

Introduction and Problem

Race-related stress exposure is linked with poor mental health for US Black women.

As compared to mood or anxiety disorders, traumatic stress is relatively understudied.

It is unclear if psychosocial factors (e.g., social support and resilience) reduce or modify the effects of race-related and traumatic stress.

Culturally competent practitioners and culturally appropriate treatments are needed to encourage radical healing and foster posttraumatic growth for Black women (Helms et al., 2012; Moody & Lewis, 2020).

Review of Literature

Black women are at high risk of experiencing at least one trauma in their lifetime (Meshberg-Cohen et al., 2016).

Several factors (i.e., sexism, racism, violence) increase Black women's vulnerability to traumatic stress (Smith, 2008; Moody & Lewis, 2020).

Indirect or direct exposure to racism generates acute stress, a prolonged stress reaction, and may overrun one's existing resources jeopardizing psychological welfare (Carter 2007; Harell 2000; Utsey et al., 2012)

Several factors (stigma, cultural mistrust, etc.) reduce the probability that Black women will seek treatment (Alvidrez et al., 2008; Roberts et al., 2011).

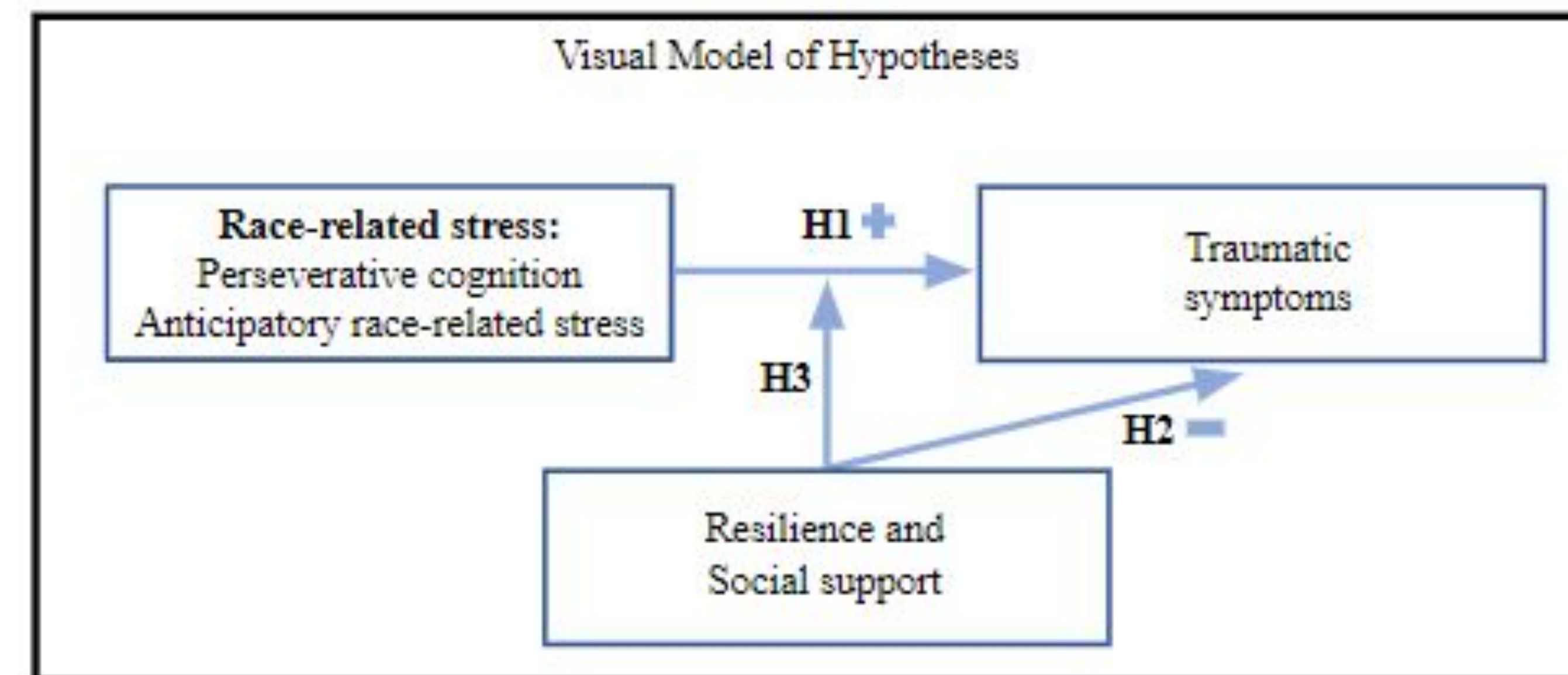
It is essential to understand the connection between race-related stress and trauma for Black women. It is equally important to explore psychosocial factors (resilience and social support) that can mitigate race-related and traumatic stress.

Few clinicians identify as women of color (5%) and even fewer psychologists identify as Black (4%) (Richards, n.d.).

Culturally competent practitioners are vital in helping Black women heal and cope with effects of race-related and traumatic stress (Woods-Giscombe et al., 2016).

Hypotheses

- Race-related stress will be negatively associated with traumatic stress.
- Resilience & social support will be associated with lower traumatic stress.
- The effects of race-related stress on traumatic stress will be reduced by the effects of resilience and social support.



Description of Sample

- 244 Black female-identified undergraduate and graduate students (18-65 years) attending a southern Historically Black College and University
- First-generation college student 43%
- Diverse degree programs (e.g., Psychology, Health Sciences, Nursing, and Chemistry)
- Diversity in sexual identity: 84% identified as heterosexual, 3% as lesbian, 11% as bisexual, or 2% as other
- Relationship status: 75% single, 14% married, or 11% other
- Parents: 24% had children
- Employment: 36% full-time, 34% part-time, 27% unemployed, or 3% other

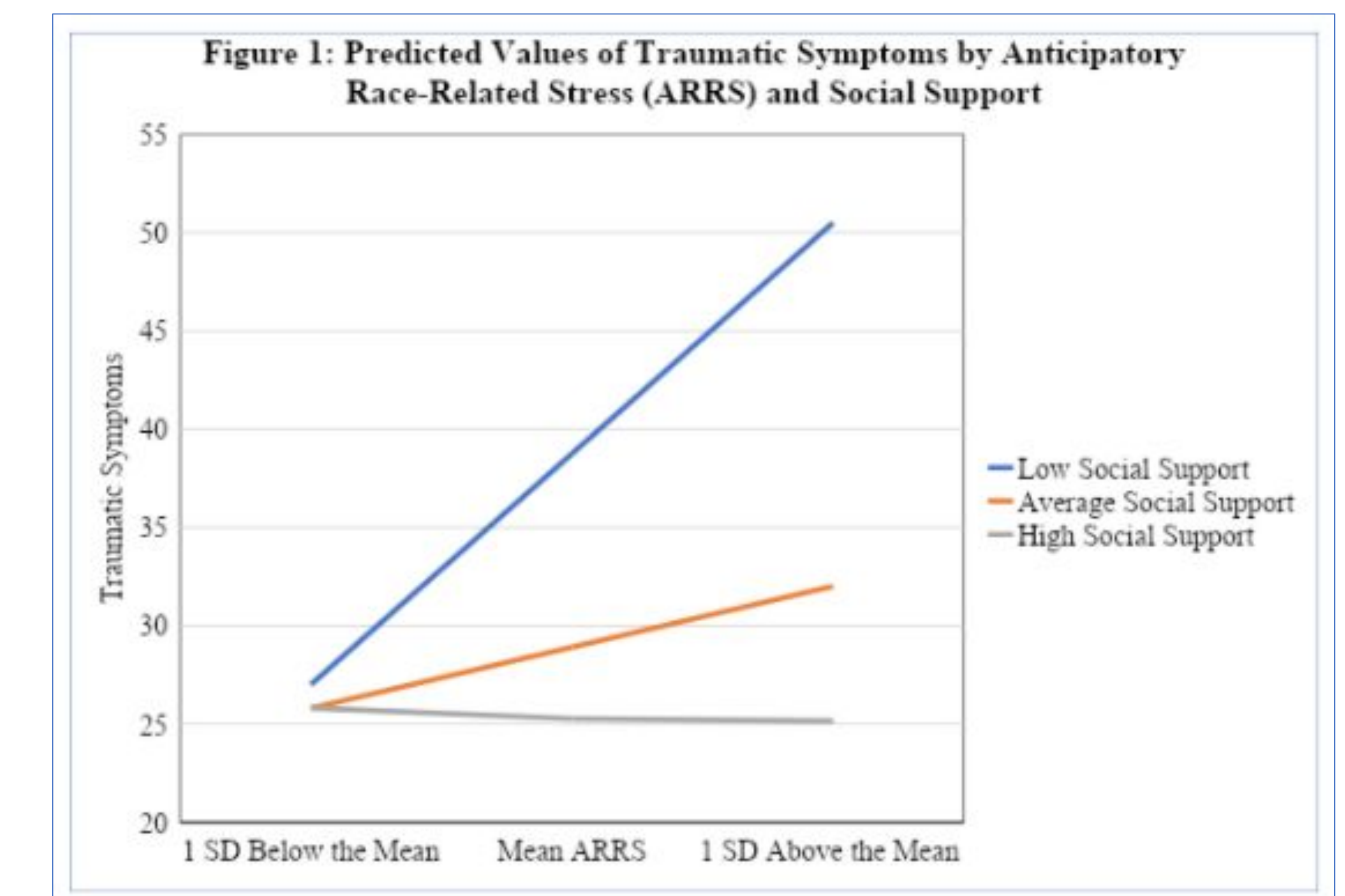
Instruments

1. Prolonged Activation and Anticipatory Race-related Stress Scale (PARS; Utsey et al., 2012)
2. PTSD Symptom Checklist (PCL-5) for the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5, Weathers et al., 2013)
3. Connor-Davidson Resilience Scale (CD-RISC-25; Connor & Davidson, 2003)
4. Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988)

	Mean/Prop.	SD	Min.	Max.
Traumatic Symptoms	29.04	18.44	.00	75.00
Race-Related Stress				
Perseverative Cognition	3.86	1.46	1.00	6.80
Anticipatory Race-Related Stress	5.51	1.12	1.25	7.00
Psychosocial Resources				
Connor-Davidson Resilience Scale	3.96	.57	2.00	5.00
Multidimensional Scale of Perceived Social Support	5.38	1.20	1.00	7.00

	Model 1: Race-Related Stress	Model 2: Psychosocial Resources	Model 3: Race-Related Stress + Psychosocial Resources
Race-Related Stress			
Perseverative Cognition	4.68***		3.72***
Anticipatory Race-Related Stress	2.39**		2.73**
Psychosocial Resources			
Connor-Davidson Resilience Scale		-7.58**	-7.03**
Multidimensional Scale of Perceived Social Support		-3.56**	-2.63*
R ²	.33	.28	.43

Standard errors in parentheses
Source: Gendered Racism and Well-Being Questionnaire, 2020-2021
All models adjust for age, employment status, first-generation college student status, sexual orientation, and relationship status.
*p < 0.05, **p < 0.01, ***p < 0.001



Discussion

Alignment with psychological research suggests racism has deleterious effects on Black women's well-being (Moody & Lewis, 2020; Utsey et al., 2012).

Race-related stress (perseverative cognition and anticipatory race-related stress) were associated with higher levels of traumatic stress in this sample of US Black women.

High levels of social support can reduce the deleterious effects of anticipatory race-related stress on traumatic stress.

Implications

Clinicians

- Must be culturally competent and use clinical tools to assist in promoting cultural awareness and competence
- Must be comfortable with creating spaces for Black women to share their racial and traumatic narratives
- Be familiar with the manifestations of race-related stress and its connection to traumatic stress
- Make conscious and intentional efforts to refrain from retraumatization.
- Be knowledgeable about the pitfalls of Evidence-based Treatments and their cultural appropriateness when working with Black women

Researchers

- Continue exploration of psychosocial factors (e.g., resilience, social support) as mechanisms reduce impacts of race-related and traumatic stress
- Identify culturally appropriate clinical interventions to reduce the effects of race-related and traumatic stress
- Expand investigation about effects of race-related stress on Black women's mental health with the inclusion of intersectionality, sociocultural factors

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