Gendered Racial Socialization as a Moderator of the Relations Between Gendered Racial Microaggressions and Traumatic Stress Symptoms for Black Women

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ABSTRACT

The purpose of this study is to investigate the relations between gendered racial microaggressions (i.e., subtle gendered racism), gendered racial socialization, and traumatic stress symptoms for Black women. This study applies an intersectional lens to explore the influence of the intersection of racism and sexism (i.e., gendered racism) on traumatic stress symptoms. Specifically, we tested the possible protective or exacerbating role of gendered racial socialization based on extant literature that demonstrates protective and exacerbating influences of racial socialization. We hypothesized that gendered racial microaggressions would significantly predict traumatic stress symptoms; in addition, we hypothesized that gendered racial socialization would moderate the relations between gendered racial microaggressions and traumatic stress symptoms. Participants were 226 Black women across the United States who completed an online survey. Results from regression analyses indicated that gendered racial microaggressions significantly predicted self-reported traumatic stress symptoms. In addition, results from a series of eight moderation analyses indicated that there were no moderating effects of gendered racial socialization. However, two types of gendered racial socialization messages (internalized gendered racial oppression and sisterhood) were found to significantly predict traumatic stress symptoms. The results of this study can inform future research on Black women's experiences of gendered racism and the role of gendered racial socialization in their lives.

Keywords: gendered racism, gendered racial socialization, trauma, intersectionality

TABLE OF CONTENTS

CHAPTER ONE: INTRODUCTION 1
Gendered Racism 1
Oppression and Trauma 3
Gendered Racial Socialization As A Moderator 7
Current Study 10
CHAPTER TWO: LITERATURE REVIEW 12
Racism 13
Racism and Health 15
Sexism 18
Sexism and Health 20
Intersectionality 25
Gendered Racism 28
Racial Socialization 31
Themes in Racial Socialization 32
Oppression and Trauma 41
Alternative Models of Trauma 44
CHAPTER THREE: METHOD 51
Participants 51
Procedure 51
Measures 52
Gendered Racial Microaggressions 52
Gendered Racial Socialization 53
Traumatic Stress 54
Demographics 55
Data Analytic Plan 55
CHAPTER FOUR: RESULTS 56
Data Screening and Preliminary Analyses 56
Multiple Regression Analysis 57
Moderation Analyses 58
CHAPTER FIVE: DISCUSSION 60
Limitations and Directions for Future Research 66
Implications 68
REFERENCES 70

APPENDIX 90
VITA 102

LIST OF TABLES

Table A1: Means, Standard Deviations, Cronbach's Alpha Reliability Estimates, Skewness, and Kurtosis for All Study Variables....91
Table A2: Intercorrelations Between All Study Variables....92
Table A3: Multiple Regression Analysis Examining Gendered Racial Microaggressions as a Predictor of Traumatic Stress Symptoms....93
Table A4: Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Gendered Racial Pride and Empowerment Messages....94
Table A5: Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Family Expectations and Responsibilities Messages....95
Table A6: Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Internalized Gendered Racial Oppression Messages....96
Table A7: Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Independence, Career, and Educational Success Messages....97
Table A8: Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Sexual Behavior Messages....98
Table A9: Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Sisterhood Messages....99
Table A10: Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Religious Faith and Spirituality Messages....100
Table A11: Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Gendered Racial Hardship Messages....101

CHAPTER ONE: INTRODUCTION

Although there is a large body of theoretical and empirical literature on the influence of perceived racism on the mental and physical health of African Americans (e.g., Pascoe & Smart Richman, 2009; Paradies, 2006; Pieterse, Todd, Neville, & Carter, 2012; Utsey, Ponterotto, Reynolds, & Cancelli, 2000), there is still a lack of research that explores the role of gendered racism (the intersection of racism and sexism) in the lives of African American women. Similarly, extant literature on the influence of perceived sexism on the mental and physical wellbeing of women (e.g., Calogero & Jost, 2011; Landrine, Klonoff, Gibbs, Manning, & Lund, 1995; Landry & Mercurio, 2009) does not sufficiently incorporate the ways in which race and racism influence African American women's experiences of gender discrimination. The purpose of this study is to investigate the relations between gendered racial microaggressions (i.e., subtle gendered racism) and traumatic stress symptoms for Black women. First, we highlight the importance of intersectionality and review the research on gendered racism. Then, we provide an overview of literature on oppression and traumatic stress for people of color. Lastly, we highlight the possible moderating role of gendered racial socialization.

Gendered Racism

Despite the large body of literature that demonstrates an association between experiences of racism and negative mental health outcomes, there is a lack of quantitative research that explores Black women's experiences with *gendered racism*. *Gendered racism* describes the concurrent experience of racism and sexism (Essed, 1991). Crenshaw (1989) introduced the concept of *intersectionality* through an examination of the legal system. Crenshaw (1989) explained that "because the intersectional experience is greater than the sum of racism and sexism, [and] any analysis that does not take intersectionality into account cannot sufficiently

address the particular manner in which Black women are subordinated" (p. 140). In other words, Black women do not experience racism because they are Black *and* sexism because they are women, but they experience a unique form of oppression as Black women. From an intersectional lens, studies that use a racism-only or sexism-only lens do not adequately capture Black women's experiences from an intersectional framework, which considers the experiences of Black women as being larger than the sum or interaction of racism and sexism (Crenshaw, 1989). A dominant theme within qualitative research with Black women is the difficulty in separating aspects of identity and discrimination into separate spheres of race and gender (Andersen & Collins, 2004; King, 2005; Jones & Shorter-Gooden, 2003).

There is empirical evidence to support a significant relation between gendered racism and negative mental health outcomes for Black women. Moradi and Subich (2003) found that experiences of sexism and racism were both significantly correlated with increased psychological distress for African American women, with sexism accounting for unique variance in distress. Thomas, Witherspoon, and Speight (2008) found a positive significant association between greater experiences of gendered racism and greater psychological distress. Within this relationship, they found a significant partial mediating influence of cognitive-emotional coping styles (e.g., avoiding thinking about a stressor or thinking of other things) (Thomas et al., 2008). Szymanski and Stewart (2010) found similar results as Moradi and Subich (2003); for African American women, sexism was a significant predictor of psychological distress.

More recently, Lewis and Neville (2015) found that subtle gendered racism (i.e., gendered racial microaggressions) was significantly related to psychological distress, such that greater gendered racial microaggression experiences were significantly related to greater levels of self-reported psychological distress. The study by Lewis and Neville (2015) was the first

study to use an intersectional measure to explore Black women's experiences with gendered racism. In another recent study, Lewis, Williams, Peppers and Gadson (2017) found that gendered racial microaggressions significantly predicted negative mental and physical health outcomes for Black women across a variety of domains. Empirical research has shown that greater experiences of gendered racial microaggressions are significantly associated with greater levels of overall psychological distress and negative physical health outcomes (Lewis & Neville, 2015; Lewis et al., 2017). While findings from earlier studies made an important contribution to our understanding of Black women's experiences, the lack of existing intersectional measures available for use in empirical research was a significant limitation. The current study explores Black women's experiences of subtle gendered racism using an intersectional framework to capture an intersectional form of oppression that is unique to the simultaneous experience of racism and sexism.

Oppression and Trauma

Empirical and theoretical literature has posited an association between racism and sexism and traumatic stress outcomes (e.g., Berg, 2006; Bryant-Davis & Ocampo, 2005a; Bryant-Davis & Ocampo, 2005b; Comas-Diaz & Jacobsen, 2001; Ford, 2008). Additionally, some empirical studies have found greater traumatic stress outcomes among people of color compared to White individuals after experiencing traumatic incidents unrelated to racism. For example, Norris (1992) found that while White adults were more likely to be exposed to a violent event (e.g., an assault or accident), the impact of these events was strongest for people of color. In empirical studies of military veterans and PTSD, similar trends have been found (e.g., Frueh, Brady, & de Arellano, 1998; Frueh et al., 2002; Kulka et al. 1990; Ruef, Litz, & Schlenger, 2000). These studies demonstrate that traumatic stress is a unique mental health outcome and suggest that

there is a complex role of race in experiences of traumatic incidents as well as posttraumatic stress.

Of the empirical evidence that explores the relations between sexism, racism, and traumatic stress for women of color, a significant limitation is the lack of existing intersectional measures available for use in research. In an investigation of women of color's experiences with racism and sexism as *insidious trauma* (i.e., the lifetime cumulative effects of lower level discriminatory events, Watson, DeBlaere, Langrehr, Zelaya, and Flores (2016) found self-esteem to be a partial mediator of the relations between racist experiences and greater trauma symptoms. Specifically, racism was related to lower levels of self-esteem, which was then related to greater trauma symptoms (Watson et al., 2016). Moreover, sexism and sexual objectification were found to have a direct association with greater trauma symptoms (Watson et al., 2016).

There is a dearth of empirical research that has explored the relations between racial microaggressions and traumatic stress symptoms. Nonetheless, these findings make important contributions to our understanding of racism as a traumatic stressor. Torres and Taknint (2015) explored the relations between ethnic microaggressions, ethnic identity, general self-efficacy, and traumatic stress symptoms among Latino adults. They found that ethnic microaggressions were significantly correlated with traumatic stress, ethnic identity, and depression (Torres & Taknint, 2015). Within the moderated mediation model they proposed, they found that ethnic microaggressions significantly predicted traumatic stress symptoms, which sometimes resulted in depressive symptoms. Moreover, they found that ethnic identity and self-efficacy moderated the relations between microaggressions and traumatic stress, such that participants with stronger ethnic identity and self-efficacy reported less traumatic stress, and traumatic stress symptoms mediated the relations between ethnic microaggressions and depression (Torres & Taknint,

2015). The indirect effects were most robust within low levels of ethnic identity and self-efficacy. The findings from this study highlight the complex relations between racial microaggressions and traumatic stress and provide further evidence of the need for future empirical studies that explore the specific dynamic between racial microaggressions and traumatic stress.

However, while there is empirical research to support both the influence of racism on traumatic stress symptoms as well as differential trauma outcomes based on race, there is considerable debate about how to approach these topics in research. Currently, the clinical model of PTSD limits traumatic events to exposure by either direct experience, witnessing an event in person, or being repeatedly exposed to details of traumatic events (e.g., first responders, some medical personnel, psychotherapists) (American Psychiatric Association, 2013). A qualifying event must represent actual or threatened death, serious bodily injury, or sexual violence (American Psychiatric Association, 2013). This definition would allow for an empirical exploration into differential impacts of non-racism related traumatic events, but it would not capture racism itself as a traumatic stressor. Experiences of racism do not often come in the form of explicit threats or actual bodily injury or death; for example, racial microaggressions are covert experiences that are similarly as harmful as explicit forms of racism, of which violent instances are less common (Carter, 2007). However, while some have argued for the inclusion of racism and other forms of oppression in diagnostic criteria for PTSD (e.g., Holmes, Facemire, & DaFonseca, 2016), there has been longstanding opposition to "medicalizing" oppression as trauma (e.g., Gilfus, 1999). Within these debates, several scholars have offered alternative models for conceptualizing trauma that are more holistic and include experiences of discrimination in non-pathological ways.

Several scholars have offered alternative trauma models to conceptualize traumatic stress responses elicited by experiences of discrimination (e.g., Carlson, 1997; Carter, 2007; Kira, 2001). This study uses Carter's (2007) conceptualization of racism as a "psychological injury" to explore Black women's traumatic stress responses to gendered racism. Building on previous conceptualizations, Carter (2007) proposed a nonpathological race-based traumatic stress injury assessment category, drawing most notably from Carlson's (1997) model. Carlson's (1997) model includes three key components: respect for subjective appraisal of the event (including validating emotional pain), how the sudden and unexpected nature of racist events negatively impacts posttraumatic growth, and the subjective experience of a lack of control over the event. From this, Carter (2007) offered a broadened definition of a traumatic stressor that includes actual or threatened physical *or* emotional pain, which contrasts with clinical models of PTSD. Additionally, Carter (2007) specifically named the forms of racism that are included in this model that would not be included in a traditional trauma model: racial harassment (hostility), racial discrimination (avoidance, exclusion), or discriminatory harassment (aversive hostility, isolation at work.) Carlson (2007) argued that the severity of an event is determined by the strength and intensity of the target individual's reaction and symptom cluster (e.g., increased vigilance, activism, spiritual coping, flashbacks and nightmares, depression, withdrawal, and more critical signs such as avoidance, intrusion, and arousal.) In this way, Carter's (2007) model is empowering by shifting the focus back onto the phenomenological experience of the individual and their meaning-making process; an event is traumatic if it is perceived as such, regardless of the objective characteristics (e.g., focusing solely on physical harm) of the event that are emphasized in clinical models. This model offers a way for empirical research to explore

the relations between discrimination and traumatic stress symptoms from a more holistic and less pathologizing perspective.

The current study fills a gap in the literature by using an intersectional lens to explore the influence of gendered racial microaggressions on traumatic stress symptoms among African American women. Moreover, it is important to explore resilience factors that may buffer the negative effects of insidious traumatic stress for Black women, such as gendered racial socialization.

Gendered Racial Socialization As A Moderator

Gendered racial socialization describes "the process through which families provide differing messages to African American girls and boys based on their perceptions of the varied racial climate and landscape for boys and girls" (Brown, Blackmon, Rosnick, Griffin-Fennell, White-Johnson, 2017, p. 179). Themes surrounding sexuality and sexual behavior (e.g., discouragement of premarital sex), dating and romantic relationships, educational success and self-reliance, physical beauty and self-esteem, religion and spirituality, and dealing with racism and sexism in society have been found by empirical studies specifically exploring African American women's socialization experiences (Edmondson Bell & Nkomo, 1998; Thomas & Blackmon, 2015; Thomas & King, 2007; Thomas & Speight, 1999).

The current study uses the Gendered Racial-Ethnic Socialization Scale for Black Women (GRESS-BW; Brown et al., 2017), which includes nine subscales that capture different types of socialization messages African American girls receive from caregivers: (1) *gendered racial pride and empowerment* (instilling pride and appreciation for aspects of appearance such as hair texture and skin color), (2) *family expectations and responsibilities* (expectation that Black women bear great responsibility for the family and catering the men's needs), (3) *internalized*

gendered racial oppression (negative beliefs about Black women (e.g., about natural hair and darker skin color), (4) *independence, career, and educational success* (self-sufficiency, not showing emotions), (5) *sexual behavior* (appropriate behavior related to premarital sex and cohabitation, as well as conservative religious values), (6) *oppression awareness* (the existence of racism and sexism, working hard, having a respectful romantic partner), (7) *sisterhood* (strength and survival of African American women, the importance of the mother-daughter relationship, supporting Black men), (8) *religious faith and spirituality* (belief in God), and (9) *gendered racial hardship* (difficulties in finding romantic partners, being a double minority).

We can hypothesize the role of several of these gendered racial socialization messages in the relations between experiencing gendered racial microaggressions and traumatic stress symptoms for Black women based on empirical evidence of the complex role of racial socialization identified in the literature. Greater messages surrounding racial pride and cultural values have been consistently identified as having a buffering effect in the relations between perceived racism and negative mental health outcomes (e.g., Harris-Britt, Valrie, Kurtz-Costes, & Rowley, 2007; Brown, 2008; Reynolds & Gonzales-Backen, 2017). In the GRESS-BW, gendered racial pride and empowerment messages represent a similar construct; thus, we can hypothesize that it has a similarly buffering effect. Sisterhood messages represent a similar construct (e.g., "My parent or caregiver taught me that a mother's love is important for Black women") and are hypothesized to also have a buffering effect. There are no empirical studies that have explored the influence of values surrounding sexual behavior in terms of a buffering or protective effect. Because racial socialization is conceptualized as an overall positive influence for African Americans, we hypothesize that these messages will have a buffering effect.

There are mixed results in the literature regarding the influence of preparation for bias (raising awareness of discrimination and teaching coping methods) messages. Fischer and Shaw (1999) found that greater levels of racism struggles messages (similar to preparation for bias messages) had no significant influence, moderate levels had a buffering effect, and fewer levels had an exacerbating effect. However, Harris-Britt and colleagues (2007) found that both high and low levels of preparation for bias messages were associated with a negative relationship between perceived racial discrimination and self-esteem. In an analysis of 21 studies, Reynolds and Gonzales-Backen (2017) found that preparation for bias messages did not have a consistent buffering effect, although racial socialization overall did have a buffering effect. In the GRESS-BW, oppression awareness and gendered racial hardship messages are similar to preparation for bias messages. Given these mixed findings, we hypothesize that oppression awareness and gendered racial hardship will have a buffering effect. Similarly, religious faith and spirituality are hypothesized to have a buffering effect given the positive influence spirituality has among many African American families and its role in coping with racism (Shorter-Gooden, 2004; Utsey, Adams, & Bolden, 2000).

In the GRESS-BW, the independence, career, and educational success and family expectations and responsibilities messages represent a mixture of positive and negative aspects. Although messages of success and independence are generally positive, there is empirical evidence to support a positive association between endorsement of the Strong Black Woman (SBW) archetype and outcomes such as distress, emotional dysregulation, and binge eating (Harrington, Crowther, & Shipherd, 2010; Watson & Hunter, 2015; Woods-Giscombé, 2010); in other words, a greater emphasis on African American girls and women handling everything by themselves and discouraging seeking help may be harmful for African American women.

African American women are socialized to appear strong, resilient, and self-sufficient (Shorter-Gooden & Jackson, 2000) and are viewed by others as being unaffected by hardships (Jones & Shorter-Gooden, 2003). African American women who internalize these beliefs may have difficulty admitting they need help or reaching out for assistance behind a façade of unwavering strength (McNair, 1992). Given the empirical evidence demonstrating negative influences of rigid messages surrounding independence and strength for Black women, we hypothesized that messages surrounding independence, career, and educational success and family expectations and responsibilities will have exacerbating effects. Moreover, internalized gendered racial oppression messages in the GRESS-BW represent negative messages about Black women (e.g., "My parent or caregiver taught me that lighter skin is more attractive than dark skin"), thus we hypothesize an exacerbating effect of receiving these types of messages.

There is a long-standing body of literature exploring the ways in which certain aspects of racial socialization may be protective and which may be exacerbating. However, while gendered racial socialization is not a recently developed construct, there is a dearth of empirical literature that has explored gendered racial socialization in ways that racial socialization has been explored. The GRESS-BW developed by Brown and colleagues (2017) is the first scale that captures Black women's gendered racial socialization experiences. Although there is a lack of research in this area, we can hypothesize that it has a similarly complex role.

Current Study

The purpose of this study is to examine the relations between experiences of gendered racial microaggressions and traumatic stress symptoms among a sample of Black women. Based on a review of extant literature, we developed two hypotheses to explore within this study:

Hypothesis 1: Gendered racial microaggressions will significantly predict traumatic stress symptoms, such that greater gendered racial microaggressions will be related to greater traumatic stress symptoms.

Hypothesis 2: Gendered racial socialization will moderate the relations between gendered racial microaggressions and traumatic stress symptoms. Within Hypothesis 2, we have developed hypotheses for the protective or exacerbating roles of each of the nine subscales of the GRESS-BW.

Hypothesis 2A: We hypothesize that the following six gendered racial socialization messages will have a protective role: a) gendered racial pride and empowerment, b) sisterhood, c) sexual behavior, d) oppression awareness, e) gendered racial hardship, and f) religious faith and spirituality. Thus, those who endorse receiving messages in any one of these domains will also endorse fewer traumatic stress symptoms relative to those who endorse receiving these messages less often.

Hypothesis 2B: We hypothesize that the following three gendered racial socialization messages will have an exacerbating role: g) independence, career, and educational success, h) family expectations and responsibilities, and i) internalized gendered racial oppression such that those who endorse receiving more of these messages will also endorse greater traumatic stress symptoms relative to those who endorse receiving these messages less often.

CHAPTER TWO: LITERATURE REVIEW

This chapter is a review of extant literature in the areas of racism, sexism, racial socialization, and trauma. After presenting historical conceptualizations of racism (e.g., Jones, 1997; Harrell, 2000), empirical evidence for the negative association between experiences of racism and a variety of mental health and quality of life outcomes is presented. Racial microaggressions receive particular attention as this literature is especially relevant to our study. Next, similar themes within sexism research are explored, with attention to conflicts within the literature on the benefits and drawbacks of conceptualizing sexism as a traumatic stressor. Limitations of both racism and sexism research are highlighted, namely the lack of intersectionality in studying these forms of oppression. Racism research lacks particular attention to sexism, and sexism research lacks attention to racism, with neither fully capturing Black women's experiences with oppression. Intersectionality theory is reviewed, providing a justification for the theoretical basis of our study and our use of two intersectional measures with a sample of Black women.

Next, racial socialization literature is explored from an intersectional framework; dominant themes within this literature are reviewed, with attention to aspects of racial socialization that have been found to serve protective, exacerbating, or nonsignificant roles in the relations between experiencing racism and a range of mental health and well-being outcomes. Furthermore, this literature is also critiqued for a lack of focused attention on Black women's socialization experiences, presenting several empirical studies demonstrating similarities and marked differences in the socialization processes of Black girls relative to Black boys. Lastly, the trauma section reviews both theoretical and empirical literature on conceptualizing oppression as a traumatic stressor that can induce traumatic stress symptoms for marginalized individuals and

groups. Alternative, non-clinical models of trauma are presented. Taken together, this research serves as a foundation for our study of the relations between gendered racial microaggressions, gendered racial socialization, and traumatic stress for Black women.

Racism

There is a large, long-standing body of literature on racism and race-related stress. James M. Jones' (1997) tripartite model of racism is a fundamental conceptualization of racism as a ubiquitous phenomenon in society. *Racism* is defined as "the transformation of race prejudice and/or ethnocentrism through the exercise of power against a racial group defined as inferior, by individuals and institutions with the intentional or unintentional support of the entire culture" (Jones, 1972, p. 117). According to Jones' (1997) tripartite model, racism exists at an individual, institutional, and cultural level. *Individual racism* refers to a belief that one's racial group is superior over others, including the ways in which people act in order to maintain superiority such as the use of racial slurs in interpersonal interactions (Jones, 1972). *Institutional racism* describes ways that racial inequality is enacted and maintained on a systemic level, such as by restricting the rights, mobility, and access of certain racial groups (Jones, 1972). *Cultural racism* refers to the expression of superiority of one's (racial) cultural heritage over others, by both individuals and institutions (Jones, 1972). This conceptualization of racism, due to its multidimensionality and ubiquity in society, provided a strong foundation for later research on racism, particularly racism-related stress.

Racism-related stress can negatively influence mental health outcomes for people of color. Harrell (2000)'s multidimensional model of racism-related stress defines racism-related stress as interactions between individuals and groups with a racist environment that tax or exceed resources to cope or threaten individual or collective wellbeing. Harrell (2000) described six

forms of racism-related stressors that influence mental health: racism-related life events (significant events that are relatively time limited, e.g., being harassed by police), vicarious racism experiences (including witnessing racism happen to others or loved ones experiencing racism), daily racism microstressors (*microaggressions*, which are "subtle, innocuous, preconscious or unconscious degradations and putdowns" (Pierce, 1995, p. 281)), chronic-contextual stress (unequal distributions of resources that affect living conditions and quality of life), collective experiences (general awareness of how racism affects members of one's racial group), and transgenerational transmissions (e.g., race-related family and community stories passed through the socialization process). Racism-related stressors influence individuals and groups; these stressors interact with a host of intermediary factors such as coping skills, racial socialization, socioeconomic factors, and the experience of other forms of discrimination (e.g., sexism, heterosexism). The specific effects of racism-related stressors, such as the ways that racism-related stress leads to these negative outcomes, warrant further exploration.

Two important models that aimed to investigate the explicit ways in which racism (and discrimination more broadly) influence negative mental health outcomes: the biopsychosocial model of perceived racism and the minority stress model. Further exploring the influence of racism on mental health and psychosocial functioning, Clark and colleagues' (1999) biopsychosocial model of perceived racism proposes that "the perception of an environmental stimulus as racist results in exaggerated psychological and physiological stress responses" that are influenced by factors such as demographic variables, coping responses, and psychological and behavioral factors for African Americans (Clark, Anderson, Clark, & Williams, 1999, p. 806). Repeated exposure to the stressor (perceived racism in the environment), and thus repeated activation of these stress responses, negatively influence physical and mental health over time

(Clark et al., 1999). In addition, the role of perceived racism as a stressor is hypothesized to be influenced by demographic factors such as skin tone and socioeconomic status (Clark et al., 1999).

Meyer's (2003) minority stress model offers another framework for exploring the ways in which racism affects mental health and psychosocial functioning. According to Meyer (2003), hostile factors in the social environment (e.g., stigma, prejudice, and discrimination) can contribute to mental health issues. Conceptualized initially to explore the influence of discrimination among lesbians, gay men, and bisexuals (LGBs), the minority stress framework draws upon existing literature on the influence of stress (general), social stress (conditions in the environment), and discrimination on minority individuals. According to the minority stress framework, stress (general stress and discrimination stress) present in the environment affects minority individuals; these effects are influenced by factors such as prominence and valence of the minority identity, expectations of negative outcomes, and coping mechanisms and social support (Meyer, 2003).

Racism and Health

In support of these theoretical frameworks, there is an abundance of empirical research that investigates the negative physical and mental health outcomes of discrimination (Pascoe & Smart Richman, 2009; Paradies, 2006; Pieterse et al., 2012). Empirical studies have found that discrimination has a negative influence on anxiety (Graham, West, & Roemer, 2013), life satisfaction and self-esteem (Utsey, Ponterotto, et al., 2000), and depression (Paradies, 2006). Several recent meta-analyses also show an overall negative association between racism and both psychological and physical health (Paradies, 2006; Pascoe & Smart Richman, 2009; Pieterse et al., 2012). Pascoe and Smart Richman (2009) found a link between perceived racism and a

variety of mental health outcomes and indicators of overall well-being, including symptomatology for mental illnesses such as depression and anxiety, overall psychological distress, and reduced perceived quality of life in 110 of the 134 studies they analyzed. Pascoe and Smart Richman (2009) also found that experiencing racism was related to significantly heightened stress responses.

Pieterse and colleagues (2012) found an overall positive association between perceived racism and overall psychological distress for Black Americans. Perceived racism was more strongly associated with psychiatric symptoms (e.g., depression, anxiety, somatization, and PTSD) than were general quality of life outcomes (e.g., life satisfaction) (Pieterse et al., 2012). Paradies (2006) found positive associations between perceived racism and various negative mental health outcomes (e.g., depressive symptoms, obsessive-compulsive symptoms, stress, and somatization) in an analysis of 138 studies. Greater perceived racism was significantly associated with lower self-esteem, lower general mental health, and lower life and work satisfaction (Paradies, 2006). Williams, Neighbors, and Jackson (2003) found similar associations between perceived racism and negative physical and mental health outcomes from a meta-analysis of community-based studies. Taken together, these studies represent a large body of empirical research that demonstrates that greater perceived racism is associated with poorer mental health outcomes and reduced quality of life indicators. While the exact nature of the relationship between experiencing racism and traumatic stress symptoms is unknown, both the Meyer (2003) minority stress conceptual framework and the Clark et al. (1999) biopsychosocial model of perceived racism are important frameworks to consider the influence of racism on health outcomes for people of color and, more specifically, the influence of racism on traumatic stress symptoms.

Racism and trauma. There is a growing body of research that explores racism as a stressor that produces trauma symptoms; within this literature, there are competing arguments as to whether racism should be considered a form of trauma in and of itself, or as a stressor that can produce trauma symptomatology (Alessi, Martin, Gyamerah, & Meyer, 2013; Carter, 2007; Ford, 2008; Khaylis, Waelde, & Brice, 2007). Holmes et al. (2016) argued for the inclusion of racism as a qualifying traumatic experience in Criterion A of the PTSD Symptom Checklist used for clinical diagnosis of PTSD in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*). However, others have criticized the tendency to "medicalize" the conceptualization of oppression as trauma; for example, Gilfus (1999) argued that this medicalization decontextualizes trauma from culture and oppression, resulting in a one-dimensional analysis that overlooks potential aspects of both harm and resilience. In other words, the push to recognize oppression as a "legitimate" form of trauma within the medical framework of the *DSM* is a potential disservice to the individuals and communities this research is supposed to help.

Racial microaggressions as racism-based stress. More recently, racism literature has focused on the influence of microaggressions as a form of racism-based stressors. *Racial microaggressions* are "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color" (Sue et al., 2007, p. 271). The often unintentional nature of some kinds of microaggressions contributes to the particularly stressful nature of the experience; in contrast with explicit forms of discrimination that are generally universally agreed upon, microaggressions are often minimized and dismissed, even by those that experience them (Sue et al., 2007).

Several studies show significant associations between a greater frequency of racial microaggressions and negative mental health outcomes (Constantine, 2007; Mazzula & Nadal, 2015; Nadal, Griffin, Wong, Hamit, & Rasmus, 2014). There is a large body of empirical evidence that demonstrates an association between greater experiences of racism (both explicit racism and covert forms such as microaggressions) and lower mental health on a variety of domains (Constantine, 2007; Graham et al., 2013; Nadal et al., 2014; Pascoe & Smart Richman, 2009; Paradies, 2006; Pieterse et al., 2012; Utsey, Ponterotto, et al., 2000). Empirical research on the influence of racism on traumatic stress symptoms for people of color is a smaller, but growing area of research (Carter, 2007; Holmes et al., 2016).

Despite this attention to the relations between racism and a variety of negative mental health outcomes, the analysis of the influence of gender is largely absent from racism literature. Specific attention to gender and sexism is warranted in order to further understand the experience of women of color. The next section will explore sexism and its influences on mental health and overall well-being for women.

Sexism

There is also a long-standing body of literature that investigates the nature of sexism and its influences on women's life experiences and overall wellbeing. Recent historical trends in the U.S., specifically in the post-women's rights movement era, have made blatant sexism (also called *hostile sexism, traditional sexism,* and *old-fashioned sexism*) more socially unacceptable, which has given rise to what is termed *benevolent sexism* (Swim, Aikin, Hall, & Hunter, 1995). *Benevolent sexism* describes a set of attitudes that are sexist in nature, yet may be perceived in positive ways by the target (women) and tend to elicit prosocial or intimacy-seeking responses (Glick & Fiske, 1996). Benevolent sexism is not something that is good or positive; rather, the

"benevolence" is in how it is packaged. Glick and Fiske (1996) give an example of benevolent sexism as a man telling his female coworker how "cute" she looks. Although his comment was meant as a compliment (and could possibly be received as one), the woman may feel undermined and like she is not taken seriously as a professional. From this example, benevolent sexism can be viewed as operating in a similar way to microaggressions.

As endorsement of hostile sexist beliefs began to decline, new measures were created to assess this shift, such as the Modern Sexism Scale (MSS; Swim et al., 1995), the Neosexism Scale (NS; Tougas, Brown, Beaton, & Joly, 1995), and the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996). All three of these scales focus on benevolent ("modern", "neo", or "ambivalent") sexism, which became more socially acceptable as overt sexism fell out of favor. Swim et al. (1995) define *modern sexism* as "the denial of continued discrimination, antagonism toward women's demands, and lack of support for policies designed to help women" (p. 199). Tougas et al. (1995) define *neosexism* as "a manifestation of a conflict between egalitarian values and residual negative feelings toward women" (Tougas et al., 1995, p. 843). According to this definition, neosexist beliefs are a combination of belief in an equal society (and equality between men and women) and underlying hostile sexist beliefs.

A significant limitation of this research is that there is a lack of attention to intersections with race. Research samples are largely predominantly White, including samples used to create sexism measures. For example, the SSE (Klonoff & Landrine, 1995) was developed using a sample of 403 White women versus 228 women of color from multiple racial groups. The absence of intersectionality in these important empirical studies limits the ability to apply their findings to women of color. Moreover, collapsing all women of color into one group

homogenizes their experiences. Because of these limitations, we know less about the intersections of racism and sexism experienced by women of color.

Sexism and Health

Whereas many of the first sexism scales assessed endorsement of sexist beliefs, the SSE (Klonoff & Landrine, 1995) captured women's direct experiences with sexism. This 20-item measure asks respondents (who are women, unlike the other scales) to rate how frequent (from never to almost all of the time) they have experienced a certain sexist scenario over the past year and over their lifetime (Klonoff & Landrine, 1995). Items are divided between four subscales: sexist degradation and its consequences, sexist discrimination in distant relationships, sexism in close relationships, and sexist discrimination in the workplace (Klonoff & Landrine, 1995). Items include "How many times have people made inappropriate or unwanted sexual advances to you because you are a woman?" and "How many times have you heard people making sexist jokes, or degrading sexual jokes?" (Klonoff & Landrine, 1995, p. 470). This shift to focusing on women's experiential reality with sexism catalyzed a large body of empirical evidence of the negative effects of sexism (in its various forms) on the mental health of women.

Several empirical studies have shown an association between greater sexism experiences and poor mental health outcomes (Calogero & Jost, 2011; Landrine et al., 1995; Landry & Mercurio, 2009; Moradi & Funderburk, 2006; Moradi & Subich, 2003). Empirical studies on sexism's influence on traumatic stress symptoms for women is a smaller, but growing area of research (Berg, 2006; Watson et al., 2016). Landrine et al. (1995) used the Schedule of Sexist Events (Klonoff & Landrine, 1995) to investigate whether experiences of sexist discrimination accounted for variance in women's physical and psychiatric symptoms beyond that already accounted for by general life stressors. Experiences of sexist discrimination were found to

account for additional variance in women's symptoms beyond that of general life stressors (Landrine et al., 1995). More specifically, experiences with sexist discrimination accounted for more variance in specific areas such as somatic, depressive, and total psychiatric and physical symptoms than did general life stressors (Landrine et al., 1995). Though results varied by age and ethnicity of the women in the study, there is strong evidence that experiences with sexism significantly influence women's physical and mental well-being. Moradi and Funderburk (2006) explored the relations between sexist experiences and mental well-being and found a significant association between greater experiences of sexism and psychological distress among a sample of women seeking counseling services. In addition, social support significantly mediated the relations between experiences of sexism and psychological distress (Moradi & Funderburk, 2006).

Landry and Mercurio (2009) explored the relations between sexist discrimination experiences, psychological distress, self-esteem, and sense of personal control. There was a significant association between sexist experiences and greater psychological distress (Landry & Mercurio, 2009). Furthermore, sense of personal control partially mediated the relations between sexist experiences and psychological distress (Landry & Mercurio, 2009). They also found that contrary to expectation, sexist experiences were not significantly related to self-esteem (Landry & Mercurio, 2009). Moradi and Funderburk (2006) suggest that future research on the influence of sexism on women should separate wellbeing and distress, based on their findings and existing literature that demonstrates an inconsistent relation between perceived discrimination and psychological wellbeing, but a consistent relation between discrimination and distress (Cassidy, O'Conner, Howe, & Warden, 2004; Fischer & Shaw, 1999; Utsey, Ponterotto, et al., 2000). Landry and Mercurio's (2009) finding of a non-significant relation between sexist experiences

and self-esteem is aligned with previous research. In a series of experiments, Calogero and Jost (2011) found a significant association between greater exposure to benevolent sexism and increased self-objectification, self-surveillance, and body shame among women. Interestingly, they did not find this association for exposure to hostile sexism (Calogero & Jost, 2011). There was also a significant association between exposure to benevolent sexism and increased appearance management planned behaviors (Calogero & Jost, 2011).

In an analysis of the relations between racism, sexism, and psychological distress among African American women, Moradi and Subich (2003) found that experiences of sexism and racism were both significantly correlated with increased psychological distress. Upon further analysis, only perceived sexist events accounted for unique variance in psychological distress, and racist and sexist experiences did not interact with each other to predict distress (Moradi & Subich, 2003). Szymanski and Stewart's (2010) study of the influence of racism and sexism on psychological distress among African American women had similar findings; in a concomitant analysis, only sexism was a significant predictor of distress. Taken together, these findings provide empirical support for an overall negative association between greater experiences of sexist discrimination and negative mental health outcomes. However, sexism research has also explored trauma specifically, exploring both the benefits and drawbacks of making the connection between oppression and trauma.

Sexism and trauma. Within feminist psychology, there are differing viewpoints regarding the usefulness of PTSD as a diagnosis for women. Some argue that the diagnoses in which women are typically overrepresented (e.g., borderline personality disorder, histrionic personality disorder, depression, and anxiety) are compensatory reactions to trauma (Berg, 2002). Others argue that the popularity of the PTSD diagnosis is more harmful than helpful to

women who have experienced abuse, because the attention toward the individual and her "dysfunction," depoliticizes the issue of violence against women as an interpersonal problem instead of being a product of a society specifically constructed to maintain patriarchy (Berg, 2002) Moreover, some argue that a PTSD diagnosis is an indictment of a larger system that inflicts sexist abuse on women that manifests itself as trauma (Berg, 2002). Regardless of the nuances of their conceptualization of oppression, violence against women, and the mental health system's role in both of those, feminist scholars and clinicians recognize that sexism can negatively influence women's psychological wellbeing.

Empirical studies have supported the feminist theoretical basis of viewing sexism as a stressor that can produce trauma. Berg (2006) found a moderately strong correlation between experiences of sexism and increased posttraumatic stress symptoms in a sample consisting of 87.7% White women. In addition, experiences of recent sexist degradation were the best predictor of posttraumatic stress symptoms and accounted for 20% of variance (Berg, 2006). Watson et al. (2016) explored the relations between multiple forms of oppressions on women of color's experiences with insidious trauma. *Insidious trauma* describes the lifetime cumulative effects of lower level discriminatory events directed at those with marginalized identities by those with respective power and privilege (Brown, 2013; Root, 1992; Root, 2001). Self-esteem was found to be a partial mediator of the relations between racist experiences and greater trauma symptoms (Watson et al., 2016); racism was related to lower levels of self-esteem, which was then related to greater trauma symptoms (Watson et al., 2016). Additionally, sexism and sexual objectification were found to have a direct association with greater trauma symptoms (Watson et al., 2016). The relations between experiences with sexism and trauma for women warrant further

exploration, whether sexism is conceptualized as being a trauma in itself or simply a stressor that can produce trauma symptoms for some women.

Gender microaggressions as gender-based stress. Although research on various forms of sexism is not new, *gender microaggressions* are a relatively recent conceptualization that has similarities to and diverges from existing research on the different forms of sexism. A qualitative study of gender microaggressions by Capodilupo and colleagues (2010) provided empirical evidence for six categories of gender microaggressions (sexual objectification, sexist language, second-class citizen, assumption of inferiority, assumption of traditional gender roles, and environmental microaggressions) identified in previous literature (e.g., Sue & Capodilupo, 2008). Among these categories, sexual objectification and assumptions of traditional gender roles were the most strongly endorsed gender microaggressions in the sample. Capodilupo and colleagues (2010) also found empirical support for an additional category of gender microaggressions: "leaving gender at the door". Many of these categories, although recently conceptualized together under the term "microaggressions", are present in previous conceptualizations of sexism (e.g., neosexism (Tougas et al., 1995), benevolent sexism (Glick & Fiske, 1996), and everyday sexism (Swim, Hyers, Cohen, & Ferguson, 2001). Regardless of how they are conveyed (i.e., via microaggressions, benevolent sexism, or old-fashioned sexism), sexist beliefs have endured in society. Empirical studies demonstrate an association between experiences of gender microaggressions and negative impacts on women's mental health and wellbeing (Nadal, 2010; Nadal & Haynes, 2012). Further research exploring the ways in which gender microaggressions influence women's psychological wellbeing is warranted.

Despite this attention to the relations between sexism and a variety of negative mental health outcomes, the analysis of the influence of racism is largely absent from sexism literature.

Specific attention to race and racism is warranted in order to further understand the experience of women of color. For example, Watson et al. (2016) and Moradi and Subich (2003) explored the relations between both racism and sexism on women of color's levels of psychological distress. Based on the findings from empirical studies that have explored multiple oppression experiences of women of color (e.g., Moradi & Subich, 2003; Szymanski & Gupta, 2009; Szymanski & Stewart, 2010; Watson et al., 2016), sexism experiences of women of color diverges from that of White women in multiple ways; namely, women of color experience the intersection of sexism and racism. Thus, both racism and sexism must be explored in tandem. The next section of this paper will explore *intersectionality* and its importance in theoretical and empirical research on the experiences of African American women.

Intersectionality

Although the concept of *intersectionality* is not new, Crenshaw (1989) introduced the concept through an examination of the legal system. Crenshaw (1989) explained that shift in how Black women's experiences were studied and conceptualized was necessary "because the intersectional experience is greater than the sum of racism and sexism, [and] any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated" (p. 140). In other words, Black women do not experience racism because they are Black and sexism because they are women, but a unique form of oppression as Black women.

Many feminist scholars across disciplines have tried to infuse intersectionality into their fields. Over the years, there have been a variety of ways that scholars have sought to apply an intersectional lens to their research. The three primary approaches include: additive, interactional, and intersectional framework. The additive approach views racism and sexism as

mutually exclusive phenomena that accumulate for African American women, producing a sort of "double jeopardy" experience where they are dealing with both racism and sexism simultaneously (St. Jean & Feagin, 1998, p. 16). Underlying the additive approach is the idea that racism and sexism are separate entities, with each able to exist absent the other. Additionally, the additive approach assumes that both racism and sexism (if they can be wholly separated) would have an equal influence on African American women's lived experiences. The interactional approach similarly views racism and sexism as separate, mutually exclusive phenomena, but it speaks more to the "commonplace condition of unique combinations of the two" (St. Jean & Feagin, 1998, p. 16). Rather than viewing African American women's experiences as the accumulation of different forms of oppression, an interactional framework explores how racism and sexism combine in a multiplicative way.

The intersectional framework views racism and sexism as producing something unique—a separate construct from racism and sexism altogether. While additive and interactional approaches are a step in the right direction, they are insufficient at truly capturing Black women's experiences of oppression. As explained by Andersen and Collins (2004): "At any moment, race, class, or gender may feel more salient or meaningful in a given person's life, but they are overlapping and cumulative in their effect on people's experiences" (p. 7). This perspective factors in the individual's experiences with oppression on an interpersonal level while acknowledging that multiple, intertwined systems of oppression operate simultaneously regardless of how a situation is perceived. King's (2005) study is a significant contribution to our understanding of African American women's experiences with discrimination and underscores the need for intersectionality. King (2005) explored racism, sexism, and *ethgender discrimination*; *ethgender* "refers to the unique social space created by the intersection of

specific ethnic and gender statuses" (King, 2005, p. 204). The results from this study showed that attributing a remark as racist or both racist and sexist (ethgender discrimination) was associated with greater stress, whereas attributing a remark as sexist was not (King, 2005). As a possible explanation for these findings, King (2005) offered that racism and sexism may be so intertwined with Black women's experiences that attempting to separate them may be both difficult and irrelevant. The findings from this study provide significant evidence for the importance of an intersectional framework in empirical research on African American women's experiences.

Bowleg (2012) argued for the importance of intersectionality in public health research by highlighting the issue with the use of the common phrase "women and minorities" when speaking of discrimination and inequity in public health discourse. Far more than a semantic argument, the use of women as one category and minorities as another erases the *many* people who are both women *and* people of color. Furthermore, "women and minorities" equates womanhood with Whiteness, such that the racial identity of women of color is construed as something "other" than their womanhood instead of integral to it. This is important because, as highlighted by Bowleg (2008), using an additive framework construes each system of oppression as something that can be separated out and examined without taking other systems into account. Bowleg (2008) offers the example of how saying someone is "Black and a lesbian and a woman" is very different from calling them a "Black lesbian woman"; the former takes an additive approach to race, gender, and sexual orientation whereas the second is an intersectional framework that recognizes how marginalized social locations exist within individuals and can create one cohesive identity, and thus, one cohesive form of oppression.

Within psychology, Cole (2009) and Else-Quest and Hyde (2016) highlight the importance of intersectionality in psychological research and challenges associated with

conducting intersectional research. Cole (2009) encouraged psychologists to examine who they are including and excluding based on the criteria they choose, explore what role social inequality and systems of oppression play within the chosen population, and identify commonalities across experiences of systems of oppression. Relatedly, Else-Quest and Hyde (2016) examine obstacles in implementing intersectionality into quantitative psychology, which surround diverse interpretations of the concept depending on the chosen epistemology (e.g., positivism, social constructionism, and standpoint) (Else-Quest & Hyde, 2016). The challenge for psychologists, then, is exploring how one's underlying theory of knowledge affects their approach to research more broadly in addition to how it impacts the intentional implementation of intersectionality into that work.

Gendered Racism

Gendered racism describes the concurrent experience of racism and sexism (Essed, 1991). Qualitative research that has explored Black women's experiences with oppression shows that a prevailing theme is an experience of oppression because they are *Black women* (Jones & Shorter-Gooden, 2003). Qualitative studies in particular have made an important contribution to this conceptualization, illuminating the need for quantitative research and scale development that explores Black women's experiences from this perspective instead of using racism- and sexism-only scales that do not adequately represent both identities and how they intersect. In other words, Black women's experiences transcend the idea of "racism plus sexism" and are instead in a category of their own that is worthy of attention. This is poignantly exemplified in Jones and Shorter-Gooden's (2003) qualitative research exploring Black women's experiences of workplace racism and sexism. A dominant theme in their findings was that it was difficult for participants to identify whether their experiences were classified as "racism" or "sexism"; in

other words, it was difficult to parse whether an instance of discrimination was due to their being a woman or being Black (Jones & Shorter-Gooden, 2003). This underscores Crenshaw's (1989) examination of Black women's experiences filing workplace discrimination lawsuits—the legal system was not structured around the idea that multiple systems of oppression could act on one individual simultaneously.

Gendered racism and health. Quantitative research has shown a significant association between experiences of gendered racism and negative mental health and wellbeing outcomes for Black women. Greater experiences of gendered racism are associated with greater experiences of depression, overall psychological distress, and posttraumatic stress symptoms (Carr, Szymanski, Taha, West, & Haslow, 2014; Moradi & Subich, 2003; Szymanski & Stewart, 2010; Thomas et al., 2008; Watson et al., 2016). However, quantitative research varies in its approach to measuring gendered racism due to the lack of measurement scales that are inherently intersectional in nature.

There are several ways quantitative research has dealt with this issue: some studies modify the language in existing scales to address Black women specifically (such as changing "woman" or "Black" to "Black woman") (e.g., Thomas et al., 2008). Other studies use a mix of intersectional and non-intersectional scales. For example, Carr et al. (2014) used the Racialized Sexual Harassment Scale (Buchanan, 2005) which is intersectional, but the Interpersonal Sexual Objectification Scale (ISOS; Kozee, Tylka, Augustus-Horvath, & Denchik, 2007) and the Schedule of Racist Events-Recent (Landrine & Klonoff, 1996) are not. Additionally, some use modified versions of existing racism and sexism measures that have been validated for use with multiethnic populations (e.g., Stevens-Watkins, Perry, Pullen, Jewell, & Oser, 2014; use of a modified Schedule of Sexist Events).

Some researchers have taken an interactional approach during data analysis to explore the concomitant relations between racism and sexism using unmodified racism and sexism scales. For example, Moradi and Subich's (2003) and Szymanski and Stewart's (2010) concomitant analyses found that sexism, and *not* racism, predicted psychological distress for Black women. Neither study found a statistically significant interaction effect between racism and sexism (Moradi & Subich, 2003; Szymanski & Stewart, 2010). There are many underlying processes that could explain the results of quantitative studies that use the aforementioned methods when exploring Black women's discrimination experiences. However, without the use of intersectional measures that explore the unique experience of gendered racism, there are limitations to what we can extrapolate from these findings.

This study uses Lewis and Neville's (2015) Gendered Racial Microaggressions Scale (GRMS) in an effort to explore Black women's experiences of subtle gendered racism (i.e., gendered racial microaggressions) using an intersectional framework. Lewis and Neville (2015) used the Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2011) and the Schedule of Sexist Events (SSE; Klonoff & Landrine, 1995), finding that their scale was significantly positively related to racial microaggression experiences and perceived sexism experiences. Additionally, greater experiences of gendered racial microaggressions was significantly associated with greater levels of overall psychological distress (Lewis and Neville, 2015). The GRMS was chosen for this study because it is an intersectional measure that captures Black women's experiences of gendered racism. The GRMS serves as an important starting point for future research that explores Black women's experiences as *Black women*.

Racial Socialization

There is a longstanding body of literature on the racial socialization practices of African American parents. *Racial socialization* describes the ways in which Black parents raise their children to be physically and emotionally healthy within a racist society (Peters, 1985). Through this process, children gain a sense of awareness around their ethnic and racial identity and what that means in their social environment. Research on structures and values of African American families has identified five key components: extended family kinship networks, adaptable family roles, strong religious orientation, education and work ethic, and flexible coping skills (Kane, 2000). The latter four aspects of African American families that have been identified by Barbarin (1983), Hines and Boyd-Franklin (1982), and others play an important role in the racial socialization practices of African American families. Boykins and Toms (1985) classified African American families based on the type of racial socialization messages: (1) "mainstream" families retain Afrocentric values in socialization, but largely transmit Eurocentric values and beliefs, (2) "minority socializing" families have a degree of passivity toward accepting oppressive beliefs and working within a racist society, and (3) "Black cultural" families, whose parents transmit Afrocentric values such as spirituality, communalism, and verve (vigor and spirit) (Boykins & Toms, 1985). While there is great diversity amongst African Americans, taken together the existing empirical research on racial socialization practices identifies several dominant themes such as the incorporation of religion and spirituality, education surrounding the existence of racism, and an emphasis on individual and collective achievement. These themes are explored further, with particular attention to how they relate to African American girls' socialization experiences.

Themes in Racial Socialization

Several common themes emerge from literature on the racial socialization practices of African American parents that are similar to or influenced by family values. For example, Thornton, Chatters, Joseph Taylor, and Allen's (1990) study of a sample from the National Study of Black Americans found that Black parents believed it was important for them to impart messages about minority group membership, individual character and goals, and Black cultural heritage knowledge. Stevenson and Renard (1993) found themes surrounding educational attainment, Black pride and culture, and surviving racism in society. Spirituality and spiritual coping, lack of teaching about race and racism, and emphases on educational achievement and independence were identified as well (Hughes et al., 2006; Hughes, Witherspoon, Rivas-Drake, & West-Bey, 2009). Hughes and colleagues (2006) identified four dominant themes within racial socialization literature: cultural socialization (passing down cultural knowledge, values, and practices and instilling cultural pride), preparation for bias (raising awareness of discrimination and teaching methods of coping), promotion of mistrust (emphasizing wariness and distrust in interracial interactions), and egalitarianism (placing a value on individuality rather than racial group membership)

The findings from recent studies align with earlier research on themes within racial socialization. Bowman and Howard (1985) and Sanders Thompson (1994) used existing literature at the time to identify these themes of racial socialization messages: racial identity (includes African heritage, overall racial pride, and relaying familial and cultural history), racial barriers (includes an awareness of racism in society and teaching children to treat others fairly despite experiencing racism), self-development (includes an emphasis on educational attainment, hard work, and overall achievement), and egalitarianism (lack of emphasis on racial differences).

Within racial socialization research, the same or very similar constructs are labeled using different terms. However, this research ignores the dynamic of gender and how it influences the ways African American parents raise their children.

There is empirical evidence that shows a difference in the types of racial socialization messages African American parents impart based on their child's gender (Hughes et al., 2009; Thomas & Blackmon, 2015; Thomas & Speight, 1999). For example, a qualitative study on African American parents' perception of the shooting death of Trayvon Martin by Thomas and Blackmon (2015) found that parents in their sample expressed greater worry about the physical safety of their sons than their daughters. Edmondson Bell and Nkomo (1998) also found socialization messages specific to African American women that fall outside of the dominant themes identified by racial socialization literature. The socialization experiences of Black girls are important to explore from an intersectional perspective in order to develop a more comprehensive understanding of Black women's gendered racial experiences.

Gendered racial socialization. *Gendered racial socialization* describes "the process through which families provide differing messages to African American girls and boys based on their perceptions of the varied racial climate and landscape for boys and girls" (Brown et al., 2017, p. 179). This socialization process includes messages about what it means to be both African American and female in the context of a larger oppressive society (Thomas & King, 2007); in other words, aspects of racial socialization such as preparation for bias, coping strategies, and individual and collective success are constructed through the lens of being an African American female.

Several studies have explored the gendered racial socialization experiences of African American girls. In a qualitative study of African American women's upbringings, Edmondson

Bell and Nkomo (1998) found themes of sexuality, romantic relationships, courage, self-reliance, and strength in the socialization messages received from caregivers. Thomas and Speight (1999) found that in addition to general racial socialization messages surrounding racial pride, girls may receive additional messages surrounding accepting their physical beauty, independence, and avoidance of pre-marital sex. In interviews of mother-daughter dyads, Thomas and King (2007) found that African American mothers emphasized self-determination, spirituality, racial pride, self-pride, appropriate behaviors in heterosexual relationships, and overcoming barriers to success despite negative stereotypes and perceptions of their race and gender. Thomas and Blackmon (2015) and Thomas and Speight (2008) found that parents were more likely to focus on addressing self-esteem, dating options, and independence with their daughters than focusing on addressing experiencing and coping with racism.

To explore the ways in which gendered racial socialization influences the lives of African American women, Brown and colleagues (2017) developed the Gendered Racial-Ethnic Socialization Scale for Black Women (GRESS-BW). The GRESS-BW was constructed and validated on African American college women and includes the following nine subscales: (1) *gendered racial pride and empowerment* (encouraging African American women and girls to feel empowered and to feel good about aspects of their appearance such as hair texture and skin color), (2) *family expectations and responsibilities* (conveying that African American women bear great responsibility for taking care of the family and catering to the men's needs), (3) *internalized gendered racial oppression* (holding negative beliefs about Black women (e.g., about natural hair, attitudes, and darker skin color), (4) *independence, career, and educational success* (self-sufficiency, not depending on men), (5) *sexual behavior* (messages surrounding appropriate behavior for African American women and girls related to premarital sex, pregnancy,

and cohabitation, as well as conservative religious values), (6) *oppression awareness* (messages surrounding the existence of racism and sexism, working hard, not allowing disrespect from others, and having a respectful romantic partner), (7) *sisterhood* (messages related to the strength and survival of African American women, the importance of the mother-daughter relationship, and positive interpersonal behavior including supporting Black men), (8) *religious faith and spirituality* (messages that convey the importance of belief in God), and (9) *gendered racial hardship* (difficulties in finding romantic partners, not having the same opportunities as White women, being a double minority) (Brown et al., 2017).

In deriving hypotheses about the role of gendered racial socialization, the nine types of messages captured by the GRESS-BW can be compared to some types of messages identified in racial socialization literature. Particularly, (1) gendered racial pride and empowerment messages are similar to cultural pride and socialization messages, (2) oppression awareness and gendered racial hardship messages are similar to preparation for bias messages, and (3) messages about religious faith and spirituality are similar to messages surrounding coping with racism. Five aspects of the GRESS-BW (independence, career, and educational success, family expectations and responsibilities, internalized gendered racial oppression, sexual behavior, and sisterhood) do not map onto the four dominant themes of racial socialization identified in existing racial socialization literature. Instead, these areas align with research on gendered racial socialization that identifies several unique themes of socialization for African American girls (e.g., Edmondson Bell & Nkomo, 1998; Thomas, Hacker, & Hoxha, 2011; Thomas & Speight, 1999).

Based on existing literature that illustrates that racial socialization plays a complex role in buffering or exacerbating experiences of racism for African Americans, gendered racial socialization is theorized to have a similarly dynamic role. A meta-analysis of 27 empirical

studies by Lee and Ahn (2013) found no significant relation between overall racial socialization and psychological distress. Additionally, Wilson, Foster, Anderson, and Mance (2009) found a positive relation between racial socialization and externalizing symptoms for African American youth, but they did not find an overall protective effect of racial socialization. However, there is empirical evidence to support significant influences of different aspects of racial socialization on experiences of racism (e.g., Bowman & Howard, 1985; Bynum, Burton, & Best, 2007; Murray & Mandara, 2002; Neblett, Philip, Cogburn, & Sellers, 2006; Scott, 2003). Using a systematic research synthesis method, Reynolds and Gonzales-Backen (2017) found an overall protective role of racial socialization; more specifically, they found that emphasizing culture and racial pride was more consistently associated with positive mental health outcomes for African Americans than emphasizing preparation for bias among the 21 studies in their analysis.

Empirical evidence of protective, exacerbating, and nonsignificant roles. Cultural socialization and pride messages have been found to buffer the relations between experiencing racism and negative outcomes in a range of areas. Harris-Britt and colleagues (2007) found a buffering effect of greater race pride messages in the relations between perceived racial discrimination and self-esteem. Fewer race pride messages was associated with a negative relationship between perceived racial discrimination and self-esteem (Harris-Britt et al., 2007). Brown (2008) found that messages of cultural pride reinforcement (e.g., messages received by caregivers surrounding pride and knowledge of African American culture) significantly predicted resiliency in a sample of college students who identified as Black or African American. Gendered racial pride and empowerment is captured in the GRESS-BW by items such as "My parent or caregiver taught me that Black women are beautiful" and "My parent or caregiver taught me that I should know my self-worth as a Black woman." We expect a protective effect of

receiving greater gendered racial pride and empowerment messages in the relations between experiencing gendered racial microaggressions and traumatic stress symptoms. Relatedly, sisterhood messages represent a similar construct (e.g., "My parent or caregiver taught me that a mother's love is important for Black women"); thus, we predict a buffering role in these relations.

Oppression awareness and gendered racial hardship messages conceptualized by the GRESS-BW are similar to preparation for bias messages. Empirical evidence supports a protective, exacerbating, and nonsignificant role of preparation for bias racial socialization messages (Brown, 2008; Fischer & Shaw, 1999; Harris-Britt et al., 2007). Brown (2008) found that cultural alertness to discrimination messages (messages from caregivers about the nature and existence of racism African Americans face in society) did not significantly predict resiliency in a study of college students who identified as Black or African American. In a study of African American adolescents, Fischer and Shaw (1999) found that beliefs surrounding racism awareness teaching (attitudes among African American youth of being aware of and preparing for experiences of racism and a belief in the importance of discussing racism openly within the family) did not significantly moderate the relations between experiencing racism and mental health outcomes for the youth in their sample. Additionally, they found that receiving socialization messages from caregivers surrounding racism struggles (similar to cultural alertness to discrimination messages) moderated the relations between experiencing racism and mental health outcomes. For participants who reported receiving fewer of these messages, their perceptions of experiencing greater racist discrimination was associated with poorer overall mental health; a nonsignificant effect was found for participants who reported receiving greater racism struggles messages (Fischer & Shaw, 1999). Moreover, Harris-Britt and colleagues

(2007) found that both high and low levels of preparation for bias messages were associated with a negative relationship between perceived racial discrimination and self-esteem. Moderate levels of preparation for bias messages were found to have a buffering effect (Harris-Britt et al., 2007).

The mixed findings for preparation for bias messages may be due to the interplay of emphasizing the likelihood of experiencing discrimination (a negative experience) with teaching coping methods, which often includes turning to one's religious beliefs and faith community for African Americans (a positive resource) (Shorter-Gooden, 2004; Utsey et al., 2000). Given these mixed findings, we expect that oppression awareness and gendered racial hardship messages will have buffering effects given that racial socialization is conceptualized as having an overall positive influence in African Americans' lives.

Although messages around success and independence are positive, there is empirical evidence to support a positive association between endorsement of the Strong Black Woman (SBW) archetype and outcomes such as distress, emotional dysregulation, and binge eating (Harrington et al., 2010; Watson & Hunter, 2015; Woods-Giscombé, 2010); in other words, a greater emphasis on African American girls and women handling everything by themselves and discouraging seeking help may be harmful for African American women. African American women are socialized to appear strong, resilient, and self-sufficient (Shorter-Gooden & Jackson, 2000) and are viewed by others as being unaffected by hardships (Jones & Shorter-Gooden, 2003). Internalization of these beliefs may lead to difficulty reaching out for assistance behind a façade of unwavering strength (McNair, 1992). However, Abrams, Maxwell, Pope, and Belgrave's (2014) qualitative study of Black women's conceptualization of the Strong Black Woman archetype demonstrates that endorsement of the Strong Black Woman archetype may be both beneficial and harmful for Black women.

Items in the GRESS-BW relating to independence, career, and educational success represent an expectation that Black women never rely on others and place education and career above romantic relationships (e.g., "My parent or caregiver taught me that I can never depend on anyone else for anything" and "My parent or caregiver taught me that Black women should never show our emotions"). Relatedly, messages around family expectations and responsibilities place an overall expectation of being solely responsible for maintaining the family, taking care of others before oneself, and hiding emotions from others. Moreover, items in the family expectations subscale represent messages surrounding giving men the space to enact gender roles and cater to men during sex (e.g., "My parent or caregiver taught me that I need to let a man be a man"). Receiving these types of messages in greater frequencies can contribute to African American girls and women developing attitudes related to the "Mammy" archetype, such as sacrificing themselves for the family and denying their own basic human needs for those of others (Thomas, Witherspoon, & Speight, 2004; West, 1995). Moreover, messages that emphasize only focusing on the family, especially in respect to catering to the needs of Black men, may be related to negative view of self and psychological distress (Fritz & Helgeson, 1998; Helgeson & Fritz, 1998). Given the empirical evidence demonstrating negative influences of rigid messages surrounding independence and strength for Black women, we expect both messages surrounding family expectations and independence to have exacerbating effects on the relations between experiencing gendered racial microaggressions and traumatic stress symptoms, such that those who endorse receiving more of these messages are expected to endorse greater traumatic stress symptoms.

Religious faith and spirituality within African American families can be a method of coping with experiences of oppression; coping with racist experiences often includes turning to

faith and faith communities for African Americans (Shorter-Gooden, 2004; Utsey et al., 2000). Religion and spirituality have long been a space for self-expression and emotional support as well as a space that "teaches values that support and sustain African American families in the face of adversity… mutual caring, shared responsibility, and trust in a higher good more powerful than any evil" (Kane, 2000, p. 694). Abrams and colleagues (2014) found that participants endorsed a strong religious foundation as being significant for Black women. We expect a protective role of religious faith and spirituality messages in the relations between experiencing gendered racial microaggressions and traumatic stress symptoms, such that greater endorsement of these messages will be associated with endorsement of fewer traumatic stress symptoms.

Messages related to internalized gendered racial oppression convey negative beliefs about Black women (e.g., "My parent or caregiver taught me that Black women typically have bad attitudes" and "My parent or caregiver taught me that lighter skin is more attractive than dark skin"); if internalized, they may negatively impact self-esteem. Previous empirical evidence demonstrates a positive association between low self-esteem and negative mental health outcomes for African Americans (e.g., Fischer & Shaw, 1999). Additionally, Watson and colleagues' (2016) finding of self-esteem as a partial mediator in the relations between multiple forms of oppression and traumatic stress symptoms for women of color highlight the importance of self-esteem. We hypothesize an exacerbating effect of receiving greater messages representing internalized gendered racial oppression in the relations between experiencing gendered racial microaggressions and traumatic stress symptoms, such that participants who endorse receiving more of these messages will also endorse greater traumatic stress symptoms. There are no empirical studies exploring the influence of values around sexual behavior as having a possible

buffering or exacerbating effect, and these messages are neither overwhelmingly positive nor negative. We hypothesize that these messages will have a buffering effect, in alignment with literature that supports an overall protective role of racial socialization.

The themes identified by Brown and colleagues (2017) in the GRESS-BW align with previous research that identified unique areas of gendered racial socialization for African American girls such as accepting their physical beauty (gendered racial pride and empowerment) and avoidance of pre-marital sex and appropriate behaviors in heterosexual relationships (sexual behavior) (Brown et al., 2017; Edmondson Bell & Nkomo, 1998; Hughes et al., 2009; Thomas & King, 2007). This study seeks to add to the growing body of literature that explores African American women's gendered racial experiences by exploring gendered racial socialization as a moderator of the relations between gendered racial microaggressions (gendered racism) experiences and traumatic stress symptoms (mental health outcome).

Oppression and Trauma

There is a dearth of research investigating the influence of racism and sexism on traumatic stress symptoms, influenced by considerable debate about how to approach these topics in research. The following section explores these competing arguments and alternative models that have been offered. It is important to first make a distinction between trauma and stress. Stress is a biopsychosocial, person-environment interaction in which an event is appraised as positive or negative, and coping mechanisms are elicited if the event is appraised as negative. When coping reactions fail, one experiences a stress reaction (Carter, 2007). Trauma is a more severe form of stress characterized by the nature of the stressor and the severity of the reaction it elicits and has been defined both as PTSD and as traumatic stress (Carter, 2007). This study

seeks to explore the relationship between a stressor (microaggressions) and a certain stress response (over and above a "normal" stress response, or, traumatic stress).

The literature on the association between racism and traumatic stress is a diverse area with many different theoretical conceptualizations of the link between racism and traumatic stress. Holmes and colleagues (2016) argued for the inclusion of racism as a qualifying traumatic experience in Criterion A of the diagnostic criteria used for clinical diagnosis of PTSD in the *DSM*. From the current set of criteria, traumatic stress responses due to insidious trauma would not qualify for a diagnosis because exposure to actual or threatened death, serious bodily injury, or sexual violence is the first and arguably most important criterion (American Psychiatric Association, 2013). A qualifying event must represent actual or threatened death, serious bodily injury, or sexual violence (American Psychiatric Association, 2013).

However, others have criticized the tendency to "medicalize" the conceptualization of oppression as trauma, stating that "if we decontextualize trauma from culture and oppression, we miss potential sources of injury and potential sources of strength" (Gilfus, 1999, p. 1244). In other words, the push to recognize oppression as a "legitimate" form of trauma within the medical framework of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) is a potential disservice to the individuals and communities this research is supposed to help. There is empirical support for an association between greater experiences of racism (both explicit racism and covert forms such as microaggressions) and poorer mental health on a variety of domains. Traumatic stress is distinct from other negative mental health outcomes and is explored specifically in this study.

Many scholars have posited an association between racism and traumatic stress (Bryant-Davis & Ocampo, 2005a; Bryant-Davis & Ocampo, 2005b; Comas-Diaz & Jacobsen, 2001;

Scurfield & Mackey, 2001). Among military veterans, veterans of color consistently have higher rates of PTSD symptoms and lifetime PTSD even after controlling for factors such as poverty and substance abuse (Frueh et al., 1998; Frueh et al., 2002; Kulka et al. 1990; Ruef et al., 2000). There is a similar trend among civilians. Although lifetime rates of PTSD vary widely (between 5% and 39%; Breslau, 2001), most researchers have found that an average of 5% - 10% of people go on to develop PTSD following exposure to an event (Norris, Friedman, & Watson, 2002; Norris, Friedman, Watson, et al., 2002). Norris' (1992) study of a sample of 1,000 racially diverse adults found that while White adults were more likely to be *exposed* to a violent event (e.g., assault or car accident), the *impact* of these events was strongest for people of color, particularly Black people (and Black men more than other groups).

This finding is interesting given that the opposite trend was shown in a study of 1,200 racially diverse city-dwelling adolescents conducted by Milan, Zona, Acker, and Turcios-Cotto (2013). Milan et al. (2013) found that though Black adolescents in their sample were more likely to be exposed to violent events, they were less likely to meet diagnostic criteria for PTSD. Researchers have posited a number of reasons for the racial differences in traumatic stress outcomes, with many pointing to the possible roles of culture-specific responses, specific cultural protective factors (e.g., racial-ethnic socialization), and context of these events (e.g., a physical assault would likely be traumatic for anyone, but a physical assault that was racist in nature may be more traumatic for a person of color than if racism was not a motivating factor) (Carter, 2007; Milan et al., 2013). Norris, Friedman, Watson et al. (2002) also posited that "historical marginalizations may have affected their psychological functioning in ways that were not captured by measures collected at the individual level" (p. 236). This speaks to a criticism of methodology within the study of discrimination and traumatic stress that researchers should

consider in future research studies. Although there are limitations in how the discrimination-traumatic stress link is currently explored in research, there is significant empirical evidence that the link does exist and warrants further exploration.

While there is strong empirical evidence of a link between discrimination and traumatic stress symptoms, there is a lack of research that explores these relations for multiply marginalized individuals and groups. Of the empirical evidence that explores the relations between sexism and racism and negative mental health outcomes (e.g., Watson et al., 2016; Moradi & Subich, 2003; Szymanksi & Stewart, 2010), a significant limitation is the lack of existing intersectional measures that can be used in research. However, these findings provide a foundation for further exploration into Black women's experiences from an intersectional perspective. The next section will present criticisms of the traditional clinical model of trauma and explore alternative models that have been offered in the literature.

Alternative Models of Trauma

There are several notable examples of alternative trauma models put forth by scholars, such as those by Carlson (1997), Kira (2001), and Carter (2007). Carlson's (1997) model accounts for a wider range of symptoms and reactions to traumatic events, it includes greater diversity in what counts as a traumatic incident, and it takes a broader, life time perspective of trauma, broadening the assumed impacts of traumatic events beyond a single event that only affects an individual in the short term. Kira's (2001) taxonomy of trauma is similarly less narrow than *DSM-5* criteria, although it includes the traditional direct exposure aspect. However, this taxonomy also includes traumatic stressors such as historical trauma (e.g., slavery and genocide) and multigenerational transmission of structural violence (e.g., poverty and mass incarceration) (Kira, 2001). Additionally, Kira's (2001) taxonomy recognizes the impact traumatic events can

have on five areas of individual functioning: attachment, autonomy or identity, interdependence, achievement or self-actualization, and survival that is more holistic than *DSM-5* criteria. Scholars studying indigenous communities have also discussed the concept of "soul wounds" when describing the effects of systemic oppression on individuals and groups from a culturally relevant perspective (Duran, 2006; Duran, Firehammer, & Gonzalez, 2008).

Synthesizing this body of literature, Carter's (2007) major contribution identified several methodological issues within research on stressful life events and PTSD research. Namely, there is a lack of a clear definition of what a "stressful life event" entails; as seen with the PTSD model, certain types of events that are recognized as stressors (for example, discrimination) do not meet diagnostic criteria for exposure to a traumatic event. Additionally, the distinction between chronic versus singular events is not clear given the instruments used in research as well as design (often cross-sectional instead of longitudinal). Lastly, the reliance on memory recall and the self-report nature of many life event inventories (including the PTSD Checklist for *DSM-5* (PCL-5). These drawbacks highlight the need for alternative methodologies and tools in the study of the association between experiences of discrimination and traumatic stress.

Carter (2007) conceptualized racism as a psychological "injury" that can produce traumatic stress symptoms among people of color. Literature on racism and health tends to focus more on negative mental health outcomes than traumatic stress symptoms. Somatization, anxiety, and interpersonal sensitivity are sometimes identified in literature on racism and health as outcomes of racist experiences; however, these symptoms are not always conceptualized together as representing responses to *traumatic* experiences. Research on trauma identifies these symptoms as common responses to traumatic events, with a strong positive correlation to a PTSD diagnosis (Carlson, 1997; Moreau & Zisook, 2002). Using Carter's (2007) idea of racism

as “psychological emotional injury,” the traditional PTSD model of trauma is insufficient to conceptualize the nature of trauma derived from experiences of oppression. First, experiences of racism and other forms of discrimination would not qualify for Criterion A (exposure to life-threatening traumatic event) unless they were acts of physical or sexual violence. Those kinds of experiences represent only one portion of experiences with racism. As detailed earlier, microaggressions are a covert form of discrimination that has a similar deleterious influence on the mental health of those who are targeted by them. If racism is a qualifying event for a PTSD diagnosis, this inclusion criterion still leaves out many people who experience the cumulative effects of microaggressions in their everyday lives. A model of trauma that does not pathologize the person’s experience and accounts for a greater diversity of traumatic events is necessary. Norris (1992) argued that a traumatic event is “a violent event marked by sudden or extreme force from an external agent” (p. 409), offering a broader definition of trauma that encapsulates psychological and emotional violence rather than just physical violence. Any event that elicits symptoms of intrusion, numbing, and arousal in an individual is a traumatic event (Norris, 1992). Definitions of trauma and traumatic events that are more flexible allow for the recognition of experiences of discrimination as having a legitimate influence on traumatic reactions.

Carlson (1997) offered the kind of model that would be more appropriate in capturing race-based traumatic stress. Carlson’s (1997) model is a more suitable alternative to the traditional PTSD model for a variety of reasons. The first component of Carlson’s (1997) model accounts for the subjective appraisal or perception of the event, moving away from a more traditional model of trauma that classifies events as traumatic in a more objective fashion. In explaining the importance of the subjective experience, Carlson (1997) stated, “Some experience(s) are traumatic because they are emotionally painful…or because they involve the

threat of emotional pain. In this case, the negative valence is related to the psychological meaning of the event to the individual, not the physical consequences of the event" (p. 29). This transfers power to the individual in making meaning of their experience rather than meaning being ascribed to the event by an outside influence or institution. This also gives space to cultural protective factors, in that an experience that is not perceived as negative would not produce harm, which is consistent with both general and multicultural models of stress (see Lazarus & Folkman, 1984; Slavin, Rainer, McCreary, & Gowda, 1991).

Second, Carlson (1997) recognizes the experience of these events as sudden and unexpected, and how this influences the difficulty to adapt or experience posttraumatic growth. Although a person of color may "expect" to experience racism (including microaggressions) in a variety of settings, specific individual instances are often unexpected. As Carlson explained, "escaping a traumatic response is more likely if one has months or years to adjust to a negative event" (p. 32). For example, a Black woman may think about the possibility of receiving remarks about her natural hair in her all-White workplace. However, the actual *moment* that someone says something is not foreseeable. This does not mean that long term traumatic events (i.e., insidious trauma) do not produce harm or "psychological emotional injury," though.

The last component of Carlson's (1997) model is the subjective experience of the event as uncontrollable, because a belief in a certain degree of control over events can be protective (Carter, 2007). This last element is related to the second, in that if an event is controllable to some degree, then it is perceived as more predictable (Carlson, 1997). However, Carlson (1997) also notes that "predictability could even cause experiences to be more traumatic since the stress and tension of waiting for uncontrollable negative experiences could lengthen the period of distress" (p. 33). This is supported by Himmelstein, Young, Sanchez, and Jackson's (2015) study

that found that vigilance coping—the cognitive preoccupation with experiencing discrimination and subsequent actions taken in efforts to reduce likelihood of future exposure, such as changing appearance—mediated the relations between experiencing racism and stress among a community sample of Black American adults. In other words, though vigilance coping may be employed in order to protect oneself (which is underlined by a belief, on some level, that one has some degree of control or "part" in experiencing racism), it is actually detrimental to one's mental health.

Building on this, Carter (2007) proposed a nonpathological race-based traumatic stress injury assessment category. Within this model, racist experiences that elicit emotional or physical pain or the threat of either are considered traumatic stress events. The forms of racism named in this model are racial harassment (hostility), racial discrimination (avoidance, barring access, exclusion), or discriminatory harassment (aversive hostility, e.g., "White flight", isolation at work) (Carter, 2007). After these experiences, the targeted individual experiences a significant emotional or psychological reaction that correlate to specific symptom clusters (e.g., increased vigilance, activism, spiritual coping, flashbacks and nightmares, depression, withdrawal, and more critical signs such as avoidance, intrusion, and arousal) (Carter, 2007). This model encompasses the different levels of racism identified by earlier scholars: individual/interpersonal, institutional, and cultural (Harrell, 2000; Jones, 1972). This model differs from others in that severity is grounded in subjectivity; whereas other scholars have placed physical violence and assaults as being the most severe forms, Carlson (2007) argued that the severity of an event is determined by the strength and intensity of the target individual's reaction and symptom cluster. Moreover, cumulative effects of racist experiences may contribute to the severity of any one event (e.g., a seemingly minor event being "the last straw" due to a history of multiple experiences of racism).

In sum, there are major gaps in our understanding of trauma on a subjective level, especially as it relates to traumatic stress responses from oppression-based experiences. For African Americans specifically, we know that these reactions happen and what they may look like, but we know less about how meaning is made of these experiences and how they affect other areas of individual functioning and development. This is especially apparent in our lack of understanding Black women's experiences of traumatic stress from exposure to various forms of gendered racism. Research that explores the specific relationship between discrimination and traumatic stress (and other mental health outcomes) for Black women often focus on the domain of race; additionally, studies exploring the influence of racist experiences on traumatic stress symptoms among people of color often study gender differences, but do not delve further into the experiences of these gender subgroups. This study is the first quantitative study that explores the relationship between gendered racial microaggressions and traumatic stress symptoms for Black women. Nonetheless, further exploration into the nature of the relations between discrimination and traumatic stress is warranted, with particular attention to the ways in which this research is conducted. Carlson (1997), Kira (2001), Carter (2007), and others offer alternative ways to conceptualize oppression-based traumatic experiences that shift power back to marginalized communities and honor their experiences in more comprehensive ways.

Applying an intersectional framework to the study of oppression and trauma is an important component of understanding the oppression-based traumatic stress for multiply marginalized individuals. In examining the relations between gendered racial microaggressions and traumatic stress among a sample of Black women, we used two intersectional scales; the Gendered Racial Microaggressions Scale (GRMS; Lewis & Neville, 2015) and the Gendered

Racial-Ethnic Socialization Scale for Black Women (GRESS-BW; Brown et al., 2017) to explore possible protective and exacerbating factors.

CHAPTER THREE: METHOD

Participants

Participants were 226 self-identified Black/African American women. Of the 226 participants, 208 participants (92%) identified as Black/African American. Eighteen participants (8%) identified as biracial or multiracial Black or African American women. Participants ranged in age from 18 to 76, with a mean age of 26.2 years (*SD* = 11.0). Participants identified their sexual orientation as heterosexual (82%), lesbian (2%), bisexual (7%), questioning (3%), queer (5%), and 1% identified as asexual or other. Regarding highest education level completed, 19% of participants completed a high school diploma or equivalent, 23% completed some college, 3% completed an associate's or equivalent 2-year degree, 16% completed a bachelor's or equivalent 4-year degree, 6% completed some graduate or professional education, 19% completed a graduate or professional degree, and 4% completed a doctoral degree. Twenty-four participants (10%) did not provide information on their education. A total of 208 participants (92%) were born in the United States, while the remaining 18 were born outside of the U.S. Regarding current family class background, 20 (9%) identified as poor, 62 (27%) identified as working class, 106 (47%) identified as middle class, 36 (16%) identified as upper middle class, and 2 (1%) identified as wealthy.

Procedure

Prior to participant recruitment, we obtained Institutional Review Board (IRB) approval. Participants completed an online survey at their convenience, at any time and location. Participants were recruited primarily using purposeful sampling. Recruitment emails were sent via email listservs (e.g., university cultural organizations and American Psychological Association (APA) divisions), to professors in Africana Studies and related fields for

dissemination to their classes, and via social media. Participants were also recruited using snowball sampling and informal networks of Black women, and participants were encouraged to pass the recruitment information on to their social networks. For social media, Facebook groups with Black women-only memberships were contacted to request permission to post the survey recruitment message on the groups' discussion page. Additionally, the survey was advertised on the host university's SONA research system for the Department of Psychology. SONA is a cloud-based subject pool software for universities by Sona Systems (often stylized as SONA). Students enrolled in an eligible introductory psychology course are required to use the SONA system to participate in studies for course credit.

After reading the informed consent and agreeing to participate in the study, participants completed a set of questionnaires that took on average 30-60 minutes to complete. Upon completion, participants were given the opportunity to enter into a raffle to win one of three $100 gift cards. For participants recruited through the Psychology department subject pool (SONA system), they could choose to either receive course credit or enter their name and contact information into the raffle.

Measures

Gendered Racial Microaggressions

Gendered racial microaggressions were measured using the Gendered Racial Microaggressions Scale for Black Women (GRMS; Lewis & Neville, 2015). The GRMS is a 26-item measure that assesses Black women's experiences of everyday and subtle gendered racism. For the purposes of this study we used the frequency scale, which is focused on how frequently women experience each type of microaggression. For frequency, items are rated on a 0 (*Never*) to 5 (*Once a week or more*) scale and averaged to achieve a total frequency score. In addition,

mean scores can be obtained for the four subscales: Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman, and Angry Black Woman. An example item includes, "I have received negative comments about my hair when I wear it in a natural hairstyle" (Lewis & Neville, 2015, p. 295). Convergent validity is supported by significant positive correlations with the Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2011) and the Schedule of Sexist Events (SSE; Klonoff & Landrine, 1995) (Lewis & Neville, 2015). Internal consistency estimates for GRMS frequency have been acceptable (α = .92) with community-based samples of Black women (Lewis & Neville, 2015). In the current study, the total scale and each subscale demonstrated good internal consistency (Total scale α = .93, Assumptions of Beauty and Sexual Objectification α = .88, Silenced and Marginalized α = .88, Strong Black Woman α = .75, and Angry Black Woman α = .80).

Gendered Racial Socialization

Gendered racial socialization was measured by the Gendered Racial-Ethnic Socialization Scale for Black Women (GRESS-BW; Brown et al., 2017). The GRESS-BW is a 63-item measure that assesses the socialization messages Black women received from their primary caregiver(s) growing up about their identity as a Black woman. Participants rate the frequency of receiving a variety of different messages, each of which falls under one of nine subtypes: Gendered Racial Pride and Empowerment (α = .96), Family Expectations and Responsibilities (α = .89), Internalized Gendered Racial Oppression (α = .94), Independence, Career, and Educational Success (α = .84), Sexual Behavior (α = .83), Oppression Awareness (α = .72), Sisterhood (α = .75), Religious Faith and Spirituality (α = .77), and Gendered Racial Hardship (α = .72) (Brown et al., 2017). Items are rated on a 4-point Likert scale, ranging from 1 (*Never*) to 4 (*Always*). There is no total score for this measure because it was designed as a multidimensional

instrument as opposed to a global measure of socialization. An example item includes, “My parent or caregiver taught me that it is a Black woman's job to keep the family together” (Brown et al., 2016, p. 185). Convergent validity is supported by significant positive and inverse correlations with the Adolescent Racial and Ethnic Socialization Scale (ARESS; Brown & Krishnakumar, 2007) and the Gender Role Socialization Scale (GRSS; Toner et al., 2012). Each subscale has its own average score. Each subscale of this measure demonstrated good internal consistency during scale development (Brown et al., 2017). In the current study, a majority of the subscales demonstrated good internal consistency (Gendered Racial Pride and Empowerment α = .98, Family Expectations and Responsibilities α = .99, Internalized Gendered Racial Oppression α = .88, Independence, Career, and Educational Success α = .84, Sexual Behavior α = .88, Oppression Awareness α = .07, Sisterhood α = .73, Religious Faith and Spirituality α = .88, and Gendered Racial Hardship α = .59).

Traumatic Stress

Symptoms of traumatic stress were assessed using the PTSD Symptom Checklist for DSM-5 (PCL-5; Weathers et al., 2013). The PCL-5 is a 20-item measure that corresponds to the *DSM-5* symptom criteria and can be used to provide a provisional PTSD diagnosis or monitor symptom change over time. The items on this scale fall under four clusters: cluster B (intrusion symptoms), cluster C (persistent avoidance), cluster D (negative alterations in cognitions and mood), and cluster E (increased arousal). The PCL-5 can be scored in several ways: items can be summed together to derive a total symptom severity score (from 0 to 80), items within each of the clusters can be summed together to derive symptom cluster severity scores, or each item rated as 2 or greater can be considered as an endorsement of a symptom to be used in conjunction with the DSM-5 diagnostic criteria to make a provisional diagnosis (National Center

for PTSD, n.d.). Total scores of 33 or higher suggest probable PTSD (National Center for PTSD, n.d.). A total sum score was used for analysis in this study. Items are rated on a 5-point Likert scale, ranging from 0 (*Not at all*) to 4 (*Extremely*). An example item includes, "In the past month, how much were you bothered by having strong negative feelings such as fear, horror, anger, guilt, or shame?" Strong internal consistency was demonstrated with $\alpha = .94$ and $\alpha = .95$ with two samples of trauma-exposed college students. In the current study, the Cronbach's alpha reliability estimate was .95.

Demographics

Participants completed a demographic form at the end of the survey, which asked questions about their racial and ethnic identity, education and family class background, age, and sexual orientation, among other demographic variables.

Data Analytic Plan

Hypothesis 1 was tested using a simultaneous multiple regression analysis. A series of moderation analyses using Model 1 of the PROCESS macro (Hayes, 2013) were conducted to test Hypothesis 2. For the current study, PROCESS was used to mean center the predictor variables (GRMS and GRESS-BW subscales) before interaction terms were created to avoid multicollinearity (Field, 2013); additionally, PROCESS uses a bootstrapping method with bias-corrected and accelerated samples (5,000 in this study) to adjust standard errors and derive more conservative estimates of the model (Hayes, 2013).

CHAPTER FOUR: RESULTS

Data Screening and Preliminary Analyses

Prior to main analyses, all variables of interest were examined through SPSS 25 (IBM Corp., 2017) for accuracy of data entry, missing values, and normality of distribution. We initially obtained a total of 243 completed online survey responses. Out of this sample, seven were excluded for not meeting the racial identification criteria. In addition, seven were excluded for not meeting the gender identification criteria. Additionally, two participants were excluded for being under 18 years old. Lastly, one participant was excluded for not completing the outcome measure. The final study sample was 226 participants.

From the final study sample, data were assessed for missingness. The Little's Missing Completely At Random (MCAR) tests obtained for GRMS ($\chi^2(143) = 134.38$, $p = .685$), GRESS-BW ($\chi^2(232) = 258.34$, $p = .113$), and PCL ($\chi^2(29) = 42.41$, $p = .052$) indicate that the data are missing completely at random (Little, 1998). The GRMS had 7.8% missing data, the GRESS-BW had 8.2% missing data, and the PCL-5 had 4.4% missing data. To address these missing values, we chose to use the Expectation Maximization (EM) imputation method, which uses a maximum likelihood technique for estimating missing values (Little & Rubin, 2002); this is an appropriate method to use when data are MCAR. Data met guidelines for univariate normality (skewness < 3, kurtosis < 10; Weston & Gore, 2006). Means, standard deviations, skewness, and kurtosis for all study variables are listed in Table A1 of the appendix.

The Pearson product-moment correlations indicated significant correlations between GRMS, GRESS-BW subscales, and the PCL-5 (see Table A2 in the Appendix). GRMS was significantly and positively associated with the PCL ($r = .427$, $p < .01$), Family Expectations and Responsibilities ($r = .292$, $p < .01$), Internalized Gendered Racial Oppression ($r = .265$, $p < .01$),

Independence, Career, and Educational Success ($r = .234$, $p < .01$), Sisterhood ($r = .166$, $p < .05$), and Gendered Racial Hardship ($r = .342$, $p < .01$).

The Oppression Awareness subscale of the GRESS-BW was excluded from analysis based on its alpha coefficient in this sample. Gendered Racial Hardship was included in analyses, though results should be interpreted with caution.

A post-hoc power analysis was conducted using G*Power 3.1 (Faul, Erdfelder, Buchner, & Lang, 2009). G*Power calculated the effect size using the squared multiple correlation (p^2) based on the Pearson-product moment bivariate correlations between the predictor variables (the GRMS total and eight GRESS-BW subscales) and the outcome variable (the PCL). The effect size was .39 (using Cohen's f^2) and is considered to be large using Cohen's (1988) criteria. With sample size $N = 226$ and $\alpha = .05$, the calculated power was 1.00. Thus, our sample size is more than adequate to detect effects from our analyses.

Multiple Regression Analysis

The first hypothesis stated that gendered racial microaggressions would significantly predict traumatic stress symptoms. To test this hypothesis, all four subscales of the GRMS were entered as predictor variables (Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman, and Angry Black Woman) into a simultaneous multiple regression model predicting traumatic stress symptoms. The results (see Table A3) indicate that the overall model was statistically significant, $F(4, 221) = 14.34$, $p < .001$, and accounted for 19% of the variance (adjusted $R^2 = .19$). Assumptions of Beauty and Sexual Objectification ($\beta = .25$, $t(221) = 2.96$, $p = .003$), Silenced and Marginalized ($\beta = .15$, $t(221) = 2.11$, $p = .036$), and Angry Black Woman ($\beta = .20$, $t(221) = 2.27$, $p = .02$) were each found to be significant unique predictors of traumatic stress symptoms.

Moderation Analyses

Our second hypothesis stated that gendered racial socialization would moderate the relations between gendered racial microaggressions and traumatic stress symptoms, such that certain types of socialization messages would be protective (gendered racial pride & empowerment, religious faith & spirituality, and sisterhood) and certain types would be exacerbating (internalized gendered racial oppression, family expectations & responsibilities, independence, career, & educational success, oppression awareness, gendered racial hardship, and sexual behavior). Because the GRESS-BW does not compute one total score, each subscale was entered into a separate moderation analysis. We did not test oppression awareness as a moderator in the relations between GRMS and traumatic stress symptoms due to the very low internal reliability ($\alpha = .07$) with this subscale. Thus, we ran a series of eight moderation analyses using Model 1 of Hayes' (2013) PROCESS macro for SPSS.

For each moderation analysis, the GRMS total and one GRESS-BW subscale were entered in Step 1. Then, the mean-centered interaction term between GRMS and the GRESS-BW subscale were entered in Step 2. For each of these analyses, GRMS significantly predicted traumatic stress symptoms. However, results of these analyses did not yield statistically significant moderations for any of the GRESS-BW subscales (Gendered Racial Pride and Empowerment, $\Delta R^2 = .004$, $F(1, 222) = 1.09$, $p = .297$; Family Expectations and Responsibilities, $\Delta R^2 = .001$, $F(1, 222) = .390$, $p = .533$; Internalized Gendered Racial Oppression, $\Delta R^2 = .002$, $F(1, 222) = .515$, $p = .474$; Independence, Career, and Educational Success, $\Delta R^2 = .001$, $F(1, 222) = .218$, $p = .641$; Sexual Behavior, $\Delta R^2 = .0002$, $F(1, 222) = .044$, $p = .834$; Sisterhood, $\Delta R^2 = .002$, $F(1, 222) = .439$, $p = .501$; Religious Faith and Spirituality, $\Delta R^2 = .001$, $F(1, 222) = .263$, $p = .608$; Gendered Racial Hardship, $\Delta R^2 = .0003$, $F(1, 222) =$

.090, $p = .764$). Both Internalized Gendered Racial Oppression ($p = .004$) and Sisterhood ($p = .04$) were independently significant unique predictors of traumatic stress symptoms (see Tables A4-A11).

CHAPTER FIVE: DISCUSSION

The purpose of our study was to explore the influence of gendered racial microaggressions on traumatic stress symptoms for Black women. In addition, we explored the possible protective or exacerbating effects of gendered racial socialization. Overall, our findings extend the literature by being the first study to explore the association between gendered racism and traumatic stress symptoms using an intersectional measure of gendered racism experiences.

Based on our findings, our first hypothesis was partially supported; gendered racial microaggressions significantly predicted traumatic stress symptoms for Black women. Specifically, experiencing a greater frequency of gendered racial microaggressions related to assumptions of beauty and sexual objectification, being silenced and marginalized, and the angry Black woman stereotype was significantly related to greater traumatic stress symptoms. This finding supports previous meta-analyses that demonstrated a link between perceived discrimination and negative mental health outcomes (Pascoe & Smart Richman, 2009). In addition, this finding supports research demonstrating a significant relation between greater frequency of gendered racism and greater psychological distress (Lewis & Neville, 2015; Thomas et al., 2008) for Black women. Specifically, we also found that Assumptions of Beauty and Sexual Objectification microaggressions were the stronger predictor of traumatic stress symptoms. This finding aligns with existing literature on the negative influences of gender microaggressions related to sexual objectification (Capodilupo et al., 2010). Additionally, Watson, Marszalek, Dispenza, and Davids (2015) found that African American women reported greater sexual objectification experiences and greater fear of crime (e.g., physical assault, rape, murder, burglary) than White women, and that this fear of crime fully mediated the relations between sexual objectification experiences and psychological distress for African American

women, but not White women. Moreover, Thomas et al. (2011) found that young Black women identified with negative stereotypes and images of African American women, issues of colorism, and standards of beauty, indicating that these are salient to Black women's gendered racial identity. Similarly, our finding that greater assumptions of beauty and sexual objectification microaggression experiences significantly predicted traumatic stress extends the literature by suggesting more global negative influences on mental health and wellbeing.

Contrary to expectation, we found that Strong Black Woman microaggressions did not significantly predict traumatic stress symptoms; while this type of gendered racial microaggression contributed to traumatic stress symptoms, that contribution was not statistically significant. It is possible that our results were influenced by having traumatic stress symptoms as our outcome measure rather than a measure of distress (e.g., depression and anxiety) more commonly used in empirical studies exploring the relations between perceived discrimination, mental health, and psychological distress.

Our second hypothesis exploring the role of gendered racial socialization in moderating the relations between gendered racial microaggressions and traumatic stress symptoms was not supported. We hypothesized that gendered racial pride and empowerment, sisterhood, sexual behavior, oppression awareness, gendered racial hardship, and religious faith and spirituality would have protective (buffering) effects. The finding for gendered racial hardship is not surprising given that previous racial socialization research has found buffering, exacerbating, and nonsignificant effects of preparation for bias messages (which includes coping and religiosity) (Brown, 2008; Fischer & Shaw, 1999; Harris-Britt et al., 2007). If we had been able to test oppression awareness messages, we likely would have achieved a similar result. Religious faith and spirituality has similarities with preparation for bias and coping with discrimination but is

also a generally positive and beneficial aspect of culture within African American communities (Shorter-Gooden, 2004; Utsey et al., 2000). Thus, the nonsignificant finding is more surprising than the nonsignificant finding for gendered racial hardship. Because there is no empirical foundation for the role of messages surrounding sexual behavior, the nonsignificant finding is less surprising. However, the sexual behavior messages in the GRESS-BW are related to aspects of the assumptions of beauty and sexual objectification microaggressions in the GRMS; thus, it would be plausible that greater experiences of these microaggressions (which contributed the most to traumatic stress symptoms) may be related to internalized messages around Black women's sexuality.

Most surprising is the nonsignificant finding of gendered racial pride and empowerment given the significant contribution of assumptions of beauty and sexual objectification. This GRESS-BW subscale captured messages around accepting physical beauty (i.e., hair texture, skin color, size of facial features) and pride in being a Black woman (e.g., Black women are intelligent and worthy of respect). Thus, this construct represents positive themes that likely influence development of positive self-esteem. However, many of the items on this subscale address different constructs than the cultural pride and socialization theme found within racial socialization. For example, both emphasize a cultural history of experiencing oppression and persevering, but within gendered racial socialization, beauty is one aspect that is distinct from non-gendered racial socialization (Hughes et al., 2006; Hughes et al., 2009). Similarly, sisterhood messages also represent positive themes, and should have a beneficial impact. However, sisterhood messages captured by the GRESS-BW also speak to an expectation that Black women care for Black men (i.e., "My parent or caregiver taught me that Black women

should be supportive of Black men.") This is a conceptually different construct that may have influenced our nonsignificant finding.

Additionally, we hypothesized that independence, career, and educational success, family expectations and responsibilities, and internalized gendered racial oppression would have exacerbating effects. Particularly, the former two represent complex themes that may contradict each other. For example, both include items that represent negative aspects of the Strong Black Woman archetype (e.g., "My parent or caregiver taught me that for Black women establishing a career comes first, everything else is secondary" and "My parent or caregiver taught me that I always need to take care of family before anything else," respectively) *and* potentially positive aspects (e.g., "My parent or caregiver taught me that Black women should be independent" and "My parent or caregiver taught me that Black women must always consider family in everything we do," respectively.)

However, it is important to note that across multiple subscales of the GRESS-BW, there are items that refer to an expectation that Black women support Black men, "let a man be a man," and cater to men during sex. In fact, gendered racial pride and empowerment, internalized gendered racial oppression, and religious faith and spirituality are the only subscales that do not reference interpersonal relationships with Black men (oppression awareness includes an item about choosing a respectful partner). It seems as though much of Black girls' socialization process includes messages about service to (Black) men being integral to their identity development as Black women (Edmondson Bell & Nkomo, 1998; Thomas & Blackmon, 2015; Thomas & King, 2007; Thomas & Speight, 1999) which may be related to increased psychological distress (Fritz & Helgeson, 1998; Helgeson & Fritz, 1998). This complicates our understanding of Black women's socialization experiences, but also indicates that every aspect

of gendered racial socialization may not be positive or beneficial for Black women's overall mental health and wellbeing.

Although our second hypothesis was not supported, two aspects of gendered racial socialization were independent, unique predictors of traumatic stress symptoms. In the model testing whether internalized gendered racial oppression was a significant moderator in the GRMS-traumatic stress link, we found that internalized gendered racial oppression was a significant unique predictor of traumatic stress symptoms. In other words, receiving greater internalized gendered racial oppression messages was significantly associated with greater reported traumatic stress symptoms. In addition, in the model testing whether sisterhood was a significant moderator in the GRMS-traumatic stress link, we found that sisterhood was a significant unique predictor of traumatic stress symptoms, such that receiving greater sisterhood messages was significantly associated with fewer reported traumatic stress symptoms. These results indicate that internalized gendered racial oppression messages and sisterhood messages have a unique role in traumatic stress symptoms for Black women, and the nature of their exacerbating or protective effects, respectively, warrants further attention.

It is possible that messages around internalized gendered racial oppression (i.e., negative beliefs and perceptions of Black women) and sisterhood/gendered racial community are two important aspects of gendered racial socialization for Black women over and above other types of socialization messages. On one end, internalized gendered racial oppression represents critical comments about Black women regarding attitude and physical appearance. On the other, sisterhood messages are positive and bring Black women (particularly mothers and daughters) together. Additionally, Carr et al. (2014) found that internalization methods of coping (i.e., attributing responsibility or cause of the event to oneself) mediated the relations between

multiple, intersecting oppressions (sexual objectification, racism, and gendered racism) and depression for African American women. This finding supports an earlier finding by Fischer and Shaw (1999) and a more recent finding by Watson et al. (2016) of the mediating role of self-esteem; if Black women receive negative socialization messages about Black women, they may internalize them, in turn influencing their self-esteem. This may have an interaction with experiencing gendered racial microaggressions that "confirm" their internalized beliefs. Additionally, Graham, West, Martinez, and Roemer (2013) found that internalized racism mediated the relations between racist experiences and anxiety for African Americans. Future studies should explore these relations further, as there may be additional factors that are important to consider when exploring the moderating role of gendered racial socialization in the discrimination-traumatic stress link.

The alpha coefficient for the Oppression Awareness subscale of the GRESS-BW was very low in our study, such that we excluded Oppression Awareness from analysis. In addition, the results for the gendered racial hardship moderation should be interpreted with caution. In looking at the items for each subscale, the oppression awareness items appear to speak to multiple constructs. For example, items on this scale include "My parent or caregiver taught me that Black women must work hard for a good education" and "My parent or caregiver taught me that I should not allow anyone to disrespect me." For gendered racial hardship, the items appear to speak to two different constructs, which may explain why the Cronbach's alpha reliability estimate was higher for this subscale than for the oppression awareness subscale. Sample items include "My parent or caregiver taught me that being both Black and a woman, I will have to work harder than most people to reach my dreams/goals" and "My parent or caregiver taught me that a good Black man is hard to find." It is possible that in our sample, these items did not hold

together as they did in the exploratory factor analysis during scale development. In our sample, the range, mean, and standard deviation for age were greater than the sample in Brown and colleagues (2017). Additionally, Brown and colleagues (2017) used an exclusively college student sample (undergraduate through post-baccalaureate). These factors may have influenced the reliability estimates of these two subscales in our study.

Limitations and Directions for Future Research

Although this study makes important contributions to research on Black women's experiences of gendered racism from an intersectional perspective, there are some limitations of our study that should be noted. The first limitation is related to measurement. The GRESS-BW is a newer scale, thus, there is not a large body of literature that has tested this scale in different samples of Black women. Particularly, our reliability estimates for two of the subscales may be outliers; however there are not any other studies to compare this to aside from the scale development study. A significant limitation in previous empirical research is the lack of intersectional measures available for use in studies. Thus, the GRESS-BW is an important contribution to the literature and should be used in future studies exploring Black women's gendered racial experiences. Additionally, future studies should explore systemic level interventions utilizing gendered racial socialization; given that we know the negative effects experiencing discrimination has on mental health and psychological wellbeing, it is equally important to research ways communities can, and have been, counteracting these effects. Another limitation is the self-report nature of the trauma measure we used. Social desirability may have influenced how participants responded. Additionally, the wording of the trauma scale did not explicitly connect the assessed symptoms to experiences of discrimination. It is possible that we would have gotten different responses if participants were specifically asked about their

experiences of traumatic stress symptoms related to their gendered racial microaggression experiences.

Moreover, another possible limitation is that the PCL-5 mirrors *DSM* criteria for PTSD. While there are other measures of trauma-related symptomatology that have been used in clinical and research settings, the PCL-5 was chosen because it is more commonly used across both research and practice than the others. It would be beneficial for future research to explore ways to quantitatively capture the traumatic stress responses of those who are exposed to discriminatory events in the ways that Carlson (1997) and Carter (2007) propose. An intersectional, culturally-relevant scale to capture marginalized (especially multiply marginalized) individuals' traumatic stress responses to discrimination would be greatly beneficial. Future studies should explore the qualitative nature of Black women's gendered racism trauma experiences, helping to inform the ways we conduct research on Black women's lives.

Our second limitation is related to within group diversity of our sample. The average income level was middle class with the majority of the sample having at least a bachelor's degree, although 44% of our sample completed an associate's degree/equivalent 2-year degree or less. This was in part due to our purposeful sampling method which utilized academic and professional listservs. Future studies should make an intentional effort to recruit a more diverse sample. Additionally, Black sexual minority women are often overlooked in extant literature, and 82% of our sample identified as heterosexual (DeBlaere & Bertsch, 2013). Moreover, we did not include transgender or nonbinary individuals in our sample; however, there may still be an overlap in socialization experiences for transgender and nonbinary Black women that are worthy of exploration. The GRMS and GRESS-BW were developed on largely cisgender, heterosexual

young adult Black women, and thus the constructs on these scales may not adequately capture the experiences of sexual and gender minority Black women. Future studies should explore the socialization and microaggression experiences of these women more explicitly.

Additionally, it is important for future studies to explore ways to assess the intersectional experiences of multiply marginalized individuals in quantitative studies. Otherwise, there are significant limitations in extrapolating findings from these studies. For example, Pascoe and Smart Richman (2009) concluded from their meta-analysis that there was no statistically significant gender difference in the relations between discrimination and negative mental health outcomes between men and women, regardless of race. However, this finding is misleading because it does not explore the specific complexity of experiencing multiple systems of oppression simultaneously. Without the use of intersectional measures that explore the unique experience of gendered racism, there are limitations to what we can extrapolate from the findings of these empirical studies. This reflects a larger issue of the lack of existing intersectional measures that explore these complexities. As such, conclusions drawn from quantitative research often overlook the intersectional experiences of multiply marginalized individuals and groups.

Implications

The results of this study can inform future research on Black women's experiences of gendered racism and the role of gendered racial socialization in their lives. This study is one of the first to use the GRESS-BW, and one of the first to explore the overall relations between gendered racial microaggressions and traumatic stress. Most importantly, our findings demonstrate a link between covert discrimination experiences and traumatic stress symptoms. While other studies have explored the relations between multiple oppression experiences and trauma (e.g., Watson et al., 2016), our study is the first to use an intersectional scale to explore

these relations. Additionally, our findings suggest that socialization plays a complex role in the lives of Black women. Racial socialization literature demonstrates significant moderating influences of different types of racial socialization messages, whether they have a protective effect or an exacerbating effect. Gendered racial socialization likely has a similar effect in Black women's lives, and further study is necessary to fully explore this dynamic. However, the interpersonal gender dynamic aspect of Black girls' gendered racial socialization experiences indicate that gendered racial socialization diverges in important ways from racial socialization. Thus, we may not be able to extrapolate findings from racial socialization literature in meaningful ways when exploring Black women's experiences.

This knowledge may also be beneficial to integrate into the delivery of mental health services; Black women may present in counseling with experiences of gendered racial microaggressions, and it is important to be aware of the ways in which these experiences can manifest themselves as traumatic stress responses in addition to depression, stress, and anxiety symptoms. Additionally, it is important for mental health professionals to understand the ways in which gendered racial socialization diverges from what is more commonly known about racial socialization in a broader sense. We as psychologists have a responsibility to continue to seek out, discover, and integrate knowledge of the role of oppression in people's lives into our clinical and research practices. The results of this study can inform practitioners working with Black women about the myriad ways experiencing multiple intersecting oppressions impacts their clients' lives, including how clients can utilize positive aspects of their cultural upbringing to cope with these experiences.

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APPENDIX

Table A1

Means, Standard Deviations, Cronbach's Alpha Reliability Estimates, Skewness, and Kurtosis for All Study Variables

Variable	*M*	*SD*	α	Skewness	Kurtosis
GRMS	2.23	0.99	.93	0.16	-0.58
Assumptions of Beauty	1.94	1.07	.88	0.42	-0.47
Silenced and Marginalized	2.86	1.21	.88	-0.32	-0.64
Strong Black Woman	2.45	1.34	.75	0.06	-0.87
Angry Black Woman	2.49	1.25	.80	0.04	-0.60
Gendered Racial Pride and Empowerment	3.13	0.89	.98	-1.02	-0.14
Family Expectations and Responsibilities	1.96	1.25	.88	0.81	0.12
Internalized Gendered Racial Oppression	1.48	0.65	.82	1.67	2.57
Independence, Career, and Education	3.02	0.67	.84	-0.59	-0.35
Sexual Behavior	2.48	0.96	.88	0.14	-1.22
Oppression Awareness	3.24	0.42	.07	-1.48	2.88
Sisterhood	3.03	0.77	.73	-0.98	0.40
Religious Faith and Spirituality	3.17	0.96	.88	-1.05	-0.18
Gendered Racial Hardship	2.64	0.73	.59	-0.51	-0.28
PCL	24.79	17.72	.95	0.47	-0.60

Note. GRMS = Gendered Racial Microaggressions; Assumptions of Beauty = Assumptions of Beauty and Sexual Objectification; Independence, Career, and Education = Independence, Career, and Educational Success; PCL = PTSD Checklist for *DSM-5*.

Table A2

Intercorrelations Between All Study Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. GRMS	--	.91**	.69**	.73**	.76**	.13	.29**	.27**	.23**	.06	.07	.17*	.07	.34**	.43**
2. Beauty		--	.57**	.57**	.58**	.13	.24**	.25**	.21**	.01	.02	.15*	.03	.28**	.41**
3. Silenced			--	.38**	.29**	.12	.14*	.12	.17**	.06	.17*	.15*	-.03	.23**	.35**
4. Strong				--	.69**	.18**	.30**	.18**	.18**	.12	.10	.22**	.22**	.32**	.26**
5. Angry					--	.12	.22**	.16*	.15*	-.003	.09	.13	.11	.23**	.35**
6. Pride						--	.10	-.36**	.51**	.06	.62**	.76**	.28**	.54**	-.07
7. Family Exp.							--	.40**	.30**	.61**	.18**	.32**	.42**	.34**	.14*
8. Internalized								--	.02	.22**	-.14*	-.18**	.06	.07	.28**
9. Independence									--	.22**	.46**	.47**	.28**	.59**	.05
10. Sexual Beh.										--	.26**	.17*	.48**	.29**	.06
11. Awareness											--	.56**	.34**	.45**	-.10
12. Sisterhood												--	.42**	.50**	-.06
13. Religion													--	.38**	-.04
14. Hardship														--	.05
15. PCL															--

Note. GRMS = Gendered Racial Microaggressions; Beauty = Assumptions of Beauty and Sexual Objectification; Silenced = Silenced and Marginalized; Strong = Strong Black Woman; Angry = Angry Black Woman; Pride = Gendered Racial Pride and Empowerment; Family Exp. = Family Expectations and Responsibilities; Internalized = Internalized Gendered Racial Oppression; Independence = Independence, Career, and Educational Success; Sexual Beh. = Sexual Behavior; Awareness = Oppression Awareness; Religion = Religious Faith and Spirituality; Hardship = Gendered Racial Hardship; PCL = PTSD Checklist for *DSM-5*.

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

Table A3

Multiple Regression Analysis Examining Gendered Racial Microaggressions as a Predictor of Traumatic Stress Symptoms

	Self-reported traumatic stress symptoms			
Variable	*B*	SE_B	β	95% CI
Constant	5.80	3.01		[-0.13, 11.72]
Assumptions of Beauty & Sexual Objectification	4.20	1.42	.25**	[1.40, 6.99]
Silenced and Marginalized	2.24	1.06	.15*	[0.15, 4.34]
Strong Black Woman	-1.06	1.15	-.08	[-3.31, 1.20]
Angry Black Woman	2.81	1.23	.20*	[0.37, 5.24]
R^2		.21		
F		14.34		
ΔR^2		.21		
ΔF		14.34		

Note. CI = Confidence interval.
*$p < .05$. **$p < .01$. ***$p < .001$.

Table A4

Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Gendered Racial Pride and Empowerment Messages

	Coefficient				
Predictor	*B*	SE_B	ΔR^2	*t*	95% CI
Step 1					
GRMS	8.03	1.09		7.39***	[5.89, 10.18]
Pride and Empowerment	-2.35	1.20		-1.95	[-4.72, 0.03]
Step 2			.0039		
GRMS x Pride and Empowerment	1.12	1.07		1.05	[-0.99, 3.24]

	Conditional Effects		
	Effect	*SE*	95% CI
- 1 SD	7.03	1.35	[4.37, 9.70]
Mean	8.04	1.09	[5.89, 10.18]
+1 SD	9.02	1.53	[6.01, 12.03]

Note. CI = Confidence interval; GRMS = Gendered Racial Microaggressions; Pride and Empowerment = Gendered Racial Pride and Empowerment.
*$p < .05$. **$p < .01$. ***$p < .001$.

Table A5

Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Family Expectations and Responsibilities Messages

	Coefficient				
Predictor	*B*	SE_B	ΔR^2	*t*	95% CI
Step 1					
GRMS	7.54	1.13		6.66***	[5.31, 9.77]
Family Expectations	.74	1.70		.43	[-2.62, 4.10]
Step 2			.0014		
GRMS x Family Expectations	-.95	1.53		-.62	[-3.97, 2.06]

	Conditional Effects		
	Effect	*SE*	95% CI
- 1 SD	8.18	1.56	[5.10, 11.26]
Mean	7.54	1.13	[5.31, 9.77]
+1 SD	6.89	1.49	[3.95, 9.84]

Note. CI = Confidence interval; GRMS = Gendered Racial Microaggressions; Family Expectations = Family Expectations and Responsibilities.
*$p < .05$. **$p < .01$. ***$p < .001$.

Table A6

Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Internalized Gendered Racial Oppression Messages

	Coefficient				
Predictor	*B*	SE_B	ΔR^2	*t*	95% CI
Step 1					
GRMS	6.75	1.10		6.14***	[4.58, 8.92]
Internalized Oppression	5.44	1.85		2.93**	[1.78, 9.09]
Step 2			.0018		
GRMS x Internalized Oppression	-1.15	1.60		-.72	[-4.29, 2.00]

	Conditional Effects		
	Effect	*SE*	95% CI
- 1 SD[a]	7.31	1.34	[4.67, 9.95]
Mean	6.75	1.10	[4.58, 8.92]
+1 SD	6.01	1.52	[3.02, 9.00]

Note. CI = Confidence interval; GRMS = Gendered Racial Microaggressions; Internalized Oppression = Internalized Gendered Racial Oppression.
[a] One SD below the mean is lower than the minimum value observed in our sample; the minimum value was used for conditional effects.
* $p < .05$. ** $p < .01$. ***$p < .001$.

Table A7

Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Independence, Career, and Educational Success Messages

	Coefficient				
Predictor	*B*	SE_B	ΔR^2	*t*	95% CI
Step 1					
GRMS	7.84	1.11		7.05***	[5.65, 10.03]
Independence, Career, Education	-1.16	1.63		-.71	[-4.37, 2.05]
Step 2			.0008		
GRMS x Independence, Career, Education	.72	1.55		.47	[-2.33, 3.78]

	Conditional Effects		
	Effect	*SE*	95% CI
- 1 SD	7.34	1.50	[4.39, 10.30]
Mean	7.84	1.11	[5.65, 10.03]
+1 SD	8.34	1.58	[5.23, 11.44]

Note. CI = Confidence interval; GRMS = Gendered Racial Microaggressions; Independence, Career, and Education = Independence, Career, and Educational Success.
*$p < .05$. **$p < .01$. ***$p < .001$.

Table A8

Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Sexual Behavior Messages

	Coefficient				
Predictor	*B*	SE_B	ΔR^2	*t*	95% CI
Step 1					
GRMS	7.59	1.09		6.98***	[5.45, 9.73]
Sexual Behavior	.59	1.12		.53	[-1.62, 2.80]
Step 2			.0002		
GRMS x Sexual Behavior	-.24	1.16		-.21	[-2.54, 2.05]

	Conditional Effects		
	Effect	*SE*	95% CI
- 1 SD	7.83	1.63	[4.62, 11.03]
Mean	7.59	1.09	[5.45, 9.73]
+1 SD	7.36	1.49	[4.41, 10.30]

Note. CI = Confidence interval; GRMS = Gendered Racial Microaggressions.
*$p < .05$. **$p < .01$. ***$p < .001$.

Table A9

Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Sisterhood Messages

	Coefficient				
Predictor	*B*	SE_B	ΔR^2	*t*	95% CI
Step 1					
GRMS	8.06	1.09		7.41***	[5.92, 10.20]
Sisterhood	-2.93	1.42		-2.06*	[-5.72, -0.13]
Step 2			.0002		
GRMS x Sisterhood	-.83	1.24		.66	[-1.63, 3.29]

	Conditional Effects		
	Effect	*SE*	95% CI
- 1 SD	7.42	1.39	[4.68, 10.20]
Mean	8.06	1.09	[5.92, 10.20]
+1 SD	8.70	1.51	[5.73, 11.67]

Note. CI = Confidence interval; GRMS = Gendered Racial Microaggressions.
*$p < .05$. **$p < .01$. ***$p < .001$.

Table A10

Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Religious Faith and Spirituality Messages

	Coefficient				
Predictor	*B*	SE_B	ΔR^2	*t*	95% CI
Step 1					
GRMS	7.63	1.09		7.03***	[5.49, 9.77]
Religious Faith and Spirituality	-1.21	1.12		-1.09	[-3.41, 0.99]
Step 2			.0010		
GRMS x Religious Faith and Spirituality	.63	1.23		.51	[-1.79, 3.05]

	Conditional Effects		
	Effect	*SE*	95% CI
- 1 SD	7.03	1.68	[3.71, 10.34]
Mean	7.66	1.09	[5.49, 9.78]
+1 SD[a]	8.15	1.41	[5.37, 10.93]

Note. CI = Confidence interval; GRMS = Gendered Racial Microaggressions.

[a] One SD above the mean is greater than the maximum value observed in our sample; the maximum value was used for conditional effects.

*$p < .05$. **$p < .01$. ***$p < .001$.

Table A11

Moderation Analysis Predicting Traumatic Stress Symptoms from Gendered Racial Microaggressions and Gendered Racial Hardship Messages

	Coefficient				
Predictor	*B*	SE_B	ΔR^2	*t*	95% CI
Step 1					
GRMS	8.30	1.14		7.26***	[6.04, 10.55]
Gendered Racial Hardship	-2.85	1.57		-1.81	[-5.95, 0.26]
Step 2			.0003		
GRMS x Gendered Racial Hardship	-.46	1.54		-.30	[-3.49, 2.57]

	Conditional Effects		
	Effect	*SE*	95% CI
- 1 SD	8.63	1.59	[5.50, 11.76]
Mean	8.30	1.14	[6.04, 10.55]
+1 SD	7.96	1.62	[4.77, 11.15]

Note. CI = Confidence interval; GRMS = Gendered Racial Microaggressions; The Cronbach's alpha reliability estimate for Gendered Racial Hardship was .59; results should be interpreted with caution.
*$p < .05$. **$p < .01$. ***$p < .001$.

VITA

Anahvia Taiyib Moody was born in Derby, Connecticut and lived most of her life in Stratford, Connecticut with her mother, Sheila Moody, and younger sister, Shyan Moody-Hicks. She spent her early elementary school years in Mobile, Alabama before returning to Connecticut, attending Lordship Elementary School before transferring to Stratford Academy Johnson House as a student in the Advanced Learning Program (ALP) from fourth to six grades. She attended Wooster Middle school for seventh and eighth grade, after which ALP ended and she attended Stratford High School and graduated in 2012. She attended Harvard University for her undergraduate education, graduating in May 2016 with an A.B. in Psychology and a secondary in Global Health and Health Policy. She is currently enrolled at the University of Tennessee, Knoxville in the Counseling Psychology Ph.D. program.