becomes strategic for developing preventive measures that address not only the victims but also those who perpetuate discriminatory practices or remain silent in the face of them.

The multidimensional structure of the instrument was consistent with the literature, which indicates that racism in adolescence originates from the interaction between different spheres of socialization, particularly the family, school, and the media<sup>(33-35)</sup>. In this sense, the inclusion of the dimension regarding family influence represents a significant methodological aspect, since systematic reviews indicate that the home environment is one of the primary settings for the conveyance of values and attitudes related to racial prejudice<sup>(36)</sup>. The inclusion of indicators that capture family-related discourse expands the instrument's ability to capture dimensions that are often not addressed in traditional scales.

In terms of reliability, the results indicate acceptable internal consistency ( $\alpha = 0.75$ ) and high temporal stability (92.47%), which are consistent with instruments in the early stages of validation<sup>(14)</sup>. However, it is worth noting that the use of Cronbach's alpha in multidimensional instruments has limitations, since this coefficient assumes unidimensionality, which may overestimate or underestimate the internal consistency of the domains being assessed<sup>(37)</sup>. Therefore, it is recommended that future studies conduct exploratory and confirmatory factor analyses and use other indicators, such as the omega coefficient, in order to further assess the internal structure of the instrument.

Another aspect worth noting is the stability observed in the test-retest analysis, indicating that the instrument demonstrates good reliability over time. This finding is relevant for its application in contexts involving the monitoring and evaluation of interventions, as it allows for the measurement of behavioral changes in adolescents. However, it is necessary to consider that responses related to social attitudes may be influenced by factors such as social desirability, which can impact the reliability of the data, especially on sensitive themes such as racism<sup>(38)</sup>.

From a practical standpoint, the instrument has the potential to support actions in the fields of health and

education, particularly in primary health care and school settings, contributing to the monitoring of behaviors and the planning of educational interventions. Studies indicate that interventions based on prior diagnosis tend to be more effective, as they allow for the identification of risk and protective factors present in the life contexts of adolescents<sup>(39,40)</sup>.

Despite its contributions, this study has significant limitations. In addition to the absence of construct and criterion validity analyses, the use of a localized sample is noteworthy, which may limit the generalizability of the results. Furthermore, the self-report nature of the instrument may be subject to response biases, particularly due to social desirability. Therefore, it is recommended that future studies expand sample diversity, incorporate different sociocultural contexts, and conduct more robust psychometric analyses to consolidate the instrument's validity.

Finally, the development of instruments designed to identify racist behaviors among white adolescents represents a significant advance in the fields of public health and education, as it enables the collection of systematic data on a phenomenon that is often naturalized. The integration of diagnosis, intervention, and public policy, supported by empirical evidence, constitutes a promising path for combating racism and promoting racial equity, in line with the principles of social justice and the Sustainable Development Goals<sup>(11)</sup>.

## CONCLUSION

The construction and initial evaluation of the instrument revealed psychometric performance consistent with preliminary methodological studies, indicating the adequacy of the indicators for the proposed dimensions and the stability of responses over time. These findings support the utility of the instrument as a resource for the systematic identification of racist behaviors and conduct in adolescence, especially in school and healthcare settings, by facilitating the generation of information that informs the planning of educational and intersectoral interventions.

The instrument's organization into dimensions, which address perceptions of privilege, implicit and explicit manifestations, and family influence, enhances its ability to capture the complexity of the phenomenon, given that racism in adolescence is expressed in relational ways, is often naturalized, and permeates various socialization contexts. This structure contributes to a more comprehensive approach to the problem by enabling the

identification of behavioral patterns that are not always recognized as discriminatory practices.

Among the limitations are the absence of construct and criterion validity analyses, which limits the understanding of the internal structure of the instrument and its accuracy in different contexts, as well as the use of a localized sample, which may limit the generalizability of the findings. Furthermore, the self-administered nature of the instrument may be subject to response biases. Given this, it is recommended that future studies be conducted with larger and more diverse samples, incorporating additional psychometric analyses to allow for a more in-depth evaluation of its properties.

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