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NOT ONLY BLACK OR ONLY A WOMAN, A BLACK WOMAN: GENDERED
RACIAL MICROAGGRESSIONS, COLORISM AND HAIR ON TRAUMA
SYMPTOMS

By

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B.A., University of Missouri-Columbia, 2007
M.A., Indiana University of Pennsylvania, 2015

A Dissertation
Submitted to the Faculty of the
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Department of Counseling & Human Development
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August 2022

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ABSTRACT

NOT ONLY BLACK OR ONLY A WOMAN, A BLACK WOMAN: GENDERED RACIAL MICROAGGRESSIONS, COLORISM AND HAIR ON TRAUMA SYMPTOMS

Maame-Safowaa Geary

August 10, 2022

The intersectionality of racism and sexism of Black women has the possibility of leading to mental health symptoms due to the consistent and persistent experience of insidious trauma, specifically gendered racial microaggressions (GRM). In this study, we examined the relations between gendered racial microaggressions (GRM) and trauma/PTSD symptoms, depressive symptoms, and anxiety symptoms among Black women. Additionally, skin tone and hair style/texture were explored as moderating variables. We hypothesized a positive relation between GRM and symptoms of trauma/PTSD, depression, and anxiety. We also hypothesized that darker skin tones and more Afrocentric hairstyles would moderate GRM and the described mental health symptoms. Participants included 171 Black women ($M = 31.25$ years). Results from regression analyses indicate that GRM is a predictor of symptoms of trauma/PTSD, depression, and anxiety. Skin tone and hair style/texture alone were not significant predictors of trauma, depressive, or anxiety symptoms. Additionally, the interaction effect of GRM and skin tone and GRM and hair style/texture were not moderators for trauma/PTSD, depressive, and anxiety symptoms. The results suggest that a better understanding of the intersectionality of Black women's identities and the experiences of

insidious trauma will help to further understand the mental health impact and needs of Black women.

TABLE OF CONTENTS

	PAGE
ABSTRACT.....	iii
LIST OF TABLES.....	v
LIST OF FIGURES.....	vii
CHAPTER I: INTRODUCTION.....	1
CHAPTER II: LITERATURE REVIEW.....	4
CHAPTER III: METHOD.....	45
Procedure.....	46
Measures.....	47
CHAPTER IV: RESULTS.....	52
Analyses.....	52
Primary Analyses.....	54
CHAPTER V: DISCUSSION.....	60
REFERENCES.....	75
CURRICULUM VITA.....	90

LIST OF TABLES

TABLE	PAGE
1. Descriptive Statistics.....	67
2. Correlations for Gendered Racial Microaggressions, Trauma Symptoms, Depressive Symptoms, and Anxiety Symptoms.....	68
3. Trauma Symptoms as Outcome Variable.....	69
4. Depressive Symptoms as Outcome Variable.....	71
5. Anxiety Symptoms as Outcome Variable.....	73

LIST OF FIGURES

FIGURE	PAGE
1. Proposed moderation effect for skin tone and hair style/texture.....	75

CHAPTER I

Introduction

Since the 1890s, Black women scholars and activists have highlighted the unique marginalization and oppression of Black women in society while diligently working to develop and include theoretical frameworks that candidly communicate the lived experiences of Black women on the basis of race and gender (Collins, 1991; Cooper, 1892; Crenshaw, 1989; Davis, 1983; hooks, 1984; Williams & Lewis, 2019). Black women endure gendered and classed forms of racism that are embedded in societal and historical stereotypes and controlling images that exist to oppress and objectify Black women based on classed and parochial notions that intertwine with race and gender (Collins, 1990; Essed, 1991). The unique status of Black women in the United States, when compared to other women, dates back to slavery that was based on race (King, 1975). Once slavery in the United States ended, the oppression of Black women and Black men on the basis of race continued in other societal and institutional forms (King, 1975). The belief that Black people were inferior to White people was internalized, thus it was perceived that the oppression of Black people was justified. This justification led to new social, economic, and political structures and stratification to reinforce Black inferiority (King, 1975). Black women are at the forefront of inferiority beliefs due to the American caste system (King, 1975). Specifically, Black women are members of the lower caste and White women are members of the upper caste, while both groups of women are discriminated against by the male members of their respective castes

King, 1975). However, along with being discriminated by Black men, Black women are also discriminated and oppressed by White women and White men due to the power that whiteness holds (King, 1975).

Another factor that exacerbates gender and racial caste systems noted by Collins (1990 and King (1975) is socioeconomic status. Race provides access to power, economic resources, and social capital (Perry, 2012). Racial and socioeconomic stratification influences exposure and vulnerability to stressful events and environments such as racism and oppression (Perry, 2012). Perry and colleagues found in a sample of Black women that low socioeconomic status was linked to increased racism, oppression, sexism, and suicidal ideation. This study and the American caste system indicate that oppression can be the most intense for Black women and primarily for Black women from low socioeconomic backgrounds.

Gendered racism is a unique form of oppression that includes the concurrent experiences of racism and sexism based on perceptions, stereotypes, or images of specific groups (Essed, 1991). Essed coined the term, "gendered racism" to illustrate the multifaceted oppression formulated from racist impressions of gender roles and placed upon Black women. Essed (1991) further described how sexism and racism "narrowly intertwine and combine under certain conditions into one, hybrid phenomenon" (p. 31). Gendered racism has been associated with greater psychological distress (Szymanski & Lewis, 2016; Thomas et al., 2008), depressive symptoms (Carr et al., 2014), suicidal ideation (Perry et al., 2012), seeking and having access to appropriate health care (Oser et al., 2016) and sexual reproductive health disparities (Giscombé & Lobel, 2005; Rosenthal & Lobel, 2018). More recently, intersectionality researchers have examined subtle and

explicit forms of gendered racism experienced by Black women (Crenshaw, 1989; Lewis et al., 2013, 2016; Lewis & Neville, 2015). The term intersectionality was first published by scholar Kimberlé Crenshaw (1989) and it refers to how systems of power and oppression co-construct each other to create complex and unique forms of systemic oppression and injustice. For Black women, this means living at the intersection of racism and sexism (Crenshaw, 1989). Recognizing intersectionality and the unique types of racism and sexism that Black women suffer because of ideologies that problematize and justify domination contributes to a more profound comprehension of the routine oppressive experiences of Black women (Moody & Lewis, 2019).

This study aims to support and add to the microaggression literature and specifically literature on gendered racial microaggressions. Further, this study strives to unravel how intersecting forms of oppression and subordination of gender and race of Black women impacts gendered racial microaggressions and their effects on trauma symptoms. This research also aims to investigate how colorism and categories/hierarchies of hair style/texture contribute to gendered racial microaggressions. With race and racism having historical and contemporary significance, it is imperative that we continue to examine the daily oppressive ideologies, interactions, and events that reinforce racial hierarchies. Additionally, it is essential that we do not examine race as a separate factor because as a Black woman in the United States, race cannot be separated from gender with exactitude nor can gender be separated from race with precision. This study will also strive to increase knowledge and personal awareness of how individual actions have the potential to contribute to the greater problem of racism.

CHAPTER II

Literature Review

Many Black women recognize that the oppressive experiences of being both a woman and Black cannot be compartmentalized into two separate components of race and gender, and they may discern oppressive events as an intersection of being a Black woman (Collins, 2016). Although patriarchy constraints all women, racism can form a different and possibly a more damaging form of sexism for Black women (Jones & Shorter-Gooden, 2003). Racism is a power dynamic that is supported by an ideology of inferiority that is used by individuals and institutions to justify unequal treatment and oppression (Perry, 2012). Thus, racism can be a daily form of oppression for Black individuals (Sue 2010). More specifically, for Black women, patriarchy devalues women which compounds racism, resulting in an intersectional form of oppression known as gendered racism (Thomas et al. 2008).

Although, Black women experience some forms of racism that are similar to those experienced by Black men, and they experience some forms of sexism that are similar to those of White women, Black women experience gendered racism that is unique to stereotypes and tropes of Black women (Thomas et al., 2008).

Stereotypes

Gendered racial stereotypes combine racial and gender myths or assumptions to form inaccurate information about a particular race and gender. Essed (1991) argued that

Black women experience gendered and classed types of racism that are grounded in the beliefs and stereotypes of Black womanhood. For Black women, there are distinct yet differing stereotypes that are compounded by society and the conditions of the intersecting identities. Black women have been structurally situated, through the captivity inherent to chattel enslavement, then subsequently portrayed and depicted by popular stereotypes and tropes (Thomas et al., 2008). Black women are portrayed as nurturing, servile, passive, hardworking, inferior, invisible, and struggle for respect (Essed, 1991; Lewis et al., 2016; Thomas et al., 2008). Black women popular tropes can be divided into three general categories including the “Mammy” or known contemporarily as “Strong Black Woman” (e.g., hardworking and care taking), “Sapphire” or “Angry Black Woman” (e.g., dominating and angry), and “Jezebel” (e.g. sexually promiscuous and seductive; Collins, 1990). These images of Black women have been perpetuated throughout history and continue to persist in our society. Interestingly, these stereotypes and tropes are incongruent to the stereotypes of White womanhood (Collins, 1991; Thomas et al., 2008). Additionally, these stereotypes are a function of how those categories have been depicted in a number of institutions, including popular culture (e.g., academic disciplines, newspapers, motion pictures).

Media and Racism

Mass media, a means to communicate to a large audience, remains an essential method by which Black female stereotypes are disseminated and sustained within society (Coleman et al., 2020; Spates et al., 2019). Mass media can affect the way society thinks about Black women and reinforce stereotypes thus reinforcing gendered racism. For example, in one study researchers examined the realism of African American stereotypes

on television, using a racially diverse sample, and found that non-Black participants believed the negative stereotypes (e.g. criminals, unemployed, mannerisms) of Black characters as true (Punyanunt-Carter, 2008). The reinforcement of stereotypes in media does not only influence the thoughts of individuals, but mass media can have further implications such as influencing politics and government policy (Johnson et al., 2009). For example, in one study Johnson and colleagues (2009) examined the impact of mass media stereotypes of Black women on White participants' support of government policy that assisted Black women versus White women. The researchers found that White participants who viewed media depicting Black women as the Jezebel stereotype reduced their support for government policy that would assist Black pregnant women. However, government policy that would assist White pregnant women did not receive negative response from White participants (Johnson et al., 2009).

Even more recently, with the increase of reality television, gendered racial stereotypes of Black women have not only been reinforced, they have been further embedded in the minds of those viewing Black women on television (Coleman et al., 2020; Mendenhall et al., 2016). Mass media continues perpetrate messaging about Black women as uncontrollable, sassy, bossy, irrational, aggressive, and angry (Corbin et al., 2018). These depictions not only impact how other races think about Black women, but the media also reproduces the narrative of how Black individuals view women within their own culture (Coleman et al., 2020; Jerald, 2016). For instance, in a regression analysis, Jerald and colleagues (2016) found that a combination of multiple types of media exposure including television, music videos, movies, and magazines were associated with the belief of the Jezebel stereotype. The researchers also found that

watching movies monthly was associated with the endorsement of the Strong Black Woman stereotype. More specifically, the researchers found that Black male participants were more likely than Black female participants to support these common stereotypes of Black women. The findings suggest that although Black women are less likely to support repeated negative stereotypes, Black men may condone negative stereotypes of Black women (Jerald, 2016). The findings indicate how powerful the media can be in filtering harmful stereotypes and messages about Black women to Black people and Black men in particular. Contrarily, Jerald (2016) suggested that the lack of endorsement Black women participants had for the stereotypes showcased the constant battle that Black women endure in attempting to negate the negative messages.

In another study, using a sample of Black women, Coleman and colleagues (2020) examined how reality television consumption, with a predominantly Black cast, endorsed Black women stereotypes and the believability of those stereotypes. Similar to Jerald and colleagues' (2016) findings, Coleman and colleagues found that the Black women in the sample did not report high levels of agreement with any of the stereotypes. In particular, the participants reported lower levels of endorsement for both Jezebel and Sapphire stereotypes. Coleman and colleagues (2020) explained the findings as logical as the Jezebel and Sapphire stereotypes depict negative attributions, while the Strong Black Woman is a more admirable stereotype that is more likely to be embraced by the Black community.

Media also contributes to the beauty standards. Boepple and Thompson (2018) used 17 popular magazines aimed at female audiences, with one magazine specifically aimed at Black female audiences, to examine beauty messages and standards for women

of color. Boepple and Thompson found the images portrayed Black women with light or medium-toned skin (96%), long straight hair (63%), and smaller facial features (42%) consistent with Eurocentric facial features. In a different study, Woodward and Masten (2005) used a popular magazine, *Essence*, aimed at Black women, to examine if a Black oriented magazine dispels or validates the popular Black female stereotypes. The authors examined and compared *Essence* articles from the 1970s and the 1990s. Woodward and Masten (2005) found that the majority of articles in the 1970s (95.5%) and the 1990s (92.1%) the images dispelled the popular stereotypes. Continuously coping with these stereotypes can negatively impact Black women's health and well-being especially as these stereotypes continued to be disseminated and reinforced by the media (Everet et al., 2010; Feagin, 2006).

Black Beauty

The intersectionality of being Black and being a woman creates a unique and specific experience of gendered racism that has strong roots in history and Eurocentric notions of beauty. Collins (2004) argued that Black women are often presented as the antithesis. Further, Black women are perceived as not having the ideal Eurocentric physical beauty characteristics and they are lacking Eurocentric gentility. For example, in one study regarding internet dating, Feliciano and colleagues (2009) found that White men who are attracted to thin or Eurocentric body types, are more likely to exclude Black women as dating partners, which suggests that White men may perceive Black women's physical beauty characteristics as less attractive. This is consistent with Collins' (2004) argument that the stereotypes of Black women continue to be considered less attractive or less feminine than their White female counterparts (Feliciano et al., 2009). Bany et al.,

(2014) also concentrated on how gendered racism continues to infiltrate new modes of media while continuing to emphasize the Eurocentric standards of beauty and behavior. In an additional study, using online dating applications, the researchers explored more and studied why Black people are not perceived as potential dating partners by non-Black daters (Bany et al., 2014). Bany and colleagues found that Black women, when compared to Latin women and Asian women, were more likely to be excluded as prospective dates because of their perceived aggressive personalities or behavior and lack of physical attraction. White, Asian, and Latin male respondents described Black women as “abrasive”, having “attitude”, having skin tone considered “too dark”, and having unattractive hair (Bany et al., 2014). One Asian male respondent stated that he would date any race, but “not Black” and one White male respondent reported that he was not interested in pursuing Black women while simultaneously objectifying them by stating that Black women may be good sexual partners because of their “big butts” (Bany et al., 2014). Contemporary forms of media and engagement continue to propel the gendered racism and stereotypes that impacts Black women.

Double Jeopardy

There are two common approaches taken when studying Black women’s experiences with racism and sexism. “Double jeopardy” is an additive approach coined by Beale (1969) that is commonly used when referring to Black women’s’ intersecting identities of being Black and female and the oppressive institutions and systems that structure Black women’s lives. Double jeopardy identifies that intersection of race and gender for Black women leads to specific type of oppression that includes the hindrance of social mobility and personal achievement (St. Jean & Feagin, 1998). Conversely,

Anderson and Collins (2015) discussed “triple jeopardy” and suggested that Black women from lower socioeconomic statuses experience triple oppression including race, gender, and class. An approach to better understand triple jeopardy will be discussed later in the section of intersectionality.

Although research (Carr et al., 2014; Lewis et al., 2017; Thomas et al., 2008) supports a significant association between gendered racism and negative mental health outcomes for Black women, studies using additive approaches, such as double jeopardy, typically study separate experiences of racism and sexism, as mutually exclusive, and their impact on negative mental health outcomes of Black women. For example, Moradi and Subich (2003) found when examining sexist and racist experiences separately, they were both significantly correlated with greater negative psychological outcomes of Black women. However, when examined together, only sexist experiences were found to be a unique predictor of psychological distress (Moradi & Subich, 2003). In another study, Klonoff and Landrine (1995) found that women of color had more psychological distress from lifetime sexist events than White women in the study. Another study suggested that Black women had slightly higher exposure to racism than sexism; thus, racism, on average, contributed more to their psychological distress (Greer, 2011). Conversely, Szymanski and Stewart (2010) found that greater experiences of sexism for Black women was positively related to overall psychological distress. Comparably, Thomas and colleagues (2008) used a single measure of sexism to examine Black women’s experiences with sexism while not assessing for racism. The separation of racism and sexism implies that a Black woman’s skin color and gender are able to be divided and oppressed individually (Moody & Lewis, 2019). Further, Anderson and Collins (2015)

argue that “double jeopardy” has limitations as it produces a “hierarchy of differences that ironically reinstalls those who are additively privileged at the top while relegating those who are additively oppressed to the bottom” (p. 8). It is also important to note that race and gender are not always equal when examining oppression because of the particular environment and contextual factors. For example, at an all girls’ predominantly White school, gender may influence how a White male teacher views a Black female student, however, in this predominately White environment where the other students are also female, the race of the Black student may account for more of the double jeopardy than her gender.

Despite the unequal distribution of race and gender that can be difficult to decipher when using double jeopardy, race and gender constantly work in tandem to produce gendered racism (Collins, 2016). Additionally, there is not a simple mathematical equation to factor out the effects that race and gender have over time. Viewing gender and race as separate entities or as an even split, denies specific social factors that form unique experiences for Black women (Anderson & Collins, 2015).

Interactional Approach

Similar to the double jeopardy approach that implies that race and gender represent equal forms of oppression, the interactional approach is additive and also seeks to explore the multiple effects of race and gender with one difference. The interactional approach typically utilizes race, gender, and an interaction term of race and gender into analyses in order to explore the influence of each identity separately and together (Thomas et al., 2008). Researchers typically seek to approximate the interaction effect of race and gender through statistical analysis. For example, Moradi and Subich (2003)

explored whether racism, sexism, or the interaction of racism and sexism better predicted psychological distress. They found that among individual variables of racism and sexism and the interaction of racism and sexism, that the single variable of sexism was the only significant predictor of psychological distress for Black women. The researchers suggested that there may be overlap between racism and sexism for Black women, but they were still focused on knowing each variable and association separately as they wanted to account for race and gender as independent variables. The interactional approach begins to explore the intersection of racism and sexism for Black women, however, a limitation of this approach is that it seeks to separate and tease apart the experiences of race and gender, which can be problematic (Thomas et al., 2008). Specifically, it is possible that this approach could reinforce hierarchies of oppression that can lead to misleading findings.

These studies using additive approaches were fundamental in taking necessary steps to understand the experiences of Black women. However, they often separated racism and sexism and used two separate measures rather than understanding the interlocking oppressive system of gendered racism (Anderson & Collins, 2015; Lewis et al., 2016). For example, Moradi and Subich (2003) and Greer (2011) used separate measures of racism and sexism rather than an intersectional measure of gendered racism. Additionally, a study conducted by Carr and colleagues (2014) examined multiple oppression of Black women and even though the researchers used a gendered racism measure, they also included separate racism and sexism measures in order to separate the findings based on race or gender. While these studies can be viewed as examining the interactional effect of race and gender and gather data that is helpful in understanding

psychological distress based on oppression, these studies continue to separate gender and race, thus denying Black women and their intersectional identities.

Intersectionality

The third approach taken by critical feminist theorists and critical race theorists to study Black women's experiences with racism and sexism is conceptualized by the term "intersectionality." The framework of intersectionality was first explained and applied by Crenshaw (1991) and Collins (1991) to articulate the impact of multiple and intersecting identities on experiences of inequality. Crenshaw (1991) and Collins (1991) pay particular attention to Black women's gender identity, racial identity, and socioeconomic statuses justifying that oppression cannot be condensed to only one of these identities, specifically racism, sexism or classism. Instead, a combination of all identities is needed to understand the oppressions of Black women. Collins (2000) generally defines intersectionality as:

...a way of understanding and analyzing the complexity in the world, in people, and in human experiences. The events and conditions of social and political life and the self can seldom be understood and shaped by one factor. They are generally shaped by many factors in diverse and mutually influencing ways.

When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. Intersectionality as an analytic tool gives people better access to the complexity of the world and of themselves. (p. 2)

Collins (2000) also explained that due to the multiple disadvantaged identities (i.e. race, gender, and social class status) of Black women, research should validate that oppression cannot be reduced to a single experience of one of these identities (especially gender and race). They argue that the oppression of each of the disadvantaged intersecting identities join together to produce injustice overall (Collins, 2000).

Crenshaw (1989) further emphasized that Black women do not experience racism because they are Black and sexism because they are women, but they experience a unique form of oppression at the intersection of these identities. To accurately address the experiences that Black women are subjected to, an intersectionality approach should be taken (Crenshaw, 1989).

There has been limited empirical research that has approached the ways in which subtle forms of gendered racism are communicated to Black women in interpersonal interactions based on their intersecting identities. As one of the only early researchers exploring this notion of intersecting identities, Shorter-Gooden (2004) interviewed 196 community Black women to investigate their strategies for coping with racism and sexism and found that women reported experiencing both race- and gender-related stereotypes, particularly in the workplace. This study helped to highlight the need for intersectionality work regarding Black women.

One reason for the lack of research in this area comes from difficulties in research methodology (Thomas & et al., 2008). In opposition of Crenshaw (1990) and Collins' (1990) germinal research, but in accord with other researchers, Reid and Comas-Diaz (1990) argue in support for the interactional approach. They state that in order to clearly interpret findings and to assess the interactive effect of racism and sexism, each variable

should be measured separately. This methodology does not take into account, however, the key conceptual feature of gendered racism, that is, the simultaneous blending of racial and gender influences. Research that attempts to capture racism and sexism separately and then test for interaction effects miss the unique blended phenomenon that occurs in gendered racism. Due to multiple social identities, a focus on either sexism experiences or racism experiences of Black women would be incomplete and would not adequately capture gendered racism.

Previous studies have adapted existing racist events and sexist events measures to use with Black women (Greer, 2011; Klonoff & Landrine, 1995; Moradi & Subich, 2003, Thomas et al., 2008), which may capture an interaction, but not intersectionality. Lewis and Neville (2015) developed a measure (e.g. Gendered Racial Macroaggressions Scale) to assess the intersectionality of gender and race by assessing a specific kind of subtle gendered racism called gendered racial macroaggressions. With a sample of Black women, Lewis and Neville (2015) found that greater experiences of gendered racial macroaggressions were positively related to racial macroaggressions, perceived sexist events, and psychological distress. As one of the first and only intersectional measures created and sampled on Black women, the Gendered Racial Microaggression Scale promotes intersectionality and the impact gendered racism may have on the psychological health of Black women (Lewis et al., 2017). Using the Gendered Racial Macroaggression Scale (GRMS), researchers found that the combination or intersectionality of sexism and racism was significantly positively correlated with negative mental and physical health outcomes for Black women (Lewis, Williams, Peppers, & Gadson, 2017). With recent measures, such as the GRMS, specifically for

Black women, more research is needed to describe the experiences of the gendered racism that affect Black women.

Microaggressions

The term “microaggressions” was first introduced in the 1970s and is defined as “subtle, stunning, often automatic, and nonverbal exchanges which are ‘put downs’ of blacks by offenders” (Pierce et al., 1978, p. 66). The term was originally constructed to describe the subtle racism and oppression that Black people faced (Nadal, 2018). To illustrate and provide evidence for the existence of microaggressions, Pierce et al. (1978) examined the content of television commercials. They found that not only are Black people highly underrepresented in television commercials, but when Black people are represented, they are generally portrayed in a negative manner (e.g., portrayed as subservient to White people, engaged in non- intellectual activities). Through the use of television commercials, which are conveyed as innocent advertisement, Pierce and colleagues (1978) were able to demonstrate how subtle negative representations (or lack of representation) of Black people in the media can have a large impact on society by perpetuating negative stereotypes about Black people to the large number of television viewers. This study exemplified the high prevalence of racial microaggressions in American society.

Research has shown that microaggressions predict of an array of mental health outcomes, including trauma symptoms (Nadal, 2018; Torress & Taknint, 2015), depressive symptoms (Nadal et al., 2014), suicide (O’Keefe et al., 2015), lower self-esteem (Nadal et al., 2014), lower levels of psychological well-being (Nadal et al., 2015),

anxiety and binge drinking (Blume et al., 2012), and physical health problems including pain and fatigue (Nadal, et al., 2014).

Following Pierce et al.'s (1979) study, the literature focused little attention on examining microaggressions until a re-emergence in the year 2000. For example, one qualitative study examined the range of microaggressions that Black students encountered on college campuses by faculty (e.g. low expectations of Black students) and by their White peers (e.g. not being part of study groups; Solórzano et al., 2000). In 2000, Franklin and Boyd-Franklin discussed how microaggressions impacted “psychological invisibility” of Black males while another research study examined the types of microaggressions Latinos experience in the criminal justice system (DeJesus-Torres, 2000). Other than the works of these authors and a small group of microaggressions empirical literature, there did not seem to be much advancement in microaggressions literature until 2007 when Sue and researchers (2007b) expanded on the work of Pierce and colleagues (1978) to further study racial microaggressions.

Racial Microaggressions

Sue and colleagues (2007b) provided a conceptualization of how racial microaggressions manifest in everyday life. The authors define racial microaggressions as “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group” (p. 273). Additionally, racial microaggressions are often automatic or unconscious and many people are unaware that they communicate this type of subtle racism towards people of color (Solórzano et al., 2000; Sue et al., 2007b). Simply stated, racial microaggressions are “brief, everyday

exchanges that send denigrating messages to people of color because they belong to a racial minority group” (Sue et al., 2007a, p. 273). It is important to note that racial microaggressions are not only endured by Black people, as Sue et al. (2007b) emphasized; rather any, marginalized or oppressed group of people can be the victim of racial microaggressions. Microaggressions are not limited to human encounters only, but they may also be environmental and societal. For example, in the environment, racial identity can be intentionally or unintentionally overlooked if a student of color is wanting to write a book report based on a Black author’s novel, but the school’s library does not have any literary works from Black authors. This type of microaggression strives to invalidate people of color.

Forms of Racial Microaggressions

Racial microaggressions are expressed in three forms: microassaults, microinsults, and microinvalidations (Sue et al., 2008). Microassaults are conscious and explicit acts of racism that are communicated (verbal or non-verbal) in the most direct and outwardly way, such as being called a racial slur, refusing to serve a person of color, or displaying the hood of the Ku Klux Klan (Sue et al., 2008). This form of racism is deliberate, typically conscious, intended to hurt, oppress or discriminate against a person of color (Sue et al., 2008). In his book, Nadal (2018) reminds us of how microassaults can easily affect society on a global level when they become part of political rhetoric. Nadal gives the example of President Donald Trump referring to Mexicans as ‘lazy’ and ‘rapists’ while also expressing how people who practice Islam should not be allowed in the United States. These are microassaults because they showcase intentional and blatant racism. Although some microassaults may not be intended maliciously, they still uncover a

person's biases and stereotypes (Nadal, 2018). Microassaults are most similar to what has been called "old fashioned" racism (Sue et al., 2007b).

Microinsults

Microinsults as compared to microassaults are more subtle expressions of racism that "conveys rudeness and intensity and demean a person's racial heritage or identity. Microinsults represent subtle snubs, frequently unknown to the microaggressor (the person perpetrating a microaggression), but deliver a clear yet hidden insulting message to the recipient of color" (Sue, et al., 2007b, p. 274). This type of microaggression can be verbally or behaviorally expressed and is typically not intentional. Microinsults are based on stereotypes, thus much of the time microaggressors may be unconsciously unaware of their racial biases and prejudices that underlie these microaggressions (Rydell et al., 2010; Nadal, 2018). An example of a behavioral microinsult is when a store associate follows a Black customer around a store or when someone stares at an interracial couple at a restaurant (Nadal, 2018). These examples send the message that Black people steal and people should not date/marry outside of their race. Some examples of verbal microinsults include when a White employer tells a candidate "I think the most qualified candidate should get the job, regardless of race" (Sue et al., 2007b). Another example that happened to me, a Black woman, was when I was interviewing for doctoral programs and a White faculty member said "your parents must have really encouraged you", yet he did not say any such comments to the White prospective students that were also sitting at the table. In both of these verbal examples, the underlying message from the perspective of the person of color is that people of color are not qualified and Black people do not usually excel (Sue et al., 2007b). Although I do not believe the White faculty member

had malice or intended to insult me, in fact I believe he was intending to compliment me (or my Black parents). However, the fact that he had this belief and context in which the statement was said made it a microinsult. Microinsults also can be nonverbal, such as avoiding eye contact with people of color or when a teacher dismisses or does not acknowledge a student of color. These microinsult examples may communicate a message to people of color that they are dangerous, unimportant, or unintelligent (Sue et al., 2007b).

Microinvalidation

The third form of microaggressions is microinvalidation and occurs when the microaggressor excludes, negates, denies, or nullifies the thoughts or feelings, or the experiential reality of a person of color (Ayala, 2020; Sue et al., 2007b). For example, when Asian Americans are told “you speak English well” or when a person with an accent or non-Western name is asked “where are you from?”, the message is that they are not American and they are perpetual foreigners (Sue et al., 2007; Sue et al., 2008). Another example is when people of color are told “I don’t see color” by White people, the message being that people of color’s racial and cultural experiences are inconsequential and White people do not have to acknowledge or “deal with” oppression and racial stratification (Sue et al., 2007b). When two little Black girls are ignored by a Sesame Street character at Sesame Place and their parents share the experience with their White friends, but are told “don’t be so oversensitive” or when a woman is told to “calm down” when she is reporting sexism. The messages received are that racial experiences of the couple and the sexist experience of the woman are being nullified and regarded as unimportant (Nadal, 2018; Sue et al., 2007b).

Different microaggressions are enacted in various environments including educational settings. Several studies have examined microaggressions in higher education and how they impact both students and faculty members of color (Blume et al., 2012; Gomez et al., 2011; Popovich et al., 2018). For example, in one qualitative study, pharmacy student participants of diverse races reported about their experiences and observations of faculty and their treatment of students. The researchers found that faculty committed microaggressions and they were commonly unaware of how they discriminated against their students (Popovich et al., 2018). In another study, students of color reported experiencing statistically significant greater mean number of microaggressions on campus as compared to their White peers which was associated with anxiety, lack of self-efficacy, binge drinking, and alcohol-related consequences (Blume et al., 2012). In another study researchers focused on the experiences of graduate teaching assistants of color and found that the graduate teaching assistants experienced microaggressions that were aimed to invalidate, disempower, and belittle (Gomez et al., 2011). Similarly, Louis et al. (2016) found that all Black university faculty participants reported microaggressions as a daily and common occurrence. Some of the microaggression themes researchers identified included condescending comments meant as jokes, snide remarks, and covert attempts to restrict professional upward mobility. More recently, DeCuir-Gunby and colleagues (2020) found that Black faculty and administrators at both historical black universities and predominantly white universities, experienced racial microaggressions and race-related stress when engaging in coping strategies. Overall, in a systematic review of literature on microaggressions in educational environments or higher education, Ogunyemi and colleagues (2020) found

microinsults were reported 82.5%, microinvalidations 4.5%, microassaults 20%, and institutional microaggressions (e.g. lack of inclusion of minority students, faculty, and administrators; curriculum that does not reflect historical and contemporary experiences; programs that do not support the recruitment, retention and graduation of minority students; and a college/university mission that does not reinforce the commitment to pluralism) in 27.5%. The prevalence of racial microaggressions in society, and particularly educational institutions, demonstrates that racial microaggressors impact Black Americans at every level including in the higher education workplace and learning environments.

To better understand and validate the themes of microaggressions, Sue et al. (2007a) identified nine racial microaggression themes among Asian Americans that supported their proposed taxonomy of racial microaggressions. The themes include: alien in one's own land, ascription of intelligence, color blindness, criminality/assumption of criminal status, denial of individual racism, myth of meritocracy, pathologizing cultural values/communication styles, second-class status, and environmental invalidation. Using a semi-structured interview, another study further investigated Sue et al.'s (2007a) proposed microaggression themes with Black students (e.g., 4 men and 9 women; Sue et al., 2008). They found that from the eight microaggression themes, four were similar or overlapping: ascription of intelligence, second-class citizenship, assumption of criminal status, and pathologizing cultural values/communication styles. The theme of denial of racism was reported as undeveloped for this study because only one participant affirmed it. Additionally, two new themes emerged, including assumption of inferior status and assumed universality of the Black American experience (Sue et al., 2008). The

researchers argued that racial microaggressions are stressful experiences that lead to feelings of powerlessness and invisibility. These studies shed more light on the commonalities of racial microaggressions, but also on the distinct themes or features based on identified race.

The experience of racial microaggressions has major implications for people of color. Several studies show significant associations between a greater frequency of racial microaggressions and negative mental health outcomes such as depressive symptoms and negative affect (Constantine, 2007; Mazzula & Nadal, 2015; Nadal et al., 2014). Black men and women frequently report feelings of racial rage, frustration, low self-esteem, depression, and other strong emotional reactions when subjected to microaggressions. Investigators also have confirmed that racial microaggressions may be more harmful to people of color than overt acts of racial hatred and bigotry because the hidden, unintentional nature of microaggressions allows them to flourish outside the level of conscious awareness of the microaggressors, therefore infecting interracial interactions, institutional procedures and practices, and social policies (Franklin, 2004; Hinton, 2004; Sue, 2003).

Investigation in the microaggression research indicates that racial microaggressions lead to psychological distress in Black Americans and that race-related stress occurs not only in response to overt racism but also in response to more indirect and subtle forms of racism. Microaggressions have a harmful and lasting psychological impact for an unknown amount of time, perhaps ranging from days to years (Nadal, 2018). In one study, participants reported feelings of anger, frustration, doubt, guilt, or sadness when they experience microaggressions (Sue et al., 2008). The researchers also

found that the participants continued to feel emotional pain as they spoke about and tried to reconcile the microaggression incidents. Sue et al. (2008) suggest that this reaction implies that reliving the experience of being microaggressed has harmful effects and is painful, both psychologically and physically.

Gendered Racial Microaggressions

Although the study of microaggressions originally centered on racism, the framework expanded to include multiple identities to explore how intersecting identities apply to the microaggression framework. For example, Sue et al. (2007a) conducted a qualitative study to explore racial microaggressions among Asian American students and working professionals. They found that both Asian American men and women experienced the racial microaggression theme of feeling like an “alien in one’s own land,” whereas, Asian American women uniquely reported feeling exoticized. Although this study did not specifically focus on the intersection of race and gender, the findings suggest that these intersecting identities may differentially impact individuals’ experiences (Sue et al., 2007a). This type of oppression experienced by the Asian American women in the study is called a gendered racial microaggression. Gendered racial microaggressions are defined as “subtle and everyday verbal, behavioral, and environmental expressions of oppression based on the intersection of one’s race and gender” (Lewis et al., 2013, p. 51). For example, Black women may receive criticism when they wear their hair natural or they might be sexually objectified and receive unwanted or degrading comments about their curvy body shape (Lewis, 2019). Lewis (2019) explained that these types of comments originate from evaluating Black women

against White, Eurocentric standards of beauty suggesting that Black women are less desirable (Lewis, 2019).

Researchers examined the experiences of racial microaggressions among Black faculty and although gender was not one of their predictors, they found that the intersecting identities of gender and race articulated different experiences (Constantine et al., 2008). Constantine and colleagues (2008) found that both Black men and women faculty members experienced the racial microaggression theme of “alternating feelings of invisibility and hypervisibility”, whereas, Black women reported having difficulty discerning whether subtle discrimination was based on race, gender, or the interaction of the two. In another study, Nadal and colleagues (2015) also took interest in the intersecting identities of multiple groups of people and examined how different intersecting identities (e.g., race, gender, sexual identity) impact microaggressions. They found that intersecting identities brought forth differing microaggression themes as compared to studies that only assessed for one identity or identities separately. Specifically, one of the findings indicated that women of color were viewed as inferior, however this varied based on skin tone (Nadal et al., 2015). Although both of these studies did not solely focus on gendered racial microaggressions of women of color or specifically Black women, the findings gathered evidence in support of future studies that stress the ways in which microaggressions can be experienced based on the intersecting identities of race and gender.

Building on the intersectionality and empirical work on microaggressions along with Essed’s (1991) work on everyday racism and gendered racism, Lewis et al. (2010) explored the influence of gendered racial microaggressions among Black women college

students. In one of the first qualitative studies regarding gendered racial microaggressions, the researchers identified three core gendered racial microaggressions themes. The first core theme was Projected Stereotypes, which included: *The Expectation of the Jezebel* (feeling exoticized or sexualized by men, particularly White men) and the *Expectation of the “Angry Black Woman,”* (feeling an expectation by White peers to fulfill the stereotype of an “Angry Black Woman”; Lewis et al., 2010). The second core theme was Feeling Silenced and Marginalized, which included: *Power Struggle for Respect* (feeling authority and/or intellect questioned or challenged in the classroom as a peer and/or teaching assistant) and *Invisibility* (feeling ignored by White peers on campus and in the classroom). The third and final core theme was Assumptions about Style and Beauty, which included: *Assumptions about Communication Styles* (assumptions made by White peers about communication styles and cultural values) and *Assumptions about Physical Appearance* (feeling like stereotypes were made about aspects of physical appearance, such as hairstyles, facial features, and body size (Lewis et al., 2010). The core themes that emerged built on earlier work that exposed the media (Bany et al., 2014; Pierce, 1979) for its stereotypical images while beginning to draw attention to intersectionality that makes up gendered racial microaggressions among Black women.

Further, Lewis and researchers (2013) applied intersectionality theory to the study of gendered racial microaggressions by drawing on Sue et al.’s (2007a) research on racial microaggressions and gendered racism (Essed, 1991). Similar to Lewis et al.’s (2010) findings, Sue et al.’s (2007a) results indicated and reaffirmed three core gendered microaggression themes. To further emphasize the unique intersectionality of Black women and the gendered racial microaggressions that accompany their intersectionality,

Lewis et al.'s (2016) qualitative study findings also suggested that Black women experienced microaggressions based on the common stereotypes. The researchers found that Black women experience microaggression based on the perpetuated stereotypes about Black womanhood.

Gendered racial microaggressions, adapted from Sue et al.'s (2007b) definition of racial microaggressions and Sue's (2010) definition of gendered microaggressions, are subtle and considered more contemporary forms of racism and sexism. Within this gendered microaggression framework, the three forms of microaggressions (e.g., microassaults, microinsults, and microinvalidations) continue to exist. These three forms are similar to how racial microaggressions were defined, except gendered racial microaggressions represent the intersection of subtle racism and sexism. The key difference with gendered racial microaggressions is that there is a specific focus on the intersecting aspects of subtle racism and sexism, rather than a focus on their differences.

Building on this work and placing an emphasis on intersectionality, Lewis and Neville (2015) developed the Gendered Racial Microaggressions Scale (GRMS) to measure Black women's experiences of gendered racial microaggressions. The GRMS assesses for common stereotypes and different types of subtle gendered racism including people making sexually inappropriate comments about a Black woman's body, being ignored in work or academic settings, being assumed to be "too dominant" and "too aggressive," and being accused of being angry while speaking calmly (Lewis and Neville, 2015). Previous research using the GRMS has indicated that Black women who reported greater experiences of gendered racial microaggressions were significantly related to

greater psychological distress and negative mental and physical health outcomes (Lewis & Neville, 2015; Lewis et al., 2017).

Altogether, microaggressions are often unconsciously delivered in the form of subtle snubs or dismissive looks, gestures, and tones. They are pervasive and automatic in daily conversations and interactions that microaggressions are often dismissed and rationalized as being innocent and harmless. Yet, as indicated previously, microaggressions are detrimental to persons of color because they impact their mental and physical health and well-being (Sue et al., 2007b).

Colorist Microaggressions

Skin color is considered to be a defining characteristic of race according to many scholars (Carter, 1995; Jones & Carter, 1996). For example, races have been named using color words (e.g., Black, White, etc.) and the term “people of color” is commonly used in reference to racial and ethnic minorities. Accordingly, the concept of racial stratification, or the order in which individuals in society are ranked based on race, is largely based on the social standing of groups based on factors including skin color (Marger, 2006). Although this term was coined to stratify between racial groups, the term colorism, in a sense, is racial stratification for Black people. Colorism or skin tone stratification is the process by which people of color, in this case Black Americans, are awarded advantages based on their phenotypical proximity to whiteness (Reece, 2019). That is, Black people who look more stereotypically White (“Eurocentric beauty”) with lighter skin, thinner noses, thinner lips, straighter hair, lighter eyes, etc., tend to be privileged relative to those who look more stereotypically Black with darker skin, thicker noses and lips, and tightly coiled hair (Hunter, 2007). Hall et al. (2018) defines a colorist microaggressions as a

“put-down based solely on skin tone, facial features, and hair texture. Hence, a victim of a colorist microaggressions may be interacting with someone of the same race, unlike in the case of racial microaggressions, where people of color are interacting with someone of a different race” (p. 494). For this study, we will focus on skin tone and hair style/texture as the two defining features of the Eurocentric beauty standard that leads to colorism and colorist microaggressions.

The effects of colorism are almost pervasive, with lighter skinned Black Americans benefiting from higher wages, more education, better mental and physical health, lower conviction rates, and shorter prison sentences (Hunter, 2007; Reece, 2019). For example, lighter-complexion Black Americans are also considered more attractive and are disciplined less and more mildly in school (Hunter 2007; Reece, 2019). Hall and colleagues (2018) found that colorist microaggression themes were similar to Sue et al.’s (2008) racial microaggression findings and that forms of gendered racial and colorist microaggressions may be more severe for darker-skinned Black women. For instance, there are low achievement expectations for dark-skinned females and dark-skinned females are perceived as menacing, intimidating, and aggressive (Hall et al., 2018). One study found that skin color was strongly associated with lower levels of education for dark-skinned females (Saperstein & Penner, 2012). Specifically, the researchers found that light-skinned Black women were more likely to have a college degree as compared to their dark-skinned peers. Additionally, dark and medium-skinned Black women were less likely to have completed high school as compared to their light-skinned peers (Saperstein & Penner, 2012). Similarly, the researchers found that dark-skinned respondents reported lower average household incomes than lighter-skinned respondents.

Harrison and Thomas (2009) reported that dark-skinned women were less likely to obtain a job if competing with a lighter-skinned peer, and they earned 10–12% less than lighter-skinned employees. Also, dark-skinned women were reported to have fewer housing options than lighter skinned women (Hunter, 2007). Just like gendered racism, colorism is experienced in many parts of society, such as educational institutions, workplaces, housing, and criminal justice systems.

Colorism and colorist microaggressions, similar to gendered racial microaggressions, impact psychological well-being (Reece, 2019). For instance, Hunter (2007) found higher depression rates in dark-skinned Black women as compared to light-skinned Black women. In Hall's (2017) qualitative study, she found that dark-skinned participants endorsed feelings of helplessness regarding limitations on social, economic, and relational opportunities they experience based on their skin tone. Feelings of being inept, unwanted, and inferior were endorsed by some dark-skinned participants when discussing messages that they have received about not being the ideal light-skinned romantic partner (Hall, 2017).

Although the key theme of Black women's beauty being positioned against Eurocentric standards of beauty has received attention in the literature (Awad et al., 2015; Collins, 1991; Davis et al., 2019; Sue et al., 2008), Black women's beauty has rarely been examined with a specific focus on microaggressions and the intersectionality of gender and race. For instance, Tribble and colleagues (2019) researched messages that are communicated to Black women regarding standards of beauty. They found that most media and the family members and peers of their Black women participants communicated messages that endorsed Eurocentric beauty standards which had

implications for anxiety and depressive symptoms among the sample. Tribble et al.'s (2019) study supports the idea that Black beauty is seen as secondary to Eurocentric beauty, however the researchers did not specifically evaluate how Eurocentric beauty standards impacts gendered racial microaggressions based on specific skin tone or hair style/texture. In another study, Awad and researchers (2015) found that some Black women participants endorsed conforming to Eurocentric beauty standards, especially with hair styles. Specifically, the researchers found that participants defined Eurocentric-type of hair styles as society's benchmark for beauty. Additionally, the participants reported that Eurocentric hairstyles were correlated with being viewed as professional, successful, and able to prosper in the workplace by their White colleagues (Awad et al., 2015).

Similar to the previously mentioned studies by Awad et al. (2015) and Tribble et al. (2019), participants in Sue et al.'s (2008) study reported having their natural hair texture and style negatively judged by their White peers at work, thus they felt inclined to change their hair style to reflect Eurocentric beauty. According to Reece (2019), this is a classic tenet of colorism and a type of colorist microaggression that can be a daily experience for some Black women (Hall et al., 2018). Opie and Phillips' (2015) research also exemplifies colorist microaggressions regarding hair. They found that Black employment candidates who had Afrocentric hairstyles as opposed to Eurocentric hairstyles, were rated as less professional and less likely to succeed by White participants. However, when both Black and White employment candidates with Eurocentric hair styles were evaluated by White participants, Opie and Phillips (2015) found that race was not significant, as Black and White employment candidates with

straight hair were rated the same. These findings also support the idea of colorism and that Eurocentric beauty is regarded as standard.

To further understand colorist microaggressions, we must recall that Hall et al.'s (2018) definition stated that colorist microaggressions can be committed by people within the same group. This is also known as within-group lateral oppression which is when members of oppressed groups use oppressed views and stereotypes to further oppress people within their same group (David & Derthick, 2018). For example, to elaborate on Opie and Phillips (2015) second study, they found that Black participants rated Afrocentric hairstyles of Black employment candidates as less professional compared to the ratings of White participants who rated the same Afrocentric hairstyles. In another study, Hall et al. (2018) found that both dark-skinned participants and light-skinned participants described dark-skinned women as undesirable and considered not "pretty". In both studies by Opie and Phillips (2015) and Hall and colleagues (2018), Black participants' responses about their own group, based on color and hair style, are examples of how colorist microaggressions can be committed by people within the same group (Hall et al, 2018). This type of lateral oppression is another way in which inaccurate and harmful ideologies can be transmitted, sustained, and used as gendered racial microaggressions. By drawing attention to colorism and colorist microaggressions regarding the within group differences among Black women's skin tone and hair textures/styles, we gain a better understanding of how Eurocentric beauty standards can permeate interracial and intra-racially (Hall et al., 2018). This framework also showcases how continuous colorist and racial gender microaggressions impact the beliefs

about Black womanhood. Further research needs to be done to better grasp the how colorism and colorist microaggressions influence gendered racial microaggressions.

Race-Related Trauma

Psychological trauma occurs when an event, series of events, or circumstances are experienced as physically or emotionally harmful or threatening and has lasting adverse effects on a person's functioning and well-being (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Racial differences have been observed in rates of trauma exposure. For example, Latinx and Black Americans are more likely to report experiencing singular traumatic events and ongoing trauma as compared to their White peers (Hatch & Dohrenwend, 2007). One explanation for the higher rates of trauma exposure for people of color is that people of color experience racist or race-based events that are potentially victimizing and traumatizing (Bryant-Davis & Ocampo, 2005). Further, racist events are cognitive/affective assaults on one's race or ethnicity that can be in the form of verbal attacks, physical attacks, or threats to livelihood. Specifically, these events are racially motivated and they are intended to dehumanize and gain or sustain perceived power, systemically or individually (Bryant & Ocampo, 2005). Racist events can be sudden or systematic, intentional or unintentional, or overt or subtle and can be perpetrated by an individual, a group of people, or an institution. According to Carter (2007), negative race-based events are unique events that can lead to extreme levels of stress and in turn have the potential to produce traumatic reactions or trauma symptoms. Racist events may be perceived as threatening, uncontrollable, and unexpected which can lead to emotional and psychological disruption that can linger (Carter, 2007). Race-based trauma model is comprised of literature related to discrimination, racial discrimination,

related stress, and life events (Paradies et al., 2015). Bryant-Davis (2007) defined race-based traumatic stress as:

“(a) an emotional injury that is motivated by hate or fear of a person or group of people as a result of their race; (b) a racially motivated stressor that overwhelms a person’s capacity to cope; (c) a racially motivated, interpersonal severe stressor that causes bodily harm or threatens one’s life; or (d) a severe interpersonal or institutional stressor motivated by racism that causes fear, helplessness, or horror” (p.135).

Race-related trauma also encompasses humiliating and shaming events or witnessing harm to other people of color due to overt, subtle, or perceived racism (Carter, 2007). Although Black individuals are more exposed to racial discrimination than are other racial groups (Chou et al., 2012), many other groups such as Indigenous people, Latinx, and Asian Americans also endure race-related trauma and stress. Additionally, intersectional identities such as gender identity, sex, sexual orientation, and ethnic microaggressions contribute to the aggregated effects of racial trauma (Comas-Díaz & et al., 2019). For some people of color, racism, especially overt racism, can be life threatening due to violence (by law-enforcement and non-law enforcement) that is related to race (Comas- Díaz et al., 2019). Other potential causes for racial trauma include subtle racism such as pervasive racial microaggressions which accounts for the cumulative racial trauma that can leave lasting effects on those who are perpetrated (Williams et al., 2018).

Carter (2007) provided a theoretical framework to better understand high levels of Post-Traumatic Stress Disorder (PTSD) among people of color. He argued that

experiences of race-based events such as discriminatory harassment are best understood as traumatic events, and like other traumatic events, race-based incidents can lead to the development of PTSD symptoms. For example, in a sample of Asian American military veterans, race-related incidents were found to contribute uniquely to PTSD symptoms and generalized psychiatric distress (Loo et al., 2001). In a non-veteran sample, Polanco-Roman et al. (2016) found racial discrimination was associated with symptoms similar to those of PTSD. Chou and colleagues (2012) found that Black participants who reported perceived racism were significantly more likely than Asian American participants to endorse PTSD over their lifetime. Additively, these findings suggest that race-based events are associated with numerous mental and physical health outcomes and seem to play a key role in trauma experienced by people of color. It is important to note that although not all race-based events result in trauma symptoms, scholars are increasing a call for a greater focus on trauma resulting from experiences with racism (Butts, 2002; Helms et al., 2012; Holmes et al., 2016). However, one difficulty is creating a common understanding that race-based events may be similar to other events that are commonly considered as trauma.

To showcase the similarity of race-based events and other forms of traumatic events, Bryant-Davis (2005), built on Wyatt's (1990) novel work on the parallels of PTSD symptoms between race-based incidents and child sexual abuse. For the current study, it is essential to note that the intention is not to compare the severity or the importance of one trauma to another trauma nor is it the intention to generalize that child sexual abuse and race-based incidents are the same. Rather, the intention is to gain a deeper understanding of how race-based trauma has parallels or common themes of

sexual abuse in terms of perpetrator motivations and trauma symptoms of those victimized. Bryant-Davis (2005) discussed the traumatic parallels among rape, domestic violence, and race-based events. For example, Bryant-Davis explained that race-based events and sexual assault are both motivated by the desire of the perpetrator to gain or maintain power and privilege fueled by inaccurate cognitions or stereotypes about those victimized. For people of color, a perpetrator may believe that people of color are lazy, uneducated, criminal, or uncivilized, thus perpetrators attempt to maintain power and privilege by committing race-based events such as microaggressions. Likewise, Bryant-Davis (2005) contends that perpetrators of sexual assault are also motivated by power fueled by the idea that their victims (typically women) are “promiscuous, enjoy being raped, are liars, are teasers, and are untrustworthy” (p.487). In accord with Wyatt’s (1990) previous research, Bryant-Davis (2005) proposed race-based events and sexual assault can produce emotional and psychological distress. Sexual assault can precipitate PTSD symptoms such as anger, fear, anxiety, difficulty sleeping, depression, and physiological symptoms such as headaches and nausea. People of color who have experienced race-based events may have trouble trusting and connecting with those who are similar to their perpetrators, which is parallel to reactions of survivors of sexual assault. Additionally, some survivors of both types of victimization may use denial as a coping mechanism to rationalize the sexual assault or those impacted by race-based events may deny that the assault was due to race (Bryant-Davis, 2005). Also, survivors of both sexual or racial assaults may experience shame, shock, disbelief, and dissociation, which can prevent them from responding to the assault in an adaptive manner (Williams et al., 2018). The victim may then feel shame about not being able to respond or defend

themselves, which may in turn lead to low self-esteem and maladaptive coping behaviors (Carlson et al., 2018).

When examining the prevalence of overall trauma, researchers have reported higher rates of traumatic experiences among people of color when compared with the general population (Roberts et al., 2011). For example, Roberts et al. (2011) found in a sample of low socioeconomic adults that Black participants had higher rates of PTSD (8.7%) than White (7.4%) and Latinx (7.0%) and Asian (4.0%) participants after controlling for the number of reported exposures to traumatic events over the life span. In a longitudinal study, Sibrava et al. (2019) found evidence of chronic PTSD in Black and Latinx adults, highlighting the important role that racial and ethnic discrimination may play in the development of PTSD among these populations. Furthermore, some studies have shown that people of color tend to experience more severe psychological, emotional, and physical symptoms associated with trauma (Vin-Raviv et al., 2013).

In one meta-analysis examining relationships between racial discrimination and trauma, Kirkinis et al. (2018), reported that 70% of the trauma symptomology outcomes were statistically significantly associated with racial discrimination. These studies support previous research and theories that race-based traumatic stress is associated with traumatic symptoms (Bryant-Davis 2005; Carter, 2007; Wyatt, 1990). Given that correlations between people of color and the experience of traumatic events related to racial discrimination were moderate, Kirinis et al. (2018) speculated that current PTSD conceptualizations of trauma may not be adequately capturing the full experience of race-based trauma.

Along with their independent psychological impact, racist events may exacerbate trauma symptoms in individuals who experienced previous traumas (Buchanan, 2004). For example, Buchanan found in a study of Black female survivors of sexual harassment that had additional experiences of racial harassment, racial harassment accounted for 31% of the variance in PTSD symptoms (Bryant & Ocampo, 2005). Kirkinis and colleagues (2020) found a strong relationship between race-based traumatic stress and trauma symptoms using the Trauma Symptom Checklist. These results indicate that race-based traumatic stress is significantly related to trauma symptoms including anxiety, dissociation, depression, and sleep disturbance. Researchers have documented that interpersonal trauma in particular tends to produce more severe emotional reactions than do experiences of natural disasters or life event–related traumas (i.e., natural disasters, automobile accidents, etc.; Courtois, 2004), which is particularly important, given that race-based events tend to be interpersonal in nature. The literature provides evidence for the association between race-based trauma and traumatic symptoms, however further research needs to be conducted to evaluate the subtler forms of race-based events, specifically gendered racial microaggressions and how that type of victimization impacts trauma symptoms.

Insidious Trauma

An essential piece of gendered racism research is that gendered racism contributes to adverse mental health outcomes among African American women (Perry et al., 2012). A wealth of evidence indicates that perceived racism is significantly associated with general psychological outcomes like subjective well-being, psychological distress, symptoms of anxiety or depression, and feelings of anger, threat, and harm (Brondolo et

al. 2005; Brown et al. 2000; Pieterse et al. 2012). Though there is less evidence linking racism experiences to clinically diagnosable psychiatric disorders, studies suggest a possible relationship to major depression, generalized anxiety disorder, and psychosis among Black men and women (Brown et al. 2000; Bryant-Davis et al., 1999; Karlsen et al. 2005). In addition, some researchers suggest that there is an association between racism, sexism, and trauma symptoms for people of color, so much so, that the racist and sexist events need to be evaluated more closely to potentially be categorized as a clinically-identified event for trauma related disorders (American Psychiatric Association [APA], 2013; Bryant-Davis & Ocampo 2005; Comas-Di'az & Jacobsen, 2001; Ford, 2008).

The clinical definition of trauma is described as a stressor which can be a single event or series of events that causes a reaction which causes some degree of psychological impairment and can include trauma-and stressors-related disorders such as Posttraumatic Stress Disorder (PTSD) and Acute Stress Disorder (APA, 2013; Moody & Lewis, 2019). Traumatic stress is a broader term used to describe non-clinical populations, whereas PTSD is a more appropriate term when conducting research on individuals who meet clinical criteria for PTSD (Moody and Lewis, 2019). Thus, traumatic stress can encompass individuals' reactions to events that are considered as traumatic but fall outside clinical definitions of a traumatic event. Due to the nature and subtleness of gendered racial microaggressions, it is unlikely that a microaggression would fit the necessary Criterion A for a PTSD diagnosis defined by the Diagnostic Statistical Manual of Mental Disorders (DSM-5; APA, 2013).

According to the DSM-5, criterion A for PTSD requires trauma that includes exposure to death, threatened death, actual or threatened serious injury, or actual threatened sexual violence (APA, 2013). Exposure to death can include direct exposure, witnessing, learning that the event happened to a relative or close friend, or experiencing or listening to extreme details of a trauma, such as first responders (APA, 2013). After assessing for a trauma, the remaining PTSD symptoms (intrusions, avoidance, negative alternations in mood and cognitions, and hyperarousal) can be assessed. To better articulate the trauma symptoms that may be associated with gendered racial microaggressions, the term insidious trauma is more encompassing and is defined by “multiple lower level harmful events that occur through an individual’s lifetime” (Watson et al., 2016, p. 656). Insidious trauma also is based on identity (e.g. race, gender) and is directed toward those who hold oppressed identities by people who hold power and privilege (Watson et al., 2016). However, the DSM-5 does not account for insidious trauma within criterion A for PTSD which also means that PTSD does not include continuous and routine events of daily oppression (APA, 2013; Watson et al., 2016). Feminist and trauma scholars have encouraged mental health professionals to use empirical literature as support to extend the definition of trauma to include any identity-based experience of oppression, so not just limited to racism and sexism, but also classism, heterosexism, ableism, etc. (Brown, 2013; Root, 2001). For example, Sue et al., (2008) observed many of their participants in distress (e.g., crying, fluctuations in voice volume, stammering over words) as result of retelling their stories of oppression and describing the impact of the trauma experienced from enduring microaggressions. Watson and colleagues (2016) posit that expanding the definition of clinical trauma will

allow for additional resources for those victimized, but it will also reiterate the damaging effects of racism and sexism as possible precursors to trauma symptoms.

Trauma Symptomatology and Gendered Racial Microaggressions

Several studies (Carter et al., 2020; Moody, 2019; Polanco-Roman, 2016; Watson, 2016) have provided strong empirical evidence to support the association between race-based events and trauma symptoms, however few studies have examined gendered racial microaggressions as an event that can lead to trauma symptoms. In an empirical investigation of Black women's intersecting identities of race, class, and gender and their experience with oppression, Gaffey and colleagues (2019) found that despite comparable rates of trauma, Black women reported higher PTSD symptoms compared to White Latina/x and non-Latina/x women. APA (2007) also identified that women of color may experience a higher prevalence of PTSD symptoms due to the additional trauma and multiple forms of gendered racism that they endure. In another study, Torres and Taknint (2015), using a sample of 113 Latinx adults, examined the relationship between ethnic identity, self-efficacy, trauma symptoms, and racial microaggressions. Researchers found that traumatic stress symptoms mediated the relationship between racial microaggressions and depression therefore indicating that racial microaggressions were positively associated with trauma symptoms. Torres and Taknint (2015) also found that ethnic identity and self-efficacy were both moderators between microaggressions and trauma symptoms, such that participants with stronger ethnic identity and self-efficacy reported less trauma symptoms. Although neither study used a gendered racism measure to fully capture intersecting identities, the findings draw attention to how subtle forms of racism (microaggressions) can be associated with trauma symptoms. Moreover, these

studies demonstrated the negative influence of insidious trauma on mental health and wellbeing.

Even though some experiences of women of color may be shared among racial groups, one of the aims of the current study is to gain a deeper understanding of the gendered racist experiences of one particular group of women of color, Black women. There is very limited research that has examined gendered racial microaggressions and trauma symptoms in Black women; however, recently Moody and Lewis, (2019), using the Gendered Microaggression Scale (Lewis & Neville, 2015) found a positive relationship between the frequency of gendered racial microaggressions and greater trauma symptoms. They also found that internalized gendered racial oppression moderated the relationship between gendered racial microaggressions and trauma symptoms. The results suggest that gendered racial microaggressions impact trauma symptoms and internalizing gendered racial oppression strengthens the relationship between microaggressions and trauma symptoms internalized gendered racial oppression. Another one of the few studies that used a gendered racial microaggression scale, assessed Black women living with HIV and found that gendered racial microaggressions was the only variable among race-related discrimination, HIV-related discrimination, and demographic variables such as age, education, and income level that was significantly associated with total PTSD symptoms (Dale & Safren, 2019). They also found that gendered racial microaggression themes related to beauty/sexual objectification and the Strong Black Woman stereotype contributed uniquely and in intersecting ways with PTSD symptoms. Similar to both studies, the aim of the current study is to continue this

direction of research to better understand the unique experiences of Black women and how gendered racial microaggressions impact well-being and trauma symptoms.

Present Study

In the current study, we applied an intersectional framework to thoroughly examine the relations between the insidious trauma of gendered racial microaggressions and trauma symptoms among Black women. We examined whether skin tone and hair style/texture moderate the relations between gendered racial microaggressions and trauma symptoms. The primary research questions and hypotheses for the current study include:

1. What is the association between gendered racial microaggression on symptoms of trauma among Black women (see Figure 1)?

Hypothesis 1: Greater gendered racial microaggressions will influence higher scores on trauma symptoms.

2. Does skin tone or hair style/texture moderate the relation between gendered racial microaggressions and trauma symptoms among Black women (see Figure 1)?

Hypothesis 2a: Skin tone will moderate the relation between gendered racial microaggressions and trauma symptoms.

Hypothesis 2b: Hair style/texture will moderate the relation between gendered racial microaggressions and trauma symptoms.

Hypothesis 2c: The interaction of skin tone and hair style/texture will moderate the relation between gendered racial microaggressions and trauma symptoms.

The secondary research questions and hypotheses include:

3. What is the association between gendered racial microaggression on symptoms of depression and anxiety among Black women?

Hypothesis 3a: Greater gendered racial microaggressions will influence higher scores on depression symptoms.

Hypothesis 3b: Greater gendered racial microaggressions will influence higher scores on anxiety symptoms.

4. Does skin tone or hair style/texture moderate the relation between gendered racial microaggressions and depression and anxiety symptoms among Black women?

Hypothesis 4a: Skin tone will moderate the relation between gendered racial microaggressions and depression and anxiety symptoms.

Hypothesis 4b: Hair style/texture will moderate the relation between gendered racial microaggressions and depression and anxiety symptoms.

Hypothesis 4c: The interaction of gendered racial microaggression and skin tone and gendered racial microaggressions and hair style/texture will moderate the relation between depressive symptoms and anxiety symptoms.

CHAPTER III

METHODOLOGY

The purpose of this chapter is to describe the research methodology for this quantitative study that examines the relation between gendered racial microaggressions, skin tone, hair style/texture, and trauma symptoms and depressive and anxiety symptoms among Black women. A cross-sectional design (Busk, 2005) was used as the study design to examine the relation between predictor variables and outcome variables at a given time point (Busk, 2005). This chapter describes participants, procedures, measures, procedures, and statistical analysis.

Participants

To participate in this study, all individuals had to be at least 18 years of age, reside in the United States and identify as Black, African-American, and/or of African-decent woman. Participants consisted of 171 Black women who ranged in age from 18 to 66 with a mean age of 31.25 years ($SD = 11.17$) and median of 28 years. A majority of the sample (83.0%, $n = 142$) identified as Black or African American, 12.2% ($n = 21$) identified as Black or African, 4.0% ($n = 7$) identified as multicultural or multiracial, and .58% ($n = 1$) identified as Caribbean/West Indian. A majority of participants (59.0%, $n = 101$) had a bachelor's or four-year degree, 21.6% ($n = 37$) reported having a high school diploma or equivalent, 16.3% ($n = 28$) had some college, 2.9% ($n = 5$) completed some graduate or professional degree. Regarding hair style/texture, 25.7% ($n = 44$) of participants had natural hair (without straightening, chemical relaxer, or use of a flat

iron), 20.4% ($n = 35$) reported straight hair (naturally straight, chemically relaxed, or use of a flat iron); 15.7% ($n = 27$) wore a straight or wavy wig, 12.8% ($n = 22$) wore braids of any kind (e.g. dreadlocks, twists), 9.3% ($n = 16$) wore a curly wig, 7.0% ($n = 12$) wore a straight or wavy hair weave, 2.9% ($n = 5$) wore a curly hair weave, 2.9% ($n = 5$) reported that their hair style/texture was not listed within the options, 2.34% ($n = 4$) reported wearing a natural wig, .58% ($n = 1$) reported wearing a natural hair weave. Skin tone had a range of 3 to 9 with mean skin tone of 6.5 ($SD = 1.36$).

Procedure

We obtained Institutional Review Board approval prior to the start of data collection and used a snowball sampling method to obtain our sample of Black women. Participants who self-identified as Black women were recruited through Facebook advertisements and posts, flyers, email listservs, and Black student and alumni organizations including National Pan-Hellenic Council (e.g., Black sororities), and other Black/African-American women social groups/clubs, agencies, and organizations. We used a Qualtrics.com, web-based survey to collect data. Participants used an anonymous hypertext link to access the survey website where they further informed that the purpose of the study was to better understand Black women's experiences of gendered racial microaggressions in the United States. Before beginning the survey, participants read a consent page and selected the "next" button if they agreed to participate. The survey took approximately 15 minutes to complete, and upon completion, participants were given the option to voluntarily and confidentially enter their email address in a drawing to win one of five \$20 Amazon gift cards. To protect confidentiality, the drawing database was separate from the research survey. After completing the survey, participants were

provided with resources they could access if they experienced any distress in relation to completing the survey.

Measures

Demographic questionnaire

A demographic questionnaire constructed for the study obtained information about participants' age, gender, race and/or ethnic background, geographic location, and education level. Demographic variables were controlled for the main analysis of the study. Additionally, participants were to respond to a question regarding their experiences of direct trauma (according to DSM-5 criteria A for PTSD), in order to control for the influence of such events on trauma symptoms (Anytime in your life, have you experienced a traumatic event that includes exposure to actual or threatened death, serious injury or sexual violence?").

Gendered racial microaggressions

Gendered racial microaggressions were measured using the Gendered Racial Microaggressions Scale (GRMS; Lewis & Neville, 2015). The GRMS is a 26-item measure assessing nonverbal, verbal, and behavioral negative racial and gender insults experienced by Black women. The measure has four subscales including: Assumptions of Beauty and Sexual Objectification (11 items, $\alpha = .87$), Silenced and Marginalized (7 items, $\alpha = .88$), Strong Black Woman Stereotype (5 items, $\alpha = .74$), and Angry Black Woman Stereotype (3 items, $\alpha = .75$). Sample items "I have been told I am too independent"; and "Someone made a negative comment to me about my skin color/skin tone." Participants were asked to report the frequency of their experiences in the past year on a 6-point Likert-type scale ranging from 0 (*never*) to 5 (*once a week or more*). Scores

were averaged to achieve a total mean frequency score. Convergent validity for the GRMS has been supported by significant positive correlations with measures of racial and ethnic microaggressions, perceived sexist events, and psychological distress (Lewis & Neville, 2015). Within a community-based sample of Black women, the GRMS has demonstrated excellent internal consistency with ($\alpha = .92$) (Lewis & Neville, 2015; Lewis et al., 2017). Internal consistency for this study sample was .91.

Skin tone

A skin tone self-report questionnaire constructed for the study asked participants about their skin tone. Previous quantitative and qualitative colorism studies have used self-report measures to determine participants' skin tone (Hall, 2017; Reece, 2019; Slaughter-Acey, 2019) as there is not a universal constructed measure that has been created and validated for Black women. Participants were asked to best describe their skin tone based on the provided skin tone color guide/scale (see *figure 3.*). In the current study, there were 10 options (see *figure 3.*) to select skin tones that reference the spectrum of the diverse skin tones of Black women. Additionally, participants were asked to qualitatively self-describe their skin tone by typing their free response.

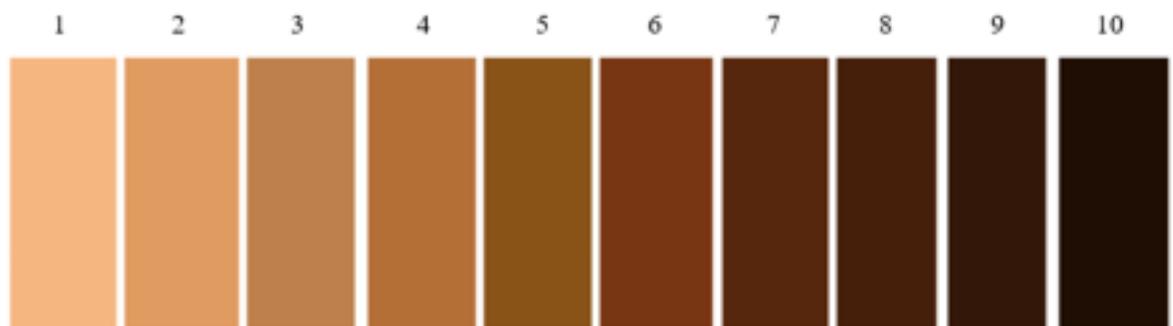


Figure 3. Skin Tone Color Guide/Scale

Hair style/texture

A hair style/texture questionnaire constructed for the study asked participants about their hair. Participants selected their hair style/texture based on a predetermined hair style/texture options including natural (without straightening or relaxing); braids (of any kind), twists, dreadlocks; straight (naturally straight or relaxed); hair weave (straight or wavy); hair weave (curly); hair weave (natural); wig (straight or wavy); wig (curly); wig (natural); or my hair style/texture is not listed within the options.

Trauma symptomatology

Trauma symptoms were assessed using the PTSD Symptom Checklist for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; PCL-5; Weathers et al., 2013). The PCL-5 is a 20-item measure that assesses traumatic symptoms over the past month and according to the DSM-5 symptom criteria. When used in research for non-clinical populations, DSM-5 Criterion A is often excluded (Watson et al., 2016). We did not ask participants to respond to Criterion A because it uses a narrow clinical definition of a traumatic event and our aim is to focus on participants' subjective experiences of traumatic stress. Instead, we asked participants to keep in mind their responses to items from GRMS as they respond to items on the PCL-5. The items on the PCL-5 fall under four clusters that correspond to symptom criteria: Cluster B (intrusion symptoms), Cluster C (persistent avoidance), Cluster D (negative alterations in cognitions and mood), and Cluster E (increased arousal). Items are rated on a 5-point Likert-type scale, ranging from 0 (*not at all*) to 4 (*extremely*). Scores are summed to generate a total score ranging from 0 to 80, with higher scores indicating a presence of trauma symptoms. An example item is "In the past month, how much were you bothered by having strong negative feelings such as fear, horror, anger, guilt, or shame?" A cutoff score of 30 or

above has been recommended to screen for PTSD while scores lower than 30 may indicate subthreshold symptoms of PTSD or unmet criteria for PTSD. For the current study, we used the cutoff score of 30 to assess for trauma symptoms. In previous studies, strong internal consistency was demonstrated with Cronbach's alpha internal reliability coefficients ranging from .94 to .95 (Weathers et al., 2013). Internal consistency for this study was .74.

Depressive symptomatology. Depression symptoms were assessed using an eight-item Patient Health Questionnaire (PHQ-8; Kroenke et al., 2009). The PHQ-8 consists of eight questions that asked the participant to indicate the level of symptom severity for each item in the past two weeks on a scale from 0 = *not at all* to 3 = *nearly every day*. Questions included, "Feeling down, depressed, or hopeless" and "Trouble falling asleep or sleeping too much" (Kroenke et al., 2009). Scores range from 0 to 24, with high scores indicating greater symptoms of depression (Kroenke et al., 2009; Kroenke et al., 2010). The PHQ-9 and PHQ-8 are similar inventories, with the 8-item version excluding the ninth question, which asks about suicidal ideation. The PHQ-8 was chosen, as this was an online study that was unable to provide adequate intervention for those who may have reported suicidal ideation. There has been research on the PHQ-9 and PHQ-8 across racial and ethnic groups, including African Americans, Chinese Americans, and Latinx populations and results indicate that the PHQ-9 and PHQ-8 are both reliable measures for these groups (Huang et al., 2006; Tabachnick & Fidell, 2007). The Cronbach's alpha ranges from .79 to .86 within these different populations (Huang et al., 2006; Tabachnick & Fidell, 2007). For this study, the internal consistency was .80.

Anxiety symptomatology. Anxiety symptoms were assessed using the 7-item Generalized Anxiety Disorders Scale (GAD-7; Spitzer, Kroenke, Williams, & Lowe, 2006). The GAD-7 items included, “Feeling nervous, anxious or on edge” and “Trouble relaxing” (Spitzer et al., 2006). The self-report items required the participant to indicate 0 = *not at all* to 3 = *nearly every day* for each item the past two weeks, with a possible summative score ranging from 0 to 21. Higher scores indicate greater symptoms of anxiety. In studies with diverse racial and ethnic samples that included African Americans, the Cronbach’s alphas were 0.92 (Spitzer et al., 2006) and .90 (Tabachnick & Fidell, 2007). For this study, the internal consistency was .84.

CHAPTER IV

RESULTS

Preliminary Analysis

Using the final sample, descriptive statistics were conducted in SPPSS.

Preliminary analyses were conducted in accordance with the hypotheses, including descriptive statistics and testing assumptions as described below.

Data Cleaning

Data were cleaned prior to starting the analysis. A total of 171 participants submitted the survey and due to the force choice options Qualtrics provides, there was minimal missing data. Missing value analysis showed that none of the variables had missing data over 5%. Little MCAR test was calculated among the Likert scale items in the dataset to determine the type of missing data. Little's MCAR test is a statistical procedure that examines whether the missing data in a dataset is considered missing completely at random (MCAR) (Hair et al., 2018). Datasets are considered MCAR when the missing data of variables are not correlated with any observed data or missing data (Hair et al., 2018). The missing data in this dataset is considered MCAR due to the results of Little's MCAR test were found to be not significant ($\chi^2 (570) = 358.31, p = 1.00$) (Tabachnick & Fidell, 2018). Since none of the variables have missing data over 5% and the missing data was classified as MCAR, multiple imputation was calculated to replace the missing data among the Likert Scale items (Osborne, 2013 & Ginkel et al., 2019).

Multiple imputation is a missing data imputation technique that creates multiple versions of the dataset with imputed values for the missing data and replaces the original missing data with the pooled imputed values (Hair et al., 2018; Tabachnick & Fidell, 2018). Osborne (2013) and Ginkel et al. (2019) agree that multiple imputation is advantageous because of its generalizability and replicability. For this study, multiple imputation was used to randomly select, compute, and analyze new values that are observed for other participants to enter into the dataset. This method produced estimates and confidence intervals that are more robust than other missing data methods such as simple imputation, listwise, and pairwise deletion (Osborne, 2013). Using multiple imputation aided in keeping the sample size and power intact, and per Ginkel and colleagues (2019), it also helped to maintain that the new “values are within the range that data can occur” (p. 4) which met assumptions of normality.

Demographic categorical variables such as race and education levels were dummy coded to be entered into the linear regression models. The hair style/texture variable was recoded into a binary variable called Hair Style/Texture. Hairstyles that were considered Eurocentric, including straight (naturally straight or relaxed); hair weave (straight or wavy); hair weave (curly); wig (straight or wavy); and wig (curly) were recoded into 0. In comparison, hairstyles that were considered Afrocentric, including natural (without straightening or relaxing); braids (of any kind), twists, dreadlocks; and hair weave (natural) were recorded into 1. Skin tone was used as a continuous variable, ranging from 1 to 10, from lighter skin tones to darker skin tones. Participants' responses to the GRMS were averaged together to get a mean score. Participants' PCL-5, PHQ-9, and GAD-7 responses were summed together to get a total score for each instrument.

Power Analysis

A power analysis was conducted regarding sample size. We used Cohen's (1992) recommendation and of a .80 power size. Based on three predictor variables and an alpha of .05, an anticipated medium effect size of .15 (f^2), and statistical power of 0.80, a minimum required sample size for the current study was 77. With a final sample size of 171, there was sufficient power to complete the statistical analyses, surpassing the minimum sample size, thus we were able to follow our analytic plan as proposed.

Primary Analyses

Hierarchical linear regression was conducted to examine:

1. The relation between the frequency of experienced gendered racial microaggressions and PTSD symptoms among Black women while controlling for demographic variables, including age, race, and education level.
2. The relation between skin tone and hair-style/texture and PTSD symptoms.
3. If the relation between frequency of experienced gendered racial microaggressions and PTSD symptoms is moderated by skin tone and hair style/texture.

Parametric assumptions of linearity, normality of residuals, homogeneity of residuals, and multicollinearity were assessed for the hierarchical linear model. The linearity assumption was met through visual inspection of scatterplots between predictors and the outcome variable. There were linear relationships found between each predictor variable and each outcome variable via a Pearson's product-moment correlation (see Table 2). Results show a correlation of $r = .44, p < .01$ between gendered racial microaggressions and PTSD symptoms from model 1. The multicollinearity assumption was met since

none of the predictor variables had VIF values greater than 10. The normality of the residuals assumption was met since most of the data points on the Q-Q plot were close to or on the diagonal line in the plot. The homogeneity of residuals assumption was met since there was not a distinct pattern within the scatterplot of fitted values and residuals within the model.

Gendered Racial Microaggressions and PTSD Symptoms

To test hypotheses 1, gendered racial microaggressions was entered into a regression model found in Table 3. Gendered racial microaggressions was a significant predictor of PTSD symptoms ($F(9,161) = 1.93, p < .001, R^2 = .28$) and explained 28% (R^2 change = .19) of the variance in PTSD symptoms. The frequency of experienced gendered racial microaggressions ($\beta = .44, p < .001$) was a significant positive predictor of PTSD symptoms.

To test hypothesis 2a and 2b, in step 3, skin tone and hair style/texture were added to the model. Found in Table 3, skin tone and hair style/texture were not significant predictors of PTSD symptoms.

To test hypothesis 2c, in step 4, the interaction between experienced gendered racial microaggressions and skin tone was added to the model. The interaction was not statistically significant; found in Table 3.

In the final step, the interaction between the frequency of experienced gendered racial microaggressions and hair style/texture was added to the model. The interaction was not statistically significant; found in Table 3.

Overall, no significant interaction effects were found between gendered racial microaggressions, skin tone, and hair style/texture, indicating that skin tone and hair style/texture were not moderators for PTSD symptoms.

Secondary Analyses

Gendered Racial Microaggressions and Depressive Symptoms

For a secondary analysis was conducted using hierarchical linear regression to examine:

1. The relation between the frequency of experienced gendered racial microaggressions and depressive symptoms among Black women while controlling for demographic variables (age, race, education level).
2. The relation between skin tone and hair style/texture and depressive symptoms.
3. If the relation between the frequency of experienced gendered racial microaggressions on trauma symptoms is moderated by skin tone and hair style/texture.

Parametric assumptions of linearity, normality of residuals, homogeneity of residuals, and multicollinearity were assessed for the hierarchical linear model. The linearity assumption was met through visual inspection of scatterplots between predictors and the outcome variable. There were linear relationships found between each predictor variable. The normality of the residuals assumption was violated due to finding a bimodal distribution of residuals in the Q-Q plot. The outcome variable was transformed using Box-Cox Transformation to correct the violation. The homogeneity of residuals assumption was met since there was no distinct pattern within the scatterplot of fitted

values and residuals within the model. The multicollinearity assumption was met since none of the predictor variables has VIF values greater than 10.

In step 1, demographic variables were controlled for; found in Table 4.

In step 2, the frequency of experienced gendered racial microaggressions was added to the model, found in Table 4. Gendered racial microaggressions was a significant predictor of depressive symptoms ($F(8, 161) = 7.17, p < .001, R^2 = .29$) and explained 29% (R^2 change = .24) of the variance in depressive symptoms. The frequency of experienced gendered racial microaggressions ($\beta = .50, p < .001$) was a significant indicating a negative relationship between gendered racial microaggressions and depressive symptoms.

In step 3, found in Table 4, skin tone and hair style/texture were added to the model. Neither of these variables were statistically significant.

In step 4, the interaction between the frequency of experienced gendered racial microaggressions and skin tone was added to the model. The interaction was found to be not statistically significant; see Table 4.

In the final step, found in Table 4, the interaction between the frequency of experienced gendered racial microaggressions and hair style/texture was added to the model. The interaction was found to be not statistically significant.

Gendered Racial Microaggressions and Anxiety Symptoms

Hierarchical linear regression was conducted to examine:

1. The relation between the frequency of experienced gendered racial microaggressions and anxiety symptoms among Black women while controlling for demographic variables (age, race, education level).

2. The relation between skin tone and hair style/texture and anxiety symptoms.
3. If the frequency of experienced gendered racial microaggressions and the relationship with anxiety is moderated by skin tone and hair style/texture.

Parametric assumptions of linearity, normality of residuals, homogeneity of residuals, and multicollinearity were assessed for the hierarchical linear model. The linearity assumption was met through visual inspection of scatterplots between predictors and the outcome variable. There were linear relationships found between each predictor. The normality of the residuals assumption was met since most of the data points on the Q-Q plot are close to or on the diagonal line in the plot. The homogeneity of residuals assumption was met since there is no distinct pattern within the scatterplot of fitted values and residuals within the model. The multicollinearity assumption was met since none of the predictor variables has VIF values greater than 10.

To test hypothesis 4c, gendered racial microaggressions was entered into a regression model found in Table 5. Gendered racial microaggressions was a significant predictor of anxiety symptoms ($F(9,161) = 8.78, p < .001, R^2 = .33$) and explained 33% (R^2 change = .30) of the variance in PTSD symptoms. The frequency of experienced gendered racial microaggressions ($\beta = .44, p < .001$) was a significant positive predictor of anxiety symptoms.

In step 3, skin tone and hair style/texture were added to the model. The model was statistically significant ($F(11, 159) = 7.47, p < .001, R^2 = .34$). The model explained 34% of the variance in anxiety symptoms (R^2 change = .01). However, neither skin tone, hair style/texture, or the interaction effect were statistically significant.

In step 4, the interaction between the frequency of experienced gendered racial microaggressions and skin tone was added to the model. The interaction was not statistically significant.

In the final step, the interaction between the frequency of experienced gendered racial microaggressions and hair style/texture was added to the model. The interaction was found to be not statistically significant. Overall, no significant interaction effects were found between gendered racial microaggressions, skin tone, and hair style/texture indicating that skin tone and hair style/texture were not moderators for anxiety or depression symptoms.

CHAPTER V

DISCUSSION

The current study examined the relation between frequency of gendered racial microaggressions and trauma symptoms. Additionally, the study examined if skin tone and hair style/texture moderate the relation.

The study also examined the relation between frequency of gendered racial microaggressions and depression and anxiety symptoms and if skin tone and hair style/texture moderate the relation. Results from the study provide important information about the experience of gendered racial microaggressions and symptoms of trauma, depression, and anxiety among Black women. The study also helped to draw attention to how skin tone and hair style/texture impacted experienced gender racial microaggressions among Black women. The Black woman's experience with results of the initial Pearson correlation revealed that most of the hypothesized outcome variables were significantly correlated with gendered racial microaggressions.

The findings that the frequency of gendered racial microaggressions were related to greater psychological distress supports previous research (Constantine, 2007; Mazzula & Nadal, 2015; Nadal et al., 2014; Pieterse et al. 2012; Thomas et al., 2008) and draws greater attention to the psychological effects that insidious trauma can have on Black women. More specifically, gendered racial microaggressions were positively related to trauma symptoms as Watson and colleagues (2016) reported in their study. In addition,

Moradi Subich (2003) found that both experiences of racism and sexism were positively related to psychological distress when examined alone as separate variables. However, when both racism and sexism were included in the same model, the findings indicated that sexism was the only unique predictor of distress. Our findings help to emphasize the benefits of using an intersectional measure of gendered racism, such as the GRMS to more accurately examine the nuanced and simultaneous experience of both racism and sexism.

The results of this study affirm Carter's (2007) work on insidious trauma as it demonstrates how experiences of identity-based oppression are connected to trauma symptoms and more specifically symptoms of PTSD. Our results regarding depressive and anxiety symptoms are also consistent with other literature that indicates that race-based traumatic stress is significantly related to trauma symptoms including anxiety, dissociation, depression, and sleep disturbance (Kirkinis, 2020).

Further literature, such as Bryant-Davis & Ocampo's (2005) work, suggested that the experience of racist and sexist trauma of Black women resembles symptoms of PTSD and although this category of trauma is not defined within the DSM-5 (APA, 2013), it raises question about how trauma symptoms or PTSD is diagnosed. Our study results are in line with this previous research; identifying the relation between the experiences of Black women based on race and gender and symptoms of trauma that are synonymous with the PTSD symptoms.

Contrary to the hypotheses, skin tone and hair style/texture were not significant predictors of trauma symptoms, depressive symptoms, or anxiety symptoms nor did they moderate the relation between gendered racial microaggressions and psychological

symptoms. The literature posits that darker skin tones and more Afrocentric hair styles/textures is positively correlated to greater psychological symptoms (Hunter 2007; Reece, 2019). Although, our findings, regarding skin tone and hair style/texture, did not support previous literature, there may have been some additional variables that we were unable to control. More research on the measurement and psychometric properties of measuring skin tone and hair style/texture is needed to fully determine the effects of these factors on gendered racism and experiences of trauma. These factors also may have a role in implicit and biased assumptions of the perpetrator thus increasing the frequency of experienced gendered racial microaggressions.

Strengths

One strength of this study was the sample size. Our final sample size was much greater than the sample size we needed regarding power analysis. This allowed us to take closer look at different subcultures of Black women as it relates to diverse hair styles and skin tones. Additionally, our sample size was comparable to the sample size of previous research, including Subich's (2003) study with a sample size of 133 Black women and Moody and Lewis' (2017) study with a sample size of 226 Black women.

Another strength is that we looked at insidious trauma rather than only PTSD. How trauma and trauma diagnoses are defined can appear narrowly focused as we compare it to the daily trauma that one may experience based on racist or sexist ideology. The effects of trauma are what are most important, so examining insidious trauma by using the GRM and examining PTSD symptoms using PCL-5 allowed us to view trauma and trauma symptomatology from a more inclusive standpoint.

Another strength was the selection to examine three outcomes variables of psychological symptoms (depressive, anxiety, and trauma) based on the previous literature. This expands on the literature as previous studies have looked at these variables, but not simultaneously. Additionally, examining how hair style/texture, and skin tone moderate these variables added another layer of intersecting identities of Black women. Although, the results for hair style/texture and skin tone were not statistically significant, the exploration of these characteristics as part of the interesting identity of Black woman will help to broaden the scope of how insidious trauma can be compounded based on appearance.

Limitations

Despite strengths of the study there were also limitations. One limitation was the generalizability of the sample. Although the population varied in age, high levels of education were reported. Thus, the sample highlights the experiences of college-educated Black women, indicating that the results may not be applicable to those of from other social contexts and should be interpreted accordingly when attempting to generalize to other populations. This high percentage of college-educated women may have been due to recruitment from multiple sorority groups including current college students and alumni. Additionally, the membership of a sorority group may be a protective factor which would have further implications for some of our findings that were not statistically significant, thus further investigation is warranted.

Another limitation is online recruitment and research. Those who are online may be more likely to have the resources, access, and time to spend online based on SES, profession or educational background, and desire for social connectedness. Conversely,

those who do not have the resources or perhaps are experiencing more significant mental health symptoms, may not be online as frequent as their counterparts. Using online research and the snowball method, could cause a skew in demographic variables such as educational background. To make the study more generalizable, recruiting through expanded venues would be beneficial. For example, using paper surveys and recruiting at local community events or in communities where the educational background, SES, or other social factors are more diverse.

Although the measures were selected with intention based on previous literature and with good reliability and validity for Black women or women of color, there were very few options, specially developed for Black women, to assess the intersectionality of gender and race on microaggressions. More noticeably, there were fewer options for trauma scales that thoroughly assessed for trauma symptomology related to a Black woman's experience. The selection of the PCL-5, as opposed to another measure of trauma symptomology, was in an effort to showcase the commonality between the symptoms of insidious trauma and symptoms used to clinically diagnosed a trauma disorder such as PTSD. However, taking this into consideration, additional measures developed for Black women may help to increase the ability to more thoroughly examine the predictor and outcome variables of the current study. Considering other measures however options for gendered racial microaggression measures for Black women is very limited. from.

Future Directions and Clinical Implications

Further consideration into the impact of gendered racial microaggressions and how they may affect Black women warrants continued research attention. The results of

this study examined the impact gendered racial microaggressions can have which may be a part of the daily lives of many Black women that expands into different facets of life including, but not limited to, educational spaces, social spaces, government policies, media, and personal spaces. These findings and future findings provide clinical implications that will help to inform interventions, advocacy, diagnosis, and responsiveness as a clinician that can elevate the care and support that Black women receive. Additionally, further research can help to educate not only clinicians, but the public, on the psychological and personal impact of gendered racial microaggressions. With better awareness and education, the hope is that others will evaluate our society, systems, and people contribute and may perpetuate insidious trauma and potential interventions to alter behavior, judgments, thoughts, and communication.

When considering the psychological well-being of Black women due to gendered racial microaggressions, the manifestation of additional mental health issues such as substance abuse and suicidal ideation are encouraged to be considered in future research. Additionally, protective factors that help ameliorate these effects are also warranted.

Table 1*Descriptive Statistics of Demographics Variables.*

<i>Variable</i>		<i>M</i>	<i>SD</i>
Age		31.25	11.17
Skin Tone		6.50	1.36
<i>Variables</i>	<i>Categories</i>	<i>n</i>	<i>%</i>
Race	African-American/Black	142	83.04%
	African/Black	21	12.28%
	Caribbean/West Indian	1	0.58%
	Multicultural/Multiracial	7	4.09%
Education Level	Associate or two-year degree	28	16.37%
	Bachelor or four-year degree	101	59.06%
	Graduate or professional degree	2	1.17%
	High school diploma or equivalent	37	21.64%
	Some graduate or professional degree	5	2.92%
Hair Style/Texture	Braids (of any kind), twists, dreadlocks	22	12.87%
	Hair weave (curly)	5	2.92%
	Hair weave (natural)	1	0.58%
	Hair weave (straight or wavy)	12	7.02%
	My hair style/texture is not listed within the options	5	2.92%
	Natural (without straightening, chemical relaxer or use of flat iron)	44	25.73%
	Straight (naturally straight, chemically relaxed/straightened, use of flat iron)	35	20.47%
	Wig (curly)	16	9.36%
	Wig (natural)	4	2.34%
	Wig (straight or wavy)	27	15.79%

Table 2

Correlation for PTSD Symptoms, Depressive Symptoms, Anxiety Symptoms, Gendered Racial Microaggressions, Skin Tone, and Hair Style/Texture

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1. PTSD Symptoms	171	4.68	3.14	-					
2. Depressive Symptoms	171	2.06	1.02	.19*	-				
3. Anxiety Symptoms	171	1.80	1.41	.53**	.51**	-			
4. GRMS	171	1.732	.46	.44**	.27**	.54**	-		
5. Skin Tone	171	6.50	1.36	-0.05	0.04	.01		-	
6. Hair Style/Texture	171	-	-	0.04	-0.18*	0.04	-0.05	-0.03	-

Note. GRMS = Gendered Racial Microaggressions Scale

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

Table 3*Hierarchical Regression Predicting PTSD/Trauma Symptoms*

Variable	B	95 CI for B		SE B	β	R ²	ΔR^2	F
		LL	UL					
Step 1						0.09	0.09	1.93
Age	0.08**	0.03	0.12	0.02	0.27**			
African-American/Black	-0.34	-2.72	2.04	1.21	-0.04			
African/Black	-2.28	-5.10	0.53	1.43	-0.24			
Caribbean/West Indian	4.45	-2.10	11.01	3.32	0.11			
Associate/two-year degree	-0.75	-3.25	1.75	1.27	-0.05			
Bachelor/four-year degree	0.21	-1.29	1.71	0.76	0.03			
High school diploma	0.29	-1.44	2.02	0.88	0.04			
Some grad/professional	2.75	-1.06	6.57	1.93	0.12			
Step 2						0.28	0.19***	6.85***
Age	0.07**	0.03	0.11	0.02	0.24**			
African-American/Black	-0.09	-2.22	2.03	1.08	-0.01			
African/Black	-1.72	-4.24	0.80	1.28	-0.18			
Caribbean/West Indian	5.54	-0.32	11.40	2.97	0.14			
Associate/two-year degree	-0.03	-2.27	2.21	1.13	0.00			
Bachelor/four-year degree	0.58	-0.77	1.92	0.68	0.09			
High school diploma	0.55	-0.99	2.09	0.78	0.07			
Some grad/professional	2.75	-0.66	6.15	1.72	0.12			
GRMS	2.95***	2.05	3.84	0.45	0.44***			
Step 3						0.30	0.02	6.10***
Age	0.06**	0.02	0.10	0.02	0.22**			
African-American/Black	0.38	-1.79	2.54	1.10	0.05			
African/Black	-1.07	-3.65	1.50	1.30	-0.11			
Caribbean/West Indian	5.70	-0.16	11.56	2.97	0.14			
Associate/two-year degree	0.13	-2.10	2.36	1.13	0.01			
Bachelor/four-year degree	0.80	-0.55	2.15	0.68	0.13			
High school diploma	0.82	-0.73	2.38	0.79	0.11			
Some grad/professional	3.10	-0.29	6.50	1.72	0.13			

GRMS	3.18***	2.26	4.09	0.46	0.47***			
Hair Style/Texture	0.48	-0.38	1.34	0.44	0.08			
Skin Tone	-0.30	-0.62	0.02	0.16	-0.13			
Step 4						0.30	0.00	5.57***
Age	0.06**	0.02	0.10	0.02	0.22**			
African-American/Black	0.36	-1.81	2.54	1.10	0.04			
African/Black	-1.09	3.67	1.50	1.31	-0.11			
Caribbean/West Indian	5.68	-0.20	11.56	2.98	0.14			
Associate/two-year degree	0.03	-2.27	2.34	1.17	0.00			
Bachelor/four-year degree	0.78	-0.58	2.14	0.69	0.12			
High school diploma	0.78	-0.80	2.36	0.80	0.10			
Some grad/professional	3.05	-0.97	6.47	1.73	0.13			
GRMS	3.19***	2.27	4.11	0.47	0.48***			
Hair Style/Texture	0.49	-0.38	1.35	0.44	0.08			
Skin Tone	-0.29	-0.62	0.03	0.17	-0.13			
GRMS X Skin Tone	0.11	-0.56	0.78	0.34	0.02			
Step 5						0.30	0.00	5.24**
Age	0.06**	0.02	0.10	0.02	0.22			
African-American/Black	0.34	-1.84	2.51	1.10	0.04			
African/Black	-1.14	-3.72	1.44	1.31	-0.12			
Caribbean/West Indian	5.50	-0.39	11.38	2.98	0.13			
Associate/two-year degree	-0.13	-2.45	2.20	1.18	-0.01			
Bachelor/four-year degree	0.73	-0.63	2.10	0.69	0.12			
High school diploma	0.78	-0.80	2.36	0.80	0.10			
Some grad/professional	2.77	-0.68	6.22	1.75	0.12			
GRMS	2.81	1.67	3.95	0.58	0.42			
Hair Style/Texture	0.50	-0.37	1.36	0.44	0.08			
Skin Tone	-0.28	-0.61	0.05	0.17	-0.12			
GRMS X Skin Tone	0.17	-0.51	0.85	0.34	0.0			
GRMS X Hair Style/Texture	1.07	-0.84	2.98	0.97	0.09			

Note. GRMS = Gendered Racial Microaggression Scale

*p<.05, **p<.01, ***p<.001

Table 4*Hierarchical Regression Predicting Depression Symptoms*

<i>Variable</i>	<i>B</i>	<i>95 CI for B</i>		<i>SE B</i>	β	<i>R</i> ²	ΔR^2	<i>F</i>
		LL	UL					
Step 1						0.05	0.05	0.97
Age	-0.01	-0.03	0.00	0.01	-0.14			
African-American/Black	-0.53	-1.33	0.26	0.40	-0.20			
African/Black	-0.23	-1.17	0.71	0.48	-0.07			
Caribbean/West Indian	0.26	-1.92	2.44	1.10	0.02			
Associate/two-year degree	0.50	-0.33	1.33	0.42	0.11			
Bachelor/four-year degree	0.29	-0.21	0.79	0.25	0.14			
High school diploma	0.36	-0.22	0.93	0.29	0.15			
Some grad/professional	0.73	-0.54	2.00	0.64	0.09			
Step 2						0.29	0.24***	7.17***
Age	-0.01	-0.02	0.00	0.01	-0.11			
African-American/Black	-0.63	-1.31	0.06	0.35	-0.23			
African/Black	-0.44	-1.25	0.38	0.41	-0.14			
Caribbean/West Indian	-0.13	-2.03	1.76	0.96	-0.01			
Associate/two-year degree	0.23	-0.49	0.96	0.37	0.05			
Bachelor/four-year degree	0.16	-0.28	0.60	0.22	0.08			
High school diploma	0.26	-0.24	0.76	0.25	0.11			
Some grad/professional	0.73	-0.37	1.83	0.56	0.09			
GRMS	-1.08***	-1.37	-0.79	0.15	-0.50***			
Step 3						0.29	0.00	5.82***
Age	-0.01	-0.02	0.00	0.01	-0.11			
African-American/Black	-0.61	-1.32	0.10	0.36	-0.22			
African/Black	-0.43	-1.28	0.41	0.43	-0.14			
Caribbean/West Indian	-0.07	-2.00	1.85	0.97	-0.01			
Associate/two-year degree	0.23	-0.50	0.96	0.37	0.05			

Bachelor/four-year degree	0.16	-0.28	0.60	0.22	0.08			
High school diploma	0.26	-0.25	0.77	0.26	0.11			
Some grad/professional	0.73	-0.38	1.84	0.56	0.09			
GRMS	-1.08***	-1.38	-0.78	0.15	-0.50***			
Hair Style/Texture	0.06	-0.22	0.34	0.14	0.03			
Skin Tone	0.01	-0.09	0.12	0.05	0.02			
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Step 4						0.29	0.00	5.31***
Age	-0.01	-0.02	0.00	0.01	-0.11			
African-American/Black	-0.61	-1.32	0.10	0.36	-0.22			
African/Black	-0.43	-1.28	0.41	0.43	-0.14			
Caribbean/West Indian	-0.07	-2.00	1.85	0.98	-0.01			
Associate/two-year degree	0.23	-0.52	0.99	0.38	0.05			
Bachelor/four-year degree	0.16	-0.29	0.61	0.23	0.08			
High school diploma	0.27	-0.25	0.78	0.26	0.11			
Some grad/professional	0.73	-0.39	0.74	0.57	0.09			
GRMS	-1.08***	-1.39	-0.78	0.15	-0.50***			
Hair Style/Texture	0.49	-0.38	1.35	0.44	0.08			
Skin Tone	0.01	-0.09	0.12	0.05	0.02			
GRMS X Skin Tone	0.00	-0.22	0.22	0.11	0.00			
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Step 5						0.29	0.00	4.88***
Age	-0.01	-0.02	0.00	0.01	-0.11			
African-American/Black	-0.61	-1.33	0.10	0.36	-0.23			
African/Black	-0.44	-1.29	0.41	0.43	-0.14			
Caribbean/West Indian	-0.09	-2.03	1.84	0.98	-0.01			
Associate/two-year degree	0.22	-0.55	0.98	0.39	0.05			
Bachelor/four-year degree	0.16	-0.29	0.60	0.23	0.08			
High school diploma	0.27	-0.25	0.78	0.26	0.11			
Some grad/professional	0.70	-0.44	1.84	0.58	0.09			
GRMS	-1.13***	-1.50	-0.75	0.19	-0.52***			
Hair Style/Texture	0.06	-0.22	0.35	0.14	0.03			
Skin Tone	0.02	-0.09	0.12	0.05	0.02			
GRMS X Skin Tone	0.00	-0.22	0.23	0.11	0.00			
GRMS X Hair Style/Texture	0.12	-0.51	0.75	0.32	0.03			

Note. GRMS = Gendered Racial Microaggression Scale

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

Table 5*Hierarchical Regression Predicting Anxiety Symptoms*

<i>Variable</i>	<i>B</i>	<i>95 CI for B</i>		<i>SE B</i>	β	<i>R</i> ²	ΔR^2	<i>F</i>
		LL	UL					
Step 1						0.03	0.03	0.71
Age	0.02	0.00	0.04	0.01	0.14			
African-American/Black	-0.18	-1.28	0.92	0.56	-0.05			
African/Black	-0.05	-1.35	1.26	0.66	-0.01			
Caribbean/West Indian	0.20	-2.82	3.23	1.53	0.01			
Associate/two-year degree	0.05	-1.10	1.20	0.58	0.01			
Bachelor/four-year degree	-0.32	-1.02	0.37	0.35	-0.11			
High school diploma	-0.23	-1.03	0.57	0.40	-0.07			
Some grad/professional	-0.75	-2.51	1.01	0.89	-0.07			
Step 2						0.33	0.30***	8.78***
Age	0.01	-0.01	0.03	0.01	0.11			
African-American/Black	-0.04	-0.96	0.88	0.47	-0.01			
African/Black	0.27	-0.82	1.36	0.55	0.06			
Caribbean/West Indian	0.81	-1.72	3.35	1.28	0.04			
Associate/two-year degree	0.45	-0.51	1.42	0.49	0.07			
Bachelor/four-year degree	-0.12	-0.70	0.46	0.29	-0.04			
High school diploma	-0.08	-0.75	0.58	0.34	-0.03			
Some grad/professional	-0.75	-2.23	0.72	0.75	-0.07			
GRMS	1.65***	1.26	2.04	0.20	0.55			
Step 3						0.34	0.01	8.49***
Age	0.01	-0.01	0.03	0.01	0.09			
African-American/Black	0.12	-0.82	1.06	0.48	0.03			
African/Black	0.50	-0.62	1.61	0.57	0.12			
Caribbean/West Indian	0.87	-1.68	3.42	1.29	0.05			
Associate/two-year degree	0.51	-0.46	1.48	0.49	0.08			
Bachelor/four-year degree	-0.04	-0.63	0.55	0.30	-0.01			
High school diploma	0.01	-0.66	0.69	0.34	0.00			
Some grad/professional	-0.63	-2.11	0.85	0.75	-0.06			
GRMS	1.73***	1.33	2.13	0.20	0.58			
Hair Style/Texture	0.17	-0.20	0.54	0.19	0.06			

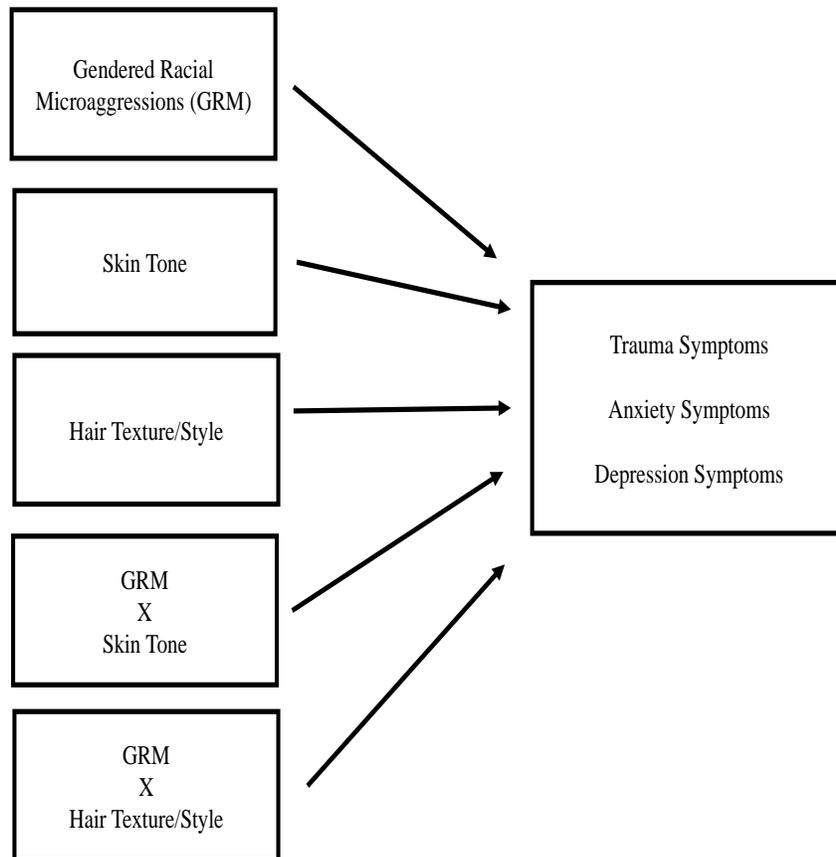
Skin Tone	-0.10	-0.24	0.04	0.07	-0.10			
Step 4						0.34	0.00	6.90***
Age	0.01	-0.01	0.03	0.01	0.09			
African-American/Black	0.11	-0.83	1.05	0.48	0.03			
African/Black	0.48	-0.64	1.61	0.57	0.11			
Caribbean/West Indian	0.85	-1.70	3.41	1.29	0.05			
Associate/two-year degree	0.43	-0.57	1.43	0.51	0.07			
Bachelor/four-year degree	-0.06	-0.65	0.53	0.30	-0.02			
High school diploma	-0.03	-0.71	0.66	0.35	-0.01			
Some grad/professional	-0.67	-2.16	0.81	0.75	-0.06			
GRMS	1.74	1.34	2.14	0.20	0.58			
Hair Style/Texture	0.18	-0.20	0.55	0.19	0.06			
Skin Tone	-0.10	-0.24	0.04	0.07	-0.09			
GRMS X Skin Tone	0.09	-0.20	0.38	0.15	0.04			
Step 5						0.34	0.00	6.30***
Age	0.01	-0.01	0.03	0.01	0.09			
African-American/Black	0.11	-0.84	1.05	0.48	0.03			
African/Black	0.48	-0.65	1.61	0.57	0.11			
Caribbean/West Indian	0.84	.1.72	3.41	1.30	0.05			
Associate/two-year degree	0.42	-0.59	1.43	0.51	0.07			
Bachelor/four-year degree	-0.06	-0.66	0.53	0.30	-0.02			
High school diploma	-0.03	-0.71	0.66	0.35	-0.01			
Some grad/professional	-0.69	-2.20	0.81	0.76	-0.06			
GRMS	1.71	1.21	2.21	0.25	0.57			
Hair Style/Texture	0.18	-0.20	0.55	0.19	0.06			
Skin Tone	-0.10	-0.24	0.05	0.07	-0.09			
GRMS X Skin Tone	0.09	-0.20	0.39	0.15	0.04			
GRMS X Hair Style/Texture	0.08	-0.75	0.91	0.42	0.02			

Note. GRMS = Gendered Racial Microaggression Scale

*p<.05, **p<.01, ***p<.001

Figure 1

Proposed moderation effect for skin tone and hair style/texture on trauma symptoms, depressive symptoms, and anxiety symptoms.



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CURRICULUM VITAE

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EDUCATION

Ph.D. Counseling Psychology Doctoral Candidate (APA Accredited)
Aug 2022 University of Louisville, Louisville, Kentucky

M.A. Clinical Mental Health Counseling (CACREP Accredited),
Dec 2015

B.A. Psychology with Biological Sciences and Business Administration minors,
Dec 2007 University of Missouri-Columbia, Columbia, Missouri

CLINICAL EXPERIENCE

Aug 2021- VA Pittsburgh Medical Center – Pre-Doctoral Internship (APPIC
July 2022 Accredited)
Pittsburgh, PA

First Rotation (Aug 2021 – Dec 2021): Combat Stress Recovery Clinic

- Evaluated combat veterans from all eras to conduct trauma-specific biopsychosocial semi-structured interview to assess and diagnose for PTSD and differential diagnosis.
- Treated PTSD and combat-related distress using Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), and CBT for Depression (CBT-D).
- Wrote assessment reports and provided feedback, recommendations, and referrals.
- Completed CPT Regional Training and eligible CPT VA-Certified Provider.

Second Rotation (Dec 2021 – April 2022): Primary Care Mental Health Integration

- Assessed, triaged, and treated primary care patients in primary care clinic
- Provided brief individual therapy for presenting issues such as adjustment disorders, mood and anxiety disorders, grief, insomnia, cognitive impairment, and health behavior change associated with medical conditions
- Facilitated evidenced based treatment such as Cognitive-Behavioral Therapy (CBT), Motivational Interviewing (MI) for health behavior

change, Brief Behavioral Therapy for Insomnia (BBT-i), and Acceptance and Commitment Therapy (ACT)

- Consulted with primary care providers, clinical pharmacists, and specialty clinics to provide referrals and recommendations

Third Rotation (April 2022 – July 2022): Behavioral Medicine/Psychosocial Oncology

- Provided clinical and consultative services to patients diagnosed with cancer.
- As part of the Organ Transplant Team, completed psychosocial evaluations for liver transplant candidates and living kidney donors.
- Completed mental health evaluation for gender affirming surgery.
- Provided individual therapy to patients with medical concerns as presenting issues.
- Co-facilitated Living with Prostate Cancer group and Women’s Wellness group.

Aug 2020-
June 2021

Associates in Counseling and Psychotherapy (employed)
New Albany, IN

- Provided supportive individual therapy as well as evidence-based therapy and interventions including CBT, Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT), CPT, MI, mindfulness, etc for clients with anxiety, depression, trauma, substance abuse, personality disorder, and cognitive difficulties in an outpatient private practice setting.

Aug 2020-
May 2021

University of Louisville Counseling Center – Graduate Assistantship
Louisville, KY

- Provided individual therapy using telehealth.
- Conducted biopsychosocial intake assessments and triage/consultation to determine level of care and diagnosis.
- Co-facilitated weekly Students of Color therapy group.

Aug 2019-
March 2020

Robley Rex Veterans Affairs Medical Center – Doctoral-Level Practicum
Louisville, KY

- Provided individual and group therapy in the Substance Abuse Outpatient Treatment Clinic and Substance Abuse Residential Recovery Treatment Program.
- Conducted diagnostic intake assessments to determine diagnosis and level of care.
- Utilized CBT for substance use disorders (CBT-SUDs), behavioral therapy, and MI to address substance use disorders and comorbid diagnoses.
- Collaborated with multidisciplinary team for referrals, case management, treatment plans, and discharge planning.

- Facilitated group therapy (e.g. ACT, process, anger management, DBT skills) in multiple settings including outpatient, intensive outpatient program, and residential.

Aug 2019-
Dec 2019

Louisville East Post-Acute - Doctoral-Level Practicum
Louisville, KY

- Provided cognitive assessment, behavioral therapy, and observation for patients with brain injury, dementia, Alzheimer's, etc in rehabilitation hospital.
- Collaborated to create an in-service for staff (e.g. nurses, unit technicians, ancillary and support staff) regarding trauma-informed care and best practices for caring for neurocognitive impairments while maintaining personal well-being.

Aug 2018-
July 2019

Lexington Veterans Affairs Medical Center – Doctoral-Level Practicum
Lexington, KY

- PTSD Clinical Team.
- Conducted PTSD intake assessments using CAPS-5, Patient Health Questionnaire-9 (PHQ-9), PTSD Checklist-5 (PCL-5), and biopsychosocial interview to critically determine PTSD diagnosis and level of care.
- Provided individual therapy using PE, CPT, and MI to veterans diagnosed with PTSD.
- Administered psychodiagnostic assessments (e.g. MMPI-2-RF, TSI-2, MENT, SIMS, WASI-II) and wrote comprehensive reports.
- • Provided psychological assessment feedback to patients.
- • Co-facilitated trauma-focused Seeking Safety therapy group for patients with comorbid PTSD and substance use disorders.

May 2018-
July 2018

Cedar Lake Lodge – Doctoral-Level Assessment Practicum
La Grange, KY

- Administered and wrote comprehensive reports for psychodiagnostic assessments including the SB-5, KBIT-2, PPVT-4, and Vineland-3 with adult clients with intellectual and developmental disabilities and delays

Engaged in behavioral observations, individual interventions, and client and staff interviews to aid in psychological assessment

Aug 2017 –
May 2018

University of Louisville Counseling Center – Doctoral-Level Practicum
Louisville, KY

Agency Type: University Counseling Center

Supervisors: Aesha Uqdah, Psy.D., HSPP and Sarah Kolb, Ph.D.

- Conducted biopsychosocial intake assessments and individual therapy.

- Co-facilitated Emotion Focused Therapy process group.
- Aug 2016 –
Aug 2017
- Cardinal Success Program @ Nia Center and @ Shawnee High School**
– Doctoral-Level Practicum
Louisville, KY
- Provided individual and couples therapy to adult and adolescent clients in a community mental health setting.
 - Co-facilitated manualized CBT depression prevention program for 9th grade students.
 - Partnered with the Kentucky Career Center to develop and co-facilitate goal-planning skills groups for young adults.
- Jan 2017 –
Aug 2017
- Louisville Metro Youth Detention Services** – Doctoral-Level Practicum
Louisville, KY
- Co-developed and co-facilitated group with mindfulness-based skills and models from Seeking Safety for incarcerated youth
- Aug 2012 –
July 2016
- Western Psychiatric Institute and Clinic at University of Pittsburgh Medical Center** – Milieu Therapist (Employed)
- Used excellent interpersonal and tactful communication skills to successfully build a therapeutic environment on a variety of geriatric, adult and child/adolescent acute inpatient units.
 - Facilitated psycho-educational and empirically-based skills-focused and therapeutic group therapy.
 - Responsible for effectively and proactively providing interventions to deescalate and cope with patient crises.
 - Worked with interdisciplinary team to maintain behavioral and treatment plans.
- Aug 2015 –
Dec 2015
- Juniata College Health and Wellness** – Master’s-Level Internship
Huntingdon, PA
Agency Type: College Counseling Center
Supervisor: Patricia Hunter, LPC
- Initiated, developed, and facilitated a Women’s Self-Esteem discussion and process group for female students on campus
 - Provided individual, couples, and career counseling.
 - Managed and responded to client crisis’ with urgent consultation.
- Jan 2015 –
May 2015
- Indiana University of Pennsylvania** – Master’s-Level Group Practicum
Indiana, PA
- Developed and co-facilitated discussion, psychoeducation, and support group therapy for undergraduate college students.
- Aug 2014 –
Dec 2014
- S’eclarier** – Master’s-Level Practicum
Export, PA

- Provided individual therapy to clients with presenting issues such as, trauma, depression, substance abuse, and anxiety.

CONFERENCE PRESENTATIONS AND TEACHING EXPERIENCE

Tucker, S. I., Hindy, N., Smith, L., Naidoo, K., Zafar, M., & Geary, M. (January, 2019). *A Mathematics Educator and a Cognitive Neuroscientist Walk into a Research Meeting*. Workshop session for Discourse and Semiotics Workshop Series. University of Louisville.

Geary, M., & McCubbin L. (August, 2018). *Acculturative stressors, resilience, quality of life, and psychological well-being among African immigrants in the United States*. Poster presentation at the 126th Annual Convention of the American Psychological Association, San Francisco, California.

McCubbin L., & **Geary, M.** (August, 2018). *The Health of Native Hawaiian and Pacific Islander Girls and Boys*. Poster presentation at the 126th Annual Convention of the American Psychological Association, San Francisco, California.

Geary, M., & Idigo, C.K. (April, 2018). *African immigration in the United States*. Roundtable discussion presented at the 31st Annual Great Lakes Counseling Psychology Conference, Kalamazoo, Michigan.

Geary, M., & McCubbin L. (April, 2018). *Acculturative stressors, resilience, quality of life, and psychological well-being among African immigrants in the United States*. Poster presented at the 31st Annual Great Lakes Counseling Psychology Conference, Kalamazoo, Michigan.

McCubbin L., & **Geary, M.** (April, 2017). *Risk and Protective Factors Shaping Interventions for Pacific Islander Girls*. Poster presented at the 30th Annual Great Lakes Regional Counseling Psychology Conference, Muncie, Indiana.

Fall 2019-
Spring 2020

Teaching Assistant – ECPY 648, Psychological Assessment I

University of Louisville, Louisville, KY

Personal Duties: Graded WAIS-V, WISC-V, WJ-IV, KTEA-III, and WIAT-II protocols and interpretations. Reviewed students' administration videos and provided detailed written feedback/supervision on test administrations. Provided in-vivo /supervision on students' live test administration.

Fall 2017

Teaching Assistant – ECPY 621, Differential Diagnosis and Treatment in Counseling

University of Louisville, Louisville, KY

Personal Duties: Graded and provided feedback for case conceptualization papers

Summer 2018

Teaching Assistant – ECPY 650, Group Process and Practice

University of Louisville, Louisville, KY

Personal Duties: Monitored masters-level students lead group therapy and provided written and verbal feedback regarding effective group counseling skills.

- 2018-2019 **RESEARCH EXPERIENCE**
Graduate Research Assistant
University of Louisville, Department of Early Childhood and Elementary Education
Supervisor: Stephen Tucker, Ph.D.
Personal Duties: A member of Embodied Mathematics Education Research Group. Work with elementary school personnel to conduct innovative, transdisciplinary mixed methods research. Analyze and code video data of young children using a mathematical application.
- 2016-2022 **Research Team Member – Resilience Lab**
University of Louisville, Department of Counseling & Human Development
Supervisor: Laurie “Lali” McCubbin, Ph.D.
Personal Duties: Collaborate on research projects. Write APA style manuscripts. Collect data and analyze data using SPSS and Hierarchical Linear Modeling. Present research findings.
- 2017-2018 **Graduate Research Fellow**
University of Louisville, Department of Counseling & Human Development
Supervisor: Laurie “Lali” McCubbin, Ph.D.
Personal Duties: Conduct research risk and resilience factors and well-being of African immigrants, including IRB protocol preparation, collecting data, analyzing data using SPSS and preparing an APA style manuscript.
- 2016-2017 **Graduate Research Assistant**
University of Louisville, Department of Counseling & Human Development
Supervisor: Laurie “Lali” McCubbin, Ph.D.
Personal Duties: Conducted literature searches. Prepared IRB protocols. Sourced and researched resilience and well-being measures to be compiled for the use of the entire research team. Analyzed data using SPSS. Prepared APA style chapters.
- Fall 2016 **Graduate Research Volunteer**
University of Louisville, Department of Counseling & Human Development
Supervisor: Patrick Pospel, Dr. rer. Soc.
Personal Duties: Collected blood pressure and administered a depression and well-being questionnaire to high school students.
- 2014-2015 **Graduate Research Assistant**
Indiana University of Pennsylvania, Department of Counseling
Advisors: Laura Marshak, Ph.D. and John McCarthy, Ph.D.
Personal Duties: Researched and wrote on topics to aid in the composition of “Going Solo While Raising Children with Disabilities” by Laura

Marshak, Ph.D. Coded and summarized experimental data on fathers of children with disabilities. Reviewed and edited APA style manuscripts

- Sep 2020 **COMMUNITY AND CAMPUS OUTREACH**
Staying Healthy During COVID-19
University of Louisville Counseling Center in collaboration with University of Louisville Students Activities Board
Personal Duties: Presented on the counseling center’s services and engaged in a question and answer session.
- April 2018 **Self-Care Fair**
University of Louisville Counseling Center
Personal Duties: Managed informational booths and creative activities that encouraged students to engage in self-care to better physical, emotional, and mental well-being.
- March 2018 **Take Back the Night**
University of Louisville Counseling Center
Personal Duties: Advocated against sexual and relational violence by educating students and community members about services offered at the counseling center.
- October 2016 **National Depression Screening Day**
Cardinal Success Program @ Nia Center
Personal Duties: Administered and scored depression screening tool (BDI) to local community members
- October 2015 **National Depression Screening Day**
Juniata College
Personal Duties: Administered and scored depression screening tool (BDI) to college students
- October 2015 **Presenter at Parenting Teen Career Day**
Indiana University of Pennsylvania
Topic: “How to Interview”
- August 2014 **Presenter at Jade Wellness Center Career Workshop for Substance Abuse Clients**
Topic: “Resume, Interviewing, and Job Opportunities”
- 2018-2019 **LEADERSHIP**
American Psychological Association – *I Am Psyched* National Tour – Student Chair
- 2018 **Graduate Student Dean’s Certificate**

- 2017-2018 **Multicultural Association of Graduate Students** – Executive Board,
Treasurer
- 2016-2017 **Resilience Research Lab Coordinator**
- Organized and co-facilitated lab meetings
- 2013-2016 **Preceptor at Western Psychiatric Institute and Clinic at University of
Pittsburgh Medical Center**
- Trained and instructed newly hired Milieu Therapist
Completed written and formal new-hire assessments